

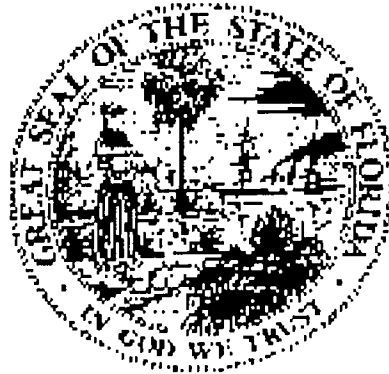
CLASS A and B
WATER AND/OR WASTEWATER UTILITIES

**FINANCIAL, RATE
AND ENGINEERING
MINIMUM FILING
REQUIREMENTS**

OF

Lake Utility Services, Inc.
Exact Legal Name of Utility

VOLUME III (a)



FOR THE

Test Year Ended: 6/30/2007

VOLUME III (a) -

DOCUMENT NUMBER DATE

01244 FEB 18 8

FPSC-COMMISSION CLERK

LAKE UTILITY SERVICES, INC.

DOCKET NO.: 070693-WS

ADDITIONAL ENGINEERING INFORMATION

Lake Utility Services, Inc.

Docket No.: 070693-WS

Lake County

25.30.440 (1)
DETAILED MAP

Test Year Ended June 30, 2007

DETAILED MAP
SUBMITTED TO STAFF
SEPARATELY

Lake Utility Services, Inc.

Docket No.: 070693-WS

Lake County

25.30.440 (2)
CHEMICALS USED

Test Year Ended June 30, 2007

	A	B	C	O	P	Q	R	S
1	Lake Utilities Services Inc.							
2	Schedule of Chemicals							
3	Test Year Ended June 30, 2007							
4	July 2006- June 30, 2007							
5	LUSI- List of Chemicals							
6		Sodium Hypochlorite			Wasp & Hornet Killer		Meter Mist Blue Sky	
7		10% solution						
8	Date of Invoice	1 Gal	Unit Price	Price	1 Dozen	Unit Price	1 PKG	Unit Price
9	Sub 628 6181010							
10	6/16/2006	110	0.9					
11	6/7/2006	75	0.9					
12	6/21/2006	80	0.9					
13	7/5/2006	25	0.9					
14	7/19/2006	55	0.9					
15	8/2/2006	35	0.9					
16	8/2/2006	55	0.9					
17	8/16/2006	20	0.9					
18	8/16/2006	70	0.9					
19	8/29/2006	55	0.9					
20	9/13/2006	75	0.9					
21	9/27/2006	65	0.9					
22	10/11/2006	40	0.9					
23	10/11/2006	85	0.9					
24	10/25/2006	70	0.9					
25	10/25/2006	40	0.9					
26	11/8/2006	30	0.9					
27	12/6/2006	55	0.9					
28								
29	Sub 631 6181010							
30	6/7/2006	250	0.9					
31	6/21/2006	215	0.9					
32	7/5/2006	100	0.9					
33	9/27/2006	100	0.9					
34								
35	Sub 632 6181010							
36	5/24/2006	75	0.9					
37	6/7/2006	75	0.9					
38	6/21/2006	75	0.9					
39	6/30/2006	30	0.9					
40	7/19/2006	75	0.9					
41	8/2/2006	75	0.9					
42	8/16/2006	75	0.9					
43	8/29/2006	110	0.9					
44	9/27/2006	100	0.9					
45	10/11/2006	150	0.9					
46	10/25/2006	135	0.9					
47	11/8/2006	70	1.2					
48	11/21/2006	125	0.9					
49	12/6/2006	150	0.9					
50								
51	Sub 633 6181010							
52	7/21/2006	90	0.9					
53	6/7/2006	70	0.9					
54	7/5/2006	45	0.9					
55	7/19/2006	45	0.9					
56	8/2/2006	85	0.9					
57	8/16/2006	100	0.9					
58	8/29/2006	70	0.9					
59	9/13/2006	60	0.9					
60	9/27/2006	90	0.9					
61	10/11/2006	165	0.9					
62	10/25/2006	100	0.9					
63	12/6/2006	150	0.9					
	Exhibit H							

	T	U	V	W	AI	AJ	AK	AL	AM
1									
2									
3									
4									
5									
6	70 & Soy Punch Promo		45 NC		1p		Dumpster Fair		
7								TOTAL AMOUNTS	
8	1 Dozen	Unit Price	1 Dozen	Unit Price	5 nit Price	25 LB	Unit Price		Company
9									
10								104.50	
11								71.25	
12								76.00	
13								23.75	
14								52.25	
15								33.25	
16								52.25	
17								19.00	
18								66.50	
19								52.25	
20								71.25	
21								61.75	
22								38.00	
23								80.75	
24								66.50	
25								38.00	
26								28.50	
27									
28									
29									
30								237.50	
31								204.25	
32								95.00	
33								95.00	
34								0.00	
35									
36								71.25	
37								71.25	
38								71.25	
39								28.50	
40								71.25	
41								71.25	
42								71.25	
43								104.50	
44								95.00	
45								142.50	
46								128.25	
47								87.50	
48								118.75	
49								142.50	
50									
51									
52								85.50	
53								66.50	
54								42.75	
55								42.75	
56								80.75	
57								95.00	
58								66.50	
59								57.00	
60								85.50	
61								156.75	
62								95.00	
63								142.50	

	A	B	C	O	P	Q	R	S
1	Lake Utilities Services Inc.							
2	Schedule of Chemicals							
3	Test Year Ended June 30, 2007							
4	July 2006- June 30, 2007							
5	LUSI- List of Chemicals							
6		Sodium Hypochlorite			Wasp & Hornet Killer		Meter Mist Blue Sky	
7		10% solution						
8	Date of Invoice	1 Gal	Unit Price	t Price	1 Dozen	Unit Price	1 PKG	Unit Price
64								
65	Sub 633 6181090							
66	7/24/2006							
67	9/13/2006							
68	11/6/2006							
69								
70	Sub 634 6181010							
71	6/7/2006	125	0.95					
72	6/21/2006	125	0.95					
73	7/5/2006	55	0.95					
74	8/2/2006	100	0.95					
75	8/16/2006	100	0.95					
76	8/29/2006	110	0.95					
77	9/27/2006	155	0.95					
78	10/11/2006	100	0.95					
79	10/25/2006	150	0.95					
80	11/8/2006	45	0.95					
81								
82	Sub 636 6181010							
83	6/21/2006	800	0.95					
84	6/7/2006	1,000	0.95					
85	7/6/2006	800	0.95					
86	7/19/2006	700	0.95					
87	8/2/2006	850	0.95					
88	8/15/2006	850	0.95					
89	8/30/2006	850	0.95					
90	9/13/2006	900	0.95					
91	9/27/2006	900	0.95					
92	10/10/2006	950	0.95					
93	10/25/2006	1,050	0.95					
94	11/8/2006	1,000	0.95					
95	11/21/2006	875	0.95					
96	12/6/2006	950	1.15					
97								
98	Sub 636 6181090							
99	7/17/2006							
100								
101	Sub 661 6181010							
102	6/3/2006	235	0.95					
103	6/7/2006	80	0.95					
104	6/15/2006	145	0.95					
105	6/21/2006	125	0.95					
106	9/27/2006	75	0.95					
107	10/25/2006	130	0.95					
108	11/8/2006	55	0.95					
109								
110	Sub 662 6181010							
111	6/21/2006	35	0.95					
112	6/30/2006	45	0.95					
113	7/19/2006	75	0.95					
114	8/2/2006	75	0.95					
115	8/16/2006	100	0.95					
116	8/29/2006	100	0.95					
117	9/27/2006	200	0.95					
118	Exhibit H 10/9/2006	135	0.95					

	A	B	C	O	P	Q	R	S
1	Lake Utilities Services Inc.							
2	Schedule of Chemicals							
3	Test Year Ended June 30, 2007							
4	July 2006- June 30, 2007							
5	LUSI- List of Chemicals							
6		Sodium Hypochlorite			Wasp & Hornet Killer		Meter Mist Blue Sky	
7		10% solution						
8	Date of Invoice	1 Gal	Unit Price	Price	1 Dozen	Unit Price	1 PKG	Unit Price
119	10/23/2006	225	0.9					
120	11/8/2006	90	0.9					
121	11/21/2006	175	0.9					
122	12/6/2006	125	0.9					
123								
124	Sub 663 6181010							
125	7/19/2006	75	0.9					
126	8/29/2006	25	0.9					
127	10/25/2006	40	0.9					
128	12/6/2006	39	0.9					
129								
130	Sub 664 6181010							
131	6/6/2006	50	0.9					
132	7/19/2006	45	0.9					
133	8/29/2006	25	0.9					
134	9/27/2006	35	0.9					
135	10/25/2006	25	0.9					
136	11/21/2006	25	0.9					
137								
138	Sub 665 6181010							
139	6/7/2006	110	0.9					
140	6/21/2006	165	0.9					
141	7/19/2006	100	0.9					
142	8/2/2006	50	0.9					
143	8/29/2006	145	0.9					
144	9/27/2006	200	0.9					
145	10/11/2006	200	0.9					
146	10/23/2006	150	0.9					
147	11/8/2006	95	0.9					
148	11/21/2006	175	0.9					
149	12/6/2006	125	0.9					
150								
151	Sub 675 6181010							
152	6/15/2006	1,185	0.5					
153	6/22/2006	1,155	0.5					
154	6/7/2006							
155	6/7/2006	55	0.9					
156	6/29/2006	920	0.5					
157	7/6/2006	1,110	0.5					
158	7/13/2006	875	0.5					
159	7/20/2006	1,230	0.5					
160	7/27/2006	1,106	0.5					
161	8/3/2006	1,067	0.5					
162	8/10/2006	1,210	0.5					
163	8/17/2006	1,155	0.5					
164	8/24/2006	1,080	0.5					
165	8/31/2006	936	0.5					
166	9/7/2006	1,140	0.5					
167	9/20/2006							
168	9/14/2006	875	0.5					
169	9/21/2006	1,140	0.5					
170	9/28/2006	606	0.5					
171	10/5/2006	1,160	0.5					
172	10/21/2006	1,265	0.5					
173	Exhibit H 10/17/2006	1,196	0.5					

	A	B	C	O	P	Q	R	S
1	Lake Utilities Services Inc.							
2	Schedule of Chemicals							
3	Test Year Ended June 30, 2007							
4	July 2006- June 30, 2007							
5	LUSI- List of Chemicals							
6		Sodium Hypochlorite			Wasp & Hornet Killer		Meter Mist Blue Sky	
7		10% solution						
8	Date of Invoice	1 Gal	Unit Price	Price	1 Dozen	Unit Price	1 PKG	Unit Price
174	10/26/2006	1,123	0.55					
175	11/2/2006	920	0.55					
176	11/9/2006	1,022	0.55					
177	11/16/2006	1,142	0.55					
178	11/24/2006	250	0.55					
179	11/24/2006	1,010	0.55					
180	11/30/2006	849	0.55					
181	12/7/2006	1,092	0.55					
182	12/14/2006	1,043	0.55					
183	12/21/2006	861	0.55					
184								
185	Sub 675 6181050							
186	7/25/2006			16.54	1	74.34		
187	9/22/2006				1	74.34	1	109.25
188	10/24/2006							
189	12/7/2006							
190								
191	Sub 675 6181090							
192	7/17/2006							
193								
194								
195	2007							
196	Sub 628 6181010							
197	1/3/2007	47	1.25					
198	1/31/2007	40	1.25					
199	2/28/2007	35	1.25					
200	4/11/2007	70	1.25					
201	5/9/2007	55	1.25					
202								
203	Sub 631 6181010							
204	4/11/2007	425	1.25					
205	5/9/2007	200	1.25					
206								
207	Sub 632 6181010							
208	12/20/2006	110	0.95					
209	12/17/2007	165	1.25					
210	2/14/2007	140	1.25					
211	3/14/2007	165	1.25					
212	4/11/2007	225	1.25					
213	4/25/2007	150	1.25					
214	5/9/2007	180	1.25					
215								
216	Sub 633 6181010							
217	1/31/2007	165	1.25					
218	2/28/2007	105	1.25					
219	3/14/2007	150	1.25					
220	3/28/2007	150	1.25					
221	4/9/2007	180	1.25					
222	4/25/2007	135	1.25					
223	5/3/2007	145	1.25					
224	5/16/2007	150	1.25					
225								
226	Sub 634 6181010							
227	12/20/2006	210	0.95					
228	Exhibit H 1/31/2007	160	1.25					

	A	B	C	O	P	Q	R	S
1	Lake Utilities Services Inc.							
2	Schedule of Chemicals							
3	Test Year Ended June 30, 2007							
4	July 2006- June 30, 2007							
5	LUSI- List of Chemicals							
6		Sodium Hypochlorite			Wasp & Hornet Killer		Meter Mist Blue Sky	
7		10% solution						
8	Date of Invoice	1 Gal	Unit Price	Price	1 Dozen	Unit Price	1 PKG	Unit Price
229	2/28/2007	150	1.50					
230	4/11/2007	225	1.25					
231	5/9/2007	225	1.25					
232								
233	Sub 636 6181010							
234	12/20/2006	750	0.95					
235	1/3/2007	795	1.25					
236	1/17/2007	800	1.25					
237	1/31/2007	850	1.25					
238	2/14/2007	900	1.25					
239	2/28/2007	925	1.25					
240	3/14/2007	855	1.25					
241	3/28/2007	1,000	1.25					
242	4/11/2007	1,000	1.25					
243	4/25/2007	800	1.25					
244	5/9/2007	1,050	1.25					
245								
246	Sub 661 6181010							
247	12/20/2006	55	0.95					
248	3/14/2007	75	1.25					
249	3/29/2007	110	1.25					
250	5/3/2007	140	1.25					
251								
252	Sub 662 6181010							
253	12/20/2006	110	0.95					
254	1/17/2007	135	1.25					
255	2/14/2007	145	1.25					
256	3/14/2007	75	1.25					
257	3/28/2007	150	1.25					
258	4/12/2007	165	1.25					
259	4/25/2007	125	1.25					
260	5/9/2007	170	1.25					
261								
262	Sub 663 6181010							
263	1/31/2007	45	1.25					
264	4/11/2007	45	1.25					
265								
266	Sub 664 6181010							
267	1/3/2007	25	1.25					
268	2/14/2007	32	1.25					
269	3/16/2007	30	1.25					
270	4/11/2007	25	1.25					
271	5/11/2007	35	1.25					
272								
273	Sub 665 6181010							
274	12/20/2006	120	0.95					
275	1/17/2006	135	1.25					
276	2/14/2007	145	1.25					
277	3/14/2007	180	1.25					
278	3/28/2007	200	1.25					
279	4/12/2007	210	1.25					
280	4/25/2007	130	1.25					
281	5/9/2007	200	1.25					
282								
283	Sub 675 6181010							

	A	B	C	O	P	Q	R	S
1	Lake Utilities Services Inc.							
2	Schedule of Chemicals							
3	Test Year Ended June 30, 2007							
4	July 2006- June 30, 2007							
5	LUSI- List of Chemicals							
6		Sodium Hypochlorite			Wasp & Hornet Killer		Meter Mist Blue Sky	
7		10% solution						
8	Date of Invoice	1 Gal	Unit Price	Price	1 Dozen	Unit Price	1 PKG	Unit Price
284	12/28/2006	820	0.55					
285	1/4/2007	725	0.75					
286	1/12/2007	1,084	0.75					
287	1/18/2007	817	0.75					
288	1/25/2007	847	0.75					
289	2/20/2007	915	0.75					
290	2/8/2007	745	0.75					
291	2/15/2007	905	0.75					
292	2/22/2007	890	0.75					
293	3/1/2007	1,035	0.75					
294	3/15/2007	1,265	0.75					
295	3/8/2007	1,102	0.75					
296	3/22/2007	959	0.75					
297	3/29/2007	932	0.75					
298	4/5/2007	1,155	0.75					
299	4/12/2007	1,041	0.75					
300	4/5/2007							
301	4/18/2007	55	1.25					
302	4/19/2007	980	0.75					
303	4/26/2007	990	0.75					
304	5/3/2007	1,120	0.75					
305	5/9/2007	1,405	0.75					
306	5/17/2007	1,369	0.75					
307	5/24/2007	1,361	0.75					
308	5/31/2007	1,252	0.75					
309	6/7/2007	1,140	0.75					
310	6/14/2007	1,215	0.75					
311								
312	Sub 675 6181050							
313	1/10/2007							
314	1/23/2007				1	78.06		
315	5/9/2007							
316	5/15/2007							
317	5/23/2007							
318								
319	Sub 675 6181090							
320	2/14/2007							
321								
322								
323		94,555			3		1	
324								
325								
326	Quantity Purchased	94,555						
327	Unit of Measure	Gallons			1 Dozen		1 PKG	
328	Average Cost/ Unit							
329	Where Used (Water/ Sewer)	Water and Sewer			Water and Sewer		Water and Sewer	
330								
331								
332	Specify Dosage Rate				Insecticide, aerosol		Bathroom deoderizer	
333								
334	Water, chemical feed rate, ppm				N/A		N/A	
335	Volume treated, million gal.							
336								
337								
338	Sewer, chemical feed rate, ppm							

	A	B	C	O	P	Q	R	S
1	Lake Utilities Services Inc.							
2	Schedule of Chemicals							
3	Test Year Ended June 30, 2007							
4	July 2006- June 30, 2007							
5	LUSI- List of Chemicals							
6		Sodium Hypochlorite			Wasp & Hornet Killer		Meter Mist Blue Sky	
7		10% solution						
8	Date of Invoice	1 Gal	Unit Price	Price	1 Dozen	Unit Price	1 PKG	Unit Price
339	Sewer, chemical feed rate, ppm					N/A		N/A
340	Volume treated, million gal.							
341								
342								

	T	U	V	W	AI	AJ	AK	AL	AM
1									
2									
3									
4									
5									
6	70 & Soy Punch Promo		45 NC		p		Dumpster Fair		
7									TOTAL AMOUNTS
8	1 Dozen	Unit Price	1 Dozen	Unit Price	5 lit Price	25 LB	Unit Price	Company	
339	N/A		N/A		N/A				
340									
341									
342									

Lake Utility Services, Inc.

Docket No.: 070693-WS

Lake County

25.30.440 (3)
CHEMICAL ANALYSES

Test Year Ended June 30, 2007

List of Systems

Amber Hill

Clermont I

Clermont II

Crescent Bay

Crescent West

Four Lakes

Greater Groves

Highland Point

Lake Crescent Hills

Lake Louisa

Lake Ridge Club

Lake Saunders

The Oranges

The Vistas

AMBER HILL

25.30.440 (3)
CHEMICAL ANALYSES

LAKE UTILITY SERVICES, INC.

AN AFFILIATE OF UTILITIES, INC.

200 WEATHERSFIELD AVENUE
ALTAMONTE SPRINGS, FLORIDA 32714

CORPORATE OFFICES:
2335 Sanders Road
Northbrook, Illinois 60062
Telephone: 847-498-6440

Telephone: 407-869-1919
Florida: 800-272-1919
Fax: 407-869-6961
florida@utilitiesinc-usa.com

May 25, 2005

Mr. Paul Morrison, Environmental Manager
Drinking Water Program
Florida Department of Environmental Protection
3319 Maguire Blvd., Suite 232
Orlando, FL 32803-3767

RE: Annual Nitrate & Nitrite Sampling 2005
Chapter 62-550 FAC
Amber Hill - PWS ID 3354648

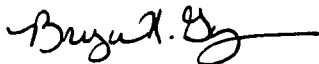
Dear Mr. Morrison:

Please find the enclosed sample results as specified above for the 2005 monitoring period.

If you should have any questions, please call 407.869.8588, extension 226.

Sincerely,

LAKE UTILITY SERVICES, INC.



Bryan K. Gongre
Assistant Operations Manager

Enclosures

Cc: Bill Coates, Area Manager, UIOF

FILE COPY

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

RECEIVED

MAY 24 2005

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

System Name: Amber Hill PWS I.D. #:

3	3	5	4	6	4	8
---	---	---	---	---	---	---

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

Address: Lake Utility Services, Inc.
200 Weathersfield Avenue

City: Altamonte Springs State: FL ZIP Code: 32714

Phone #: 407.869.1919 Fax #: 407.869.6961

E-Mail Address: _____

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: A051642-01 Location Code (if known): _____

Sample Date: 5/11/05 Sample Time: 9:30 AM PM (Circle One)

Sample Location (be specific): PDE to distribution system

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: DANIEL SHERWOOD

Sampler's Phone #: 321-388-7893 Sampler's Fax #: 407-869-6961

Sampler's E-Mail Address: _____

CERTIFICATION (to be completed by sampler)

I, DANIEL SHERWOOD, LEAD OPERATOR
(Print Name) (Print Title)

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

Signature: Daniel Sherwood Date: 5/26/05

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 - Orlando
Address: 528 S. North Lake Blvd., Suite 1016
Altamonte Springs, FL 32701

Florida Certification #: E53076
Certification Expiration Date: 6/30/2005
Telephone #: (407) 937-1594

ANALYSIS INFORMATION (to be completed by lab)

PWS ID (from page 1): _____
Lab Assigned Report Number or Job ID A051642

Date Sample(s) Received: 5/11/2005 2:50:00
Sample Number (From page 1) A051642-01

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 | <u>Radionuclides</u> | <input type="checkbox"/> Bromate |
| <input checked="" 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** | <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 E82574

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB

CERTIFICATION

I, Myrna Santiago, 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: *Myrna Santiago* Date: 5/23/05

* 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 and 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: _____



Client: Utilities, Inc.

Project Name: Amber Hill

Project Number:

PWS ID#:

Attention: William Coates

Phone Number: 8002721919

Address: 200 Weathersfield Ave.

Altamonte Springs, FL 32714

Report No.: A051642

Date Sampled: 5/11/2005

Date Received: 5/11/05 14:50

Date Reported: 5/21/2005

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: Amber Hill

Approved By:

Myrna Santiago, 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 = 8

Advanced Environmental Laboratories, Inc.
Analytical Report

Client: Utilities, Inc.
Project Name: Amber Hill
Matrix: Drinking Water
PWS ID#:
Client Sample ID: 1
Site: Point of Entry
Sample Number: A051642-01

Report No.: A051642
Date/Time Sampled: 05/11/05 9:30
Date/Time Received: 5/11/05 14:50

Sampled By: Dan Sherwood
Shipping Method: AEL Courier

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	0.043	I	SM4500NO3-F	0.014	5/12/2005	16:35	E82574
1041	Nitrite (as N)	1.0	mg/L	0.044	I	SM4500NO3-F	0.013	5/12/2005	16:35	E82574

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 Labs Inc

Advanced Environmental Labs
528 S North Lake Blvd, Ste 1016
Altamonte Springs, FL 32701

Client: UTILITIES, INC. (UTL-A)

Project name: AMBER HILL

Date/Time Rcvd: 5/11/05

14.50

Log-In request number: A051642

Received by: RPG

Completed by: RPG

Cooler/Shipping Information:

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

Type: Cooler Box Other (describe) _____

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

Cooler ID	1				
Temp (°C)	2				
Temp taken from	<input type="checkbox"/> Temp blank <input checked="" type="checkbox"/> Cooler	<input type="checkbox"/> Temp blank <input type="checkbox"/> Cooler	<input type="checkbox"/> Temp blank <input type="checkbox"/> Cooler	<input type="checkbox"/> Temp blank <input type="checkbox"/> Cooler	<input type="checkbox"/> Temp blank <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? <i>NOTE: VOA samples are checked by laboratory analysts.</i>			<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"/>	

Kit ID

Comments:

P.S

Chain-of-Custody for AEL Orlando to AEL Jax

AEL Orlando
528 South North Lake Blvd, S
Altamonte Springs FL 32701

Contact Person: Myrna Santiago

Project #: A051642

CustomerName: Utilities, Inc.

Collector: Dan Sherwood

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

Check if Rush

Lab Code	Client Sample ID	Test	Matrix	Collect Date / Time	Receive Date	Due Date	# Bottles	Bottle Type (Pres.)
A051642-01	1	Nitrate (J)-DW	Drinking Water	5/11/2005 9:30	5/11/05 14:50	5/13/2005	_____	250mL Poly
A051642-01	1	Nitrite (J)-DW	Drinking Water	5/11/2005 9:30	5/11/05 14:50	5/13/2005	_____	250mL Poly

Orlando Relinquisher: 

Shipping Relinquisher: AEL Courier

Shipping Receiver: AEL Courier

Jacksonville Receiver: 

Date/Time: 5/11/05 1200

Date/Time: 5/12/05 1045

26



Advanced
Environmental Laboratories, Inc.

CHAIN OF CUSTODY RECORD

- 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

A051642

CLIENT NAME: UTILITIES INC		PROJECT NAME: AMBER HILL		BOTTLE SIZE & TYPE	A R N E A Q U I L Y I S R I E S D	LAB NUMBER
ADDRESS: 200 WEATHERSFIELD AVE		P.O. NUMBER / PROJECT NUMBER:				
PROJECT LOCATION: ALTAMONTE SPRINGS, FL 32714		CLERMONT				
PHONE: 407-867-1910 FAX: 352-242-0563		CONTACT: BILL COATEX				
TURN AROUND TIME: <input checked="" type="checkbox"/> STANDARD <input type="checkbox"/> RUSH _____		REMARKS / SPECIAL INSTRUCTIONS: CL2 RES 0.7		NO2, NO3		
SAMPLED BY: DAN SHERWOOD						

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				
	P.O.E	G	5/11/05	0930	DW	1	ICE	1

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

Shipment	Method	Sample Kit	Cooler #	1	Relinquished by:	Date	Time	Received by:	Date	Time
Out: / /	Via: _____	RB _____	D/T _____	1	<i>[Signature]</i>	5/11/05	1350	<i>[Signature]</i>	5/11/05	1350
		AB _____	D/T _____	2	<i>[Signature]</i>	5/11/05	1450	<i>[Signature]</i>	5/11/05	1450
Ret: / /	Via: _____	Trip Bl. _____		3						
				4						

22



Advanced
Environmental Laboratories, Inc.

CHAIN OF CUSTODY RECORD

LAB NUMBER: _____

- ✓ 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

Page _____ of _____

CLIENT NAME: <i>STANBROS INC</i>		PROJECT NAME: <i>AMBER HILL</i>		BOTTLE SIZE & TYPE	A R R E Q U I R E D	L A B N U M B E R
ADDRESS: <i>200 WATKINSON BLVD</i>		P.O. NUMBER / PROJECT NUMBER:				
PHONE: <i>407-367-1717</i> FAX: <i>352-222-0561</i>		PROJECT LOCATION: <i>CLEARWATER</i>				
CONTACT: <i>Bill Connor</i>		SAMPLED BY: <i>DAN SPERDUE</i>				
TURN AROUND TIME: <input checked="" type="checkbox"/> STANDARD <input type="checkbox"/> RUSH _____	REMARKS / SPECIAL INSTRUCTIONS: <i>OLD RES 0.7</i>					

NO. 3, NO. 3

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			
	<i>P.O.E</i>	<i>G</i>	<i>5/11/05</i>	<i>0930</i>	<i>DW</i>	<i>1</i>	<i>CC</i>

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

Shipment Out: / /	Method Via: _____	Sample Kit	Cooler # _____	1	Relinquished by:	Date	Time	Received by:	Date	Time
Ret: / /	Via: _____	RB _____	D/T _____	2	<i>[Signature]</i>	<i>5/11/05</i>	<i>1350</i>	<i>[Signature]</i>	<i>5/11/05</i>	<i>1350</i>
		AB _____	D/T _____	3	<i>[Signature]</i>	<i>5/11/05</i>	<i>1450</i>	<i>[Signature]</i>	<i>5/11/05</i>	<i>1450</i>
		Trip Bl.	_____	4						

Jeb Bush
 Governor



John O. Agwunobi, M.D., M.B.A., M.P.H.
 Secretary

Laboratory Scope of Accreditation

Page 3 of 27

THIS LISTING OF ACCREDITED ANALYTES SHOULD BE USED ONLY WHEN
 ASSOCIATED WITH A VALID CERTIFICATE

State Laboratory ID: E82574

EPA Lab Code:

FL00949

(904) 363-9350

E82574

Advanced Environmental Laboratories, Inc.
 6601 Southpoint Parkway
 Jacksonville, FL 32216

Matrix: Drinking Water

Analyte	Method/Tech	Category	Certification Type	Effective Date
Endothall	EPA 548.1	Synthetic Organic Contaminants	NELAP	1/21/2005
Endrin	EPA 508	Synthetic Organic Contaminants	NELAP	3/24/2005
Ethylbenzene	EPA 502.2	Other Regulated Contaminants	NELAP	4/4/2002
Ethylbenzene	EPA 524.2	Other Regulated Contaminants	NELAP	1/21/2005
gamma-BHC (Lindane, gamma-Hexachlorocyclohexane)	EPA 508	Synthetic Organic Contaminants	NELAP	3/24/2005
Heptachlor	EPA 508	Synthetic Organic Contaminants	NELAP	3/24/2005
Heptachlor epoxide	EPA 508	Synthetic Organic Contaminants	NELAP	3/24/2005
Heterotrophic plate count	SM 9215 B	Microbiology	NELAP	1/21/2005
Hexachlorobenzene	EPA 508	Synthetic Organic Contaminants	NELAP	3/24/2005
Hexachlorocyclopentadiene	EPA 508	Synthetic Organic Contaminants	NELAP	3/24/2005
Iron	EPA 200.7	Secondary Inorganic Contaminants	NELAP	4/4/2002
Lead	EPA 200.9	Primary Inorganic Contaminants	NELAP	4/4/2002
Lead	SM 3113 B	Primary Inorganic Contaminants	NELAP	4/4/2002
Magnesium	EPA 200.7	Primary Inorganic Contaminants	NELAP	4/4/2002
Manganese	EPA 200.7	Secondary Inorganic Contaminants	NELAP	4/4/2002
Mercury	EPA 245.1	Primary Inorganic Contaminants	NELAP	4/4/2002
Mercury	SM 3112 B	Primary Inorganic Contaminants	NELAP	4/4/2002
Methoxychlor	EPA 508	Synthetic Organic Contaminants	NELAP	3/24/2005
Nickel	EPA 200.7	Primary Inorganic Contaminants	NELAP	4/4/2002
Nitrate	SM 4500-NO3 F	Primary Inorganic Contaminants	NELAP	2/13/2003
Nitrate-nitrite	SM 4500-NO3 F	Primary Inorganic Contaminants	NELAP	2/13/2003
Nitrite	SM 4500-NO3 F	Primary Inorganic Contaminants	NELAP	2/13/2003
Nitrite as N	SM 4500-NO2 B	Primary Inorganic Contaminants	NELAP	1/21/2005
Odor	SM 2150 B	Secondary Inorganic Contaminants	NELAP	2/13/2003
Orthophosphate as P	EPA 365.1	Primary Inorganic Contaminants	NELAP	2/13/2003
Orthophosphate as P	SM 4500-P E	Primary Inorganic Contaminants	NELAP	1/21/2005
Oxamyl	EPA 531.1	Synthetic Organic Contaminants	NELAP	4/19/2005
PCBs	EPA 508	Synthetic Organic Contaminants	NELAP	3/24/2005
Pentachlorophenol	EPA 515.3	Synthetic Organic Contaminants	NELAP	1/21/2005
pH	EPA 150.1	Primary Inorganic Contaminants, Secondary Inorganic Contaminants	NELAP	4/4/2002
Picloram	EPA 515.3	Synthetic Organic Contaminants	NELAP	1/21/2005
Potassium	EPA 200.7	Secondary Inorganic Contaminants	NELAP	1/21/2005
Residue-filterable (TDS)	EPA 160.1	Secondary Inorganic Contaminants	NELAP	4/4/2002
Selenium	EPA 200.9	Primary Inorganic Contaminants	NELAP	4/17/2002
Selenium	SM 3113 B	Primary Inorganic Contaminants	NELAP	4/4/2002

"STATE" indicates certification for the analyte by the method specified. "NELAP" further
 indicates certification compliant with the NELAC Standards.

NON-TRANSFERABLE 04/24/2005-E82574

P. 8

LAKE UTILITY SERVICES, INC.

AN AFFILIATE OF UTILITIES, INC.

200 WEATHERSFIELD AVENUE
ALTAMONTE SPRINGS, FLORIDA 32714

CORPORATE OFFICES:
2335 Sanders Road
Northbrook, Illinois 60062
Telephone: 847-498-6440

Telephone: 407-869-1919
Florida: 800-272-1919
Fax: 407-869-6961
florida@utilitiesinc-usa.com

September 23, 2005

Mr. Paul Morrison, Environmental Manager
Drinking Water Program
Florida Department of Environmental Protection
3319 Maguire Blvd., Suite 232
Orlando, FL 32803-3767

RE: Total Trihalomethane / Haloacetic Acids
Annual Monitoring
Amber Hill - PWS ID 3354648

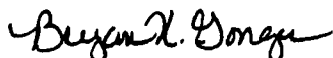
Dear Mr. Morrison:

Please find the enclosed sample results as specified above for the 2005 monitoring period.

If you should have any questions, please call 407.869.8588, extension 226.

Sincerely,

LAKE UTILITY SERVICES, INC.



Bryan K. Gongre
Assistant Operations Manager

Enclosures

cc: Bill Coates, A. M., UIOF

Safe Drinking Water Program Laboratory Reporting Format

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

System Name: Amber Hill PWS I.D. #:

3	3	5	4	6	4	8
---	---	---	---	---	---	---

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

Address: Lake Utility Services, Inc.
200 Weathersfield Avenue

City: Altamonte Springs State: FL ZIP Code: 32714

Phone #: 407.869.1919 Fax #: 407.869.6961

E-Mail Address: _____

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: A052857-01 Location Code (if known): _____

Sample Date: 9/19/05 Sample Time: 12:10 AM PM (Circle One)

Sample Location (be specific): 12647 Valencia Drive, Clermont, FL

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): 1.0 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: Charles Schwades

Sampler's Phone #: 407.869.1919 Sampler's Fax #: 407.869.6961

Sampler's E-Mail Address: _____

CERTIFICATION (to be completed by sampler)

I, Charles Schwades, Operator
(Print Name) (Print Title)

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

Signature: Charles Schwades Date: 9/19/05

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 - Orlando
 Address: 528 S. North Lake Blvd., Suite 1016
Altamonte Springs, FL 32701

Florida Certification #: E53076
 Certification Expiration Date: 6/30/2006
 Telephone #: (407) 937-1594

ANALYSIS INFORMATION (to be completed by lab)

PWS ID (from page 1): _____ Date Sample(s) Received: 8/11/2005 1:10:00
 Lab Assigned Report Number or Job ID A052857 Sample Number (From page 1) A052857-01

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

- | | | | |
|--|--|---|---|
| <p><u>Inorganics</u></p> <input type="checkbox"/> All 17
<input type="checkbox"/> Partial
<input type="checkbox"/> Nitrate
<input type="checkbox"/> Nitrite
<input type="checkbox"/> Asbestos Only | <p><u>Synthetic Organics</u></p> <input type="checkbox"/> All 30
<input type="checkbox"/> All Except Dioxin
<input type="checkbox"/> Partial
<input type="checkbox"/> Dioxin Only | <p><u>Volatile Organics</u></p> <input type="checkbox"/> All 21
<input type="checkbox"/> Partial
<p><u>Radionuclides</u></p> <input type="checkbox"/> Single Sample
<input type="checkbox"/> Qtrly Composite** | <p><u>Disinfection Byproducts</u></p> <input checked="" type="checkbox"/> Trihalomethanes
<input checked="" type="checkbox"/> Haloacetic Acids
<input type="checkbox"/> Bromate
<input type="checkbox"/> Chlorite
<p><u>Secondaries</u></p> <input type="checkbox"/> All 14
<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, Myma Santiago, 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: Myma Santiago Date: 9/2/05

* 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 and 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: _____

R7



**Advanced
Environmental Laboratories, Inc.**

6801 Southpoint Parkway
Jacksonville, Florida 32216
(904) 363-9350
FAX (904) 363-9354

Client: Utilities, Inc.

Project Name: Amber Hill

Project Number:

PWS ID#:

Attention: William Coates

Phone Number: 8002721919

Address: 200 Weathersfield Ave.

Altamonte Springs, FL 32714

Report No.: A052857

Date Sampled: 8/9/2005

Date Received: 8/11/05 13:10

Date Reported: 9/2/2005

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: Amber Hill

Approved By: 

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.

Advanced Environmental Laboratories, Inc.

Analytical Report

Client: Utilities, Inc.
 Project Name: Amber Hill
 Matrix: Drinking Water
 PWS ID#:

Report No.: A052857
 Date/Time Sampled: 08/09/05 12:10
 Date/Time Received: 8/11/05 13:10

Client Sample ID: 7
 Site: 12647 Valencia
 Sample Number: A052857-01

Sampled By: Client
 Shipping Method: AEL Courier

Disinfection Byproducts

Contam ID	Contam Name	MCL	Units	Analysis Results	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Cert. #
2450	Chloroacetic Acid		ug/L	0.81	U	E552.2	0.81	8/18/2005	17:16	E82574
2451	Dichloroacetic Acid		ug/L	23		E552.2	0.56	8/18/2005	17:16	E82574
2452	Trichloroacetic Acid		ug/L	21		E552.2	0.60	8/18/2005	17:16	E82574
2453	Bromoacetic Acid		ug/L	1.9		E552.2	0.34	8/18/2005	17:16	E82574
2454	Dibromoacetic Acid		ug/L	3.2		E552.2	0.45	8/18/2005	17:16	E82574
2941	Chloroform		ug/L	43		E502.2	1.6	8/15/2005	14:28	E82574
2942	Bromoform		ug/L	0.38	U	E502.2	0.38	8/15/2005	14:28	E82574
2943	Bromodichloromethane		ug/L	12		E502.2	0.38	8/15/2005	14:28	E82574
2944	Dibromochloromethane		ug/L	2.7		E502.2	0.28	8/15/2005	14:28	E82574

U The compound was analyzed for but not detected.
 MDL Method Reporting Limit
 For all Results qualified with an I, the RQL is defined to be 4 times the MDL

P



Advanced Environmental Labs Inc

Advanced Environmental Labs
528 S North Lake Blvd, Ste 1016
Altamonte Springs, FL 32701

Client: UTILITIES, INC. (UTL-A)

Project name: AMBER HILL

Date/Time Rcvd: 8/11/05

13.10

Log-In request number: A052857

Received by: RPG

Completed by: RPG

Cooler/Shipping Information:

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

Type: Cooler Box Other (describe) _____

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

Cooler ID	1				
Temp (°C)	2				
Temp taken from	<input type="checkbox"/> Temp blank <input checked="" type="checkbox"/> Cooler	<input type="checkbox"/> Temp blank <input type="checkbox"/> Cooler	<input type="checkbox"/> Temp blank <input type="checkbox"/> Cooler	<input type="checkbox"/> Temp blank <input type="checkbox"/> Cooler	<input type="checkbox"/> Temp blank <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? <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?	✓		
17. Was it necessary to split samples into other bottles?		✓	

Kit ID

Comments:

P.S

Chain-of-Custody for AEL Orlando to AEL Jax

AEL Orlando
528 South North Lake Blvd, S
Altamonte Springs FL 32701

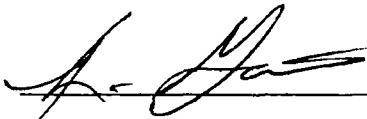
Contact Person: Myrna Santiago

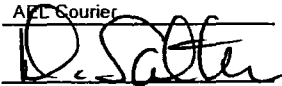
Project #: A052857
CustomerName: Utilities, Inc.
Collector: Client

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

Check if Rush

Lab Code	Client Sample ID	Test	Matrix	Collect Date / Time	Receive Date	Due Date	# Bottles	Bottle Type (Pres.)
A052857-01	7	550 Haloacetic Acids (J)-55	Drinking Water	8/9/2005 12:10	8/11/05 13:10	8/23/2005	_____	40mL Vial Amber
A052857-01	7	THMs (DW)	Drinking Water	8/9/2005 12:10	8/11/05 13:10	8/23/2005	_____	40mL VOC vial

Orlando Relinquisher: 
Shipping Relinquisher: AEL Courier

Shipping Receiver: AEL Courier
Jacksonville Receiver: 

Date/Time: 8/11/05/17:00
Date/Time: 8/11/05 0830

21



Advanced
Environmental Laboratories, Inc.

- Jacksonville: 6601 Southpoint Parkway, Jacksonville, FL 32216 • (904) 363-9350 Fax (904) 363-9354
- Tampa: 5810-D Breckenridge Parkway, Tampa, FL 33610 • (813) 630-9616 Fax (813) 630-4327
- Gainesville: 2106 NW 67th Place, Suite 7, Gainesville, FL 32606 • (352) 367-1500 Fax (352) 367-0050

CHAIN OF CUSTODY RECORD

LAB NUMBER: _____

CLIENT NAME: UTILITIES INC		PROJECT NAME:		BOTTLE SIZE & TYPE	AR NE AQU LI YRI SED	LAB NUMBER
ADDRESS: 200 WEATHERS FIELD AVE		P.O. NUMBER / PROJECT NUMBER:				
ALTA MONTE SPRINGS FL 32714		PROJECT LOCATION:				
PHONE: 407-869-1919 FAX: 407-869-6961		SAMPLED BY:				
CONTACT: BILL COATES		REMARKS / SPECIAL INSTRUCTIONS: GRUBS - C12		TTHM'S + HAAS'S		
<input checked="" type="checkbox"/> STANDARD		ORANGES - C12				
<input type="checkbox"/> RUSH		HIGH PT - C12				
		CR. WEST - C12				
		CR. BAY - C12				
		LIK. RIDGE - C12				
		AMB. HILL - C12 1.0				
		CR. WEST - C12				

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			X	X	X	X	X	X	X				
A052850	S. CROVES 1635 US 27 - (7-11)	G	8/10/05	1405	DW	6	X										
A052851	ORANGES-10001 CRENSHAW CT	G	8/9/05	1110	DW	6		X									
A052852	HIGHLAND PT - 14410 EXPRESS DR	G	X	X	DW	6			X								
A052853	CRESCENT BAY - 10332 MURRAY DR	G	8/9/05	1250	DW	6				X							
A052854	LIK. CR. HILL - 10351 THOMPSON LN.	G	8/9/05	1415	DW	6					X						
A052855	CR. WEST - 10731 PRIEBE RD	G	8/9/05	1340	DW	6						X					
A052856	LIK. RIDGE CLUB - 12134 OUTLOOK DR	G	8/10/05	1525	DW	6								X			
A052857	AMB HILL - 12647 VALENTIA DR	G	8/9/05	1210	DW	6											X

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

Relinquished by:		Date	Time	Received by:		Date	Time
		8/11/05	0930			8/11/05	0930
		8/12/05	1310			8/12/05	1310



Laboratory Scope of Accreditation

THIS LISTING OF ACCREDITED ANALYTES SHOULD BE USED ONLY WHEN
 ASSOCIATED WITH A VALID CERTIFICATE

State Laboratory ID: E82574

EPA Lab Code: FL00949

(904) 363-9350

E82574

Advanced Environmental Laboratories, Inc.
 6601 Southpoint Parkway
 Jacksonville, FL 32216

Matrix: Drinking Water

Analyte	Method/Tech	Category	Certification Type	Effective Date
Silica as SiO ₂	EPA 200.7	Primary Inorganic Contaminants	NELAP	1/21/2005
Silver	EPA 200.7	Secondary Inorganic Contaminants	NELAP	4/4/2002
Silvex (2,4,5-TP)	EPA 515.3	Synthetic Organic Contaminants	NELAP	1/21/2005
Simazine	EPA 525.2	Synthetic Organic Contaminants	NELAP	3/24/2005
Sodium	EPA 200.7	Primary Inorganic Contaminants	NELAP	4/4/2002
Styrene	EPA 502.2	Other Regulated Contaminants	NELAP	4/4/2002
Styrene	EPA 524.2	Other Regulated Contaminants	NELAP	1/21/2005
Sulfate	EPA 375.4	Secondary Inorganic Contaminants	NELAP	2/13/2003
Surfactants - MBAS	EPA 425.1	Secondary Inorganic Contaminants	NELAP	1/21/2005
Tetrachloroethylene (Perchloroethylene)	EPA 502.2	Other Regulated Contaminants	NELAP	4/4/2002
Tetrachloroethylene (Perchloroethylene)	EPA 524.2	Other Regulated Contaminants	NELAP	1/21/2005
Thallium	EPA 200.9	Primary Inorganic Contaminants	NELAP	4/4/2002
Toluene	EPA 502.2	Other Regulated Contaminants	NELAP	4/4/2002
Toluene	EPA 524.2	Other Regulated Contaminants	NELAP	1/21/2005
Total coliforms	SM 9222 B	Microbiology	NELAP	4/4/2002
Total coliforms & E. coli	SM 9223 B	Microbiology	NELAP	9/5/2002
Total haloacetic acids	EPA 552.2	Synthetic Organic Contaminants	NELAP	1/21/2005
Total trihalomethanes	EPA 502.2	Other Regulated Contaminants	NELAP	4/4/2002
Total trihalomethanes	EPA 524.2	Other Regulated Contaminants	NELAP	1/21/2005
Toxaphene (Chlorinated camphene)	EPA 508	Synthetic Organic Contaminants	NELAP	3/24/2005
trans-1,2-Dichloroethylene	EPA 502.2	Other Regulated Contaminants	NELAP	4/4/2002
trans-1,2-Dichloroethylene	EPA 524.2	Other Regulated Contaminants	NELAP	1/21/2005
Trichloroacetic acid	EPA 552.2	Group I Unregulated Contaminants	NELAP	1/21/2005
Trichloroethene (Trichloroethylene)	EPA 502.2	Other Regulated Contaminants	NELAP	4/4/2002
Trichloroethene (Trichloroethylene)	EPA 524.2	Other Regulated Contaminants	NELAP	1/21/2005
Turbidity	EPA 180.1	Secondary Inorganic Contaminants	NELAP	7/17/2002
Vinyl chloride	EPA 502.2	Other Regulated Contaminants	NELAP	4/4/2002
Vinyl chloride	EPA 524.2	Other Regulated Contaminants	NELAP	1/21/2005
Xylene (total)	EPA 502.2	Other Regulated Contaminants	NELAP	4/4/2002
Xylene (total)	EPA 524.2	Other Regulated Contaminants	NELAP	1/21/2005
Zinc	EPA 200.7	Secondary Inorganic Contaminants	NELAP	4/4/2002

"STATE" indicates certification for the analyte by the method specified. "NELAP" further indicates certification compliant with the NELAC Standards.

NON-TRANSFERABLE 04/24/2005-E82574

P.8

TTHM/HAA5 REPORTING COMPLIANCE SUMMARY FOR PWSs MONITORING ANNUALLY			
TTHM COMPLIANCE SUMMARY		HAA5 COMPLIANCE SUMMARY	
Provide the number of TTHM samples taken during the last year*	1	Provide the number of HAA5 samples taken during the last year*	1
Calculate the arithmetic average of all TTHM samples taken over the last year	57.7	Calculate the arithmetic average all HAA5s samples taken over the last year	49.1
Does the arithmetic average of the TTHM samples exceed the Maximum Contaminant Level of 0.060 mg/L for TTHMs? (YES/NO)**	NO	Does the arithmetic average of the HAA5 samples exceed the Maximum Contaminant Level of 0.060 mg/L for HAA5s? (YES/NO)**	NO

*Also, for each sample taken during the last year, provide the information requested in the tables on pages 3 and 4 of this format.

**If the TTHM or HAA5 sample (or average of the samples, if more than one sample is taken) exceeds the Maximum Contaminant Level, the system must increase monitoring to one TTHM and one HAA5 sample per treatment plant per quarter, taken at a point in the distribution system reflecting the maximum residence time, until the system meets the criteria in 40 CFR 131.132(b)(1)(iv). Please see 40 CFR 141.132 (b)(1) for complete details.

CLERMONT I

25.30.440 (3)
CHEMICAL ANALYSES

LAKE UTILITY SERVICES, INC.

AN AFFILIATE OF UTILITIES, INC.

200 WEATHERSFIELD AVENUE
ALTAMONTE SPRINGS, FLORIDA 32714

CORPORATE OFFICES:
2335 Sanders Road
Northbrook, Illinois 60062
Telephone: 847-498-6440

Telephone: 407-869-1919
Florida: 800-272-1919
Fax: 407-869-6961
E-Mail: uif@iag.net

September 15, 2005

Mr. Paul Morrison, Environmental Manager
Drinking Water Program
Florida Department of Environmental Protection
3319 Maguire Blvd.
Orlando, FL 32803

Re: 3rd Quarter Nitrate Monitoring Requirements
Chapter 62-550 FAC
Clermont I
PWS ID# 3351582

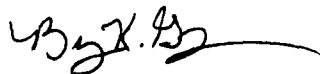
Dear Mr. Morrison:

Enclosed please find the results of samples taken for the above referenced analysis and system.

If you have any questions or require additional information, please do not hesitate to contact me at (407) 869-8588, ext. 226.

Sincerely,

LAKE UTILITY SERVICES, INC.



Bryan K. Gongre
Assistant Operations Manager

Enclosures

Cc: Bill Coates, Area Manager, UIOF

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: Clemont # 1 PWS I.D. #:

3	3	5	1	5	8	2
---	---	---	---	---	---	---

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

Address: Lake Utility Services, Inc.
200 Weathersfield Avenue

City: Altamonte Springs State: FL ZIP Code: 32714

Phone #: 407.869.1919 Fax #: 407.869.6961

E-Mail Address: _____

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: A053170-01 Location Code (if known): _____

Sample Date: 8/30/05 Sample Time: 8:00 AM PM (Circle One)

Sample Location (be specific): Point of entry to distribution system

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? 3RD)
- 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: Charles Schwades

Sampler's Phone #: 407.869.1919 Sampler's Fax #: 407.869.6961

Sampler's E-Mail Address: _____

CERTIFICATION (to be completed by sampler)

I, Charles G. Schwades, Operator
(Print Name) (Print Title)

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

Signature: Charles G. Schwades Date: 9/14/05

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 - Orlando
Address: 528 S. North Lake Blvd., Suite 1016
Altamonte Springs, FL 32701

Florida Certification #: E53076
Certification Expiration Date: 6/30/2006
Telephone #: (407) 937-1594

ANALYSIS INFORMATION (to be completed by lab

PWS ID (from page 1): _____ Date Sample(s) Received: 8/30/2005 3:10:00
Lab Assigned Report Number or Job ID A053170 Sample Number (From page 1) A053170-01

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 | <u>Radionuclides</u> | <input type="checkbox"/> Bromate |
| <input checked="" 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** | <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 E82574

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB

CERTIFICATION

I, Myrna Santiago, 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: 9/8/05

* 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 and 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: _____



Client: Utilities, Inc.

Project Name: Clemont #1

Project Number:

PWS ID#:

Attention: William Coates

Phone Number: 8002721919

Address: 200 Weathersfield Ave.

Altamonte Springs, FL 32714

Report No.: A053170

Date Sampled: 8/30/2005


Date Received: 8/30/05 15:10

Date Reported: 9/8/2005

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: Clemont #1

Approved By: 

Myrna Santiago, 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 =

Advanced Environmental Laboratories, Inc.

Analytical Report

Client: Utilities, Inc.
Project Name: Clemont #1
Matrix: Drinking Water
PWS ID#:

Report No.: A053170
Date/Time Sampled: 08/30/05 8:00
Date/Time Received: 8/30/05 15:10

Client Sample ID: 1
Site: POE
Sample Number: A053170-01

Sampled By: Chuck Schwades
Shipping Method: AEL Courier

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	3.1		SM4500NC3-F	0.070	8/31/2005	12:38	E82574
1041	Nitrite (as N)	1.0	mg/L	0.064	U	SM4500NC3-F	0.064	8/31/2005	12:38	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



Advanced Environmental Labs Inc

Advanced Environmental Labs
528 S North Lake Blvd, Ste 1016
Altamonte Springs, FL 32701

Client: UTILITIES, INC. (UTL-A)

Project name: CLEMONT #1

Date/Time Rcvd: 8/30/05

15.10

Log-In request number: A053170

Received by: RPG

Completed by: RPG

Cooler/Shipping Information:

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

Type: Cooler Box Other (describe) _____

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

Cooler ID	1				
Temp (°C)	2				
Temp taken from	<input type="checkbox"/> Temp blank <input checked="" type="checkbox"/> Cooler	<input type="checkbox"/> Temp blank <input type="checkbox"/> Cooler	<input type="checkbox"/> Temp blank <input type="checkbox"/> Cooler	<input type="checkbox"/> Temp blank <input type="checkbox"/> Cooler	<input type="checkbox"/> Temp blank <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? <i>NOTE: VOA samples are checked by laboratory analysts.</i>			<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"/>	

Kit ID

Comments:

P5

Chain-of-Custody for AEL Orlando to AEL Jax

AEL Orlando
528 South North Lake Blvd, S
Altamonte Springs FL 32701

Contact Person: Myrna Santiago

Project #: A053170

CustomerName: Utilities, Inc.

Collector: Chuck Schwades

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

Check if Rush

Lab Code	Client Sample ID	Test	Matrix	Collect Date / Time	Receive Date	Due Date	# Bottles	Bottle Type (Pres.)
A053170-01	1	Nitrate (J)-DW	Drinking Water	8/30/2005 8:00	8/30/05 15:10	9/1/2005	_____	250mL Poly
A053170-01	1	Nitrite (J)-DW	Drinking Water	8/30/2005 8:00	8/30/05 15:10	9/1/2005	_____	250mL Poly

Orlando Relinquisher: _____



Shipping Receiver: AEL Courier _____

Date/Time: _____

8/30/05 12w

Shipping Relinquisher: AEL Courier _____

Jacksonville Receiver: _____

Date/Time: _____

pb



Advanced Environmental Laboratories, Inc.

- Jacksonville: 6601 Southpoint Parkway, Jacksonville, FL 32216 • (904) 363-9350 Fax (904) 363-9354
- Tampa: 5810-D Breckenridge Parkway, Tampa, FL 33610 • (813) 630-9616 Fax (813) 630-4327
- Gainesville: 2106 NW 67th Place, Suite 7, Gainesville, FL 32606 • (352) 367-1500 Fax (352) 367-0050

CHAIN OF CUSTODY RECORD

LAB NUMBER

A053170

CLIENT NAME: <i>Utilities Inc. of Fl.</i>		PROJECT NAME: <i>Clarkment #1</i>				BOTTLE SIZE & TYPE	AR NE AQU LU Y S R E S I D	LAB N U M B E R
ADDRESS: <i>200 Weatherfield Ave</i>		P.O. NUMBER / PROJECT NUMBER:						
PHONE: <i>407-869-1919</i>		FAX: <i>352-242-0585</i>		PROJECT LOCATION:		PRESERV	I	X
CONTACT: <i>Bill Coates</i>		SAMPLED BY: <i>Chuck Schwedes</i>						
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	LAB
			DATE	TIME				
DW #3	Poe	Grab	8/30/05	0800	DW	1		

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

Shipment Out: / /	Method Via: _____	Sample Kit RB _____ AB _____ Trip Bl. <input type="checkbox"/>	Cooler # D/T _____ D/T _____ <input type="checkbox"/>	1	Relinquished by: <i>[Signature]</i>	Date 8/30	Time 1030	Received by: <i>[Signature]</i>	Date 8/30/05	Time 1245
				2						
Ret: / /	Via: _____	<input type="checkbox"/>	<input type="checkbox"/>	3						
				4						

Jeb Bush
Governor



John O. Agwunobi, M.D., M.B.A., M.P.H.
Secretary

Laboratory Scope of Accreditation

Page 3 of 27

THIS LISTING OF ACCREDITED ANALYTES SHOULD BE USED ONLY WHEN
ASSOCIATED WITH A VALID CERTIFICATE

State Laboratory ID: E82574

EPA Lab Code:

FL00949

(904) 363-9350

E82574

Advanced Environmental Laboratories, Inc.
6601 Southpoint Parkway
Jacksonville, FL 32216

Matrix: Drinking Water

Analyte	Method/Tech	Category	Certification Type	Effective Date
Endothall	EPA 548.1	Synthetic Organic Contaminants	NELAP	1/21/2005
Endrin	EPA 508	Synthetic Organic Contaminants	NELAP	3/24/2005
Ethylbenzene	EPA 502.2	Other Regulated Contaminants	NELAP	4/4/2002
Ethylbenzene	EPA 524.2	Other Regulated Contaminants	NELAP	1/21/2005
gamma-BHC (Lindane, gamma-Hexachlorocyclohexane)	EPA 508	Synthetic Organic Contaminants	NELAP	3/24/2005
Heptachlor	EPA 508	Synthetic Organic Contaminants	NELAP	3/24/2005
Heptachlor epoxide	EPA 508	Synthetic Organic Contaminants	NELAP	3/24/2005
Heterotrophic plate count	SM 9215 B	Microbiology	NELAP	1/21/2005
Hexachlorobenzene	EPA 508	Synthetic Organic Contaminants	NELAP	3/24/2005
Hexachlorocyclopentadiene	EPA 508	Synthetic Organic Contaminants	NELAP	3/24/2005
Iron	EPA 200.7	Secondary Inorganic Contaminants	NELAP	4/4/2002
Lead	EPA 200.9	Primary Inorganic Contaminants	NELAP	4/4/2002
Lead	SM 3113 B	Primary Inorganic Contaminants	NELAP	4/4/2002
Magnesium	EPA 200.7	Primary Inorganic Contaminants	NELAP	4/4/2002
Manganese	EPA 200.7	Secondary Inorganic Contaminants	NELAP	4/4/2002
Mercury	EPA 245.1	Primary Inorganic Contaminants	NELAP	4/4/2002
Mercury	SM 3112 B	Primary Inorganic Contaminants	NELAP	4/4/2002
Methoxychlor	EPA 508	Synthetic Organic Contaminants	NELAP	3/24/2005
Nickel	EPA 200.7	Primary Inorganic Contaminants	NELAP	4/4/2002
Nitrate	SM 4500-NO3 F	Primary Inorganic Contaminants	NELAP	2/13/2003
Nitrate-nitrite	SM 4500-NO3 F	Primary Inorganic Contaminants	NELAP	2/13/2003
Nitrite	SM 4500-NO3 F	Primary Inorganic Contaminants	NELAP	2/13/2003
Nitrite as N	SM 4500-NO2 B	Primary Inorganic Contaminants	NELAP	1/21/2005
Odor	SM 2150 B	Secondary Inorganic Contaminants	NELAP	2/13/2003
Orthophosphate as P	EPA 365.1	Primary Inorganic Contaminants	NELAP	2/13/2003
Orthophosphate as P	SM 4500-P E	Primary Inorganic Contaminants	NELAP	1/21/2005
Oxamyl	EPA 531.1	Synthetic Organic Contaminants	NELAP	4/19/2005
PCBs	EPA 508	Synthetic Organic Contaminants	NELAP	3/24/2005
Pentachlorophenol	EPA 515.3	Synthetic Organic Contaminants	NELAP	1/21/2005
pH	EPA 150.1	Primary Inorganic Contaminants, Secondary Inorganic Contaminants	NELAP	4/4/2002
Picloram	EPA 515.3	Synthetic Organic Contaminants	NELAP	1/21/2005
Potassium	EPA 200.7	Secondary Inorganic Contaminants	NELAP	1/21/2005
Residue-filterable (TDS)	EPA 160.1	Secondary Inorganic Contaminants	NELAP	4/4/2002
Selenium	EPA 200.9	Primary Inorganic Contaminants	NELAP	4/17/2002
Selenium	SM 3113 B	Primary Inorganic Contaminants	NELAP	4/4/2002

"STATE" indicates certification for the analyte by the method specified. "NELAP" further indicates certification compliant with the NELAC Standards.

NON-TRANSFERABLE 04/24/2005-E82574

LAKE UTILITY SERVICES, INC.

AN AFFILIATE OF UTILITIES, INC.

200 WEATHERSFIELD AVENUE
ALTAMONTE SPRINGS, FLORIDA 32714

CORPORATE OFFICES:
2335 Sanders Road
Northbrook, Illinois 60062
Telephone: 847-498-6440

Telephone: 407-869-1919
Florida: 800-272-1919
Fax: 407-869-6961
florida@utilitiesinc-usa.com

September 23, 2005

Mr. Paul Morrison, Environmental Manager
Drinking Water Program
Florida Department of Environmental Protection
3319 Maguire Blvd., Suite 232
Orlando, FL 32803-3767

RE: Total Trihalomethane / Haloacetic Acids
Annual Monitoring
Clermont #1 - PWS ID 3351582


Dear Mr. Morrison:

Please find the enclosed sample results as specified above for the 2005 monitoring period.

If you should have any questions, please call 407.869.8588, extension 226.

Sincerely,

LAKE UTILITY SERVICES, INC.



Bryan K. Gongre
Assistant Operations Manager

Enclosure

cc: Bill Coates, UIOF

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: Clermont #1 PWS I.D. #:

3	3	5	1	5	8	2
---	---	---	---	---	---	---

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

Address: Lake Utility Services, Inc.
200 Weathersfield Avenue

City: Altamonte Springs State: FL ZIP Code: 32714

Phone #: 407.869.1919 Fax #: 407.869.6961

E-Mail Address: _____

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: A052852-01 Location Code (if known): _____

Sample Date: 9/19/05 Sample Time: 12:20 AM PM (Circle One)

Sample Location (be specific): 122231 Warren Road, Clermont, FL

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): 1.4 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: Charles Schwades

Sampler's Phone #: 407.869.1919 Sampler's Fax #: 407.869.6961

Sampler's E-Mail Address: _____

CERTIFICATION (to be completed by sampler)

I, Charles Schwades (Print Name), Operator (Print Title)

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

Signature: Charles Schwades Date: 9/19/05

**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 - Orlando
Address: 528 S. North Lake Blvd., Suite 1016
Altamonte Springs, FL 32701

Florida Certification #: E53076
Certification Expiration Date: 6/30/2006
Telephone #: (407) 937-1594

ANALYSIS INFORMATION (to be completed by lab)

PWS ID (from page 1): _____ Date Sample(s) Received: 8/11/2005 1:10:00
Lab Assigned Report Number or Job ID A052852 Sample Number (From page 1) A052852-01
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 checked="" type="checkbox"/> Trihalomethanes |
| <input checked="" type="checkbox"/> Partial | <input type="checkbox"/> All Except Dioxin | <input type="checkbox"/> Partial | <input checked="" type="checkbox"/> Haloacetic Acids |
| <input type="checkbox"/> Nitrate | <input type="checkbox"/> Partial | <u>Radionuclides</u> | <input type="checkbox"/> Bromate |
| <input type="checkbox"/> Nitrite | <input checked="" type="checkbox"/> Dioxin Only | <input type="checkbox"/> Single Sample | <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 E82574

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB

CERTIFICATION

I, Myrna Santiago, 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: *Myrna Santiago* Date: 9/2/05

* 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 and 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: _____



**Advanced
Environmental Laboratories, Inc.**

6601 Southpoint Parkway
Jacksonville, Florida 32216
(904) 363-9350
FAX (904) 363-9354

Client: Utilities, Inc.

Project Name: Clemont #1

Project Number:

PWS ID#:

Attention: William Coates

Phone Number: 8002721919

Address: 200 Weathersfield Ave.

Altamonte Springs, FL 32714

Report No.: A052852

Date Sampled: 8/9/2005

Date Received: 8/11/05 13:10

Date Reported: 9/2/2005

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: Clemont #1

Approved By: _____

William Coates, Laboratory Director

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

Advanced Environmental Laboratories, Inc.

Analytical Report

Client: Utilities, Inc.
Project Name: Clemont #1
Matrix: Drinking Water
PWS ID#:

Report No.: A052852
Date/Time Sampled: 08/09/05 12:20
Date/Time Received: 8/11/05 13:10

Client Sample ID: 3
Site: 12231 Warren Dr
Sample Number: A052852-01

Sampled By: Client
Shipping Method: AEL Courier

Disinfection Byproducts

Contam ID	Contam Name	MCL	Units	Analysis Results	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Cert. #
2450	Chloroacetic Acid		ug/L	0.81	U	E552.2	0.81	8/18/2005	17:16	E82574
2451	Dichloroacetic Acid		ug/L	15		E552.2	0.56	8/18/2005	17:16	E82574
2452	Trichloroacetic Acid		ug/L	17		E552.2	0.60	8/18/2005	17:16	E82574
2453	Bromoacetic Acid		ug/L	1.6		E552.2	0.34	8/18/2005	17:16	E82574
2454	Dibromoacetic Acid		ug/L	3.7		E552.2	0.45	8/18/2005	17:16	E82574
2941	Chloroform		ug/L	26		E502.2	0.31	8/15/2005	14:26	E82574
2942	Bromoform		ug/L	0.36	U	E502.2	0.36	8/15/2005	14:26	E82574
2943	Bromodichloromethane		ug/L	8.0		E502.2	0.36	8/15/2005	14:26	E82574
2944	Dibromochloromethane		ug/L	2.1		E502.2	0.28	8/15/2005	14:26	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



Advanced Environmental Labs Inc

Advanced Environmental Labs
528 S North Lake Blvd, Ste 1016
Altamonte Springs, FL 32701

Client: UTILITIES, INC. (UTL-A)

Project name: CLEMONT #1

Date/Time Rcvd: 8/11/05 13.10

Log-In request number: A052852

Received by: RPG

Completed by: RPG

Cooler/Shipping Information:

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

Type: Cooler Box Other (describe): _____

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

Cooler ID	1				
Temp (°C)	2				
Temp taken from	<input type="checkbox"/> Temp blank <input checked="" type="checkbox"/> Cooler	<input type="checkbox"/> Temp blank <input type="checkbox"/> Cooler	<input type="checkbox"/> Temp blank <input type="checkbox"/> Cooler	<input type="checkbox"/> Temp blank <input type="checkbox"/> Cooler	<input type="checkbox"/> Temp blank <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? <i>NOTE: VOA samples are checked by laboratory analysts.</i>			<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"/>	

Kit ID

Comments:

Chain-of-Custody for AEL Orlando to AEL Jax

AEL Orlando
528 South North Lake Blvd, S
Altamonte Springs FL 32701

Contact Person: Myrna Santiago

Project #: A052852
CustomerName: Utilities, Inc.
Collector: Client

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

Check if Rush

Lab Code	Client Sample ID	Test	Matrix	Collect Date / Time	Receive Date	Due Date	# Bottles	Bottle Type (Pres.)
A052852-01	3	550 Haloacetic Acids (J)-55	Drinking Water	8/9/2005 12:50	8/11/05 13:10	8/23/2005	_____	40mL Vial Amber
A052852-01	3	THMs (DW)	Drinking Water	8/9/2005 12:50	8/11/05 13:10	8/23/2005	_____	40mL VOC vial

Orlando Relinquisher: 

Shipping Relinquisher: AEL Courier

Shipping Receiver: AEL Courier

Jacksonville Receiver: 

Date/Time: 8/11/05 17:00

Date/Time: 8/12/05 0830



Advanced
Environmental Laboratories, Inc.

- Jacksonville: 6601 Southpoint Parkway, Jacksonville, FL 32216 • (904) 363-9350 Fax (904) 363-9354
- Tampa: 5810-D Breckenridge Parkway, Tampa, FL 33610 • (813) 630-9616 Fax (813) 630-4327
- Gainesville: 2106 NW 67th Place, Suite 7, Gainesville, FL 32606 • (352) 367-1500 Fax (352) 367-0050

CHAIN OF CUSTODY RECORD

LAB NUMBER: A052850

Page 2 of 2

CLIENT NAME: UTILITIES INC		PROJECT NAME:		BOTTLE SIZE & TYPE	ARE AQUILY SRIE S D	LAB NUMBER
ADDRESS: 200 WEATHERS FIELD AVE		P.O. NUMBER / PROJECT NUMBER:				
ALTA MONTE SPRINGS, FL 32714		PROJECT LOCATION:				
PHONE: 407-869-1919 FAX: 407-869-6961		SAMPLED BY:				
CONTACT: BILL CORTES		REMARKS / SPECIAL INSTRUCTIONS: CLERM#1 CL2 1.4 FOUR LAKES CL2 VISTAS		SAMPLES ON ICE		
TURN AROUND TIME: <input checked="" 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

SAMPLE ID	SAMPLE DESCRIPTION	Grab Composite	SAMPLING		MATRIX	NO. CONT.	Preserv
			DATE	TIME			
A052852	CLERM#1 - 12231 WARREN RD	G	8/9/05	1220	DW	6	X X
	FOUR LAKES - 16040 HARBOR OAKS	G	X	X	DW	6	X
8652858	VISTAS - 1402 LAKE MIST LN.	G	8/10/05	1430	DW	6	X

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

Shipment	Method	Sample Kit	Cooler #	1	Relinquished by:	Date	Time	Received by:	Date	Time
Out: / /	Via:	RB	D/T	1		8/11/05	0940		8/11/05	940
		AB	D/T	2		8/11/05	1310		8/11/05	1310
Ret: / /	Via:	Trip Bl.		3						
				4						

Jeb Bush
Governor



John O. Agwunobi, M.D., M.B.A., M.P.H.
Secretary

Laboratory Scope of Accreditation

Page 4 of 27

THIS LISTING OF ACCREDITED ANALYTES SHOULD BE USED ONLY WHEN
ASSOCIATED WITH A VALID CERTIFICATE

State Laboratory ID: E82574

EPA Lab Code: FL00949

(904) 363-9350

E82574

Advanced Environmental Laboratories, Inc.
6601 Southpoint Parkway
Jacksonville, FL 32216

Matrix: Drinking Water

Analyte	Method/Tech	Category	Certification Type	Effective Date
Silica as SiO ₂	EPA 200.7	Primary Inorganic Contaminants	NELAP	1/21/2005
Silver	EPA 200.7	Secondary Inorganic Contaminants	NELAP	4/4/2002
Silvex (2,4,5-TP)	EPA 515.3	Synthetic Organic Contaminants	NELAP	1/21/2005
Simazine	EPA 525.2	Synthetic Organic Contaminants	NELAP	3/24/2005
Sodium	EPA 200.7	Primary Inorganic Contaminants	NELAP	4/4/2002
Styrene	EPA 502.2	Other Regulated Contaminants	NELAP	4/4/2002
Styrene	EPA 524.2	Other Regulated Contaminants	NELAP	1/21/2005
Sulfate	EPA 375.4	Secondary Inorganic Contaminants	NELAP	2/13/2003
Surfactants - MBAS	EPA 425.1	Secondary Inorganic Contaminants	NELAP	1/21/2005
Tetrachloroethylene (Perchloroethylene)	EPA 502.2	Other Regulated Contaminants	NELAP	4/4/2002
Tetrachloroethylene (Perchloroethylene)	EPA 524.2	Other Regulated Contaminants	NELAP	1/21/2005
Thallium	EPA 200.9	Primary Inorganic Contaminants	NELAP	4/4/2002
Toluene	EPA 502.2	Other Regulated Contaminants	NELAP	4/4/2002
Toluene	EPA 524.2	Other Regulated Contaminants	NELAP	1/21/2005
Total coliforms	SM 9222 B	Microbiology	NELAP	4/4/2002
Total coliforms & E. coli	SM 9223 B	Microbiology	NELAP	9/5/2002
Total haloacetic acids	EPA 552.2	Synthetic Organic Contaminants	NELAP	1/21/2005
Total trihalomethanes	EPA 502.2	Other Regulated Contaminants	NELAP	4/4/2002
Total trihalomethanes	EPA 524.2	Other Regulated Contaminants	NELAP	1/21/2005
Toxaphene (Chlorinated camphene)	EPA 508	Synthetic Organic Contaminants	NELAP	3/24/2005
trans-1,2-Dichloroethylene	EPA 502.2	Other Regulated Contaminants	NELAP	4/4/2002
trans-1,2-Dichloroethylene	EPA 524.2	Other Regulated Contaminants	NELAP	1/21/2005
Trichloroacetic acid	EPA 552.2	Group I Unregulated Contaminants	NELAP	1/21/2005
Trichloroethene (Trichloroethylene)	EPA 502.2	Other Regulated Contaminants	NELAP	4/4/2002
Trichloroethene (Trichloroethylene)	EPA 524.2	Other Regulated Contaminants	NELAP	1/21/2005
Turbidity	EPA 180.1	Secondary Inorganic Contaminants	NELAP	7/17/2002
Vinyl chloride	EPA 502.2	Other Regulated Contaminants	NELAP	4/4/2002
Vinyl chloride	EPA 524.2	Other Regulated Contaminants	NELAP	1/21/2005
Xylene (total)	EPA 502.2	Other Regulated Contaminants	NELAP	4/4/2002
Xylene (total)	EPA 524.2	Other Regulated Contaminants	NELAP	1/21/2005
Zinc	EPA 200.7	Secondary Inorganic Contaminants	NELAP	4/4/2002

"STATE" indicates certification for the analyte by the method specified. "NELAP" further indicates certification compliant with the NELAC Standards.

NON-TRANSFERABLE 04/24/2005-E82574

R

TTHM/HAA5 REPORTING COMPLIANCE SUMMARY FOR PWSs MONITORING ANNUALLY			
TTHM COMPLIANCE SUMMARY		HAA5 COMPLIANCE SUMMARY	
Provide the number of TTHM samples taken during the last year*	1	Provide the number of HAA5 samples taken during the last year*	1
Calculate the arithmetic average of all TTHM samples taken over the last year	36.1	Calculate the arithmetic average all HAA5s samples taken over the last year	37.3
Does the arithmetic average of the TTHM samples exceed the Maximum Contaminant Level of 0.080 mg/L for TTHMs? (YES/NO)**	NO	Does the arithmetic average of the HAA5 samples exceed the Maximum Contaminant Level of 0.080 mg/L for HAA5s? (YES/NO)**	NO

*Also, for each sample taken during the last year, provide the information requested in the tables on pages 3 and 4 of this format.
 **If the TTHM or HAA5 sample (or average of the samples, if more than one sample is taken) exceeds the Maximum Contaminant Level, the system must increase monitoring to one TTHM and one HAA5 sample per treatment plant per quarter, taken at a point in the distribution system reflecting the maximum residence time, until the system meets the criteria in 40 CFR 131.132(b)(1)(iv). Please see 40 CFR 141.132 (b)(1) for complete details.

LAKE UTILITY SERVICES, INC.

AN AFFILIATE OF UTILITIES, INC.
200 WEATHERSFIELD AVENUE
ALTAMONTE SPRINGS, FLORIDA 32714

CORPORATE OFFICES:
2335 Sanders Road
Northbrook, Illinois 60062
Telephone: 847-498-6440

Telephone: 407-869-1919
Florida: 800-272-1919
Fax: 407-869-6961
E-Mail: uif@lag.net

December 7, 2005

Mr. Paul Morrison, Environmental Manager
Drinking Water Program
Florida Department of Environmental Protection
3319 Maguire Blvd.
Orlando, FL 32803

Re: 4th Quarter Nitrate Monitoring Requirements
Chapter 62-550 FAC
Clermont I
PWS ID# 3351582

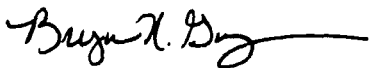
Dear Mr. Morrison:

Enclosed please find the results of samples taken for the above referenced analysis and system.

If you have any questions or require additional information, please do not hesitate to contact me at (407) 869-8588, ext. 226.

Sincerely,

LAKE UTILITY SERVICES, INC.



Bryan K. Gongre
Assistant Operations Manager

Enclosures

Cc: Bill Coates, Area Manager, UIOF

**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: Clermont #1 PWS I.D. #:

3	3	5	1	5	8	2
---	---	---	---	---	---	---

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

Address: Lake Utility Services, Inc.
200 Weathersfield Avenue

City: Altamonte Springs State: FL ZIP Code: 32714

Phone #: 407.869.1919 Fax #: 407.869.6961

E-Mail Address: b.k.gongre@utilitiesinc-usa.com

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: A054716-01 Location Code (if known): _____

Sample Date: 11/15/05 Sample Time: 9:30 AM PM (Circle One)

Sample Location (be specific): Entry Point to Distribution System

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? 4th)
- 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: Charles Schwades

Sampler's Phone #: 407.869.1919 Sampler's Fax #: 407.869.6961

Sampler's E-Mail Address: _____

CERTIFICATION (to be completed by sampler)

I, Charles A. Schwades, Lead Operator
(Print Name) (Print Title)

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

Signature: Charles A. Schwades Date: 12/6/05

**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 - Orlando
Address: 528 S. North Lake Blvd., Suite 1016
Altamonte Springs, FL 32701

Florida Certification #: E53076
Certification Expiration Date: 6/30/2006
Telephone #: (407) 937-1594

ANALYSIS INFORMATION (to be completed by lab)

PWS ID (from page 1): _____ Date Sample(s) Received: 11/15/2005 4:40:00

Lab Assigned Report Number or Job ID A054716 _____ Sample Number (From page 1) A054716-01

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 number E84589

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB

CERTIFICATION

I, Myrna Santiago, 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: 11-28-05

* 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 and 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: _____



Client: Utilities, Inc.

Project Name: Clemont #1

Project Number:

PWS ID#:

Attention: William Coates

Phone Number: 8002721919

Address: 200 Weathersfield Ave.

Altamonte Springs, FL 32714

Report No.: A054716

Date Sampled: 11/15/2005

Date Received: 11/15/05 16:40

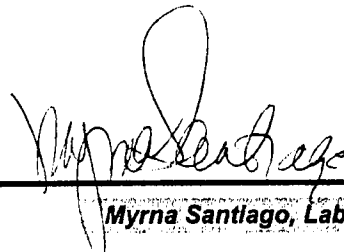
Date Reported: 11/25/2005

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: Clemont #1

Approved By:



Myrna Santiago, 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 =

Advanced Environmental Laboratories, Inc.

Analytical Report

Client: Utilities, Inc.

Project Name: Clemont #1

Matrix: Drinking Water

PWS ID#:

Client Sample ID: 1

Site: POE

Sample Number: A054716-01

Report No.: A054716

Date/Time Sampled: 11/15/05 9:30

Date/Time Received: 11/15/05 16:40

Sampled By: Chuck Schwades

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	4.9		SM4500NO3-F	0.14	11/17/2005	9:32	E84589

MDL Method Reporting Limit

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



Advanced Environmental Labs Inc

Advanced Environmental Labs
528 S North Lake Blvd, Ste 1016
Altamonte Springs, FL 32701

Client: UTILITIES, INC. (UTL-A)

Project name: CLEMONT #1

Date/Time Rcvd: 11-15-05 16:40

Log-In request number: A054716

Received by: MS

Completed by: [Signature]

Cooler/Shipping Information:

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

Type: Cooler Box Other (describe):

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

Cooler ID	1				
Temp (°C)	00				
Temp taken from	<input type="checkbox"/> Temp blank <input checked="" type="checkbox"/> Cooler	<input type="checkbox"/> Temp blank <input type="checkbox"/> Cooler	<input type="checkbox"/> Temp blank <input type="checkbox"/> Cooler	<input type="checkbox"/> Temp blank <input type="checkbox"/> Cooler	<input type="checkbox"/> Temp blank <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? <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?	✓		
17.	Was it necessary to split samples into other bottles?		✓	

Kit ID

Comments:

Chain-of-Custody for AEL Orlando to AEL Tampa

AEL Orlando
528 South North Lake Blvd, Suite 1016
Altamonte Springs FL 32701
Contact Person: Myrna Santiago

AEL Tampa
5810-D Breckinridge Parkway
Tampa, FL 33610
813-630-9616 Fax 813-630-4327
Contact Person: Michael Cammarata

Project #: A054716
CustomerName: Utilities, Inc.
Collector: Chuck Schwades

Check if Rush

Lab Code	Client Sample ID	Test	Matrix	Collect Date / Time	Receive Date	Due Date	# Bottles	Bottle Type (Pres.)
A054716-01	1	Nitrate (T)	Drinking Water	11/15/2005 9:30	11/15/05 16:40	11/17/2005		250mL Poly (unpres.)

Orlando Relinquisher: C. Ferguson

Shipping Relinquisher: AEL Courier

Shipping Receiver: Blue Strick
AEL Courier

Tampa Receiver: R. Martell

Date/Time: 11-16-05 17:00

Date/Time: 11-17-05 17:00



Advanced Environmental Laboratories, Inc.

- J Jacksonville: 6601 Southpoint Parkway, Jacksonville, FL 32216 • (904) 363-9350 Fax (904) 363-9354
- J Tampa: 5810-D Breckenridge Parkway, Tampa, FL 33610 • (813) 630-9616 Fax (813) 630-4327
- J Gainesville: 2106 NW 67th Place, Suite 7, Gainesville, FL 32606 • (352) 367-1500 Fax (352) 367-0050

CHAIN OF CUSTODY RECORD

A054716

of _____

CLIENT NAME: <i>Utilities Inc. of FL</i>	PROJECT NAME:
ADDRESS: <i>200 Weathers Field Ave</i>	P.O. NUMBER / PROJECT NUMBER:
<i>Altamonte Springs FL 32714</i>	PROJECT LOCATION:
PHONE: <i>407-869-1919</i> FAX: <i>407-869-6961</i>	SAMPLED BY: <i>Chuck Schwab</i>
CONTACT: <i>Bryan Gowgre</i>	
TURN AROUND TIME: <input checked="" type="checkbox"/> STANDARD <input type="checkbox"/> RUSH _____	REMARKS / SPECIAL INSTRUCTIONS:

& TYPE																					
	A R E A Q U I L I T Y S R E S I D																				L A B N U M B E R
	74 Nitrate																				
Preserv	I																				

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.
			DATE	TIME		
	<i>Clermont # 1</i>	<i>Grab</i>	<i>11-15-05</i>	<i>0930</i>	<i>DW</i>	<i>1</i>

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

Shipment Out: / /	Method Via: _____	Sample Kit _____	Cooler # _____	1	Relinquished by: <i>Chuck Schwab</i>	Date <i>11-15-05</i> Time <i>1515</i>	Received by: <i>Nayra Sanbrayo</i>	Date <i>11-15-05</i> Time <i>1646</i>
		RB _____	D/T _____	2				
		AB _____	D/T _____	3				
Ret: / /	Via: _____	Trip Bl. <input type="checkbox"/>	<input type="checkbox"/>	4				



Laboratory Scope of Accreditation

THIS LISTING OF ACCREDITED ANALYTES SHOULD BE USED ONLY WHEN ASSOCIATED WITH A VALID CERTIFICATE

State Laboratory ID: E84589

EPA Lab Code: FL01092

(813) 630-9616

E84589

Advanced Environmental Laboratories, Inc. - Tampa
9610 Princess Palm Avenue
Tampa, FL 33619

Matrix: Drinking Water

Analyte	Method/Tech	Category	Certification Type	Effective Date
Alkalinity as CaCO ₃	SM 2320 B	Primary Inorganic Contaminants	NELAP	10/11/2002
Amenable cyanide	SM 4500-CN G	Primary Inorganic Contaminants	NELAP	10/11/2002
Bromide	EPA 300.0	Primary Inorganic Contaminants	NELAP	10/11/2002
Chloride	EPA 300.0	Secondary Inorganic Contaminants	NELAP	10/11/2002
Chloride	SM 4500 Cl- B	Secondary Inorganic Contaminants	NELAP	10/11/2002
Chlorite	EPA 300.0	Primary Inorganic Contaminants	NELAP	8/20/2003
Color	EPA 110.2	Secondary Inorganic Contaminants	NELAP	10/11/2002
Conductivity	SM 2510 B	Primary Inorganic Contaminants	NELAP	10/11/2002
Cyanide	SM 4500-CN B	Primary Inorganic Contaminants	NELAP	10/11/2002
Fecal coliforms	SM 9221 B	Microbiology	NELAP	2/14/2003
Fluoride	EPA 300.0	Primary Inorganic Contaminants	NELAP	10/11/2002
Fluoride	SM 4500 F-C	Primary Inorganic Contaminants, Secondary Inorganic Contaminants	NELAP	10/11/2002
Heterotrophic plate count	SM 9215 B	Microbiology	NELAP	10/11/2002
Nitrate	EPA 300.0	Primary Inorganic Contaminants	NELAP	10/11/2002
Nitrate	SM 4500-NO3 F	Primary Inorganic Contaminants	NELAP	10/11/2002
Nitrate-nitrite	EPA 300.0	Primary Inorganic Contaminants	NELAP	10/11/2002
Nitrite	EPA 300.0	Primary Inorganic Contaminants	NELAP	10/11/2002
Nitrite	SM 4500-NO3 F	Primary Inorganic Contaminants	NELAP	10/11/2002
Odor	SM 2150 B	Secondary Inorganic Contaminants	NELAP	10/11/2002
Orthophosphate as P	EPA 300.0	Primary Inorganic Contaminants	NELAP	10/11/2002
Orthophosphate as P	EPA 365.1	Primary Inorganic Contaminants	NELAP	10/11/2002
pH	EPA 150.1	Secondary Inorganic Contaminants	NELAP	10/11/2002
Sulfate	EPA 300.0	Primary Inorganic Contaminants	NELAP	10/11/2002
Sulfate	EPA 375.4	Secondary Inorganic Contaminants	NELAP	10/11/2002
Surfactants - MBAS	EPA 425.1	Secondary Inorganic Contaminants	NELAP	10/11/2002
Total coliforms	SM 9222 B	Microbiology	NELAP	2/14/2003
Total coliforms & E. coli	SM 9223 B	Microbiology	NELAP	2/14/2003
Total dissolved solids	EPA 160.1	Secondary Inorganic Contaminants	NELAP	10/11/2002
Total nitrate-nitrite	SM 4500-NO3 F	Primary Inorganic Contaminants	NELAP	10/11/2002
Total organic carbon	SM 5310B	Primary Inorganic Contaminants	NELAP	10/11/2002
Turbidity	EPA 180.1	Secondary Inorganic Contaminants	NELAP	10/11/2002

"STATE" indicates certification for the analyte by the method specified. "NELAP" further indicates certification compliant with the NELAC Standards.

NON-TRANSFERABLE 07/01/2004-E8458

PK

CLERMONT II

25.30.440 (3)
CHEMICAL ANALYSES

LAKE UTILITY SERVICES, INC.

AN AFFILIATE OF UTILITIES, INC.

200 WEATHERSFIELD AVENUE
ALTAMONTE SPRINGS, FLORIDA 32714

CORPORATE OFFICES:
2335 Sanders Road
Northbrook, Illinois 60062
Telephone: 847-498-6440

Telephone: 407-869-1919
Florida: 800-272-1919
Fax: 407-869-6961
E-Mail: uif@iag.net

February 18, 2005

Mr. Paul Morrison, Environmental Manager
Drinking Water Program
Florida Department of Environmental Protection
3319 Maguire Blvd.
Orlando, FL 32803

Re: Xylenes Monitoring Requirements
Chapter 62-550 FAC
Clermont II
PWS ID# 3350153

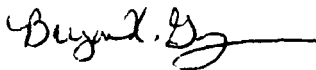
Dear Mr. Morrison:

Enclosed please find the annual sample results taken for the above referenced analysis and system.

If you have any questions or require additional information, please do not hesitate to contact me at (407) 869-8588, extension. 226.

Sincerely,

LAKE UTILITY SERVICES, INC.



Bryan K. Gongre
Assistant Operations Manager

Enclosures



**Advanced
Environmental Laboratories, Inc.**

6601 Southpoint Parkway
Jacksonville, Florida 32218
(904) 363-9350
FAX (904) 363-9354

Client: Utilities, Inc.

Project Name: Clermont #2

Project Number:

PWS ID#:

Attention: Dan Sherwood

Phone Number: 8002721919

Address: 200 Weathersfield Ave.

Altamonte Springs, FL 32714

Report No.: T050815

Date Sampled: 1/26/2005

Date Received: 1/27/05 10:40

Date Reported: 2/1/2005

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: Clermont #2

Approved By: *Dannette Stapp*

If you have any questions, the above named should be contacted.

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

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: Clermont #2 PWS I.D. #:

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

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

Address: 200 Weathersfield Avenue

City: Clermont Altamonte Springs State: FL ZIP Code: 32714

Phone #: 407-869-1919 Fax #: 407-869-6961

E-Mail Address: _____

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: T050815-01 Location Code (if known): P.O.E.

Sample Date: 1/26/2005 Sample Time: 10:45 AM PM (Circle One)

Sample Location (be specific): Entry point to distribution system at Treatment plant

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): 1.1 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: Annual Compliance 1st of 3
- 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: DANIEL SHERWOOD

Sampler's Phone #: 321-388-7893

Sampler's Fax #: 321-352-242-0465

Sampler's E-Mail Address: _____

CERTIFICATION (to be completed by sampler)

I, DANIEL SHERWOOD
(Print Name)

OPERATOR
(Print Title)

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

Signature: Daniel Sherwood

Date: 2/1/05

23

**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
Tampa, Florida 33619

Certification Expiration Date: 6/30/2005
phone #: (813) 630-9616

ANALYSIS INFORMATION (to be completed by lab)

PWS ID (from page 1): _____

Date Sample(s) Received: 1/27/2005 10:40:00

Lab Assigned Report Number or Job ID T050815

Sample Number (From page 1) _____

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 checked="" 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 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, Nannette Staley, Project Coordinator
(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: Nannette Staley

Date: 2-1-05

* 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-1

Advanced Environmental Laboratories, Inc.
Analytical Report

Client: Utilities, Inc.
Project Name: Clermont #2
Matrix: Drinking Water
PWS ID#:
Client Sample ID: Annual Total Xylenes
Site: Clermont
Sample Number: T050815-01

Report No.: T050815
Date/Time Sampled: 01/26/05 10:45
Date/Time Received: 1/27/05 10:40

Sampled By: Dan Sherwood
Shipping Method: AEL Pick-up

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	1/30/2005	0:54	E82574
2380	Cis-1,2-dichloroethene	70	ug/L	0.20	U	E502.2	0.20	1.0	1/30/2005	0:54	E82574
2655	Xylenes (Total)	10000	ug/L	0.50	U	E502.2	0.50	1.0	1/30/2005	0:54	E82574
2964	Methylene Chloride	5.0	ug/L	0.44	U	E502.2	0.44	1.0	1/30/2005	0:54	E82574
2968	1,2-Dichlorobenzene	600	ug/L	0.26	U	E502.2	0.26	1.0	1/30/2005	0:54	E82574
2969	1,4-Dichlorobenzene	75	ug/L	0.11	U	E502.2	0.11	1.0	1/30/2005	0:54	E82574
2976	Vinyl Chloride	1.0	ug/L	0.29	U	E502.2	0.29	1.0	1/30/2005	0:54	E82574
2977	1,1-Dichloroethene	7.0	ug/L	0.21	U	E502.2	0.21	1.0	1/30/2005	0:54	E82574
2979	Trans-1,2-dichloroethene	100	ug/L	0.27	U	E502.2	0.27	1.0	1/30/2005	0:54	E82574
2980	1,2-Dichloroethane	3.0	ug/L	0.22	U	E502.2	0.22	1.0	1/30/2005	0:54	E82574
2981	1,1,1-Trichloroethane	200	ug/L	0.33	U	E502.2	0.33	1.0	1/30/2005	0:54	E82574
2982	Carbon Tetrachloride	3.0	ug/L	0.31	U	E502.2	0.31	1.0	1/30/2005	0:54	E82574
2983	1,2-Dichloropropane	5.0	ug/L	0.22	U	E502.2	0.22	1.0	1/30/2005	0:54	E82574
2984	Trichloroethene	3.0	ug/L	0.28	U	E502.2	0.28	1.0	1/30/2005	0:54	E82574
2985	1,1,2-Trichloroethane	5.0	ug/L	0.32	U	E502.2	0.32	1.0	1/30/2005	0:54	E82574
2987	Tetrachloroethene	3.0	ug/L	0.31	U	E502.2	0.31	1.0	1/30/2005	0:54	E82574
2989	Chlorobenzene	100	ug/L	0.18	U	E502.2	0.18	1.0	1/30/2005	0:54	E82574
2990	Benzene	1.0	ug/L	0.21	U	E502.2	0.21	1.0	1/30/2005	0:54	E82574
2991	Toluene	1000	ug/L	0.10	U	E502.2	0.10	1.0	1/30/2005	0:54	E82574
2992	Ethylbenzene	700	ug/L	0.15	U	E502.2	0.15	1.0	1/30/2005	0:54	E82574
2996	Styrene	100	ug/L	0.14	U	E502.2	0.14	1.0	1/30/2005	0:54	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

P.2

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
 8601 Southpoint Parkway
 Jacksonville, FL 32216
 904-363-9350 Fax 904-363-9354
 Contact Person: Sean Hyde

Project #: T050815
CustomerName: Utilities, Inc.
Collector: Dan Sherwood

Check if Rush

Lab Code	Client Sample ID	Test	Matrix	Collect Date / Time	Receive Date	Due Date	# Bottles	Bottle Type (Pres.)
T050815-01	Annual Total Xylenes	62-550 VOCs DW	Drinking Water	1/26/2005 10:45	1/27/05 10:40	2/9/2005	_____	40mL VOC Vial

Xylenes only

ps

Tampa Relinquisher: *[Signature]*

Shipping Relinquisher: *UPS*

Shipping Receiver: *UPS*

Jacksonville Receiver: *[Signature]*

Date/Time: *1/27/05 1700*

Date/Time: *1/28/05 1430*



Date/Time Rcvd: 1/27/05 1040
 Received by: VIR

Log-in request number: T050215
 Completed by: TD

Cooler/Shipping Information:

Courier: AEL Client UPS Pony Express 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°C				
Temp taken from	<input type="checkbox"/> Temp blank <input type="checkbox"/> Sample bottle <input checked="" type="checkbox"/> Ice Water	<input type="checkbox"/> Temp blank <input type="checkbox"/> Sample bottle <input type="checkbox"/> Ice Water	<input type="checkbox"/> Temp blank <input type="checkbox"/> Sample bottle <input type="checkbox"/> Ice Water	<input type="checkbox"/> Temp blank <input type="checkbox"/> Sample bottle <input type="checkbox"/> Ice Water	<input type="checkbox"/> Temp blank <input type="checkbox"/> Sample bottle <input type="checkbox"/> Ice Water
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:

Kit ID: _____

P-6



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

LAB NUMBER: 7050815

Page _____ of _____

CLIENT NAME: <u>UTILITIES INC</u>		PROJECT NAME: <u>CLERMONT #2</u>		BOTTLE SIZE & TYPE	LAB NUMBER
ADDRESS: <u>208 WEATHERS FIELD AVE</u>		P.O. NUMBER / PROJECT NUMBER:			
ACTAMONTE SPRINGS FL 32714		PROJECT LOCATION: <u>CLERMONT</u>			
PHONE: <u>1 407-867-1919</u>	FAX:	SAMPLED BY: <u>DAN SHERWOOD</u>			
CONTACT: <u>DAN SHERWOOD</u>		TURN AROUND TIME: <input checked="" type="checkbox"/> STANDARD <input type="checkbox"/> RUSH _____		REMARKS / SPECIAL INSTRUCTIONS: <u>CL2 RESIDUAL 1.1</u>	

TOTAL XYLENES

0.7

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			
	ANNUAL TOTAL XYLENES	G	1-26-05	10:45	DW	3	X

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: / /	Via:	RB	0/T	<i>[Signature]</i>	1-27-05	0900	<i>[Signature]</i>	01/27/05	0900
Ret: / /	Via:	AB	0/T	<i>[Signature]</i>	01/27/05	1040	<i>[Signature]</i>	01/27/05	1040
		Tip Bl							

Received on Ice: yes no QC sent received

02/01/2005 17:23 #174 P.007/007

From: ADVANCED ENVIRONMENTAL LABS 813 630 4327

LAKE UTILITY SERVICES, INC.

AN AFFILIATE OF UTILITIES, INC.
200 WEATHERSFIELD AVENUE
ALTAMONTE SPRINGS, FLORIDA 32714

CORPORATE OFFICES:
2335 Sanders Road
Northbrook, Illinois 60062
Telephone: 847-498-6440

Telephone: 407-869-1919
Florida: 800-272-1919
Fax: 407-869-6961
florida@utilitiesinc-usa.com

June 15, 2005

Mr. Paul Morrison, Environmental Manager
Drinking Water Program
Florida Department of Environmental Protection
3319 Maguire Blvd., Suite 232
Orlando, FL 32803-3767

RE: Annual Nitrate & Nitrite Sampling 2005
Chapter 62-550 FAC
Clermont #2 - PWS ID 3350153

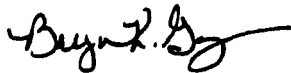
Dear Mr. Morrison:

Please find the enclosed sample results as specified above for the 2005 monitoring period.

If you should have any questions, please call 407.869.8588, extension 226.

Sincerely,

LAKE UTILITY SERVICES, INC.



Bryan K. Gongre
Assistant Operations Manager

Enclosures: Sample Results

Cc: Bill Coates, A.M., UIOF

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: Clermont #2 PWS I.D. #:

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

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

Address: Lake Utility Services, Inc.
200 Weathersfield Avenue

City: Altamonte Springs State: FL ZIP Code: 32714

Phone #: 407.869.1919 Fax #: 407.869.6961

E-Mail Address: b.k.gongre@utilitiesinc-usa.com

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: A051640-01 Location Code (if known): _____

Sample Date: 5/11/05 Sample Time: 10¹⁰ AM PM (Circle One)

Sample Location (be specific): PDE to distribution system

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: with Dan Sherwood

Sampler's Phone #: 407.869.1919 Sampler's Fax #: 407.869.6961

Sampler's E-Mail Address: _____

CERTIFICATION (to be completed by sampler)

I, Daniel Sherwood, Operator
(Print Name) (Print Title)

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

Signature:  Date: 6/15/05

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 - Orlando
 Address: 528 S. North Lake Blvd., Suite 1016
Altamonte Springs, FL 32701

Florida Certification #: E53076
 Certification Expiration Date: 6/30/2005
 Telephone #: (407) 937-1594

ANALYSIS INFORMATION (to be completed by lab)

PWS ID (from page 1): _____

Date Sample(s) Received: 5/11/2005 2:50:00

Lab Assigned Report Number or Job ID A051640

Sample Number (From page 1) A051640-01

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

- | | | | |
|--|--|--|---|
| <p><u>Inorganics</u></p> <input type="checkbox"/> All 17
<input type="checkbox"/> Partial
<input checked="" type="checkbox"/> Nitrate
<input checked="" type="checkbox"/> Nitrite
<input type="checkbox"/> Asbestos Only | <p><u>Synthetic Organics</u></p> <input type="checkbox"/> All 30
<input type="checkbox"/> All Except Dioxin
<input type="checkbox"/> Partial
<input type="checkbox"/> Dioxin Only | <p><u>Volatile Organics</u></p> <input type="checkbox"/> All 21
<input type="checkbox"/> Partial
<p><u>Radionuclides</u></p> <input type="checkbox"/> Single Sample
<input type="checkbox"/> Qtry Composite** | <p><u>Disinfection Byproducts</u></p> <input type="checkbox"/> Trihalomethanes
<input type="checkbox"/> Haloacetic Acids
<input type="checkbox"/> Bromate
<input type="checkbox"/> Chlorite
<p><u>Secondaries</u></p> <input type="checkbox"/> All 14
<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, Myrna Santiago, 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: *Myrna Santiago* Date: 5/25/05

* 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 and 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: _____



Client: Utilities, Inc.

Project Name: Clermont #2

Project Number:

PWS ID#:

Attention: William Coates

Phone Number: 8002721919

Address: 200 Weathersfield Ave.

Altamonte Springs, FL 32714

Report No.: A051640

Date Sampled: 5/11/2005

Date Received: 5/11/05 14:50

Date Reported: 5/25/2005

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: Clermont #2

Approved By:

Myrna Santiago, 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 = 8

Advanced Environmental Laboratories, Inc.
Analytical Report

Client: Utilities, Inc.
Project Name: Clermont #2
Matrix: Drinking Water
PWS ID#:
Client Sample ID: 1
Site: Point of Entry
Sample Number: A051640-01

Report No.: A051640
Date/Time Sampled: 05/11/05 10:10
Date/Time Received: 5/11/05 14:50

Sampled By: Dan Sherwood
Shipping Method: AEL Courier

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	0.20		SM4500NO3-F	0.014	5/12/2005	16:35	E82574
1041	Nitrite (as N)	1.0	mg/L	0.041	I	SM4500NO3-F	0.013	5/12/2005	16:35	E82574

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

P



Advanced Environmental Labs Inc

Advanced Environmental Labs
528 S North Lake Blvd, Ste 1016
Altamonte Springs, FL 32701

Client: UTILITIES, INC. (UTL-A)

Project name: CLEMONT #2

Date/Time Rcvd: 5/11/05

14.50

Log-In request number: A051640

Received by: RPG

Completed by: RPG

Cooler/Shipping Information:

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

Type: Cooler Box Other (describe) _____

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

Cooler ID	1				
Temp (°C)	2				
Temp taken from	<input type="checkbox"/> Temp blank <input checked="" type="checkbox"/> Cooler	<input type="checkbox"/> Temp blank <input type="checkbox"/> Cooler	<input type="checkbox"/> Temp blank <input type="checkbox"/> Cooler	<input type="checkbox"/> Temp blank <input type="checkbox"/> Cooler	<input type="checkbox"/> Temp blank <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? <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?	✓		
17. Was it necessary to split samples into other bottles?		✓	

Kit ID

Comments:

Chain-of-Custody for AEL Orlando to AEL Jax

AEL Orlando
528 South North Lake Blvd, S
Altamonte Springs FL 32701

Contact Person: Myrna Santiago

Project #: A051640

CustomerName: Utilities, Inc.

Collector: Dan Sherwood

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

Check if Rush

Lab Code	Client Sample ID	Test	Matrix	Collect Date / Time	Receive Date	Due Date	# Bottles	Bottle Type (Pres.)
A051640-01	1	Nitrate (J)-DW	Drinking Water	5/11/2005 10:10	5/11/05 14:50	5/13/2005	_____	250mL Poly
A051640-01	1	Nitrite (J)-DW	Drinking Water	5/11/2005 10:10	5/11/05 14:50	5/13/2005	_____	250mL Poly

Orlando Relinquisher: 

Shipping Relinquisher: AEL Courier

Shipping Receiver: AEL Courier

Jacksonville Receiver: 

Date/Time: 5/11/05 1720

Date/Time: 5/12/05 1045

21



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

A051640

CLIENT NAME: <i>UTILITIES INC</i>		PROJECT NAME: <i>CLERMONT #2</i>		BOTTLE SIZE & TYPE	LAB NUMBER
ADDRESS: <i>200 WEATHERSFIELD AVE</i>		P.O. NUMBER / PROJECT NUMBER:			
<i>ALTAMONTE SPRINGS, FL 32714</i>		PROJECT LOCATION:			
PHONE: <i>407-809-1919</i>	FAX: <i>352-242-0565</i>	<i>CLERMONT</i>			
CONTACT: <i>Bill Cortes</i>		SAMPLED BY: <i>[Signature]</i>		AR NE AQ UL LI SR ES DS	NO2 + NO3
TURN AROUND TIME: <input checked="" type="checkbox"/> STANDARD <input type="checkbox"/> RUSH _____		REMARKS / SPECIAL INSTRUCTIONS: <i>012 RES 2.6</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>POE</i>	<i>S</i>	<i>5/11/05</i>	<i>1010</i>	<i>DW</i>	<i>1</i>	<i>X</i>

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	2	3	4
Out: / /	Via: _____	RB	DA	<i>[Signature]</i>	<i>5/11/05</i>	<i>1350</i>	<i>[Signature]</i>
Ret: / /	Via: _____	AB	DA	<i>[Signature]</i>	<i>5/11/05</i>	<i>1450</i>	<i>[Signature]</i>
		Trip Bl.					

Job Bush
Governor



John O. Agwunobi, M.D., M.B.A., M.P.H.
Secretary

Laboratory Scope of Accreditation

THIS LISTING OF ACCREDITED ANALYTES SHOULD BE USED ONLY WHEN
ASSOCIATED WITH A VALID CERTIFICATE

State Laboratory ID: E82574

EPA Lab Code: FL00949

(904) 363-9350

E82574
Advanced Environmental Laboratories, Inc.
6601 Southpoint Parkway
Jacksonville, FL 32216

Matrix: Drinking Water

Analyte	Method/Tech	Category	Certification Type	Effective Date
Endothall	EPA 548.1	Synthetic Organic Contaminants	NELAP	1/21/2005
Endrin	EPA 508	Synthetic Organic Contaminants	NELAP	3/24/2005
Ethylbenzene	EPA 502.2	Other Regulated Contaminants	NELAP	4/4/2002
Ethylbenzene	EPA 524.2	Other Regulated Contaminants	NELAP	1/21/2005
gamma-BHC (Lindane, gamma-Hexachlorocyclohexane)	EPA 508	Synthetic Organic Contaminants	NELAP	3/24/2005
Heptachlor	EPA 508	Synthetic Organic Contaminants	NELAP	3/24/2005
Heptachlor epoxide	EPA 508	Synthetic Organic Contaminants	NELAP	3/24/2005
Heterotrophic plate count	SM 9215 B	Microbiology	NELAP	1/21/2005
Hexachlorobenzene	EPA 508	Synthetic Organic Contaminants	NELAP	3/24/2005
Hexachlorocyclopentadiene	EPA 508	Synthetic Organic Contaminants	NELAP	3/24/2005
Iron	EPA 200.7	Secondary Inorganic Contaminants	NELAP	4/4/2002
Lead	EPA 200.9	Primary Inorganic Contaminants	NELAP	4/4/2002
Lead	SM 3113 B	Primary Inorganic Contaminants	NELAP	4/4/2002
Magnesium	EPA 200.7	Primary Inorganic Contaminants	NELAP	4/4/2002
Manganese	EPA 200.7	Secondary Inorganic Contaminants	NELAP	4/4/2002
Mercury	EPA 245.1	Primary Inorganic Contaminants	NELAP	4/4/2002
Mercury	SM 3112 B	Primary Inorganic Contaminants	NELAP	4/4/2002
Methoxychlor	EPA 508	Synthetic Organic Contaminants	NELAP	3/24/2005
Nickel	EPA 200.7	Primary Inorganic Contaminants	NELAP	4/4/2002
Nitrate	SM 4500-NO3 F	Primary Inorganic Contaminants	NELAP	2/13/2003
Nitrate-nitrite	SM 4500-NO3 F	Primary Inorganic Contaminants	NELAP	2/13/2003
Nitrite	SM 4500-NO3 F	Primary Inorganic Contaminants	NELAP	2/13/2003
Nitrite as N	SM 4500-NO2 B	Primary Inorganic Contaminants	NELAP	1/21/2005
Odor	SM 2150 B	Secondary Inorganic Contaminants	NELAP	2/13/2003
Orthophosphate as P	EPA 365.1	Primary Inorganic Contaminants	NELAP	2/13/2003
Orthophosphate as P	SM 4500-P E	Primary Inorganic Contaminants	NELAP	1/21/2005
Oxamyl	EPA 531.1	Synthetic Organic Contaminants	NELAP	4/19/2005
PCBs	EPA 508	Synthetic Organic Contaminants	NELAP	3/24/2005
Pentachlorophenol	EPA 515.3	Synthetic Organic Contaminants	NELAP	1/21/2005
pH	EPA 150.1	Primary Inorganic Contaminants, Secondary Inorganic Contaminants	NELAP	4/4/2002
Picloram	EPA 515.3	Synthetic Organic Contaminants	NELAP	1/21/2005
Potassium	EPA 200.7	Secondary Inorganic Contaminants	NELAP	1/21/2005
Residue-filterable (TDS)	EPA 160.1	Secondary Inorganic Contaminants	NELAP	4/4/2002
Selenium	EPA 200.9	Primary Inorganic Contaminants	NELAP	4/17/2002
Selenium	SM 3113 B	Primary Inorganic Contaminants	NELAP	4/4/2002

"STATE" indicates certification for the analyte by the method specified. "NELAP" further indicates certification compliant with the NELAC Standards.

NON-TRANSFERABLE 04/24/2005-E82574

LAKE UTILITY SERVICES, INC.

AN AFFILIATE OF UTILITIES, INC.

200 WEATHERSFIELD AVENUE
ALTAMONTE SPRINGS, FLORIDA 32714

CORPORATE OFFICES:
2335 Sanders Road
Northbrook, Illinois 60062
Telephone: 847-498-6440

Telephone: 407-869-1919
Florida: 800-272-1919
Fax: 407-869-6961
florida@utilitiesinc-usa.com

December 20, 2005

Mr. Paul Morrison, Environmental Manager
Drinking Water Program
Florida Department of Environmental Protection
3319 Maguire Boulevard-Suite 232
Orlando, FL 32803-3767

RE: Total Trihalomethane / Haloacetic Acids
Quarterly Monitoring
Clermont #2 - PWS ID 3350153

Dear Mr. Morrison:

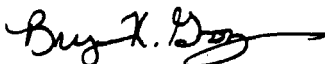
Please find the enclosed sample results as specified above for the fourth quarter of the 2005 monitoring period.

This sample was taken on November 30, 2005 at a time when the Utility had fully completed replacing the existing galvanized water mains with new PVC water mains and severed all connections to the galvanized water mains.

If you should have any questions, please call 407.869.8588, extension 226.

Sincerely,

LAKE UTILITY SERVICES, INC.



Bryan K. Gongre
Assistant Operations Manager

Enclosures

Cc: William Coates, A.M., UIOF

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

Public Water System Information (to be completed by sampler)

System Name: Clermont 2 / Carr System PWS ID #: 3350153
System Type (check one): Community Nontransient Noncommunity Transient Noncommunity
Address: Lake Utility Services, Inc.
200 Weathersfield Avenue
City: Altamonte Springs State: FL ZIP Code: 32714
Phone #: 407.869.1919
E-Mail Address: b.k.gongre@utilitiesinc-usa.com

Sample Information (to be completed by sampler)

Sample Number: 19903 Location Code (if known): 12808 Lakeview
Sample Date: November 30, 2005 Sample Time: 4:00 AM PM (circle one)
Sample Location (be specific): 12808 Lakeview, Clermont, FL 34711
Disinfectant Residual (required when reporting trihalomethanes and haloacetic acids): _____ mg/L Field pH: _____

Sample Type (check only one) Sample Reason(s) (check all that apply)
 Distribution Routine Compliance (with 82-550) Quarterly (which quarter?) 4th Qtr 2005
 Entry Point (for Distribution) Confirmation of MCL Exceedance * Special (not for compliance with 82-550)
 Plant Tap (not for compliance with 82-550) Composite of Multiple Sites ** Violation Resolution
 Raw (at well or intake) Clearance (permitting) Replacement (of invalidated sample)
 Max Residence Time Other: _____
 Avg Residence Time Sampling Procedure Used or Other Comments: _____
 Near First Customer

* See 82-550.500(6) for requirements and restrictions.
NOTE: See 82-550.512(3) for additional requirements
for nitrate or nitrate MCL exceedances.

** See 82-550.550(2) for requirements and
attach a results page for each site.

Sampler's Name: Charles Schwades
Sampler's Phone #: 407.869.1919 Sampler's Fax #: 407.869.6961
Sampler's E-Mail Address: _____

Certification (to be completed by sampler)

I, Charles Schwades Lead Operator
(Print Name) (Print Title)

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

Signature: Charles G. Schwades Date: 12/20/05

**Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Form**

Laboratory Certification Information (to be completed by lab)

Lab Name: Flowers Chemical Laboratories, Inc.
Address: P. O. Box 150597
Altamonte Springs, FL 32715-0597

Florida Certification #: E83018
Certification Expiration Date: 6/30/2006
Phone #: 407-339-5984

Analysis Information (to be completed by lab)
Sample Number: 19903

Report Number: 1990320051130
Date Sample Received: 12/01/05

Group(s) analyzed and results attached for compliance with Chapter 62-550, F.A.C. (check all that apply)

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

Were any analyses subcontracted? Yes No

(If yes, please provide subcontractor's Florida drinking water certification number with each result provided by that lab).

Certification

I, Jefferson S. Flowers, Technical Director, 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: 12/13/05

- * Failure to provide a valid and current Florida Dept. of Health lab ID number and a current Analyte Sheet for the attached analysis results will result in rejection of the report and possible enforcement against the public water system for failure to sample.
- ** Please provide radiochemical sample dates and locations for each quarter.

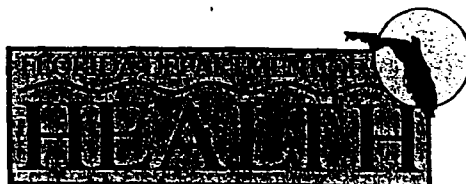
Compliance Determination (to be completed by DEP or DOH)

- Sample Collection Info Satisfactory Yes No Sample Analysis Info Satisfactory Yes No
- Resample Requested (circle or highlight groups above) Revised Report Requested (circle or highlight groups above)
- Reason(s): Incomplete Report Location Unsatisfactory Analysis Unsatisfactory
- Missing Analyte Sheet(s) Other _____
- Person Notified: _____ Date Notified: _____
- Comments: _____
- Date Reviewed: _____ DEP/DOH Reviewing Official: _____

**Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Form**

Disinfection Byproducts: 62-550.310(3) Lab ID: 19903 PWS ID: Clermont 2 Sample ID: 12808 Lakeview

Contam ID	Contam Name	Units	MCL	Analysis Result	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time
2450	Monochloroacetic Acid	ug/L	N/A	2.00	U	EPA552.2	2.00	12/08/05	
2451	Dichloroacetic Acid	ug/L	N/A	20.7		EPA552.2	2.00	12/08/05	
2452	Trichloroacetic Acid	ug/L	N/A	18.9		EPA552.2	0.500	12/08/05	
2453	Monobromoacetic Acid	ug/L	N/A	1.00	U	EPA552.2	1.00	12/08/05	
2454	Dibromoacetic Acid	ug/L	N/A	5.62		EPA552.2	0.500	12/08/05	
2456	HAA5	ug/L	60ppb	45.2		EPA552.2	0.500	12/08/05	
2941	Chloroform	ug/L	N/A	37.3		EPA524.2	0.500	12/05/05	
2942	Bromoform	ug/L	N/A	0.500	U	EPA524.2	0.500	12/05/05	
2943	Bromodichloromethane	ug/L	N/A	11.8		EPA524.2	0.500	12/05/05	
2944	Dibromochloromethane	ug/L	N/A	3.33		EPA524.2	0.500	12/05/05	
2950	Total Trihalomethanes	ug/L	80	52.4		EPA524.2	0.500	12/05/05	



State of Florida
Department of Health, Bureau of Laboratories

This is to certify that

E83018
FLOWERS CHEMICAL LABORATORIES
481 NEWBURYPORT AVENUE
ALTAMONTE SPRINGS, FL 32701

has complied with Florida Administrative Code 64E-1,
for the examination of Environmental samples in the following categories

DRINKING WATER - GROUP I UNREGULATED CONTAMINANTS, DRINKING WATER - GROUP II UNREGULATED CONTAMINANTS, DRINKING WATER - OTHER REGULATED CONTAMINANTS, DRINKING WATER - MICROBIOLOGY, DRINKING WATER - PRIMARY INORGANIC CONTAMINANTS, DRINKING WATER - SECONDARY INORGANIC CONTAMINANTS, DRINKING WATER - SYNTHETIC ORGANIC CONTAMINANTS, NON-POTABLE WATER - EXTRACTABLE ORGANICS, NON-POTABLE WATER - GENERAL CHEMISTRY, NON-POTABLE WATER - METALS, NON-POTABLE WATER - MICROBIOLOGY, NON-POTABLE WATER - PESTICIDES-HERBICIDES-PCB'S, NON-POTABLE WATER - VOLATILE ORGANICS, SOLID AND CHEMICAL MATERIALS - EXTRACTABLE ORGANICS, SOLID AND CHEMICAL MATERIALS - GENERAL CHEMISTRY, SOLID AND CHEMICAL MATERIALS - METALS, SOLID AND CHEMICAL MATERIALS - MICROBIOLOGY, SOLID AND CHEMICAL MATERIALS - PESTICIDES-HERBICIDES-PCB'S, SOLID AND CHEMICAL MATERIALS - VOLATILE ORGANICS

Continued certification is contingent upon successful on-going compliance with the NELAC Standards and FAC Rule 64E-1 regulations. Specific methods and analytes certified are cited on the Laboratory Scope of Accreditation for this laboratory and are on file at the Bureau of Laboratories, P. O. Box 210, Jacksonville, Florida 32231. Clients and customers are urged to verify with this agency the laboratory's certification status in Florida for particular methods and analytes.

EFFECTIVE November 10, 2005 THROUGH June 30, 2006



Ming S. Chan, Ph.D.

Bureau Chief, Bureau of Laboratories
Florida Department of Health

DH Form 1697, 7/04

NON-TRANSFERABLE E83018-04-11/10/2005

Jeb Bush
Governor



M. Rony François, M.D., M.S.P.H, Ph.D.
Secretary

Laboratory Scope of Accreditation

Page 2 of 33

Attachment to Certificate #: E83018-04, expiration date June 30, 2006. This listing of accredited analytes should be used only when associated with a valid certificate.

State Laboratory ID: E83018

EPA Lab Code: FL00091

(407) 339-5984

E83018

Flowers Chemical Laboratories
481 Newburyport Avenue
Altamonte Springs, FL 32701

Matrix: Drinking Water

Analyte	Method/Tech	Category	Certification Type	Effective Date
1,3,5-Trimethylbenzene	EPA 524.2	Group II Unregulated Contaminants	NELAP	6/1/2001
1,3-Dichlorobenzene	EPA 502.2	Group II Unregulated Contaminants	NELAP	6/1/2001
1,3-Dichlorobenzene	EPA 524.2	Group II Unregulated Contaminants	NELAP	6/1/2001
1,3-Dichloropropane	EPA 502.2	Group II Unregulated Contaminants	NELAP	6/1/2001
1,3-Dichloropropane	EPA 524.2	Group II Unregulated Contaminants	NELAP	6/1/2001
1,4-Dichlorobenzene	EPA 502.2	Other Regulated Contaminants	NELAP	6/1/2001
1,4-Dichlorobenzene	EPA 524.2	Other Regulated Contaminants	NELAP	6/1/2001
2,2-Dichloropropane	EPA 502.2	Group II Unregulated Contaminants	NELAP	6/1/2001
2,2-Dichloropropane	EPA 524.2	Group II Unregulated Contaminants	NELAP	6/1/2001
2,4-D	EPA 515.1	Synthetic Organic Contaminants	NELAP	11/29/2001
2-Butanone (Methyl ethyl ketone, MEK)	EPA 524.2	Group II Unregulated Contaminants	NELAP	6/1/2001
2-Chlorotoluene	EPA 502.2	Group II Unregulated Contaminants	NELAP	3/1/2002
2-Chlorotoluene	EPA 524.2	Group II Unregulated Contaminants	NELAP	3/1/2002
2-Hexanone	EPA 524.2	Group II Unregulated Contaminants	NELAP	6/1/2001
3-Hydroxycarbofuran	EPA 531.1	Group I Unregulated Contaminants	NELAP	6/1/2001
4-Chlorotoluene	EPA 502.2	Group II Unregulated Contaminants	NELAP	6/1/2001
4-Chlorotoluene	EPA 524.2	Group II Unregulated Contaminants	NELAP	6/1/2001
4-Isopropyltoluene	EPA 502.2	Group II Unregulated Contaminants	NELAP	6/1/2001
4-Isopropyltoluene	EPA 524.2	Group II Unregulated Contaminants	NELAP	6/1/2001
4-Methyl-2-pentanone (MIBK)	EPA 524.2	Group II Unregulated Contaminants	NELAP	6/1/2001
Acetone	EPA 524.2	Group II Unregulated Contaminants	NELAP	6/1/2001
Alachlor	EPA 507	Synthetic Organic Contaminants	NELAP	3/1/2002
Aldicarb (Temik)	EPA 531.1	Group I Unregulated Contaminants	NELAP	6/1/2001
Aldicarb sulfone	EPA 531.1	Group I Unregulated Contaminants	NELAP	6/1/2001
Aldicarb sulfoxide	EPA 531.1	Group I Unregulated Contaminants	NELAP	6/1/2001
Aldrin	EPA 505	Group I Unregulated Contaminants	NELAP	6/1/2001
Aluminum	EPA 200.7	Secondary Inorganic Contaminants	NELAP	3/1/2002
Aluminum	EPA 200.8	Secondary Inorganic Contaminants	NELAP	3/1/2002
Antimony	EPA 200.8	Primary Inorganic Contaminants	NELAP	6/1/2001
Arsenic	EPA 200.8	Primary Inorganic Contaminants	NELAP	6/1/2001
Atrazine	EPA 507	Synthetic Organic Contaminants	NELAP	3/1/2002
Barium	EPA 200.7	Primary Inorganic Contaminants	NELAP	6/1/2001
Barium	EPA 200.8	Primary Inorganic Contaminants	NELAP	6/1/2001
Benzene	EPA 502.2	Other Regulated Contaminants	NELAP	6/1/2001
Benzene	EPA 524.2	Other Regulated Contaminants	NELAP	6/1/2001
Benzo(a)pyrene	EPA 550	Synthetic Organic Contaminants	NELAP	6/1/2001

Clients and Customers are urged to verify the laboratory's current certification status with the Environmental Laboratory Certification Program.

Issue Date: 11/10/2005

Expiration Date: 6/30/2006

Jeb Bush
Governor



M. Rony François, M.D., M.S.P.H., Ph.D.
Secretary

Laboratory Scope of Accreditation

Page 4 of 33

Attachment to Certificate #: E83018-04, expiration date June 30, 2006. This listing of accredited analytes should be used only when associated with a valid certificate.

State Laboratory ID: E83018 EPA Lab Code: FL00091 (407) 339-5984

E83018
Flowers Chemical Laboratories
481 Newburyport Avenue
Altamonte Springs, FL 32701

Matrix: Drinking Water

Analyte	Method/Tech	Category	Certification Type	Effective Date
Chloroform	EPA 524.2	Other Regulated Contaminants, Group II Unregulated Contaminants	NELAP	6/1/2001
Chromium	EPA 200.7	Primary Inorganic Contaminants	NELAP	6/1/2001
Chromium	EPA 200.8	Primary Inorganic Contaminants	NELAP	6/1/2001
cis-1,2-Dichloroethylene	EPA 502.2	Other Regulated Contaminants	NELAP	6/1/2001
cis-1,2-Dichloroethylene	EPA 524.2	Other Regulated Contaminants	NELAP	6/1/2001
cis-1,3-Dichloropropene	EPA 502.2	Group II Unregulated Contaminants	NELAP	6/1/2001
cis-1,3-Dichloropropene	EPA 524.2	Group II Unregulated Contaminants	NELAP	6/1/2001
Color	SM 2120 B	Secondary Inorganic Contaminants	NELAP	6/1/2001
Copper	EPA 200.7	Primary Inorganic Contaminants, Secondary Inorganic Contaminants	NELAP	6/1/2001
Copper	EPA 200.8	Primary Inorganic Contaminants, Secondary Inorganic Contaminants	NELAP	6/1/2001
Cyanide	SM 4500CN-E	Primary Inorganic Contaminants	NELAP	6/1/2001
Dalapon	EPA 515.1	Synthetic Organic Contaminants	NELAP	6/1/2001
Di(2-ethylhexyl)adipate	EPA 525.2	Synthetic Organic Contaminants	NELAP	6/1/2001
Dibromoacetic acid	EPA 552.2	Group I Unregulated Contaminants	NELAP	3/14/2003
Dibromochloromethane	EPA 502.2	Group II Unregulated Contaminants, Other Regulated Contaminants	NELAP	6/1/2001
Dibromochloromethane	EPA 524.2	Other Regulated Contaminants, Group II Unregulated Contaminants	NELAP	6/1/2001
Dibromomethane	EPA 502.2	Group II Unregulated Contaminants	NELAP	6/1/2001
Dibromomethane	EPA 524.2	Group II Unregulated Contaminants	NELAP	6/1/2001
Dicamba	EPA 515.1	Group I Unregulated Contaminants	NELAP	3/1/2002
Dichloroacetic acid	EPA 552.2	Group I Unregulated Contaminants	NELAP	3/14/2003
Dichlorodifluoromethane	EPA 502.2	Group II Unregulated Contaminants	NELAP	6/1/2001
Dichlorodifluoromethane	EPA 524.2	Group II Unregulated Contaminants	NELAP	6/1/2001
Dichloromethane (DCM, Methylene chloride)	EPA 502.2	Other Regulated Contaminants	NELAP	6/1/2001
Dichloromethane (DCM, Methylene chloride)	EPA 524.2	Other Regulated Contaminants	NELAP	6/1/2001
Dieldrin	EPA 505	Group I Unregulated Contaminants	NELAP	6/1/2001
Dinoseb (2-sec-butyl-4,6-dinitrophenol, DNBP)	EPA 515.1	Synthetic Organic Contaminants	NELAP	6/1/2001
Diquat	EPA 549.2	Synthetic Organic Contaminants	NELAP	6/1/2001
Endothall	EPA 548.1	Synthetic Organic Contaminants	NELAP	6/1/2001
Endrin	EPA 505	Synthetic Organic Contaminants	NELAP	6/1/2001
Ethylbenzene	EPA 502.2	Other Regulated Contaminants	NELAP	6/1/2001

Clients and Customers are urged to verify the laboratory's current certification status with the Environmental Laboratory Certification Program.

Issue Date: 11/10/2005

Expiration Date: 6/30/2006

Jeb Bush
Governor



M. Rony François, M.D., M.S.P.H, Ph.D.
Secretary

Laboratory Scope of Accreditation

Page 6 of 33

Attachment to Certificate #: E83018-04, expiration date June 30, 2006. This listing of accredited analytes should be used only when associated with a valid certificate.

State Laboratory ID: E83018

EPA Lab Code:

FL00091

(407) 339-5984

E83018

Flowers Chemical Laboratories
481 Newburyport Avenue
Altamonte Springs, FL 32701

Matrix: Drinking Water

Analyte	Method/Tech	Category	Certification Type	Effective Date
Nickel	EPA 200.7	Primary Inorganic Contaminants	NELAP	6/1/2001
Nickel	EPA 200.8	Primary Inorganic Contaminants	NELAP	6/1/2001
Nitrate	EPA 300.0	Primary Inorganic Contaminants	NELAP	6/1/2001
Nitrite	EPA 300.0	Primary Inorganic Contaminants	NELAP	6/1/2001
n-Propylbenzene	EPA 502.2	Group II Unregulated Contaminants	NELAP	6/1/2001
n-Propylbenzene	EPA 524.2	Group II Unregulated Contaminants	NELAP	6/1/2001
Odor	SM 2150 B	Secondary Inorganic Contaminants	NELAP	6/1/2001
Orthophosphate as P	EPA 300.0	Primary Inorganic Contaminants	NELAP	6/1/2001
Oxamyl	EPA 531.1	Synthetic Organic Contaminants	NELAP	6/1/2001
PCBs	EPA 505	Synthetic Organic Contaminants	NELAP	6/1/2001
Pentachlorophenol	EPA 515.1	Synthetic Organic Contaminants	NELAP	6/1/2001
pH	EPA 150.1	Secondary Inorganic Contaminants, Primary Inorganic Contaminants	NELAP	6/1/2001
Picloram	EPA 515.1	Synthetic Organic Contaminants	NELAP	6/1/2001
Propachlor (Ramrod)	EPA 508	Group I Unregulated Contaminants	NELAP	6/1/2001
sec-Butylbenzene	EPA 502.2	Group II Unregulated Contaminants	NELAP	6/1/2001
sec-Butylbenzene	EPA 524.2	Group II Unregulated Contaminants	NELAP	6/1/2001
Selenium	EPA 200.8	Primary Inorganic Contaminants	NELAP	3/1/2002
Silver	EPA 200.7	Secondary Inorganic Contaminants	NELAP	6/1/2001
Silver	EPA 200.8	Secondary Inorganic Contaminants	NELAP	6/1/2001
Silvex (2,4,5-TP)	EPA 515.1	Synthetic Organic Contaminants	NELAP	6/1/2001
Simazine	EPA 507	Synthetic Organic Contaminants	NELAP	3/1/2002
Sodium	EPA 200.7	Primary Inorganic Contaminants	NELAP	6/1/2001
Styrene	EPA 502.2	Other Regulated Contaminants	NELAP	6/1/2001
Styrene	EPA 524.2	Other Regulated Contaminants	NELAP	6/1/2001
Sulfate	EPA 300.0	Primary Inorganic Contaminants, Secondary Inorganic Contaminants	NELAP	6/1/2001
Surfactants - MBAS	SM 5540 C	Secondary Inorganic Contaminants	NELAP	6/1/2001
tert-Butylbenzene	EPA 502.2	Group II Unregulated Contaminants	NELAP	6/1/2001
tert-Butylbenzene	EPA 524.2	Group II Unregulated Contaminants	NELAP	6/1/2001
Tetrachloroethylene (Perchloroethylene)	EPA 502.2	Other Regulated Contaminants	NELAP	6/1/2001
Tetrachloroethylene (Perchloroethylene)	EPA 524.2	Other Regulated Contaminants	NELAP	6/1/2001
Thallium	EPA 200.8	Primary Inorganic Contaminants	NELAP	6/1/2001
Toluene	EPA 502.2	Other Regulated Contaminants	NELAP	6/1/2001
Toluene	EPA 524.2	Other Regulated Contaminants	NELAP	6/1/2001
Total coliforms	SM 9222 B	Microbiology	NELAP	3/22/2002

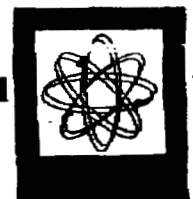
Clients and Customers are urged to verify the laboratory's current certification status with the Environmental Laboratory Certification Program.

Issue Date: 11/10/2005

Expiration Date: 6/30/2006

Flowers Chemical Laboratories, Inc.
 481 Newburyport Ave.
 Altamonte Springs, FL 32701
 Bus: 407-339-5984
 Fax: 407-260-6110
 www.flowerslabs.com

Flowers Chemical Labs-South
 6253 South US Hwy. 1
 Port St. Lucie, FL 34952
 Bus: 772-343-8006
 Fax: 772-343-8089



Client <i>Utilities Inc. OF FL</i>		Project Name <i>Clermont II</i>	
Address <i>200 Weather Field Ave</i>		Contact <i>Bryan Gouge</i>	P.O. #
<i>Altamonte Springs FL 32714</i>		FCL Lab Coordinator	
Phone <i>407-669-1919</i>		Requested Due Date	

Sampled By (PRINT):
Chuck Schwab 1
 Sampler Signature: *Chuck Schwab* Date Sampled: *11-30-05*

GW - ground water DW - drinking water WW - wastewater
 SW - surface water S - Soil/solid SL - sludge A - Air

ITEM NO.	SAMPLE DESCRIPTION	DATE	TIME	MATRIX	LAB NO.	NUMBER	PRESERVATIVES					ANALYSES REQUEST	COMMENTS
							NONE	H ₂ SO ₄	HNO ₃	HCl	Na ₂ S ₂ O ₅		
1	<i>12805 LAKEVIEW</i>	<i>11/30/05</i>	<i>1600</i>	<i>DW</i>	<i>19903</i>							<i>TAM</i> <i>HAP</i>	<i>4°C</i>
2													
3													
4													
5													
6													
7													
8													
9													
10													

Relinquished By / Affiliation <i>Chuck Schwab</i>	Date <i>12/1/05</i>	Time <i>1205</i>	Accepted By / Affiliation	Date	Time	Relinquished By / Affiliation	Date	Time	Accepted By / Affiliation	Date	Time
									<i>[Signature]</i>	<i>2/1/08</i>	<i>1322</i>

• WHITE - Ship with Samples / To Be Returned with Results

• YELLOW - Field Copy / Retain For Your Records

CRESCENT BAY

25.30.440 (3)
CHEMICAL ANALYSES

LAKE UTILITY SERVICES, INC.

AN AFFILIATE OF UTILITIES, INC.
200 WEATHERSFIELD AVENUE
ALTAMONTE SPRINGS, FLORIDA 32714

CORPORATE OFFICES:
2335 Sanders Road
Northbrook, Illinois 60062
Telephone: 847-498-6440

Telephone: 407-869-1919
Florida: 800-272-1919
Fax: 407-869-6961
florida@utilitiesinc-usa.com

May 25, 2005

Mr. Paul Morrison, Environmental Manager
Drinking Water Program
Florida Department of Environmental Protection
3319 Maguire Blvd., Suite 232
Orlando, FL 32803-3767

RE: Annual Nitrate & Nitrite Sampling 2005
Chapter 62-550 FAC
Crescent Bay - PWS ID 3354686

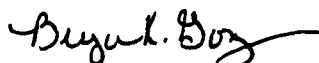
Dear Mr. Morrison:

Please find the enclosed sample results as specified above for the 2005 monitoring period.

If you should have any questions, please call 407.869.8588, extension 226.

Sincerely,

LAKE UTILITY SERVICES, INC.



Bryan K. Gongre
Assistant Operations Manager

Enclosures

Cc: Bill Coates, Area Manager, UIOF

FILE COPY

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

RECEIVED
MAY 24 2005

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

System Name: Crescent Bay PWS I.D. #:

3	3	5	4	6	8	6
---	---	---	---	---	---	---

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

Address: Lake Utility Services, Inc.
200 Weathersfield Avenue

City: Altamonte Springs State: FL ZIP Code: 32714

Phone #: 407.869.1919 Fax #: 407.869.6961

E-Mail Address: _____

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: A0511647-01 Location Code (if known): _____

Sample Date: 5/11/05 Sample Time: 7:30 AM PM (Circle One)

Sample Location (be specific): PDE to distribution system

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: DANIEL SHERWOOD

Sampler's Phone #: 321 388-7893 Sampler's Fax #: 407-869-6961

Sampler's E-Mail Address: _____

CERTIFICATION (to be completed by sampler)

I, DANIEL SHERWOOD, LEAD OPERATOR
(Print Name) (Print Title)

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

Signature: Daniel Sherwood Date: 5/26/05

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 - Orlando
Address: 528 S. North Lake Blvd., Suite 1016
Altamonte Springs, FL 32701

Florida Certification #: E53076
Certification Expiration Date: 6/30/2005
Telephone #: (407) 937-1594

ANALYSIS INFORMATION (to be completed by lab)

PWS ID (from page 1): _____ Date Sample(s) Received: 5/11/2005 2:50:00

Lab Assigned Report Number or Job ID A051647 Sample Number (From page 1) A051647-01

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 | <u>Radionuclides</u> | <input type="checkbox"/> Bromate |
| <input checked="" 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** | <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 E82574

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB

CERTIFICATION

I, Myrna Santiago, 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: *Myrna Santiago* Date: 5/23/05

* 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 and 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: _____



**Advanced
Environmental Laboratories, Inc.**

6601 Southpoint Parkway
Jacksonville, Florida 32216
(904) 363-9350
FAX (904) 363-9354

Client: Utilities, Inc.

Project Name: Cresent Bay

Project Number:

PWS ID#:

Attention: William Coates

Phone Number: 8002721919

Address: 200 Weathersfield Ave.

Altamonte Springs, FL 32714

Report No.: A051647

Date Sampled: 5/11/2005

Date Received: 5/11/05 14:50

Date Reported: 5/21/2005

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: Cresent Bay

Approved By:

Myrna Santiago, 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 = 8

P. 3

Advanced Environmental Laboratories, Inc.
Analytical Report

Client: Utilities, Inc.
Project Name: Cresent Bay
Matrix: Drinking Water
PWS ID#:

Report No.: A051647
Date/Time Sampled: 05/11/05 7:30
Date/Time Received: 5/11/05 14:50

Client Sample ID: 1
Site: Point of Entry
Sample Number: A051647-01

Sampled By: Dan Sherwood
Shipping Method: AEL Courier

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	0.37		SM4500NO3-F	0.014	5/12/2005	16:35	E82574
1041	Nitrite (as N)	1.0	mg/L	0.052	i	SM4500NO3-F	0.013	5/12/2005	16:35	E82574

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

P. J.



Advanced Environmental Labs Inc

Advanced Environmental Labs
528 S North Lake Blvd, Ste 1016
Altamonte Springs, FL 32701

Client: UTILITIES, INC. (UTL-A)

Project name: CRESCENT BAY

Date/Time Rcvd: 5/11/05

14.50

Log-In request number: A051647

Received by: RPG

Completed by: RPG

Cooler/Shipping Information:

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

Type: Cooler Box Other (describe) _____

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

Cooler ID	1				
Temp (°C)	2				
Temp taken from	<input type="checkbox"/> Temp blank <input checked="" type="checkbox"/> Cooler	<input type="checkbox"/> Temp blank <input type="checkbox"/> Cooler	<input type="checkbox"/> Temp blank <input type="checkbox"/> Cooler	<input type="checkbox"/> Temp blank <input type="checkbox"/> Cooler	<input type="checkbox"/> Temp blank <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? <i>NOTE: VOA samples are checked by laboratory analysts.</i>			<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"/>	

Kit ID

Comments:

Chain-of-Custody for AEL Orlando to AEL Jax

AEL Orlando
528 South North Lake Blvd, S
Altamonte Springs FL 32701

Contact Person: Myrna Santiago

Project #: A051647

CustomerName: Utilities, Inc.

Collector: Dan Sherwood

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

Check if Rush

Lab Code	Client Sample ID	Test	Matrix	Collect Date / Time	Receive Date	Due Date	# Bottles	Bottle Type (Pres.)
A051647-01	1	Nitrate (J)-DW	Drinking Water	5/11/2005 7:30	5/11/05 14:50	5/13/2005	_____	250mL Poly
A051647-01	1	Nitrite (J)-DW	Drinking Water	5/11/2005 7:30	5/11/05 14:50	5/13/2005	_____	250mL Poly

Orlando Relinquisher: 

Shipping Relinquisher: AEL Courier

Shipping Receiver: AEL Courier

Jacksonville Receiver: 

Date/Time: 5/11/05 14:50

Date/Time: 5/12/05 10:45

Jeb Bush
Governor



John O. Agwunobi, M.D., M.B.A., M.P.H.
Secretary

Laboratory Scope of Accreditation

THIS LISTING OF ACCREDITED ANALYTES SHOULD BE USED ONLY WHEN
ASSOCIATED WITH A VALID CERTIFICATE

State Laboratory ID: E82574

EPA Lab Code: FL00949

(904) 363-9350

E82574

Advanced Environmental Laboratories, Inc.
6601 Southpoint Parkway
Jacksonville, FL 32216

Matrix: Drinking Water

Analyte	Method/Tech	Category	Certification Type	Effective Date
Endothall	EPA 548.1	Synthetic Organic Contaminants	NELAP	1/21/2005
Endrin	EPA 508	Synthetic Organic Contaminants	NELAP	3/24/2005
Ethylbenzene	EPA 502.2	Other Regulated Contaminants	NELAP	4/4/2002
Ethylbenzene	EPA 524.2	Other Regulated Contaminants	NELAP	1/21/2005
gamma-BHC (Lindane, gamma-Hexachlorocyclohexane)	EPA 508	Synthetic Organic Contaminants	NELAP	3/24/2005
Heptachlor	EPA 508	Synthetic Organic Contaminants	NELAP	3/24/2005
Heptachlor epoxide	EPA 508	Synthetic Organic Contaminants	NELAP	3/24/2005
Heterotrophic plate count	SM 9215 B	Microbiology	NELAP	1/21/2005
Hexachlorobenzene	EPA 508	Synthetic Organic Contaminants	NELAP	3/24/2005
Hexachlorocyclopentadiene	EPA 508	Synthetic Organic Contaminants	NELAP	3/24/2005
Iron	EPA 200.7	Secondary Inorganic Contaminants	NELAP	4/4/2002
Lead	EPA 200.9	Primary Inorganic Contaminants	NELAP	4/4/2002
Lead	SM 3113 B	Primary Inorganic Contaminants	NELAP	4/4/2002
Magnesium	EPA 200.7	Primary Inorganic Contaminants	NELAP	4/4/2002
Manganese	EPA 200.7	Secondary Inorganic Contaminants	NELAP	4/4/2002
Mercury	EPA 245.1	Primary Inorganic Contaminants	NELAP	4/4/2002
Mercury	SM 3112 B	Primary Inorganic Contaminants	NELAP	4/4/2002
Methoxychlor	EPA 508	Synthetic Organic Contaminants	NELAP	3/24/2005
Nickel	EPA 200.7	Primary Inorganic Contaminants	NELAP	4/4/2002
Nitrate	SM 4500-NO3 F	Primary Inorganic Contaminants	NELAP	2/13/2003
Nitrate-nitrite	SM 4500-NO3 F	Primary Inorganic Contaminants	NELAP	2/13/2003
Nitrite	SM 4500-NO3 F	Primary Inorganic Contaminants	NELAP	2/13/2003
Nitrite as N	SM 4500-NO2 B	Primary Inorganic Contaminants	NELAP	1/21/2005
Odor	SM 2150 B	Secondary Inorganic Contaminants	NELAP	2/13/2003
Orthophosphate as P	EPA 365.1	Primary Inorganic Contaminants	NELAP	2/13/2003
Orthophosphate as P	SM 4500-P E	Primary Inorganic Contaminants	NELAP	1/21/2005
Oxamyl	EPA 531.1	Synthetic Organic Contaminants	NELAP	4/19/2005
PCBs	EPA 508	Synthetic Organic Contaminants	NELAP	3/24/2005
Pentachlorophenol	EPA 515.3	Synthetic Organic Contaminants	NELAP	1/21/2005
pH	EPA 150.1	Primary Inorganic Contaminants, Secondary Inorganic Contaminants	NELAP	4/4/2002
Picloram	EPA 515.3	Synthetic Organic Contaminants	NELAP	1/21/2005
Potassium	EPA 200.7	Secondary Inorganic Contaminants	NELAP	1/21/2005
Residue-filterable (TDS)	EPA 160.1	Secondary Inorganic Contaminants	NELAP	4/4/2002
Selenium	EPA 200.9	Primary Inorganic Contaminants	NELAP	4/17/2002
Selenium	SM 3113 B	Primary Inorganic Contaminants	NELAP	4/4/2002

"STATE" indicates certification for the analyte by the method specified. "NELAP" further indicates certification compliant with the NELAC Standards.

NON-TRANSFERABLE 04/24/2005-E82574

LAKE UTILITY SERVICES, INC.

AN AFFILIATE OF UTILITIES, INC.

200 WEATHERSFIELD AVENUE
ALTAMONTE SPRINGS, FLORIDA 32714

CORPORATE OFFICES:
2335 Sanders Road
Northbrook, Illinois 60062
Telephone: 847-498-6440

Telephone: 407-869-1919
Florida: 800-272-1919
Fax: 407-869-6961
florida@utilitiesinc-usa.com

September 23, 2005

Mr. Paul Morrison, Environmental Manager
Drinking Water Program
Florida Department of Environmental Protection
3319 Maguire Blvd., Suite 232
Orlando, FL 32803-3767

RE: Total Trihalomethane / Haloacetic Acids
Annual Monitoring
Crescent Bay - PWS ID 3354686

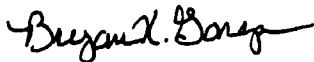
Dear Mr. Morrison:

Please find the enclosed sample results as specified above for the 2005 monitoring period.

If you should have any questions, please call 407.869.8588, extension 226.

Sincerely,

LAKE UTILITY SERVICES, INC.



Bryan K. Gongre
Assistant Operations Manager

Enclosures

cc: Bill Coates, A.M., UIOF

**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: Crescent Bay PWS I.D. #:

3	3	5	4	6	8	6
---	---	---	---	---	---	---

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

Address: Lake Utility Services, Inc.
200 Weathersfield Avenue

City: Altamonte Springs State: FL ZIP Code: 32714

Phone #: 407.869.1919 Fax #: 407.869.6961

E-Mail Address: _____

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: A052853-01 Location Code (if known): _____

Sample Date: 8/19/05 Sample Time: 12:50 AM PM (Circle One)

Sample Location (be specific): 10332 Murray Drive, Clermont, FL

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): 0.4 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: Charles Schwades

Sampler's Phone #: 407.869.1919 Sampler's Fax #: 407.869.6961

Sampler's E-Mail Address: _____

CERTIFICATION (to be completed by sampler)

I, Charles Schwades, Operator
(Print Name) (Print Title)

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

Signature: Charles Schwades Date: 9/19/05

**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 - Orlando
Address: 528 S. North Lake Blvd., Suite 1016
Altamonte Springs, FL 32701

Florida Certification #: E53076
Certification Expiration Date: 6/30/2006
Telephone #: (407) 937-1594

ANALYSIS INFORMATION (to be completed by lab)

PWS ID (from page 1): _____ Date Sample(s) Received: 8/11/2005 1:10:00
Lab Assigned Report Number or Job ID A052853 Sample Number (From page 1) A052853-01

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 checked="" type="checkbox"/> Trihalomethanes |
| <input type="checkbox"/> Partial | <input type="checkbox"/> All Except Dioxin | <input type="checkbox"/> Partial | <input checked="" type="checkbox"/> Haloacetic Acids |
| <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 Sample | <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 E82574

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB

CERTIFICATION

I, Myrna Santiago, 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: *Myrna Santiago* Date: 9/2/05

* 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 and 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: _____



Client: Utilities, Inc. **Report No.:** A052853
Project Name: Crescent Bay **Date Sampled:** 8/9/2005
Project Number: **Date Received:** 8/11/05 13:10
PWS ID#: **Date Reported:** 9/2/2005
Attention: William Coates
Phone Number: 8002721919
Address: 200 Weathersfield Ave.
Altamonte Springs, FL 32714

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: Crescent Bay

Approved By:

Myra Santoro, 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 = 8

Advanced Environmental Laboratories, Inc.
Analytical Report

Client: Utilities, Inc.
Project Name: Cresent Bay
Matrix: Drinking Water
PWS ID#:

Report No.: A052853
Date/Time Sampled: 08/09/05 12:50
Date/Time Received: 8/11/05 13:10

Client Sample ID: 1
Site: 10332 Murray Dr
Sample Number: A052853-01

Sampled By: Client
Shipping Method: AEL Courier

Disinfection Byproducts

Contam ID	Contam Name	MCL	Units	Analysis Results	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Cert. #
2450	Chloroacetic Acid		ug/L	0.81	U	E552.2	0.81	8/18/2005	17:16	E82574
2451	Dichloroacetic Acid		ug/L	11		E552.2	0.56	8/18/2005	17:16	E82574
2452	Trichloroacetic Acid		ug/L	7.6		E552.2	0.60	8/18/2005	17:16	E82574
2453	Bromoacetic Acid		ug/L	1.2	I	E552.2	0.34	8/18/2005	17:16	E82574
2454	Dibromoacetic Acid		ug/L	3.6		E552.2	0.45	8/18/2005	17:16	E82574
2941	Chloroform		ug/L	20		E502.2	0.31	8/15/2005	14:26	E82574
2942	Bromoform		ug/L	2.6		E502.2	0.36	8/15/2005	14:26	E82574
2943	Bromodichloromethane		ug/L	13		E502.2	0.36	8/15/2005	14:26	E82574
2944	Dibromochloromethane		ug/L	6.5		E502.2	0.28	8/15/2005	14:26	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 Labs Inc

Advanced Environmental Labs
528 S North Lake Blvd, Ste 1016
Altamonte Springs, FL 32701

Client: UTILITIES, INC. (UTL-A)

Project name: CRESCENT BAY

Date/Time Rcvd: 8/11/05 13.10

Log-In request number: A052853

Received by: RPG

Completed by: RPG

Cooler/Shipping Information:

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

Type: Cooler Box Other (describe)

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

Cooler ID	1				
Temp (°C)	2				
Temp taken from	<input type="checkbox"/> Temp blank <input checked="" type="checkbox"/> Cooler	<input type="checkbox"/> Temp blank <input type="checkbox"/> Cooler	<input type="checkbox"/> Temp blank <input type="checkbox"/> Cooler	<input type="checkbox"/> Temp blank <input type="checkbox"/> Cooler	<input type="checkbox"/> Temp blank <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? <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?	✓		
17. Was it necessary to split samples into other bottles?		✓	

Kit ID

Comments:

Chain-of-Custody for AEL Orlando to AEL Jax

AEL Orlando
528 South North Lake Blvd, S
Altamonte Springs FL 32701

Contact Person: Myrna Santiago

Project #: A052853
CustomerName: Utilities, Inc.
Collector: Client

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

Check if Rush

Lab Code	Client Sample ID	Test	Matrix	Collect Date / Time	Receive Date	Due Date	# Bottles	Bottle Type (Pres.)
A052853-01	1	550 Haloacetic Acids (J)-55	Drinking Water	8/9/2005 12:50	8/11/05 13:10	8/23/2005	_____	40mL Vial Amber
A052853-01	1	THMs (DW)	Drinking Water	8/9/2005 12:50	8/11/05 13:10	8/23/2005	_____	40mL VOC vial

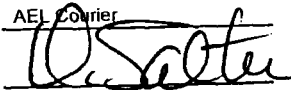
Orlando Relinquisher: _____



Shipping Receiver: AEL Courier

Shipping Relinquisher: AEL Courier

Jacksonville Receiver: _____



Date/Time: 8/11/05 17:00

Date/Time: 8/12/05 08:30



Advanced Environmental Laboratories, Inc.

- Jacksonville: 6601 Southpoint Parkway, Jacksonville, FL 32216 • (904) 363-9350 Fax (904) 363-9354
- Tampa: 5810-D Breckenridge Parkway, Tampa, FL 33610 • (813) 630-9616 Fax (813) 630-4327
- Gainesville: 2106 NW 67th Place, Suite 7, Gainesville, FL 32606 • (352) 367-1500 Fax (352) 367-0050

CHAIN OF CUSTODY RECORD

LAB NUMBER: _____

CLIENT NAME: UTILITIES INC		PROJECT NAME:		BOTTLE SIZE & TYPE	AR NE AQU LI YRI SED	LAB NUMBER
ADDRESS: 200 WEATHERS FIELD AVE		P.O. NUMBER / PROJECT NUMBER:				
PHONE: 407-869-1919 FAX: 407-869-6961		PROJECT LOCATION:				
CONTACT: BILL COATES		SAMPLED BY:				
TURN AROUND TIME:		REMARKS / SPECIAL INSTRUCTIONS: CR. WEST - C12		TTHM'S + HAA5'S		
<input checked="" type="checkbox"/> STANDARD		ORANGES - C12				
<input type="checkbox"/> RUSH _____		HIGHLAND PT - C12				
		CR. WEST - C12				
		CR. BAY - C12 0.4				
		LIK. RIDGE - C12				
		AMB. HILL - C12				
		CR. WEST - C12				
WW= waste water SW=surface water GW=ground water DW=drinking water OIL A=air SO=soil SL=sludge				Preserv		
				SAMPLES ON ICE		
				X X X X X X X X		

SAMPLE ID	SAMPLE DESCRIPTION	Grab Composite	SAMPLING		MATRIX	NO. CONT.										
			DATE	TIME												
A052850	SCRUBS 1635 US 27 - (7-11)	G	8/10/05	1405	DW	6	X									
A052851	ORANGES-10001 CRENSHAW CT	G	8/9/05	1110	DW	6		X								
A052852	HIGHLAND PT - 11410 EXPRESS DR	G	X	X	DW	6			X							
A052853	CRESCENT BAY - 10332 MURRAY DR	G	8/9/05	1250	DW	6				X						
A052854	LIK. PR. HILLS - 10351 THOMPSON LN.	G	8/9/05	1415	DW	6					X					
A052855	CR. WEST - 10731 PRIEBE RD	G	8/9/05	1340	DW	6						X				
A052856	LIK. RIDGE CLUB - 12134 OUTLOOK DR	G	8/10/05	1525	DW	6								X		
A052857	AMB. HILL - 12647 VALENCIA DR	G	8/9/05	1210	DW	6										X

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

Relinquished by:		Date	Time	Received by:		Date	Time
		8/11/05	0930			8/11/05	0930
		8/11/05	1310			8/11/05	1310
		8/11/05	1310			8/11/05	1310



Laboratory Scope of Accreditation

THIS LISTING OF ACCREDITED ANALYTES SHOULD BE USED ONLY WHEN
ASSOCIATED WITH A VALID CERTIFICATE

State Laboratory ID: E82574

EPA Lab Code: FL00949

(904) 363-9350

E82574

Advanced Environmental Laboratories, Inc.
6601 Southpoint Parkway
Jacksonville, FL 32216

Matrix: Drinking Water

Analyte	Method/Tech	Category	Certification Type	Effective Date
Silica as SiO ₂	EPA 200.7	Primary Inorganic Contaminants	NELAP	1/21/2005
Silver	EPA 200.7	Secondary Inorganic Contaminants	NELAP	4/4/2002
Silvex (2,4,5-TP)	EPA 515.3	Synthetic Organic Contaminants	NELAP	1/21/2005
Simazine	EPA 525.2	Synthetic Organic Contaminants	NELAP	3/24/2005
Sodium	EPA 200.7	Primary Inorganic Contaminants	NELAP	4/4/2002
Styrene	EPA 502.2	Other Regulated Contaminants	NELAP	4/4/2002
Styrene	EPA 524.2	Other Regulated Contaminants	NELAP	1/21/2005
Sulfate	EPA 375.4	Secondary Inorganic Contaminants	NELAP	2/13/2003
Surfactants - MBAS	EPA 425.1	Secondary Inorganic Contaminants	NELAP	1/21/2005
Tetrachloroethylene (Perchloroethylene)	EPA 502.2	Other Regulated Contaminants	NELAP	4/4/2002
Tetrachloroethylene (Perchloroethylene)	EPA 524.2	Other Regulated Contaminants	NELAP	1/21/2005
Thallium	EPA 200.9	Primary Inorganic Contaminants	NELAP	4/4/2002
Toluene	EPA 502.2	Other Regulated Contaminants	NELAP	4/4/2002
Toluene	EPA 524.2	Other Regulated Contaminants	NELAP	1/21/2005
Total coliforms	SM 9222 B	Microbiology	NELAP	4/4/2002
Total coliforms & E. coli	SM 9223 B	Microbiology	NELAP	9/5/2002
Total haloacetic acids	EPA 552.2	Synthetic Organic Contaminants	NELAP	1/21/2005
Total trihalomethanes	EPA 502.2	Other Regulated Contaminants	NELAP	4/4/2002
Total trihalomethanes	EPA 524.2	Other Regulated Contaminants	NELAP	1/21/2005
Toxaphene (Chlorinated camphene)	EPA 508	Synthetic Organic Contaminants	NELAP	3/24/2005
trans-1,2-Dichloroethylene	EPA 502.2	Other Regulated Contaminants	NELAP	4/4/2002
trans-1,2-Dichloroethylene	EPA 524.2	Other Regulated Contaminants	NELAP	1/21/2005
Trichloroacetic acid	EPA 552.2	Group I Unregulated Contaminants	NELAP	1/21/2005
Trichloroethene (Trichloroethylene)	EPA 502.2	Other Regulated Contaminants	NELAP	4/4/2002
Trichloroethene (Trichloroethylene)	EPA 524.2	Other Regulated Contaminants	NELAP	1/21/2005
Turbidity	EPA 180.1	Secondary Inorganic Contaminants	NELAP	7/17/2002
Vinyl chloride	EPA 502.2	Other Regulated Contaminants	NELAP	4/4/2002
Vinyl chloride	EPA 524.2	Other Regulated Contaminants	NELAP	1/21/2005
Xylene (total)	EPA 502.2	Other Regulated Contaminants	NELAP	4/4/2002
Xylene (total)	EPA 524.2	Other Regulated Contaminants	NELAP	1/21/2005
Zinc	EPA 200.7	Secondary Inorganic Contaminants	NELAP	4/4/2002

"STATE" indicates certification for the analyte by the method specified. "NELAP" further indicates certification compliant with the NELAC Standards.

NON-TRANSFERABLE 04/24/2005-E82574

TTHM/HAA5 REPORTING COMPLIANCE SUMMARY FOR PWSs MONITORING ANNUALLY

TTHM COMPLIANCE SUMMARY		HAA5 COMPLIANCE SUMMARY	
Provide the number of TTHM samples taken during the last year*	1	Provide the number of HAA5 samples taken during the last year*	1
Calculate the arithmetic average of all TTHM samples taken over the last year	44.1	Calculate the arithmetic average all HAA5s samples taken over the last year	23.4
Does the arithmetic average of the TTHM samples exceed the Maximum Contaminant Level of 0.060 mg/L for TTHMs? (YES/NO)**	NO	Does the arithmetic average of the HAA5 samples exceed the Maximum Contaminant Level of 0.060 mg/L for HAA5s? (YES/NO)**	NO

*Also, for each sample taken during the last year, provide the information requested in the tables on pages 3 and 4 of this format.

**If the TTHM or HAA5 sample (or average of the samples, if more than one sample is taken) exceeds the Maximum Contaminant Level, the system must increase monitoring to one TTHM and one HAA5 sample per treatment plant per quarter, taken at a point in the distribution system reflecting the maximum residence time, until the system meets the criteria in 40 CFR 131.132(b)(1)(iv). Please see 40 CFR 141.132 (b)(1) for complete details.

LAKE UTILITY SERVICES, INC.

AN AFFILIATE OF UTILITIES, INC.

200 WEATHERSFIELD AVENUE
ALTAMONTE SPRINGS, FLORIDA 32714

661

CORPORATE OFFICES:
2335 Sanders Road
Northbrook, Illinois 60062
Telephone: 847-498-6440

Telephone: 407-869-1919
Florida: 800-272-1919
Fax: 407-869-6961
E-Mail: uif@iag.net

April 20, 2006

Mr. Paul Morrison, Environmental Manager
Drinking Water Program
Florida Department of Environmental Protection
3319 Maguire Blvd. - Suite 232
Orlando, FL 32803

RE: Triennial Monitoring
Chapter 62-550 FAC
Inorganics/VOC/SOC/Secondaries
Crescent Bay WTP
PWS ID# 335488-9

Dear Mr. Morrison:

Enclosed please find the results of samples taken February 20th and 21st, 2006 for the above referenced analysis and system.

If you have any questions or require additional information, please do not hesitate to contact me at (407) 869-8588, ext. 502.

Sincerely,

LAKE UTILITY SERVICES , INC.

William H. Coates
William H. Coates
Assistant Operations Manager

Enclosures: Sample Results

Cc: Chuck Schwades, Area Manager, UIOF
Bryan K. Gongre, Regional Manager, UIOF

✓

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: Crescent Bay WTP PWS I.D. #: 335488-9
 System Type (check one): Community Nontransient Noncommunity Transient Noncommunity
 Address: 11001 Crescent Bay Blvd.
 City: Clermont State: Fla. ZIP Code: 34711
 Phone #: 407-869-1919 Fax #: 407-869-6961
 E-Mail Address: b.coates@utilitiesinc-usa.com

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: 11116DW1 Location Code (if known): Water
 Sample Date: 2/20/2006 & 2/21/2006 Sample Time: 2:40 pm & 7:30 am AM PM (Circle One)
 Sample Location (be specific): P.O.E.
 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.

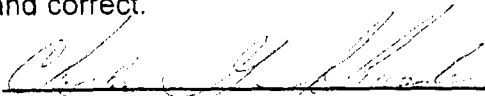
**See 62-550.550(4) for requirements and
 attach a results page for each site.

Sampler's Name: Charles G. Schwades
 Sampler's Phone #: 321-388-7895 Sampler's Fax #: 407-869-6961
 Sampler's E-Mail Address: _____

CERTIFICATION (to be completed by sampler)

I, Charles G. Schwades, Area Manager
 (Print Name) (Print Title)

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

Signature:  Date: 2/20/06

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

Laboratory Certification Information (to be completed by lab)

Lab Name: Flowers Chemical Laboratories, Inc.
Address: P. O. Box 150597
Altamonte Springs, FL 32715-0597

Florida Certification #: E83018
Certification Expiration Date: 6/30/2006
Phone #: 407-339-5984

Analysis Information (to be completed by lab)
Sample Number: 11116DW1

Report Number: 11116
Date Sample Received: 02/21/06

Group(s) analyzed and results attached for compliance with Chapter 62-550, F.A.C. (check all that apply)

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

Were any analyses subcontracted? Yes No

(If yes, please provide subcontractor's Florida drinking water certification number with each result provided by that lab).

Certification

I, Jefferson S. Flowers, Technical Director, 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: 03/10/06

- * Failure to provide a valid and current Florida Dept. of Health lab ID number and a current Analyte Sheet for the attached analysis results will result in rejection of the report and possible enforcement against the public water system for failure to sample.
- ** Please provide radiochemical sample dates and 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
 Resample Requested (circle or highlight groups above) Revised Report Requested (circle or highlight groups above)
Reason(s): Incomplete Report Location Unsatisfactory Analysis Unsatisfactory
 Missing Analyte Sheet(s) Other _____

Person Notified: _____ Date Notified: _____

Comments: _____

Date Reviewed: _____ DEP/DOH Reviewing Official: _____

**Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Form**

Inorganic Contaminants: 62-550.310(1) Lab ID: 11116DW1 PWS ID: 3354883-9 Sample ID: water

Contam ID	Contam Name	Units	MCL	Analysis Result	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time
1005	Arsenic	mg/L	0.01 (0.05)	0.00190		EPA200.8	0.00100	02/23/06	
1010	Barium	mg/L	2	0.0109		EPA200.8	0.00200	02/23/06	
1015	Cadmium	mg/L	0.005	0.00100	U	EPA200.8	0.00100	02/23/06	
1020	Chromium	mg/L	0.1	0.00590		EPA200.8	0.00100	02/23/06	
1024	Cyanide	mg/L	0.2	0.00500	U	SM4500-CN E	0.00500	02/27/06	
1025	Fluoride	mg/L	2.0 (4.0)	0.200	U	EPA300.0	0.200	02/22/06	
1030	Lead	mg/L	0.015	0.00100	U	EPA200.8	0.00100	02/23/06	
1035	Mercury	mg/L	0.002	0.000200	U	EPA245.1	0.000200	03/02/06	
1036	Nickel	mg/L	0.1	0.00200	U	EPA200.8	0.00200	02/23/06	
1040	Nitrate	mg/L	10	0.492		EPA300.0	0.0500	02/22/06	12:42 PM
1041	Nitrite	mg/L	1	0.0500	U	EPA300.0	0.0500	02/22/06	12:42 PM
1045	Selenium	mg/L	0.05	0.00200	U	EPA200.8	0.00200	02/23/06	
1052	Sodium	mg/L	160	9.49		EPA200.7	0.500	02/22/06	
1074	Antimony	mg/L	0.006	0.00100	U	EPA200.8	0.00100	02/23/06	
1075	Beryllium	mg/L	0.004	0.00100	U	EPA200.8	0.00100	02/23/06	
1085	Thallium	mg/L	0.002	0.00100	U	EPA200.8	0.00100	02/23/06	

**Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Form**

Secondary Contaminants: 62-550.320 Lab ID: 11116DW1 PWS ID: 3354883-9 Sample ID: water

Contam ID	Contam Name	Units	MCL	Analysis Result	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time
1002	Aluminum	mg/L	0.2	0.0200	U	EPA200.8	0.0200	02/23/06	
1017	Chloride	mg/L	250	19.5		EPA300.0	0.400	02/22/06	
1022	Copper	mg/L	1.0	0.00200		EPA200.8	0.00100	02/23/06	
1025	Fluoride	mg/L	2.0 (4.0)	0.200	U	EPA300.0	0.200	02/22/06	
1028	Iron	mg/L	0.3	0.0776		EPA200.7	0.0100	02/22/06	
1032	Manganese	mg/L	0.05	0.0100	U	EPA200.7	0.0100	02/22/06	
1050	Silver	mg/L	0.1	0.00100	U	EPA200.8	0.00100	02/23/06	
1055	Sulfate	mg/L	250	15.5		EPA300.0	1.00	02/22/06	
1095	Zinc	mg/L	5	0.0100	U	EPA200.8	0.0100	02/23/06	
1905	Color	PCU	15 color units	1.00	U	SM2120B	1.00	02/21/06	04:16 PM
1920	Odor	TON	3	1.00	U	SM2150B	1.00	02/21/06	
1925	pH	pH	6.5 -8.5	7.37		EPA150.1	0.0100	02/22/06	11:45 AM
1930	Total Dissolved Solids	mg/L	500	214		SM2540C	2.50	02/24/06	
2905	Foaming Agents	mgLAS(340)/L	0.5	0.200	U	SM5540C	0.200	02/21/06	09:20 AM

**Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Form**

Volatile Organics: 62-550.310(2)(b) Lab ID: 11116DW1 PWS ID: 3354883-9 Sample ID: water

Contam ID	Contam Name	Units	MCL	Analysis Result	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time
2378	1,2,4,-trichlorobenzene	ug/L	70	0.500	U	EPA524.2	0.500	02/24/06	
2380	cis-1,2-Dichloroethylene	ug/L	70	0.500	U	EPA524.2	0.500	02/24/06	
2955	Xylenes	ug/L	10,000	0.500	U	EPA524.2	0.500	02/24/06	
2964	Dichloromethane	ug/L	5	0.500	U	EPA524.2	0.500	02/24/06	
2968	o-dichlorobenzene	ug/L	600	0.500	U	EPA524.2	0.500	02/24/06	
2969	Para-dichlorobenzene	ug/L	75	0.500	U	EPA524.2	0.500	02/24/06	
2976	Vinyl Chloride	ug/L	1	0.500	U	EPA524.2	0.500	02/24/06	
2977	1,1-Dichloroethylene	ug/L	7	0.500	U	EPA524.2	0.500	02/24/06	
2979	trans-1,2-Dichloroethylene	ug/L	100	0.500	U	EPA524.2	0.500	02/24/06	
2980	1,2-dichloroethane	ug/L	3(5)	0.500	U	EPA524.2	0.500	02/24/06	
2981	1,1,1-trichloroethane	ug/L	200	0.500	U	EPA524.2	0.500	02/24/06	
2982	Carbon tetrachloride	ug/L	3	0.500	U	EPA524.2	0.500	02/24/06	
2983	1,2-dichloropropane	ug/L	5	0.500	U	EPA524.2	0.500	02/24/06	
2984	Trichloroethylene	ug/L	3(5)	0.500	U	EPA524.2	0.500	02/24/06	
2985	1,1,2-trichloroethane	ug/L	5	0.500	U	EPA524.2	0.500	02/24/06	
2987	Tetrachloroethylene	ug/L	3(5)	0.500	U	EPA524.2	0.500	02/24/06	
2989	Monochlorobenzene	ug/L	100	0.500	U	EPA524.2	0.500	02/24/06	
2990	Benzene	ug/L	1	0.500	U	EPA524.2	0.500	02/24/06	
2991	Toluene	ug/L	1,000	0.500	U	EPA524.2	0.500	02/24/06	
2992	Ethylbenzene	ug/L	700	0.500	U	EPA524.2	0.500	02/24/06	
2996	Styrene	ug/L	100	0.500	U	EPA524.2	0.500	02/24/06	

**Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Form**

Synthetic Organics: 62-550.310(2)(c) Lab ID: 11116DW1 PWS ID: 3354883-9 Sample ID: water

Contam ID	Contam Name	Units	MCL	Analysis Result	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time
2005	Endrin	ug/L	2	0.0100	U	EPA505	0.0100	02/28/06	
2010	Lindane	ug/L	0.2	0.0100	U	EPA505	0.0100	02/28/06	
2015	Methoxychlor	ug/L	40	0.0500	U	EPA505	0.0500	02/28/06	
2020	Toxaphene	ug/L	3	0.500	U	EPA505	0.500	02/28/06	
2031	Dalapon	ug/L	200	0.100	U	EPA515.1	0.100	03/07/06	
2032	Diquat	ug/L	20	0.400	U	EPA549.2	0.400	03/08/06	
2033	Endothall	ug/L	100	9.00	U	EPA548.1	9.00	03/09/06	
2034	Glyphosate	ug/L	700	6.00	U	EPA547	6.00	03/06/06	
2035	Di(2-ethylhexyl) adipate	ug/L	400	0.600	U	EPA525.2	0.600	03/01/06	
2036	Oxamyl (Vydate)	ug/L	200	2.00	U	EPA531.1	2.00	02/27/06	
2037	Simazine	ug/L	4	0.0700	U	EPA507	0.0700	03/06/06	
2039	Di(2-ethylhexyl)phthalate	ug/L	6	0.600	U	EPA525.2	0.600	03/01/06	
2040	Picloram	ug/L	500	0.100	U	EPA515.1	0.100	03/07/06	
2041	Dinoseb	ug/L	7	0.200	U	EPA515.1	0.200	03/07/06	
2042	Hexachlorocyclopentadiene	ug/L	50	0.100	U	EPA505	0.100	02/28/06	
2046	Carbofuran	ug/L	40	0.900	U	EPA531.1	0.900	02/27/06	
2050	Atrazine	ug/L	3	0.100	U	EPA507	0.100	03/06/06	
2051	Alachlor	ug/L	2	0.200	U	EPA507	0.200	03/06/06	
2065	Heptachlor	ug/L	0.4	0.0100	U	EPA505	0.0100	02/28/06	
2067	Heptachlor epoxide	ug/L	0.2	0.0100	U	EPA505	0.0100	02/28/06	
2105	2,4-D	ug/L	70	0.100	U	EPA515.1	0.100	03/07/06	
2110	2,4,5-TP	ug/L	50	0.200	U	EPA515.1	0.200	03/07/06	
2274	Hexachlorobenzene	ug/L	1	0.100	U	EPA505	0.100	02/28/06	
2306	Benzo(a)pyrene	ug/L	0.2	0.0200	U	EPA550	0.0200	03/07/06	
2326	Pentachlorophenol	ug/L	1	0.0400	U	EPA515.1	0.0400	03/07/06	
2383	Polychlorinated biphenyls (PCBs)	ug/L	0.5	0.100	U	EPA505	0.100	02/28/06	
2931	Dibromochloropropane	ug/L	0.2	0.0200	U	EPA504.1	0.0200	03/02/06	
2946	Ethylene Dibromide	ug/L	0.02	0.0100	U	EPA504.1	0.0100	03/02/06	
2959	Chlordane	ug/L	2	0.0100	U	EPA505	0.0100	02/28/06	
9999	Diquat Extraction	mL		100		X549.2		02/23/06	
9999	Chlor Herb Extraction	mL		1000		X515.1		03/02/06	
9999	Benzo(a)pyrene Extraction	mL		1000		X550		02/27/06	
9999	Endothall Extraction	mL		100		X548		02/23/06	
9999	Brom Insect Extraction	mL		35.0		X504		02/27/06	
9999	Phos Pest Extraction	mL		1000		X507		03/01/06	

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

9999 Chlor Pest Extraction

mL

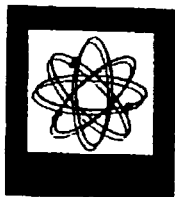
35.0

X505

02/27/06

FLOWERS

**CHEMICAL
LABORATORIES**
INCORPORATED



Flowers Chemical Laboratories, Inc.
481 Newburyport Ave.
Altamonte Springs, FL 32701
Bus: 407-339-5984
Fax: 407-260-6110
www.flowerslabs.com

Flowers Chemical Labs-South
8253 South US Hwy. 1
Port St. Lucie, FL 34952
Bus: 772-343-8006
Fax: 772-343-8089

Client: Utilities Inc.
Address: 200 Weathers Field Ave
Altamonte Springs
Phone: 407-869-1919

Public Water System Name: Crescent Bay
PWS ID#: 3354686
FCL Lab Coordinator: _____
P.O. #: C5661W
Kit #: _____

Public Water System Type: Limited Use Commercial / Public
 Community Non-Community Non-transient / Non-Community

Sampled By (PRINT): Chuck Schwantes
Sampler Signature: [Signature]
Date Sampled: 2/20/06

COMMENTS: _____

DRINKING WATER - Chain of Custody F.A.C. 62 - 550

ITEM NO.	SAMPLE DESCRIPTION	DATE	TIME	LAB NO.	NUMBER	PRESERVATIVES						Primary Inorg.	Secondaries	VOCs	SOCs	NO ₂ /NO ₃	THM	THAA	Pb/Cu	GA / RA-228 RA-228	Asbestos	Field pH	Field Cl ₂ Res
						NONE	NaOH	HNO ₃	HCl	Na ₂ S ₂ O ₃													
1	Sec/Primary	2/20/06	2:52	11116DW1	1							X	X									24°C	
2	Sec/Prim. Metals	2/20/06	2:52		1			X				X	X									1.9	
3	Prim Cyanide	2/20/06	2:55		1	X						X										1.9	
4	Order/color	2/20/06	1449		1							X										1.9	
5	525.2/550 (SOC)	2/20/06	2:46		2			X						X								1.9	
6	507/515.1/548.1/547	2/20/06	1440		1				X					X								1.9	
7	EOB/OBCA (SOC)	2/21/06	0730		2			X						X								1.9	
8	Oigvat 549 SOC	2/21/06	2:53		1			X						X								1.9	
9	531.1 SOC	2/21/06	0730		2			X						X								1.9	
10	VOC 524.2	2/21/06	0730		3			X	X			X										1.8	

Relinquished By / Affiliation	Date	Time	Accepted By / Affiliation	Date	Time	Relinquished By / Affiliation	Date	Time	Accepted By / Affiliation	Date	Time
<u>[Signature]</u>	<u>2/21/06</u>	<u>0753</u>	<u>Cheryl Rettenberg</u>	<u>2/21/06</u>	<u>0953</u>	<u>Cheryl Rettenberg</u>	<u>2/21/06</u>	<u>0730</u>			

• WHITE - Ship with Samples / To Be Returned with Results

• YELLOW - Field Copy / Retain For Your Records

LAKE UTILITY SERVICES, INC.
AN AFFILIATE OF UTILITIES, INC.
200 WEATHERSFIELD AVENUE
ALTAMONTE SPRINGS, FLORIDA 32714

FILE COPY

CORPORATE OFFICES:
2335 Sanders Road
Northbrook, Illinois 60062
Telephone: 847-498-6440

Telephone: 407-869-1919
Florida: 800-272-1919
Fax: 407-869-6961
E-Mail: uif@iag.net

August 11, 2006

Mr. Paul Morrison, Environmental Manager
Drinking Water Program
Florida Department of Environmental Protection
3319 Maguire Blvd. - Suite 232
Orlando, FL 32803

Re: Second Quarter SOC Monitoring
Chapter 62-550 FAC
Lake Utility Services, Inc. - North/Crescent Bay
PWS ID# 3354883-9

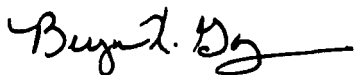
Dear Mr. Morrison:

Enclosed please find the second quarter results of samples taken for the above referenced analysis and system during calendar year 2006.

If you have any questions or require additional information, please do not hesitate to contact me at (407) 869-8588, ext. 226.

Sincerely,

LAKE UTILITY SERVICES, INC.



Bryan K, Gongre
Regional Manager

Cc: Domenic Gentilucci, AM, UIF

Enclosures: Sample Results

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: Crescent Bay Water Plant PWS I.D. #

3	3	5	4	8	8	3	-	9
---	---	---	---	---	---	---	---	---

 System Type (check one): Community Nontransient Noncommunity Transient Noncommunity
 Address: 200 Weathersfield Ave.

City: Altamonte Springs State: FL ZIP Code: 32714
 Phone #: 407-869-1919 Fax #: 407-869-6961
 E-Mail Address: _____

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: 17999DW1 Location Code (if known): _____
 Sample Date: 6-15-06 Sample Time: 14:20 PM AM PM (Circle One)
 Sample Location (be specific): P.O.E.
 Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): 1.8 mg/L Field pH: 6.8

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 62-550.530(4) for requirements and attach a results page for each site

Sampler's Name: Steve Pfouts
 Sampler's Phone #: 407-869-1919 Sampler's Fax #: 407-869-6961
 Sampler's E-Mail Address: _____

CERTIFICATION (to be completed by sampler)

I, Steve Pfouts (Print Name), (Print Title) Operator

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

Signature:  Date: 7/21/06

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

Laboratory Certification Information (to be completed by lab)

Lab Name: Flowers Chemical Laboratories, Inc.
Address: P. O. Box 150597
Altamonte Springs, FL 32715-0597

Florida Certification #: E83018
Certification Expiration Date: 6/30/2007
Phone #: 407-339-5984

Analysis Information (to be completed by lab)
Sample Number: 17999DW1

Report Number: 17999
Date Sample Received: 06/15/06

Group(s) analyzed and results attached for compliance with Chapter 62-550, F.A.C. (check all that apply)

Inorganics

- All 17
 Partial
 Nitrate
 Nitrite
 Asbestos

Volatile Organics

- All 21 Partial

Synthetic Organics
 All 30 Partial

Radionuclides

- Single Sample
 Qtrly Composite**

Secondaries
 All 14 Partial

Disinfection Byproducts

- Trihalomethanes
 Haloacetic Acids
 Bromate
 Chlorite

Were any analyses subcontracted? Yes No

(If yes, please provide subcontractor's Florida drinking water certification number with each result provided by that lab).

Certification

I, Jefferson S. Flowers, Technical Director, 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: 07/12/06

- Failure to provide a valid and current Florida Dept. of Health lab ID number and a current Analyte Sheet for the attached analysis results will result in rejection of the report and possible enforcement against the public water system for failure to sample.
- Please provide radiochemical sample dates and 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
 Resample Requested (circle or highlight groups above) Revised Report Requested (circle or highlight groups above)
Reason(s): Incomplete Report Location Unsatisfactory Analysis Unsatisfactory
 Missing Analyte Sheet(s) Other _____
Person Notified: _____ Date Notified: _____
Comments: _____
Date Reviewed: _____ DEP/DOH Reviewing Official: _____

**Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Form**

Synthetic Organics: 62-550.310(2)(c) Lab ID: 17999DW1 PWS ID: 3354883-9 Sample ID: Cresent Bay POE

Contam ID	Contam Name	Units	MCL	Analysis Result	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time
2005	Endrin	ug/L	2	0.0100	U	EPA505	0.0100	06/23/06	
2010	Lindane	ug/L	0.2	0.0100	U	EPA505	0.0100	06/23/06	
2015	Methoxychlor	ug/L	40	0.0500	U	EPA505	0.0500	06/23/06	
2020	Toxaphene	ug/L	3	0.500	U	EPA505	0.500	06/23/06	
2031	Dalapon	ug/L	200	0.100	U	EPA515.1	0.100	07/06/06	
2032	Diquat	ug/L	20	0.400	U	EPA549.2	0.400	06/27/06	
2033	Endothall	ug/L	100	9.00	U	EPA548.1	9.00	07/03/06	
2034	Glyphosate	ug/L	700	6.00	U	EPA547	6.00	06/28/06	
2035	Di(2-ethylhexyl) adipate	ug/L	400	0.600	U	EPA525.2	0.600	07/03/06	
2036	Oxamyl (Vydate)	ug/L	200	2.00	U	EPA531.1	2.00	06/26/06	
2037	Simazine	ug/L	4	0.0700	U	EPA507	0.0700	07/04/06	
2039	Di(2-ethylhexyl)phthalate	ug/L	6	0.600	U	EPA525.2	0.600	07/03/06	
2040	Picloram	ug/L	500	0.100	U	EPA515.1	0.100	07/06/06	
2041	Dinoseb	ug/L	7	0.200	U	EPA515.1	0.200	07/06/06	
2042	Hexachlorocyclopentadiene	ug/L	50	0.100	U	EPA505	0.100	06/23/06	
2046	Carbofuran	ug/L	40	0.900	U	EPA531.1	0.900	06/26/06	
2050	Atrazine	ug/L	3	0.100	U	EPA507	0.100	07/04/06	
2051	Alachlor	ug/L	2	0.200	U	EPA507	0.200	07/04/06	
2065	Heptachlor	ug/L	0.4	0.0100	U	EPA505	0.0100	06/23/06	
2067	Heptachlor epoxide	ug/L	0.2	0.0100	U	EPA505	0.0100	06/23/06	
2105	2,4-D	ug/L	70	0.100	U	EPA515.1	0.100	07/06/06	
2110	2,4,5-TP	ug/L	50	0.200	U	EPA515.1	0.200	07/06/06	
2274	Hexachlorobenzene	ug/L	1	0.100	U	EPA505	0.100	06/23/06	
2306	Benzo(a)pyrene	ug/L	0.2	0.0200	U	EPA550	0.0200	06/30/06	
2326	Pentachlorophenol	ug/L	1	0.0400	U	EPA515.1	0.0400	07/06/06	
2383	Polychlorinated biphenyls (PCBs)	ug/L	0.5	0.100	U	EPA505	0.100	06/23/06	
2931	Dibromochloropropane	ug/L	.2	0.0200	U	EPA504.1	0.0200	06/23/06	
2946	Ethylene Dibromide	ug/L	0.02	0.0100	U	EPA504.1	0.0100	06/23/06	
2959	Chlordane	ug/L	2	0.0100	U	EPA505	0.0100	06/23/06	
9999	Brom Insect Extraction	mL		35.0		X504		06/22/06	
9999	Phos Pest Extraction	mL		1000		X507		06/20/06	
9999	Diquat Extraction	mL		100		X549.2		06/22/06	
9999	Chlor Pest Extraction	mL		35.0		X505		06/22/06	
9999	Chlor Herb Extraction	mL		1000		X515.1		06/29/06	
9999	Endothall_ Extraction	mL		100		X548		06/22/06	

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

9999 Benzo(a)pyrene Extraction

mL

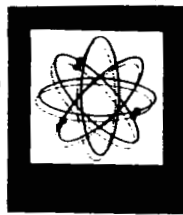
1000

X550

06/16/06

FLOWERS

CHEMICAL LABORATORIES INCORPORATED



Flowers Chemical Laboratories, Inc.
 481 Newburyport Ave.
 Altamonte Springs, FL 32701
 Bus: 407-339-5984
 Fax: 407-260-6110
 www.flowerslabs.com

Flowers Chemical Labs-South
 8253 South US Hwy. 1
 Port St. Lucie, FL 34952
 Bus: 772-343-8006
 Fax: 772-343-8089

Client: STEVES INC. OF FL. Public Water System Name: CRESENT BAY
 Address: 200 WEATHERFIELD AVE PWS ID#: 3354883-9 PO. #: 50000000
ALTAMONTE SPRINGS FL. 32714 FCL Lab Coordinator: Jean Smith Kit #:
 Phone: 407-369-1919
 Sampled By (PRINT): STEVE PROUT Public Water System Type: Limited Use Commercial / Public
 Community Non-Community Non-transient / Non-Community COMMENTS:

Sampler Signature: Steve Prout Date Sampled: 6/15/06

DRINKING WATER - Chain of Custody F.A.C. 62 - 550

ITEM NO.	SAMPLE DESCRIPTION	DATE	TIME	LAB NO.	NUMBER	PRESERVATIVES						Primary Inorg.	Secondaries	VOCs	SOCs	NO ₂ /NO ₃	TTHM	THAA	Pb/Cu	GA / PA228 PA226	Asbestos	Field	
						NONE	NaOH	HNO ₃	HCl	Na ₂ S ₂ O ₃	pH											Cl ₂ Res	
1	<u>POB CRESENT BAY</u>	<u>6/15/06</u>	<u>14:20</u>	<u>17999001</u>	<u>5</u>					<u>X</u>												<u>6.8</u>	<u>1.8</u>
2	<u>POB CRESENT BAY</u>	<u>6/15/06</u>	<u>14:25</u>		<u>2</u>				<u>X</u>														
3																							
4																							
5																							
6																							
7																							
8																							
9																							
10																							

Relinquished By / Affiliation	Date	Time	Accepted By / Affiliation	Date	Time	Relinquished By / Affiliation	Date	Time	Accepted By / Affiliation	Date	Time
<u>Steve Prout</u>	<u>6/15/06</u>								<u>P. Hall</u>	<u>6/15/06</u>	<u>14:50</u>

• WHITE - Ship with Samples / To Be Returned with Results

• YELLOW - Field Copy / Retain For Your Records

CRESCENT WEST

25.30.440 (3)
CHEMICAL ANALYSES

LAKE UTILITY SERVICES, INC.

AN AFFILIATE OF UTILITIES, INC.

200 WEATHERSFIELD AVENUE
ALTAMONTE SPRINGS, FLORIDA 32714

CORPORATE OFFICES:
2335 Sanders Road
Northbrook, Illinois 60062
Telephone: 847-498-6440

Telephone: 407-869-1919
Florida: 800-272-1919
Fax: 407-869-6961
E-Mail: uif@iag.net

March 21, 2005

Mr. Paul Morrison, Environmental Manager
Drinking Water Program
Florida Department of Environmental Protection
3319 Maguire Blvd.
Orlando, FL 32803

Re: Di(2-ethylhexyl) phthalate Monitoring Requirements
Chapter 62-550 FAC
Crescent West
PWS ID# 3354690

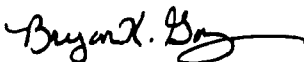
Dear Mr. Morrison:

Enclosed please find the annual results of samples taken for the above referenced analysis and system during calendar year 2005.

If you have any questions or require additional information, please do not hesitate to contact me at (407) 869-8588, ext. 234.

Sincerely,

LAKE UTILITY SERVICES, INC.



Bryan K, Gongre
Assistant Operations Manager

Enclosures

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: Crescent West PWS I.D. #:

3	3	5	4	6	9	0
---	---	---	---	---	---	---

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

Address: Lake Utility Services, Inc
200 Weathersfield Avenue

City: Altamonte Springs State: FL ZIP Code: 32714

Phone #: 407.869.1919 Fax #: 407.869.6961

E-Mail Address: _____

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: TD50813-02 Location Code (if known): _____

Sample Date: 1/26/05 Sample Time: 1:07 AM (Circle One)

Sample Location (be specific): Entry Point to distribution system

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: Annual monitoring - 1st of 3 consecutive years
- 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: Nathaniel Carver

Sampler's Phone #: 407.869.1919 Sampler's Fax #: 407.869.6961

Sampler's E-Mail Address: _____

CERTIFICATION (to be completed by sampler)

I, Nathaniel Carver, Operator
(Print Name) (Print Title)

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

Signature:  Date: 3/21/05

SOUTHERN ANALYTICAL LABORATORIES, INC.

110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 813-855-1844 fax 813-855-2218

Advanced Environmental Laboratories Inc.
9610 Princess Palm Avenue
Tampa, FL 33619-

February 1, 2005
Project No: 48242

Laboratory Report

FDEP Report form attached for the following samples

Client Project Description: T050812,813

<u>Sample Number</u>	<u>Sample Description</u>	<u>Date & Time Collected</u>	<u>Date & Time Received</u>
48242.01	T050812-01	01/26/05 10:15	01/27/05 11:30
48242.02	T050813-02	01/26/05 13:07	01/27/05 11:30

Test results presented in this report meet all the requirements of the NELAC standards.



FDOH Laboratory No. E94129
NELAP Accredited

Approved By: Francis I. Daniels, Laboratory Director
Leslie C. Boardman, Q.A. Manager

From: ADVANCED ENVIRONMENTAL LABS 813 630 4327 08/14/2005 11:17 #299 P.015(00)

SOUTHERN ANALYTICAL LABORATORIES, INC.
110 BAYVIEW BOULEVARD, DUDMAN, FL 34217 813-655-1544 fax 813-550-2218



Advanced Environmental Laboratories Inc.
T060812,813
Sample ID: T060812-02

February 1, 2006
Sample No.: 43242.02
PWS ID: _____

Synthetic Organics
62-550.310(4)(b)

Contaminant ID	Contaminant Name	MCL Units	Analysis Result	Qualifier	Analytical Method	Lab MDL	RDL	Extraction Date	Analysis Date	Analysis Time	DOH Lab Certification#
2038	Di(2-ethylhexyloxy)phthalate	5 µg/L	1.0	U	EPA 526.2	1.0	0.8	01/31/05	02/01/05	06:04	E04129

* Qualifiers:

U

Analyte was undetected. Indicated concentration is method detection limit.

** Non-detects with a reported Lab MDL <50% of the MCL are acceptable for compliance with 62-550.310(4)(b).

59
Mar 11 2005 16:25

Southern Analytical Labs 813-655-2218

From: ADVANCED ENVIRONMENTAL LABS 813 630 4327

03/14/2005 11:18 #299 P.007/008



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

Date/Time Recvd: 1/27/05 1035
Received by: TD

Log-in request number: TD50813
Completed by: TD

Cooler/Shipping Information:

Courier: AEL Client UPS Pony Express 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°C				
Temp taken from	<input type="checkbox"/> Temp blank <input type="checkbox"/> Sample bottle <input checked="" type="checkbox"/> Ice Water	<input type="checkbox"/> Temp blank <input type="checkbox"/> Sample bottle <input type="checkbox"/> Ice Water	<input type="checkbox"/> Temp blank <input type="checkbox"/> Sample bottle <input type="checkbox"/> Ice Water	<input type="checkbox"/> Temp blank <input type="checkbox"/> Sample bottle <input type="checkbox"/> Ice Water	<input type="checkbox"/> Temp blank <input type="checkbox"/> Sample bottle <input type="checkbox"/> Ice Water
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

	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"/> BLUR 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:

Kit ID:

07



ADVANCED ENVIRONMENTAL LABS

- 1 Jacksonville 4214 Southside Parkway Jacksonville, FL 32216 • (904) 369-4327 Fax: (904) 369-4327
- 2 Tampa 2500 W. Littleton Parkway Tampa, FL 33618 • (813) 679-9076 Fax: (813) 679-4327
- 3 Gainesville 4705 NW 51st Place, Suite 7 Gainesville, FL 32603 • (352) 337-1100 Fax: (352) 337-7334
- 4 Clermont 225 Southside Blvd. Suite 1016, Clermont Springs, FL 32709 • (352) 927-4594 Fax: (352) 927-4594

LAB NUMBER: 71050315

Page _____ of _____

CLIENT NAME: UTILITIES INC OF FLORIDA	PROJECT NAME: CRESCENT WEST	BOTTLE SIZE & TYPE	
ADDRESS: 200 WEATHERS FIELD AVE	P.O. NUMBER / PROJECT NUMBER:	ANALYSIS	LAB NUMBER
ALTIMONTE SPRINGS, FL 3	PROJECT LOCATION: CLERMONT		
PHONE: 407-869-1919 FAX: 407-869-6961	SAMPLED BY: NATE CARVER		
CONTACT: Mr. Bill Coates			
TURN AROUND TIME: <input checked="" type="checkbox"/> STANDARD <input type="checkbox"/> RUSH	REMARKS / SPECIAL INSTRUCTIONS: NITRATE DIS-2 - ETHYLENE DIAMINE		

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	Date	Time
			DATE	TIME						
1	CRESCENT WEST	G	1/24/05	13:05	DW	1	*			
2	CRESCENT WEST	G	1/24/05	13:07	DW	1	*			
3	FOUR LAKES	G	1/24/05	15:05	DW	1	*			

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

Shipment	Method	Sample Kit	Cooler	1	Relinquished by:	Date	Time	Received by:	Date	Time
Out: / /	Via:	RB	D/T	1	<i>[Signature]</i>	1/27/05	08:15	<i>[Signature]</i>	1/27/05	09:00
Ret: / /	Via:	AB	D/T	2	<i>[Signature]</i>	1/27/05	10:35	<i>[Signature]</i>	1/27/05	10:35
		Typ B1		3						
				4						

SOUTHERN ANALYTICAL LABORATORIES, INC.

110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 813-855-1844 fax 813-855-2218

Advanced Environmental Laboratories Inc.
9610 Princess Palm Avenue
Tampa, FL 33619-

February 1, 2005
Project No: 48242

Laboratory Report

FDEP Report form attached for the following samples:

Client Project Description: T050812,813

<u>Sample Number</u>	<u>Sample Description</u>	<u>Date & Time Collected</u>	<u>Date & Time Received</u>
48242.01	T050812-01	01/26/05 10:15	01/27/05 11:30
48242.02	T050813-02	01/26/05 13:07	01/27/05 11:30

RECEIVED
MAR 17 2005
BY: *bc*

Test results presented in this report meet all the requirements of the NELAC standards.



FDOH Laboratory No. E94129
NELAP Accredited

Approved By: Francis I. Daniels, Laboratory Director
Leslie C. Boardman, Q.A. Manager

File: 660.662.3.2

04

SOUTHERN ANALYTICAL LABORATORIES, INC.

110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 813-855-1844 fax 813-855-2218



Advanced Environmental Laboratories Inc.

T050812,813

Sample ID: T050813-02

February 1, 2005

Sample No.: 48242.02

PWS ID: _____

Synthetic Organics
62-550.310(4)(b)

Mar 11 2005 16:25

Contaminant ID	Contaminant Name	MCL Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	RDL **	Extraction Date	Analysis Date	Analysis Time	DOH Lab Certification#
2039	Di(2-ethylhexyl)phthalate	6 µg/L	1.0	U	EPA 525.2	1.0	0.6	01/31/05	02/01/05	06:04	E84129

Southern Analytical Labs

813-855-2218

RECEIVED
MAR 17 2005
BY: *BC*

* Qualifiers:

U

Analyte was undetected. Indicated concentration is method detection limit.

** Non-detects with a reported lab MDL <50% of the MCL are acceptable for compliance with 62-550.310(4)(b).



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

LAB NUMBER: 78242

Page _____ of _____

CLIENT NAME: <i>AEL-Tampa</i>		PROJECT NAME:				BOTTLE SIZE & TYPE	A R E A C Q U I R E D	BIS-2, Ethylhexyl phthalate 166	LAB NUMBER
ADDRESS:		P.O. NUMBER / PROJECT NUMBER:							
PHONE: FAX:		PROJECT LOCATION:							
CONTACT: <i>Michael Cammarata</i>		SAMPLED BY:							
TURN AROUND TIME: <input type="checkbox"/> STANDARD <input type="checkbox"/> RUSH _____		REMARKS / SPECIAL INSTRUCTIONS: <i>Sub to Southern</i>				Preserv	RECEIVED MAR 17 2005 BY: <i>RBC</i>		
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.	✓	✓	
			DATE	TIME					
01	<i>TD50812-01</i>		<i>1/26/05</i>	<i>1015</i>	<i>DW</i>				
02	<i>TD50813-02</i>		<i>1/26/05</i>	<i>1307</i>	<i>DW</i>				

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

Shipment Out: / /	Method Via:	Sample Kit RB AB Trip Bl.	Cooler # BT BT	Relinquished by:		Received by:		
				Date	Time	Date	Time	
				<i>1/27/05</i>	<i>1050</i>	<i>[Signature]</i>	<i>1/27/05</i>	<i>1050</i>
				<i>1/27/05</i>	<i>1130</i>	<i>[Signature]</i>	<i>1/27/05</i>	<i>1630</i>

Received on ice: Yes No sent received

revised 8/01

Mar 11 2005 16:25 Southern Analytical Labs 813-855-2218



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

Date/Time Rcvd: 1/27/05 1035

Log-in request number: TD50813

Received by: TD

Completed by: TD

Cooler/Shipping Information:

Courier: AEL Client UPS Pony Express 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)	<u>0°C</u>				
Temp taken from	<input type="checkbox"/> Temp blank <input type="checkbox"/> Sample bottle <input checked="" type="checkbox"/> Ice Water	<input type="checkbox"/> Temp blank <input type="checkbox"/> Sample bottle <input type="checkbox"/> Ice Water	<input type="checkbox"/> Temp blank <input type="checkbox"/> Sample bottle <input type="checkbox"/> Ice Water	<input type="checkbox"/> Temp blank <input type="checkbox"/> Sample bottle <input type="checkbox"/> Ice Water	<input type="checkbox"/> Temp blank <input checked="" type="checkbox"/> Sample bottle <input type="checkbox"/> Ice Water
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 checked="" 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?			<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? <i>NOTE: VOA samples are checked by laboratory analysts.</i>			<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"/>		

Comments:

Kit ID: _____

RECEIVED
 MAR 17 2005
 BY: DC



Advanced Environmental Laboratories, Inc.

- J Jacksonville: 6601 Southpoint Parkway, Jacksonville, FL 32216 • (904) 363-9350 Fax (904) 363-9354
- J Tampa: 9610 Princess Palm Avenue, Tampa, FL 33619 • (813) 630-9616 Fax (813) 630-4327
- J Gainesville: 2106 NW 67th Place, Suite 7, Gainesville, FL 32606 • (352) 367-1500 Fax (352) 367-0050
- J 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: 7050813

Page _____ of _____

CLIENT NAME: UTILITIES INC OF FLORIDA	PROJECT NAME: CRESCENT WEST
ADDRESS: 200 WEATHERS FIELD AVE	P.O. NUMBER / PROJECT NUMBER:
ALTAMONTE SPRINGS, FL 3	PROJECT LOCATION: CLERMONT
PHONE: 407-869-1919 FAX: 407-869-6961	SAMPLED BY: NATE CARVER
CONTACT: Bill Coates	

BOTTLE SIZE & TYPE									
ANALYSIS	NITRATE BIS-2-ETHYLHEXYL PHTHALATE								
RECEIVED	MAR 17 2005 BY: <i>[Signature]</i>								

TURN AROUND TIME:	REMARKS / SPECIAL INSTRUCTIONS:
<input checked="" 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

SAMPLE ID	SAMPLE DESCRIPTION	Grab Composite	SAMPLING		MATRIX	NO. CONT.	Preserv	OIL	A	SO	SL	
			DATE	TIME								
1	CRESCENT WEST	G	1/24/05	13:05	DW	1						
2	CRESCENT WEST	G	1/24/05	13:07	DW	1						
3	FOUR LAKES	G	1/24/05	15:05	DW	1						

I = Ice H = (HCl) S = (H ₂ SO ₄) N = (HNO ₃) T = (Sodium Thiosulfate)	Relinquished by: <i>[Signature]</i>	Date: 1/27/05	Time: 08:15	Received by: <i>[Signature]</i>	Date: 01/27/05	Time: 09:00
Shipment Out: / /	Method Via: _____	Sample Kit: RB _____	Cooler #: _____	1		
		AB _____	D/T: _____	2		
Ret: / /	Via: _____	Trip Bl. _____		3		
				4		

LAKE UTILITY SERVICES, INC.

AN AFFILIATE OF UTILITIES, INC.

200 WEATHERSFIELD AVENUE
ALTAMONTE SPRINGS, FLORIDA 32714

CORPORATE OFFICES:
2335 Sanders Road
Northbrook, Illinois 60062
Telephone: 847-498-6440

Telephone: 407-869-1919
Florida: 800-272-1919
Fax: 407-869-6961
florida@utilitiesinc-usa.com

September 23, 2005

Mr. Paul Morrison, Environmental Manager
Drinking Water Program
Florida Department of Environmental Protection
3319 Maguire Blvd., Suite 232
Orlando, FL 32803-3767

RE: Total Trihalomethane / Haloacetic Acids
Annual Monitoring
Crescent West - PWS ID 3354690

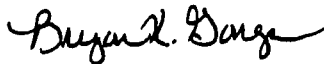
Dear Mr. Morrison:

Please find the enclosed sample results as specified above for the 2005 monitoring period.

If you should have any questions, please call 407.869.8588, extension 226.

Sincerely,

LAKE UTILITY SERVICES, INC.



Bryan K. Gongre
Assistant Operations Manager

Enclosures

cc: Bill Coates, A.M., UIOF

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: Crescent West PWS I.D. #:

3	3	5	4	6	9	0
---	---	---	---	---	---	---

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

Address: Lake Utility Services, Inc.
200 Weathersfield Avenue

City: Altamonte Springs State: FL ZIP Code: _____

Phone #: _____ Fax #: _____

E-Mail Address: _____

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: A052855-01 Location Code (if known): _____

Sample Date: 8/9/05 Sample Time: 1:40 AM PM (Circle One)

Sample Location (be specific): 10731 Priebe Road, Clermont, FL

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): 1.0 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: Charles Schwades

Sampler's Phone #: 407.869.1919 Sampler's Fax #: 407.869.6961

Sampler's E-Mail Address: _____

CERTIFICATION (to be completed by sampler)

I, Charles Schwades (Print Name), Operator (Print Title)

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

Signature: Charles Schwades Date: 9/19/05

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 - Orlando
Address: 528 S. North Lake Blvd., Suite 1016
Altamonte Springs, FL 32701

Florida Certification #: E53076
Certification Expiration Date: 6/30/2006
Telephone #: (407) 937-1594

ANALYSIS INFORMATION (to be completed by lab)

PWS ID (from page 1): _____ Date Sample(s) Received: 8/11/2005 1:10:00
Lab Assigned Report Number or Job ID A052855 Sample Number (From page 1) A052855-01

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 checked="" type="checkbox"/> Trihalomethanes |
| <input type="checkbox"/> Partial | <input type="checkbox"/> All Except Dioxin | <input type="checkbox"/> Partial | <input checked="" type="checkbox"/> Haloacetic Acids |
| <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 Sample | <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 E82574

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB

CERTIFICATION

I, Myrna Santiago, Laboratory Manager
(Print Name)

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

Signature: Myrna Santiago Date: 7/2/05

* 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 and 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: _____



**Advanced
Environmental Laboratories, Inc.**

6601 Southpoint Parkway
Jacksonville, Florida 32216
(904) 363-9350
FAX (904) 363-9354

Client: Utilities, Inc.
Project Name: Cresent West
Project Number:
PWS ID#:

Report No.: A052855
Date Sampled: 8/9/2005
Date Received: 8/11/05 13:10
Date Reported: 9/2/2005

Attention: William Coates
Phone Number: 8002721919

Address: 200 Weathersfield Ave.

Altamonte Springs, FL 32714

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: Cresent West

Approved By:

Myra Santiago, 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 = 7

Advanced Environmental Laboratories, Inc.

Analytical Report

Client: Utilities, Inc.

Project Name: Crescent West

Matrix: Drinking Water

PWS ID#:

Client Sample ID: 5

Site: 10731 Priebe Rd

Sample Number: A052855-01

Report No.: A052855

Date/Time Sampled: 08/09/05 13:40

Date/Time Received: 8/11/05 13:10

Sampled By: Client

Shipping Method: AEL Courier

Disinfection Byproducts

Contam ID	Contam Name	MCL	Units	Analysis Results	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Cert. #
2450	Chloroacetic Acid		ug/L	0.81	U	E552.2	0.81	8/18/2005	17:16	E82574
2451	Dichloroacetic Acid		ug/L	15		E552.2	0.56	8/18/2005	17:16	E82574
2452	Trichloroacetic Acid		ug/L	17		E552.2	0.60	8/18/2005	17:16	E82574
2453	Bromoacetic Acid		ug/L	0.34	U	E552.2	0.34	8/18/2005	17:16	E82574
2454	Dibromoacetic Acid		ug/L	3.0		E552.2	0.45	8/18/2005	17:16	E82574
2941	Chloroform		ug/L	36		E502.2	0.31	8/15/2005	14:26	E82574
2942	Bromoform		ug/L	2.3		E502.2	0.36	8/15/2005	14:26	E82574
2943	Bromodichloromethane		ug/L	14		E502.2	0.38	8/15/2005	14:26	E82574
2944	Dibromochloromethane		ug/L	6.1		E502.2	0.28	8/15/2005	14:26	E82574

U The compound was analyzed for but not detected.

MDL Method Reporting Limit

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



Advanced Environmental Labs Inc

Advanced Environmental Labs
528 S North Lake Blvd, Ste 1016
Altamonte Springs, FL 32701

Client: UTILITIES, INC. (UTL-A)

Project name: CRESCENT WEST

Date/Time Rcvd: 8/11/05 13.10

Log-In request number: A052855

Received by: RPG

Completed by: RPG

Cooler/Shipping Information:

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

Type: Cooler Box Other (describe) _____

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

Cooler ID	1				
Temp (°C)	2				
Temp taken from	<input type="checkbox"/> Temp blank <input checked="" type="checkbox"/> Cooler	<input type="checkbox"/> Temp blank <input type="checkbox"/> Cooler	<input type="checkbox"/> Temp blank <input checked="" type="checkbox"/> Cooler	<input type="checkbox"/> Temp blank <input checked="" type="checkbox"/> Cooler	<input type="checkbox"/> Temp blank <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? <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?	✓		
17. Was it necessary to split samples into other bottles?		✓	

Kit ID

Comments:

Chain-of-Custody for AEL Orlando to AEL Jax

AEL Orlando
 528 South North Lake Blvd, S
 Altamonte Springs FL 32701

Contact Person: Myrna Santiago

Project #: A052855

CustomerName: Utilities, Inc.

Collector: Client

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

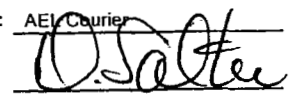
Check if Rush

Lab Code	Client Sample ID	Test	Matrix	Collect Date / Time	Receive Date	Due Date	# Bottles	Bottle Type (Pres.)
A052855-01	5	550 Haloacetic Acids (J)-55	Drinking Water	8/9/2005 13:40	8/11/05 13:10	8/23/2005	_____	40mL Vial Amber
A052855-01	5	THMs (DW)	Drinking Water	8/9/2005 13:40	8/11/05 13:10	8/23/2005	_____	40mL VOC vial

Orlando Relinquisher: 

Shipping Relinquisher: AEL Courier

Shipping Receiver: AEL Courier

Jacksonville Receiver: 

Date/Time: 8/11/05 17:00
 Date/Time: 8/12/05 08:30



Advanced Environmental Laboratories, Inc.

- Jacksonville: 6601 Southpoint Parkway, Jacksonville, FL 32216 • (904) 363-9350 Fax (904) 363-9354
- Tampa: 5810-D Breckenridge Parkway, Tampa, FL 33610 • (813) 630-9616 Fax (813) 630-4327
- Gainesville: 2106 NW 67th Place, Suite 7, Gainesville, FL 32606 • (352) 367-1500 Fax (352) 367-0050

CHAIN OF CUSTODY RECORD

LAB NUMBER: _____

Page 1 of 2

CLIENT NAME: UTILITIES INC		PROJECT NAME:		BOTTLE SIZE & TYPE	A R E Q U I R E D	T T H M ' S + H A A S ' S	L A B N U M B E R
ADDRESS: 200 WEATHERS FIELD AVE		P.O. NUMBER / PROJECT NUMBER:					
ALTA MONTE SPRINGS FL 32714		PROJECT LOCATION:					
PHONE: 407-869-1919	FAX: 407-869-6967	SAMPLED BY:					
CONTACT: BILL COATES		TURN AROUND TIME:					
<input checked="" type="checkbox"/> STANDARD <input type="checkbox"/> RUSH _____		REMARKS / SPECIAL INSTRUCTIONS: CR. WEST - C12 ORANGES - C12 HIGHLAND PT - C12 CR. BAY - C12 LK CR HILLS - C12 CR. WEST - C12 1.0 CR. WEST - C12 LK. RIDGE - C12 AMB. HILL - C12					

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									
			DATE	TIME			1	2	3	4	5	6	7	8		
A052850	G. CROUET 1635 US 27. (7-11)	G	8/10/05	1405	D.W	6	X	X	X	X	X	X	X	X	X	X
A052851	ORANGES-10001 CRENSHAW CT	G	8/9/05	1110	DW	6		X								
A052852	HIGHLAND PT 1440 EXPRESS DR	G	X	X	DW	6			X							
A052853	CRESCENT BAY - 10332 MURRAY DR	G	8/9/05	1250	D.W	6				X						
A052854	LK. CR. HILLS - 10351 THOMPSON LN.	G	8/9/05	1415	DW	6					X					
A052855	CR. WEST - 10731 PRIEBE RD	G	8/9/05	1340	DW	6						X				
A052856	LK. RIDGE CUB - 12134 OUTDOOR DR	G	8/10/05	1525	DW	6								X		
A052857	AMB HILL - 12647 VALENCIA DR	G	8/9/05	1210	DW	6										X

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

1	Relinquished by:	Date	Time	Received by:	Date	Time
1	<i>[Signature]</i>	8/11/05	0930	<i>[Signature]</i>	8/11/05	0930
2	<i>[Signature]</i>	8/11/05	1310	<i>[Signature]</i>	8/11/05	1310
3						

Job Bush
Governor



John O. Agwunobi, M.D., M.B.A., M.P.H.
Secretary

Laboratory Scope of Accreditation

Page 4 of 27

THIS LISTING OF ACCREDITED ANALYTES SHOULD BE USED ONLY WHEN
ASSOCIATED WITH A VALID CERTIFICATE

State Laboratory ID: E82574

EPA Lab Code: FL00949

(904) 363-9350

E82574

Advanced Environmental Laboratories, Inc.
6601 Southpoint Parkway
Jacksonville, FL 32216

Matrix: Drinking Water

Analyte	Method/Tech	Category	Certification Type	Effective Date
Silica as SiO ₂	EPA 200.7	Primary Inorganic Contaminants	NELAP	1/21/2005
Silver	EPA 200.7	Secondary Inorganic Contaminants	NELAP	4/4/2002
Silvex (2,4,5-TP)	EPA 515.3	Synthetic Organic Contaminants	NELAP	1/21/2005
Simazine	EPA 525.2	Synthetic Organic Contaminants	NELAP	3/24/2005
Sodium	EPA 200.7	Primary Inorganic Contaminants	NELAP	4/4/2002
Styrene	EPA 502.2	Other Regulated Contaminants	NELAP	4/4/2002
Styrene	EPA 524.2	Other Regulated Contaminants	NELAP	1/21/2005
Sulfate	EPA 375.4	Secondary Inorganic Contaminants	NELAP	2/13/2003
Surfactants - MBAS	EPA 425.1	Secondary Inorganic Contaminants	NELAP	1/21/2005
Tetrachloroethylene (Perchloroethylene)	EPA 502.2	Other Regulated Contaminants	NELAP	4/4/2002
Tetrachloroethylene (Perchloroethylene)	EPA 524.2	Other Regulated Contaminants	NELAP	1/21/2005
Thallium	EPA 200.9	Primary Inorganic Contaminants	NELAP	4/4/2002
Toluene	EPA 502.2	Other Regulated Contaminants	NELAP	4/4/2002
Toluene	EPA 524.2	Other Regulated Contaminants	NELAP	1/21/2005
Total coliforms	SM 9222 B	Microbiology	NELAP	4/4/2002
Total coliforms & E. coli	SM 9223 B	Microbiology	NELAP	9/5/2002
Total haloacetic acids	EPA 552.2	Synthetic Organic Contaminants	NELAP	1/21/2005
Total trihalomethanes	EPA 502.2	Other Regulated Contaminants	NELAP	4/4/2002
Total trihalomethanes	EPA 524.2	Other Regulated Contaminants	NELAP	1/21/2005
Toxaphene (Chlorinated camphene)	EPA 508	Synthetic Organic Contaminants	NELAP	3/24/2005
trans-1,2-Dichloroethylene	EPA 502.2	Other Regulated Contaminants	NELAP	4/4/2002
trans-1,2-Dichloroethylene	EPA 524.2	Other Regulated Contaminants	NELAP	1/21/2005
Trichloroacetic acid	EPA 552.2	Group I Unregulated Contaminants	NELAP	1/21/2005
Trichloroethene (Trichloroethylene)	EPA 502.2	Other Regulated Contaminants	NELAP	4/4/2002
Trichloroethene (Trichloroethylene)	EPA 524.2	Other Regulated Contaminants	NELAP	1/21/2005
Turbidity	EPA 180.1	Secondary Inorganic Contaminants	NELAP	7/17/2002
Vinyl chloride	EPA 502.2	Other Regulated Contaminants	NELAP	4/4/2002
Vinyl chloride	EPA 524.2	Other Regulated Contaminants	NELAP	1/21/2005
Xylene (total)	EPA 502.2	Other Regulated Contaminants	NELAP	4/4/2002
Xylene (total)	EPA 524.2	Other Regulated Contaminants	NELAP	1/21/2005
Zinc	EPA 200.7	Secondary Inorganic Contaminants	NELAP	4/4/2002

"STATE" indicates certification for the analyte by the method specified. "NELAP" further indicates certification compliant with the NELAC Standards.

NON-TRANSFERABLE 04/24/2005-E82574

R.

TTHM/HAA5 REPORTING COMPLIANCE SUMMARY FOR PWSs MONITORING ANNUALLY			
TTHM COMPLIANCE SUMMARY		HAA5 COMPLIANCE SUMMARY	
Provide the number of TTHM samples taken during the last year*	1	Provide the number of HAA5 samples taken during the last year*	1
Calculate the arithmetic average of all TTHM samples taken over the last year	58.4	Calculate the arithmetic average all HAA5s samples taken over the last year	35.0
Does the arithmetic average of the TTHM samples exceed the Maximum Contaminant Level of 0.080 mg/L for TTHMs? (YES/NO)**	NO	Does the arithmetic average of the HAA5 samples exceed the Maximum Contaminant Level of 0.080 mg/L for HAA5s? (YES/NO)**	NO

*Also, for each sample taken during the last year, provide the information requested in the tables on pages 3 and 4 of this format.

**If the TTHM or HAA5 sample (or average of the samples, if more than one sample is taken) exceeds the Maximum Contaminant Level, the system must increase monitoring to one TTHM and one HAA5 sample per treatment plant per quarter, taken at a point in the distribution system reflecting the maximum residence time, until the system meets the criteria in 40 CFR 131.132(b)(1)(iv). Please see 40 CFR 141.132 (b)(1) for complete details.

LAKE UTILITY SERVICES, INC.

AN AFFILIATE OF UTILITIES, INC.

200 WEATHERSFIELD AVENUE
ALTAMONTE SPRINGS, FLORIDA 32714

CORPORATE OFFICES:
2335 Sanders Road
Northbrook, Illinois 60062
Telephone: 847-498-6440

Telephone: 407-869-1919
Florida: 800-272-1919
Fax: 407-869-6961
E-Mail: uif@iag.net

December 7, 2005

Mr. Paul Morrison, Environmental Manager
Drinking Water Program
Florida Department of Environmental Protection
3319 Maguire Blvd.
Orlando, FL 32803

RE: 4th Quarter 2005 Nitrate Analysis
Chapter 62-550 FAC
Crescent West
PWS ID# 3354690

Dear Mr. Morrison:

Enclosed please find the results of samples taken for the above referenced analyses and system.

If you have any questions or require additional information, please do not hesitate to contact me at (407) 869-8588, ext. 226.

Sincerely,

LAKE UTILITY SERVICES, INC.



Bryan K. Gongre
Assistant Operations Manager

Enclosures

Cc: Bill Coates, Area Manager, UIOF

**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: Crescent West PWS I.D. #:

3	3	5	4	6	9	0
---	---	---	---	---	---	---

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

Address: LakelUtility Services, Inc.
200 Weathersfield Avenue

City: Altamonte Springs State: FL ZIP Code: 32714

Phone #: 407.869.1919 Fax #: 407.869.6961

E-Mail Address: b.k.gongre@utilitiesinc-usa.com

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: A254718-01 Location Code (if known): _____

Sample Date: 11/15/05 Sample Time: 2:00 AM PM (Circle One)

Sample Location (be specific): Entry Point to Distribution System

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? 4th)
- 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: Charles Schwades

Sampler's Phone #: 407.869.1919 Sampler's Fax #: 407.869.6961

Sampler's E-Mail Address: _____

CERTIFICATION (to be completed by sampler)

I, Charles G. Schwades, Lead Operator
(Print Name) (Print Title)

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

Signature: Charles G. Schwades Date: 12-6-05

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 - Orlando
Address: 528 S. North Lake Blvd., Suite 1016
Altamonte Springs, FL 32701

Florida Certification #: E53076
Certification Expiration Date: 6/30/2006
Telephone #: (407) 937-1594

ANALYSIS INFORMATION (to be completed by lab)

PWS ID (from page 1): _____ Date Sample(s) Received: 11/15/2005 4:40:00
Lab Assigned Report Number or Job ID A054718 Sample Number (From page 1) A054718-01
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 number E84589

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB

CERTIFICATION

I, Myrna Santiago, 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: *Myrna Santiago*

Date: 11/28/05

* 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 and 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: _____



**Advanced
Environmental Laboratories, Inc.**

6601 Southpoint Parkway
Jacksonville, Florida 32216
(904) 363-9350
FAX (904) 363-9354

Client: Utilities, Inc.
Project Name: Cresent West
Project Number:
PWS ID#:

Report No.: A054718
Date Sampled: 11/15/2005
Date Received: 11/15/05 16:40
Date Reported: 11/25/2005

Attention: William Coates
Phone Number: 8002721919

Address: 200 Weathersfield Ave.

Altamonte Springs, FL 32714

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: Cresent West

Approved By: _____

Myrna Santiago
Myrna Santiago, 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 =

Advanced Environmental Laboratories, Inc.
Analytical Report

Client: Utilities, Inc.
Project Name: Cresent West
Matrix: Drinking Water
PWS ID#:

Report No.: A054718
Date/Time Sampled: 11/15/05 14:00
Date/Time Received: 11/15/05 16:40

Client Sample ID: 1
Site: POE
Sample Number: A054718-01

Sampled By: Chuck Schwades
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	1.5		SM4500NO3-F	0.027	11/17/2005	9:04	E84589

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



Advanced Environmental Labs Inc

Advanced Environmental Labs
528 S North Lake Blvd, Ste 1016
Altamonte Springs, FL 32701

Client: UTILITIES, INC. (UTL-A)

Project name: CRESCENT WEST

Date/Time Rcvd: 11-16-05 16:40

Log-In request number: A054718

Received by: NLS

Completed by: CJ

Cooler/Shipping Information:

Courier: AEL Client ¹¹⁻¹⁶⁻⁰⁵ UPS Pony Express FedEx Other (describe):

Type: Cooler Box Other (describe):

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

Cooler ID	1				
Temp (°C)	0°				
Temp taken from	<input type="checkbox"/> Temp blank <input checked="" type="checkbox"/> Cooler	<input type="checkbox"/> Temp blank <input type="checkbox"/> Cooler	<input type="checkbox"/> Temp blank <input type="checkbox"/> Cooler	<input type="checkbox"/> Temp blank <input type="checkbox"/> Cooler	<input type="checkbox"/> Temp blank <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? <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?	✓		
17. Was it necessary to split samples into other bottles?		✓	

Kit ID

Comments:

Chain-of-Custody for AEL Orlando to AEL Tampa

AEL Orlando
528 South North Lake Blvd, Suite 1016
Altamonte Springs FL 32701
Contact Person: Myrna Santiago

AEL Tampa
5810-D Breckinridge Parkway
Tampa, FL 33610
813-630-9616 Fax 813-630-4327
Contact Person: Michael Cammarata

Project #: A054718
CustomerName: Utilities, Inc.
Collector: Chuck Schwades

Check if Rush

Lab Code	Client Sample ID	Test	Matrix	Collect Date / Time	Receive Date	Due Date	# Bottles	Bottle Type (Pres.)
A054718-01	1	Nitrate (T)	Drinking Water	11/15/2005 14:00	11/15/05 16:40	11/17/2005		250mL Poly (unpres.)

Orlando Relinquisher:

C. Ferguson

Shipping Receiver: AEL Courier

Blue Streak

Date/Time:

11-16-05 17:00

Shipping Relinquisher: AEL Courier

Tampa Receiver:

K. Mandella

Date/Time:

11-17-05 09:00



Advanced Environmental Laboratories, Inc.

CHAIN OF CUSTODY RECORD

- ┘ Jacksonville: 6601 Southpoint Parkway, Jacksonville, FL 32216 • (904) 363-9350 Fax (904) 363-9354
- ┘ Tampa: 5810-D Breckenridge Parkway, Tampa, FL 33610 • (813) 630-9616 Fax (813) 630-4327
- ┘ Gainesville: 2106 NW 67th Place, Suite 7, Gainesville, FL 32606 • (352) 367-1500 Fax (352) 367-0050

A054718

CLIENT NAME: <i>Utilities Inc. of FL</i>		PROJECT NAME:		BOI 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>700 Weathers Field Ave</i>		P.O. NUMBER / PROJECT NUMBER:				
<i>Altamonte Springs FL-32714</i>		PROJECT LOCATION:				
PHONE: <i>407-864-4919</i>	FAX: <i>407-864-6961</i>	SAMPLED BY: <i>Chuck Schwades</i>				
CONTACT: <i>Brian Gongie</i>						
TURN AROUND TIME: <input checked="" type="checkbox"/> STANDARD <input type="checkbox"/> RUSH _____	REMARKS / SPECIAL INSTRUCTIONS:			<i>1/4 Nitrate</i>	Preserv	<i>I</i>
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.
			DATE	TIME		
	<i>Crescent West</i>	<i>Grab</i>	<i>11-15-05</i>	<i>1400</i>	<i>DW</i>	<i>1</i>

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

Shipment Out: / /	Method Via: _____	Sample Kit	Cooler # _____	1	<i>Chuck Schwades</i>	Date	Time	Received by:	Date	Time					
		RB _____	D/T _____								<i>11-15-05</i>	<i>1575</i>	<i>James Ambrose</i>	<i>11-15-05</i>	<i>16:40</i>
		AB _____	D/T _____												
		Trip Bl.													
<input type="checkbox"/>	<input type="checkbox"/>	2	3	4											



Laboratory Scope of Accreditation

THIS LISTING OF ACCREDITED ANALYTES SHOULD BE USED ONLY WHEN ASSOCIATED WITH A VALID CERTIFICATE

State Laboratory ID: E84589

EPA Lab Code: FL01092

(813) 630-9616

E84589

Advanced Environmental Laboratories, Inc. - Tampa

9610 Princess Palm Avenue

Tampa, FL 33619

Matrix: Drinking Water

Analyte	Method/Tech	Category	Certification Type	Effective Date
Alkalinity as CaCO3	SM 2320 B	Primary Inorganic Contaminants	NELAP	10/11/2002
Amenable cyanide	SM 4500-CN G	Primary Inorganic Contaminants	NELAP	10/11/2002
Bromide	EPA 300.0	Primary Inorganic Contaminants	NELAP	10/11/2002
Chloride	EPA 300.0	Secondary Inorganic Contaminants	NELAP	10/11/2002
Chloride	SM 4500 Cl- E	Secondary Inorganic Contaminants	NELAP	10/11/2002
Chlorite	EPA 300.0	Primary Inorganic Contaminants	NELAP	8/20/2003
Color	EPA 110.2	Secondary Inorganic Contaminants	NELAP	10/11/2002
Conductivity	SM 2510 B	Primary Inorganic Contaminants	NELAP	10/11/2002
Cyanide	SM 4500-CN E	Primary Inorganic Contaminants	NELAP	10/11/2002
Fecal coliforms	SM 9221 B	Microbiology	NELAP	2/14/2003
Fluoride	EPA 300.0	Primary Inorganic Contaminants	NELAP	10/11/2002
Fluoride	SM 4500 F-C	Primary Inorganic Contaminants, Secondary Inorganic Contaminants	NELAP	10/11/2002
Heterotrophic plate count	SM 9215 B	Microbiology	NELAP	10/11/2002
Nitrate	EPA 300.0	Primary Inorganic Contaminants	NELAP	10/11/2002
Nitrate	SM 4500-NO3 F	Primary Inorganic Contaminants	NELAP	10/11/2002
Nitrate-nitrite	EPA 300.0	Primary Inorganic Contaminants	NELAP	10/11/2002
Nitrite	EPA 300.0	Primary Inorganic Contaminants	NELAP	10/11/2002
Nitrite	SM 4500-NO3 F	Primary Inorganic Contaminants	NELAP	10/11/2002
Odor	SM 2150 B	Secondary Inorganic Contaminants	NELAP	10/11/2002
Orthophosphate as P	EPA 300.0	Primary Inorganic Contaminants	NELAP	10/11/2002
Orthophosphate as P	EPA 365.1	Primary Inorganic Contaminants	NELAP	10/11/2002
pH	EPA 150.1	Secondary Inorganic Contaminants	NELAP	10/11/2002
Sulfate	EPA 300.0	Primary Inorganic Contaminants	NELAP	10/11/2002
Sulfate	EPA 375.4	Secondary Inorganic Contaminants	NELAP	10/11/2002
Surfactants - MBAS	EPA 425.1	Secondary Inorganic Contaminants	NELAP	10/11/2002
Total coliforms	SM 9222 B	Microbiology	NELAP	2/14/2003
Total coliforms & E. coli	SM 9223 B	Microbiology	NELAP	2/14/2003
Total dissolved solids	EPA 160.1	Secondary Inorganic Contaminants	NELAP	10/11/2002
Total nitrate-nitrite	SM 4500-NO3 F	Primary Inorganic Contaminants	NELAP	10/11/2002
Total organic carbon	SM 5310B	Primary Inorganic Contaminants	NELAP	10/11/2002
Turbidity	EPA 180.1	Secondary Inorganic Contaminants	NELAP	10/11/2002

"STATE" indicates certification for the analyte by the method specified. "NELAP" further indicates certification compliant with the NELAC Standards.

NON-TRANSFERABLE 07/01/2004-E8458

FOUR LAKES

25.30.440 (3)
CHEMICAL ANALYSES

LAKE UTILITY SERVICES, INC.

AN AFFILIATE OF UTILITIES, INC.

200 WEATHERSFIELD AVENUE
ALTAMONTE SPRINGS, FLORIDA 32714

CORPORATE OFFICES:
2335 Sanders Road
Northbrook, Illinois 60062
Telephone: 847-498-6440

Telephone: 407-869-1919
Florida: 800-272-1919
Fax: 407-869-6961
E-Mail: uif@iag.net

April 24, 2006

Mr. Paul Morrison, Environmental Manager
Drinking Water Program
Florida Department of Environmental Protection
3319 Maguire Blvd.
Orlando, FL 32803

RE: Triennial Monitoring
Chapter 62-550 FAC
Inorganics/VOC/SOC/Secondaries
Four Lakes
PWS ID# 3354647


Dear Mr. Morrison:

Enclosed please find the results of samples taken March 1, 2006 for the above referenced analyses and system.

If you have any questions or require additional information, please do not hesitate to contact me at (407) 869-1919, ext. 502.

Sincerely,

LAKE UTILITY SERVICES, INC.


William H. Coates
Assistant Operations Manager

Enclosures

Cc: Bryan K. Gongre, Regional Manager, UIOF
Chuck Schwades, Area Manager, UIOF

✓

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: Four Lakes WTP PWS I.D. #: 3354647
System Type (check one): Community Nontransient Noncommunity Transient Noncommunity
Address: Rear of Lot 33 on Alpha

City: Montverde State: Fla. ZIP Code: 34756
Phone #: 407-869-1919 Fax #: 407-869-6961
E-Mail Address: b.coates@utilitiesinc-usa.com

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: 11527DW1 Location Code (if known): Water
Sample Date: 3/1/2006 Sample Time: 7:10 am AM PM (Circle One)
Sample Location (be specific): P.O.E.
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: Charles G. Schwades
Sampler's Phone #: 321-388-7895 Sampler's Fax #: 407-869-6961
Sampler's E-Mail Address: _____

CERTIFICATION (to be completed by sampler)

I, Charles G. Schwades, Area Manager
(Print Name) (Print Title)

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

Signature:  Date: 4/1/06

**Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Form**

Laboratory Certification Information (to be completed by lab)

Lab Name: Flowers Chemical Laboratories, Inc.
Address: P. O. Box 150597
Altamonte Springs, FL 32715-0597

Florida Certification #: E83018
Certification Expiration Date: 6/30/2006
Phone #: 407-339-5984

Analysis Information (to be completed by lab)
Sample Number: 11527DW1

Report Number: 11527
Date Sample Received: 03/01/06

Group(s) analyzed and results attached for compliance with Chapter 62-550, F.A.C. (check all that apply)

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

Were any analyses subcontracted? Yes No

(If yes, please provide subcontractor's Florida drinking water certification number with each result provided by that lab).

Certification

I, Jefferson S. Flowers, Technical Director, 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: 03/27/06

- * Failure to provide a valid and current Florida Dept. of Health lab ID number and a current Analyte Sheet for the attached analysis results will result in rejection of the report and possible enforcement against the public water system for failure to sample.
- ** Please provide radiochemical sample dates and 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
 Resample Requested (circle or highlight groups above) Revised Report Requested (circle or highlight groups above)
Reason(s): Incomplete Report Location Unsatisfactory Analysis Unsatisfactory
 Missing Analyte Sheet(s) Other _____

Person Notified: _____ Date Notified: _____

Comments: _____

Date Reviewed: _____ DEF DOH Reviewing Official: _____

**Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Form**

Inorganic Contaminants: 62-550.310(1) Lab ID: 11527DW1 PWS ID: 3354647 Sample ID: water

Contam ID	Contam Name	Units	MCL	Analysis Result	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time
1005	Arsenic	mg/L	0.01 (0.05)	0.00110		EPA200.8	0.00100	03/02/06	
1010	Barium	mg/L	2	0.00740		EPA200.8	0.00200	03/02/06	
1015	Cadmium	mg/L	0.005	0.00100	U	EPA200.8	0.00100	03/02/06	
1020	Chromium	mg/L	0.1	0.00330		EPA200.8	0.00100	03/02/06	
1024	Cyanide	mg/L	0.2	0.00500	U	SM4500-CN E	0.00500	03/06/06	
1025	Fluoride	mg/L	2.0 (4.0)	0.200	U	EPA300.0	0.200	03/02/06	
1030	Lead	mg/L	0.015	0.00100	U	EPA200.8	0.00100	03/02/06	
1035	Mercury	mg/L	0.002	0.000200	U	EPA245.1	0.000200	03/09/06	
1036	Nickel	mg/L	0.1	0.00200	U	EPA200.8	0.00200	03/02/06	
1040	Nitrate	mg/L	10	5.95		EPA300.0	0.0500	03/02/06	05:42 PM
1041	Nitrite	mg/L	1	0.0500	U	EPA300.0	0.0500	03/02/06	05:30 PM
1045	Selenium	mg/L	0.05	0.00200	U	EPA200.8	0.00200	03/02/06	
1052	Sodium	mg/L	160	6.95		EPA200.7	0.500	03/02/06	
1074	Antimony	mg/L	0.006	0.00100	U	EPA200.8	0.00100	03/02/06	
1075	Beryllium	mg/L	0.004	0.00100	U	EPA200.8	0.00100	03/02/06	
1085	Thallium	mg/L	0.002	0.00100	U	EPA200.8	0.00100	03/02/06	

**Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Form**

Secondary Contaminants: 62-550.320 Lab ID: 11527DW1 PWS ID: 3354647 Sample ID: water

Contam ID	Contam Name	Units	MCL	Analysis Result	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time
1002	Aluminum	mg/L	0.2	0.0200	U	EPA200.8	0.0200	03/02/06	
1017	Chloride	mg/L	250	12.9		EPA300.0	0.400	03/02/06	
1022	Copper	mg/L	1.0	0.00100	U	EPA200.8	0.00100	03/02/06	
1025	Fluoride	mg/L	2.0 (4.0)	0.200	U	EPA300.0	0.200	03/02/06	
1028	Iron	mg/L	0.3	0.0100	U	EPA200.7	0.0100	03/02/06	
1032	Manganese	mg/L	0.05	0.0100	U	EPA200.7	0.0100	03/02/06	
1050	Silver	mg/L	0.1	0.00100	U	EPA200.8	0.00100	03/02/06	
1055	Sulfate	mg/L	250	98.6		EPA300.0	1.00	03/02/06	
1095	Zinc	mg/L	5	0.0100	U	EPA200.8	0.0100	03/02/06	
1905	Color	PCU	15 color units	1.00	U	SM2120B	1.00	03/01/06	03:30 PM
1920	Odor	TON	3	1.00	U	SM2150B	1.00	03/01/06	
1925	pH	pH	6.5 -8.5	8.26		EPA150.1	0.0100	03/02/06	10:40 AM
1930	Total Dissolved Solids	mg/L	500	172		SM2540C	2.50	03/07/06	
2905	Foaming Agents	mgLAS(340)/L	0.5	0.200	U	SM5540C	0.200	03/01/06	10:51 AM

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

Volatile Organics: 62-550.310(2)(b) Lab ID: 11527DW1 PWS ID: 3354647 Sample ID: water

Contam ID	Contam Name	Units	MCL	Analysis Result	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time
2378	1,2,4,-trichlorobenzene	ug/L	70	0.500	U	EPA524.2	0.500	03/09/06	
2380	cis-1,2-Dichloroethylene	ug/L	70	0.500	U	EPA524.2	0.500	03/09/06	
2955	Xylenes	ug/L	10,000	0.500	U	EPA524.2	0.500	03/09/06	
2964	Dichloromethane	ug/L	5	0.500	U	EPA524.2	0.500	03/09/06	
2968	o-dichlorobenzene	ug/L	600	0.500	U	EPA524.2	0.500	03/09/06	
2969	Para-dichlorobenzene	ug/L	75	0.500	U	EPA524.2	0.500	03/09/06	
2976	Vinyl Chloride	ug/L	1	0.500	U	EPA524.2	0.500	03/09/06	
2977	1,1-Dichloroethylene	ug/L	7	0.500	U	EPA524.2	0.500	03/09/06	
2979	trans-1,2-Dichloroethylene	ug/L	100	0.500	U	EPA524.2	0.500	03/09/06	
2980	1,2-dichloroethane	ug/L	3(5)	0.500	U	EPA524.2	0.500	03/09/06	
2981	1,1,1-trichloroethane	ug/L	200	0.500	U	EPA524.2	0.500	03/09/06	
2982	Carbon tetrachloride	ug/L	3	0.500	U	EPA524.2	0.500	03/09/06	
2983	1,2-dichloropropane	ug/L	5	0.500	U	EPA524.2	0.500	03/09/06	
2984	Trichloroethylene	ug/L	3(5)	0.500	U	EPA524.2	0.500	03/09/06	
2985	1,1,2-trichloroethane	ug/L	5	0.500	U	EPA524.2	0.500	03/09/06	
2987	Tetrachloroethylene	ug/L	3(5)	0.500	U	EPA524.2	0.500	03/09/06	
2989	Monochlorobenzene	ug/L	100	0.500	U	EPA524.2	0.500	03/09/06	
2990	Benzene	ug/L	1	0.500	U	EPA524.2	0.500	03/09/06	
2991	Toluene	ug/L	1,000	0.500	U	EPA524.2	0.500	03/09/06	
2992	Ethylbenzene	ug/L	700	0.500	U	EPA524.2	0.500	03/09/06	
2996	Styrene	ug/L	100	0.500	U	EPA524.2	0.500	03/09/06	

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

Synthetic Organics: 62-550.310(2)(c) Lab ID: 11527DW1 PWS ID: 3354647 Sample ID: water

Contam ID	Contam Name	Units	MCL	Analysis Result	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time
2005	Endrin	ug/L	2	0.0100	U	EPA505	0.0100	03/08/06	
2010	Lindane	ug/L	0.2	0.0100	U	EPA505	0.0100	03/08/06	
2015	Methoxychlor	ug/L	40	0.0500	U	EPA505	0.0500	03/08/06	
2020	Toxaphene	ug/L	3	0.500	U	EPA505	0.500	03/08/06	
2031	Dalapon	ug/L	200	0.100	U	EPA515.1	0.100	03/14/06	
2032	Diquat	ug/L	20	0.400	U	EPA549.2	0.400	03/20/06	
2033	Endothall	ug/L	100	9.00	U	EPA548.1	9.00	03/17/06	
2034	Glyphosate	ug/L	700	6.00	U	EPA547	6.00	03/06/06	
2035	Di(2-ethylhexyl) adipate	ug/L	400	0.600	U	EPA525.2	0.600	03/20/06	
2036	Oxamyl (Vydate)	ug/L	200	2.00	U	EPA531.1	2.00	03/13/06	
2037	Simazine	ug/L	4	0.0700	U	EPA507	0.0700	03/09/06	
2039	Di(2-ethylhexyl)phthalate	ug/L	6	0.600	U	EPA525.2	0.600	03/20/06	
2040	Picloram	ug/L	500	0.100	U	EPA515.1	0.100	03/14/06	
2041	Dinoseb	ug/L	7	0.200	U	EPA515.1	0.200	03/14/06	
2042	Hexachlorocyclopentadiene	ug/L	50	0.100	U	EPA505	0.100	03/08/06	
2046	Carbofuran	ug/L	40	0.900	U	EPA531.1	0.900	03/13/06	
2050	Atrazine	ug/L	3	0.100	U	EPA507	0.100	03/09/06	
2051	Alachlor	ug/L	2	0.200	U	EPA507	0.200	03/09/06	
2065	Heptachlor	ug/L	0.4	0.0100	U	EPA505	0.0100	03/08/06	
2067	Heptachlor epoxide	ug/L	0.2	0.0100	U	EPA505	0.0100	03/08/06	
2105	2,4-D	ug/L	70	0.100	U	EPA515.1	0.100	03/14/06	
2110	2,4,5-TP	ug/L	50	0.200	U	EPA515.1	0.200	03/14/06	
2274	Hexachlorobenzene	ug/L	1	0.100	U	EPA505	0.100	03/08/06	
2306	Benzo(a)pyrene	ug/L	0.2	0.0200	U	EPA550	0.0200	03/13/06	
2326	Pentachlorophenol	ug/L	1	0.0400	U	EPA515.1	0.0400	03/14/06	
2383	Polychlorinated biphenyls (PCBs)	ug/L	0.5	0.100	U	EPA505	0.100	03/08/06	
2931	Dibromochloropropane	ug/L	0.2	0.0200	U	EPA504.1	0.0200	03/08/06	
2946	Ethylene Dibromide	ug/L	0.02	0.0100	U	EPA504.1	0.0100	03/08/06	
2959	Chlordane	ug/L	2	0.0100	U	EPA505	0.0100	03/08/06	
9999	Chlor Herb Extraction	mL		1000		X515.1		03/08/06	
9999	Chlor Pest Extraction	mL		35.0		X505		03/07/06	
9999	Phos Pest Extraction	mL		1000		X507		03/03/06	
9999	Benzo(a)pyrene Extraction	mL		1000		X550		03/02/06	
9999	Diquat Extraction	mL		100		X549.2		03/08/06	
9999	Brom Insect Extraction	mL		35.0		X504		03/07/06	

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

9999 Endothall_Extraction

mL

100

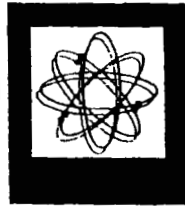
X548

03/08/06

FLOWERS

CHEMICAL LABORATORIES

INCORPORATED



Flowers Chemical Laboratories, Inc.
 481 Newburyport Ave.
 Altamonte Springs, FL 32701
 Bus: 407-339-5984
 Fax: 407-260-6110
 www.flowerslabs.com

Flowers Chemical Labs-South
 8253 South US Hwy. 1
 Port St. Lucie, FL 34952
 Bus: 772-343-8006
 Fax: 772-343-8089

Client: Utilities INC. OF FL.
 Address: 700 Weathersfield Ave
 Altamonte Springs
 Phone: 407-869-1919
 Sampled By (PRINT): Cheryl Schindler
 Sampler Signature: *[Signature]* Date Sampled: 3/1/06
 Public Water System Name: 4-LAKES
 PWS ID#: 3354647 P.O. #: CS663W
 FCL Lab Coordinator: Kit #
 Public Water System Type: Limited Use Commercial / Public
 Community Non-Community Non-transient / Non-Community
 COMMENTS: \$15.00

ITEM NO.	SAMPLE DESCRIPTION	DATE	TIME	LAB NO.	NUMBER	PRESERVATIVES					Primary Inorg	Secondaries	VOCs	SOCs	NO ₂ /NO ₃	TTHM	THAA	Pb/Cu	GA/RA228 RA226	Asbestos	Field pH	Cl ₂	Res
						NONE	NaOH	HNO ₃	HCl	Na ₂ S ₂ O ₃													
1	Sec/Primary	3/1/06	0710	115270w1	1																	2.1	
2	Sec/Prim. METALS	3/1/06	0710		1			X														2.1	
3	Prim CYANIDE	3/1/06	0710		1	X																2.1	
4	Order/COLOR	3/1/06	0710		1																	2.1	
5	525.2/550	3/1/06	0710		2			X				X										2.1	
6	507/515.1/548.1/547	3/1/06	0710		1			X				X										2.1	
7	EDB/DBCP (Sec)	3/1/06	0710		2			X				X										2.1	
8	Diquat 549 Soc	3/1/06	0710		1			X				X										2.1	
9	531.1 Soc	3/1/06	0710		2			X				X										2.1	
10	Voc 524.2	3/1/06	0710		3			X	X													2.1	

24.0
 pH
 7.1

Relinquished By / Affiliation	Date	Time	Accepted By / Affiliation	Date	Time	Relinquished By / Affiliation	Date	Time	Accepted By / Affiliation	Date	Time
	3/1/06	0730	Cheryl Retting	3/1/06	11:30	Cheryl Retting	3/1/06	11:40			

[Signature] 3/1/06 1/207

Flowers Chemical Laboratories

481 Newburyport Ave.

Altamonte Springs, FL 32701

Phone (407) 339-5984 Fax (407) 260-6110

FCL Project Manager: J. Smith

THIS IS NOT TO BE USED AS A CHAIN OF CUSTODY

Total Containers	PARAMETERS	Containers per Sample	Matrix	Preservative					Plastic Containers					Glass Containers										
				Methanol 10ml	HNO3	H2SO4	Na2SO3	Zn (C2H3O2) NaOH	NaOH / ASCACID	MCAA BUFFER	HCL	60 mL	125 mL	250 mL AMBER	500 mL	1 L	Whirl Pak Bag	40 mL vial	500 mL	1 L CLEAR	1 L AMBER	4 L AMBER	4 oz Soil Jar	8 oz Soil Jar
1	Secondaries/Primary	1	DW											X										
1	Secondaries/Prim. metals	1	DW		X									X										
1	Prim (Cyanide)	1	DW						X				X											
1	Odor/Color	1	DW															X						
2	EPA525.2/550(SOC)	2	DW															X						
1	EPA507/515.1/548.1/547 (SOC)	1	DW				X												X					
2	EDB/DBCP(SOC)	2	DW				X									X								
1	Diquat/ 549, (SOC)	1	DW				X						X											
2	EPA 531.1 (SOC)	2	DW				X			X						X								
3	VOC (524.2)	3	DW				X									X								

HCL in separate plastic

Ship To: <u>Utilities Inc. - Lk Groves</u> <u>Clermont</u> ATTN <u>Chuck</u>		Client # _____	Date Ordered: _____	Date to be Shipped: _____	Date Needed: _____
Project: <u>Four Lakes</u>		Extra Coolers: <input type="checkbox"/> (L) <input type="checkbox"/> (M) <input type="checkbox"/> (S)		<input checked="" type="checkbox"/> Customer Pick Up:	
Location: _____		Trip Blanks: <input type="checkbox"/> w/HCl <input type="checkbox"/> w/o HCl		Cheryl- Courier	
Sampling Dates: _____		Custody Chain: <input type="checkbox"/> Env. <input checked="" type="checkbox"/> DW		Date: <u>02-20-06</u> Time: <u>a.m.</u>	
Special Notes: _____		Temp Blank: <input type="checkbox"/> Bailers: <input type="checkbox"/>		SHIPPING METHOD <input type="checkbox"/> STD. UPS <input type="checkbox"/> UPS 2nd Day <input type="checkbox"/> Fed-Ex Flowers Account <input type="checkbox"/> Fed-Ex Client Account # _____ <input type="checkbox"/> Other: _____	
Cooler ID _____		_____			

SAMPLE KIT ID: PDL 01-011606

←-----Must be on Return COC

LAKE UTILITY SERVICES, INC.

AN AFFILIATE OF UTILITIES, INC.

200 WEATHERSFIELD AVENUE
ALFAMONTE SPRINGS, FLORIDA 32714

CORPORATE OFFICES:
2335 Sanders Road
Northbrook, Illinois 60062
Telephone: 847-498-6440

Telephone: 407-869-1919
Florida: 800-272-1919
Fax: 407-869-6961
E-Mail: uif@iag.net

April 28, 2006

Mr. Paul Morrison, Environmental Manager
Drinking Water Program
Florida Department of Environmental Protection
3319 Maguire Blvd.
Orlando, FL 32803

RE: 1st Quarter Nitrate Analysis
Chapter 62-550 FAC
Four Lakes
PWS ID# 3354647

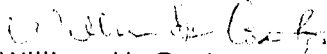
Dear Mr. Morrison:

Enclosed please find the results of samples taken for the above referenced analyses and system.

If you have any questions or require additional information, please do not hesitate to contact me at (407) 869-8588

Sincerely,

LAKE UTILITY SERVICES, INC.


William H. Coates
Assistant Operations Manager

Enclosures

Cc: Bryan K. Gongre Regional Manager, UIOF
Chuck Schwades Area Manager, UIOF

**Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Form**

Laboratory Certification Information (to be completed by lab)

Lab Name: Flowers Chemical Laboratories, Inc.
Address: P. O. Box 150597
Altamonte Springs, FL 32715-0597

Florida Certification #: E83018
Certification Expiration Date: 6/30/2006
Phone #: 407-339-5984

Analysis Information (to be completed by lab)

Sample Number: 14765

Report Number: 1476520060119
Date Sample Received: 01/19/06

Group(s) analyzed and results attached for compliance with Chapter 62-550, F.A.C. (check all that apply)

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

Were any analyses subcontracted? Yes No (If yes, please provide subcontractor's Florida drinking water certification number with each result provided by that lab).

Certification

I, Jefferson S. Flowers, Technical Director, 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: 01/23/06

* Failure to provide a valid and current Florida Dept. of Health lab ID number and a current Analyte Sheet for the attached analysis results will result in rejection of the report and possible enforcement against the public water system for failure to sample.
** Please provide radiochemical sample dates and 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
 Resample Requested (circle or highlight groups above) Revised Report Requested (circle or highlight groups above)
Reason(s): Incomplete Report Location Unsatisfactory Analysis Unsatisfactory
 Missing Analyte Sheet(s) 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: 1476520060119

PWS ID (From Page 1): 3354647

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Certification #
1040	Nitrate (as N)	10	mg/L	5.84		EPA300.0	0.0500	01/20/06	09:30am	E83018
1041	Nitrite (as N)	1	mg/L							E
1005	Arsenic	0.05	mg/L							E
1010	Barium	2	mg/L							E
1015	Cadmium	0.005	mg/L							E
1020	Chromium	0.1	mg/L							E
1024	Cyanide	0.2	mg/L							E
1025	Fluoride	4.0	mg/L							E
1030	Lead	0.015	mg/L							E
1035	Mercury	0.002	mg/L							E
1036	Nickel	0.1	mg/L							E
1045	Selenium	0.05	mg/L							E
1052	Sodium	160	mg/L							E
1074	Antimony	0.006	mg/L							E
1075	Beryllium	0.004	mg/L							E
1085	Thallium	0.002	mg/L							E
1094	Asbestos	7 MFL	MFL							E

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



**State of Florida
Department of Health, Bureau of Laboratories**

This is to certify that

E83018

**FLOWERS CHEMICAL LABORATORIES
481 NEWBURYPORT AVENUE
ALTAMONTE SPRINGS, FL 32701**

has compiled with Florida Administrative Code 64E-1,
for the examination of Environmental samples in the following categories

DRINKING WATER - GROUP I UNREGULATED CONTAMINANTS, DRINKING WATER - GROUP II UNREGULATED CONTAMINANTS, DRINKING WATER - OTHER REGULATED CONTAMINANTS, DRINKING WATER - GROUP III UNREGULATED CONTAMINANTS, DRINKING WATER - MICROBIOLOGY, DRINKING WATER - PRIMARY INORGANIC CONTAMINANTS, DRINKING WATER - SECONDARY INORGANIC CONTAMINANTS, DRINKING WATER - SYNTHETIC ORGANIC CONTAMINANTS, NON-POTABLE WATER - EXTRACTABLE ORGANICS, NON-POTABLE WATER - GENERAL CHEMISTRY, NON-POTABLE WATER - METALS, NON-POTABLE WATER - MICROBIOLOGY, NON-POTABLE WATER - PESTICIDES-HERBICIDES-PCB'S, NON-POTABLE WATER - VOLATILE ORGANICS, SOLID AND CHEMICAL MATERIALS - EXTRACTABLE ORGANICS, SOLID AND CHEMICAL MATERIALS - GENERAL CHEMISTRY, SOLID AND CHEMICAL MATERIALS - METALS, SOLID AND CHEMICAL MATERIALS - PESTICIDES-HERBICIDES-PCB'S, SOLID AND CHEMICAL MATERIALS - VOLATILE ORGANICS

Continued certification is contingent upon successful on-going compliance with the NELAC Standards and FAC Rule 64E-1 regulations. Specific methods and analytes certified are cited on the Laboratory Scope of Accreditation for this laboratory and are on file at the Bureau of Laboratories, P. O. Box 210, Jacksonville, Florida 32231. Clients and customers are urged to verify with this agency the laboratory's certification status in Florida for particular methods and analytes.

EFFECTIVE July 30, 2005 THROUGH June 30, 2006



A handwritten signature in black ink, appearing to read "Ming S. Chen".

**Ming S. Chen, Ph.D.
Bureau Chief, Bureau of Laboratories
Florida Department of Health
DH Form 1697, 7/04**

NON-TRANSFERABLE E83018-02-7/30/2005

Jeb Bush
Governor



John O. Agwunobi, M.D., M.B.A., M.P.H.
Secretary

Laboratory Scope of Accreditation

Page 6 of 33

Attachment to Certificate #: E83018-02, expiration date June 30, 2006. This listing of accredited analytes should be used only when associated with a valid certificate.

State Laboratory ID: E83018

EPA Lab Code: FL00091

(407) 339-5984

E83018
Flowers Chemical Laboratories
481 Newburyport Avenue
Altamonte Springs, FL 32701

Matrix: Drinking Water

Analyte	Method/Tech	Category	Certification Type	Effective Date
Methyl chloride (Chloromethane)	EPA 524.2	Group II Unregulated Contaminants	NELAP	6/1/2001
Methyl tert-butyl ether (MTBE)	EPA 502.2	Group II Unregulated Contaminants	NELAP	6/1/2001
Methyl tert-butyl ether (MTBE)	EPA 524.2	Group II Unregulated Contaminants	NELAP	6/1/2001
Metolachlor	EPA 507	Group I Unregulated Contaminants	NELAP	6/1/2001
Metribuzin	EPA 507	Group I Unregulated Contaminants	NELAP	6/1/2001
Naphthalene	EPA 502.2	Group II Unregulated Contaminants	NELAP	6/1/2001
Naphthalene	EPA 524.2	Group II Unregulated Contaminants	NELAP	6/1/2001
n-Butylbenzene	EPA 502.2	Group II Unregulated Contaminants	NELAP	6/1/2001
n-Butylbenzene	EPA 524.2	Group II Unregulated Contaminants	NELAP	6/1/2001
Nickel	EPA 200.7	Primary Inorganic Contaminants	NELAP	6/1/2001
Nickel	EPA 200.8	Primary Inorganic Contaminants	NELAP	6/1/2001
Nitrate	EPA 300.0	Primary Inorganic Contaminants	NELAP	6/1/2001
Nitrite	EPA 300.0	Primary Inorganic Contaminants	NELAP	6/1/2001
n-Propylbenzene	EPA 502.2	Group II Unregulated Contaminants	NELAP	6/1/2001
n-Propylbenzene	EPA 524.2	Group II Unregulated Contaminants	NELAP	6/1/2001
Odor	SM 2150 B	Secondary Inorganic Contaminants	NELAP	6/1/2001
Orthophosphate as P	EPA 300.0	Primary Inorganic Contaminants	NELAP	6/1/2001
Oxamyl	EPA 531.1	Synthetic Organic Contaminants	NELAP	6/1/2001
PCBs	EPA 505	Synthetic Organic Contaminants	NELAP	6/1/2001
Pentachlorophenol	EPA 515.1	Synthetic Organic Contaminants	NELAP	6/1/2001
pH	EPA 150.1	Secondary Inorganic Contaminants, Primary Inorganic Contaminants	NELAP	6/1/2001
Phenol	EPA 625	Group III Unregulated Contaminants	NELAP	6/1/2001
Picloram	EPA 515.1	Synthetic Organic Contaminants	NELAP	6/1/2001
Propachlor (Ramrod)	EPA 508	Group I Unregulated Contaminants	NELAP	6/1/2001
sec-Butylbenzene	EPA 502.2	Group II Unregulated Contaminants	NELAP	6/1/2001
sec-Butylbenzene	EPA 524.2	Group II Unregulated Contaminants	NELAP	6/1/2001
Selenium	EPA 200.8	Primary Inorganic Contaminants	NELAP	6/1/2002
Silver	EPA 200.7	Secondary Inorganic Contaminants	NELAP	6/1/2001
Silver	EPA 200.8	Secondary Inorganic Contaminants	NELAP	6/1/2001
Silvex (2,4,5-TP)	EPA 515.1	Synthetic Organic Contaminants	NELAP	6/1/2001
Simazine	EPA 507	Synthetic Organic Contaminants	NELAP	3/1/2002
Sodium	EPA 200.7	Primary Inorganic Contaminants	NELAP	6/1/2001
Styrene	EPA 502.2	Other Regulated Contaminants	NELAP	6/1/2001
Styrene	EPA 524.2	Other Regulated Contaminants	NELAP	6/1/2001

Clients and Customers are urged to verify the laboratory's current certification status with the Environmental Laboratory Certification Program.

Issue Date: 7/30/2005

Expiration Date: 6/30/2006

LAKE UTILITY SERVICES, INC.
AN AFFILIATE OF UTILITIES, INC.
200 WEATHERSFIELD AVENUE
ALTAMONTE SPRINGS, FLORIDA 32714

W63

CORPORATE OFFICES:
2335 Sanders Road
Northbrook, Illinois 60062
Telephone: 847-498-6440

FILE COPY

Telephone: 407-869-1919
Florida: 800-272-1919
Fax: 407-869-6961
E-Mail: uif@iag.net

May 23, 2006

Mr. Paul Morrison, Environmental Manager
Drinking Water Program
Florida Department of Environmental Protection
3319 Maguire Blvd.
Orlando, FL 32803

RE: 2nd Quarter Nitrate Analysis
Chapter 62-550 FAC
Four Lakes
PWS ID# 3354647

Dear Mr. Morrison:

Enclosed please find the results of samples taken for the above referenced analyses and system.

If you have any questions or require additional information, please do not hesitate to contact me at (407) 869-8588 ext. 257

Sincerely,

LAKE UTILITY SERVICES, INC.


William H. Coates
Assistant Operations Manager

Enclosures

Cc: Bryan K. Gongre Regional Manager, UIOF
Chuck Schwades Area Manager, UIOF

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

Laboratory Certification Information (to be completed by lab)

Lab Name: Flowers Chemical Laboratories, Inc.
Address: P. O. Box 150597
Altamonte Springs, FL 32715-0597

Florida Certification #: E83018
Certification Expiration Date: 6/30/2006
Phone #: 407-339-5984

Analysis Information (to be completed by lab)
Sample Number: 16144DW1

Report Number: 16144
Date Sample Received: 05/16/06

Group(s) analyzed and results attached for compliance with Chapter 62-550, F.A.C. (check all that apply)

Inorganics

All 17

Partial

Nitrate

Nitrite

Asbestos

Volatile Organics

All 21 Partial

Synthetic Organics

All 30 Partial

Radionuclides

Single Sample

Qtrly Composite**

Secondaries

All 14 Partial

Disinfection Byproducts

Trihalomethanes

Haloacetic Acids

Bromate

Chlorite

Were any analyses subcontracted? Yes No

(If yes, please provide subcontractor's Florida drinking water certification number with each result provided by that lab).

Certification

I, Jefferson S. Flowers, Technical Director, 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: 05/19/06

- * Failure to provide a valid and current Florida Dept. of Health lab ID number and a current Analyte Sheet for the attached analysis results will result in rejection of the report and possible enforcement against the public water system for failure to sample.
- ** Please provide radiochemical sample dates and 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

Resample Requested (circle or highlight groups above)

Revised Report Requested (circle or highlight groups above)

Reason(s): Incomplete Report

Location Unsatisfactory

Analysis Unsatisfactory

Missing Analyte Sheet(s)

Other _____

Person Notified: _____ Date Notified: _____

Comments: _____

Date Reviewed: _____ DEP/DOH Reviewing Official: _____

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

Inorganic Contaminants: 62-550.310(1) Lab ID: 16144DW1 PWS ID: Four Lake Sample ID: POE

<u>Contam ID</u>	<u>Contam Name</u>	<u>Units</u>	<u>MCL</u>	<u>Analysis Result</u>	<u>Qualifier</u>	<u>Analytical Method</u>	<u>Lab MDL</u>	<u>Analysis Date</u>	<u>Analysis Time</u>
1040	Nitrate	mg/L	10	5.74		EPA300.0	0.0500	05/17/06	10:30 AM

Flowers Chemical Laboratories, Inc.
 481 Newburyport Ave.
 Altamonte Springs, FL 32701
 Bus: 407-339-5984
 Fax: 407-260-6110
 www.flowerslabs.com

Flowers Chemical Labs-South
 8253 South US Hwy. 1
 Port St. Lucie, FL 34952
 Bus: 772-343-8006
 Fax: 772-343-8089



Client: Utilities Inc. Project Name: Four Lake
 Address: 200 weatherfield Ave Contact: _____
ALTAMONTE SPRINGS FL FCL Lab Coordinator: _____ P.O. # SP 663 W
 Phone: _____ Requested Due Date: _____
 Sampled By (PRINT): STAVAFFO JTS

Sampler Signature: [Signature] Date Sampled: 5/16/06

Legend: GW - ground water DW - drinking water WW - wastewater
 SW - surface water S - Soil/solid SL - sludge A - Air

ITEM NO.	SAMPLE DESCRIPTION	DATE	TIME	MATRIX	LAB NO.	NUMBER	PRESERVATIVES					ANALYSES REQUEST	COMMENTS
							NONE	H ₂ SO ₄	HNO ₃	HCl	Na ₂ S ₂ O ₅		
1	<u>POE</u>	<u>5/16/06</u>	<u>7:45am</u>	<u>DW</u>	<u>16144DW1</u>							<u>X</u>	<u>24°C</u>
2													
3													
4													
5													
6													
7													
8													
9													
10													

Relinquished By / Affiliation	Date	Time	Accepted By / Affiliation	Date	Time	Relinquished By / Affiliation	Date	Time	Accepted By / Affiliation	Date	Time
<u>[Signature]</u>	<u>5/16/06</u>		<u>Aaron Doms</u>	<u>5/16</u>	<u>9:45</u>	<u>Aaron Doms</u>	<u>5-16</u>	<u>1:01</u>			

• WHITE - Ship with Samples / To Be Returned with Results

• YELLOW - Field Copy / Retain For Your Records

LAKE UTILITY SERVICES, INC.

AN AFFILIATE OF UTILITIES, INC.
200 WEATHERSFIELD AVENUE
ALTAMONTE SPRINGS, FLORIDA 32714

CORPORATE OFFICES:
2335 Sanders Road
Northbrook, Illinois 60062
Telephone: 847-498-6440

FILE COPY

Telephone: 407-869-1919
Florida: 800-272-1919
Fax: 407-869-6961
E-Mail: uif@iag.net

August 24, 2006

Mr. Paul Morrison, Environmental Manager
Drinking Water Program
Florida Department of Environmental Protection
3319 Maguire Blvd. - Suite 232
Orlando, FL 32803

Re: TTHM/HAA5 Monitoring, Annual 2006
Lake Utilities Services Inc. - Four Lakes WTP
PWS ID# 3354647

Dear Mr. Morrison:

Enclosed please find the annual results of samples taken for the above referenced analysis and system during calendar year 2006.

If you have any questions or require additional information, please do not hesitate to contact me at (407) 869-8588, ext. 226.

Sincerely,

LAKE UTILITY SERVICES, INC.



Bryan K, Gongre
Regional Manager

Cc: Domenic Gentilucci, AM, UIF

Enclosures: Sample Results

663.3.2

**DISINFECTION BYPRODUCTS (TOTAL TRIHALOMETHANES [TTHMs] AND HALOACETIC ACIDS FIVE [HAA5s])
EXAMPLE REPORTING FORMAT**

MONITORING FREQUENCY: <input type="checkbox"/> QUARTERLY <input checked="" type="checkbox"/> ANNUALLY	YEAR: 2006
QUARTERLY REPORTING PERIOD: July - September	

SYSTEM INFORMATION	
PWS NAME: Lake Utility Services Inc. – Four Lakes WTP	
PWS ID NUMBER: 3354647	COUNTY: Lake
CONTACT PERSON: Bryan Gongre	PHONE NUMBER : 407-869-1919
E-MAIL ADDRESS (optional): b.gongre@utilitiesinc-usa.com	FAX NUMBER (optional): 407-869-6961

TTHM/HAA5 COMPLIANCE SUMMARY FOR PWSs MONITORING ON A QUARTERLY OR MORE FREQUENT BASIS									
TTHM COMPLIANCE SUMMARY					HAA5 COMPLIANCE SUMMARY				
Last Four Quarters	QTR 1	QTR 2	QTR 3	QTR 4	Last Four Quarters	QTR 1	QTR 2	QTR 3	QTR 4
Actual Quarter/Year					Actual Quarter/Year				
Provide the number of TTHM samples taken during the last quarter*					Provide the number of HAA5 samples taken during the last quarter*				
Provide the arithmetic average of all TTHM samples taken in each quarter for the last four quarters					Provide the arithmetic average of all HAA5 samples taken in each quarter for the last four quarters				
Calculate the Running Annual Average (RAA) for TTHMs (i.e., calculate the arithmetic average of the quarterly arithmetic averages for the last four quarters)					Calculate the Running Annual Average (RAA) for HAA5s (i.e., calculate the arithmetic average of the quarterly arithmetic averages for the last four quarters)				
Does the RAA for TTHMs violate the Maximum Contaminant Level of 0.080 mg/L for TTHMs? (YES/NO)					Does the RAA for HAA5s violate the Maximum Contaminant Level of 0.060 mg/L for HAA5s? (YES/NO)				

*Also, for each sample taken during the last quarter, provide the information requested in the tables on pages 3 and 4 of this format.

TTHM/HAA5 REPORTING COMPLIANCE SUMMARY FOR PWSs MONITORING ANNUALLY

TTHM COMPLIANCE SUMMARY		HAA5 COMPLIANCE SUMMARY	
Provide the number of TTHM samples taken during the last year*	1	Provide the number of HAA5 samples taken during the last year*	1
Calculate the arithmetic average of all TTHM samples taken over the last year	1.00	Calculate the arithmetic average all HAA5s samples taken over the last year	1.59
Does the arithmetic average of the TTHM samples exceed the Maximum Contaminant Level of 0.080 mg/L for TTHMs? (YES/NO)**	No	Does the arithmetic average of the HAA5 samples exceed the Maximum Contaminant Level of 0.060 mg/L for HAA5s? (YES/NO)**	No

*Also, for each sample taken during the last year, provide the information requested in the tables on pages 3 and 4 of this format.

**If the TTHM or HAA5 sample (or average of the samples, if more than one sample is taken) exceeds the Maximum Contaminant Level, the system must increase monitoring to one TTHM and one HAA5 sample per treatment plant per quarter, taken at a point in the distribution system reflecting the maximum residence time, until the system meets the criteria in 40 CFR 131.132(b)(1)(iv). Please see 40 CFR 141.132 (b)(1) for complete details.

**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: Lake Utilities Services Inc. Four Lakes WTP PWS I.D. #: 3354647
System Type (check one): Community Nontransient Noncommunity Transient Noncommunity
Address: Alane & Carrolls Ct.

City: Montverde State: Fla. ZIP Code: 32778
Phone #: 407-869-1919 Fax #: 407-869-6961
E-Mail Address: b.k.gongre@utilitiesinc-usa.com

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: 20758DW1 Location Code (if known): Water
Sample Date: 7/27/06 Sample Time: 11:50 AM AM PM (Circle One)
Sample Location (be specific): 16040 Harbor Oaks Dr.
Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): 1.7 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? Annual)
- 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: Daniel Anderson
Sampler's Phone #: 352-528-2296 Sampler's Fax #: 407-869-6961
Sampler's E-Mail Address: _____

CERTIFICATION (to be completed by sampler)

I, Daniel Anderson, Plant Operator
(Print Name) (Print Title)

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

Signature: Daniel A. Anderson Date: 8/25/06

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

Laboratory Certification Information (to be completed by lab)

Lab Name: Flowers Chemical Laboratories, Inc.
Address: P. O. Box 150597
Altamonte Springs, FL 32715-0597

Florida Certification #: E83018
Certification Expiration Date: 6/30/2007
Phone #: 407-339-5984

Analysis Information (to be completed by lab)

Sample Number: 20758DW1

Report Number: 20758
Date Sample Received: 07/28/06

Group(s) analyzed and results attached for compliance with Chapter 62-550, F.A.C. (check all that apply)

Inorganics

- All 17
 Partial
 Nitrate
 Nitrite
 Asbestos

Volatile Organics

- All 21 Partial

Synthetic Organics
 All 30 Partial

Radionuclides

- Single Sample
 Qtrly Composite*

Secondaries
 All 14 Partial

Disinfection Byproducts

- Trihalomethanes
 Haloacetic Acids
 Bromate
 Chlorite

Were any analyses subcontracted? Yes No

(If yes, please provide subcontractor's Florida drinking water certification number with each result provided by that lab).

Certification

I, Jefferson S. Flowers, Technical Director, 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: 08/08/06

- * Failure to provide a valid and current Florida Dept. of Health lab ID number and a current Analyte Sheet for the attached analysis results will result in rejection of the report and possible enforcement against the public water system for failure to sample.
- ** Please provide radiochemical sample dates and 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
 Resample Requested (circle or highlight groups above) Revised Report Requested (circle or highlight groups above)
Reason(s): Incomplete Report Location Unsatisfactory Analysis Unsatisfactory
 Missing Analyte Sheet(s) Other _____

Person Notified: _____ Date Notified: _____

Comments: _____

Date Reviewed: _____ DEP/DOH Reviewing Official: _____

**Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Form**

Disinfection Byproducts: 62-550.310(3) Lab ID: 20758DW1 PWS ID: 3354647 Sample ID: 16040 Harbor Oaks Dr.

Contam ID	Contam Name	Units	MCL	Analysis Result	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time
2450	Monochloroacetic Acid	ug/L	N/A	2.00	U	EPA552.2	2.00	08/04/06	
2451	Dichloroacetic Acid	ug/L	N/A	2.00	U	EPA552.2	2.00	08/04/06	
2452	Trichloroacetic Acid	ug/L	N/A	0.500	U	EPA552.2	0.500	08/04/06	
2453	Monobromoacetic Acid	ug/L	N/A	1.00	U	EPA552.2	1.00	08/04/06	
2454	Dibromoacetic Acid	ug/L	N/A	1.59		EPA552.2	0.500	08/04/06	
2456	HAA5	ug/L	60ppb	1.59		EPA552.2	0.500	08/04/06	
2941	Chloroform	ug/L	N/A	0.500	U	EPA524.2	0.500	08/07/06	
2942	Bromoform	ug/L	N/A	0.500	U	EPA524.2	0.500	08/07/06	
2943	Bromodichloromethane	ug/L	N/A	0.500	U	EPA524.2	0.500	08/07/06	
2944	Dibromochloromethane	ug/L	N/A	0.500	U	EPA524.2	0.500	08/07/06	
2950	Total Trihalomethanes	ug/L	80	1.00	U	EPA524.2	1.00	08/07/06	
9999	HAA_ Extraction	mL	N/A	40.0		X552		08/04/06	

Job Bush
Governor



M. Rony François, M.D., M.S.P.H., Ph.D.
Secretary

Laboratory Scope of Accreditation

Page 7 of 33

Attachment to Certificate #: E83018-09, expiration date June 30, 2007. This listing of accredited analytes should be used only when associated with a valid certificate.

State Laboratory ID: E83018

EPA Lab Code: FL00091

(407) 339-5984

E83018
Flowers Chemical Laboratories
481 Newburyport Avenue
Altamonte Springs, FL 32701

Matrix: Drinking Water

Analyte	Method/Tech	Category	Certification Type	Effective Date
Total nitrate-nitrite	EPA 300.0	Primary Inorganic Contaminants	NELAP	6/1/2001
Total nitrate-nitrite	EPA 353.2	Primary Inorganic Contaminants	NELAP	3/29/2006
Total organic carbon	SM 5310B	Primary Inorganic Contaminants	NELAP	3/29/2006
Total trihalomethanes	EPA 502.2	Other Regulated Contaminants	NELAP	6/1/2001
Total trihalomethanes	EPA 524.2	Other Regulated Contaminants	NELAP	6/1/2001
Toxaphene (Chlorinated camphene)	EPA 505	Synthetic Organic Contaminants	NELAP	6/1/2001
trans-1,2-Dichloroethylene	EPA 502.2	Other Regulated Contaminants	NELAP	6/1/2001
trans-1,2-Dichloroethylene	EPA 524.2	Other Regulated Contaminants	NELAP	6/1/2001
trans-1,3-Dichloropropylene	EPA 502.2	Group II Unregulated Contaminants	NELAP	6/1/2001
trans-1,3-Dichloropropylene	EPA 524.2	Group II Unregulated Contaminants	NELAP	6/1/2001
Trichloroacetic acid	EPA 552.2	Group I Unregulated Contaminants	NELAP	3/14/2003
Trichloroethene (Trichloroethylene)	EPA 502.2	Other Regulated Contaminants	NELAP	6/1/2001
Trichloroethene (Trichloroethylene)	EPA 524.2	Other Regulated Contaminants	NELAP	6/1/2001
Trichlorofluoromethane	EPA 502.2	Group II Unregulated Contaminants	NELAP	6/1/2001
Trichlorofluoromethane	EPA 524.2	Group II Unregulated Contaminants	NELAP	6/1/2001
Turbidity	EPA 180.1	Secondary Inorganic Contaminants	NELAP	3/14/2003
Uranium	EPA 200.8	Primary Inorganic Contaminants	NELAP	2/23/2005
Vanadium	EPA 200.8	Secondary Inorganic Contaminants	NELAP	11/10/2005
Vinyl chloride	EPA 502.2	Other Regulated Contaminants	NELAP	6/1/2001
Vinyl chloride	EPA 524.2	Other Regulated Contaminants	NELAP	6/1/2001
Xylene (total)	EPA 502.2	Other Regulated Contaminants	NELAP	6/1/2001
Xylene (total)	EPA 524.2	Other Regulated Contaminants	NELAP	6/1/2001
Zinc	EPA 200.7	Secondary Inorganic Contaminants	NELAP	6/1/2001
Zinc	EPA 200.8	Secondary Inorganic Contaminants	NELAP	6/1/2001

Clients and Customers are urged to verify the laboratory's current certification status with the Environmental Laboratory Certification Program.

Issue Date: 7/1/2006

Expiration Date: 6/30/2007

Job Bush
Governor



M. Rony François, M.D., M.S.P.H., Ph.D.
Secretary

Laboratory Scope of Accreditation

Page 6 of 33

Attachment to Certificate #: E83018-09, expiration date June 30, 2007. This listing of accredited analytes should be used only when associated with a valid certificate.

State Laboratory ID: E83018

EPA Lab Code: FL00091

(407) 339-5984

E83018
Flowers Chemical Laboratories
481 Newburyport Avenue
Altamonte Springs, FL 32701

Matrix: Drinking Water

Analyte	Method/Tech	Category	Certification Type	Effective Date
Nitrite as N	EPA 353.2	Primary Inorganic Contaminants	NELAP	3/29/2006
n-Propylbenzene	EPA 502.2	Group II Unregulated Contaminants	NELAP	6/1/2001
n-Propylbenzene	EPA 524.2	Group II Unregulated Contaminants	NELAP	6/1/2001
Odor	SM 2150 B	Secondary Inorganic Contaminants	NELAP	6/1/2001
Orthophosphate as P	EPA 300.0	Primary Inorganic Contaminants	NELAP	6/1/2001
Oxamyl	EPA 531.1	Synthetic Organic Contaminants	NELAP	6/1/2001
PCBs	EPA 505	Synthetic Organic Contaminants	NELAP	6/1/2001
Pentachlorophenol	EPA 515.1	Synthetic Organic Contaminants	NELAP	6/8/2006
pH	EPA 150.1	Secondary Inorganic Contaminants, Primary Inorganic Contaminants	NELAP	6/1/2001
Picloram	EPA 515.1	Synthetic Organic Contaminants	NELAP	6/1/2001
Propachlor (Ramrod)	EPA 508	Group I Unregulated Contaminants	NELAP	6/1/2001
sec-Butylbenzene	EPA 502.2	Group II Unregulated Contaminants	NELAP	6/1/2001
sec-Butylbenzene	EPA 524.2	Group II Unregulated Contaminants	NELAP	6/1/2001
Selenium	EPA 200.8	Primary Inorganic Contaminants	NELAP	3/1/2002
Silver	EPA 200.7	Secondary Inorganic Contaminants	NELAP	6/1/2001
Silver	EPA 200.8	Secondary Inorganic Contaminants	NELAP	6/1/2001
Silvex (2,4,5-TP)	EPA 515.1	Synthetic Organic Contaminants	NELAP	6/1/2001
Simazine	EPA 507	Synthetic Organic Contaminants	NELAP	3/1/2002
Sodium	EPA 200.7	Primary Inorganic Contaminants	NELAP	6/1/2001
Styrene	EPA 502.2	Other Regulated Contaminants	NELAP	6/1/2001
Styrene	EPA 524.2	Other Regulated Contaminants	NELAP	6/1/2001
Sulfate	EPA 300.0	Primary Inorganic Contaminants, Secondary Inorganic Contaminants	NELAP	6/1/2001
Surfactants - MBAS	SM 5540 C	Secondary Inorganic Contaminants	NELAP	6/1/2001
tert-Butylbenzene	EPA 502.2	Group II Unregulated Contaminants	NELAP	6/1/2001
tert-Butylbenzene	EPA 524.2	Group II Unregulated Contaminants	NELAP	6/1/2001
Tetrachloroethylene (Perchloroethylene)	EPA 502.2	Other Regulated Contaminants	NELAP	6/1/2001
Tetrachloroethylene (Perchloroethylene)	EPA 524.2	Other Regulated Contaminants	NELAP	6/1/2001
Thallium	EPA 200.8	Primary Inorganic Contaminants	NELAP	6/1/2001
Toluene	EPA 502.2	Other Regulated Contaminants	NELAP	6/1/2001
Toluene	EPA 524.2	Other Regulated Contaminants	NELAP	6/1/2001
Total coliforms	SM 9222 B	Microbiology	NELAP	3/22/2002
Total coliforms & E. coli	COLITAG	Microbiology	NELAP	11/10/2005
Total dissolved solids	SM 2540 C	Secondary Inorganic Contaminants	NELAP	6/1/2001
Total haloacetic acids	EPA 552.2	Synthetic Organic Contaminants	NELAP	5/15/2003

Clients and Customers are urged to verify the laboratory's current certification status with the Environmental Laboratory Certification Program.

Issue Date: 7/1/2006

Expiration Date: 6/30/2007

LAKE UTILITY SERVICES, INC.

AND AFFILIATED COMPANIES
200 WEATHERSFIELD AVENUE
ALTAMONTE SPRINGS, FLORIDA 32714

CORPORATE OFFICES:
2335 Sanders Road
Northbrook, Illinois 60062
Telephone: 847-498-6440

Telephone: 407-869-1919
Florida: 800-272-1919
Fax: 407-869-6961
florida@lusiwater.com

December 4, 2006

Mr. Paul Morrison, Environmental Manager
Drinking Water Program
Florida Department of Environmental Protection
3319 Maguire Blvd., Suite 232
Orlando, FL 32803-3767

RE: Fourth Quarter Nitrate Monitoring Requirements
Chapter 62-550 FAC
Four Lakes Water Treatment Plant / Lake Utility Services Inc.
PWS ID 3354647

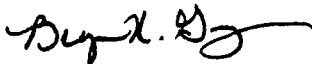
Dear Mr. Morrison:

Please find the enclosed results sampled on November 15, 2006 as specified above for the above referenced analysis and system.

If you should have any questions or require additional information please do not hesitate to call 407.869.1919, extension 226.

Sincerely,

LAKE UTILITY SERVICES, INC.



Bryan K. Gongre
Regional Manager

Enclosures

cc: Domenic Gentilucci, Area Manager, LUSI

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: Lake Utilities Services Inc. Four Lakes WTP PWS# 3 3 5 4 6 4 7

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

Address: Rear of Lot 33 on Alpha

City: Montverde State: FL ZIP Code: 34756

Phone #: 407-869-1919 Fax #: 407-869-6961

E-Mail Address: bkgongre@uiwater.com

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: 28472 DW1 Location Code (if known): Four Lakes WTP POE

Sample Date: 11/15/06 Sample Time: 7:50 AM PM (Circle One)

Sample Location (be specific): Four Lakes WTP POE

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): 1.5 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? 4th)
- 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: _____

Sampler's Name: Raymond Parrish

Sampler's Phone #: 407-869-1919 Sampler's Fax #: 407-869-6961

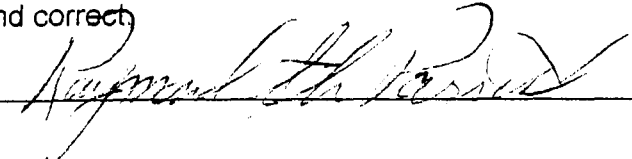
Sampler's E-Mail Address: _____

CERTIFICATION (to be completed by sampler)

I, Raymond Parrish
(Print Name)

(Print Title) Plant Operator

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

Signature: 

Date: 12/01/06

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

Laboratory Certification Information (to be completed by lab)

Lab Name: Flowers Chemical Laboratories, Inc.
Address: P. O. Box 150597
Altamonte Springs, FL 32715-0597

Florida Certification #: E83018
Certification Expiration Date: 6/30/2007
Phone #: 407-339-5984

Analysis Information (to be completed by lab)
Sample Number: 28472DW1

Report Number: 28472
Date Sample Received: 11/15/06

Group(s) analyzed and results attached for compliance with Chapter 62-550, F.A.C. (check all that apply)

Inorganics

- All 17
 Partial
 Nitrate
 Nitrite
 Asbestos

Volatile Organics

- All 21 Partial

Synthetic Organics
 All 30 Partial

Radionuclides

- Single Sample
 Qtrly Composite**

Secondaries
 All 14 Partial

Disinfection Byproducts

- Trihalomethanes
 Haloacetic Acids
 Bromate
 Chlorite

Were any analyses subcontracted? Yes No

(If yes, please provide subcontractor's Florida drinking water certification number with each result provided by that lab).

Certification

I, Jefferson S. Flowers, Technical Director, 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: 11/21/06

- * Failure to provide a valid and current Florida Dept. of Health lab ID number and a current Analyte Sheet for the attached analysis results will result in rejection of the report and possible enforcement against the public water system for failure to sample.
- ** Please provide radiochemical sample dates and 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
 Resample Requested (circle or highlight groups above) Revised Report Requested (circle or highlight groups above)
Reason(s): Incomplete Report Location Unsatisfactory Analysis Unsatisfactory
 Missing Analyte Sheet(s) Other _____

Person Notified: _____ Date Notified: _____

Comments: _____

Date Reviewed: _____ DEP/DOH Reviewing Official: _____

**Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Form**

Inorganic Contaminants: 62-550.310(1) Lab ID: 28472DW1 PWS ID: 3354647 Sample ID: 4 Lks. POE

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Cert #
1040	Nitrate (as N)	10	mg/L	5.75		EPA300.0	0.0500	11/15/06	01:30 PM	E83018
1041	Nitrite (as N)	1	mg/L	0.0500	U	EPA300.0	0.0500	11/15/06	01:30 PM	E83018

Jeb Bush
Governor



M. Rony François, M.D., M.S.P.H, Ph.D.
Secretary

Laboratory Scope of Accreditation

Page 5 of 33

Attachment to Certificate #: E83018-09, expiration date June 30, 2007. This listing of accredited analytes should be used only when associated with a valid certificate.

State Laboratory ID: E83018

EPA Lab Code: FL00091

(407) 339-5984

E83018
Flowers Chemical Laboratories
481 Newburyport Avenue
Altamonte Springs, FL 32701

Matrix: Drinking Water

Analyte	Method/Tech	Category	Certification Type	Effective Date
gamma-BHC (Lindane, gamma-Hexachlorocyclohexane)	EPA 505	Synthetic Organic Contaminants	NELAP	6/1/2001
Glyphosate	EPA 547	Synthetic Organic Contaminants	NELAP	6/1/2001
Heptachlor	EPA 505	Synthetic Organic Contaminants	NELAP	6/1/2001
Heptachlor epoxide	EPA 505	Synthetic Organic Contaminants	NELAP	6/1/2001
Heterotrophic plate count	SM 9215 C	Microbiology	NELAP	3/14/2003
Hexachlorobenzene	EPA 505	Synthetic Organic Contaminants	NELAP	6/1/2001
Hexachlorobutadiene	EPA 502.2	Group II Unregulated Contaminants	NELAP	6/1/2001
Hexachlorobutadiene	EPA 524.2	Group II Unregulated Contaminants	NELAP	6/1/2001
Hexachlorocyclopentadiene	EPA 505	Synthetic Organic Contaminants	NELAP	6/8/2006
Hexachloroethane	EPA 524.2	Group II Unregulated Contaminants	NELAP	6/1/2001
Iodomethane (Methyl iodide)	EPA 524.2	Group II Unregulated Contaminants	NELAP	6/1/2001
Iron	EPA 200.7	Secondary Inorganic Contaminants	NELAP	6/1/2001
Isopropylbenzene	EPA 502.2	Group II Unregulated Contaminants	NELAP	6/1/2001
Isopropylbenzene	EPA 524.2	Group II Unregulated Contaminants	NELAP	6/1/2001
Lead	EPA 200.8	Primary Inorganic Contaminants	NELAP	6/1/2001
Manganese	EPA 200.7	Secondary Inorganic Contaminants	NELAP	6/1/2001
Mercury	EPA 245.1	Primary Inorganic Contaminants	NELAP	6/1/2001
Methomyl (Lannate)	EPA 531.1	Group I Unregulated Contaminants	NELAP	10/23/2003
Methoxychlor	EPA 505	Synthetic Organic Contaminants	NELAP	6/1/2001
Methyl bromide (Bromomethane)	EPA 502.2	Group II Unregulated Contaminants	NELAP	6/1/2001
Methyl bromide (Bromomethane)	EPA 524.2	Group II Unregulated Contaminants	NELAP	6/1/2001
Methyl chloride (Chloromethane)	EPA 502.2	Group II Unregulated Contaminants	NELAP	6/1/2001
Methyl chloride (Chloromethane)	EPA 524.2	Group II Unregulated Contaminants	NELAP	6/1/2001
Methyl tert-butyl ether (MTBE)	EPA 502.2	Group II Unregulated Contaminants	NELAP	6/1/2001
Methyl tert-butyl ether (MTBE)	EPA 524.2	Group II Unregulated Contaminants	NELAP	6/1/2001
Metolachlor	EPA 507	Group I Unregulated Contaminants	NELAP	6/1/2001
Metribuzin	EPA 507	Group I Unregulated Contaminants	NELAP	6/1/2001
Naphthalene	EPA 502.2	Group II Unregulated Contaminants	NELAP	6/1/2001
Naphthalene	EPA 524.2	Group II Unregulated Contaminants	NELAP	6/1/2001
n-Butylbenzene	EPA 502.2	Group II Unregulated Contaminants	NELAP	6/1/2001
n-Butylbenzene	EPA 524.2	Group II Unregulated Contaminants	NELAP	6/1/2001
Nickel	EPA 200.7	Primary Inorganic Contaminants	NELAP	6/1/2001
Nickel	EPA 200.8	Primary Inorganic Contaminants	NELAP	6/1/2001
Nitrate	EPA 300.0	Primary Inorganic Contaminants	NELAP	6/1/2001
Nitrate as N	EPA 353.2	Primary Inorganic Contaminants	NELAP	3/29/2006
Nitrite	EPA 300.0	Primary Inorganic Contaminants	NELAP	6/1/2001

Clients and Customers are urged to verify the laboratory's current certification status with the Environmental Laboratory Certification Program.

Issue Date: 7/1/2006

Expiration Date: 6/30/2007

GREATER GROVES

25.30.440 (3)
CHEMICAL ANALYSES

LAKE UTILITY SERVICES, INC.

AN AFFILIATE OF UTILITIES, INC.

200 WEATHERSFIELD AVENUE
ALTAMONTE SPRINGS, FLORIDA 32714

CORPORATE OFFICES:
2335 Sanders Road
Northbrook, Illinois 60062
Telephone: 847-498-6440

Telephone: 407-869-1919
Florida: 800-272-1919
Fax: 407-869-6961
E-Mail: uif@iag.net

April 7, 2005

Mr. Paul Morrison
Drinking Water Program
Florida Department of Environmental Protection
3319 Maguire Blvd. - Suite 232
Orlando, FL 32803

RE: Triennial Monitoring
Chapter 62-550 FAC
Inorganics & Secondaries
Greater Groves
PWS ID# 3354881-1

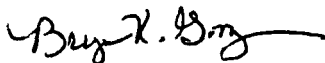
Dear Mr. Morrison:

Enclosed please find the results of samples taken March 9 and March 16, 2005 for the above referenced analysis and system. Although the result for Nitrate under the initial Secondary contaminant analysis was within acceptable limits, the operator for some reason obtained a second sample. The results of said sampling are also enclosed.

If you have any questions or require additional information, please do not hesitate to contact me at (407) 869-8588, ext. 226.

Sincerely,

LAKE UTILITY SERVICES, INC.



Bryan K. Gongre
Assistant Operations Manager

Enclosures: Sample Results

cc: Bill Coates, Area Manager, UIOF



**Advanced
Environmental Laboratories, Inc.**

6601 Southpoint Parkway
Jacksonville, Florida 32216
(904) 363-9350
FAX (904) 363-9354

Client: Utilities, Inc.
Project Name: Greater Groves WTP
Project Number:
PWS ID#:
Attention: Bryan Gongre
Phone Number: 8002721919
Address: 200 Weathersfield Ave.

Altamonte Springs, FL 32714

Report No.: T052277
Date Sampled: 3/9/2005
Date Received: 3/10/05 11:20
Date Reported: 3/23/2005

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: Greater Groves WTP

Approved By: *Nannette Staley*
Nannette Staley, Project Coordinator

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

P1

Advanced Environmental Laboratories, Inc.
Analytical Report

Client: Utilities, Inc.
Project Name: Greater Groves WTP
Matrix: Drinking Water
PWS ID#:
Client Sample ID: POE
Site: 2425 US 27
Sample Number: T052277-01

Report No.: T052277
Date/Time Sampled: 03/09/05 15:30
Date/Time Received: 3/10/05 11:20

Sampled By: Dan Sherwood
Shipping Method: AEL Pick-up

Inorganic Contaminants

Contam ID	Contam Name	MCL	Units	Analysis Results	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Cert. #
1005	Arsenic	0.050	mg/L	0.0070	U	E200.7	0.0070	3/14/2005	10:54	E82574
1010	Barium	2.0	mg/L	0.020		E200.7	0.0025	3/14/2005	10:54	E82574
1015	Cadmium	0.0050	mg/L	0.00021	U	E200.7	0.00021	3/14/2005	10:54	E82574
1020	Chromium	0.10	mg/L	0.00032	I	E200.7	0.00016	3/14/2005	10:54	E82574
1024	Cyanide	0.20	mg/L	0.0049	U	SM4500CN-E	0.0049	3/22/2005	9:30	E84589
1025	Fluoride	4.0	mg/L	0.079	I	SM4500F-C	0.061	3/17/2005	13:00	E84589
1030	Lead	0.015	mg/L	0.0013	U	SM3113B	0.0013	3/11/2005	15:54	E82574
1035	Mercury	0.0020	mg/L	0.000020	U	E245.1	0.000020	3/17/2005	12:37	E82574
1036	Nickel	0.10	mg/L	0.0030	I	E200.7	0.0026	3/14/2005	10:54	E82574
1040	Nitrate (as N)	10	mg/L	4.0		SM4500NO3-F	0.027	3/10/2005	15:24	E84589
1041	Nitrite (as N)	1.0	mg/L	0.034	U	SM4500NO3-F	0.034	3/10/2005	15:24	E84589
1045	Selenium	0.050	mg/L	0.0018	I	SM3113B	0.0016	3/16/2005	11:15	E82574
1052	Sodium	160	mg/L	11		E200.7	0.0084	3/14/2005	10:54	E82574
1074	Antimony	0.0060	mg/L	0.0025	U	SM3113B	0.0025	3/17/2005	13:50	E82574
1075	Beryllium	0.0040	mg/L	0.000027	U	E200.7	0.000027	3/14/2005	10:54	E82574
1085	Thallium	0.0020	mg/L	0.0016	U	E200.9	0.0016	3/15/2005	16:57	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

82

Advanced Environmental Laboratories, Inc.
Analytical Report

Client: Utilities, Inc.
Project Name: Greater Groves WTP
Matrix: Drinking Water
PWS ID#:

Report No.: T052277
Date/Time Sampled: 03/09/05 15:30
Date/Time Received: 3/10/05 11:20

Client Sample ID: POE
Site: 2425 US 27
Sample Number: T052277-01

Sampled By: Dan Sherwood
Shipping Method: AEL Pick-up

Secondary Contaminants

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	0.017	U	E200.7	0.017	3/14/2005	10:54	E82574
1017	Total Chlorides	250	mg/L	18		E325.3	1.3	3/14/2005	11:00	E84589
1022	Copper	1.0	mg/L	0.021		E200.7	0.00096	3/14/2005	10:54	E82574
1025	Fluoride	2.0	mg/L	0.079	i	SM4500F-C	0.061	3/17/2005	13:00	E84589
1028	Iron	0.30	mg/L	0.016	U	E200.7	0.016	3/14/2005	10:54	E82574
1032	Manganese	0.050	mg/L	0.0012		E200.7	0.00022	3/14/2005	10:54	E82574
1050	Silver	0.10	mg/L	0.0019	U	E200.7	0.0019	3/14/2005	10:54	E82574
1055	Sulfate (as SO4)	250	mg/L	8.5		E375.4	1.4	3/15/2005	8:45	E84589
1095	Zinc	5.0	mg/L	0.0072	U	E200.7	0.0072	3/14/2005	10:54	E82574
1905	* Color	15	Color Uni	5.0	U	SM2120B	5.0	3/10/2005	14:50	E84589
1920	Odor	3.0	TON	1.0	U	SM2150B	1.0	3/10/2005	14:40	E84589
1925	pH	6.5-8.5	pH Units	7.85	Q	E150.1		3/10/2005	15:00	E84589
1930	Total Dissolved Solids	500	mg/L	130		E160.1	10	3/11/2005	17:30	E84589
2905	MBAS, as LAS, mol. wt. 340	0.50	mg/L	0.041	i	E425.1	0.035	3/11/2005	9:15	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.

MDL Method Reporting Limit

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

P. 3

**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: Greater Groves PWS I.D. #:

3	3	5	4	8	8	1
---	---	---	---	---	---	---

-0

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

Address: 2425 US 27 LakelUtility Services, Inc.
200 Weathersfield Avenue

City: Clermont Altamonte Springs State: FL ZIP Code: 34714/32714

Phone #: 407-869-1919 Fax #: 407-869-6961

E-Mail Address: _____

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: TD52277-01 Location Code (if known): _____

Sample Date: 3/9/05 Sample Time: 3:30 AM PM (Circle One)

Sample Location (be specific): GREATER GROVES

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: 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: DANIEL SHERWOOD

Sampler's Phone #: 321-388-7893 Sampler's Fax #: 407.869.6961

Sampler's E-Mail Address: _____

CERTIFICATION (to be completed by sampler)

I, DANIEL SHERWOOD, OPERATOR
(Print Name) (Print Title)

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

Signature: *Daniel Sherwood* Date: 4/4/05

P4

**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: 6/30/2005
phone #: (813) 630-9616

ANALYSIS INFORMATION (to be completed by lab)

PWS ID (from page 1): _____ Date Sample(s) Received: 3/10/2005 11:20:00
Lab Assigned Report Number or Job ID T052277 Sample Number (From page 1) _____
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 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 checked="" type="checkbox"/> All 14 |
| | | | <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, Nannette Staley, Project Coordinator
(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: Nannette Staley Date: 3-23-05

* 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: _____

25

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 #: T052277
CustomerName: Utilities, Inc.
Collector: Dan Sherwood

Check if Rush

Lab Code	Client Sample ID	Test	Matrix	Collect Date / Time	Receive Date	Due Date	# Bottles	Bottle Type (Pres.)
T052277-01	POE	-550 Metals ICP (Primary) C	Drinking Water	3/9/2005 15:30	3/10/05 11:20	3/24/2005	_____	1L Poly
T052277-01	POE	50 Metals ICP (Secondary)	Drinking Water	3/9/2005 15:30	3/10/05 11:20	3/24/2005	_____	1L Poly
T052277-01	POE	Hg (DW)	Drinking Water	3/9/2005 15:30	3/10/05 11:20	3/24/2005	_____	500mL Poly (HNO3)
T052277-01	POE	Pb (DW)	Drinking Water	3/9/2005 15:30	3/10/05 11:20	3/24/2005	_____	500mL Poly (HNO3)
T052277-01	POE	Sb (DW)	Drinking Water	3/9/2005 15:30	3/10/05 11:20	3/24/2005	_____	500mL Poly (HNO3)
T052277-01	POE	Se (DW)	Drinking Water	3/9/2005 15:30	3/10/05 11:20	3/24/2005	_____	500mL Poly (HNO3)
T052277-01	POE	TI (DW)	Drinking Water	3/9/2005 15:30	3/10/05 11:20	3/24/2005	_____	500mL Poly (HNO3)

26

Tampa Relinquisher: _____

M. Esben

Shipping Receiver: _____

UPS

Date/Time: _____

3/10/05 1700

Shipping Relinquisher: _____

UPS

Jacksonville Receiver: _____

C. Ferguson

Date/Time: _____

3/11/05 1000



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

Date/Time Rcvd: 3/10/05 1120

Log-in request number: TD52277

Received by: VIR

Completed by: TD

Cooler/Shipping Information:

Courier: AEL Client UPS Pony Express 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)	<u>0.2</u>				
Temp taken from	<input type="checkbox"/> Temp blank <input type="checkbox"/> Sample bottle <input checked="" type="checkbox"/> Ice Water	<input type="checkbox"/> Temp blank <input type="checkbox"/> Sample bottle <input type="checkbox"/> Ice Water	<input type="checkbox"/> Temp blank <input type="checkbox"/> Sample bottle <input type="checkbox"/> Ice Water	<input type="checkbox"/> Temp blank <input type="checkbox"/> Sample bottle <input type="checkbox"/> Ice Water	<input type="checkbox"/> Temp blank <input type="checkbox"/> Sample bottle <input type="checkbox"/> Ice Water
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:

Kit ID: _____

P7



Environmental Laboratories, Inc.

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

LAB NUMBER: 052277

Page _____ of _____

CLIENT NAME: UTILITIES Inc		PROJECT NAME: GREATER GROVES		BOTTLE SIZE & TYPE	500 ml	500 ml	1 L	1 L	PRESERVED	LAB NUMBER	
ADDRESS: 200 WEATHERSFIELD AVE		P.O. NUMBER / PROJECT NUMBER:									
PROJECT LOCATION: ALTAMONTE SPRINGS, FL 32714		2425 US 27									
PHONE: 407-869-1919		FAX: 407-869-6961									
CONTACT: BRYAN GONZALEZ		SAMPLED BY: DAN SHERWOOD		CYANIDE		PRIMARY SECONDARY WET		PRIMARY METALS		SECONDARY WET	
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		NONE		H2O2		NONE		NONE	
SAMPLE ID		SAMPLE DESCRIPTION									
		P.O.E.		G		3-9-05		3:30 PM		DW 1	
		P.O.E.		G		3-9-05				DW 1	
		P.O.E.		G		3-9-05				DLO 1	
		P.O.E.		G		3-9-05				DW 1	

LAB NUMBER 052277

I = Ice H = (HCl) S = (H ₂ SO ₄) N = (HNO ₃) T = (Sodium Thiosulfate)		Relinquished by: <u>[Signature]</u>		Date: <u>03/10/05</u>		Time: <u>1120</u>		Received by: <u>[Signature]</u>		Date: <u>03/16/05</u>		Time: <u>0930</u>	
Shipment Out: / /	Method Via: _____	Sample Kit RB _____	Cooler # _____	Via: _____		Via: _____		Via: _____		Via: _____		Via: _____	
Ret: / /	Via: _____	Trip Bl. _____	_____	Via: _____		Via: _____		Via: _____		Via: _____		Via: _____	



Client: Utilities, Inc.
Project Name: Greater Groves WTP
Project Number:
PWS ID#:

Report No.: T052543
Date Sampled: 3/16/2005
Date Received: 3/17/05 11:20
Date Reported: 3/21/2005

Attention: Dan Sherwood
Phone Number: 8002721919

Address: 200 Weathersfield Ave.

Altamonte Springs, FL 32714

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: Greater Groves WTP

Approved By:



Nannette Staley, Project Coordinator

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

P1

Advanced Environmental Laboratories, Inc.
Analytical Report

Client: Utilities, Inc.
Project Name: Greater Groves WTP
Matrix: Drinking Water
PWS ID#:
Client Sample ID: POE
Site: Clermont
Sample Number: T052543-01

Report No.: T052543
Date/Time Sampled: 03/16/05 15:45
Date/Time Received: 3/17/05 11:20

Sampled By: Dan Sherwood
Shipping Method: AEL Courier

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	4.1		SM4500NO3-F	0.027	3/17/2005	15:48	E84589

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

2

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: Greater Groves PWS I.D. #:

3	3	5	4	8	8	1
---	---	---	---	---	---	---

 -0

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

Address: 2425 0579 Lake Utility Services, Inc
200 Weathersfield Avenue Altamonte

City: CLERMONT Altamonte Springs State: FL ZIP Code: 32714

Phone #: 407.869.6919 Fax #: 407.869.6961

E-Mail Address: _____

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: T052543-01 Location Code (if known): _____

Sample Date: 3/16/05 Sample Time: 3:45 AM PM (Circle One)

Sample Location (be specific): P-06 to distribution system

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): 1.3 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: DANIEL SHERWOOD

Sampler's Phone #: 321-386-7893 Sampler's Fax #: 407.869.6961

Sampler's E-Mail Address: _____

CERTIFICATION (to be completed by sampler)

I, DANIEL SHERWOOD, 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: 4/9/05

23

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: 6/30/2005
phone #: (813) 630-9616

ANALYSIS INFORMATION (to be completed by lab)

PWS ID (from page 1): _____ Date Sample(s) Received: 3/17/2005 11:20:00
Lab Assigned Report Number or Job ID T052543 Sample Number (From page 1) _____
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 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, Nannette Staley, Project Coordinator
(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: Nannette Staley Date: 3-21-05

* 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: _____

24



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

Date/Time Rcvd: 3/17/05 11:20

Log-in request number: T002543

Received by: NS

Completed by: TD

Cooler/Shipping Information:

Courier: AEL Client UPS Pony Express 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)	0.2				
Temp taken from	<input type="checkbox"/> Temp blank <input type="checkbox"/> Sample bottle <input checked="" type="checkbox"/> Ice Water	<input type="checkbox"/> Temp blank <input type="checkbox"/> Sample bottle <input type="checkbox"/> Ice Water	<input type="checkbox"/> Temp blank <input type="checkbox"/> Sample bottle <input type="checkbox"/> Ice Water	<input type="checkbox"/> Temp blank <input type="checkbox"/> Sample bottle <input type="checkbox"/> Ice Water	<input type="checkbox"/> Temp blank <input type="checkbox"/> Sample bottle <input type="checkbox"/> Ice Water
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?			<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? <i>NOTE: VOA samples are checked by laboratory analysts.</i>			<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"/>		

Comments:

Kit ID:

25



**Advanced
Environmental Laboratories, Inc.**

6601 Southpoint Parkway
Jacksonville, Florida 32216
(904) 363-9350
FAX (904) 363-9354

Laboratory Project No./SDG#: **T052543**

Project ID: **Greater Groves WTP**

Client Name: **Utilities, Inc.**

Analytical Batch ID: **wct031705no2**

I. RECEIPT

No Exceptions were encountered.

II. HOLDING TIMES

Preparation: All holding times were met.

Analysis: All holding times were met.

III. METHOD

Analysis: SM4500NO3-F

Preparation: NONE

IV. PREPARATION

Sample preparation proceeded normally.

V. ANALYSIS

A. Calibration: All acceptance criteria were met.

B. Blanks: All acceptance criteria were met.

C. Spikes: T052543 had sufficient concentration of the target analyte that required a dilution and did not allow for the calculation of the matrix spikes.

D. Duplicates: All acceptance criteria were met.

E. Serial Dilution: All acceptance criteria were met.

F. Samples: Sample analyses proceeded normally.

G. Other:

I certify that this data package is in compliance with the terms and conditions agreed to by Advanced Environmental Laboratories, Inc. and by the client, both technically and for completeness, except for the conditions detailed above. The Quality Assurance Officer, or designee, as verified by the following signature, has authorized release of the data contained in this data package:

Nannette Staley, Project Coordinator

2-6



Environmental Laboratories, Inc.

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

LAB NUMBER: 7052543

Page _____ of _____

CLIENT NAME: UTILITIES INC		PROJECT NAME: GREATER GROVES		BOTTLE SIZE & TYPE	A R N E A Q L U Y I S R I E S D	LAB NUMBER
ADDRESS: 200 WEATHERSFIELD AVE		P.O. NUMBER / PROJECT NUMBER:				
ALTA MONTE SPRINGS 32714		PROJECT LOCATION:				
PHONE: 407-869-1919	FAX: 407-869-1919	CLERMONT				
CONTACT:		SAMPLED BY: DAN SHERWOOD				
TURN AROUND TIME: <input type="checkbox"/> STANDARD <input type="checkbox"/> RUSH _____		REMARKS / SPECIAL INSTRUCTIONS: RE-SAMPLE				

ALTA MONTE

P-7

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		
	P.O.E	G	3/16/05	1545	DW	1

-01

I = Ice H = (HCl) S = (H ₂ SO ₄) N = (HNO ₃) T = (Sodium Thiosulfate)		Relinquished by: _____		Date	Time	Received by: _____		Date	Time
Shipment	Method	Sample Kit	Cooler #						
Out: / /	Via: _____	RB _____	D/T _____	3/17/05		J. Schmitt	03/17/05	0920	
Ret: / /	Via: _____	AB _____	D/T _____	03/17/05		A. Salyer	3/17/05	1120	
		Trip Bl: <input type="checkbox"/>	<input type="checkbox"/>						

Received on ice: Yes No OC sent received

LAKE UTILITY SERVICES, INC.

AN AFFILIATE OF UTILITIES, INC.

200 WEATHERSFIELD AVENUE
ALTAMONTE SPRINGS, FLORIDA 32714

CORPORATE OFFICES:
2335 Sanders Road
Northbrook, Illinois 60062
Telephone: 847-498-6440

Telephone: 407-869-1919
Florida: 800-272-1919
Fax: 407-869-6961
E-Mail: uif@iag.net

April 27, 2005

Mr. Paul Morrison
Drinking Water Program
Florida Department of Environmental Protection
3319 Maguire Blvd. - Suite 232
Orlando, FL 32803

RE: Triennial Monitoring
Chapter 62-550 FAC
V.O.C.'s & Gross Alpha/228
Greater Groves
PWS ID# 3354881-1

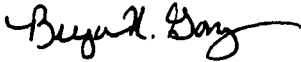
Dear Mr. Morrison:

Enclosed please find the results of samples taken February 23, 2005 for the above referenced analysis and system.

If you have any questions or require additional information, please do not hesitate to contact me at (407) 869-8588, ext. 226.

Sincerely,

LAKE UTILITY SERVICES, INC.



Bryan K. Gongre
Assistant Operations Manager

Enclosures: Sample Results

cc: Bill Coates, Area Manager, UIOF

**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: Greater Groves PWS I.D. #:

3	3	5	4	8	8	1
---	---	---	---	---	---	---

 -1

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

Address: Lake Utility Services, Inc.
200 Weathersfield Avenue

City: Altamonte Springs State: FL ZIP Code: 32714

Phone #: 407.869.1919 Fax #: 407.869.6961

E-Mail Address: b.k.gongre@utilitiesinc-usa.com

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: T051798 Location Code (if known): _____

Sample Date: 2/23/05 Sample Time: 3:00 AM (Circle One)

Sample Location (be specific): Entry point to distribution system

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: Daniel Sherwood

Sampler's Phone #: 407.869.1919 Sampler's Fax #: 407.869.6961

Sampler's E-Mail Address: _____

CERTIFICATION (to be completed by sampler)

I, Daniel Sherwood (Print Name), Operator (Print Title)
~~Asst. Operations Manager~~

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

Signature: Daniel Sherwood Date: 4/28/05



**Advanced
Environmental Laboratories, Inc.**

6601 Southpoint Parkway
Jacksonville, Florida 32216
(904) 363-9350
FAX (904) 363-9354

Client: Utilities, Inc.
Project Name: Greater Groves WTP
Project Number:
PWS ID#:

Report No.: T051798
Date Sampled: 2/23/2005
Date Received: 2/24/05 11:00
Date Reported: 4/18/2005

Attention: Brian Gongre
Phone Number: 8002721919

Address: 200 Weathersfield Ave.

Altamonte Springs, FL 32714

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: Greater Groves WTP

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 =

Advanced Environmental Laboratories, Inc.
Analytical Report

Client: Utilities, Inc.
Project Name: Greater Groves WTP
Matrix: Drinking Water
PWS ID#:
Client Sample ID: POE
Site: Clermont
Sample Number: T051798-04

Report No.: T051798
Date/Time Sampled: 2/23/2005 15:00
Date/Time Received: 2/24/05 11:00
Sampled By: Dan Sherwood
Shipping Method: AEL Pick-up

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	3/1/2005	15:33	E82574
2380	Cis-1,2-dichloroethene	70	ug/L	0.20	U	E502.2	0.20	1.0	3/1/2005	15:33	E82574
2955	Xylenes (Total)	10000	ug/L	0.50	U	E502.2	0.50	1.0	3/1/2005	15:33	E82574
2964	Methylene Chloride	5.0	ug/L	0.44	U	E502.2	0.44	1.0	3/1/2005	15:33	E82574
2968	1,2-Dichlorobenzene	600	ug/L	0.26	U	E502.2	0.26	1.0	3/1/2005	15:33	E82574
2969	1,4-Dichlorobenzene	75	ug/L	0.11	U	E502.2	0.11	1.0	3/1/2005	15:33	E82574
2976	Vinyl Chloride	1.0	ug/L	0.29	U	E502.2	0.29	1.0	3/1/2005	15:33	E82574
2977	1,1-Dichloroethene	7.0	ug/L	0.21	U	E502.2	0.21	1.0	3/1/2005	15:33	E82574
2979	Trans-1,2-dichloroethene	100	ug/L	0.27	U	E502.2	0.27	1.0	3/1/2005	15:33	E82574
2980	1,2-Dichloroethane	3.0	ug/L	0.22	U	E502.2	0.22	1.0	3/1/2005	15:33	E82574
2981	1,1,1-Trichloroethane	200	ug/L	0.33	U	E502.2	0.33	1.0	3/1/2005	15:33	E82574
2982	Carbon Tetrachloride	3.0	ug/L	0.31	U	E502.2	0.31	1.0	3/1/2005	15:33	E82574
2983	1,2-Dichloropropane	5.0	ug/L	0.22	U	E502.2	0.22	1.0	3/1/2005	15:33	E82574
2984	Trichloroethene	3.0	ug/L	0.28	U	E502.2	0.28	1.0	3/1/2005	15:33	E82574
2985	1,1,2-Trichloroethane	5.0	ug/L	0.32	U	E502.2	0.32	1.0	3/1/2005	15:33	E82574
2987	Tetrachloroethene	3.0	ug/L	0.31	U	E502.2	0.31	1.0	3/1/2005	15:33	E82574
2989	Chlorobenzene	100	ug/L	0.18	U	E502.2	0.18	1.0	3/1/2005	15:33	E82574
2990	Benzene	1.0	ug/L	0.21	U	E502.2	0.21	1.0	3/1/2005	15:33	E82574
2991	Toluene	1000	ug/L	0.10	U	E502.2	0.10	1.0	3/1/2005	15:33	E82574
2992	Ethylbenzene	700	ug/L	0.15	U	E502.2	0.15	1.0	3/1/2005	15:33	E82574
2996	Styrene	100	ug/L	0.14	U	E502.2	0.14	1.0	3/1/2005	15:33	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 Radiochemistry Services, Inc.

Contact: Michael J. Naumann

5456 Hoffner Ave., Suite 201 Orlando, FL 32812

Phone: (407) 382-7733 Fax: (407)382-7744

Certification I. D. # E83033

Work Order #: 0502245

Report Date: 03/08/05

Report to:

Advanced Environmental Laboratories, Inc.


9610 Princess Palm Ave.

Tampa, FL 33619

Attention: Michael Cammarata

I do hereby affirm that this record contains no willful misrepresentations and that this information given by me is true to the best of my knowledge and belief. I further certify that the methods and quality control measures used to produce these laboratory results were implemented in accordance with the requirements of this laboratory's certification and NELAC Standards.

Signed


Michael J. Naumann - President

Date

3-8-05



Florida Radiochemistry Services, Inc.

Sample Login

Client:	Advanced Environmental Laboratories, Inc.	Date / Time Received	Work order #
		02/25/05 10:16	0502245
Client Contact:	Michael Cammarata		
Client P.O.			
Project I.D.	T051798		
Lab Sample I.D.	Client Sample I.D.	Sample Date/Time	Analysis Requested
0502245-01	T051798-01	02/23/05 15:00	Ga, Ra228

Analysis Results

Gross Alpha	1.8	Radium 228	1.1
Error +/-	1.1	Error +/-	0.6
MDL	1.4	MDL	0.8
EPA Method	900.0	EPA Method	Ra-05
Prep Date	03/02/05	Prep Date	03/03/05
Analysis Date	03/02/05	Analysis Date	03/06/05
Analyst	MJN	Analyst	PJ
Units	pCi/l	Units	pCi/l



Florida Radiochemistry Services, Inc.

QA Page

Analyte	Sample #	Date Analyzed	Sample Result	Amount Spiked	Spike Result	Spike /Dup Result	Spike % Rec.	Spike Dup % Rpd
Gross Alpha	0502245-01	03/03/05	1.8	10.2	10.9	10.8	89	0.9
Radium 228	0502245-01	03/06/05	1.1	9.4	8.6	9.4	80	8.9

	Quality % RPD	Control Limits
Gross Alpha	18.1	88-116
Radium 228	25.0	70-125

P. 12

NO. 451 P. 12

Chain-of-Custody for AEL Tampa to Florida Radioch

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

Florida Radiochemistry
5456 Hoffner Ave., Suite 201
Orlando, FL 32812-2517
407-382-7733
Contact Person: Sample Receiving

Project #: T051798

Department: FloridaRad

Check if Rush

Lab Code	Client Sample ID	Test	Matrix	Collect Date / Time	Receive Date	Due Date	# Bottles	Bottle Type (Pres.)
T051798-01	POE	Gross Alpha	Drinking Water	2/23/2005 15:00	2/24/05 11:00	3/18/2005	_____	1L Amber glass
T051798-02	POE	Radium 228	Drinking Water	2/23/2005 15:00	2/24/05 11:00	3/16/2005	_____	1L Amber glass

APK. 18. 2005 10:53AM

Tampa Relinquisher: *Osban*

Shipping Receiver: *UP3*

Date/Time: 2/24/2005 3:15:09 PM

Shipping Relinquisher: _____

Florida Radiochemistry Receiver: *KWZab*

Date/Time: 2/25/05 14:16

**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: 6/30/2005

Tampa, Florida 33619

phone #: (813) 630-9616

ANALYSIS INFORMATION (to be completed by lab)

PWS ID (from page 1): _____

Date Sample(s) Received: 2/24/2005 11:00:00

Lab Assigned Report Number or Job ID T051798

Sample Number (From page 1) T051798-01

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 checked="" 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 checked="" 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 E82574 E83033

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: 4/19/05

* 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
9610 Princess Palm Ave.
Tampa, FL 33619

Date/Time Rcvd: 2/24/05 1100
Received by: TD

Log-in request number: TD51798
Completed by: TD

Cooler/Shipping Information:

Courier: AEL Client UPS Pony Express 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)	<u>0.2</u>				
Temp taken from	<input type="checkbox"/> Temp blank <input type="checkbox"/> Sample bottle <input checked="" type="checkbox"/> Ice Water	<input type="checkbox"/> Temp blank <input type="checkbox"/> Sample bottle <input type="checkbox"/> Ice Water	<input type="checkbox"/> Temp blank <input type="checkbox"/> Sample bottle <input type="checkbox"/> Ice Water	<input type="checkbox"/> Temp blank <input type="checkbox"/> Sample bottle <input type="checkbox"/> Ice Water	<input type="checkbox"/> Temp blank <input type="checkbox"/> Sample bottle <input type="checkbox"/> Ice Water
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.

	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:

Kit ID: _____

0.5

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 #: T051798
CustomerName: Utilities, Inc.
Collector: Dan Sherwood

Check if Rush

Lab Code	Client Sample ID	Test	Matrix	Collect Date / Time	Receive Date	Due Date	# Bottles	Bottle Type (Pres.)
T051798-03	POE	550 Metals ICP (Primary) D	Drinking Water	2/23/2005 15:00	2/24/05 11:00	3/10/2005		
T051798-03	POE	550 Metals ICP (Secondary)	Drinking Water	2/23/2005 15:00	2/24/05 11:00	3/10/2005		1L Poly
T051798-03	POE	Hg (DW)	Drinking Water	2/23/2005 15:00	2/24/05 11:00	3/10/2005		500mL Poly (HNO3)
T051798-03	POE	Pb (DW)	Drinking Water	2/23/2005 15:00	2/24/05 11:00	3/10/2005		500mL Poly (HNO3)
T051798-03	POE	Sb (DW)	Drinking Water	2/23/2005 15:00	2/24/05 11:00	3/10/2005		500mL Poly (HNO3)
T051798-03	POE	Se (DW)	Drinking Water	2/23/2005 15:00	2/24/05 11:00	3/10/2005		500mL Poly (HNO3)
T051798-03	POE	Ti (DW)	Drinking Water	2/23/2005 15:00	2/24/05 11:00	3/10/2005		500mL Poly (HNO3)
T051798-04	POE	62-550 VOCs DW	Drinking Water	2/23/2005 15:00	2/24/05 11:00	3/9/2005		40mL VOC Vial

Metals bottle damaged in shipment.

Tampa Relinquisher: *D. Sherwood, VIR*
Shipping Relinquisher: *UPS*

Shipping Receiver: *UPS*
Jacksonville Receiver: *H.D. Satter*

Date/Time: *2/24/05 1700*
Date/Time: *2/25/05 1300*



Environmental Laboratories, Inc.

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

LAB NUMBER: 7851798

Page 1 of 1

612

CLIENT NAME: UTILITIES INC	PROJECT NAME: GREATER GROVES	BOTTLE SIZE & TYPE	1 L	1 L	500 ML	500 ML	500 ML	3000 CLAS
ADDRESS: 200 WEATHERS FIELD AVE	P.O. NUMBER / PROJECT NUMBER:	ANALYZED	GROSS ALPHA	RAD 228	1020 WET	CN	10	2° WET
ALTAMONTE SPRINGS FL 32714	PROJECT LOCATION: CLERMONT, FL							
PHONE: 407-869-1919 FAX: 407-869-6961	SAMPLED BY: DAN SHERWOOD							
CONTACT: BRIAN GONGRE	REMARKS / SPECIAL INSTRUCTIONS:	LAB NUMBER						
<input checked="" 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

SAMPLE ID	SAMPLE DESCRIPTION	Grab Composite	SAMPLING		MATRIX	NO. CONT.	Preserv
			DATE	TIME			
	P.O.E GROSS ALPHA	G	2/23/05	1500	D.W	1	X
	P.O.E RAD 228	G	2/23/05		D.W	1	X
	P.O.E 1020 WET	G	2/23/05		D.W	1	X
	P.O.E CN	G	2/23/05		D.W	1	X
	P.O.E 10	G	2/23/05		D.W	1	X
	P.O.E 2° WET	G	2/23/05		D.W	1	X
	P.O.E VOC-HCLs	G	2/23/05	1500	D.W	3	X

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

Shipment Out: / /	Method Via:	Sample Kit	Cooler #	1	Relinquished by:	Date	Time	Received by:	Date	Time
		RB	D/T	2	<i>[Signature]</i>	2/24/05	0920	<i>[Signature]</i>	02/24/05	0920
		AB	D/T	3	<i>[Signature]</i>	2/24/05	1100	<i>[Signature]</i>	2/24/05	1100
		Trip Bl.		4						

Received on ice: Yes No QC sent received

LAKE UTILITY SERVICES, INC.

AN AFFILIATE OF UTILITIES, INC.

200 WEATHERSFIELD AVENUE
ALTAMONTE SPRINGS, FLORIDA 32714

CORPORATE OFFICES:
2335 Sanders Road
Northbrook, Illinois 60062
Telephone: 847-498-6440

Telephone: 407-869-1919
Florida: 800-272-1919
Fax: 407-869-6961
E-Mail: uif@iag.net

April 29, 2005

Mr. Paul Morrison
Drinking Water Program
Florida Department of Environmental Protection
3319 Maguire Blvd. - Suite 232
Orlando, FL 32803

RE: Triennial Monitoring
Chapter 62-550 FAC
Synthetic Organics
Greater Groves
PWS ID# 3354881-1

Dear Mr. Morrison:

Enclosed please find the results of samples taken March 18, 2005 for the above referenced analysis and system. A former employee obtained the samples. Due to his absence, I have taken the liberty of signing my name to the reporting form. If this is of concern or presents a problem, please let me know.

If you have any questions or require additional information, please do not hesitate to contact me at (407) 869-8588, ext. 226.

Sincerely,

LAKE UTILITY SERVICES, INC.



Bryan K. Gongre
Assistant Operations Manager

Enclosures: Sample Results

cc: Bill Coates, Area Manager, UIOF

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: Greater Gandy PWS I.D. #: 3354881-1
System Type (check one): Community Nontransient Noncommunity Transient Noncommunity
Address: Lake Utility Services, Inc.
200 Weathersfield Avenue
City: Altamonte Springs State: FL ZIP Code: 32714
Phone #: 407.869.1919 Fax #: 407.869.6961
E-Mail Address: b.k.gongre@utilitiesinc-usa.com

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: A050915 Location Code (if known): _____
Sample Date: 3/18/05 Sample Time: 09:15 AM PM (Circle One)
Sample Location (be specific): Entry point to distribution system
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**
- Violation Resolution
- Clearance (permitting)
- Replacement (of Invalidated Sample)
- Other: _____

Sampling Procedure Used or Other Comments: _____

Sampler's Name: Nathaniel Carver
Sampler's Phone #: N/A Sampler's Fax #: N/A
Sampler's E-Mail Address: _____

CERTIFICATION (to be completed by sampler)

I, Bryan K. Gongre Asst. Operations Manager
(Print Name) (Print Title)

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

Signature: Bryan K. Gongre Date: 4/29/05

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 - Orlando
Address: 528 S. North Lake Blvd., Suite 1016
Altamonte Springs, FL 32701

Florida Certification #: E53076
Certification Expiration Date: 6/30/2005
Telephone #: (407) 937-1594

ANALYSIS INFORMATION (to be completed by lab)

PWS ID (from page 1):
Date Sample(s) Received: 3/18/2005 1:20:00
Lab Assigned Report Number or Job ID A050915
Sample Number (From page 1) A050916-01
Group(s) Analyzed Results attached for compliance with chapter 82-560, 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? [X] Yes [] No
If yes, please provide DOH certification number E84128

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB

CERTIFICATION

I, Myra Santiago, 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: Myra Santiago Date: 4/20/05

* Failure to provide a valid and current Florida DOH lab certification number and a current Analyte Sheet for the attached analyte 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 and locations for each quarter.

COMPLIANCE DETERMINATION (to be completed by DEP or DOH)

- Sample Collection Info Satisfactory [X] Yes [] No
Sample Analysis Info Satisfactory: [X] 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): [X] MCL(s) Exceeded [X] Detection(s) [X] Incomplete Report
[X] Missing Analyte Sheet(s) [X] Location Unsatisfactory [X] Analysis Unsatisfactory
[X] Other:

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

P2

SOUTHERN ANALYTICAL LABORATORIES, INC.

1111 W. STATE ROAD 100, SUITE 100, GAITHERSBURG, MD 20878



Advanced Environmental Laboratories, Inc.

A050915

Sample ID: A050915-01

March 31, 2005

Sample No.: 49434-01

PWS ID: _____

Synthetic Organics 02-550.310(4)(b)

Contaminant ID	Contaminant Name	MCL Units	Analysis Result	Qualifier*	Analytical Method	Lab MCL	RDL**	Extraction Date	Analysis Date	Analysis Time	DOH Lab Certification#
2008	Endrin	2 µg/L	0.1	U	EPA 525.2	0.1	0.01	03/28/05	03/30/05	04:59	E84128
2010	Lindane	0.2 µg/L	0.08	U	EPA 525.2	0.08	0.02	03/28/05	03/30/05	04:59	E84128
2015	Methoxychlor	40 µg/L	0.05	U	EPA 525.2	0.05	0.1	03/28/05	03/30/05	04:58	E84128
2020	Toxaphene	3 µg/L	0.5	U	EPA 508.1	0.5	1	03/28/05	03/29/05	22:24	E84128
2031	Dalapon	200 µg/L	1	U	EPA 615.3	1	1	03/28/05	03/30/05	07:03	E84128
2032	Diquat	20 µg/L	1	U	EPA 549.2	1	0.4	03/28/05	03/28/05	11:53	E84128
2038	Endosulfan	100 µg/L	20	U	EPA 548.1	20	9	03/22/05	03/23/05	19:23	E84128
2034	Glyphosate	700 µg/L	10	U	EPA 547	10	0	03/23/05	03/23/05	11:02	E84128
2035	Di(2-ethylhexyl)adipate	400 µg/L	0.9	U	EPA 525.2	0.3	0.6	03/28/05	03/30/05	04:59	E84128
2036	Oxamyl (Vydate)	200 µg/L	0.5	U	EPA 531.1	0.5	2	03/23/05	03/23/05	23:54	E84128
2037	Simazine	4 µg/L	0.07	U	EPA 525.2	0.07	0.07	03/28/05	03/30/05	04:58	E84128
2039	Di(2-ethylhexyl)phthalate	6 µg/L	1.0	U	EPA 525.2	1.0	0.6	03/28/05	03/30/05	04:58	E84128
2040	Picloram	500 µg/L	0.75	U	EPA 515.3	0.75	0.1	03/28/05	03/30/05	07:03	E84128
2041	Dinoseb	7 µg/L	0.5	U	EPA 515.3	0.5	0.2	03/28/05	03/30/05	07:03	E84128
2042	Hexachlorocyclopentadiene	50 µg/L	0.2	U	EPA 525.2	0.2	0.1	03/28/05	03/30/05	04:59	E84128
2048	Carbofuran	40 µg/L	0.5	U	EPA 531.1	0.5	0.0	03/23/05	03/23/05	23:54	E84128
2050	Atrazine	3 µg/L	0.08	U	EPA 525.2	0.08	0.1	03/28/05	03/30/05	04:58	E84128
2051	Alachlor	2 µg/L	0.2	U	EPA 525.2	0.2	0.2	03/28/05	03/30/05	04:59	E84128
2085	Heptachlor	0.4 µg/L	0.08	U	EPA 525.2	0.08	0.04	03/28/05	03/30/05	04:59	E84128
2087	Heptachlor Epoxide	0.2 µg/L	0.1	U	EPA 525.2	0.1	0.02	03/28/05	03/30/05	04:59	E84128
2105	2,4-D	70 µg/L	1	U	EPA 515.3	1	0.1	03/28/05	03/30/05	07:03	E84128
2110	2,4,6-TP (Silvex)	60 µg/L	0.25	U	EPA 515.3	0.25	0.2	03/28/05	03/30/05	07:03	E84128
2274	Hexachlorobenzene	1 µg/L	0.06	U	EPA 525.2	0.05	0.1	03/28/05	03/30/05	04:59	E84128
2306	Benzo(a)pyrene	0.2 µg/L	0.1	U	EPA 525.2	0.1	0.02	03/28/05	03/30/05	04:59	E84128
2328	Pentachlorophenol (PCBs)	1 µg/L	0.1	U	EPA 515.3	0.1	0.04	03/28/05	03/30/05	07:03	E84128
2393	(PCBs)	0.5 µg/L	0.2	U	EPA 508.1	0.2	0.1	03/28/05	03/28/05	22:24	E84128
2831	Dibromochloropropane	0.2 µg/L	0.005	U	EPA 584.1	0.005	0.02	03/28/05	03/28/05	03:40	E84128
2846	Ethylene Dibromide (EDB)	0.02 µg/L	0.005	U	EPA 504.1	0.005	0.01	03/28/05	03/28/05	03:40	E84128
2859	Chlordane	2 µg/L	0.05	U	EPA 508.1	0.05	0.2	03/28/05	03/28/05	22:24	E84128

* Qualifiers:

U

Analyte was undetected. Indicated concentration is method detection limit.

** Non-detects with a reported lab MCL <50% of the MCL are acceptable for compliance with 02-550.310(4)(b)



Advanced Environmental Labs Inc

Advanced Environmental Labs
528 S North Lake Blvd, Ste 1016
Altamonte Springs, FL 32701

Client: UTILITIES, INC. (UTL-A)

Project name: GREATER GROVES

Date/Time Rcvd: 3/18/05 13:20

Log-in request number: A060915

Received by: [Signature]

Completed by: [Signature]

Cooler/Shipping Information:

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

Type: Cooler Box Other (describe) _____

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

Cooler ID	1				
Temp (°C)	2				
Temp taken from	<input type="checkbox"/> Temp blank <input checked="" type="checkbox"/> Cooler	<input type="checkbox"/> Temp blank <input type="checkbox"/> Cooler	<input type="checkbox"/> Temp blank <input type="checkbox"/> Cooler	<input type="checkbox"/> Temp blank <input type="checkbox"/> Cooler	<input type="checkbox"/> Temp blank <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? <i>NOTE: VOA samples are checked by laboratory analysts.</i>			<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"/>	

Kit ID

Comments:

25

4434

Chain-of-Custody for AEL Orlando to Southern Analytical

AEL Orlando
528 South North Lake Blvd, S
Altamonte Springs FL 32701

Contact Person: Myra Santiago

Southern Analytical
110 Bayview Blvd.
Oldsmar, FL 34677
413-856-1244
Contact Person: Sample Receiving

Project #: A050915

Department: SA

Check if Rush

Lab Code	Client Sample ID	Test	Matrix	Collect Date / Time	Receive Date	Due Date	# Bottles	Bottle Type (Pres.)
A050915-01	1	62-550 549.2	Drinking Water	3/18/2005 9:15	3/18/05 13:20	4/1/2005	1	1 LAP NH4Cl
A050915-01	1	62-550 548	Drinking Water	3/18/2005 9:15	3/18/05 13:20	4/1/2005	3	40mL V
A050915-01	1	62-550 547	Drinking Water	3/18/2005 9:15	3/18/05 13:20	4/1/2005	4	40mL V
A050915-01	1	62-550 531.1	Drinking Water	3/18/2005 9:15	3/18/05 13:20	4/1/2005	1	40mL V NH4Cl
A050915-01	1	62-550 628.2	Drinking Water	3/18/2005 9:15	3/18/05 13:20	4/1/2005	1	40mL V NH4Cl
A050915-01	1	62-550 615.1	Drinking Water	3/18/2005 9:15	3/18/05 13:20	4/1/2005	3	100 mL NH4Cl
A050915-01	1	62-550 608.1	Drinking Water	3/18/2005 9:15	3/18/05 13:20	4/1/2005		
A050915-01	1	62-550 504.1	Drinking Water	3/18/2005 9:15	3/18/05 13:20	4/1/2005		

01

Born

Orlando Relinquisher: [Signature]

Shipping Relinquisher: UPS

Shipping Receiver: UPS

Date/Time: 3/21/2005 12:44:31 PM

Southern Analytical Receiver: [Signature]

Date/Time: 3/22/05, MID

SOUTHERN ANALYTICAL LABORATORIES, INC.

110 BAYVIEW BOULEVARD, OLDSMAR, FL 34697 813-855-1844 Fax 813-855-2218

Advanced Environmental Laboratories, Inc.
628 S. North Lake Blvd. Suite 1015
Altamonte Springs, FL 32701-

March 31, 2005
Project No: 49435

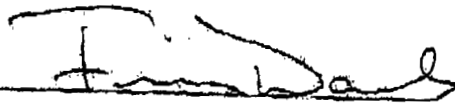
Laboratory Report

FDEP Report form attached for the following samples:

Client Project Description: A050916

<u>Sample Number</u>	<u>Sample Description</u>	<u>Date & Time Collected</u>	<u>Date & Time Reported</u>
49435-01	A050916-01	03/16/05 08:45	03/22/05 11:19

Test results presented in this report meet all the requirements of the NELAP standards.



FDOM Laboratory No. EB4129
NELAP Accredited

Approved By: Francis L. Daniels, Laboratory Director
Leslie C. Boardman, Q.A. Manager

23



Advanced Environmental Laboratories, Inc.

- Jacksonville: 6601 Southpoint Parkway, Jacksonville, FL 32218 • (904) 368-8358 Fax (904) 368-8354
- Tampa: 5810-D Beechenridge Parkway, Tampa, FL 33610 • (813) 830-8616 Fax (813) 830-4327
- Gainesville: 2108 NW 67th Place, Suite 7, Gainesville, FL 32608 • (352) 387-1500 Fax (352) 387-0960

CHAIN OF CUSTODY RECORD

LAB #

A050915

04/28/2005 13:53 4079371597

AEL ORLANDO

PAGE 38/38

CLIENT NAME: UTILITIES INC OF FLORIDA		PROJECT NAME: GREATER GROVES WTP		BOTTLE SIZE & TYPE <i>Multiple bottles</i>	ARE ACQUIRED	LAB NUMBER	
ADDRESS: 200 WEATHERFIELD AVE		P.O. NUMBER / PROJECT NUMBER:					
ALTAMONTE SPRINGS, FL 32714		PROJECT LOCATION: CLEMENT					
PHONE: 407 869-1919 FAX: 407-869-6161		CONTACT: BILL COATES					
TURN AROUND TIME: <input checked="" type="checkbox"/> STANDARD <input type="checkbox"/> RUSH		REMARKS / SPECIAL INSTRUCTIONS:		SAMPLED BY: NATE CARVER			
WW= waste water SW=surface water GW=ground water DW=drinking water OIL A=air SO=sol SL=sludge Preserv							
SAMPLE ID	SAMPLE DESCRIPTION	Grab Composite	SAMPLING		MATRIX	NO. CONT.	
			DATE	TIME			
KIT	GREATER GROVES WTP	G	3/18/05	0915	DW	13	
I = Ice H = (HCl) S = (H ₂ SO ₄) N = (HNO ₃) T = (Sodium Thiosulfate)		Relinquished by:		Date	Time	Received by:	
<input type="checkbox"/> Received on Ice <input type="checkbox"/> yes <input type="checkbox"/> no QC <input type="checkbox"/> sent <input type="checkbox"/> received		1	<i>[Signature]</i>	3/18/05	0930	<i>[Signature]</i>	
		2	<i>[Signature]</i>	3/18/05	1820	<i>[Signature]</i>	
		3					
		4					

revised 8/01

LAKE UTILITY SERVICES, INC.

AN AFFILIATE OF UTILITIES, INC.

200 WEATHERSFIELD AVENUE
ALTAMONTE SPRINGS, FLORIDA 32714

CORPORATE OFFICES:
2335 Sanders Road
Northbrook, Illinois 60062
Telephone: 847-498-6440

Telephone: 407-869-1919
Florida: 800-272-1919
Fax: 407-869-6961
E-Mail: uif@iag.net

June 15, 2005

Mr. Paul Morrison, Environmental Manager
Drinking Water Program
Florida Department of Environmental Protection
3319 Maguire Blvd. - Suite 232
Orlando, FL 32803

RE: Triennial Monitoring
Chapter 62-550 FAC
Annual Nitrate/Nitrite & Gross Alpha/228
Greater Groves
PWS ID# 3354881-1

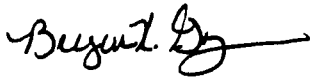
Dear Mr. Morrison:

Enclosed please find the results of samples taken May 11, 2005 for the above referenced analysis and system.

If you have any questions or require additional information, please do not hesitate to contact me at (407) 869-8588, ext. 226.

Sincerely,

LAKE UTILITY SERVICES, INC.



Bryan K. Gongre
Assistant Operations Manager

Enclosures: Sample Results

ec: Bill Coates, Area Manager, UIOF

**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: Greater Groves WTP PWS I.D. #:

3	3	5	4	8	8	1
---	---	---	---	---	---	---

 -1

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

Address: Lake Utility Services, Inc.
200 Weatherfield Avenue

City: Altamonte Springs State: FL ZIP Code: 32714

Phone #: 407.869.1919 Fax #: 407.869.6961

E-Mail Address: b.k.gongre@utilitiesinc-usa.com

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: A051651 Location Code (if known): _____

Sample Date: 5/11/05 Sample Time: 10¹⁰ AM PM (Circle One)

Sample Location (be specific): POE to distribution system

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: William (Bill) Coates

Sampler's Phone #: 407.869.1919 Sampler's Fax #: 407.869.6961

Sampler's E-Mail Address: _____

CERTIFICATION (to be completed by sampler)

I, William Coates, Area Manager
(Print Name) (Print Title)

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

Signature: William Coates Date: 6-15-05

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 - Orlando
Address: 528 S. North Lake Blvd., Suite 1016
Altamonte Springs, FL 32701

Florida Certification #: E53076
Certification Expiration Date: 6/30/2005
Telephone #: (407) 937-1594

ANALYSIS INFORMATION (to be completed by lab)

PWS ID (from page 1): _____ Date Sample(s) Received: 5/11/2005 2:50:00
Lab Assigned Report Number or Job ID A051651 Sample Number (From page 1) A051651-01 & -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"/> 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 | <u>Radionuclides</u> | <input type="checkbox"/> Bromate |
| <input checked="" type="checkbox"/> Nitrite | <input type="checkbox"/> Dioxin Only | <input checked="" type="checkbox"/> Single Sample | <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 E83033 E82574

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB

CERTIFICATION

I, Myrna Santiago, 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: Myrna Santiago

Date: 5/25/05

* 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 and 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: _____



Client: Utilities, Inc.
Project Name: Greater Groves
Project Number:
PWS ID#:
Attention: William Coates
Phone Number: 8002721919
Address: 200 Weathersfield Ave.
Altamonte Springs, FL 32714

Report No.: A051651
Date Sampled: 5/11/2005
Date Received: 5/11/05 14:50
Date Reported: 5/25/2005

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: Greater Groves

Approved By: _____

Myrna Santiago
Myrna Santiago, 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 = 13

Advanced Environmental Laboratories, Inc.
Analytical Report

Client: Utilities, Inc.
Project Name: Greater Groves
Matrix: Drinking Water
PWS ID#:

Report No.: A051651
Date/Time Sampled: 05/11/05 10:10
Date/Time Received: 5/11/05 14:50

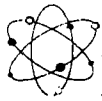
Client Sample ID: 2
Site: Point of Entry
Sample Number: A051651-02

Sampled By: Bill Coates
Shipping Method: AEL Courier

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	3.3		SM4500NO3-F	0.070	5/12/2005	18:35	E82574
1041	Nitrite (as N)	1.0	mg/L	0.19	I	SM4500NO3-F	0.064	5/12/2005	18:35	E82574

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 Radiochemistry Services, Inc.

Contact: Michael J. Naumann

5456 Hoffner Ave., Suite 201 Orlando, FL 32812

Phone: (407) 382-7733 Fax: (407)382-7744

Certification I. D. # E83033

Work Order #: 0505191

Report Date: 05/19/05

Report to:

Advanced Environmental Laboratories, Inc.

528 South North Lake Blvd., S

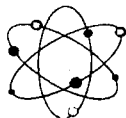
Altamonte Springs, FL 32701

Attention: Myrna Santiago

I do hereby affirm that this record contains no willful misrepresentations and that this information given by me is true to the best of my knowledge and belief. I further certify that the methods and quality control measures used to produce these laboratory results were implemented in accordance with the requirements of this laboratory's certification and NELAC Standards.

Signed Michael J. Naumann
Michael J. Naumann - President

Date 5-19-05



Florida Radiochemistry Services, Inc.

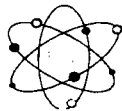
Sample Login

Client:	Advanced Environmental Laboratories, Inc.	Date / Time Received	Work order #
Client Contact:	Myrna Santiago	05/12/05 09:00	0505191
Client P.O.			
Project I.D.	A051651		
Lab Sample I.D.	Client Sample I.D.	Sample Date/Time	Analysis Requested
0505191-01	A051651-01	05/11/05 10:10	Gross Alpha

Analysis Results

Gross Alpha	<1.8
Error +/-	1.3
MDL	1.8
EPA Method	900.0
Prep Date	05/17/05
Analysis Date	05/18/05
Analyst Initials	MJN
Units	pCi/l

26



Florida Radiochemistry Services, Inc.

QA Page

Analyte	Sample #	Date Analyzed	Sample Result	Amount Spiked	Spike Result	Spike /Dup Result	Spike % Rec.	Spike Dup % Rpd
Gross Alpha	0505194-03	05/18/05	5.4	10.2	15.1	15.7	95	3.9

	Quality	Control	Limits
	% RPD		% Rec.
Gross Alpha	18.1		68-116

27



Advanced Environmental Labs Inc

Advanced Environmental Labs
528 S North Lake Blvd, Ste 1016
Altamonte Springs, FL 32701

Client: UTILITIES, INC. (UTL-A)

Project name: GREATER GROVES

Date/Time Rcvd: 5/11/05 14.50

Log-In request number: A051651

Received by: RPG

Completed by: RPG

Cooler/Shipping Information:

Courier: [X] AEL [] Client [] UPS [] Pony Express [] FedEx [] Other (describe):

Type: [X] Cooler [] Box [] Other (describe):

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

Table with 6 columns and 4 rows for recording cooler ID, temperature, and measurement methods (Temp blank, Cooler, IR gun, Thermometer).

Other Information:

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

CHECKLIST

Checklist table with 4 columns: Question, YES, NO, NA. Contains 17 items regarding custody seals, labels, and sample handling.

Kit ID

Comments:

Horizontal lines for entering Kit ID and Comments.

Chain-of-Custody for AEL Olando to Florida Radiochemistry

AEL Orlando
 528 South North Lake Blvd, S
 Altamonte Springs FL 32701

Contact Person: Myrna Santiago

Florida Radiochemistry
 5456 Hoffner Ave., Suite 201
 Orlando, FL 32812-2517
 407-382-7733
 Contact Person: Sample Receiving

Project #: A051651

Department: FloridaRad

Check if Rush

Lab Code	Client Sample ID	Test	Matrix	Collect Date / Time	Receive Date	Due Date	# Bottles	Bottle Type (Pres.)
A051651-01	1	Gross Alpha	Drinking Water	5/11/2005 10:10	5/11/05 14:50	5/25/2005		1L Amber glass

Orlando Relinquisher:



Shipping Receiver:

AEL Cur

Date/Time:

5/12/2005 8:01:28 AM

Shipping Relinquisher:

AEL Cur

Florida Radiochemistry Receiver:

K Woods

Date/Time:

5/12/05 9:00

22
6

Chain-of-Custody for AEL Orlando to AEL Jax

AEL Orlando
528 South North Lake Blvd, S
Altamonte Springs FL 32701

Contact Person: Myrna Santiago

Project #: A051651
CustomerName: Utilities, Inc.
Collector: Bill Coates

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

Check if Rush

Lab Code	Client Sample ID	Test	Matrix	Collect Date / Time	Receive Date	Due Date	# Bottles	Bottle Type (Pres.)
A051651-02	2	Nitrate (J)-DW	Drinking Water	5/11/2005 10:10	5/11/05 14:50	5/13/2005	_____	250mL Poly
A051651-02	2	Nitrite (J)-DW	Drinking Water	5/11/2005 10:10	5/11/05 14:50	5/13/2005	_____	250mL Poly

Orlando Relinquisher: 

Shipping Relinquisher: AEL Courier

Shipping Receiver: AEL Courier

Jacksonville Receiver: 

Date/Time: 5/11/05 17W

Date/Time: 5/12/05 1045



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

A051651

CLIENT NAME: Utilities Inc		PROJECT NAME: GREATER GROVES WTP		BOTTLE SIZE & TYPE	AR NE AQU LI YI SR IE D	LAB NUMBER
ADDRESS: 200 Weathersfield Ave		P.O. NUMBER / PROJECT NUMBER: 675-W				
Altamonte Springs		PROJECT LOCATION:				
PHONE: 407-509-9098	FAX: 352-242-0565					
CONTACT: Bill Coates		SAMPLED BY: Bill Coates				
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										
	LK Groves POE	G	5-11-05	1010	DW	1		X						1
	LK Groves POE	G	5-11-05	1010	DW	1			X					2

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

Shipment Out: / /	Method Via:	Sample Kit RB AB Trip Bl.	Cooler #	Relinquished by:		Date	Time	Received by:		Date	Time
				1	<i>Bill Coates</i>	5/11/05	1100	<i>[Signature]</i>	<i>[Signature]</i>	5/11/05	1350
				2	<i>[Signature]</i>	5/11/05	1450	<i>[Signature]</i>	<i>[Signature]</i>	5/11/05	1450
				3							
				4							



Laboratory Scope of Accreditation

THIS LISTING OF ACCREDITED ANALYTES SHOULD BE USED ONLY WHEN ASSOCIATED WITH A VALID CERTIFICATE

State Laboratory ID: E82574

EPA Lab Code: FL00949

(904) 363-9350

E82574

Advanced Environmental Laboratories, Inc.
6601 Southpoint Parkway
Jacksonville, FL 32216

Matrix: Drinking Water

Analyte	Method/Tech	Category	Certification Type	Effective Date
Endothall	EPA 548.1	Synthetic Organic Contaminants	NELAP	1/21/2005
Endrin	EPA 508	Synthetic Organic Contaminants	NELAP	3/24/2005
Ethylbenzene	EPA 502.2	Other Regulated Contaminants	NELAP	4/4/2002
Ethylbenzene	EPA 524.2	Other Regulated Contaminants	NELAP	1/21/2005
gamma-BHC (Lindane, gamma-Hexachlorocyclohexane)	EPA 508	Synthetic Organic Contaminants	NELAP	3/24/2005
Heptachlor	EPA 508	Synthetic Organic Contaminants	NELAP	3/24/2005
Heptachlor epoxide	EPA 508	Synthetic Organic Contaminants	NELAP	3/24/2005
Heterotrophic plate count	SM 9215 B	Microbiology	NELAP	1/21/2005
Hexachlorobenzene	EPA 508	Synthetic Organic Contaminants	NELAP	3/24/2005
Hexachlorocyclopentadiene	EPA 508	Synthetic Organic Contaminants	NELAP	3/24/2005
Iron	EPA 200.7	Secondary Inorganic Contaminants	NELAP	4/4/2002
Lead	EPA 200.9	Primary Inorganic Contaminants	NELAP	4/4/2002
Lead	SM 3113 B	Primary Inorganic Contaminants	NELAP	4/4/2002
Magnesium	EPA 200.7	Primary Inorganic Contaminants	NELAP	4/4/2002
Manganese	EPA 200.7	Secondary Inorganic Contaminants	NELAP	4/4/2002
Mercury	EPA 245.1	Primary Inorganic Contaminants	NELAP	4/4/2002
Mercury	SM 3112 B	Primary Inorganic Contaminants	NELAP	4/4/2002
Methoxychlor	EPA 508	Synthetic Organic Contaminants	NELAP	3/24/2005
Nickel	EPA 200.7	Primary Inorganic Contaminants	NELAP	4/4/2002
Nitrate	SM 4500-NO3 F	Primary Inorganic Contaminants	NELAP	2/13/2003
Nitrate-nitrite	SM 4500-NO3 F	Primary Inorganic Contaminants	NELAP	2/13/2003
Nitrite	SM 4500-NO3 F	Primary Inorganic Contaminants	NELAP	2/13/2003
Nitrite as N	SM 4500-NO2 B	Primary Inorganic Contaminants	NELAP	1/21/2005
Odor	SM 2150 B	Secondary Inorganic Contaminants	NELAP	2/13/2003
Orthophosphate as P	EPA 365.1	Primary Inorganic Contaminants	NELAP	2/13/2003
Orthophosphate as P	SM 4500-P E	Primary Inorganic Contaminants	NELAP	1/21/2005
Oxamyl	EPA 531.1	Synthetic Organic Contaminants	NELAP	4/19/2005
PCBs	EPA 508	Synthetic Organic Contaminants	NELAP	3/24/2005
Pentachlorophenol	EPA 515.3	Synthetic Organic Contaminants	NELAP	1/21/2005
pH	EPA 150.1	Primary Inorganic Contaminants, Secondary Inorganic Contaminants	NELAP	4/4/2002
Picloram	EPA 515.3	Synthetic Organic Contaminants	NELAP	1/21/2005
Potassium	EPA 200.7	Secondary Inorganic Contaminants	NELAP	1/21/2005
Residue-filterable (TDS)	EPA 160.1	Secondary Inorganic Contaminants	NELAP	4/4/2002
Selenium	EPA 200.9	Primary Inorganic Contaminants	NELAP	4/17/2002
Selenium	SM 3113 B	Primary Inorganic Contaminants	NELAP	4/4/2002

"STATE" indicates certification for the analyte by the method specified. "NELAP" further indicates certification compliant with the NELAC Standards.

NON-TRANSFERABLE 04/24/2005-E82574

P.11

Job Bush
Governor



John O. Agwunobi, M.D., M.B.A.
Secretary

Laboratory Scope of Accreditation

Page 1 of 2

**THIS LISTING OF ACCREDITED ANALYTES SHOULD BE USED ONLY WHEN
ASSOCIATED WITH A VALID CERTIFICATE**

State Laboratory ID: E83033

EPA Lab Code: FL00012

(407) 382-7733

E83033
Florida Radiochemistry Services, Inc.
5456 Hoffner Rd. Suite 201
Orlando, FL 32812

Matrix: Drinking Water

Analyte	Method/Tech	Category	Certification Type	Effective Date
Gross-alpha	EPA 900	Radiochemistry	NELAP	6/28/2001
Gross-beta	EPA 900	Radiochemistry	NELAP	6/28/2001
Natural uranium	EPA 908	Radiochemistry	NELAP	6/28/2001
Radium-226	EPA 903	Radiochemistry	NELAP	12/15/2003
Radium-226	EPA 903.1	Radiochemistry	NELAP	6/28/2001
Radium-228	EPA Ra-05	Radiochemistry	NELAP	6/28/2001

"STATE" indicates certification for the analyte by the method specified. "NELAP" further indicates certification compliant with the NELAC Standards.

NON-TRANSFERABLE 06/01/2004-E83033

LAKE UTILITY SERVICES, INC.

AN AFFILIATE OF UTILITIES, INC.

200 WEATHERSFIELD AVENUE
ALTAMONTE SPRINGS, FLORIDA 32714

CORPORATE OFFICES:
2335 Sanders Road
Northbrook, Illinois 60062
Telephone: 847-498-6440

Telephone: 407-869-1919
Florida: 800-272-1919
Fax: 407-869-6961
E-Mail: uif@iag.net

July 15, 2005

Mr. Paul Morrison, Environmental Manager
Drinking Water Program
Florida Department of Environmental Protection
3319 Maguire Blvd. - Suite 232
Orlando, FL 32803

RE: Triennial Monitoring
Chapter 62-550 FAC
Synthetic Organics
Greater Groves
PWS ID# 3354881-1

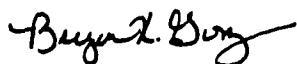
Dear Mr. Morrison:

Enclosed please find the results of samples taken June 10, 2005 for the above referenced analysis and system. Please note that the herbicide analysis under this testing requirement is void due to a preservative problem by the supplier of the sample containers. This parameter is required to be sampled over. The results of which will be submitted to the Department upon receipt.

If you have any questions or require additional information, please do not hesitate to contact me at (407) 869-8588, ext. 226.

Sincerely,

LAKE UTILITY SERVICES, INC.



Bryan K. Gongre
Assistant Operations Manager

Enclosures: Sample Results

Cc: Bill Coates, Area Manager, UIOF



Client/Project: A052009

I. RECEIPT

All acceptance criteria were met.

II. HOLDING TIMES

A. Sample Preparation: All holding times were met.

B. Sample Analysis: All holding times were met.

III. METHOD

Analysis: 515.3

IV. PREPARATION

Sample preparation proceeded normally.

V. ANALYSIS

A. Calibration: All acceptance criteria were met.

B. Blanks: All acceptance criteria were met.

C. Spikes: All acceptance criteria were met.

Other: For this project, it was requested that sample A052009-01 be analyzed for herbicides by EPA method 515.3. AEL utilized containers for that parameter that were pre-preserved by the container supplier with Sodium Thiosulfate as per the method requirements. However the amount of preservative contained in the pre-preserved bottle caused a matrix interference that resulted in unacceptable detection levels. Therefore AEL has rejected the data and requested the client to re-sample for that parameter."

I certify that this data package is in compliance with the terms and conditions agreed to by **Advanced Environmental Laboratories, Inc.** and by the client, both technically and for completeness, except for the conditions detailed above. The Laboratory Manager or his designee, as verified by the following signature, has authorized release of the data contained in this hard copy data package and in the computer-readable data submitted on diskette:

Signed:

Date:

7-11-05

Myrna Santiago, Laboratory Manager

Safe Drinking Water Program Laboratory Reporting Format

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

System Name: Lake Groves/aka Greater Groves PWS I.D. #:

3	3	5	4	8	8	1
---	---	---	---	---	---	---

 -1

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

Address: Lake Utility Services, Inc.
200 Weathersfield Avenue

City: Altamonte Springs State: FL ZIP Code: 32714

Phone #: 407.869.1919 Fax #: 407.869.6961

E-Mail Address: _____

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: A052009 Location Code (if known): _____

Sample Date: 6/10/05 Sample Time: 7:40 AM PM (Circle One)

Sample Location (be specific): Point of entry to distribution system

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: William H. Coates

Sampler's Phone #: 407.869.1919 Sampler's Fax #: 407.869.6961

Sampler's E-Mail Address: _____

CERTIFICATION (to be completed by sampler)

I, William H. Coates, Area Manager
(Print Name) (Print Title)

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

Signature: William H. Coates Date: 7-13-05

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 - Orlando
Address: 528 S. North Lake Blvd., Suite 1016
Altamonte Springs, FL 32701

Florida Certification #: E53076
Certification Expiration Date: 6/30/2005
Telephone #: (407) 937-1594

ANALYSIS INFORMATION (to be completed by lab)

PWS ID (from page 1): _____ Date Sample(s) Received: 6/10/2005 3:30:00

Lab Assigned Report Number or Job ID A052009 Sample Number (From page 1) _____

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 checked="" type="checkbox"/> All Except Dioxin | <input type="checkbox"/> Partial | <input type="checkbox"/> Haloacetic Acids |
| <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 Sample | <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 E82574 E86515

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB

CERTIFICATION

I, Myrna Santiago, 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: *Myrna Santiago* Date: 7-11-05

* 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 and 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: _____



Client: Utilities, Inc.
Project Name: Greater Groves
Project Number:
PWS ID#:

Report No.: A052009
Date Sampled: 6/10/2005
Date Received: 6/10/05 15:30
Date Reported: 7/11/2005

Attention: Kathy Sillitoe
Phone Number: 8002721919

Address: 200 Weathersfield Ave.

Altamonte Springs, FL 32714

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: Greater Groves

Approved By: _____

Myra Santiago
Myra Santiago, 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 =

Advanced Environmental Laboratories, Inc.
Analytical Report

Client: Utilities, Inc.
Project Name: Greater Groves
Matrix: Drinking Water
PWS ID#:

Report No.: A052009
Date/Time Sampled: 06/10/05 7:40
Date/Time Received: 6/10/05 15:30

Client Sample ID:
Site: WTP POE
Sample Number: A052009-01

Sampled By: Bill Coates
Shipping Method: AEL Courier

Synthetic Organics

Contam ID	Contam Name	MCL	Units	Analysis Results	Qualifier	Analytical Method	Lab MDL	RDL	Analysis Date	Analysis Time	DOH Lab Cert. #
2274	Hexachlorbenzene	1.0	ug/L	0.0028	U	E508	0.0028	0.10	6/17/2005	14:21	E82574
2005	Endrin	2.0	ug/L	0.0016	U	E508	0.0016	0.010	6/17/2005	14:21	E82574
2010	Lindane	0.20	ug/L	0.0034	U	E508	0.0034	0.020	6/17/2005	14:21	E82574
2015	Methoxychlor	40	ug/L	0.011	U	E508	0.011	0.10	6/17/2005	14:21	E82574
2020	Toxaphene	3.0	ug/L	0.094	U	E508	0.094	1.0	6/17/2005	14:21	E82574
2032	Diquat	20	ug/L	2.5	U	E549.2	2.5	0	6/16/2005	10:00	E82574
2033	Endothall	100	ug/L	7.2	U	E548.1	7.2	9.0	6/15/2005	14:33	E82574
2035	Bis(2-ethylhexyl) Adipate	400	ug/L	0.28	U	E525.2	0.28	0.60	6/14/2005	14:22	E82574
2036	Oxamyl (Vydate)	200	ug/L	0.61	U	E531.1	0.61	0	6/20/2005	13:27	E82574
2037	Simazine	4.0	ug/L	0.20	U	E525.2	0.20	0.070	6/14/2005	14:22	E82574
2039	Bis(2-ethylhexyl)phthalate	6.0	ug/L	0.80	U	E525.2	0.80	0.60	6/14/2005	14:22	E82574
2042	Hexachlorocyclopentadiene	50	ug/L	0.015	U	E508	0.015	0.10	6/17/2005	14:21	E82574
2046	Carbofuran	40	ug/L	1.1	U	E531.1	1.1	0	6/20/2005	13:27	E82574
2050	Atrazine	3.0	ug/L	0.16	U	E525.2	0.16	0.10	6/14/2005	14:22	E82574
2051	Alachlor	2.0	ug/L	0.27	U	E525.2	0.27	0.20	6/14/2005	14:22	E82574
2065	Heptachlor	0.40	ug/L	0.0065	U	E508	0.0065	0.040	6/17/2005	14:21	E82574
2067	Heptachlor Epoxide	0.20	ug/L	0.0029	U	E508	0.0029	0.020	6/17/2005	14:21	E82574
2306	Benzo(a)pyrene	0.20	ug/L	0.17	U	E525.2	0.17	0.020	6/14/2005	14:22	E82574
2383	PCB screen as Arochlors	0.50	ug/L	0.32	U	E508	0.32	0.10	6/17/2005	14:21	E82574
2931	1,2-Dibromo-3-chloropropan	0.20	ug/L	0.0034	U	E504.1	0.0034	0	6/18/2005	10:31	E82574
2946	Ethylene Dibromide	0.020	ug/L	0.0069	U	E504.1	0.0069	0	6/18/2005	10:31	E82574
2959	Chlordane	2.0	ug/L	0.049	U	E508	0.049	0.20	6/17/2005	14:21	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



KAPPA LABORATORIES, INC.
2577 N.W. 74th Avenue, Miami, Florida 33122
Phone (305) 599-0199 • Fax (305) 592-1224

LABORATORY REPORT

CLIENT: Advanced Environmental Labs, Inc
528 S Northlake Blvd
Altamonte Springs, Fl. 32701

REPORT DATE: 6/27/2005

SOURCE: Drinking Water
SAMPLE DATE: 0655 08/10/2005
SAMPLE RECEIVED: 1030 06/16/2005
SAMPLE BY: Client

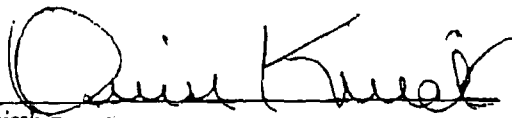
JOB #: 220037-8
SAMPLE LOG #: F964
SAMPLE I.D. A052009

PARAMETER	RESULT	UNITS	METHOD	DETECTION LIMIT	DATE EXT.	DATE ANALY.	ANALYST
Glyphosate	U	µg/l	547	40	08/18/05	08/16/05	IF

U: Undetected

=====

Kappa Laboratories has been inspected and is currently certified by the U. S. Department of Agriculture (USDA Microbiology #0093). The Florida Dept of Health, Drinking Water, including Microbiology, Pesticides and PCB's Environmental certification as Basic Environmental Laboratory (DOH #E86515) (FDEP CompQAP #940109); Registered with the U.S. Food and Drug Administration (FDA #1039389) and is an FDA Accepted Laboratory for Import Testing. Kappa Laboratory is currently a Contract Laboratory to the U.S. Centers for Disease Control (CDC), Atlanta, Georgia; Vessel Sanitation Program. Test results meet all requirements of NELAC requirements.

signed: 
Denise Kmiec
Manager, Kappa Laboratories, Inc.



**Advanced
Environmental Laboratories, Inc.**

6601 Southpoint Parkway
Jacksonville, Florida 32216
(904) 363-9350
FAX (904) 363-9354

Laboratory Project No./SDG#: **A052009**

Analytical Batch ID: SV061705C-ECD

Client Name: **Utilities, Inc.**

Project ID: **Greater Groves**

I. RECEIPT

No Exceptions were encountered.

II. HOLDING TIMES

Preparation: There were varying volumes received in the collection bottles received versus the required method volumes. Since these volume discrepancies must be accounted for, the dilution factors for the affected samples are adjusted accordingly.

Analysis: All holding times were met.

III. METHOD

Analysis: E508

Preparation: METHOD

IV. PREPARATION

Sample preparation proceeded normally.

V. ANALYSIS

A. Calibration: All acceptance criteria were met.

B. Blanks: All acceptance criteria were met.

C. Surrogates: All acceptance criteria were met.

D. Spikes: The upper control criterion was exceeded for the following analytes in the matrix spike for analytical batch sv061705c-eed: Hexachlorocyclopentadiene and Heptachlor epoxide. The analytes in question were not detected in the associated client samples. The error associated with elevated recovery equates to a high bias. The quality of the data is not affected. No further corrective action is required.

E. Internal Standard: All acceptance criteria were met.

F. Samples: Sample analyses proceeded normally.

G. Other:

I certify that this data package is in compliance with the terms and conditions agreed to by Advanced Environmental Laboratories, Inc. and by the client, both technically and for completeness, except for the conditions detailed above. The Quality Assurance Officer, or designee, as verified by the following signature, has authorized release of the data contained in this data package:

Myrna Santiago, Laboratory Manager



**Advanced
Environmental Laboratories, Inc.**

6601 Southpoint Parkway
Jacksonville, Florida 32216
(904) 363-9350
FAX (904) 363-9354

Laboratory Project No./SDG#: **A052009**

Analytical Batch ID: SV061405L

Client Name: **Utilities, Inc.**

Project ID: **Greater Groves**

I. RECEIPT

No Exceptions were encountered.

II. HOLDING TIMES

Preparation: All holding times were met.

Analysis: All holding times were met.

III. METHOD

Analysis: E525.2

Preparation: METHOD

IV. PREPARATION

Sample preparation proceeded normally.

V. ANALYSIS

A. Calibration: All acceptance criteria were met.

B. Blanks: All acceptance criteria were met.

C. Surrogates: The control criterion were exceeded for 2-Fluorobiphenyl in J053857-02, A052008-01, T055635-01, and 02, and for p-Terphenyl-d14 in sample A052008-01 'Sample Number' due to matrix interferences: 'list surrogates'. Due to the presence of non-target background components that prevented adequate resolution of the surrogate, accurate quantitation was not possible. The affected surrogates are qualified accordingly.

D. Spikes: The matrix spike recovery of Simazine for J053857-01 was outside control criteria because of matrix interference. The chromatogram indicated the presence of non-target background components that prevented adequate resolution of the target analytes. As a result, accurate quantitation was not possible. The results are qualified to indicate matrix interference.

E. Internal Standard: All acceptance criteria were met.

F. Samples: Sample analyses proceeded normally.

G. Other:

I certify that this data package is in compliance with the terms and conditions agreed to by Advanced Environmental Laboratories, Inc. and by the client, both technically and for completeness, except for the conditions detailed above. The Quality Assurance Officer, or designee, as verified by the following signature, has authorized release of the data contained in this data package:

Myrna Santiago, Laboratory Manager



Advanced Environmental Labs Inc

Advanced Environmental Labs
528 S North Lake Blvd, Ste 1016
Altamonte Springs, FL 32701

Client: UTILITIES, INC. (UTL-A)

Project name: GREATER GROVES

Date/Time Rcvd: 6/10/05 15:30

Log-in request number: A052009

Received by: MS

Completed by: MS

Cooler/Shipping Information:

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

Type: Cooler Box Other (describe) _____

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

Cooler ID	1				
Temp (°C)	2				
Temp taken from	<input type="checkbox"/> Temp blank <input checked="" type="checkbox"/> Cooler	<input type="checkbox"/> Temp blank <input type="checkbox"/> Cooler	<input type="checkbox"/> Temp blank <input type="checkbox"/> Cooler	<input type="checkbox"/> Temp blank <input type="checkbox"/> Cooler	<input type="checkbox"/> Temp blank <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? <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?	✓		
17. Was it necessary to split samples into other bottles?		✓	

Kit ID

Comments:

Chain-of-Custody for AEL Orlando to AEL Jax

AEL Orlando
528 South North Lake Blvd, S
Altamonte Springs FL 32701

Contact Person: Myrna Santiago

Project #: A052009

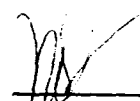
CustomerName: Utilities, Inc.

Collector: Bill Coates

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

Check if Rush

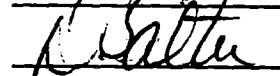
Lab Code	Client Sample ID	Test	Matrix	Collect Date / Time	Receive Date	Due Date	# Bottles	Bottle Type (Pres.)
A052009-01		62-550 508 Pests (J)	Drinking Water	6/10/2005 7:40	6/10/05 15:30	6/17/2005	_____	1L Amber glass
A052009-01		62-550 531.1 SOCs (J)	Drinking Water	6/10/2005 7:40	6/10/05 15:30	6/24/2005	_____	
A052009-01		62-550 Herbicides (J)-515.3	Drinking Water	6/10/2005 7:40	6/10/05 15:30	6/24/2005	_____	40mL Vial
A052009-01		62-550 SVOCs (J)-525.2	Drinking Water	6/10/2005 7:40	6/10/05 15:30	6/24/2005	_____	1L Amber glass
A052009-01		62-550 SVOCs (J)-548.1	Drinking Water	6/10/2005 7:40	6/10/05 15:30	6/17/2005	_____	1L Amber glass
A052009-01		Diquat	Drinking Water	6/10/2005 7:40	6/10/05 15:30	6/17/2005	_____	1L Amber glass
A052009-01		Ethylene Dibromide (EDB)	Drinking Water	6/10/2005 7:40	6/10/05 15:30	6/24/2005	_____	40mL VOC vial
A052009-01		Glyphosate	Drinking Water	6/10/2005 7:40	6/10/05 15:30	6/21/2005	_____	1L Amber glass

Orlando Relinquisher: 

Shipping Receiver: AEL Courier

Date/Time: 6/10/05 1700

Shipping Relinquisher: AEL Courier

Jacksonville Receiver: 

Date/Time: 6/13/05 1040

25



Environmental Laboratories, Inc.

8601 Southpoint Pkwy. • Jacksonville, FL 32216 • 904.363.9350 • Fax 904.363.9364 • E82574
 9610 Princes Palm Ave. • Tampa, FL 33619 • 813.630.9618 • Fax 813.630.4327 • E84589
 2108 NW 87th Place, Ste. 7 • Gainesville, FL 32608 • 352.367.1500 • Fax 352.367.0050 • E82620
 528 S. North Lake Blvd., Ste. 1010 • Altamonte Springs, FL 32701 • 407.937.1594 • Fax 407.937.1597 • E53078

CLIENT NAME: AEL - Orlando	PROJECT NAME: Glyphosate	BOTTLE SIZE & TYPE: 40 mL Vials	ANALYSIS REQUIRED	EPA 547						LAB NUMBER
ADDRESS: 528 S. Northlake Blvd	P.O. NUMBER/PROJECT NUMBER:									
Altamonte Springs, FL 32701	PROJECT LOCATION:									
PHONE: 407-937-1594	FAX: 407-937-1597									
CONTACT: Myrna Santiago	SAMPLED BY:									
TURN AROUND TIME:	REMARKS/SPECIAL INSTRUCTIONS:									
<input checked="" type="checkbox"/> STANDARD										
<input type="checkbox"/> RUSH										

SAMPLE ID	SAMPLE DESCRIPTION	Grab Comp	SAMPLING		MATRIX	NO. COUNT	Preserv	FT										
			DATE	TIME														
1	A052032	G	6/14/05	7:25	DW	1		X										
2	A052035	G	6/14/05	9:02	DW	1		X										
3	A052036	G	6/14/05	9:38	DW	1		X										
4	A052008	G	6/10/05	7:40	DW	1		X										
5	A052009	G	6/10/05	6:55	DW	1		X										
6	A052042	G	6/14/05	8:30	DW	1		X										
7	A052043	G	6/14/05	8:45	DW	1		X										
8	T055635	G	6/2/05	7:45	DW	1		X										

Hicc	H=(HCl)	S=(H2SO4)	N=(HNO3)	T=(Sodium Thiosulfate)	Refrigerate by:	Date	Time	Received by:	Date	Time
Shipment	Method	Sample Kit	Cooler #	1	<i>Ryan P. Melton</i>	6/14/05	17:00	<i>[Signature]</i>	6/16/05	10:00
Out	Via:	RB	D/T	2						
		AB	D/T	3						
Ret	Via:	Trip Bl.		4						

Received on ice Yes No QC sent received



Advanced Environmental Laboratories, Inc.

- ┘ Jacksonville: 6601 Southpoint Parkway, Jacksonville, FL 32216 • (904) 363-9350 Fax (904) 363-9354
- ┘ Tampa: 5810-D Breckenridge Parkway, Tampa, FL 33610 • (813) 630-9616 Fax (813) 630-4327
- ┘ Gainesville: 2106 NW 67th Place, Suite 7, Gainesville, FL 32606 • (352) 367-1500 Fax (352) 367-0050

CHAIN OF CUSTODY RECORD

A052009

CLIENT NAME: Utilities Inc. of Fla		PROJECT NAME: Greater Groves		BOTTLE SIZE & TYPE	AR NE AU LI S R I E S D	LAB NUMBER
ADDRESS: 300 Weathersfield Ave		P.O. NUMBER / PROJECT NUMBER:				
Monte Springs		PROJECT LOCATION: 2nd Quarter SOC				
PHONE: 407-869-1919	FAX:	SAMPLED BY: Bill Coates				
CONTACT: Bill Coates		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.
			DATE	TIME		
	WTP POE	G	6-10-05	0740	DW	13

SOC's

X

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

Shipment Out: / /	Method Via: _____	Sample Kit RB _____ AB _____ Trip Bl. <input type="checkbox"/>	Cooler # _____ D/T _____		Relinquished by:		Date Time		Received by:		Date Time	
				1	Bill Coates	6-10	1210	Andrew Stone	6/10/05	1210		
				2	Andrew Stone	6/10/05	1530	Andrew Stone	6/10/05	1530		
				3								
				4								

Jeb Bush
Governor



John O. Agwunobi, M.D., M.B.A., M.P.H.
Secretary

Laboratory Scope of Accreditation

Page 1 of 2

THIS LISTING OF ACCREDITED ANALYTES SHOULD BE USED ONLY WHEN
ASSOCIATED WITH A VALID CERTIFICATE

State Laboratory ID: E86515

EPA Lab Code: FL00229

(305) 535-6125

E86515
Kappa Laboratories
4300 Alton Road
Miami, FL 33140

Matrix: Drinking Water

Analyte	Method/Tech	Category	Certification Type	Effective Date
3-Hydroxycarbofuran	EPA 531.1	Group I Unregulated Contaminants	NELAP	3/28/2002
Aldicarb (Temik)	EPA 531.1	Group I Unregulated Contaminants	NELAP	7/15/2002
Aldicarb sulfone	EPA 531.1	Group I Unregulated Contaminants	NELAP	7/15/2002
Aldicarb sulfoxide	EPA 531.1	Group I Unregulated Contaminants	NELAP	7/15/2002
Carbaryl (Sevin)	EPA 531.1	Group I Unregulated Contaminants	NELAP	7/15/2002
Carbofuran (Furadan)	EPA 531.1	Synthetic Organic Contaminants	NELAP	7/15/2002
Diquat	EPA 549.2	Synthetic Organic Contaminants	NELAP	9/15/2004
Endosulf	EPA 548.1	Synthetic Organic Contaminants	NELAP	3/27/2002
Fecal coliforms	SM 9221 E	Microbiology	NELAP	3/27/2002
Fecal coliforms	SM 9222 D	Microbiology	NELAP	3/28/2002
Glyphosate	EPA 547	Synthetic Organic Contaminants	NELAP	3/27/2002
Heterotrophic plate count	SM 9215 B	Microbiology	NELAP	7/15/2002
Methomyl (Lannate)	EPA 531.1	Group I Unregulated Contaminants	NELAP	3/28/2002
Oxamyl	EPA 531.1	Synthetic Organic Contaminants	NELAP	7/15/2002
Total coliforms	SM 9221 B	Microbiology	NELAP	3/27/2002
Total coliforms	SM 9222 B	Microbiology	NELAP	3/27/2002

"STATE" indicates certification for the analyte by the method specified. "NELAP" further indicates certification compliant with the NELAC Standards.

NON-TRANSFERABLE 06/22/2005-E86515

Laboratory Scope of Accreditation

THIS LISTING OF ACCREDITED ANALYTES SHOULD BE USED ONLY WHEN
ASSOCIATED WITH A VALID CERTIFICATE

State Laboratory ID: E82574

EPA Lab Code: FL00949

(904) 363-9350

E82574

Advanced Environmental Laboratories, Inc.

6601 Southpoint Parkway

Jacksonville, FL 32216

Matrix: Drinking Water

Analyte	Method/Tech	Category	Certification Type	Effective Date
1,1,1-Trichloroethane	EPA 502.2	Other Regulated Contaminants	NELAP	4/4/2002
1,1,1-Trichloroethane	EPA 524.2	Other Regulated Contaminants	NELAP	1/21/2005
1,1,2-Trichloroethane	EPA 502.2	Other Regulated Contaminants	NELAP	4/4/2002
1,1,2-Trichloroethane	EPA 524.2	Other Regulated Contaminants	NELAP	1/21/2005
1,1-Dichloroethylene	EPA 502.2	Other Regulated Contaminants	NELAP	4/4/2002
1,1-Dichloroethylene	EPA 524.2	Other Regulated Contaminants	NELAP	1/21/2005
1,2,4-Trichlorobenzene	EPA 502.2	Other Regulated Contaminants	NELAP	4/4/2002
1,2,4-Trichlorobenzene	EPA 524.2	Group II Unregulated Contaminants	NELAP	1/21/2005
1,2-Dibromo-3-chloropropane (DBCP)	EPA 504.1	Synthetic Organic Contaminants	NELAP	4/4/2002
1,2-Dibromoethane (EDB, Ethylene dibromide)	EPA 504.1	Synthetic Organic Contaminants	NELAP	4/4/2002
1,2-Dichlorobenzene	EPA 502.2	Other Regulated Contaminants	NELAP	4/4/2002
1,2-Dichlorobenzene	EPA 524.2	Other Regulated Contaminants	NELAP	1/21/2005
1,2-Dichloroethane	EPA 502.2	Other Regulated Contaminants	NELAP	4/4/2002
1,2-Dichloroethane	EPA 524.2	Other Regulated Contaminants	NELAP	1/21/2005
1,2-Dichloropropane	EPA 502.2	Other Regulated Contaminants	NELAP	4/4/2002
1,2-Dichloropropane	EPA 524.2	Other Regulated Contaminants	NELAP	1/21/2005
1,4-Dichlorobenzene	EPA 502.2	Other Regulated Contaminants	NELAP	4/4/2002
1,4-Dichlorobenzene	EPA 524.2	Other Regulated Contaminants	NELAP	1/21/2005
2,4-D	EPA 515.3	Synthetic Organic Contaminants	NELAP	1/21/2005
Atachlor	EPA 525.2	Synthetic Organic Contaminants	NELAP	3/24/2005
Alkalinity as CaCO3	SM 2320 B	Primary Inorganic Contaminants	NELAP	1/21/2005
Aluminum	EPA 200.7	Secondary Inorganic Contaminants	NELAP	4/4/2002
Antimony	EPA 200.9	Primary Inorganic Contaminants	NELAP	4/4/2002
Antimony	SM 3113 B	Primary Inorganic Contaminants	NELAP	4/4/2002
Arsenic	EPA 200.7	Primary Inorganic Contaminants	NELAP	4/4/2002
Atrazine	EPA 525.2	Synthetic Organic Contaminants	NELAP	3/24/2005
Barium	EPA 200.7	Primary Inorganic Contaminants	NELAP	4/4/2002
Benzene	EPA 502.2	Other Regulated Contaminants	NELAP	4/4/2002
Benzene	EPA 524.2	Other Regulated Contaminants	NELAP	1/21/2005
Benzo(a)pyrene	EPA 525.2	Synthetic Organic Contaminants	NELAP	1/21/2005
Beryllium	EPA 200.7	Primary Inorganic Contaminants	NELAP	4/4/2002
bis(2-Ethylhexyl) phthalate (DEHP)	EPA 525.2	Synthetic Organic Contaminants	NELAP	1/21/2005
Bromoacetic acid	EPA 552.2	Group I Unregulated Contaminants	NELAP	1/21/2005
Bromochloroacetic acid	EPA 552.2	Group I Unregulated Contaminants	NELAP	1/21/2005
Bromodichloromethane	EPA 502.2	Other Regulated Contaminants, Group II Unregulated Contaminants	NELAP	4/4/2002

"STATE" indicates certification for the analyte by the method specified. "NELAP" further indicates certification compliant with the NELAC Standards.

NON-TRANSFERABLE 06/29/2005-E82574

Laboratory Scope of Accreditation

THIS LISTING OF ACCREDITED ANALYTES SHOULD BE USED ONLY WHEN
 ASSOCIATED WITH A VALID CERTIFICATE

State Laboratory ID: E82574

EPA Lab Code: FL00949

(904) 363-9350

E82574

Advanced Environmental Laboratories, Inc.

6601 Southpoint Parkway

Jacksonville, FL 32216

Matrix: Drinking Water

Analyte	Method/Tech	Category	Certification Type	Effective Date
Bromodichloromethane	EPA 524.2	Group II Unregulated Contaminants	NELAP	1/21/2005
Bromoform	EPA 502.2	Other Regulated Contaminants, Group II Unregulated Contaminants	NELAP	4/4/2002
Bromoform	EPA 524.2	Group II Unregulated Contaminants	NELAP	1/21/2005
Cadmium	EPA 200.7	Primary Inorganic Contaminants	NELAP	4/4/2002
Calcium	EPA 200.7	Primary Inorganic Contaminants	NELAP	4/4/2002
Carbofuran (Furaden)	EPA 531.1	Synthetic Organic Contaminants	NELAP	4/19/2005
Carbon tetrachloride	EPA 502.2	Other Regulated Contaminants	NELAP	4/4/2002
Carbon tetrachloride	EPA 524.2	Other Regulated Contaminants	NELAP	1/21/2005
Chlordane (tech.)	EPA 508	Synthetic Organic Contaminants	NELAP	3/24/2005
Chloride	EPA 325.3	Secondary Inorganic Contaminants	NELAP	1/21/2005
Chloride	SM 4500 Cl- E	Secondary Inorganic Contaminants	NELAP	2/13/2003
Chloroacetic acid	EPA 552.2	Group I Unregulated Contaminants	NELAP	1/21/2005
Chlorobenzene	EPA 502.2	Other Regulated Contaminants	NELAP	4/4/2002
Chlorobenzene	EPA 524.2	Other Regulated Contaminants	NELAP	1/21/2005
Chloroform	EPA 502.2	Other Regulated Contaminants, Group II Unregulated Contaminants	NELAP	4/4/2002
Chloroform	EPA 524.2	Group II Unregulated Contaminants	NELAP	1/21/2005
Chromium	EPA 200.7	Primary Inorganic Contaminants	NELAP	4/4/2002
cis-1,2-Dichloroethylene	EPA 502.2	Other Regulated Contaminants	NELAP	4/4/2002
cis-1,2-Dichloroethylene	EPA 524.2	Other Regulated Contaminants	NELAP	1/21/2005
Color	EPA 110.2	Secondary Inorganic Contaminants	NELAP	2/13/2003
Copper	EPA 200.7	Primary Inorganic Contaminants, Secondary Inorganic Contaminants	NELAP	4/4/2002
Dalapon	EPA 515.3	Synthetic Organic Contaminants	NELAP	1/21/2005
Di(2-ethylhexyl)adipate	EPA 525.2	Synthetic Organic Contaminants	NELAP	1/21/2005
Dibromoacetic acid	EPA 552.2	Group I Unregulated Contaminants	NELAP	1/21/2005
Dibromochloromethane	EPA 502.2	Other Regulated Contaminants, Group II Unregulated Contaminants	NELAP	4/4/2002
Dibromochloromethane	EPA 524.2	Group II Unregulated Contaminants	NELAP	1/21/2005
Dicamba	EPA 515.3	Group I Unregulated Contaminants	NELAP	1/21/2005
Dichloroacetic acid	EPA 552.2	Group I Unregulated Contaminants	NELAP	3/24/2005
Dichloromethane (DCM, Methylene chloride)	EPA 502.2	Other Regulated Contaminants	NELAP	4/4/2002
Dichloromethane (DCM, Methylene chloride)	EPA 524.2	Other Regulated Contaminants	NELAP	1/21/2005
Dinoseb (2-sec-butyl-4,6-dinitrophenol, DNBP)	EPA 515.3	Synthetic Organic Contaminants	NELAP	1/21/2005
Diquat	EPA 549.2	Synthetic Organic Contaminants	NELAP	4/19/2005

"STATE" indicates certification for the analyte by the method specified. "NELAP" further indicates certification compliant with the NELAC Standards.

NON-TRANSFERABLE 06/29/2005-E82574

Laboratory Scope of Accreditation

THIS LISTING OF ACCREDITED ANALYTES SHOULD BE USED ONLY WHEN
ASSOCIATED WITH A VALID CERTIFICATE

State Laboratory ID: E82574

EPA Lab Code: FL00949

(904) 363-9350

E82574

Advanced Environmental Laboratories, Inc.
6601 Southpoint Parkway
Jacksonville, FL 32216

Matrix: Drinking Water

Analyte	Method/Tech	Category	Certification Type	Effective Date
Endothall	EPA 548.1	Synthetic Organic Contaminants	NELAP	1/21/2005
Endrin	EPA 508	Synthetic Organic Contaminants	NELAP	3/24/2005
Ethylbenzene	EPA 502.2	Other Regulated Contaminants	NELAP	4/4/2002
Ethylbenzene	EPA 524.2	Other Regulated Contaminants	NELAP	1/21/2005
gamma-BHC (Lindane, gamma-Hexachlorocyclohexane)	EPA 508	Synthetic Organic Contaminants	NELAP	3/24/2005
Heptachlor	EPA 508	Synthetic Organic Contaminants	NELAP	3/24/2005
Heptachlor epoxide	EPA 508	Synthetic Organic Contaminants	NELAP	3/24/2005
Heterotrophic plate count	SM 9215 B	Microbiology	NELAP	1/21/2005
Hexachlorobenzene	EPA 508	Synthetic Organic Contaminants	NELAP	3/24/2005
Hexachlorocyclopentadiene	EPA 508	Synthetic Organic Contaminants	NELAP	3/24/2005
Iron	EPA 200.7	Secondary Inorganic Contaminants	NELAP	4/4/2002
Lead	EPA 200.9	Primary Inorganic Contaminants	NELAP	4/4/2002
Lead	SM 3113 B	Primary Inorganic Contaminants	NELAP	4/4/2002
Magnesium	EPA 200.7	Primary Inorganic Contaminants	NELAP	4/4/2002
Manganese	EPA 200.7	Secondary Inorganic Contaminants	NELAP	4/4/2002
Mercury	EPA 245.1	Primary Inorganic Contaminants	NELAP	4/4/2002
Mercury	SM 3112 B	Primary Inorganic Contaminants	NELAP	4/4/2002
Methoxychlor	EPA 508	Synthetic Organic Contaminants	NELAP	3/24/2005
Nickel	EPA 200.7	Primary Inorganic Contaminants	NELAP	4/4/2002
Nitrate	SM 4500-NO3 F	Primary Inorganic Contaminants	NELAP	2/13/2003
Nitrate-nitrite	SM 4500-NO3 F	Primary Inorganic Contaminants	NELAP	2/13/2003
Nitrite	SM 4500-NO3 F	Primary Inorganic Contaminants	NELAP	2/13/2003
Nitrite as N	SM 4500-NO2 B	Primary Inorganic Contaminants	NELAP	1/21/2005
Odor	SM 2150 B	Secondary Inorganic Contaminants	NELAP	2/13/2003
Orthophosphate as P	EPA 365.1	Primary Inorganic Contaminants	NELAP	2/13/2003
Orthophosphate as P	SM 4500-P E	Primary Inorganic Contaminants	NELAP	1/21/2005
Oxamyl	EPA 531.1	Synthetic Organic Contaminants	NELAP	4/19/2005
PCBs	EPA 508	Synthetic Organic Contaminants	NELAP	3/24/2005
Pentachlorophenol	EPA 515.3	Synthetic Organic Contaminants	NELAP	1/21/2005
pH	EPA 150.1	Primary Inorganic Contaminants, Secondary Inorganic Contaminants	NELAP	4/4/2002
Picloram	EPA 515.3	Synthetic Organic Contaminants	NELAP	1/21/2005
Potassium	EPA 200.7	Secondary Inorganic Contaminants	NELAP	1/21/2005
Residue-filterable (TDS)	EPA 160.1	Secondary Inorganic Contaminants	NELAP	4/4/2002
Selenium	EPA 200.9	Primary Inorganic Contaminants	NELAP	4/17/2002
Selenium	SM 3113 B	Primary Inorganic Contaminants	NELAP	4/4/2002

"STATE" indicates certification for the analyte by the method specified. "NELAP" further indicates certification compliant with the NELAC Standards.

NON-TRANSFERABLE 06/29/2005-E82574

Jeb Bush
Governor



John O. Agwunobi, M.D., M.B.A., M.P.H.
Secretary

Laboratory Scope of Accreditation

Page 4 of 27

THIS LISTING OF ACCREDITED ANALYTES SHOULD BE USED ONLY WHEN
ASSOCIATED WITH A VALID CERTIFICATE

State Laboratory ID: E82574

EPA Lab Code: FL00949

(904) 363-9350

E82574

Advanced Environmental Laboratories, Inc.
6601 Southpoint Parkway
Jacksonville, FL 32216

Matrix: Drinking Water

Analyte	Method/Tech	Category	Certification Type	Effective Date
Silica as SiO ₂	EPA 200.7	Primary Inorganic Contaminants	NELAP	1/21/2005
Silver	EPA 200.7	Secondary Inorganic Contaminants	NELAP	4/4/2002
Silvex (2,4,5-TP)	EPA 515.3	Synthetic Organic Contaminants	NELAP	1/21/2005
Simazine	EPA 525.2	Synthetic Organic Contaminants	NELAP	3/24/2005
Sodium	EPA 200.7	Primary Inorganic Contaminants	NELAP	4/4/2002
Styrene	EPA 502.2	Other Regulated Contaminants	NELAP	4/4/2002
Styrene	EPA 524.2	Other Regulated Contaminants	NELAP	1/21/2005
Sulfate	EPA 375.4	Secondary Inorganic Contaminants	NELAP	2/13/2003
Surfactants - MBAS	EPA 425.1	Secondary Inorganic Contaminants	NELAP	1/21/2005
Tetrachloroethylene (Perchloroethylene)	EPA 502.2	Other Regulated Contaminants	NELAP	4/4/2002
Tetrachloroethylene (Perchloroethylene)	EPA 524.2	Other Regulated Contaminants	NELAP	1/21/2005
Thallium	EPA 200.9	Primary Inorganic Contaminants	NELAP	4/4/2002
Toluene	EPA 502.2	Other Regulated Contaminants	NELAP	4/4/2002
Toluene	EPA 524.2	Other Regulated Contaminants	NELAP	1/21/2005
Total coliforms	SM 9222 B	Microbiology	NELAP	4/4/2002
Total coliforms & E. coli	SM 9223 B	Microbiology	NELAP	9/5/2002
Total haloacetic acids	EPA 552.2	Synthetic Organic Contaminants	NELAP	1/21/2005
Total trihalomethanes	EPA 502.2	Other Regulated Contaminants	NELAP	4/4/2002
Total trihalomethanes	EPA 524.2	Other Regulated Contaminants	NELAP	1/21/2005
Toxaphene (Chlorinated camphene)	EPA 508	Synthetic Organic Contaminants	NELAP	3/24/2005
trans-1,2-Dichloroethylene	EPA 502.2	Other Regulated Contaminants	NELAP	4/4/2002
trans-1,2-Dichloroethylene	EPA 524.2	Other Regulated Contaminants	NELAP	1/21/2005
Trichloroacetic acid	EPA 552.2	Group I Unregulated Contaminants	NELAP	1/21/2005
Trichloroethene (Trichloroethylene)	EPA 502.2	Other Regulated Contaminants	NELAP	4/4/2002
Trichloroethene (Trichloroethylene)	EPA 524.2	Other Regulated Contaminants	NELAP	1/21/2005
Turbidity	EPA 180.1	Secondary Inorganic Contaminants	NELAP	7/17/2002
Vinyl chloride	EPA 502.2	Other Regulated Contaminants	NELAP	4/4/2002
Vinyl chloride	EPA 524.2	Other Regulated Contaminants	NELAP	1/21/2005
Xylene (total)	EPA 502.2	Other Regulated Contaminants	NELAP	4/4/2002
Xylene (total)	EPA 524.2	Other Regulated Contaminants	NELAP	1/21/2005
Zinc	EPA 200.7	Secondary Inorganic Contaminants	NELAP	4/4/2002

"STATE" indicates certification for the analyte by the method specified. "NELAP" further indicates certification compliant with the NELAC Standards.

NON-TRANSFERABLE 06/29/2005-E82574

LAKE UTILITY SERVICES, INC.

AN AFFILIATE OF UTILITIES, INC.
200 WEATHERSFIELD AVENUE
ALTAMONTE SPRINGS, FLORIDA 32714

CORPORATE OFFICES:
2335 Sanders Road
Northbrook, Illinois 60062
Telephone: 847-498-6440

Telephone: 407-869-1919
Florida: 800-272-1919
Fax: 407-869-6961
florida@utilitiesinc-usa.com

September 23, 2005

Mr. Paul Morrison, Environmental Manager
Drinking Water Program
Florida Department of Environmental Protection
3319 Maguire Blvd., Suite 232
Orlando, FL 32803-3767

RE: Total Trihalomethane / Haloacetic Acids
Annual Monitoring
Greater Groves - PWS ID 3354881

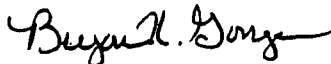
Dear Mr. Morrison:

Please find the enclosed sample results as specified above for the 2005 monitoring period.

If you should have any questions, please call 407.869.8588, extension 226.

Sincerely,

LAKE UTILITY SERVICES, INC.



Bryan K. Gongre
Assistant Operations Manager

Enclosures

cc: Bill Coates, A.M., UIOF

**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: Greater Groves PWS I.D. #:

3	3	5	4	8	8	1
---	---	---	---	---	---	---

 -1

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

Address: Lake Utility Services, Inc.
200 Weathersfield Avenue

City: Altamonte Springs State: FL ZIP Code: 32714

Phone #: 407.869.1919 Fax #: 407.869.6961

E-Mail Address: _____

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: A052850-01 Location Code (if known): _____

Sample Date: 8/10/05 Sample Time: 2:05 AM PM (Circle One)

Sample Location (be specific): 1635 U.S. Hwy 27, Clermont, FL

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): 0.5 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: Charles Schwades

Sampler's Phone #: 407.869.1919 Sampler's Fax #: 407.869.6961

Sampler's E-Mail Address: _____

CERTIFICATION (to be completed by sampler)

I, Charles Schwades (Print Name), Operator (Print Title)

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

Signature: Charles Schwades Date: 9/19/05

**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 - Orlando
Address: 528 S. North Lake Blvd., Suite 1016
Altamonte Springs, FL 32701

Florida Certification #: E53076
Certification Expiration Date: 6/30/2006
Telephone #: (407) 937-1594

ANALYSIS INFORMATION (to be completed by lab)

PWS ID (from page 1): _____ Date Sample(s) Received: 8/11/2005 1:10:00
Lab Assigned Report Number or Job ID A052850 Sample Number (From page 1) A052850-01

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 checked="" type="checkbox"/> Trihalomethanes |
| <input type="checkbox"/> Partial | <input type="checkbox"/> All Except Dioxin | <input type="checkbox"/> Partial | <input checked="" type="checkbox"/> Haloacetic Acids |
| <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 Sample | <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 E82574

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB

CERTIFICATION

I, Myma Santiago, 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: *Myma Santiago* Date: 9/2/05

* 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 and 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: _____



Client: Utilities, Inc.
Project Name: Greater Groves
Project Number:
PWS ID#:

Report No.: A052850
Date Sampled: 8/10/2005
Date Received: 8/11/05 13:10
Date Reported: 9/2/2005

Attention: William Coates
Phone Number: 8002721919

Address: 200 Weathersfield Ave.

Altamonte Springs, FL 32714

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: Greater Groves

Approved By:

Myra Santiago, 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 = 8

Advanced Environmental Laboratories, Inc.

Analytical Report

Client: Utilities, Inc.

Project Name: Greater Groves

Matrix: Drinking Water

PWS ID#:

Client Sample ID: 1

Site: 1635 US 27

Sample Number: A052850-01

Report No.: A052850

Date/Time Sampled: 08/10/05 14:05

Date/Time Received: 8/11/05 13:10

Sampled By: Client

Shipping Method: AEL Courier

Disinfection Byproducts

Contam ID	Contam Name	MCL	Units	Analysis Results	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Cert. #
2450	Chloroacetic Acid		ug/L	0.81	U	E552.2	0.81	8/19/2005	8:55	E82574
2451	Dichloroacetic Acid		ug/L	4.8		E552.2	0.56	8/19/2005	8:55	E82574
2452	Trichloroacetic Acid		ug/L	2.9		E552.2	0.60	8/19/2005	8:55	E82574
2453	Bromoacetic Acid		ug/L	0.34	U	E552.2	0.34	8/19/2005	8:55	E82574
2454	Dibromoacetic Acid		ug/L	1.3	I	E552.2	0.45	8/19/2005	8:55	E82574
2941	Chloroform		ug/L	12		E502.2	0.31	8/15/2005	14:28	E82574
2942	Bromoform		ug/L	0.36	U	E502.2	0.36	8/15/2005	14:28	E82574
2943	Bromodichloromethane		ug/L	5.9		E502.2	0.38	8/15/2005	14:28	E82574
2944	Dibromochloromethane		ug/L	3.3		E502.2	0.28	8/15/2005	14:28	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 Labs Inc

Advanced Environmental Labs
528 S North Lake Blvd, Ste 1016
Altamonte Springs, FL 32701

Client: UTILITIES, INC. (UTL-A)

Project name: GREATER GROVES

Date/Time Rcvd: 8/11/05 13.10

Log-In request number: A052850

Received by: RPG

Completed by: RPG

Cooler/Shipping Information:

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

Type: Cooler Box Other (describe) _____

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

Cooler ID	1				
Temp (°C)	2				
Temp taken from	<input type="checkbox"/> Temp blank <input checked="" type="checkbox"/> Cooler	<input type="checkbox"/> Temp blank <input type="checkbox"/> Cooler	<input type="checkbox"/> Temp blank <input type="checkbox"/> Cooler	<input type="checkbox"/> Temp blank <input type="checkbox"/> Cooler	<input type="checkbox"/> Temp blank <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? <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?	✓		
17. Was it necessary to split samples into other bottles?		✓	

Kit ID

Comments:

Chain-of-Custody for AEL Orlando to AEL Jax

AEL Orlando
528 South North Lake Blvd, S
Altamonte Springs FL 32701


Contact Person: Myrna Santiago

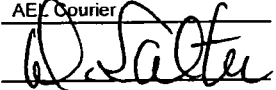
Project #: A052850
CustomerName: Utilities, Inc.
Collector: Client

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

Check if Rush

Lab Code	Client Sample ID	Test	Matrix	Collect Date / Time	Receive Date	Due Date	# Bottles	Bottle Type (Pres.)
A052850-01	1	550 Haloacetic Acids (J)-55	Drinking Water	8/10/2005 14:05	8/11/05 13:10	8/24/2005	_____	40mL Vial Amber
A052850-01	1	THMs (DW)	Drinking Water	8/10/2005 14:05	8/11/05 13:10	8/24/2005	_____	40mL VOC vial

Orlando Relinquisher: 
Shipping Relinquisher: AEL Courier

Shipping Receiver: AEL Courier
Jacksonville Receiver: 

Date/Time: 8/11/05 17:00
Date/Time: 8/12/05 08:30



Advanced Environmental Laboratories, Inc.

Jacksonville: 6601 Southpoint Parkway, Jacksonville, FL 32216 • (904) 363-9350 Fax (904) 363-9354
 Tampa: 5810-D Breckenridge Parkway, Tampa, FL 33610 • (813) 630-9616 Fax (813) 630-4327
 Gainesville: 2106 NW 67th Place, Suite 7, Gainesville, FL 32606 • (352) 367-1500 Fax (352) 367-0050

CHAIN OF CUSTODY RECORD

LAB NUMBER: _____

CLIENT NAME: UTILITIES INC		PROJECT NAME:		BOTTLE SIZE & TYPE	PRESERVED	LAB NUMBER
ADDRESS: 200 WEATHERS FIELD AVE		P.O. NUMBER / PROJECT NUMBER:				
PHONE: 407-869-1919 FAX: 407-869-6961		PROJECT LOCATION:				
CONTACT: BILL COATES		SAMPLED BY:				
TURN AROUND TIME: <input checked="" type="checkbox"/> STANDARD <input type="checkbox"/> RUSH		REMARKS / SPECIAL INSTRUCTIONS: GRUBS - C12 0.5 ORANGES - C12 HIGHLAND PT - C12 CR. BAY - C12 LIK CR MILLS - C12 CR. WEST - C12 CR. WEST - C12 CR. WEST - C12 CR. WEST - C12 CR. WEST - C12				

TTHM'S + HAA5'S

SAMPLES ON 126

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			
A052850	S. CREVES 1635 US 27 - (7-11)	G	8/10/05	1405	DW	6	X
A052851	ORANGES-10001 CRENSHAW CT	G	8/9/05	1110	DW	6	X
A052852	HIGHLAND PT 1440 EXPRESS DR	G	X	X	DW	6	X
A052853	CRESCENT BAY - 10332 MURRAY DR	G	8/9/05	1250	DW	6	X
A052854	LIK. CR. HILL - 10351 THOMPSON LN.	G	8/9/05	1415	DW	6	X
A052855	CR. WEST - 10731 PRIEBE RD	G	8/9/05	1340	DW	6	X
A052856	LIK. RIDGE CLUB - 12134 OUSTCOOK DR	G	8/10/05	1525	DW	6	X
A052857	AMB HILL - 12647 VALENCIA DR	G	8/9/05	1210	DW	6	X

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

Shipment Out: / /	Method Via:	Sample Kit	Cooler #	1	Relinquished by:	Date	Time	Received by:	Date	Time
Ret: / /	Via:	RB	D/T	2	<i>[Signature]</i>	8/11/05	0930	<i>[Signature]</i>	8/11/05	0930
		AB	D/T	3	<i>[Signature]</i>	8/11/05	1310	<i>[Signature]</i>	8/11/05	1310
		Trip Bl.								



Laboratory Scope of Accreditation

THIS LISTING OF ACCREDITED ANALYTES SHOULD BE USED ONLY WHEN
ASSOCIATED WITH A VALID CERTIFICATE

State Laboratory ID: E82574

EPA Lab Code: FL00949

(904) 363-9350

E82574

Advanced Environmental Laboratories, Inc.
6601 Southpoint Parkway
Jacksonville, FL 32216

Matrix: Drinking Water

Analyte	Method/Tech	Category	Certification Type	Effective Date
Silica as SiO ₂	EPA 200.7	Primary Inorganic Contaminants	NELAP	1/21/2005
Silver	EPA 200.7	Secondary Inorganic Contaminants	NELAP	4/4/2002
Silvex (2,4,5-TP)	EPA 515.3	Synthetic Organic Contaminants	NELAP	1/21/2005
Simazine	EPA 525.2	Synthetic Organic Contaminants	NELAP	3/24/2005
Sodium	EPA 200.7	Primary Inorganic Contaminants	NELAP	4/4/2002
Styrene	EPA 502.2	Other Regulated Contaminants	NELAP	4/4/2002
Styrene	EPA 524.2	Other Regulated Contaminants	NELAP	1/21/2005
Sulfate	EPA 375.4	Secondary Inorganic Contaminants	NELAP	2/13/2003
Surfactants - MBAS	EPA 425.1	Secondary Inorganic Contaminants	NELAP	1/21/2005
Tetrachloroethylene (Perchloroethylene)	EPA 502.2	Other Regulated Contaminants	NELAP	4/4/2002
Tetrachloroethylene (Perchloroethylene)	EPA 524.2	Other Regulated Contaminants	NELAP	1/21/2005
Thallium	EPA 200.9	Primary Inorganic Contaminants	NELAP	4/4/2002
Toluene	EPA 502.2	Other Regulated Contaminants	NELAP	4/4/2002
Toluene	EPA 524.2	Other Regulated Contaminants	NELAP	1/21/2005
Total coliforms	SM 9222 B	Microbiology	NELAP	4/4/2002
Total coliforms & E. coli	SM 9223 B	Microbiology	NELAP	9/5/2002
Total haloacetic acids	EPA 552.2	Synthetic Organic Contaminants	NELAP	1/21/2005
Total trihalomethanes	EPA 502.2	Other Regulated Contaminants	NELAP	4/4/2002
Total trihalomethanes	EPA 524.2	Other Regulated Contaminants	NELAP	1/21/2005
Toxaphene (Chlorinated camphene)	EPA 508	Synthetic Organic Contaminants	NELAP	3/24/2005
trans-1,2-Dichloroethylene	EPA 502.2	Other Regulated Contaminants	NELAP	4/4/2002
trans-1,2-Dichloroethylene	EPA 524.2	Other Regulated Contaminants	NELAP	1/21/2005
Trichloroacetic acid	EPA 552.2	Group I Unregulated Contaminants	NELAP	1/21/2005
Trichloroethene (Trichloroethylene)	EPA 502.2	Other Regulated Contaminants	NELAP	4/4/2002
Trichloroethene (Trichloroethylene)	EPA 524.2	Other Regulated Contaminants	NELAP	1/21/2005
Turbidity	EPA 180.1	Secondary Inorganic Contaminants	NELAP	7/17/2002
Vinyl chloride	EPA 502.2	Other Regulated Contaminants	NELAP	4/4/2002
Vinyl chloride	EPA 524.2	Other Regulated Contaminants	NELAP	1/21/2005
Xylene (total)	EPA 502.2	Other Regulated Contaminants	NELAP	4/4/2002
Xylene (total)	EPA 524.2	Other Regulated Contaminants	NELAP	1/21/2005
Zinc	EPA 200.7	Secondary Inorganic Contaminants	NELAP	4/4/2002

"STATE" indicates certification for the analyte by the method specified. "NELAP" further indicates certification compliant with the NELAC Standards.

NON-TRANSFERABLE 04/24/2005-E82574

TTHM/HAA5 REPORTING COMPLIANCE SUMMARY FOR PWSs MONITORING ANNUALLY

TTHM COMPLIANCE SUMMARY		HAA5 COMPLIANCE SUMMARY	
Provide the number of TTHM samples taken during the last year*	1	Provide the number of HAA5 samples taken during the last year*	1
Calculate the arithmetic average of all TTHM samples taken over the last year	21.2	Calculate the arithmetic average all HAA5 samples taken over the last year	9.0
Does the arithmetic average of the TTHM samples exceed the Maximum Contaminant Level of 0.080 mg/L for TTHMs? (YES/NO)**	NO	Does the arithmetic average of the HAA5 samples exceed the Maximum Contaminant Level of 0.080 mg/L for HAA5s? (YES/NO)**	NO

*Also, for each sample taken during the last year, provide the information requested in the tables on pages 3 and 4 of this format.

**If the TTHM or HAA5 sample (or average of the samples, if more than one sample is taken) exceeds the Maximum Contaminant Level, the system must increase monitoring to one TTHM and one HAA5 sample per treatment plant per quarter, taken at a point in the distribution system reflecting the maximum residence time, until the system meets the criteria in 40 CFR 131.132(b)(1)(iv). Please see 40 CFR 141.132 (b)(1) for complete details.

LAKE UTILITY SERVICES, INC.

AN AFFILIATE OF UTILITIES, INC.

200 WEATHERSFIELD AVENUE
ALTAMONTE SPRINGS, FLORIDA 32714

CORPORATE OFFICES:
2335 Sanders Road
Northbrook, Illinois 60062
Telephone: 847-498-6440

Telephone: 407-869-1919
Florida: 800-272-1919
Fax: 407-869-6961
florida@utilitiesinc-usa.com

October 12, 2005

Mr. Paul Morrison, Environmental Manager
Drinking Water Program
Florida Department of Environmental Protection
3319 Maguire Blvd., Suite 232
Orlando, FL 32803-3767

RE: Total Trihalomethane / Haloacetic Acids
Annual Monitoring LAKE LOUISA
Greater Groves - PWS ID 3354881-2

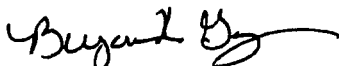
Dear Mr. Morrison:

Please find the enclosed sample results as specified above for the 2005 monitoring period.

If you should have any questions, please call 407.869.8588, extension 226.

Sincerely,

LAKE UTILITY SERVICES, INC.



Bryan K. Gongre
Assistant Operations Manager

Enclosures

cc: Bill Coates, A.M., UIOF

TTHM/HAA5 REPORTING COMPLIANCE SUMMARY FOR PWSs MONITORING ANNUALLY			
TTHM COMPLIANCE SUMMARY		HAA5 COMPLIANCE SUMMARY	
Provide the number of TTHM samples taken during the last year*	1	Provide the number of HAA5 samples taken during the last year*	1
Calculate the arithmetic average of all TTHM samples taken over the last year	18.9	Calculate the arithmetic average all HAA5s samples taken over the last year	3.8
Does the arithmetic average of the TTHM samples exceed the Maximum Contaminant Level of 0.080 mg/L for TTHMs? (YES/NO)**	NO	Does the arithmetic average of the HAA5 samples exceed the Maximum Contaminant Level of 0.080 mg/L for HAA5s? (YES/NO)**	NO

*Also, for each sample taken during the last year, provide the information requested in the tables on pages 3 and 4 of this format.

**If the TTHM or HAA5 sample (or average of the samples, if more than one sample is taken) exceeds the Maximum Contaminant Level, the system must increase monitoring to one TTHM and one HAA5 sample per treatment plant per quarter, taken at a point in the distribution system reflecting the maximum residence time, until the system meets the criteria in 40 CFR 131.132(b)(1)(iv). Please see 40 CFR 141.132 (b)(1) for complete details.

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: Lake Louisa
Creek Groves - Lake Groves PWS I.D. #:

3	3	5	4	8	8	1
---	---	---	---	---	---	---

 -2

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

Address: Lake Utility Services, Inc.
200 Weathersfield Avenue

City: Altamonte Springs State: FL ZIP Code: 32714

Phone #: 407.869.1919 Fax #: 407.869.6961

E-Mail Address: _____

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: A053215 Location Code (if known): _____

Sample Date: 8/31/05 Sample Time: 12:30 AM PM (Circle One)

Sample Location (be specific): 12333 Roper Boulevard Clermont, FL

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): 1.6 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(8) 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: Charles G. Schwantes

Sampler's Phone #: 407.869.1919 Sampler's Fax #: 407.869.6961

Sampler's E-Mail Address: _____

CERTIFICATION (to be completed by sampler)

I, Charles G. Schwantes, Lead Operator
(Print Name) (Print Title)

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

Signature: Charles G. Schwantes Date: 10/6/05

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 - Orlando
Address: 528 S. North Lake Blvd., Suite 1016
Altamonte Springs, FL 32701

Florida Certification #: E53076
Certification Expiration Date: 6/30/2006
Telephone #: (407) 937-1594

ANALYSIS INFORMATION (to be completed by lab)

PWS ID (from page 1): _____ Date Sample(s) Received: 9/1/2005 1:50:00 P
Lab Assigned Report Number or Job ID A053215 Sample Number (From page 1) A053215-01
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 checked="" type="checkbox"/> Trihalomethanes |
| <input type="checkbox"/> Partial | <input type="checkbox"/> All Except Dioxin | <input type="checkbox"/> Partial | <input checked="" type="checkbox"/> Haloacetic Acids |
| <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 Sample | <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 E82574

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB

CERTIFICATION

I, Myrna Santiago, 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: 10/1

* 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 and 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: _____



Client: Utilities, Inc.
Project Name: Greater Groves
Project Number:
PWS ID#:
Attention: Kathy Sillitoe
Phone Number: 8002721919
Address: 200 Weathersfield Ave.

Altamonte Springs, FL 32714

Report No.: A053215
Date Sampled: 8/31/2005
Date Received: 9/1/05 13:50
Date Reported: 9/8/2005

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: Greater Groves

Approved By: _____



Myrna Santiago, 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 = 8

Advanced Environmental Laboratories, Inc.

Analytical Report

Client: Utilities, Inc.

Project Name: Greater Groves

Matrix: Drinking Water

PWS ID#:

Client Sample ID: 1

Site: 12333 Roper Bo

Sample Number: A053215-01

Report No.: A053215

Date/Time Sampled: 08/31/05 12:30

Date/Time Received: 9/1/05 13:50

Sampled By: Client

Shipping Method: AEL Courier

Disinfection Byproducts

Contam ID	Contam Name	MCL	Units	Analysis Results	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Cert. #
2450	Chloroacetic Acid		ug/L	0.81	U	E552.2	0.81	9/15/2005	12:24	E82574
2451	Dichloroacetic Acid		ug/L	2.4		E552.2	0.56	9/15/2005	12:24	E82574
2452	Trichloroacetic Acid		ug/L	0.60	U	E552.2	0.60	9/15/2005	12:24	E82574
2453	Bromoacetic Acid		ug/L	0.34	U	E552.2	0.34	9/15/2005	12:24	E82574
2454	Dibromoacetic Acid		ug/L	1.4	I	E552.2	0.45	9/15/2005	12:24	E82574
2941	Chloroform		ug/L	4.8		E502.2	0.31	9/3/2005	19:12	E82574
2942	Bromoform		ug/L	2.4		E502.2	0.36	9/3/2005	19:12	E82574
2943	Bromodichloromethane		ug/L	6.0		E502.2	0.38	9/3/2005	19:12	E82574
2944	Dibromochloromethane		ug/L	5.7		E502.2	0.28	9/3/2005	19:12	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

24



Advanced Environmental Labs Inc

Advanced Environmental Labs
528 S North Lake Blvd, Ste 1016
Altamonte Springs, FL 32701

Client: UTILITIES, INC. (UTL-A)

Project name: GREATER GROVES

Date/Time Rcvd: 9/1/05 13.50

Log-In request number: A053215

Received by: RPG

Completed by: RPG

Cooler/Shipping Information:

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

Type: Cooler Box Other (describe) _____

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

Cooler ID	1				
Temp (°C)	2				
Temp taken from	<input type="checkbox"/> Temp blank <input checked="" type="checkbox"/> Cooler	<input type="checkbox"/> Temp blank <input type="checkbox"/> Cooler	<input type="checkbox"/> Temp blank <input type="checkbox"/> Cooler	<input type="checkbox"/> Temp blank <input checked="" type="checkbox"/> Cooler	<input type="checkbox"/> Temp blank <input checked="" 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 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 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?	✓		
17.	Was it necessary to split samples into other bottles?		✓	

Kit ID

Comments:

Chain-of-Custody for AEL Orlando to AEL Jax

AEL Orlando
528 South North Lake Blvd, S
Altamonte Springs FL 32701

Contact Person: Myrna Santiago

Project #: A053215

CustomerName: Utilities, Inc.

Collector: Client

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

Check if Rush

Lab Code	Client Sample ID	Test	Matrix	Collect Date / Time	Receive Date	Due Date	# Bottles	Bottle Type (Pres.)
A053215-01	1	550 Haloacetic Acids (J)-55	Water	8/31/2005 12:30	9/1/05 13:50	9/7/2005	_____	40mL Vial Amber
A053215-01	1	THMs (DW)	Water	8/31/2005 12:30	9/1/05 13:50	9/14/2005	_____	40mL VOC Vial

Orlando Relinquisher: Brian O. Mullen

Shipping Receiver: AEL Courier

Date/Time: 9/1/05 1757

Shipping Relinquisher: AEL Courier

Jacksonville Receiver: D. Salter

Date/Time: 9/2/05 0800

2/9



ADVANCED
Environmental Laboratories, Inc.

- Jacksonville: 6601 Southpoint Parkway, Jacksonville, FL 32216 • (904) 363-9350 Fax (904) 363-9354
- Tampa: 5810-D Breckenridge Parkway, Tampa, FL 33610 • (813) 630-9616 Fax (813) 630-4327
- Gainesville: 2106 NW 67th Place, Suite 7, Gainesville, FL 32606 • (352) 367-1500 Fax (352) 367-0050

CHAIN OF CUSTODY RECORD

A053215

Page _____ of _____

CLIENT NAME: <i>Utilities Inc</i>		PROJECT NAME: <i>Greater Groves/Lake Louisa</i>		BOTTLE SIZE & TYPE	A R N E A Q U L Y I R S I E S D	L A B N U M B E R	
ADDRESS: <i>200 Weathersfield Ave</i>		P.O. NUMBER / PROJECT NUMBER: <i>3354881-2</i>					
<i>Altamonte Springs FL 32714</i>		PROJECT LOCATION: <i>Clermont</i>					
PHONE: <i>407-869-1919</i> FAX: <i>407-869-6961</i>		SAMPLED BY:					
CONTACT: <i>Bill Coates</i>							
TURN AROUND TIME: <input checked="" type="checkbox"/> STANDARD <input type="checkbox"/> RUSH _____		REMARKS / SPECIAL INSTRUCTIONS: <i>Cl₂ = 1.6</i>					
WW = waste water SW =surface water GW =ground water DW =drinking water OIL A =air SO =soil SL =sludge				Preserv	<i>I</i>		
SAMPLE ID	SAMPLE DESCRIPTION	Grab Composite	SAMPLING DATE TIME		MATRIX	NO. CONT.	
	<i>12333 Roper Boulevard</i>	<i>Grab</i>	<i>8/31/05</i>	<i>1230</i>	<i>PW</i>	<i>6</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 _____	Cooler # _____	1	<i>Chuck [Signature]</i>	<i>8/31/05</i>	<i>1300</i>	<i>[Signature]</i>	<i>8/31/05</i>	<i>0905</i>					
		RB _____	D/T _____	2							<i>9/1/05</i>	<i>1350</i>	<i>[Signature]</i>	<i>9/1/05</i>	<i>1350</i>
		AB _____	D/T _____	3											
		Trip Bl. _____		4											

Received on ice: Yes No sent received

Jeb Bush
Governor



John O. Agwunobi, M.D., M.B.A., M.P.H.
Secretary

Laboratory Scope of Accreditation

Page 4 of 27

THIS LISTING OF ACCREDITED ANALYTES SHOULD BE USED ONLY WHEN
ASSOCIATED WITH A VALID CERTIFICATE

State Laboratory ID: E82574

EPA Lab Code: FL00949

(904) 363-9350

E82574
Advanced Environmental Laboratories, Inc.
6601 Southpoint Parkway
Jacksonville, FL 32216

Matrix: Drinking Water

Analyte	Method/Tech	Category	Certification Type	Effective Date
Silica as SiO ₂	EPA 200.7	Primary Inorganic Contaminants	NELAP	1/21/2005
Silver	EPA 200.7	Secondary Inorganic Contaminants	NELAP	4/4/2002
Silvex (2,4,5-TP)	EPA 515.3	Synthetic Organic Contaminants	NELAP	1/21/2005
Simazine	EPA 525.2	Synthetic Organic Contaminants	NELAP	3/24/2005
Sodium	EPA 200.7	Primary Inorganic Contaminants	NELAP	4/4/2002
Styrene	EPA 502.2	Other Regulated Contaminants	NELAP	4/4/2002
Styrene	EPA 524.2	Other Regulated Contaminants	NELAP	1/21/2005
Sulfate	EPA 375.4	Secondary Inorganic Contaminants	NELAP	2/13/2003
Surfactants - MBAS	EPA 425.1	Secondary Inorganic Contaminants	NELAP	1/21/2005
Tetrachloroethylene (Perchloroethylene)	EPA 502.2	Other Regulated Contaminants	NELAP	4/4/2002
Tetrachloroethylene (Perchloroethylene)	EPA 524.2	Other Regulated Contaminants	NELAP	1/21/2005
Thallium	EPA 200.9	Primary Inorganic Contaminants	NELAP	4/4/2002
Toluene	EPA 502.2	Other Regulated Contaminants	NELAP	4/4/2002
Toluene	EPA 524.2	Other Regulated Contaminants	NELAP	1/21/2005
Total coliforms	SM 9222 B	Microbiology	NELAP	4/4/2002
Total coliforms & E. coli	SM 9223 B	Microbiology	NELAP	9/5/2002
Total haloacetic acids	EPA 552.2	Synthetic Organic Contaminants	NELAP	1/21/2005
Total trihalomethanes	EPA 502.2	Other Regulated Contaminants	NELAP	4/4/2002
Total trihalomethanes	EPA 524.2	Other Regulated Contaminants	NELAP	1/21/2005
Toxaphene (Chlorinated camphene)	EPA 508	Synthetic Organic Contaminants	NELAP	3/24/2005
trans-1,2-Dichloroethylene	EPA 502.2	Other Regulated Contaminants	NELAP	4/4/2002
trans-1,2-Dichloroethylene	EPA 524.2	Other Regulated Contaminants	NELAP	1/21/2005
Trichloroacetic acid	EPA 552.2	Group I Unregulated Contaminants	NELAP	1/21/2005
Trichloroethene (Trichloroethylene)	EPA 502.2	Other Regulated Contaminants	NELAP	4/4/2002
Trichloroethene (Trichloroethylene)	EPA 524.2	Other Regulated Contaminants	NELAP	1/21/2005
Turbidity	EPA 180.1	Secondary Inorganic Contaminants	NELAP	7/17/2002
Vinyl chloride	EPA 502.2	Other Regulated Contaminants	NELAP	4/4/2002
Vinyl chloride	EPA 524.2	Other Regulated Contaminants	NELAP	1/21/2005
Xylene (total)	EPA 502.2	Other Regulated Contaminants	NELAP	4/4/2002
Xylene (total)	EPA 524.2	Other Regulated Contaminants	NELAP	1/21/2005
Zinc	EPA 200.7	Secondary Inorganic Contaminants	NELAP	4/4/2002

"STATE" indicates certification for the analyte by the method specified. "NELAP" further indicates certification compliant with the NELAC Standards.

NON-TRANSFERABLE 04/24/2005-E82574

PK

LAKE UTILITY SERVICES, INC.

AN AFFILIATE OF UTILITIES, INC.

200 WEATHERSFIELD AVENUE
ALTAMONTE SPRINGS, FLORIDA 32714

CORPORATE OFFICES:
2335 Sanders Road
Northbrook, Illinois 60062
Telephone: 847-498-6440

Telephone: 407-869-1919
Florida: 800-272-1919
Fax: 407-869-6961
E-Mail: uif@iag.net

November 8, 2005

Mr. Paul Morrison, Environmental Manager
Drinking Water Program
Florida Department of Environmental Protection
3319 Maguire Blvd. - Suite 232
Orlando, FL 32803

RE: Triennial Monitoring
Chapter 62-550 FAC
4th Quarter GA & Ra-228
Greater Groves
PWS ID# 3354881-1

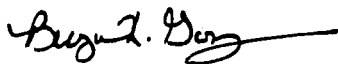
Dear Mr. Morrison:

Enclosed please find the results of samples taken October 7, 2005 for the above referenced analysis and system.

If you have any questions or require additional information, please do not hesitate to contact me at (407) 869-8588, ext. 226.

Sincerely,

LAKE UTILITY SERVICES, INC.



Bryan K. Gongre
Assistant Operations Manager

Enclosures: Sample Results

Cc: Bill Coates, Area Manager, UIOF

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: Greater Groves PWS I.D. #:

3	3	5	4	8	8	1
---	---	---	---	---	---	---

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

Address: Lake Utility Services, Inc.
200 Weathersfield Avenue

City: Altamonte Springs State: FL ZIP Code: 32714

Phone #: 407.869.1919 Fax #: 407.869.6961

E-Mail Address: b.k.gongre@utilitiesinc-usa.com

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: A053905-01 Location Code (if known): _____

Sample Date: 10/07/05 Sample Time: 8:15 AM PM (Circle One)

Sample Location (be specific): POE to distribution system

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? 4th qtr.)
- 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: William Coates

Sampler's Phone #: 407.869.1919 Sampler's Fax #: 407.869.6961

Sampler's E-Mail Address: _____

CERTIFICATION (to be completed by sampler)

I, William H Coates, Area Manager
(Print Name) (Print Title)

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

Signature: William H Coates Date: 11-2-05

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 - Orlando
Address: 528 S. North Lake Blvd., Suite 1016
Altamonte Springs, FL 32701

Florida Certification #: E53076
Certification Expiration Date: 6/30/2006
Telephone #: (407) 937-1594

ANALYSIS INFORMATION (to be completed by lab)

PWS ID (from page 1): 3354861-1

Date Sample(s) Received: 10/7/2005 3:50:00

Lab Assigned Report Number or Job ID A053905

Sample Number (From page 1) A053905-01

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 type="checkbox"/> Partial | <u>Radionuclides</u> | <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 checked="" 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 E83033

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB

CERTIFICATION

I, Myrna Santiago, 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: 10-28-05

* 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 and 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: _____



**Advanced
Environmental Laboratories, Inc.**

6601 Southpoint Parkway
Jacksonville, Florida 32216
(904) 363-9350
FAX (904) 363-9354

Client: Utilities, Inc.
Project Name: Greater Groves
Project Number:

Report No.: A053905
Date Sampled: 10/7/2005
Date Received: 10/7/05 15:50
Date Reported: 10/27/2005

Attention: William Coates
Phone Number: 8002721919

Address: 200 Weathersfield Ave.

Altamonte Springs, FL 32714

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: Greater Groves

Approved By:

Myrna Santiago, Laboratory Manager

If you have any questions, the above named should be contacted.

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

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

RADIONUCLIDES
62-550.310(6)

Report Number / Job ID: A053905/A053905-01

PWS ID (From Page 1): _____

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	RDL	Analysis Error	Analysis Date	Analysis Time	DOH Lab Certification #
4000	Gross Alpha (Excl Uranium)	15**	pCi/L	3.6		900.0	0.9	3	1.2	10/14/05		E83033
4002	Gross Alpha (Incl Uranium)	***	pCi/L					1				
4006	Combined Uranium (U-234, U-235, & U-238)	****	pCi/L					*****				
		30	µg/L					*****				
4020	Radium-226	5	pCi/L					1				
4030	Radium-228			0.7	U	Ra-05	0.7	1	0.5	10/19/05		E83033

** If the results exceed 5 pCi/L, a measurement for radium-226 is required.

*** If the results exceed 5 pCi/L, a measurement for radium-226 is required. If the results exceed 15 pCi/L, measurements for radium-226 and uranium are required.

**** If uranium (U) is reported as a measurement of activity (pCi/L) it will be converted to a mass measurement (µg/L) by multiplying the result by 1.5.

***** Reserved



Advanced Environmental Labs Inc

Advanced Environmental Labs
528 S North Lake Blvd, Ste 1016
Altamonte Springs, FL 32701

Client: UTILITIES, INC. (UTL-A)

Project name: GREATER GROVES

Date/Time Rcvd: 10/7/05 15.50

Log-In request number: A053905

Received by: RPG

Completed by: RPG

Cooler/Shipping Information:

Courier: [X] AEL [] Client [] UPS [] Pony Express [] FedEx [] Other (describe):

Type: [X] Cooler [] Box [] Other (describe):

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

Table with 6 columns and 4 rows for recording cooler ID, temperature, and measurement methods.

Other Information:

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

CHECKLIST table with 4 columns (Question, YES, NO, NA) and 17 rows of inspection items.

Kit ID

Comments:

Horizontal lines for entering Kit ID and Comments.

NO. 695 F. 4/4

Chain-of-Custody for AEL Olando to Florida Radiochemistry

AEL Orlando
528 South North Lake Blvd, S
Altamonte Springs FL 32701

Contact Person: Myma Santiago

Florida Radiochemistry
5456 Hoffner Ave., Suite 201
Orlando, FL 32812-2517
407-382-7733
Contact Person: Sample Receiving



Project #: A053905

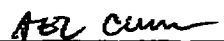

Department: FloridaRad

Check if Rush

Lab Code	Client Sample ID	Test	Matrix	Collect Date / Time	Receive Date	Due Date	# Bottles	Bottle Type (Pres.)
A053905-01	1	Radium 228	Drinking Water	10/7/2005 8:15	10/7/05 15:50	10/21/2005		
A053905-01	1	Gross Alpha	Drinking Water	10/7/2005 8:15	10/7/05 15:50	10/21/2005		

OCT. 21. 2005 2:24PM

Orlando Relinquisher: 
Shipping Relinquisher: 

Shipping Receiver: 
Florida Radiochemistry Receiver: 

Date/Time: 10/10/2005 4:01:52 PM
Date/Time: 10/10/05 9:08



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 1

A053905

CLIENT NAME: Ufukies Inc		PROJECT NAME: Greater Groves				BOTTLE SIZE & TYPE 950cc PLASTIC 950cc PLAS	AR NE AQU LUI YS RI ES SD	LAB NUMBER
ADDRESS: 200 Weathersfield Ave		P.O. NUMBER / PROJECT NUMBER:						
Altamonte Springs FL 32701		PROJECT LOCATION: Greater Groves WTP						
PHONE: 407-509-9098 FAX: 407-849-6966		SAMPLED BY: Bill Coates						
CONTACT: Bill Coates		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	LAB NUMBER
			DATE	TIME				
1	WTP POE	6	10-7	0815	DW	2	X X	1

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

Shipment Out: / /	Method Via: _____	Sample Kit	Cooler # _____	1	Relinquished by: 	Date	Time	Received by: 	Date	Time				
		RB _____	D/T _____	2							10-7	1445	10/7/05	1445
		AB _____	D/T _____	3							10/7/05	1550	10/7/05	1550
		Trip Bl. <input type="checkbox"/>	<input type="checkbox"/>	4										

Jeb Bush
Governor



John O. Agwunobi, M.D., M.B.A., M.P.H.
Secretary

Laboratory Scope of Accreditation

THIS LISTING OF ACCREDITED ANALYTES SHOULD BE USED ONLY WHEN ASSOCIATED WITH A VALID CERTIFICATE

State Laboratory ID: E83033

EPA Lab Code: FL00012

(407) 382-7733

E83033

Florida Radiochemistry Services, Inc.
5456 Hoffner Rd. Suite 201
Orlando, FL 32812

Matrix: Drinking Water

Analyte	Method/Tech	Category	Certification Type	Effective Date
Gross-alpha	EPA 900	Radiochemistry	NELAP	6/28/2001
Gross-beta	EPA 900	Radiochemistry	NELAP	6/28/2001
Natural uranium	EPA 908	Radiochemistry	NELAP	6/28/2001
Radium-226	EPA 903	Radiochemistry	NELAP	12/15/2003
Radium-226	EPA 903.1	Radiochemistry	NELAP	6/28/2001
Radium-228	EPA Ra-05	Radiochemistry	NELAP	6/28/2001

"STATE" indicates certification for the analyte by the method specified. "NELAP" further indicates certification compliant with the NELAC Standards.