

State of Florida



Public Service Commission

CAPITAL CIRCLE OFFICE CENTER • 2540 SHUMARD OAK BOULEVARD
TALLAHASSEE, FLORIDA 32399-0850

-M-E-M-O-R-A-N-D-U-M-

DATE: March 28, 2014
TO: Carlotta S. Stauffer, Commission Clerk, Office of Commission Clerk
FROM: Daniel Q. Lee, Engineering Specialist IV, Division of Engineering *DQL CKL*
RE: Docket No. 130212-WS, Application for increase in water/wastewater rates in Polk County by Cypress Lakes Utilities, Inc.

Please incorporate the attached emails into docket No. 130212 file.

RECEIVED-FPSC
14 MAR 28 AM 11:27
COMMISSION
CLERK

Becky Bodie

From: Martin S. Friedman <mfriedman@ffllegal.com>
Sent: Tuesday, March 25, 2014 11:17 AM
To: Kelly Thompson; Daniel Lee
Cc: Patrick Flynn
Subject: Cypress Lakes lab expense
Attachments: Scan001.pdf

Kelly & Daniel,

Attached is the Invoice for the water quality testing that was done at the Staff's request in response to comments at the customer meeting. This expense is properly included as rate case expense so please do so.

Please do not hesitate to give me a call if you have any questions.

Regards, Marty

MARTIN S. FRIEDMAN

Attorney

NOTE: My firm name and e-mail have changed effective February 1, 2014. Please update your records.



FRIEDMAN, FRIEDMAN & LONG, P.A.
ATTORNEYS & COUNSELORS

FRIEDMAN, FRIEDMAN & LONG, P.A.

Attorneys at Law

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3002385

Invoice



Advanced
Environmental Laboratories, Inc.

Invoice # 233723
Invoice Date 1/31/2014

Client Utilities, Inc.
Invoice To Accounts Payable
Utilities, Inc.
2335 Sanders Road
Northbrook, IL 60062

Account ID UTILINC
Location
PO Cypress DW-BUN248100
Workorder Cypress Lakes [T1400695]
Workorder Desc

Description	Qty	Unit Price	Extended Price
Primary/Secondary Quote	8	\$275.00	\$2,200.00

Invoice Total \$2,200.00

Charge Details

Lab ID	Sample ID	Collected	Received	Mx	Charge
T1400695001	POE Primary/Secondary Quote	1/15/2014 14:02	1/16/2014	DW	\$275.00
T1400695002	2181 Horseshoe Primary/Secondary Quote	1/15/2014 14:21	1/16/2014	DW	\$275.00
T1400695003	2112 Firestone Primary/Secondary Quote	1/15/2014 14:45	1/16/2014	DW	\$275.00
T1400695004	2347 Snowy Primary/Secondary Quote	1/15/2014 15:50	1/16/2014	DW	\$275.00
T1400695005	9312 Hoosier Cir Primary/Secondary Quote	1/15/2014 16:00	1/16/2014	DW	\$275.00
T1400695006	9547 Anglers Way Primary/Secondary Quote	1/15/2014 16:20	1/16/2014	DW	\$275.00
T1400695007	2460 Peavine Cir Primary/Secondary Quote	1/15/2014 17:15	1/16/2014	DW	\$275.00
T1400695008	1630 Big Cypress Primary/Secondary Quote	1/15/2014 18:45	1/16/2014	DW	\$275.00

Payment Details

TERMS: Payment is due upon completion of work unless prior arrangements have been made. The client will be charged at a rate of 1.5% interest for each month after the first 30 days. In the event of non-payment, the client agrees to pay all collection costs and attorney's fees in addition to the original billing amount and the accrued interest.

THANK YOU FOR USING OUR SERVICES

Remit To Advanced Environmental Laboratories, Inc. 6681 Southpoint Parkway Jacksonville, FL 32216

Becky Bodie

From: Patrick Flynn <PCFlynn@uiwater.com>
Sent: Sunday, March 09, 2014 2:19 PM
To: Daniel Lee
Cc: Clayton Lewis; Mike Wilson; Marty Friedman; Stan Rieger; Paul Vickery
Subject: RE: DN 130212-WS (Cypress Lakes) Staff's Request for Customer Meeting Follow-up
Attachments: Cypress Lakes Primary & Sec Lab Results.pdf

My oversight, I apologize. I thought I had forwarded the data but had not.
The first sample location is "POE", which stands for Point of Entry, the location upstream of the first customer but after the end of the water treatment process.
Please see the attached. Let me know if you have any questions.

Thanks,
Patrick

From: Daniel Lee [mailto:DQLee@PSC.STATE.FL.US]
Sent: Friday, March 07, 2014 9:00 AM
To: Patrick Flynn
Cc: Paul Vickery; Stan Rieger; Clayton Lewis; Martin Friedman
Subject: RE: DN 130212-WS (Cypress Lakes) Staff's Request for Customer Meeting Follow-up

Mr. Flynn,

Could you help us track down whether we missed your response regarding the testing? Thanks.

From: Patrick Flynn [mailto:PCFlynn@uiwater.com]
Sent: Monday, January 06, 2014 3:40 PM
To: Clayton Lewis; Martin Friedman; Daniel Lee; Mike Wilson
Cc: Paul Vickery; Stan Rieger
Subject: RE: DN 130212-WS (Cypress Lakes) Staff's Request for Customer Meeting Follow-up

I don't see that being a problem.

From: Clayton Lewis [mailto:CLewis@PSC.STATE.FL.US]
Sent: Monday, January 06, 2014 3:39 PM
To: Patrick Flynn; Martin Friedman; Daniel Lee; Mike Wilson
Cc: Paul Vickery; Stan Rieger
Subject: RE: DN 130212-WS (Cypress Lakes) Staff's Request for Customer Meeting Follow-up

The recommendation is due on February 27th with the docket scheduled for the March 11th agenda. Can you provide us the information by February 21st?

From: Patrick Flynn [mailto:PCFlynn@uiwater.com]
Sent: Monday, January 06, 2014 3:18 PM
To: Clayton Lewis; Martin Friedman; Daniel Lee; Mike Wilson
Cc: Paul Vickery; Stan Rieger
Subject: RE: DN 130212-WS (Cypress Lakes) Staff's Request for Customer Meeting Follow-up

Mike,

Please arrange to have water samples taken and analyzed for primary and secondary drinking water standards from these 7 locations. If we can nail down the address of the 8th customer, I'd like that tap sampled as well.

Mr. Lewis,

Analyzing for these parameters usually takes awhile. What deadline do I have?

Thanks,

Patrick

From: Clayton Lewis [mailto:CLewis@PSC.STATE.FL.US]

Sent: Monday, January 06, 2014 3:04 PM

To: Patrick Flynn; Martin Friedman; Daniel Lee

Cc: Mike Wilson; Paul Vickery; Stan Rieger

Subject: RE: DN 130212-WS (Cypress Lakes) Staff's Request for Customer Meeting Follow-up

Mr. Flynn,

We are requesting testing that conforms to the Florida DEP's testing for Primary and Secondary water quality standards. What we are trying to show is the quality of the water that reaches each of the individual's meters is the same quality as when it left the plant.

The addresses:


2237 Big Cypress Blvd


2112 Firestone Way


9312 Hoosier Circle


9547 Angler Way


2460 Peavine Circle


1630 Big Cypress Blvd


2181 Horseshoe Drive

We are looking for information on Mr. "Buinor" which is our spelling. He did not sign up to speak.

Thank you,

Clayton K. Lewis
Engineering Supervisor
Division of Engineering
850 413-6578

From: Patrick Flynn [<mailto:PCFlynn@uiwater.com>]
Sent: Monday, January 06, 2014 10:24 AM
To: Martin Friedman; Daniel Lee
Cc: Clayton Lewis; Mike Wilson
Subject: RE: DN 130212-WS (Cypress Lakes) Staff's Request for Customer Meeting Follow-up

Daniel,

I was not present at the meeting, but it's my understanding that the complaints were associated with taste, odor and color. Can you clarify for me what specific tests you want conducted on the water?

Our files don't show a Mr. Buinor is a customer. Perhaps his name is spelled differently. Do you have an address?

Thanks,
Patrick

From: Martin Friedman [<mailto:MFriedman@sfflaw.com>]
Sent: Monday, January 06, 2014 9:48 AM
To: Daniel Lee
Cc: Clayton Lewis; Patrick Flynn; Mike Wilson
Subject: RE: DN 130212-WS (Cypress Lakes) Staff's Request for Customer Meeting Follow-up

Daniel,

Do you have a deadline as to when you need these responses?

Marty

MARTIN S. FRIEDMAN



SUNDSTROM & FRIEDMAN, LLP
Attorneys at Law
766 North Sun Drive, Suite 4030
Lake Mary, Florida 32746
T: 407.830.6331
F: 407.830.8522
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www.sfflaw.com

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privileged. If you are not the intended recipient, you must not review, transmit, convert to hard copy, copy, use or disseminate this email or any attachments to it. If you have received this email in error, please notify us immediately by return mail or by telephone at (888)-877-6555 and delete the original and all copies of this transmission, including any attachments. Thank you.

From: Daniel Lee [mailto:DQLee@PSC.STATE.FL.US]

Sent: Monday, January 06, 2014 9:37 AM

To: Martin Friedman

Cc: Clayton Lewis

Subject: RE: DN 130212-WS (Cypress Lakes) Staff's Request for Customer Meeting Follow-up

Martin,

As part of the follow-up of actions taken to address the water quality concerns raised at the 12/19/13 customer meeting, staff requests that the company contact those customers who raised water quality concerns at the meeting and test the water at their homes. After that, please provide the test results with a description of the actions taken or will be taken by the Utility to address the water quality concerns. Staff's record shows the following 7 customers signed up to speak and provided contact information:

1. ~~Dr. Robert Halleen~~ 863-450-4032
2. ~~Ray Hippard~~ 863-603-8210
3. ~~George Lawrence~~ 863-858-3070
4. ~~Glenn Estewam~~ 863-859-5677
5. ~~Carl Bettis~~ 863-868-0544
6. ~~Paul Leonard~~ 863-605-8761
7. ~~George Matthews~~ 863-858-0859

Please also check with Dr. Robert Halleen for contact information of Mr. Buinor who did not sign up but spoke.

Thanks.

Daniel Lee
Division of Engineering
Florida Public Service Commission

**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: Cypress Lakes

PWS I.D.#:

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

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

Address: _____

City: _____

ZIP Code: _____

Phone #: _____

Fax #: _____

E-Mail Address: _____

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: T1400695001

Sample Date: 01/15/2014

Sample Time: 14:02

AM

PM

(circle one)

Sample Location (be specific): POE

Location Code (if known): _____

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

Field pH: _____

Sample Type (Check Only One)

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

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

Routine Compliance with 62-550

Replacement (of Invalidated Sample)

Confirmation of MCL Exceedance

Special (not for compliance with 62-550)

Composite of Multiple Sites

Clearance (permitting)

Other: _____

Sampling Procedure Used or Other Comments: _____

* See 62-550.550(5) for requirements and restrictions.
And 62-550.512(3) for nitrate or nitrite exceedances.

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

SAMPLER CERTIFICATION

I, _____, _____, do HEREBY CERTIFY
(Print Name) (Print Title)

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

Signature: _____

Date: _____

Certified Operator #: _____

Phone #: _____

Sampler's Fax #: _____

Sampler's E-Mail: _____

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

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

Lab Name: Advanced Environmental Laboratories, Inc Florida DOH Certification # E84589 Certification Expiration Date: 06/30/2014

ATTACH CURRENT DOH ANALYTICAL

Address 9610 Princess Palm Avenue Tampa, FL 33619 Phone #: (813)630-9616

Were any analyses subcontracted? Yes No If yes, please provide DOH certification numbers: 882574, 882001

ATTACH DOH ANALYTICAL SHEET TO EACH SUBMITTED RESULT

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 01/16/2014

PWS ID (From Page 1): 653-5055 Sample Number (From Page 1) T1400695001 Lab Assigned Report # or Job T1400695

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

- | | | | | | |
|--|--|---|--|--|--|
| <p><u>Inorganics</u></p> <input checked="" type="checkbox"/> All Except Asbestos
<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>Disinfection Byproducts</u></p> <input type="checkbox"/> Trihalomethanes
<input type="checkbox"/> Haloacetic Acids
<input type="checkbox"/> Chlorite
<input type="checkbox"/> Bromate | <p><u>Radionuclides</u></p> <input type="checkbox"/> Single Sample
<input type="checkbox"/> Qtrly Composite** | <p><u>Secondaries</u></p> <input checked="" type="checkbox"/> All 14
<input type="checkbox"/> Partial |
|--|--|---|--|--|--|

LAB CERTIFICATION

I, Angela Harlan, PM, do HEREBY CERTIFY
(Print Name) (Print Title)

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

Signature: Angela Harlan Date: 1/31/14

* Failure to provide a valid and current Florida DOH lab certification number and a current Analyte Sheet for the attached analysis results will result in rejection of the report, possible enforcement against the public water system for failure to sample, and may result in notification of the DOH Bureau of Laboratory Services.

** Please provide radiological sample dates & locations for each quarter.

CONFIRMATION & NOTIFICATION IS REQUIRED WITHIN 24 HRS FOR NITRATE OR NITRITE MCL EXCEEDANCES

NON-DETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" QUALIFIER. (Non-detects reported as "BDL" or with a "<" are not acceptable.)

COMPLIANCE DETERMINATION (to be completed by DEP or DOH -- attach notes as necessary)

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

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

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

INORGANIC CONTAMINANTS

62-550.310(1)

Report Number / Job ID: T1400695001

PWS ID (From Page 1):

653-5055

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Certification
1040	Nitrate	10	mg/L	0.20	U	SM 4500NO3-F	0.20	01/16/2014	12:51	E84589
1041	Nitrite	1	mg/L	0.18	U	SM 4500NO3-F	0.18	01/16/2014	12:51	E84589
1005	Arsenic	0.010	mg/L	0.0036	U	EPA 200.8	0.0036	01/20/2014	15:29	E82574
1010	Barium	2	mg/L	0.0068		EPA 200.7	0.00028	01/20/2014	12:31	E82574
1015	Cadmium	0.005	mg/L	0.0014	U	EPA 200.8	0.0014	01/20/2014	15:29	E82574
1020	Chromium	0.1	mg/L	0.00050	U	EPA 200.7	0.00050	01/20/2014	12:31	E82574
1024	Cyanide	0.2	mg/L	0.0048	U	SM 4500-CN-E	0.0048	01/24/2014	17:30	E84589
1025	Fluoride	4.0	mg/L	0.19		EPA 300.0	0.017	01/23/2014	13:51	E84589
1030	Lead	0.015	mg/L	0.0010	I	EPA 200.8	0.00076	01/20/2014	15:29	E82574
1035	Mercury	0.002	mg/L	0.000064	U	EPA 245.1	0.000064	01/16/2014	16:49	E84589
1036	Nickel	0.1	mg/L	0.0011	U	EPA 200.7	0.0011	01/20/2014	12:31	E82574
1045	Selenium	0.05	mg/L	0.022	U	EPA 200.8	0.022	01/20/2014	15:29	E82574
1052	Sodium	160	mg/L	12		EPA 200.7	0.026	01/20/2014	12:31	E82574
1074	Antimony	0.006	mg/L	0.00076	U	EPA 200.8	0.00076	01/20/2014	15:29	E82574
1075	Beryllium	0.004	mg/L	0.00013	U	EPA 200.7	0.00013	01/20/2014	12:31	E82574
1085	Thallium	0.002	mg/L	0.00067	U	EPA 200.8	0.00067	01/20/2014	15:29	E82574

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

SECONDARY CONTAMINANTS

62-550.320

Report Number / Job ID: T1400695001

PWS ID (From Page 1):

653-5055

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Certification #
1002	Aluminum	0.2	mg/L	0.061	U	EPA 200.7	0.061	01/20/2014	12:31	E82574
1017	Chloride	250	mg/L	17		EPA 300.0	0.64	01/23/2014	13:51	E84589
1022	Copper	1	mg/L	0.0029	I	EPA 200.8	0.0010	01/20/2014	15:29	E82574
1025	Fluoride	2.0	mg/L	0.19		EPA 300.0	0.017	01/23/2014	13:51	E84589
1028	Iron	0.3	mg/L	0.13	I	EPA 200.7	0.038	01/20/2014	12:31	E82574
1032	Manganese	0.05	mg/L	0.0076	I	EPA 200.8	0.0037	01/20/2014	15:29	E82574
1050	Silver	0.1	mg/L	0.00059	U	EPA 200.8	0.00059	01/20/2014	15:29	E82574
1055	Sulfate	250	mg/L	4.1	I	EPA 300.0	1.3	01/23/2014	13:51	E84589
1095	Zinc	5	mg/L	0.0020	U	EPA 200.7	0.0020	01/20/2014	12:31	E82574
1905	Color	15	Color Units	5.0	U	SM 2120B	5.0	01/17/2013	09:00	E82574
1920	Odor	3	T.O.N. @ 40°C	1.0	U	SM 2150B	1.0	01/16/2014	12:00	E84589
1925	pH	6.5 - 8.5	pH unit	7.8		SM 4500H+B	0.1	01/16/2014	15:00	E84589
1930	Total Dissolved Solids	500	mg/L	240		SM 2540C	12	01/16/2014	14:31	E84589
2905	Foaming Agents	0.5	mg/L	0.038	U	SM 5540C	0.038	01/17/2014	13:30	E82001

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

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

System Name: Cypress Lakes PWS I.D.#:

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

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

Address: _____

City: _____ ZIP Code: _____

Phone #: _____ Fax #: _____ E-Mail Address: _____

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: T1400695002 Sample Date: 01/15/2014 Sample Time: 14:21 AM PM (circle one)

Sample Location (be specific): 2181 Horseshoe Dr. Location Code (if known): _____

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

Sample Type (Check Only One)

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

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

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

Sampling Procedure Used or Other Comments: _____

See 62-550.505-6 for requirements and restrictions. And 62-550.512(1) for nitrate or nitrite exceedances.

* See 62-550.530-41 for requirements and attach a results page for each site.

SAMPLER CERTIFICATION

I, _____, _____, do HEREBY CERTIFY
(Print Name) (Print Title)

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

Signature: _____ Date: _____

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

Sampler's E-Mail: _____

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

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

Lab Name: Advanced Environmental Laboratories, Inc Florida DOH Certification # E84589 Certification Expiration Date: 06/30/2014

ATTACH COPIES OF DOH ANALYTES

Address: 9610 Princess Palm Avenue Tampa, FL 33619 Phone #: (813)630-9616

Were any analyses subcontracted? Yes No If yes, please provide DOH certification numbers: 882574, 882001

ATTACH DUPLICATES OF ANALYTE SHEET FOR EACH SUBCONTRACTED ANALYTES

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 01/16/2014

PWS ID (From Page 1): 653-5055 Sample Number (From Page 1) T1400695002 Lab Assigned Report # or Job T1400695

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

- | | | | | | |
|--|--|---|--|--|--|
| <p><u>Inorganics</u></p> <input checked="" type="checkbox"/> All Except Asbestos
<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>Disinfection Byproducts</u></p> <input type="checkbox"/> Trihalomethanes
<input type="checkbox"/> Haloacetic Acids
<input type="checkbox"/> Chlorite
<input type="checkbox"/> Bromate | <p><u>Radionuclides</u></p> <input type="checkbox"/> Single Sample
<input type="checkbox"/> Qtrly Composite** | <p><u>Secondaries</u></p> <input checked="" type="checkbox"/> All 14
<input type="checkbox"/> Partial |
|--|--|---|--|--|--|

LAB CERTIFICATION

I, Angela Harlan, PM, do HEREBY CERTIFY
(Print Name) (Print Title)

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

Signature: Angela Harlan Date: 1/31/14

* Failure to provide a valid and current Florida DOH lab certification number and a current Analyte Sheet for the attached analysis results will result in rejection of the report, possible enforcement against the public water system for failure to sample, and may result in notification of the DOH Bureau of Laboratory Services.

** Please provide radiological sample dates & locations for each quarter.

CONFIRMATION & NOTIFICATION IS REQUIRED WITHIN 24 HRS FOR NITRATE OR NITRITE MCL EXCEEDANCES

NON-DETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" QUALIFIER. (Non-detects reported as "BDL" or with a "<" are not acceptable.)

COMPLIANCE DETERMINATION (to be completed by DEP or DOH – attach notes as necessary)

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

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

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

INORGANIC CONTAMINANTS

62-550.310(1)

Report Number / Job ID: T1400695002

PWS ID (From Page 1)

653-5055

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Certification
1040	Nitrate	10	mg/L	0.20	U	SM 4500NO3-F	0.20	01/16/2014	12:51	E84589
1041	Nitrite	1	mg/L	0.18	U	SM 4500NO3-F	0.18	01/16/2014	12:51	E84589
1005	Arsenic	0.010	mg/L	0.0036	U	EPA 200.8	0.0036	01/20/2014	15:38	E82574
1010	Barium	2	mg/L	0.0068		EPA 200.7	0.00028	01/20/2014	12:35	E82574
1015	Cadmium	0.005	mg/L	0.0014	U	EPA 200.8	0.0014	01/20/2014	15:38	E82574
1020	Chromium	0.1	mg/L	0.00050	U	EPA 200.7	0.00050	01/20/2014	12:35	E82574
1024	Cyanide	0.2	mg/L	0.0048	U	SM 4500-CN-E	0.0048	01/24/2014	17:30	E84589
1025	Fluoride	4.0	mg/L	0.17		EPA 300.0	0.017	01/23/2014	15:16	E84589
1030	Lead	0.015	mg/L	0.0011	I	EPA 200.8	0.00076	01/20/2014	15:38	E82574
1035	Mercury	0.002	mg/L	0.000064	U	EPA 245.1	0.000064	01/16/2014	16:49	E84589
1036	Nickel	0.1	mg/L	0.0011	U	EPA 200.7	0.0011	01/20/2014	12:35	E82574
1045	Selenium	0.05	mg/L	0.022	U	EPA 200.8	0.022	01/20/2014	15:38	E82574
1052	Sodium	160	mg/L	13		EPA 200.7	0.026	01/20/2014	12:35	E82574
1074	Antimony	0.006	mg/L	0.00076	U	EPA 200.8	0.00076	01/20/2014	15:38	E82574
1075	Beryllium	0.004	mg/L	0.00013	U	EPA 200.7	0.00013	01/20/2014	12:35	E82574
1085	Thallium	0.002	mg/L	0.00067	U	EPA 200.8	0.00067	01/20/2014	15:38	E82574

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

SECONDARY CONTAMINANTS

62-550.320

Report Number / Job ID: T1400695002

PWS ID (From Page 1): 653-5055

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Certification #
1002	Aluminum	0.2	mg/L	0.061	U	EPA 200.7	0.061	01/20/2014	12:35	E82574
1017	Chloride	250	mg/L	17		EPA 300.0	0.64	01/23/2014	15:16	E84589
1022	Copper	1	mg/L	0.0071		EPA 200.8	0.0010	01/20/2014	15:38	E82574
1025	Fluoride	2.0	mg/L	0.17		EPA 300.0	0.017	01/23/2014	15:16	E84589
1028	Iron	0.3	mg/L	0.089	I	EPA 200.7	0.038	01/20/2014	12:35	E82574
1032	Manganese	0.05	mg/L	0.0074	I	EPA 200.8	0.0037	01/20/2014	15:38	E82574
1050	Silver	0.1	mg/L	0.00059	U	EPA 200.8	0.00059	01/20/2014	15:38	E82574
1055	Sulfate	250	mg/L	4.0	I	EPA 300.0	1.3	01/23/2014	15:16	E84589
1095	Zinc	5	mg/L	0.0020	U	EPA 200.7	0.0020	01/20/2014	12:35	E82574
1905	Color	15	Color Units	5.0	U	SM 2120B	5.0	01/17/2013	09:00	E82574
1920	Odor	3	T.O.N. @ 40°C	1.0	U	SM 2150B	1.0	01/16/2014	12:00	E84589
1925	pH	6.5 - 8.5	pH unit	8.1		SM 4500H+B	0.1	01/16/2014	15:00	E84589
1930	Total Dissolved Solids	500	mg/L	230		SM 2540C	12	01/16/2014	14:31	E84589
2905	Foaming Agents	0.5	mg/L	0.038	U	SM 5540C	0.038	01/17/2014	13:30	E82001

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

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

System Name: Cypress Lakes PWS I.D.#:

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

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

Address: _____

City: _____ ZIP Code: _____

Phone #: _____ Fax #: _____ E-Mail Address: _____

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: T1400695003 Sample Date: 01/15/2014 Sample Time: 14:45 AM PM (circle one)

Sample Location (be specific): 2112 Firestone Way Location Code (if known): _____

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

Sample Type (Check Only One)

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

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

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

Sampling Procedure Used or Other Comments: _____

See 62-550.550 for requirements and restrictions, and 62-550.512 for nitrate or nitrite exceedances.

See 62-550.550 for requirements and attach a results page for each site.

SAMPLER CERTIFICATION

I, _____, _____, do HEREBY CERTIFY
(Print Name) (Print Title)

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

Signature: _____ Date: _____

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

Sampler's E-Mail: _____

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

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

Lab Name: Advanced Environmental Laboratories, Inc Florida DOH Certification #: E84589 Certification Expiration Date: 06/30/2014

ATTACH TO CURRENT DOH ANALYTE SHEET

Address: 9610 Princess Palm Avenue Tampa, FL 33619 Phone #: (813)630-9616

Were any analyses subcontracted? Yes No If yes, please provide DOH certification numbers: E82574, E82001

ATTACH TO ANALYTE SHEET FOR EACH SUBSAMPLING EVENT

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 01/16/2014

PWS ID (From Page 1) 653-5055 Sample Number (From Page 1): T1400695003 Lab Assigned Report # or Job T1400695

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

LAB CERTIFICATION

I, Angela Harlan, PM, do HEREBY CERTIFY
(Print Name) (Print Title)

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

Signature: Angela Harlan Date: 1/31/14

* Failure to provide a valid and current Florida DOH lab certification number and a current Analyte Sheet for the attached analysis results will result in rejection of the report, possible enforcement against the public water system for failure to sample, and may result in notification of the DOH Bureau of Laboratory Services.

** Please provide radiological sample dates & locations for each quarter.

CONFIRMATION & NOTIFICATION IS REQUIRED WITHIN 24 HRS FOR NITRATE OR NITRITE MCL EXCEEDANCES

NON-DETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" QUALIFIER. (Non-detects reported as "BDL" or with a "K" are not acceptable.)

COMPLIANCE DETERMINATION (to be completed by DEP or DOH -- attach notes as necessary)

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

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

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

INORGANIC CONTAMINANTS
62-550.310(1)

Report Number / Job ID: T1400695003

PWS ID (From Page 1): 653-5055

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Certification
1040	Nitrate	10	mg/L	0.20	U	SM 4500NO3-F	0.20	01/16/2014	12:51	E84589
1041	Nitrite	1	mg/L	0.18	U	SM 4500NO3-F	0.18	01/16/2014	12:51	E84589
1005	Arsenic	0.010	mg/L	0.0036	U	EPA 200.8	0.0036	01/20/2014	15:47	E82574
1010	Barium	2	mg/L	0.0066		EPA 200.7	0.00028	01/20/2014	12:39	E82574
1015	Cadnium	0.005	mg/L	0.0014	U	EPA 200.8	0.0014	01/20/2014	15:47	E82574
1020	Chromium	0.1	mg/L	0.00050	U	EPA 200.7	0.00050	01/20/2014	12:39	E82574
1024	Cyanide	0.2	mg/L	0.0048	U	SM 4500-CN-E	0.0048	01/24/2014	17:30	E84589
1025	Fluoride	4.0	mg/L	0.19		EPA 300.0	0.017	01/23/2014	15:44	E84589
1030	Lead	0.015	mg/L	0.00081	I	EPA 200.8	0.00076	01/20/2014	15:47	E82574
1035	Mercury	0.002	mg/L	0.000064	U	EPA 245.1	0.000064	01/16/2014	16:49	E84589
1036	Nickel	0.1	mg/L	0.0011	U	EPA 200.7	0.0011	01/20/2014	12:39	E82574
1045	Selenium	0.05	mg/L	0.022	U	EPA 200.8	0.022	01/20/2014	15:47	E82574
1052	Sodium	160	mg/L	12		EPA 200.7	0.026	01/20/2014	12:39	E82574
1074	Antimony	0.006	mg/L	0.00076	U	EPA 200.8	0.00076	01/20/2014	15:47	E82574
1075	Beryllium	0.004	mg/L	0.00013	U	EPA 200.7	0.00013	01/20/2014	12:39	E82574
1085	Thallium	0.002	mg/L	0.00067	U	EPA 200.8	0.00067	01/20/2014	15:47	E82574

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

SECONDARY CONTAMINANTS

62-550.320

Report Number / Job ID: T1400695003

PWS ID (From Page 1):

653-5055

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Certification #
1002	Aluminum	0.2	mg/L	0.061	U	EPA 200.7	0.061	01/20/2014	12:39	E82574
1017	Chloride	250	mg/L	17		EPA 300.0	0.64	01/23/2014	15:44	E84589
1022	Copper	1	mg/L	0.0056	I	EPA 200.8	0.0010	01/20/2014	15:47	E82574
1025	Fluoride	2.0	mg/L	0.19		EPA 300.0	0.017	01/23/2014	15:44	E84589
1028	Iron	0.3	mg/L	0.11	I	EPA 200.7	0.038	01/20/2014	12:39	E82574
1032	Manganese	0.05	mg/L	0.0079	I	EPA 200.6	0.0037	01/20/2014	15:47	E82574
1050	Silver	0.1	mg/L	0.00059	U	EPA 200.8	0.00059	01/20/2014	15:47	E82574
1055	Sulfate	250	mg/L	4.0	I	EPA 300.0	1.3	01/23/2014	15:44	E84589
1095	Zinc	5	mg/L	0.0020	U	EPA 200.7	0.0020	01/20/2014	12:39	E82574
1905	Color	15	Color Units	5.0	U	SM 2120B	5.0	01/17/2013	09:00	E82574
1920	Odor	3	T.O.N. @ 40°C	1.0	U	SM 2150B	1.0	01/16/2014	12:00	E84589
1925	pH	6.5 - 8.5	pH unil	8.0		SM 4500H+B	0.1	01/16/2014	15:00	E84589
1930	Total Dissolved Solids	500	mg/L	230		SM 2540C	12	01/16/2014	14:31	E84589
2905	Foaming Agents	0.5	mg/L	0.038	U	SM 5540C	0.038	01/17/2014	13:30	E82001

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

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

System Name: Cypress Lakes

PWS I.D.#:

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

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

Address: _____

City: _____

ZIP Code: _____

Phone #: _____

Fax #: _____

E-Mail Address: _____

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: T1400695004

Sample Date: 01/15/2014

Sample Time: 15:50

AM

PM

(circle one)

Sample Location (be specific): 2347 Snowy Plover

Location Code (if known): _____

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

Field pH: _____

Sample Type (Check Only One)

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

Distribution

Routine Compliance with 62-550

Replacement (of Invalidated Sample)

Entry Point (to Distribution)

Confirmation of MCL Exceedance

Special (not for compliance with 62-550)

Plant Tap (not for compliance with 62-550)

Composite of Multiple Sites

Clearance (permitting)

Raw (at well or intake)

Other: _____

Max Residence Time

Sampling Procedure Used or Other Comments: _____

Ave Residence Time

Near First Customer

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

**See 62-550.500(4) for requirements and
attach a results page for each site.

SAMPLER CERTIFICATION

I, _____, do HEREBY CERTIFY

(Print Name)

(Print Title)

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

Signature: _____

Date: _____

Certified Operator #: _____

Phone #: _____

Sampler's Fax #: _____

Sampler's E-Mail: _____

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

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

Lab Name: Advanced Environmental Laboratories, Inc Florida DOH Certification #: E84589 Certification Expiration Date: 06/30/2014

ATTACH CURRENT DOH ANALYTE SHEET

Address: 9610 Princess Palm Avenue Tampa, FL 33619 Phone #: (813)630-9616

Were any analyses subcontracted? Yes No If yes, please provide DOH certification numbers: E82574, E82601

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTOR

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 01/16/2014

PWS ID (From Page 1): 653-5055 Sample Number (From Page 1): T1400695004 Lab Assigned Report # or Job T1400695

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

LAB CERTIFICATION

I, Angela Harlan, PM, do HEREBY CERTIFY
(Print Name) (Print Title)

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

Signature: Angela Harlan Date: 1/31/14

* Failure to provide a valid and current Florida DOH lab certification number and a current Analyte Sheet for the attached analysis results will result in rejection of the report, possible enforcement against the public water system for failure to sample, and may result in notification of the DOH Bureau of Laboratory Services.

** Please provide radiological sample dates & locations for each quarter.

CONFIRMATION & NOTIFICATION IS REQUIRED WITHIN 24 HRS FOR NITRATE OR NITRITE MCL EXCEEDANCES

NON-DETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" QUALIFIER. (Non-detects reported as "BDL" or with a "K" are not acceptable.)

COMPLIANCE DETERMINATION (to be completed by DEP or DOH – attach notes as necessary)

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

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

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

INORGANIC CONTAMINANTS

62-550.310(1)

Report Number / Job ID: T1400695004

PWS ID (From Page 1): 653-5055

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Certification
1040	Nitrate	10	mg/L	0.20	U	SM 4500NO3-F	0.20	01/16/2014	12:51	E84589
1041	Nitrite	1	mg/L	0.18	U	SM 4500NO3-F	0.18	01/16/2014	12:51	E84589
1005	Arsenic	0.010	mg/L	0.0036	U	EPA 200.8	0.0036	01/20/2014	15:57	E82574
1010	Barium	2	mg/L	0.0076		EPA 200.7	0.00028	01/20/2014	12:44	E82574
1015	Cadmium	0.005	mg/L	0.0014	U	EPA 200.8	0.0014	01/20/2014	15:57	E82574
1020	Chromium	0.1	mg/L	0.00050	U	EPA 200.7	0.00050	01/20/2014	12:44	E82574
1024	Cyanide	0.2	mg/L	0.0048	U	SM 4500-CN-E	0.0048	01/24/2014	17:30	E84589
1025	Fluoride	4.0	mg/L	0.18		EPA 300.0	0.017	01/23/2014	12:25	E84589
1030	Lead	0.015	mg/L	0.00076	U	EPA 200.8	0.00076	01/20/2014	15:57	E82574
1035	Mercury	0.002	mg/L	0.000064	U	EPA 245.1	0.000064	01/16/2014	16:49	E84589
1036	Nickel	0.1	mg/L	0.0011	U	EPA 200.7	0.0011	01/20/2014	12:44	E82574
1045	Selenium	0.05	mg/L	0.022	U	EPA 200.8	0.022	01/20/2014	15:57	E82574
1052	Sodium	160	mg/L	13		EPA 200.7	0.026	01/20/2014	12:44	E82574
1074	Antimony	0.006	mg/L	0.00076	U	EPA 200.8	0.00076	01/20/2014	15:57	E82574
1075	Beryllium	0.004	mg/L	0.00013	U	EPA 200.7	0.00013	01/20/2014	12:44	E82574
1085	Thallium	0.002	mg/L	0.00067	U	EPA 200.8	0.00067	01/20/2014	15:57	E82574

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

SECONDARY CONTAMINANTS

62-550.320

Report Number / Job ID: T1400695004

PWS ID (From Page 1):

657-5055

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Certification #
1002	Aluminum	0.2	mg/L	0.061	U	EPA 200.7	0.061	01/20/2014	12:44	E82574
1017	Chloride	250	mg/L	18		EPA 300.0	0.64	01/23/2014	12:25	E84589
1022	Copper	1	mg/L	0.0038	I	EPA 200.8	0.0010	01/20/2014	15:57	E82574
1025	Fluoride	2.0	mg/L	0.18		EPA 300.0	0.017	01/23/2014	12:25	E84589
1028	Iron	0.3	mg/L	0.87		EPA 200.7	0.038	01/22/2014	13:39	E82574
1032	Manganese	0.05	mg/L	0.027		EPA 200.8	0.0037	01/20/2014	15:57	E82574
1050	Silver	0.1	mg/L	0.00059	U	EPA 200.8	0.00059	01/20/2014	15:57	E82574
1055	Sulfate	250	mg/L	5.8		EPA 300.0	1.3	01/23/2014	12:25	E84589
1095	Zinc	5	mg/L	0.0020	U	EPA 200.7	0.0020	01/20/2014	12:44	E82574
1905	Color	15	Color Units	5.0		SM 2120B	5.0	01/17/2013	09:00	E82574
1920	Odor	3	T.O.N. @ 40°C	1.0	U	SM 2150B	1.0	01/16/2014	12:00	E84589
1925	pH	6.5 - 8.5	pH unit	7.9		SM 4500H+B	0.1	01/16/2014	15:00	E84589
1930	Total Dissolved Solids	500	mg/L	230		SM 2540C	12	01/16/2014	14:31	E84589
2905	Foaming Agents	0.5	mg/L	0.038	U	SM 5540C	0.038	01/17/2014	13:30	E82001

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

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

System Name: Cypress Lakes

PWS I.D.#:

6535055

System Type (check one) Community Nontransient Noncommunity Transient Noncommunity

Address: _____

City: _____ ZIP Code: _____

Phone # _____ Fax # _____ E-Mail Address: _____

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: T1400695005 Sample Date: 01/15/2014 Sample Time: 16:00 AM PM (circle one)

Sample Location (be specific): 9312 Hoosier Cir Location Code (if known): _____

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

Sample Type (Check Only One)

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

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

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

Sampling Procedure Used or Other Comments: _____

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

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

SAMPLER CERTIFICATION

I, _____, _____, do HEREBY CERTIFY
(Print Name) (Print Title)

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

Signature: _____ Date: _____

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

Sampler's E-Mail: _____

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

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

Lab Name: Advanced Environmental Laboratories, Inc Florida DOH Certification #: E84589 Certification Expiration Date: 06/30/2014

ATTACHED TO CURRENT DOH ANALYTE

Address: 9610 Princess Palm Avenue Tampa, FL 33619 Phone #: (813)630-9616

Were any analyses subcontracted? Yes No If yes, please provide DOH certification numbers: E82574, E82001

ATTACHED TO CURRENT DOH ANALYTE SHEET FOR EACH SUBCONTRACTED

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 01/16/2014

PWS ID (From Page 1): 653-5055 Sample Number (From Page 1): T1400695005 Lab Assigned Report # or Job T1400695

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

- | | | | | | |
|--|--|---|--|--|--|
| <p><u>Inorganics</u></p> <input checked="" type="checkbox"/> All Except Asbestos
<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>Disinfection Byproducts</u></p> <input type="checkbox"/> Trihalomethanes
<input type="checkbox"/> Haloacetic Acids
<input type="checkbox"/> Chlorite
<input type="checkbox"/> Bromate | <p><u>Radionuclides</u></p> <input type="checkbox"/> Single Sample
<input type="checkbox"/> Qtrly Composite** | <p><u>Secondaries</u></p> <input checked="" type="checkbox"/> All 14
<input type="checkbox"/> Partial |
|--|--|---|--|--|--|

LAB CERTIFICATION

I, Angela Harlan, PM, do HEREBY CERTIFY
(Print Name) (Print Title)

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

Signature: Angela Harlan Date: 1/31/14

* Failure to provide a valid and current Florida DOH lab certification number and a current Analyte Sheet for the attached analysis results will result in rejection of the report, possible enforcement against the public water system for failure to sample, and may result in notification of the DOH Bureau of Laboratory Services.

** Please provide radiological sample dates & locations for each quarter.

CONFIRMATION & NOTIFICATION IS REQUIRED WITHIN 24 HRS FOR NITRATE OR NITRITE MCL EXCEEDANCES

NON-DETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" QUALIFIER. (Non-detects reported as "BDL" or with a "K" are not acceptable.)

COMPLIANCE DETERMINATION (to be completed by DEP or DOH -- attach notes as necessary)

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

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

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

INORGANIC CONTAMINANTS
62-550.310(1)

Report Number / Job ID: T1400695005

PWS ID (From Page 1): 653-5055

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Certification
1040	Nitrate	10	mg/L	0.20	U	SM 4500NO3-F	0.20	01/16/2014	12:51	E84589
1041	Nitrite	1	mg/L	0.18	U	SM 4500NO3-F	0.18	01/16/2014	12:51	E84589
1005	Arsenic	0.010	mg/L	0.0036	U	EPA 200.8	0.0036	01/20/2014	16:06	E82574
1010	Barium	2	mg/L	0.0068		EPA 200.7	0.00028	01/20/2014	12:48	E82574
1015	Cadmium	0.005	mg/L	0.0014	U	EPA 200.8	0.0014	01/20/2014	16:06	E82574
1020	Chromium	0.1	mg/L	0.00050	U	EPA 200.7	0.00050	01/20/2014	12:48	E82574
1024	Cyanide	0.2	mg/L	0.0048	U	SM 4500-CN-E	0.0048	01/24/2014	17:30	E84589
1025	Fluoride	4.0	mg/L	0.17		EPA 300.0	0.017	01/23/2014	16:41	E84589
1030	Lead	0.015	mg/L	0.00076	U	EPA 200.8	0.00076	01/20/2014	16:06	E82574
1035	Mercury	0.002	mg/L	0.000064	U	EPA 245.1	0.000064	01/16/2014	16:49	E84589
1036	Nickel	0.1	mg/L	0.0011	U	EPA 200.7	0.0011	01/20/2014	12:48	E82574
1045	Selenium	0.05	mg/L	0.022	U	EPA 200.8	0.022	01/20/2014	16:06	E82574
1052	Sodium	160	mg/L	12		EPA 200.7	0.026	01/20/2014	12:48	E82574
1074	Antimony	0.006	mg/L	0.00076	U	EPA 200.8	0.00076	01/20/2014	16:06	E82574
1075	Beryllium	0.004	mg/L	0.00013	U	EPA 200.7	0.00013	01/20/2014	12:48	E82574
1085	Thallium	0.002	mg/L	0.00067	U	EPA 200.8	0.00067	01/20/2014	16:06	E82574

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

SECONDARY CONTAMINANTS

62-550.320

Report Number / Job ID: T1400695005

PWS ID (From Page 1):

653-SAS

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Certification #
1002	Aluminum	0.2	mg/L	0.061	U	EPA 200.7	0.061	01/20/2014	12:48	E82574
1017	Chloride	250	mg/L	17		EPA 300.0	0.64	01/23/2014	16:41	E84589
1022	Copper	1	mg/L	0.0058	I	EPA 200.8	0.0010	01/20/2014	16:06	E82574
1025	Fluoride	2.0	mg/L	0.17		EPA 300.0	0.017	01/23/2014	16:41	E84589
1028	Iron	0.3	mg/L	0.10	I	EPA 200.7	0.038	01/20/2014	12:48	E82574
1032	Manganese	0.05	mg/L	0.0077	I	EPA 200.8	0.0037	01/20/2014	16:06	E82574
1050	Silver	0.1	mg/L	0.00059	U	EPA 200.8	0.00059	01/20/2014	16:06	E82574
1055	Sulfate	250	mg/L	4.0	I	EPA 300.0	1.3	01/23/2014	16:41	E84589
1095	Zinc	5	mg/L	0.0020	U	EPA 200.7	0.0020	01/20/2014	12:48	E82574
1905	Color	15	Color Units	5.0	U	SM 2120B	5.0	01/17/2013	09:00	E82574
1920	Odor	3	T.O.N. @ 40°C	1.0	U	SM 2150B	1.0	01/16/2014	12:00	E84589
1925	pH	6.5 - 8.5	pH unit	8.0		SM 4500H+B	0.1	01/16/2014	15:00	E84589
1930	Total Dissolved Solids	500	mg/L	230		SM 2540C	12	01/16/2014	14:31	E84589
2905	Foaming Agents	0.5	mg/L	0.038	U	SM 5540C	0.038	01/17/2014	15:30	E82001

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

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

System Name: Cypress Lakes PWS I.D.#:

6	5	3	5	6	5	5
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System Type (check one) Community Nontransient Noncommunity Transient Noncommunity

Address: _____

City: _____ ZIP Code: _____

Phone #: (813)630-9616 Fax #: _____ E-Mail Address: _____

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: T1400695006 Sample Date: 01/15/2014 Sample Time: 16:20 AM PM (circle one)

Sample Location (be specific): 9547 Anglers Way Location Code (if known): _____

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

Sample Type (Check Only One)

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

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

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

Sampling Procedure Used or Other Comments: _____

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

See 62-550.500(4) for requirements and attach a results page for each site.

SAMPLER CERTIFICATION

I, _____, _____, do HEREBY CERTIFY
(Print Name) (Print Title)

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

Signature: _____ Date: _____

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

Sampler's E-Mail: _____

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

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

Lab Name: Advanced Environmental Laboratories, Inc. Florida DOH Certification #: E84589 Certification Expiration Date: 06/30/2014

ATTACH CURRENT DOH ANALYTE

Address: 9610 Princess Palm Avenue Tampa, FL 33619 Phone #: (813)630-9616

Were any analyses subcontracted? Yes No If yes, please provide DOH certification numbers: E82574, E82601

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 01/16/2014

PWS ID (From Page 1): 653-5055 Sample Number (From Page 1): T1400695006 Lab Assigned Report # or Job T1400695

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

- | | | | | | |
|--|--|---|--|--|--|
| <p><u>Inorganics</u></p> <input checked="" type="checkbox"/> All Except Asbestos
<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>Disinfection Byproducts</u></p> <input type="checkbox"/> Trihalomethanes
<input type="checkbox"/> Haloacetic Acids
<input type="checkbox"/> Chlorite
<input type="checkbox"/> Bromate | <p><u>Radionuclides</u></p> <input type="checkbox"/> Single Sample
<input type="checkbox"/> Qtrly Composite** | <p><u>Secondaries</u></p> <input checked="" type="checkbox"/> All 14
<input type="checkbox"/> Partial |
|--|--|---|--|--|--|

LAB CERTIFICATION

I, Angela Harlan, PM, do HEREBY CERTIFY
(Print Name) (Print Title)

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

Signature: *Angela Harlan* Date: 1/31/14

* Failure to provide a valid and current Florida DOH lab certification number and a current Analyte Sheet for the attached analysis results will result in rejection of the report, possible enforcement against the public water system for failure to sample, and may result in notification of the DOH Bureau of Laboratory Services.

** Please provide radiological sample dates & locations for each quarter.

CONFIRMATION & NOTIFICATION IS REQUIRED WITHIN 24 HRS FOR NITRATE OR NITRITE MCL EXCEEDANCES

NON-DETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" QUALIFIER. (Non-detects reported as "EDL" or with a "<" are not acceptable.)

COMPLIANCE DETERMINATION (to be completed by DEP or DOH – attach notes as necessary)

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

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

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

INORGANIC CONTAMINANTS

62-550.310(1)

Report Number / Job ID: T1400695006

PWS ID (From Page 1):

653-5055

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Certification
1040	Nitrate	10	mg/L	0.20	U	SM 4500NO3-F	0.20	01/16/2014	12:51	E84589
1041	Nitrite	1	mg/L	0.18	U	SM 4500NO3-F	0.18	01/16/2014	12:51	E84589
1005	Arsenic	0.010	mg/L	0.0036	U	EPA 200.8	0.0036	01/20/2014	16:15	E82574
1010	Barium	2	mg/L	0.0066		EPA 200.7	0.00028	01/20/2014	12:52	E82574
1015	Cadmium	0.005	mg/L	0.0014	U	EPA 200.8	0.0014	01/20/2014	16:15	E82574
1020	Chromium	0.1	mg/L	0.00050	U	EPA 200.7	0.00050	01/20/2014	12:52	E82574
1024	Cyanide	0.2	mg/L	0.0048	U	SM 4500-CN-E	0.0048	01/24/2014	17:30	E84589
1025	Fluoride	4.0	mg/L	0.17		EPA 300.0	0.017	01/23/2014	17:09	E84589
1030	Lead	0.015	mg/L	0.0057	I	EPA 200.8	0.00076	01/20/2014	16:15	E82574
1035	Mercury	0.002	mg/L	0.000064	U	EPA 245.1	0.000064	01/16/2014	16:49	E84589
1036	Nickel	0.1	mg/L	0.0011	U	EPA 200.7	0.0011	01/20/2014	12:52	E82574
1045	Selenium	0.05	mg/L	0.022	U	EPA 200.8	0.022	01/20/2014	16:15	E82574
1052	Sodium	160	mg/L	13		EPA 200.7	0.026	01/20/2014	12:52	E82574
1074	Antimony	0.006	mg/L	0.00076	U	EPA 200.8	0.00076	01/20/2014	16:15	E82574
1075	Beryllium	0.004	mg/L	0.00013	U	EPA 200.7	0.00013	01/20/2014	12:52	E82574
1085	Thallium	0.002	mg/L	0.00067	U	EPA 200.8	0.00067	01/20/2014	16:15	E82574

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

SECONDARY CONTAMINANTS
62-550.320

Report Number / Job ID: T1400695006
PWS ID (From Page 1) 653-5055

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Certification #
1002	Aluminum	0.2	mg/L	0.061	U	EPA 200.7	0.061	01/20/2014	12:52	E82574
1017	Chloride	250	mg/L	18		EPA 300.0	0.64	01/23/2014	17:09	E84589
1022	Copper	1	mg/L	0.12		EPA 200.8	0.0010	01/20/2014	16:15	E82574
1025	Fluoride	2.0	mg/L	0.17		EPA 300.0	0.017	01/23/2014	17:09	E84589
1028	Iron	0.3	mg/L	0.065	I	EPA 200.7	0.038	01/20/2014	12:52	E82574
1032	Manganese	0.05	mg/L	0.0050	I	EPA 200.8	0.0037	01/20/2014	16:15	E82574
1050	Silver	0.1	mg/L	0.00059	U	EPA 200.8	0.00059	01/20/2014	16:15	E82574
1055	Sulfate	250	mg/L	3.6	I	EPA 300.0	1.3	01/23/2014	17:09	E84589
1095	Zinc	5	mg/L	0.0020	U	EPA 200.7	0.0020	01/20/2014	12:52	E82574
1905	Color	15	Color Units	5.0	U	SM 2120B	5.0	01/17/2013	09:00	E82574
1920	Odor	3	T.O.N. @ 40°C	1.0	U	SM 2150B	1.0	01/16/2014	12:00	E84589
1925	pH	6.5 - 8.5	pH unit	8.0		SM 4500H+B	0.1	01/16/2014	15:00	E84589
1930	Total Dissolved Solids	500	mg/L	240		SM 2540C	12	01/16/2014	14:31	E84589
2905	Foaming Agents	0.5	mg/L	0.038	U	SM 5540C	0.038	01/17/2014	13:30	E82001

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

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

System Name: Cypress Lakes

PWS I.D.#:

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

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

Address: _____

City: _____

ZIP Code: _____

Phone #: (813)630-9616

Fax #: _____

E-Mail Address: _____

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: T1400695007

Sample Date: 01/15/2014

Sample Time: 17:15

AM PM (circle one)

Sample Location (be specific): 2460 Peavine Cir

Location Code (if known): _____

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

Field pH: _____

Sample Type (Check Only One)

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

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

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

Sampling Procedure Used or Other Comments: _____

*See 62-550.590(6) for requirements and restrictions.
And 62-550.512(3) for nitrate or nitrite exceedances.

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

SAMPLER CERTIFICATION

I, _____, _____, do HEREBY CERTIFY
(Print Name) (Print Title)

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

Signature: _____

Date: _____

Certified Operator #: _____

Phone #: _____

Sampler's Fax #: _____

Sampler's E-Mail: _____

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

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

Lab Name: Advanced Environmental Laboratories, Inc Florida DOH Certification #: E84589 Certification Expiration Date: 06/30/2014

ATTACH CURRENT DOH ANALYTE

Address: 9610 Princess Palm Avenue Tampa, FL 33619 Phone #: (813)630-9616

Were any analyses subcontracted? Yes No If yes, please provide DOH certification numbers: 582574, 582001

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 01/16/2014

PWS ID (From Page 1): 653-5055 Sample Number (From Page 1): T1400695007 Lab Assigned Report # or Job T1400695

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

LAB CERTIFICATION

I, Angela Harlan, PM, do HEREBY CERTIFY
(Print Name) (Print Title)

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

Signature: Angela Harlan Date: 1/13/14

* Failure to provide a valid and current Florida DOH lab certification number and a current Analyte Sheet for the attached analysis results will result in rejection of the report, possible enforcement against the public water system for failure to sample, and may result in notification of the DOH Bureau of Laboratory Services.

** Please provide radiological sample dates & locations for each quarter.

CONFIRMATION & NOTIFICATION IS REQUIRED WITHIN 24 HRS FOR NITRATE OR NITRITE MCL EXCEEDANCES

NON-DETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" QUALIFIER. (Non-detects reported as "NDL" or with a "K" are not acceptable.)

COMPLIANCE DETERMINATION (to be completed by DEP or DOH – attach notes as necessary)

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

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

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

INORGANIC CONTAMINANTS

62-550.310(1)

Report Number / Job ID: T1400695007

PWS ID (From Page 1): 653-5055

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Certification
1040	Nitrate	10	mg/L	0.20	U	SM 4500NO3-F	0.20	01/16/2014	12:51	E84589
1041	Nitrite	1	mg/L	0.18	U	SM 4500NO3-F	0.18	01/16/2014	12:51	E84589
1005	Arsenic	0.010	mg/L	0.0036	U	EPA 200.8	0.0036	01/20/2014	16:24	E82574
1010	Barium	2	mg/L	0.0070		EPA 200.7	0.00028	01/20/2014	12:56	E82574
1015	Cadmium	0.005	mg/L	0.0014	U	EPA 200.8	0.0014	01/20/2014	16:24	E82574
1020	Chromium	0.1	mg/L	0.00050	U	EPA 200.7	0.00050	01/20/2014	12:56	E82574
1024	Cyanide	0.2	mg/L	0.0048	U	SM 4500-CN-E	0.0048	01/24/2014	17:30	E84589
1025	Fluoride	4.0	mg/L	0.16		EPA 300.0	0.017	01/23/2014	17:38	E84589
1030	Lead	0.015	mg/L	0.012		EPA 200.8	0.00076	01/20/2014	16:24	E82574
1035	Mercury	0.002	mg/L	0.000064	U	EPA 245.1	0.000064	01/16/2014	16:49	E84589
1036	Nickel	0.1	mg/L	0.0011	U	EPA 200.7	0.0011	01/20/2014	12:56	E82574
1045	Selenium	0.05	mg/L	0.022	U	EPA 200.8	0.022	01/20/2014	16:24	E82574
1052	Sodium	160	mg/L	12		EPA 200.7	0.026	01/20/2014	12:56	E82574
1074	Antimony	0.006	mg/L	0.00076	U	EPA 200.8	0.00076	01/20/2014	16:24	E82574
1075	Beryllium	0.004	mg/L	0.00013	U	EPA 200.7	0.00013	01/20/2014	12:56	E82574
1085	Thallium	0.002	mg/L	0.00067	U	EPA 200.8	0.00067	01/20/2014	16:24	E82574

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

SECONDARY CONTAMINANTS

62-550.320

Report Number / Job ID: T1400695007

PWS ID (From Page 1):

653-5055

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Certification #
1002	Aluminum	0.2	mg/L	0.061	U	EPA 200.7	0.061	01/20/2014	12:56	E82574
1017	Chloride	250	mg/L	18		EPA 300.0	0.64	01/23/2014	17:38	E84589
1022	Copper	1	mg/L	0.026		EPA 200.8	0.0010	01/20/2014	16:24	E82574
1025	Fluoride	2.0	mg/L	0.16		EPA 300.0	0.017	01/23/2014	17:38	E84589
1028	Iron	0.3	mg/L	0.43		EPA 200.7	0.038	01/22/2014	13:55	E82574
1032	Manganese	0.05	mg/L	0.011		EPA 200.8	0.0037	01/20/2014	16:24	E82574
1050	Silver	0.1	mg/L	0.00059	U	EPA 200.8	0.00059	01/20/2014	16:24	E82574
1055	Sulfate	250	mg/L	3.9	I	EPA 300.0	1.3	01/23/2014	17:38	E84589
1095	Zinc	5	mg/L	0.0020	U	EPA 200.7	0.0020	01/20/2014	12:56	E82574
1905	Color	15	Color Units	5.0	U	SM 2120B	5.0	01/17/2013	09:00	E82574
1920	Odor	3	T.O.N. @ 40°C	1.0	U	SM 2150B	1.0	01/16/2014	12:00	E84589
1925	pH	6.5 - 8.5	pH unit	8.0		SM 4500H+B	0.1	01/16/2014	15:00	E84589
1930	Total Dissolved Solids	500	mg/L	230		SM 2540C	12	01/16/2014	14:31	E84589
2905	Foaming Agents	0.5	mg/L	0.038	U	SM 5540C	0.038	01/17/2014	13:30	E82001

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

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

System Name: Cypress Lakes PWS I.D.#:

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

System Type (check one) Community Nontransient Noncommunity Transient Noncommunity

Address: _____

City: _____ ZIP Code: _____

Phone #: (813)630-9616 Fax #: _____ E-Mail Address: _____

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: T1400695008 Sample Date: 01/15/2014 Sample Time: 18:45 AM PM (circle one)

Sample Location (be specific): 1630 Big Cypress Blvd Location Code (if known): _____

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

Sample Type (Check Only One)

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

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

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

Sampling Procedure Used or Other Comments: _____

*See 62-550.500(1) for requirements and restrictions. And 62-550.512(3) for nitrate or nitrite exceedances.

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

SAMPLER CERTIFICATION

I, _____, _____, do HEREBY CERTIFY
(Print Name) (Print Title)

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

Signature: _____ Date: _____

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

Sampler's E-Mail: _____

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

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

Lab Name: Advanced Environmental Laboratories, Inc Florida DOH Certification #: E84589 Certification Expiration Date: 06/30/2014

ATTACH CURRENT DOH CERTIFICATE

Address: 9610 Princess Palm Avenue Tampa, FL 33619 Phone #: (813)630-9616

Were any analyses subcontracted? Yes No If yes, please provide DOH certification numbers: E82574, E82601

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONENT DETECTED

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 01/16/2014

PWS ID (From Page 1): 653-5055 Sample Number (From Page 1): T1400695008 Lab Assigned Report # or Job: T1400695

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

LAB CERTIFICATION

I, Angela Harlan (Print Name), PM (Print Title), do HEREBY CERTIFY

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

Signature: Angela Harlan Date: 1/31/14

* Failure to provide a valid and current Florida DOH lab certification number and a current Analyte Sheet for the attached analysis results will result in rejection of the report, possible enforcement against the public water system for failure to sample, and may result in notification of the DOH Bureau of Laboratory Services.

** Please provide radiological sample dates & locations for each quarter.

CONFIRMATION & NOTIFICATION IS REQUIRED WITHIN 24 HRS FOR NITRATE OR NITRITE MCL EXCEEDANCES

NON-DETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" QUALIFIER. (Non-detects reported as "BDL" or with a "<" are not acceptable.)

COMPLIANCE DETERMINATION (to be completed by DEP or DOH -- attach notes as necessary)

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

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

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

INORGANIC CONTAMINANTS

62-550.310(1)

Report Number / Job ID: T1400695008

PWS ID (From Page 1):

653-5055

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Certification
1040	Nitrate	10	mg/L	0.20	U	SM 4500NO3-F	0.20	01/16/2014	12:51	E84589
1041	Nitrite	1	mg/L	0.18	U	SM 4500NO3-F	0.18	01/16/2014	12:51	E84589
1005	Arsenic	0.010	mg/L	0.0036	U	EPA 200.8	0.0036	01/20/2014	16:52	E82574
1010	Barium	2	mg/L	0.0067		EPA 200.7	0.00028	01/20/2014	13:00	E82574
1015	Cadmium	0.005	mg/L	0.0014	U	EPA 200.8	0.0014	01/20/2014	16:52	E82574
1020	Chromium	0.1	mg/L	0.00050	U	EPA 200.7	0.00050	01/20/2014	13:00	E82574
1024	Cyanide	0.2	mg/L	0.0048	U	SM 4500-CN-E	0.0048	01/24/2014	17:30	E84589
1025	Fluoride	4.0	mg/L	0.17		EPA 300.0	0.017	01/23/2014	18:06	E84589
1030	Lead	0.015	mg/L	0.0052	I	EPA 200.8	0.00076	01/20/2014	16:52	E82574
1035	Mercury	0.002	mg/L	0.000064	U	EPA 245.1	0.000064	01/16/2014	16:49	E84589
1036	Nickel	0.1	mg/L	0.0011	U	EPA 200.7	0.0011	01/20/2014	13:00	E82574
1045	Selenium	0.05	mg/L	0.022	U	EPA 200.8	0.022	01/20/2014	16:52	E82574
1052	Sodium	160	mg/L	12		EPA 200.7	0.026	01/20/2014	13:00	E82574
1074	Antimony	0.006	mg/L	0.00076	U	EPA 200.8	0.00076	01/20/2014	16:52	E82574
1075	Beryllium	0.004	mg/L	0.00013	U	EPA 200.7	0.00013	01/20/2014	13:00	E82574
1085	Thallium	0.002	mg/L	0.00067	U	EPA 200.8	0.00067	01/20/2014	16:52	E82574

Florida Department of Environmental Protection
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SECONDARY CONTAMINANTS

62-550.320

Report Number / Job ID: T1400695008

PWS ID (From Page 1): 653-5055

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Certification #
1002	Aluminum	0.2	mg/L	0.061	U	EPA 200.7	0.061	01/20/2014	13:00	E82574
1017	Chloride	250	mg/L	18		EPA 300.0	0.64	01/23/2014	18:06	E84589
1022	Copper	1	mg/L	0.030		EPA 200.8	0.0010	01/20/2014	16:52	E82574
1025	Fluoride	2.0	mg/L	0.17		EPA 300.0	0.017	01/23/2014	18:06	E84589
1028	Iron	0.3	mg/L	0.17	I	EPA 200.7	0.038	01/20/2014	13:00	E82574
1032	Manganese	0.05	mg/L	0.0085	I	EPA 200.8	0.0037	01/20/2014	16:52	E82574
1050	Silver	0.1	mg/L	0.00059	U	EPA 200.8	0.00059	01/20/2014	16:52	E82574
1055	Sulfate	250	mg/L	4.3	I	EPA 300.0	1.3	01/23/2014	18:06	E84589
1095	Zinc	5	mg/L	0.0020	U	EPA 200.7	0.0020	01/20/2014	13:00	E82574
1905	Color	15	Color Units	5.0	U	SM 2120B	5.0	01/17/2013	09:00	E82574
1920	Odor	3	T.O.N. @ 40°C	1.0	U	SM 2150B	1.0	01/16/2014	12:00	E84589
1925	pH	6.5 - 8.5	pH unit	7.8		SM 4500H+B	0.1	01/16/2014	15:00	E84589
1930	Total Dissolved Solids	500	mg/L	240		SM 2540C	12	01/16/2014	14:31	E84589
2905	Foaming Agents	0.5	mg/L	0.038	U	SM 5540C	0.038	01/17/2014	13:30	E82001



Advanced Environmental Laboratories, Inc.

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 Jacksonville: 6801 Southpoint Pkwy. • Jacksonville, FL 32216 • 904.363.9320 • Fax 904.363.0354
 Miramar: 10200 USA Today Way, Miramar, FL 33025 • 954.869.2299 • Fax 954.869.2601
 Tallahassee: 1288 Cedar Center Drive, Tallahassee, FL 32301 • 850.218.8274 • Fax 850.816.6370
 Tampa: 6910 Princess Palm Ave. • Tampa, FL 33610 • 813.630.6618 • Fax 813.630.4627

11400195

Client Name: **CYPRESS LAKE UTILITIES**
 Fee: **10,000 US HWY 98 N LAKELAND, FL 33009**
 Phone: **407-948-9863**
 Name: **Lee Neal**
 Typed By: **Lee Neal**
 Turn Around Time: STANDARD RUSH
 Page **1** of **1**

Project Name: **Cypress Lakes W**
 P.O. Number/Project Number: **653 5055**
 Project Location:
 REMARKS/SPECIAL INSTRUCTIONS:
All of the bottles with preservative leaking before samples were taken. Caps were loose.

ANALYSIS REQUIRED	LABORATORY I.D. NUMBER
Primary	
Secondary	

SAMPLE ID	SAMPLE DESCRIPTION	Grab Comp	SAMPLING		MATRIX	NO. COUNT	PRESERVATIVE	ANALYSIS REQUIRED		LABORATORY I.D. NUMBER
			DATE	TIME				Primary	Secondary	
1	POE	G	1/15/14	14:02 PM	DW	1		X	X	
2	2181 Horseshoe Dr	G	1/15/14	14:21 PM	DW	1		X	X	001
3	2112 Firestone Way	G	1/15/14	14:45 PM	DW	1		X	X	002
4	2347 Snowy Plover	G	1/15/14	15:50 PM	DW	1		X	X	003
5	9312 Hoosier Cir	G	1/15/14	16:00 PM	DW	1		X	X	004
6	9547 Anglers Way	G	1/15/14	16:20 PM	DW	1		X	X	005
7	2460 Peavine Cir	G	1/15/14	17:15 PM	DW	1		X	X	006
8	1630 Big Cypress Blvd	G	1/15/14	16:45 PM	DW	1		X	X	008

WW = wastewater SW = surface water GW = ground water DW = drinking water C = cell A = air SO = soil SL = solids
 Preservation Codes: L = lead H = HCl B = (HNO3) N = (HNO3) T = (Sodium Thiosulfate)
 Temp taken from sample Temp from blank Where required, pH checked Temperature when received (in degrees Celsius)

Requested by	Date	Time	Received by	Date	Time
Steve Fuller	1/16/14	9:05	[Signature]	1/16/14	9:25
[Signature]	1/16/14		[Signature]	1/16/14	9:15

FOR DRINKING WATER USE:
 (When PWB information not otherwise supplied) PWB ID: _____
 Contact Person: _____ Phone: _____
 Supplier of Water: _____
 Site Address: _____