



Wills | Trusts | Probate | Real Estate | Guardianship | Elder Law | Business Law

January 6, 2017

**VIA E-FILING**

Carlotta S. Stauffer, Commission Clerk  
Office of Commission Clerk  
Florida Public Service Commission  
2540 Shumard Oak Boulevard  
Tallahassee, FL 32399

RE: Docket No. 150269-WS; Application for limited proceeding water rate increase in Marion, Pasco, and Seminole Counties, by Utilities, Inc. of Florida.  
Our File No. 30057.224

Dear Ms. Stauffer:

Pursuant to PSC Order No. PSC-16-0505-PAA-WS, attached are the resulting of the sampling that was required to be done after the interconnection with Pasco County. As the sampling clearly shows, the water quality meets DEP secondary water quality standards.

Should you or Staff have any questions regarding this filing, please do not hesitate to give me a call.

Very truly yours,

/s/ Martin S. Friedman

MARTIN S. FRIEDMAN  
For the Firm

MSF/

cc: John Hoy (via email)  
Patrick Flynn (via email)  
Kyesha Mapp, Esquire (via email)  
Erik Sayler, Esquire (via email)  
Andrew Maurey (via email)



# 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: 06/30/2017

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

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

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

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

Date Sample(s) Received: 12/27/2016

PWS ID (From Page 1): 651 1423 Sample Number (From Page 1): T1620737001 Lab Assigned Report # or Job T1620737

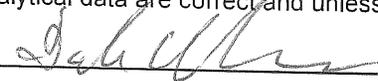
Group(s) Analyzed & Results attached for compliance with Chapter 62-550, F.A.C. (Check all that apply):

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

**LAB CERTIFICATION**

I, Dale Uvino (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:  Date: 1-6-17

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

**CONFIRMATION & NOTIFICATION IS REQUIRED WITHIN 24 HRS FOR NITRATE OR NITRITE MCL EXCEEDANCES**  
 NON-DETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" QUALIFIER. (Non-detects reported as "BDL" or with a "<" are not acceptable.)

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

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

Person Notified: \_\_\_\_\_ Date Notified: \_\_\_\_\_ DEP/DOH Reviewing Official: \_\_\_\_\_

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

## SECONDARY CONTAMINANTS

62-550.320

Report Number / Job ID: T1620737001

PWS ID (From Page 1): 651 1423

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	0.12	U	EPA 200.7	0.12	01/03/2017	17:04	E84589
1017	Chloride	250	mg/L	35	J4	EPA 300.0	2.0	01/04/2017	21:11	E84589
1022	Copper	1	mg/L	0.0018		EPA 200.8	0.00011	01/05/2017	17:46	E82574
1025	Fluoride	2.0	mg/L	0.30	I	EPA 300.0	0.20	01/04/2017	21:11	E84589
1028	Iron	0.3	mg/L	0.029	I	EPA 200.7	0.021	01/03/2017	17:04	E84589
1032	Manganese	0.05	mg/L	0.0024		EPA 200.8	0.000055	01/05/2017	17:46	E82574
1050	Silver	0.1	mg/L	0.0014		EPA 200.8	0.000027	01/05/2017	17:46	E82574
1055	Sulfate	250	mg/L	96	J4	EPA 300.0	2.0	01/04/2017	21:11	E84589
1095	Zinc	5	mg/L	0.011		EPA 200.7	0.0020	01/03/2017	17:04	E84589
1905	Color	15	PCU	2.7	U	SM 2120 B	2.7	12/27/2016	19:03	E84589
1920	Odor	3	TON	1.0	U	SM 2150 B	1.0	12/28/2016	10:15	E84589
1925	pH	6.5 - 8.5	SU	7.7	Q	SM 4500H+B		12/30/2016	08:51	E84589
1930	Total Dissolved Solids	500	mg/L	300		SM 2540 C	12	12/30/2016	16:15	E84589
2905	Foaming Agents	0.5	mg/L	0.040	U	SM 5540 C	0.040	12/28/2016	11:00	E82001

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

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

SECOND

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

System Name: Utilities, Inc. of Florida - Summertree PWS I.D. #: 651 1423  
System Type (check one):  Community  Nontransient Noncommunity  Transient Noncommunity  
Address: 0.5 miles east of Little Road on SR 52  
City: Hudson ZIP Code: 34668  
Phone # 727-934-9137 Fax #: 727-934-2208 E-Mail Address: \_\_\_\_\_

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: T1620737002 Sample Date: 12-27-16 Sample Time: 1033AM AM PM (Circle One)  
Sample Location (be specific): Hydrant 11704 Rose Ave Location Code: \_\_\_\_\_

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): \_\_\_\_\_ mg/L Field pH: 7.9

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, Stephen A. Habery Operator, do HEREBY CERTIFY  
(Print Name) (Print Title)

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

Signature: [Signature] Date: 12-27-16

Certified Operator #: 8012 Phone #: 727-934-9137 Sampler's Fax #: 727-934-2208

Sampler's E-mail: shabery@uiwater.com

## 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: 06/30/2017

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

Were any analyses subcontracted?  Yes  No If yes, please provide DOH certification numbers: F82574, F82001

ATTACH CURRENT DOH ANALYTE \*

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED \*

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

Date Sample(s) Received: 12/27/2016

PWS ID (From Page 1): 651 1423 Sample Number (From Page 1): T1620737002 Lab Assigned Report # or Job T1620737

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

Inorganics

- All Except Asbestos  
 Partial  
 Nitrate  
 Nitrite  
 Asbestos Only

Synthetic Organics

- All 30  
 All Except Dioxin  
 Partial  
 Dioxin Only

Volatile Organics

- All 21  
 Partial

Disinfection Byproducts

- Trihalomethanes  
 Haloacetic Acids  
 Chlorite  
 Bromate

Radionuclides

- Single Sample  
 Qtrly Composite\*\*

Secondaries

- All 14  
 Partial

**LAB CERTIFICATION**

I, Dale Uvino, 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: [Signature] Date: 1-6-17

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

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

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

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

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

Person Notified: \_\_\_\_\_ Date Notified: \_\_\_\_\_ DEP/DOH Reviewing Official: \_\_\_\_\_

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

SECONDARY CONTAMINANTS  
62-550.320

Report Number / Job ID: T1620737002

PWS ID (From Page 1): 651 1423

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	0.12	U	EPA 200.7	0.12	01/03/2017	17:15	E84589
1017	Chloride	250	mg/L	32		EPA 300.0	2.0	01/04/2017	20:21	E84589
1022	Copper	1	mg/L	0.0025		EPA 200.8	0.00011	01/05/2017	17:50	E82574
1025	Fluoride	2.0	mg/L	0.28	I	EPA 300.0	0.20	01/04/2017	20:21	E84589
1028	Iron	0.3	mg/L	0.027	I	EPA 200.7	0.021	01/03/2017	17:15	E84589
1032	Manganese	0.05	mg/L	0.0025		EPA 200.8	0.000055	01/05/2017	17:50	E82574
1050	Silver	0.1	mg/L	0.00059		EPA 200.8	0.000027	01/05/2017	17:50	E82574
1055	Sulfate	250	mg/L	88		EPA 300.0	2.0	01/04/2017	20:21	E84589
1095	Zinc	5	mg/L	0.0087	I	EPA 200.7	0.0020	01/03/2017	17:15	E84589
1905	Color	15	PCU	2.7	U	SM 2120 B	2.7	12/27/2016	19:05	E84589
1920	Odor	3	TON	1.0	U	SM 2150 B	1.0	12/28/2016	10:15	E84589
1925	pH	6.5 - 8.5	SU	7.7	Q	SM 4500H+B		12/30/2016	08:52	E84589
1930	Total Dissolved Solids	500	mg/L	290		SM 2540 C	12	12/30/2016	16:15	E84589
2905	Foaming Agents	0.5	mg/L	0.040	U	SM 5540 C	0.040	12/28/2016	11:00	E81001

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

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

SECOND

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

System Name: Utilities, Inc. of Florida - Summertree PWS I.D. #: 651 1423

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

Address: 0.5 miles east of Little Road on SR 52

City: Hudson ZIP Code: 34668

Phone # 727-934-9137 Fax #: 727-934-2208 E-Mail Address: \_\_\_\_\_

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: T1620737003 Sample Date: 12-27-16 Sample Time: 1026  AM  PM (Circle One)

Sample Location (be specific): Hydrant 11438 SOK R RD Location Code: \_\_\_\_\_

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): \_\_\_\_\_ mg/L Field pH: \_\_\_\_\_ ch 2-3

Sample Type (Check Only One)

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

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

- Routine Compliance with 62-550
- 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, Stephen Habery Operator, do HEREBY CERTIFY

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

Signature: [Signature]

Date: 12-27-16

Certified Operator #: 5012 Phone #: 727-934-9137

Sampler's Fax #: 727-934-2208

Sampler's E-mail: sihabery@uiwater.com

# 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: 06/30/2017

ATTACH CURRENT DOH ANALYTE \*

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

Were any analyses subcontracted?  Yes  No If yes, please provide DOH certification numbers: E82574, E80001

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED \*

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

Date Sample(s) Received: 12/27/2016

PWS ID (From Page 1): 651 1423 Sample Number (From Page 1): T1620737003 Lab Assigned Report # or Job T1620737

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

Inorganics

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

Synthetic Organics

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

Volatile Organics

- All 21
- Partial

Disinfection Byproducts

- Trihalomethanes
- Haloacetic Acids
- Chlorite
- Bromate

Radionuclides

- Single Sample
- Qtrly Composite\*\*

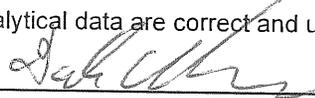
Secondaries

- All 14
- Partial

### LAB CERTIFICATION

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

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

Signature:  Date: 1-6-17

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

**CONFIRMATION & NOTIFICATION IS REQUIRED WITHIN 24 HRS FOR NITRATE OR NITRITE MCL EXCEEDANCES**  
 NON-DETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" QUALIFIER. (Non-detects reported as "BDL" or with a "<" are not acceptable.)

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

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

Person Notified: \_\_\_\_\_ Date Notified: \_\_\_\_\_ DEP/DOH Reviewing Official: \_\_\_\_\_

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

### SECONDARY CONTAMINANTS

62-550.320

Report Number / Job ID: T1620737003

PWS ID (From Page 1): 6511423

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Certification #
1002	Aluminum	0.2	mg/L	0.12	U	EPA 200.7	0.12	01/03/2017	17:18	E84589
1017	Chloride	250	mg/L	33		EPA 300.0	2.0	01/04/2017	22:00	E84589
1022	Copper	1	mg/L	0.0041		EPA 200.8	0.00011	01/05/2017	17:54	E82574
1025	Fluoride	2.0	mg/L	0.29	I	EPA 300.0	0.20	01/04/2017	22:00	E84589
1028	Iron	0.3	mg/L	0.024	I	EPA 200.7	0.021	01/03/2017	17:18	E84589
1032	Manganese	0.05	mg/L	0.0025		EPA 200.8	0.000055	01/05/2017	17:54	E82574
1050	Silver	0.1	mg/L	0.00032	I	EPA 200.8	0.000027	01/05/2017	17:54	E82574
1055	Sulfate	250	mg/L	89		EPA 300.0	2.0	01/04/2017	22:00	E84589
1095	Zinc	5	mg/L	0.012		EPA 200.7	0.0020	01/03/2017	17:18	E84589
1905	Color	15	PCU	2.7	U	SM 2120 B	2.7	12/27/2016	19:06	E84589
1920	Odor	3	TON	1.0	U	SM 2150 B	1.0	12/28/2016	10:15	E84589
1925	pH	6.5 - 8.5	SU	7.7	Q	SM 4500H+B		12/30/2016	08:53	E84589
1930	Total Dissolved Solids	500	mg/L	290		SM 2540 C	12	12/30/2016	16:15	E84589
2905	Foaming Agents	0.5	mg/L	0.040	U	SM 5540 C	0.040	12/28/2016	11:00	E82601

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

second

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

System Name: Utilities, Inc. of Florida - Summertree PWS I.D. #: 651 1423  
System Type (check one):  Community  Nontransient Noncommunity  Transient Noncommunity  
Address: 0.5 miles east of Little Road on SR 52  
City: Hudson ZIP Code: 34668  
Phone # 727-934-9137 Fax #: 727-934-2208 E-Mail Address: \_\_\_\_\_

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: T16207387004 Sample Date: 12-27-16 Sample Time: 1045  AM  PM (Circle One)  
Sample Location (be specific): Hudson 11800 Ivywood Location Code: \_\_\_\_\_  
Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): \_\_\_\_\_ mg/L Field pH: 0.9 ch

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  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 62-550.500(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, Stephan Hobery Operator, do HEREBY CERTIFY  
(Print Name) (Print Title)

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

Signature: [Signature]

Date: 12-27-16

Certified Operator #: 502 Phone #: 727-934-9137

Sampler's Fax #: 727-934-2208

Sampler's E-mail: shabery@uiwater.com

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

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

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED \*

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

Date Sample(s) Received: 12/27/2016

PWS ID (From Page 1): 651 1423 Sample Number (From Page 1): T1620737004 Lab Assigned Report # or Job T1620737

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

Inorganics

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

Synthetic Organics

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

Volatile Organics

- All 21
- Partial

Disinfection Byproducts

- Trihalomethanes
- Haloacetic Acids
- Chlorite
- Bromate

Radionuclides

- Single Sample
- Qtrly Composite\*\*

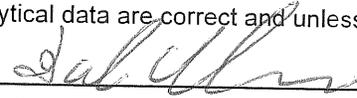
Secondaries

- All 14
- Partial

### LAB CERTIFICATION

I, Dale Uvino, 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:  Date: 1-6-17

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

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

Person Notified: \_\_\_\_\_ Date Notified: \_\_\_\_\_ DEP/DOH Reviewing Official: \_\_\_\_\_

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

SECONDARY CONTAMINANTS  
62-550.320

Report Number / Job ID: T1620737004  
PWS ID (From Page 1): 651 1423

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	0.12	U	EPA 200.7	0.12	01/03/2017	17:22	E84589
1017	Chloride	250	mg/L	36		EPA 300.0	2.0	01/04/2017	22:17	E84589
1022	Copper	1	mg/L	0.0051		EPA 200.8	0.00011	01/05/2017	17:58	E82574
1025	Fluoride	2.0	mg/L	0.28	I	EPA 300.0	0.20	01/04/2017	22:17	E84589
1028	Iron	0.3	mg/L	0.033	I	EPA 200.7	0.021	01/03/2017	17:22	E84589
1032	Manganese	0.05	mg/L	0.0028		EPA 200.8	0.000055	01/05/2017	17:58	E82574
1050	Silver	0.1	mg/L	0.00018	I	EPA 200.8	0.000027	01/05/2017	17:58	E82574
1055	Sulfate	250	mg/L	98		EPA 300.0	2.0	01/04/2017	22:17	E84589
1095	Zinc	5	mg/L	0.013		EPA 200.7	0.0020	01/03/2017	17:22	E84589
1905	Color	15	PCU	2.7	U	SM 2120 B	2.7	12/27/2016	19:07	E84589
1920	Odor	3	TON	1.0	U	SM 2150 B	1.0	12/28/2016	10:15	E84589
1925	pH	6.5 - 8.5	SU	7.8	Q	SM 4500H+B		12/30/2016	08:54	E84589
1930	Total Dissolved Solids	500	mg/L	330		SM 2540 C	12	12/30/2016	16:15	E84589
2905	Foaming Agents	0.5	mg/L	0.042	I	SM 5540 C	0.040	12/28/2016	13:40	E82001

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

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

Second

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

System Name: Utilities, Inc. of Florida - Summertree PWS I.D. #: 651 1423

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

Address: 0.5 miles east of Little Road on SR 52

City: Hudson ZIP Code: 34668

Phone # 727-934-9137 Fax #: 727-934-2208 E-Mail Address: \_\_\_\_\_

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: T162077005 Sample Date: 12-27-16 Sample Time: 11  AM  PM (Circle One)

Sample Location (be specific): Hydant 11219 merganser Location Code: \_\_\_\_\_

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): \_\_\_\_\_ mg/L Field pH: 2.7 ch2

Sample Type (Check Only One)

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

Distribution

Routine Compliance with 62-550

Replacement (of Invalidated Sample)

Entry Point (to Distribution)

Confirmation of MCL Exceedance\*

Special (not for compliance with 62-550)

Plant Tap (not for compliance with 62-550)

Composite of Multiple Sites\*\*

Clearance (permitting)

Raw (at well or intake)

Other: \_\_\_\_\_

Max Residence Time

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

Ave Residence Time

Near First Customer

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

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

SAMPLER CERTIFICATION

I, Stephon Heber  
(Print Name)

Operator

(Print Title)

do HEREBY CERTIFY

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

Signature X

Date: 12-27-16

Certified Operator #: 8012 Phone #: 727-934-9137

Sampler's Fax #: 727-934-2208

Sampler's E-mail: sihabery@uiwater.com

# 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: 06/30/2017

ATTACH CURRENT DOH ANALYTE \*

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

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

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED \*

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

Date Sample(s) Received: 12/27/2016

PWS ID (From Page 1): 651 1423 Sample Number (From Page 1): T1620737005 Lab Assigned Report # or Job T1620737

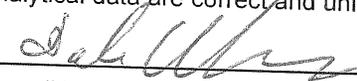
Group(s) Analyzed & Results attached for compliance with Chapter 62-550, F.A.C. (Check all that apply):

- |  |  |                                  |   |  |  |
|--|--|----------------------------------|---|--|--|
| <u>Inorganics</u>                            | <u>Synthetic Organics</u>                  | <u>Volatile Organics</u>         | <u>Disinfection Byproducts</u>            | <u>Radionuclides</u>                       | <u>Secondaries</u>                         |
| <input 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 checked="" 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 type="checkbox"/> Nitrate             | <input type="checkbox"/> Partial           |                                  | <input type="checkbox"/> Chlorite         |  |  |
| <input type="checkbox"/> Nitrite             | <input type="checkbox"/> Dioxin Only       |                                  | <input type="checkbox"/> Bromate          |  |  |
| <input type="checkbox"/> Asbestos Only       |  |                                  |   |  |  |

**LAB CERTIFICATION**

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

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

Signature:  Date: 1-6-17

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

**CONFIRMATION & NOTIFICATION IS REQUIRED WITHIN 24 HRS FOR NITRATE OR NITRITE MCL EXCEEDANCES**  
NON-DETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" QUALIFIER. (Non-detects reported as "BDL" or with a "<" are not acceptable.)

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

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

Person Notified: \_\_\_\_\_ Date Notified: \_\_\_\_\_ DEP/DOH Reviewing Official: \_\_\_\_\_

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

SECONDARY CONTAMINANTS  
62-550.320

Report Number / Job ID: T1620737005

PWS ID (From Page 1): 651 1423

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	0.12	U	EPA 200.7	0.12	01/03/2017	17:25	E84589
1017	Chloride	250	mg/L	34		EPA 300.0	2.0	01/04/2017	22:33	E84589
1022	Copper	1	mg/L	0.0046		EPA 200.8	0.00011	01/05/2017	18:09	E82574
1025	Fluoride	2.0	mg/L	0.29	I	EPA 300.0	0.20	01/04/2017	22:33	E84589
1028	Iron	0.3	mg/L	0.025	I	EPA 200.7	0.021	01/03/2017	17:25	E84589
1032	Manganese	0.05	mg/L	0.0023		EPA 200.8	0.000055	01/05/2017	18:09	E82574
1050	Silver	0.1	mg/L	0.000074	I	EPA 200.8	0.000027	01/05/2017	18:09	E82574
1055	Sulfate	250	mg/L	94		EPA 300.0	2.0	01/04/2017	22:33	E84589
1095	Zinc	5	mg/L	0.0098	I	EPA 200.7	0.0020	01/03/2017	17:25	E84589
1905	Color	15	PCU	2.7	U	SM 2120 B	2.7	12/27/2016	19:08	E84589
1920	Odor	3	TON	1.0	U	SM 2150 B	1.0	12/28/2016	10:15	E84589
1925	pH	6.5 - 8.5	SU	7.7	Q	SM 4500H+B		12/30/2016	08:55	E84589
1930	Total Dissolved Solids	500	mg/L	330		SM 2540 C	12	12/30/2016	16:15	E84589
2905	Foaming Agents	0.5	mg/L	0.040	U	SM 5540 C	0.040	12/28/2016	13:40	

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

SECOND

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

System Name: Utilities, Inc. of Florida - Summertree PWS I.D. #: 651 1423  
System Type (check one):  Community  Nontransient Noncommunity  Transient Noncommunity  
Address: 0.5 miles east of Little Road on SR 52  
City: Hudson ZIP Code: 34668  
Phone # 727-934-9137 Fax #: 727-934-2208 E-Mail Address: \_\_\_\_\_

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: T1610737006 Sample Date: 12-27-16 Sample Time: 1055  AM  PM (Circle One)  
Sample Location (be specific): Hydramt 11001 Kiskadee Location Code: \_\_\_\_\_

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): \_\_\_\_\_ mg/L Field pH: 0.6 ch2

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, Stephen Habery Operator, do HEREBY CERTIFY  
(Print Name) (Print Title)

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

Signature: [Signature]

Date: 12-27-16

Certified Operator #: 8012 Phone #: 727-934-9137

Sampler's Fax #: 727-934-2208

Sampler's E-mail: sjhabery@uiwater.com

# 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: 06/30/2017

ATTACH CURRENT DOH ANALYTE \*

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

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

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED \*

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

Date Sample(s) Received: 12/27/2016

PWS ID (From Page 1): 651 1423 Sample Number (From Page 1): T1620737006 Lab Assigned Report # or Job T1620737

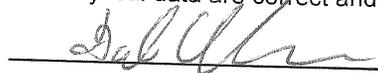
Group(s) Analyzed & Results attached for compliance with Chapter 62-550, F.A.C. (Check all that apply):

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

**LAB CERTIFICATION**

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

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

Signature:  Date: 1-6-17

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

**CONFIRMATION & NOTIFICATION IS REQUIRED WITHIN 24 HRS FOR NITRATE OR NITRITE MCL EXCEEDANCES**  
 NON-DETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" QUALIFIER. (Non-detects reported as "BDL" or with a "<" are not acceptable.)

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

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

Person Notified: \_\_\_\_\_ Date Notified: \_\_\_\_\_ DEP/DOH Reviewing Official: \_\_\_\_\_

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

## SECONDARY CONTAMINANTS

62-550.320

Report Number / Job ID: T1620737006

PWS ID (From Page 1): 651 1423

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	0.12	U	EPA 200.7	0.12	01/03/2017	17:29	E84589
1017	Chloride	250	mg/L	34		EPA 300.0	2.0	01/04/2017	22:50	E84589
1022	Copper	1	mg/L	0.0078		EPA 200.8	0.00011	01/05/2017	18:13	E82574
1025	Fluoride	2.0	mg/L	0.29	I	EPA 300.0	0.20	01/04/2017	22:50	E84589
1028	Iron	0.3	mg/L	0.023	I	EPA 200.7	0.021	01/03/2017	17:29	E84589
1032	Manganese	0.05	mg/L	0.0021		EPA 200.8	0.000055	01/05/2017	18:13	E82574
1050	Silver	0.1	mg/L	0.000050	I	EPA 200.8	0.000027	01/05/2017	18:13	E82574
1055	Sulfate	250	mg/L	93		EPA 300.0	2.0	01/04/2017	22:50	E84589
1095	Zinc	5	mg/L	0.011		EPA 200.7	0.0020	01/03/2017	17:29	E84589
1905	Color	15	PCU	2.7	U	SM 2120 B	2.7	12/27/2016	19:09	E84589
1920	Odor	3	TON	1.0	U	SM 2150 B	1.0	12/28/2016	10:15	E84589
1925	pH	6.5 - 8.5	SU	7.7	Q	SM 4500H+B		12/30/2016	08:56	E84589
1930	Total Dissolved Solids	500	mg/L	320		SM 2540 C	12	12/30/2016	16:15	E84589
2905	Foaming Agents	0.5	mg/L	0.040	U	SM 5540 C	0.040	12/28/2016	13:40	E82001

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

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

*SECOND*

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

System Name: Utilities, Inc. of Florida - Summertree PWS I.D. #: 651 1423  
 System Type (check one):  Community  Nontransient Noncommunity  Transient Noncommunity  
 Address: 0.5 miles east of Little Road on SR 52  
 City: Hudson ZIP Code: 34668  
 Phone # 727-934-9137 Fax #: 727-934-2208 E-Mail Address: \_\_\_\_\_

**SAMPLE INFORMATION** (to be completed by sampler)

Sample Number: T1620131007 Sample Date: 12-27-16 Sample Time: 1015  AM  PM (Circle One)  
 Sample Location (be specific): master meter ASSM upstream RPZ I/C Location Code: \_\_\_\_\_

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): \_\_\_\_\_ mg/L Field pH: \_\_\_\_\_ ch 2.4

Sample Type (Check Only One)

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

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

- Routine Compliance with 62-550
- 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, Stephen Habery Operator, do HEREBY CERTIFY  
 (Print Name) (Print Title)

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

Signature: [Signature] Date: 12-27-16

Certified Operator #: 8012 Phone #: 727-934-9137 Sampler's Fax #: 727-934-2208

Sampler's E-mail: shabery@uiwater.com

# 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: 06/30/2017

ATTACH CURRENT DOH ANALYTE \*

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

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

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED \*

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

Date Sample(s) Received: 12/27/2016

PWS ID (From Page 1): 651 1423 Sample Number (From Page 1): T1620737007 Lab Assigned Report # or Job T1620737

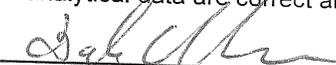
Group(s) Analyzed & Results attached for compliance with Chapter 62-550, F.A.C. (Check all that apply):

- |  |  |                                  |   |  |                                  |
|--|--|----------------------------------|---|--|----------------------------------|
| <u>Inorganics</u>                            | <u>Synthetic Organics</u>                  | <u>Volatile Organics</u>         | <u>Disinfection Byproducts</u>            | <u>Radionuclides</u>                       | <u>Secondaries</u>               |
| <input 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 type="checkbox"/> All 14  |
| <input checked="" 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 type="checkbox"/> Nitrate             | <input type="checkbox"/> Partial           |                                  | <input type="checkbox"/> Chlorite         |  |                                  |
| <input type="checkbox"/> Nitrite             | <input type="checkbox"/> Dioxin Only       |                                  | <input type="checkbox"/> Bromate          |  |                                  |
| <input type="checkbox"/> Asbestos Only       |  |                                  |   |  |                                  |

I, Dale Uvino, 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:  Date: 1-6-17

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

**CONFIRMATION & NOTIFICATION IS REQUIRED WITHIN 24 HRS FOR NITRATE OR NITRITE MCL EXCEEDANCES**  
NON-DETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" QUALIFIER. (Non-detects reported as "BDL" or with a "<" are not acceptable.)

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

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

Person Notified: \_\_\_\_\_ Date Notified: \_\_\_\_\_ DEP/DOH Reviewing Official: \_\_\_\_\_

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

### SECONDARY CONTAMINANTS

62-550.320

Report Number / Job ID: T1620737007

PWS ID (From Page 1): 651 1423

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	0.12	U	EPA 200.7	0.12	01/03/2017	17:47	E84589
1017	Chloride	250	mg/L	31		EPA 300.0	2.0	01/04/2017	23:06	E84589
1022	Copper	1	mg/L	0.0031		EPA 200.8	0.00011	01/05/2017	18:17	E82574
1025	Fluoride	2.0	mg/L	0.26	I	EPA 300.0	0.20	01/04/2017	23:06	E84589
1028	Iron	0.3	mg/L	0.025	I	EPA 200.7	0.021	01/03/2017	17:47	E84589
1032	Manganese	0.05	mg/L	0.0024		EPA 200.8	0.000055	01/05/2017	18:17	E82574
1050	Silver	0.1	mg/L	0.000036	I	EPA 200.8	0.000027	01/05/2017	18:17	E82574
1055	Sulfate	250	mg/L	84		EPA 300.0	2.0	01/04/2017	23:06	E84589
1095	Zinc	5	mg/L	0.013		EPA 200.7	0.0020	01/03/2017	17:47	E84589
1905	Color	15	PCU	2.7	U	SM 2120 B	2.7	12/27/2016	19:10	E84589
1920	Odor	3	TON	1.0	U	SM 2150 B	1.0	12/28/2016	10:15	E84589
1925	pH	6.5 - 8.5	SU	7.9	Q	SM 4500H+B		12/30/2016	08:57	E84589
1930	Total Dissolved Solids	500	mg/L	310		SM 2540 C	12	12/30/2016	16:15	E84589
2905	Foaming Agents	0.5	mg/L	0.040	U	SM 5540 C	0.040	12/28/2016	13:40	E82001

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

