

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: April 20, 2017

TO: Carlotta S. Stauffer, Commission Clerk, Office of Commission Clerk

FROM: Martha A. Golden, Regulatory Supervisor/Consultant, Division of Accounting & Finance *MA*

RE: Docket No. 140219-WU – Application for staff-assisted rate case in Polk County by Alturas Utilities, L.L.C. – TTHM & HAA5 Test Results

Docket No. 140220-WU – Application for staff-assisted rate case in Polk County by Sunrise Utilities, L.L.C. – TTHM & HAA5 Test Results

Pursuant to Order Nos. PSC-16-0128-PAA-WU and PSC-16-0126-PAA-WU (Orders), regarding Alturas Utilities, L.L.C. (Alturas) and Sunrise Utilities, L.L.C. (Sunrise), respectively, the Utility was required to file documentation showing that Alturas and Sunrise have each completed four quarters of trihalomethane (TTHM) and haloacetic acid (HAA5) tests required by the Polk County Health Department for the last quarter of 2015 and first three quarters of 2016. The Orders required that the Utility file a copy of the test results and final invoices by December 31, 2016. As of April 19, 2017, the Utility has not provided the required information. Staff confirmed that the tests were completed based on information available on the Florida Department of Environmental Protection's (DEP) Oculus Web site. However, staff has been unable to verify the actual testing expenses.

Please file the attached documents in the above-referenced docket. The documents include the following information:

1. The December 2016 e-mail exchange between staff and the Utility that includes staff's e-mails to the Utility dated December 12, 16, and 20, and the Utility's responses dated December 15 and 22;
2. The Alturas TTHM and HAA5 test results obtained by Commission staff from the DEP Oculus Web site that include four sets of quarterly tests with samples pulled on 12/29/15, 3/27/16, 6/22/16, and 9/19/16;
3. The Sunrise TTHM and HAA5 test results obtained by Commission staff from the DEP Oculus Web site that include four sets of quarterly tests with samples pulled on 12/29/15, 3/27/16, 6/21/16, and 9/19/16.

Thank you for your assistance with this matter. Please do not hesitate to contact me if you have any questions.

Attachment

RECEIVED-FPSC
 2017 APR 20 PM 12:14
 COMMISSION
 CLERK

Martha Golden

From: Martha Golden
Sent: Monday, December 12, 2016 5:13 PM
To: 'L SZABO'; Wiley Pratt
Subject: Alturas & Sunrise - TTHM/HAA5 Tests

Hello Mr. Szabo and Mr. Pratt,

The Commission's Orders in the Alturas and Sunrise staff-assisted rate cases require that you provide a copy of the test results and final invoices for the additional quarterly trihalomethane (TTHM) and haloacetic acid (HAA5) tests that you conducted during the last quarter of 2015 and the first three quarters of 2016. The Orders require that you provide the test results and final invoices by December 31.

I will be out of the office during the end of December, so it will be helpful if you can send me the test results and final invoices this week so that I can make sure they are added to the docket file before the December 31 deadline. Please feel free to call me at (850) 413-7015 or e-mail me if you have any questions.

Thank you,
Martha

Martha Golden

From: L SZABO <l.szabo@rogers.com>
Sent: Thursday, December 15, 2016 3:54 PM
To: Martha Golden; L. SZABO
Subject: Sunrise - Alturas Utilities
Attachments: Our answers to Martha..docx

Hello Ms. Martha,

We had many other priorities to take care of before providing our answer of your December 12 letter request.

Please find our reply as per attachment,

Yours truly,

Leslie Szabo

Attention; Ms. Martha Goldman

We have been provided from Mr. Wiley Pratt within 11 hours the information requested related the test results of your December 12 letter addressed to me with a copy sent to him.

It gave me reassurance that all the people within our operation take their position seriously and efficiently contrary to the PSC distorted opinion toward Sunrise or Alturas to serve their own purpose only, - by disregarding the facts.

I must question in what bases the PSC are getting involved at this area, and without any benefit to or our business.

The PSC should turn to the Polk County Health Department for those records having and maintaining a close relationship with them.

The test results were acceptable; otherwise we would not be operational today providing a safe water service to our customers.

Mr. Pratt and I worked hard to obtain quotes providing the PSC with figures and gave the details of the improvements need it to be in compliances with PCHD for our operation.

They were all dismissed and ignored without giving us any explanation or having a chance to be heard at the finalization of the case, - and I was humiliated.

Our rate case is already being compromised by the PSC with their irresponsible decision the way our SARC was handled.

I must ask the PSC for jutifiable and valid explanation before providing any further answers, - after being subjected to their 22 months of nonstop questioning.

All we received in return were falsified promises and their absolute denial of their responsibilities to the welfare to the customers.

Their conduct toward Sunrise Utilities should be made as an example how the PSC exploiting their position to strangle small businesses for their own purposes without any consideration to the customers, -and this have to be made to become a public interest.

It also must be reported to the Office of Attorney General State of Florida maybe they will be able to help our customers after being let down by the PSC.

Yours truly,

Leslie Szabo

Martha Golden

From: Martha Golden
Sent: Friday, December 16, 2016 5:17 PM
To: 'L SZABO'
Subject: RE: Sunrise - Alturas Utilities

Mr. Szabo, the only reason I need the test results and invoices is because we included the testing costs in your rates even though the tests were finished yet. But the Commission only allowed us to do that on the condition that you provide the follow-up documentation after the tests were finished. I know the tests were done. I just need the documents to add to the docket file to show that the tests were finished and that you met the requirement of the Orders to provide the documents by Dec. 31. If you don't remember what I'm talking about, I can send you the pages from the Orders that show the requirement next week. I'm just trying to make sure we get everything done by the deadline so you will stay in compliance with the rate case Orders. I hope you have a nice weekend.

From: L SZABO [<mailto:l.szabo@rogers.com>]
Sent: Thursday, December 15, 2016 3:54 PM
To: Martha Golden; L. SZABO
Subject: Sunrise - Alturas Utilities

Hello Ms. Martha,

We had many other priorities to take care of before providing our answer of your December 12 letter request.

Please find our reply as per attachment,

Yours truly,

Leslie Szabo

Martha Golden

From: Martha Golden
Sent: Tuesday, December 20, 2016 2:21 PM
To: l.szabo@rogers.com
Subject: Quit Claim Deed - FW: New filing in Docket No. 140219-WU et al. (Alturas Utilities, L.L.C.)

Hello Mr. Szabo, I have filed a memo in the Sunrise and Alturas dockets that includes the quit claim deed and says the land ownership issue has been corrected pursuant to the Commission's Orders. If you click on the link under "Document Path" in the e-mail below, you can see what I filed.

I need to file the same type of memo to say the TTHM and HAA5 tests were completed, but I can't do it until you send me the test results and Mr. Pratt's invoices for those tests. I'm sorry, but I do not have authority to grant an extension for this, so you have to send the information by December 31 or you will be in violation of the Commission's Orders for not providing the follow-up information after you completed the tests. If you can send it to me by tomorrow, I will try to get it in the docket files this week so we can both check that off our to-do lists. Thank you!

From: NoReply
Sent: Monday, December 19, 2016 5:17 PM
Subject: New filing in Docket No. 140219-WU et al. (Alturas Utilities, L.L.C.)

DOCKET TITLE = Application for staff-assisted rate case in Polk County by Alturas Utilities, L.L.C.
UTILITY NAME = Alturas Utilities, L.L.C.

DOCUMENT DESCRIPTION = AFD/Golden - Memo dated 12/19/16 to CLK/Stauffer, with attached quit claim deed and 2004 Alturas corrective warranty deed; confirming that the Sunrise land ownership issue has been corrected; advising quit claim deed was recorded with Polk County Clerk of Courts on 11/11/16; advising dockets should remain open pending completion of additional requirements provided in Orders PSC-16-0128-PAA-WU and PSC-16-0126-PAA-WU.

DOCUMENT PATH =
<file:///L:/PSC/LIBRARY/FILINGS/16/09442-16>

Document ID = 09442-16
Document Filed 12/19/16

This filing is also pertinent to docket 140220-WU

The filing described above is now available in PDF format.

To access it, click on the DOCUMENT PATH link. This will pop up a Windows Explorer window. You will see the PDF (Adobe Acrobat) version; you will also see other versions if they exist. Double-click on the preferred version and the document will open.

If you need to cut/paste/search in the document and find you can't, try later when the reformatted version is available. (For more information, see PDF Tips on the How To menu.)

This is an automatically generated e-mail; no response/reply is necessary.

Martha Golden

From: L SZABO <l.szabo@rogers.com>
Sent: Thursday, December 22, 2016 4:03 PM
To: Martha Golden; L. SZABO
Subject: Sunrise Utilities

Hello Ms. Martha,

In respond to your December 20 e-mail, we did not ask for any extension within our previous answer to this subject.

I also thank you explaining the origin of your request if the quarterly tests were completed or not.

The PSC having and maintaining a close relationship with the Polk County Health Department were always aware of the facts that they have been were completed and for the actual details of the test results, should turn with them.

They were acceptable and Mr. Pratt was paid for his services.

Otherwise he would not be part of our organization as of date, - to insure safe water service supply to our customers.

We have always acted responsibly to our customers needs, - contrary to the PSC action as they have ignored and failed their responsibilities to our customers and to us, - and without any explanation to them, or to us.

Happy Holidays,

Leslie Szabo

ALTURAS UTILITIES
TTHM & HAA5 TEST RESULTS

RECEIVED

JAN 15 2016

ENVIRONMENTAL
ENGINEERING

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: Alturas Utilities PWS I.D. #: 6530057
System Type (check one): Community Nontransient Noncommunity Transient Noncommunity
Address: Packing House Rd.
City: Alturas ZIP Code: 33820
Phone # 863-510-1318 Fax #: _____ E-Mail Address: wileypratt@netscape.net

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: 1 Sample Date: 12/29/15 Sample Time: 2:00 PM
Sample Location (be specific): L1 – 3150 2nd Street, Alturas, FL Location Code: _____
Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): 1.0 mg/L Field pH: 7.0

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
- 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, Wiley Pratt, _____, do HEREBY CERTIFY
(Print Name) (Print Title)

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

Signature: Wiley Pratt Date: 12/29/15

Certified Operator #: _____ Phone #: _____ Sampler's E-mail: wileypratt@netscape.net

ENTERED

JAN 15 2016

AA

**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: FTS Analytical Services Florida DOH Certification #: E84098 Certification Expiration Date: 06/30/16

ATTACH CURRENT DOH ANALYTE SHEET*

Address: 5675 New Tampa Hwy, Ste. 1, Lakeland, FL 33815 Phone #: 863-646-8526

Were any analyses subcontracted? Yes No If yes, please provide DOH certification number(s): E871002, E87688

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB*

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 12/29/15

PWS ID (From Page 1): 6530057 Sample Number (From Page 1): 1 Lab Assigned Report # or Job ID: 522006

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 checked="" type="checkbox"/> Trihalomethanes	<input type="checkbox"/> Single Sample	<input type="checkbox"/> All 14
<input type="checkbox"/> Partial	<input type="checkbox"/> All Except Dioxin	<input type="checkbox"/> Partial	<input checked="" 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					

LAB CERTIFICATION

I, Amy Atkins, Project Manager, 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 (NELAC).

Signature:  Date: 01/13/16

* 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 (circle or highlight group(s) above)

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

1/15/16

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

DISINFECTION BYPRODUCTS
62-550.310(3)

Report Number / Job ID: 522006

Disinfectant Residual (mg/L): 1.0

PWS ID (From Page 1): 6530057

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Regulatory MRL**	Analysis Date	Analysis Time	DOH Lab Certification #
1009	Chlorite	1000	µg/L					20***			E
1011	Bromate	10	µg/L					5.0 or 1.0****			E

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Regulatory MRL**	Analysis Date	Analysis Time	DOH Lab Certification #
2450	Monochloroacetic Acid	N/A	µg/L	1.0	U	E552.2	1.0	2.0	01/06/16	18:32	E87688
2451	Dichloroacetic Acid	N/A	µg/L	1.0	U	E552.2	1.0	1.0	01/06/16	18:32	E87688
2452	Trichloroacetic Acid	N/A	µg/L	1.0	U	E552.2	1.0	1.0	01/06/16	18:32	E87688
2453	Monobromoacetic Acid	N/A	µg/L	1.0	U	E552.2	1.0	1.0	01/06/16	18:32	E87688
2454	Dibromoacetic Acid	N/A	µg/L	1.0	U	E552.2	1.0	1.0	01/06/16	18:32	E87688
2456	Total Haloacetic Acids (HAA5)	60	µg/L	1.0	U	E552.2	1.0	---	01/06/16	18:32	E87688

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Regulatory MRL**	Analysis Date	Analysis Time	DOH Lab Certification #
2941	Chloroform	N/A	µg/L	0.220	U	E524.2	0.220	1.0	12/31/15	17:44	E871002
2942	Bromoform	N/A	µg/L	0.116	U	E524.2	0.116	1.0	12/31/15	17:44	E871002
2943	Bromodichloromethane	N/A	µg/L	0.174	U	E524.2	0.174	1.0	12/31/15	17:44	E871002
2944	Dibromochloromethane	N/A	µg/L	0.102	U	E524.2	0.102	1.0	12/31/15	17:44	E871002
2950	Total Trihalomethanes (TTHM)	80	µg/L	0.102	U	E524.2	0.102	—	12/31/15	17:44	E871002

** Laboratories are required to adhere to the minimum reporting level (MRL) requirements of 40 CFR 141.131(b)(2)(iv).

*** Applicable to monitoring as prescribed in 40 CFR 141.132.(b)(2)(i)(B) and (b)(2)(ii).

**** Laboratories that use EPA Methods 317.0 Revision 2.0, 326.0 or 321.8 must meet a 1.0 µg/L MRL for bromate.

NOTE: Do not round values. Report results to the accuracy, precision, and sensitivity of the analytical method used.

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

*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

RECEIVED

APR 19 2016

ENVIRONMENTAL
ENGINEERING

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

System Name: Alturas Utilities PWS I.D. # 64310057
System Type (check one): Community Nontransient Noncommunity Transient Noncommunity
Address: Packing House Rd
City: Alturas, FL ZIP Code: _____
Phone: (863) 510-1318 Fax #: _____ E-Mail Address: _____

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: _____ Sample Date: 3/27/16 Sample Time: 1700 AM PM (Circle One)
Sample Location (be specific): 3150 2nd Street Location Code: _____

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): 0.8 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
- 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: _____

SAMPLER CERTIFICATION

I, Wiley Pratt (Print Name), Operator (Print Title), do HEREBY CERTIFY

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

Signature: Wiley Pratt Date: 3/28/16

Certified Operator # C-7831 Phone # (863) 651-0259 Sampler's Fax #: _____

Sampler's E-mail: wileypratt@netscape.net

ENTERED

APR 20 2016

AA

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

LABORATORY CERTIFICATION INFORMATION (to be completed by lab - Please type or print legibly)
ATTACH CURRENT DOH ANALYTE SHEET*

Lab Name: FTS Analytical Services - Lakeland Florida Certification #: E84098
 Address: 5675 New Tampa Hwy Certification Expiration Date: 6/30/2016
Lakeland, FL 33815 Phone #: 863.646.8526

ANALYSIS INFORMATION (to be completed by lab)

Date Sample(s) Received: 03/28/2016 2:45pm
 PWS ID (From Page 1): 6530057 Sample Number (From Page 1): L6C0300-01 Lab Assigned Report Number or Job ID: L6C0300

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 type="checkbox"/> Partial | <input type="checkbox"/> All Except Dioxin | <input type="checkbox"/> Partial | <input checked="" type="checkbox"/> Haloacetic Acids | <input type="checkbox"/> Qtrly Composite ** | <input type="checkbox"/> Partial |
| <input type="checkbox"/> Nitrate | <input type="checkbox"/> Partial | | <input type="checkbox"/> Bromate | | |
| <input type="checkbox"/> Nitrite | <input type="checkbox"/> Dioxin Only | | <input type="checkbox"/> Chlorite | | |
| <input type="checkbox"/> Asbestos | | | | | |

Were any analyses subcontracted? Yes No If yes, please provide DOH certification number(s): E87688
 ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB*

CERTIFICATION

I, John E. Builes For Amy Atkins, Senior Project Manager 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 (NELAC).

Signature:  Date: 4/19/16

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

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

COMPLIANCE DETERMINATION (to be completed by DEP or DOH)

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

Person Notified: _____ Date Notified: _____

Comments: _____

Date Reviewed: _____ DEP/DOH Reviewing Official: 

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

DISINFECTION BYPRODUCTS
62-550.310(3)

Report Number / Job ID: L6C0300_____

Disinfectant Residual (mg/L): 0.8_____

PWS ID (From Page 1): 6530057_____

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Regulatory MRL**	Analysis Date	Analysis Time	DOH Lab Certification #
1009	Chlorite	1000	µg/L					20***			E
1011	Bromate	10	µg/L					5.0 or 1.0****			E

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Regulatory MRL**	Analysis Date	Analysis Time	DOH Lab Certification #
2450	Monochloroacetic Acid	N/A	µg/L	0.001 U	U	E 552.2	0.001	2.0	4/4/2016	12:00	E87688
2451	Dichloroacetic Acid	N/A	µg/L	0.001 U	U	E 552.2	0.001	1.0	4/4/2016	12:00	E87688
2452	Trichloroacetic Acid	N/A	µg/L	0.00136		E 552.2	0.001	1.0	4/4/2016	12:00	E87688
2453	Monobromoacetic Acid	N/A	µg/L	0.001 U	U	E 552.2	0.001	1.0	4/4/2016	12:00	E87688
2454	Dibromoacetic Acid	N/A	µg/L	0.00105		E 552.2	0.001	1.0	4/4/2016	12:00	E87688
2456	Total Haloacetic Acids (HAA5)	60	µg/L	0.00241		E 552.2	0.001	---	4/4/2016	12:00	E87688

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Regulatory MRL**	Analysis Date	Analysis Time	DOH Lab Certification #
2941	Chloroform	N/A	µg/L	0.250	I	E524P	0.174	1.0	3/30/16	18:32	E871002
2942	Bromoform	N/A	µg/L	1.95		E524P	0.116	1.0	3/30/16	18:32	E871002
2943	Bromodichloromethane	N/A	µg/L	0.240	I	E524P	0.220	1.0	3/30/16	18:32	E871002
2944	Dibromochloromethane	N/A	µg/L	0.590	I	E524P	0.102	1.0	3/30/16	18:32	E871002
2950	Total Trihalomethanes (TTHM)	80	µg/L	3.03		E524P	0.102	---	3/30/16	18:32	E871002

** Laboratories are required to adhere to the minimum reporting level (MRL) requirements of 40 CFR 141.131(b)(2)(iv).

*** Applicable to monitoring as prescribed in 40 CFR 141.132.(b)(2)(i)(B) and (b)(2)(ii).

**** Laboratories that use EPA Methods 317.0 Revision 2.0, 326.0 or 321.8 must meet a 1.0 µg/L MRL for bromate.

NOTE: Do not round values. Report results to the accuracy, precision, and sensitivity of the analytical method used.

Reporting Format 62-550.310
Effective January 1995 / Revised December 2012

*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 62-160. Results qualified with U, 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.

SOUTHERN ANALYTICAL LABORATORIES, INC.

110 BAYVIEW BOULEVARD, CLDSMAR, FL 34077 813-955-1814 FAX 813-955-2210



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

Mid Florida Water Lab
Alturas Utilities

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

System Name: Alturas Utilities PWS I.D. #:

6	5	3	0	0	5	7
---	---	---	---	---	---	---

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

Address: Packing House Road

City: Alturas Zip Code: 33820

Phone: (863) 421-6827 Fax: _____ E-Mail Address: utilityconsultant@yahoo.com

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: 1608460-01 Sample Date: 6/22/16 Sample Time: 12:30 pm AM PM (Circle One)

Sample Location (be specific): L1 3150 2nd Street Location Code: _____

Disinfection Residual (Required when reporting results for trihalomethanes and haloacetic acids): 0.6 mg/L Field pH: 7.0

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 62-550.5.12(3) for nitrate or nitrite exceedances.

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

SAMPLER CERTIFICATION

I, Wiley Pratt (Print Name) Operator (Print Title) do HEREBY CERTIFY

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

Signature: Wiley Pratt Date: 8-2-16

Certified Operator #: C-7831 Phone #: (863) 651-0259 Sampler's Fax #: _____

Sampler's E-Mail: _____

Reporting Format 62-550-730
Effective January 1995. Revised February 2010

ENTERED RECEIVED
AUG 03 2016 AUG 02 2016
AA ENVIRONMENTAL
ENGINEERING

SOUTHERN ANALYTICAL LABORATORIES, INC.

110 BAYVIEW BLVD, EVARO, CLDSMAR, FL 34677 (813) 855-1844 FAX (813) 855-2218



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

Mid Florida Water Lab
Alturas Utilities

LABORATORY CERTIFICATION INFORMATION (to be completed by lab - please type or print legibly)

Lab Name: Southern Analytical Laboratories, Inc. Florida DOH Certification #: E84129 Certification Expiration Date: 06/30/2016

ATTACH CURRENT DOH ANALYTE SHEET*

Address: 110 Bayview Blvd Oldsmar, FL 34677 Phone: (813) 855-1844

Were any analyses subcontracted? Yes No If yes, please provide DOH certification number(s): _____

ATTACH CURRENT DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB*

ANALYSIS INFORMATION (to be completed by lab)

Date Sample(s) Received: 06/23/2016

PWS ID (From Page 1): 6530057 Sample Number (From Page 1): 1608460-01 Lab Assigned Report # or Job ID: 1608460-01

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

<u>Inorganics</u>	<u>Synthetic Organics</u>	<u>Volatile Organics</u>	<u>Disinfection Byproducts</u>	<u>Radionuclides</u>	<u>Secondaries</u>
<input type="checkbox"/> All Except for Asbestos	<input type="checkbox"/> All 30	<input type="checkbox"/> All 21	<input checked="" type="checkbox"/> Trihalomethanes	<input type="checkbox"/> Single Sample	<input type="checkbox"/> All 14
<input type="checkbox"/> Partial	<input type="checkbox"/> All Except Dioxin	<input type="checkbox"/> Partial	<input checked="" 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					

LAB CERTIFICATION

I, Francis I. Daniels, Laboratory Director, 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 (NELAC).

Signature: *Francis I. Daniels* Date: 07/07/2016

* 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 HOURS FOR NITRATE AND 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 (circle or highlight group(s) above)

Person Notified: _____ Date Notified: _____ DEP/DOH Reviewing Official: *[Signature]*

8/3/16

Reporting Format 62-550-730
Effective January 1995. Revised February 2010

*Q Complete
A Required*



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: MID FLORIDA WATER LABORATORY Florida DOH Certification #: E84567
Certification Expiration Date: 06/30/17
Address: 8 OAKWOOD ROAD . WINTER HAVEN FL -33880. Phone #: 863-965-2540
Were any analyses subcontracted Yes No
If yes, Please provide DOH certification number(s) E84129

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received : 07/07/16

PWS ID from page1: 653-0057

Sample Number: 16060575

SUBMISSION # 1608460-01

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

- | <u>Inorganics</u> | <u>Synthetic Organics</u> | <u>Volatile Organic</u> | <u>Disinfection Byproducts</u> | <u>Secondaries</u> | <u>Radionuclides</u> |
|--|--|----------------------------------|--|----------------------------------|--|
| <input type="checkbox"/> All (Except Asbestos) | <input type="checkbox"/> All 30 | <input type="checkbox"/> All 21 | <input checked="" type="checkbox"/> Trihalomethanes | <input type="checkbox"/> All 14 | <input type="checkbox"/> Single sample |
| <input type="checkbox"/> Partial | <input type="checkbox"/> All Except Dioxin | <input type="checkbox"/> Partial | <input checked="" type="checkbox"/> Haloacetic Acids | <input type="checkbox"/> Partial | <input type="checkbox"/> Qtrly Composite** |
| <input type="checkbox"/> Nitrate | <input type="checkbox"/> Partial | | <input type="checkbox"/> Sulphate | | |
| <input type="checkbox"/> Nitrite | <input type="checkbox"/> Dioxin Only | | <input type="checkbox"/> Total dissolved solids | | |
| <input type="checkbox"/> Asbestos | | | | | |

LAB CERTIFICATION,

Margaret Rajpaul (Contact Person)
(Print Name)

DIRECTOR
(Print Title)

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

Signature: Margaret Rajpaul Date: 7/14/16

* 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 NITRITE MCL EXCEDANCES
NON-DETECTES 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(s) Requested (circle or highlight group(s) above) Person Notified: _____

Date Notified: _____

DEP/DOH Reviewing Official: _____

SOUTHERN ANALYTICAL LABORATORIES, INC.

10 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 TEL: 813-855-1834 FAX: 813-855-2315



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

DISINFECTION BYPRODUCTS
62-550.310(3)

Report Number / Job ID: 1608460-01

Disinfectant Residual (mg/L) (From Page 1): 0.6

PWS ID (From Page 1): 6530057

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Reg MRL**	Analysis Date	Analysis Time	DOH Lab Certification #
2450	Monochloroacetic Acid	N/A	ug/L	0.75	U	EPA 552.2	0.75	2.0	7/5/16	18:51	E84129
2451	Dichloroacetic Acid	N/A	ug/L	0.67	U	EPA 552.2	0.67	1.0	7/5/16	18:51	E84129
2452	Trichloroacetic Acid	N/A	ug/L	0.34	U	EPA 552.2	0.34	1.0	7/5/16	18:51	E84129
2453	Monobromoacetic Acid	N/A	ug/L	0.33	U	EPA 552.2	0.33	1.0	7/5/16	18:51	E84129
2454	Dibromoacetic Acid	N/A	ug/L	0.26	U	EPA 552.2	0.26	1.0	7/5/16	18:51	E84129
2456	Total Haloacetic Acids (HAA5)	60	ug/L	0.26	U	EPA 552.2	0.26	---	7/5/16	18:51	E84129
Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Reg MRL**	Analysis Date	Analysis Time	DOH Lab Certification #
2941	Chloroform	N/A	ug/L	0.2	U	EPA 524.2	0.2	1.0	6/24/16	0:18	E84129
2942	Bromoform	N/A	ug/L	0.2	U	EPA 524.2	0.2	1.0	6/24/16	0:18	E84129
2943	Bromodichloromethane	N/A	ug/L	0.2	U	EPA 524.2	0.2	1.0	6/24/16	0:18	E84129
2944	Dibromochloromethane	N/A	ug/L	0.1	U	EPA 524.2	0.1	1.0	6/24/16	0:18	E84129
2950	Total Trihalomethanes (TTHM)	80	ug/L	0.1	U	EPA 524.2	0.1	---	6/24/16	0:18	E84129

** Laboratories are required to adhere to minimum reporting level (MRL) requirements of 40 CFR 141.131(b)(2)(iv). Chlorite regulatory MRL is applicable to monitoring as prescribed in 40 CFR 141.132(b)(2)(i)(B) and (b)(2)(ii). Laboratories that use EPA Methods 317.0 Revision 2.0, 326.0 or 321.8 must meet a 1.0 ug/L MRL for bromate.

*Qualifiers:

U=Analyte was undetected. Indicated concentration is method detection limit.

HAA5
9/10/15 - 53.4
12/29/15 - 0
3/27/16 - 0.024
6/22/16 - 0
LRAA - 13.35

TTHM
9/10/15 - 144
12/29/15 - 0
3/27/16 - 3.63
6/22/16 - 0
LRAA - 36.76

SOUTHERN ANALYTICAL LABORATORIES, INC.

1100 PARKMEADOW BLVD. DENVER, FL 33427 TEL: 1-855-1844 FAX: 1-855-2218



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

Mid Florida Water Lab
Alturas Utilities

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

System Name: Alturas Utilities PWS I.D. #:

6	5	3	0	0	5	7
---	---	---	---	---	---	---

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

Address: Packing House Road

City: Alturas Zip Code: 33820

Phone: (863) 421-6827 Fax: _____ E-Mail Address: utilityconsultant@yahoo.com

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: 1613370-01 Sample Date: 9/19/16 Sample Time: 1:20 pm AM PM (Circle One)

Sample Location (be specific): L1 - 3150 2nd Street Location Code: _____

Disinfection Residual (Required when reporting results for trihalomethanes and haloacetic acids): 0.8 mg/L Field pH: _____

Sample Type (Check Only One)

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

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

* See 62-550.500(6) for requirements and restrictions.
And 62-550.5.12(3) for nitrate or nitrite exceedances.

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

SAMPLER CERTIFICATION

I, Wiley Pratt Operator do HEREBY CERTIFY
(Print Name) (Print Title)

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

Signature: Wiley Pratt Date: 10/16/16

Certified Operator #: C27881 Phone #: 651-0259 Sampler's Fax #: _____

Sampler's E-Mail: wileypratt@netscape.net

Reporting Format 62-550-730
Effective January 1995. Revised February 2010

ENTERED

RECEIVED

OCT 11 2016

OCT 17 2016

AS

ENVIRONMENTAL
ENGINEERING

L1

SOUTHERN ANALYTICAL LABORATORIES, INC.

10 BAYVIEW BLVD, ENRIEN, FL 34611 • (813) 855-1844 FAX (813) 855-0912



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

Mid Florida Water Lab
Alturas Utilities

LABORATORY CERTIFICATION INFORMATION (to be completed by lab - please type or print legibly)

Lab Name: Southern Analytical Laboratories, Inc. Florida DOH Certification #: E84129 Certification Expiration Date: 06/30/2017

ATTACH CURRENT DOH ANALYTE SHEET*

Address: 110 Bayview Blvd Oldsmar, FL 34677 Phone: (813) 855-1844

Were any analyses subcontracted? Yes No If yes, please provide DOH certification number(s): _____

ATTACH CURRENT DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB*

ANALYSIS INFORMATION (to be completed by lab)

Date Sample(s) Received: 09/22/2016

PWS ID (From Page 1): 6530057 Sample Number (From Page 1): 1613370-01 Lab Assigned Report # or Job ID: 1613370-01

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

Inorganics	Synthetic Organics	Volatile Organics	Disinfection Byproducts	Radionuclides	Secondaries
<input type="checkbox"/> All Except for Asbestos	<input type="checkbox"/> All 30	<input type="checkbox"/> All 21	<input checked="" type="checkbox"/> Trihalomethanes	<input type="checkbox"/> Single Sample	<input type="checkbox"/> All 14
<input type="checkbox"/> Partial	<input type="checkbox"/> All Except Dioxin	<input type="checkbox"/> Partial	<input checked="" 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					

LAB CERTIFICATION

I, Francis I. Daniels, Laboratory Director, 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 (NELAC).

Signature:  Date: 10/04/2016

- * 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 HOURS FOR NITRATE AND 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 (circle or highlight group(s) above)

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

Reporting Format 62-550-730
Effective January 1995. Revised February 2010

10/18/16

SOUTHERN ANALYTICAL LABORATORIES, INC.

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



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

DISINFECTION BYPRODUCTS
62-550.310(3)

Report Number / Job ID: 1613370-01

Disinfectant Residual (mg/L) (From Page 1): _____

PWS ID (From Page 1): 6530057

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Reg MRL**	Analysis Date	Analysis Time	DOH Lab Certification #
2450	Monochloroacetic Acid	N/A	ug/L	0.76	U	EPA 552.2	0.76	2.0	9/29/16	23:04	E84129
2451	Dichloroacetic Acid	N/A	ug/L	3.6		EPA 552.2	0.68	1.0	9/29/16	23:04	E84129
2452	Trichloroacetic Acid	N/A	ug/L	4.0		EPA 552.2	0.34	1.0	9/29/16	23:04	E84129
2453	Monobromoacetic Acid	N/A	ug/L	0.33	U	EPA 552.2	0.33	1.0	9/29/16	23:04	E84129
2454	Dibromoacetic Acid	N/A	ug/L	0.46	I	EPA 552.2	0.26	1.0	9/29/16	23:04	E84129
2456	Total Haloacetic Acids (HAA5)	60	ug/L	8.06		EPA 552.2	0.26	---	9/29/16	23:04	E84129
Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Reg MRL**	Analysis Date	Analysis Time	DOH Lab Certification #
2941	Chloroform	N/A	ug/L	10		EPA 524.2	0.2	1.0	9/26/16	21:57	E84129
2942	Bromoform	N/A	ug/L	0.2	U	EPA 524.2	0.2	1.0	9/26/16	21:57	E84129
2943	Bromodichloromethane	N/A	ug/L	4.3		EPA 524.2	0.2	1.0	9/26/16	21:57	E84129
2944	Dibromochloromethane	N/A	ug/L	1.8		EPA 524.2	0.1	1.0	9/26/16	21:57	E84129
2950	Total Trihalomethanes (TTHM)	80	ug/L	16.1		EPA 524.2	0.1	---	9/26/16	21:57	E84129

** Laboratories are required to adhere to minimum reporting level (MRL) requirements of 40 CFR 141.131(b)(2)(iv). Chlorite regulatory MRL is applicable to monitoring as prescribed in 40 CFR 141.132(b)(2)(i)(B) and (b)(2)(ii). Laboratories that use EPA Methods 317.0 Revision 2.0, 326.0 or 321.8 must meet a 1.0 ug/L MRL for bromate.

*Qualifiers:

U=Analyte was undetected. Indicated concentration is method detection limit.

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

TTHM
 9/19/16 - 16.1
 6/22/16 - \emptyset
 3/27/16 - 3.63
 12/29/15 - \emptyset

 LRAA 4.78

HAA5
 9/19/16 - 8.06
 6/22/16 - \emptyset
 3/27/16 - .0024
 12/29/15 - \emptyset

 LRAA 2.02



FDOH Cert#E84567

FOR LAB USE ONLY
 RECEIVED
 2016 SEP 21 P 1:46

MID FLORIDA WATER LAB

Margaret Rajpaul, Director
 8 Oakwood Rd.
 Winter Haven, FL 33880

Phone (863) 965-2540
 Fax (863) 967-8601
 Toll Free 888-244-5657

Client Name <u>Alturas Utilities</u>						TESTS REQUIRED																																							
Address <u>Packing House Rd.</u>						<table border="1"> <tr> <td colspan="6">Analysis</td> </tr> <tr> <td>C.B.O.D.</td> <td>TSS</td> <td>NITRATE</td> <td>FECAL</td> <td>TTHM</td> <td>HAAS</td> <td>Remarks</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>						Analysis						C.B.O.D.	TSS	NITRATE	FECAL	TTHM	HAAS	Remarks																					
Analysis																																													
C.B.O.D.	TSS	NITRATE	FECAL	TTHM	HAAS							Remarks																																	
City: <u>Alturas</u>		State: <u>FL</u>		ZIP: <u>33820</u>																																									
Phone # <u>(863) 510-1318</u>																																													
FAX #																																													
Collected by: <u>Wiley Pratt</u> State Collected From:																																													
Sample ID	Matrix	Date	Time	Comp/Grab	Sample Location																																								
1	<u>GW</u>	<u>9/19</u>	<u>1320</u>	<u>Grab</u>	<u>L2-3150 2nd street</u>					<u>1609</u>	<u>1609</u>																																		
2										<u>0866</u>	<u>0866</u>																																		
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8									<u>6</u>	<u>5</u>	<u>3</u>																																		
9										<u>0</u>	<u>0</u>																																		
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11																																													
12																																													
13																																													
14																																													
CUSTODY TRANSFERS						<input checked="" type="checkbox"/> Delivered Directly to Lab <input type="checkbox"/> Shipped Method of Shipment <u>Car</u> Containers Received _____																																							
Relinquished by <u>Wiley Pratt</u> Date <u>9/21/16</u> Time <u>1:46 PM</u> Received by <u>Margaret Rajpaul</u> Date <u>9/21/16</u> Time <u>1:46 PM</u> Laboratory Remarks _____						MATRIX CODES GW — GROUND WATER SW — SURFACE WATER SO — SOIL SL — SLUDGE WW — WASTE WATER																																							

494

SUNRISE UTILITIES
TTHM & HAA5 TEST RESULTS

RECEIVED

JAN 15 2016

ENVIRONMENTAL
ENGINEERING

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: Sunrise Utilities PWS I.D. #: 6531739

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

Address: Sun Acres Blvd

City: Auburndale ZIP Code: 33823

Phone # 863-510-1318 Fax #: _____ E-Mail Address: _____

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: 1 Sample Date: 12/29/15 Sample Time: 13:15 PM

Sample Location (be specific): L1 – 2410 Thompson Location Code: _____

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): 1.2 mg/L Field pH: 7.0

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
- 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, Wiley Pratt, _____, do HEREBY CERTIFY
(Print Name) (Print Title)

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

Signature: *Wiley Pratt* Date: 12/29/15

Sampler Operator #: 0-7631 PHONE #: 863-510-1318 Sampler's Fax #: _____

Sampler's E-mail: wileypratt@netscape.net

ENTERED

JAN 15 2016

AA

**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: FTS Analytical Services Florida DOH Certification #: E84098 Certification Expiration Date: 06/30/16

ATTACH CURRENT DOH ANALYTE SHEET*

Address: 5675 New Tampa Hwy, Ste. 1, Lakeland, FL 33815 Phone #: 863-646-8526

Were any analyses subcontracted? Yes No If yes, please provide DOH certification number(s): E871002, E87688

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB*

ANALYSIS INFORMATION (to be completed by lab)

Date Sample(s) Received: 12/29/15

PWS ID (From Page 1): 6531739 Sample Number (From Page 1): 1 Lab Assigned Report # or Job ID: 522007-001

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

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, Amy Atkins, Project Manager, 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 (NELAC).

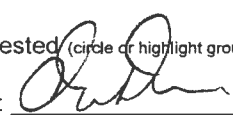
Signature:  Date: 01/13/16

* 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 (circle or highlight group(s) above)

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

1/15/16

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

DISINFECTION BYPRODUCTS
62-550.310(3)

Report Number / Job ID: 522007-001

Disinfectant Residual (mg/L): 1.2

PWS ID (From Page 1): 6531739

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Regulatory MRL**	Analysis Date	Analysis Time	DOH Lab Certification #
1009	Chlorite	1000	µg/L					20***			E
1011	Bromate	10	µg/L					5.0 or 1.0****			E

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Regulatory MRL**	Analysis Date	Analysis Time	DOH Lab Certification #
2450	Monochloroacetic Acid	N/A	µg/L	1.0	U	E552.2	1.0	2.0	01/06/16	19:03	E87688
2451	Dichloroacetic Acid	N/A	µg/L	1.0	U	E552.2	1.0	1.0	01/06/16	19:03	E87688
2452	Trichloroacetic Acid	N/A	µg/L	1.0	U	E552.2	1.0	1.0	01/06/16	19:03	E87688
2453	Monobromoacetic Acid	N/A	µg/L	1.0	U	E552.2	1.0	1.0	01/06/16	19:03	E87688
2454	Dibromoacetic Acid	N/A	µg/L	1.0	U	E552.2	1.0	1.0	01/06/16	19:03	E87688
2456	Total Haloacetic Acids (HAA5)	60	µg/L	1.0	U	E552.2	1.0	—	01/06/16	19:03	E87688

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Regulatory MRL**	Analysis Date	Analysis Time	DOH Lab Certification #
2941	Chloroform	N/A	µg/L	0.220	U	E524.2	0.220	1.0	01/05/16	18:24	E871002
2942	Bromoform	N/A	µg/L	0.116	U	E524.2	0.116	1.0	01/05/16	18:24	E871002
2943	Bromodichloromethane	N/A	µg/L	0.174	U	E524.2	0.174	1.0	01/05/16	18:24	E871002
2944	Dibromochloromethane	N/A	µg/L	0.102	U	E524.2	0.102	1.0	01/05/16	18:24	E871002
2950	Total Trihalomethanes (TTHM)	80	µg/L	0.102	U	E524.2	0.102	—	01/05/16	18:24	E871002

** Laboratories are required to adhere to the minimum reporting level (MRL) requirements of 40 CFR 141.131(b)(2)(iv).

*** Applicable to monitoring as prescribed in 40 CFR 141.132.(b)(2)(i)(B) and (b)(2)(ii).

**** Laboratories that use EPA Methods 317.0 Revision 2.0, 326.0 or 321.8 must meet a 1.0 µg/L MRL for bromate.

NOTE: Do not round values. Report results to the accuracy, precision, and sensitivity of the analytical method used.

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

*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

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

System Name: Sunrise Utilities PWS I.D. #: 6531739
 System Type (check one): Community Nontransient Noncommunity Transient Noncommunity
 Address: Sun Acres Blvd
 City: Auburndale ZIP Code: 33823
 Phone # 863-510-1318 Fax #: _____ E-Mail Address: _____

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: 2 Sample Date: 12/29/15 Sample Time: 13:25 PM
 Sample Location (be specific) : L2 – Sunrise Supermarket Location Code: _____

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): 1.2 mg/L Field pH: 7.0

Sample Type (Check Only One) Reason(s) for Sample (Check all that apply)

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

L2

*See 62-550.500(6) for requirements and restrictions. **See 62-550.550(4) for requirements and attach a results page for each site.
 And 62-550.512(3) for nitrate or nitrite exceedances

SAMPLER CERTIFICATION

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

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

Signature:  Date: 12/29/15

Certified Operator # _____ Phone # _____ Sample # _____
 Sampler's E-mail: wileypratt@netscape.net

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: FTS Analytical Services Florida DOH Certification #: E84098 Certification Expiration Date: 06/30/16

ATTACH CURRENT DOH ANALYTE SHEET*

Address: 5675 New Tampa Hwy, Ste. 1, Lakeland, FL 33815 Phone #: 863-646-8526

Were any analyses subcontracted? Yes No If yes, please provide DOH certification number(s): E871002, E87688

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB*

ANALYSIS INFORMATION (to be completed by lab)

Date Sample(s) Received: 12/29/15

PWS ID (From Page 1): 6531739 Sample Number (From Page 1): 2 Lab Assigned Report # or Job ID: 522007-002

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 <input type="checkbox"/> Partial <input type="checkbox"/> Nitrate <input type="checkbox"/> Nitrite <input type="checkbox"/> Asbestos	<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 checked="" type="checkbox"/> Trihalomethanes <input checked="" 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 type="checkbox"/> All 14 <input type="checkbox"/> Partial
--	--	---	--	--	---

LAB CERTIFICATION

I, Amy Atkins, Project Manager, 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 (NELAC).

Signature:  Date: 01/13/16

* 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 (circle or highlight group(s) above)

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

1/15/16

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

DISINFECTION BYPRODUCTS
62-550.310(3)

Report Number / Job ID: 522007-002

Disinfectant Residual (mg/L): 1.2

PWS ID (From Page 1): 6531739

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Regulatory MRL**	Analysis Date	Analysis Time	DOH Lab Certification #
1009	Chlorite	1000	µg/L					20***			E
1011	Bromate	10	µg/L					5.0 or 1.0****			E

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Regulatory MRL**	Analysis Date	Analysis Time	DOH Lab Certification #
2450	Monochloroacetic Acid	N/A	µg/L	1.0	U	E552.2	1.0	2.0	01/06/16	19:34	E87688
2451	Dichloroacetic Acid	N/A	µg/L	1.0	U	E552.2	1.0	1.0	01/06/16	19:34	E87688
2452	Trichloroacetic Acid	N/A	µg/L	1.0	U	E552.2	1.0	1.0	01/06/16	19:34	E87688
2453	Monobromoacetic Acid	N/A	µg/L	1.0	U	E552.2	1.0	1.0	01/06/16	19:34	E87688
2454	Dibromoacetic Acid	N/A	µg/L	1.0	U	E552.2	1.0	1.0	01/06/16	19:34	E87688
2456	Total Haloacetic Acids (HAA5)	60	µg/L	1.0	U	E552.2	1.0	---	01/06/16	19:34	E87688

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Regulatory MRL**	Analysis Date	Analysis Time	DOH Lab Certification #
2941	Chloroform	N/A	µg/L	0.220	U	E524.2	0.220	1.0	12/31/15	18:40	E871002
2942	Bromoform	N/A	µg/L	0.116	U	E524.2	0.116	1.0	12/31/15	18:40	E871002
2943	Bromodichloromethane	N/A	µg/L	0.174	U	E524.2	0.174	1.0	12/31/15	18:40	E871002
2944	Dibromochloromethane	N/A	µg/L	0.102	U	E524.2	0.102	1.0	12/31/15	18:40	E871002
2950	Total Trihalomethanes (TTHM)	80	µg/L	0.102	U	E524.2	0.102	---	12/31/15	18:40	E871002

** Laboratories are required to adhere to the minimum reporting level (MRL) requirements of 40 CFR 141.131(b)(2)(iv).

*** Applicable to monitoring as prescribed in 40 CFR 141.132.(b)(2)(i)(B) and (b)(2)(ii).

**** Laboratories that use EPA Methods 317.0 Revision 2.0, 326.0 or 321.8 must meet a 1.0 µg/L MRL for bromate.

NOTE: Do not round values. Report results to the accuracy, precision, and sensitivity of the analytical method used.

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

RECEIVED

APR 19 2016

ENVIRONMENTAL
ENGINEERING

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

System Name: Sunrise Utilities PWS ID # 6530799
System Type (check one): Community Nontransient Noncommunity Transient Noncommunity
Address: Sun Acres Subdivision Auburndale, FL
City: Auburndale, FL ZIP Code _____
Phone # (863) 510-1318 Fax # _____ E-Mail Address _____

SAMPLE INFORMATION (to be completed by sampler)

Sample Number _____ Sample Date 3/27/16 Sample Time 1800 AM PM (Circle One)
Sample Location (be specific): L1-2410 Thompson Location Code _____

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): 1.4 mg/L Field pH _____

Sample Type (Check Only One)

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

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

- Routine Compliance with 62-550
- 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: _____

L1

SAMPLER CERTIFICATION

I, Wiley Pratt (Print Name) Operator (Print Title) do HEREBY CERTIFY

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

Signature: Wiley Pratt Date: 3/28/16

Certified Operator # C-7831 Phone # (863) 651-0259 Sampler's Fax # _____

Sampler's E-mail: wileypratt@netscape.net

ENTERED

APR 24 2016

AA

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: FTS Analytical Florida DOH Certification #: E84098 Certification Expiration Date: 6/30/2016

ATTACH CURRENT DOH ANALYTE SHEET*

Address: 5675 New Tampa Highway Phone #: 863-646-8526

Were any analyses subcontracted? Yes No If yes, please provide DOH certification number(s): E871002

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB*

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 03/28/16 14:45

PWS ID (From Page 1): 6531739 Sample Number (From Page 1): L6C0301-02 Lab Assigned Report # or Job ID: L6C0301


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
<input type="checkbox"/> Partial
<input type="checkbox"/> Nitrate
<input type="checkbox"/> Nitrite
<input type="checkbox"/> Asbestos | <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 checked="" type="checkbox"/> Trihalomethanes
<input checked="" 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 type="checkbox"/> All 14
<input type="checkbox"/> Partial |
|--|--|---|--|--|---|

LAB CERTIFICATION

I, Amy Atkins, Senior Project Manager, 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 (NELAC).

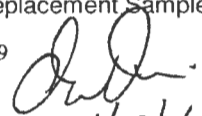
Signature:  Date: 4/19/2016

* 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 (circle or highlight group(s) above)


4/19/16

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

DISINFECTION BYPRODUCTS
62-550.310(3)

Report Number / Job ID: L6C0301 _____

Disinfectant Residual (mg/L): 1.4 _____

PWS ID (From Page 1): 6531739 _____

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Regulatory MRL**	Analysis Date	Analysis Time	DOH Lab Certification #
1009	Chlorite	1000	µg/L					20***			E
1011	Bromate	10	µg/L					5.0 or 1.0****			E

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Regulatory MRL**	Analysis Date	Analysis Time	DOH Lab Certification #
2450	Monochloroacetic Acid	N/A	µg/L	0.001 U	U	E 552.2	0.001	2.0	4/5/2016	1:06	E87688
2451	Dichloroacetic Acid	N/A	µg/L	0.001 U	U	E 552.2	0.001	1.0	4/5/2016	1:06	E87688
2452	Trichloroacetic Acid	N/A	µg/L	0.001 U	U	E 552.2	0.001	1.0	4/5/2016	1:06	E87688
2453	Monobromoacetic Acid	N/A	µg/L	0.001 U	U	E 552.2	0.001	1.0	4/5/2016	1:06	E87688
2454	Dibromoacetic Acid	N/A	µg/L	0.001 U	U	E 552.2	0.001	1.0	4/5/2016	1:06	E87688
2456	Total Haloacetic Acids (HAA5)	60	µg/L	0.001 U	U	E 552.2	0.001	---	4/5/2016	1:06	E87688

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Regulatory MRL**	Analysis Date	Analysis Time	DOH Lab Certification #
2941	Chloroform	N/A	µg/L	0.220 U	U	E 524P	0.220	1.0	3/30/16	17:36	E871002
2942	Bromoform	N/A	µg/L	0.116 U	U	E 524P	0.116	1.0	3/30/16	17:36	E871002
2943	Bromodichloromethane	N/A	µg/L	0.174 U	U	E 524P	0.174	1.0	3/30/16	17:36	E871002
2944	Dibromochloromethane	N/A	µg/L	0.102 U	U	E 524P	0.102	1.0	3/30/16	17:36	E871002
2950	Total Trihalomethanes (TTHM)	80	µg/L	0.102 U	U	E 524P	0.102	---	3/30/16	17:36	E871002

** Laboratories are required to adhere to the minimum reporting level (MRL) requirements of 40 CFR 141.131(b)(2)(iv).

*** Applicable to monitoring as prescribed in 40 CFR 141.132.(b)(2)(i)(B) and (b)(2)(ii).

**** Laboratories that use EPA Methods 317.0 Revision 2.0, 326.0 or 321.8 must meet a 1.0 µg/L MRL for bromate.

NOTE: Do not round values. Report results to the accuracy, precision, and sensitivity of the analytical method used.

Reporting Format 62-550.330
Effective January 1995, Revised December 2012

*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, 1, are unacceptable for compliance with 62-550. Results qualified with a C, 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

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

System Name Sunrise Utilities PWS I.D. # 6530035
System Type (check one): Community Nontransient Noncommunity Transient Noncommunity
Address Sun Acres Subdivision
City Auburndale, FL ZIP Code _____
Phone # (863) 510-1318 Fax # _____ E-Mail Address _____

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: _____ Sample Date 3/27/16 Sample Time 18:30 AM PM (Check One)
Sample Location (be specific) L2 - Sunrise Supermarket Location Code _____

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids) 1.0 mg/L Field pH _____

Sample Type (Check Only One)

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

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

- Routine Compliance with 62-550
- 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 _____

L2

SAMPLER CERTIFICATION

Wiley Pratt _____, Operator _____, do HEREBY CERTIFY
(Print Name) (Print Title)

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

Signature: Wiley Pratt Date 3/28/16

Certified Operator # C-7831 Phone # (863) 651-0259 Sampler's Fax # _____

Sampler's E-mail wiley.pratt@netscape.net

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: FTS Analytical Florida DOH Certification #: E84098 Certification Expiration Date: 6/30/2016

ATTACH CURRENT DOH ANALYTE SHEET*

Address: 5675 New Tampa Highway Phone #: 863-646-8526

Were any analyses subcontracted? Yes No If yes, please provide DOH certification number(s): E871002

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB*

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 03/28/16 14:45

PWS ID (From Page 1): 6531739 Sample Number (From Page 1): L6C0301-02 Lab Assigned Report # or Job ID: L6C0301

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 checked="" type="checkbox"/> Trihalomethanes | <input type="checkbox"/> Single Sample | <input type="checkbox"/> All 14 |
| <input type="checkbox"/> Partial | <input type="checkbox"/> All Except Dioxin | <input type="checkbox"/> Partial | <input checked="" 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 | | | | | |

LAB CERTIFICATION

I, Amy Atkins, Senior Project Manager, 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 (NELAC).

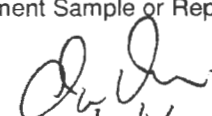
Signature:  Date: 4/19/2016

* 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 "c" 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 (circle or highlight group(s) above)


4/19/16

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

DISINFECTION BYPRODUCTS
62-550.310(3)

Report Number / Job ID: L6C0301 _____

Disinfectant Residual (mg/L): 1.0 _____

PWS ID (From Page 1): 6531739 _____

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Regulatory MRL**	Analysis Date	Analysis Time	DOH Lab Certification #
1009	Chlorite	1000	µg/L					20***			E
1011	Bromate	10	µg/L					5.0 or 1.0****			E

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Regulatory MRL**	Analysis Date	Analysis Time	DOH Lab Certification #
2450	Monochloroacetic Acid	N/A	µg/L	0.001 U	U	E 552.2	0.001	2.0	4/5/2016	11:36	E87688
2451	Dichloroacetic Acid	N/A	µg/L	0.001 U	U	E 552.2	0.001	1.0	4/5/2016	11:36	E87688
2452	Trichloroacetic Acid	N/A	µg/L	0.00104		E 552.2	0.001	1.0	4/5/2016	11:36	E87688
2453	Monobromoacetic Acid	N/A	µg/L	0.001 U	U	E 552.2	0.001	1.0	4/5/2016	11:36	E87688
2454	Dibromoacetic Acid	N/A	µg/L	0.00126		E 552.2	0.001	1.0	4/5/2016	11:36	E87688
2456	Total Haloacetic Acids (HAA5)	60	µg/L	0.00230		E 552.2	0.001	---	4/5/2016	11:36	E87688

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Regulatory MRL**	Analysis Date	Analysis Time	DOH Lab Certification #
2941	Chloroform	N/A	µg/L	0.240	I	E 524P	0.220	1.0	3/30/16	18:04	E871002
2942	Bromoform	N/A	µg/L	1.74		E 524P	0.116	1.0	3/30/16	18:04	E871002
2943	Bromodichloromethane	N/A	µg/L	0.190	I	E 524P	0.174	1.0	3/30/16	18:04	E871002
2944	Dibromochloromethane	N/A	µg/L	0.480	I	E 524P	0.102	1.0	3/30/16	18:04	E871002
2950	Total Trihalomethanes (TTHM)	80	µg/L	2.65		E 524P	0.102	---	3/30/16	18:04	E871002

** Laboratories are required to adhere to the minimum reporting level (MRL) requirements of 40 CFR 141.131(b)(2)(iv).

*** Applicable to monitoring as prescribed in 40 CFR 141.132.(b)(2)(i)(B) and (b)(2)(ii).

**** Laboratories that use EPA Methods 317.0 Revision 2.0, 326.0 or 321.8 must meet a 1.0 µg/L MRL for bromate.

NOTE: Do not round values. Report results to the accuracy, precision, and sensitivity of the analytical method used.

Reporting Format 62-550.730
Effective January 1995, Revised December 2012

*Results must be reported with appropriate qualifiers in accordance with Florida Administrative Code Rule 62-106, 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.

SOUTHERN ANALYTICAL LABORATORIES, INC.

110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 813-855-1844 FAX 813-955-2218



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

Mid Florida Water Lab
Sunrise Utilities

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

System Name: Sunrise Utilities PWS I.D. #:

6	5	3	1	7	3	9
---	---	---	---	---	---	---

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

Address: State Road 542 West

City: Auburndale Zip Code: 33823

Phone: (863) 421-6827 Fax: _____ E-Mail Address: utilityconsultant@yahoo.com

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: 1608458-01 Sample Date: 6/21/16 Sample Time: 6:30 pm AM PM (Circle One)

Sample Location (be specific): L-2 Sunrise Supermarket Location Code: _____

Disinfection Residual (Required when reporting results for trihalomethanes and haloacetic acids): 0.5 mg/L Field pH: 7.0

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 62-550.5.12(3) for nitrate or nitrite exceedances.

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

SAMPLER CERTIFICATION

I, Wiley Pratt Operator do HEREBY CERTIFY
(Print Name) (Print Title)

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

Signature: Wiley Pratt Date: 7/14/16

Certified Operator #: C-7831 Phone #: (863) 651-0254 Sampler's Fax #: _____

Sampler's E-Mail: wileypratt@netscape.net

Reporting Format 62-550-730
Effective January 1995. Revised February 2010

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AA

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JUL 14 2016
ENVIRONMENTAL
ENGINEERING

L2

SOUTHERN ANALYTICAL LABORATORIES, INC.

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



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

Mid Florida Water Lab
Sunrise Utilities

LABORATORY CERTIFICATION INFORMATION (to be completed by lab - please type or print legibly)

Lab Name: Southern Analytical Laboratories, Inc. Florida DOH Certification #: E84129 Certification Expiration Date: 06/30/2016

ATTACH CURRENT DOH ANALYTE SHEET*

Address: 110 Bayview Blvd Oldsmar, FL 34677 Phone: (813) 855-1844

Were any analyses subcontracted? Yes No If yes, please provide DOH certification number(s): _____

ATTACH CURRENT DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB*

ANALYSIS INFORMATION (to be completed by lab)

Date Sample(s) Received: 06/23/2016

PWS ID (From Page 1): 6531739 Sample Number (From Page 1): 1608458-01 Lab Assigned Report # or Job ID: 1608458-01

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

<u>Inorganics</u>	<u>Synthetic Organics</u>	<u>Volatile Organics</u>	<u>Disinfection Byproducts</u>	<u>Radionuclides</u>	<u>Secondaries</u>
<input type="checkbox"/> All Except for Asbestos	<input type="checkbox"/> All 30	<input type="checkbox"/> All 21	<input checked="" type="checkbox"/> Trihalomethanes	<input type="checkbox"/> Single Sample	<input type="checkbox"/> All 14
<input type="checkbox"/> Partial	<input type="checkbox"/> All Except Dioxin	<input type="checkbox"/> Partial	<input checked="" 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					

LAB CERTIFICATION

I, Francis I. Daniels, Laboratory Director, 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 (NELAC).

Signature: *Francis I. Daniels* Date: 07/13/2016

* 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 HOURS FOR NITRATE AND 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 (circle or highlight group(s) above)

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

Reporting Format 62-550-730
Effective January 1995. Revised February 2010

7/14/16

Late Reporting Violation



MID FLORIDA WATER LAB

FDOH CERTIFICATION # E84567

8 Oakwood Road, Winter Haven, FL 33880
Phone: (863) 965-2540 Fax: (863) 967-8601 Toll Free (888) 244-5657

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: MID FLORIDA WATER LABORATORY Florida DOH Certification #: E84567

Certification Expiration Date: 06/30/16

Address: 8 OAKWOOD ROAD, WINTER HAVEN FL -33880. Phone #: 863-965-2540

Were any analyses subcontracted Yes No

If yes, Please provide DOH certification number(s) E84129

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received : 06/22/16

PWS ID from page1: 653-1739

Sample Number: 16060574

SUBMISSION # 1608458-01

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

- | <u>Inorganics</u> | <u>Synthetic Organics</u> | <u>Volatile Organic</u> | <u>Disinfection Byproducts</u> | <u>Secondaries</u> | <u>Radionuclides</u> |
|---|--|----------------------------------|--|----------------------------------|--|
| <input type="checkbox"/> All (Except Abestos) | <input type="checkbox"/> All 30 | <input type="checkbox"/> All 21 | <input checked="" type="checkbox"/> Trihalomethanes | <input type="checkbox"/> All 14 | <input type="checkbox"/> Single sample |
| <input type="checkbox"/> Partial | <input type="checkbox"/> All Except Dioxin | <input type="checkbox"/> Partial | <input checked="" type="checkbox"/> Haloacetic Acids | <input type="checkbox"/> Partial | <input type="checkbox"/> Qtrly Composite** |
| <input type="checkbox"/> Nitrate | <input type="checkbox"/> Partial | | <input type="checkbox"/> Sulphate | | |
| <input type="checkbox"/> Nitrite | <input type="checkbox"/> Dioxin Only | | <input type="checkbox"/> Total dissolved solids | | |
| <input type="checkbox"/> Asbestos | | | | | |

LAB CERTIFICATION,

Margaret Rajpaul (Contact Person)

DIRECTOR

(Print Name)

(Print Title)

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

Signature: Margaret Rajpaul Date: 7/13/16

* 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 NITRITE MCL EXCEDANCES
NON-DETECTES 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(s) Requested (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**

DISINFECTION BYPRODUCTS
 62-550.310(3)

Report Number / Job ID: 1606458-01

Disinfectant Residual (mg/L) (From Page 1): 0.5

PWS ID (From Page 1): 6531739

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Reg MRL**	Analysis Date	Analysis Time	DOH Lab Certification #
2450	Monochloroacetic Acid	N/A	ug/L	0.76	U	EPA 552.2	0.76	2.0	7/5/16	18:03	E84129
2451	Dichloroacetic Acid	N/A	ug/L	2.6		EPA 552.2	0.68	1.0	7/5/16	18:03	E84129
2452	Trichloroacetic Acid	N/A	ug/L	2.8		EPA 552.2	0.34	1.0	7/5/16	18:03	E84129
2453	Monobromoacetic Acid	N/A	ug/L	0.33	U	EPA 552.2	0.33	1.0	7/5/16	18:03	E84129
2454	Dibromoacetic Acid	N/A	ug/L	0.48	I	EPA 552.2	0.26	1.0	7/5/16	18:03	E84129
2456	Total Haloacetic Acids (HAA5)	60	ug/L	5.88		EPA 552.2	0.26	—	7/5/16	18:03	E84129
Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Reg MRL**	Analysis Date	Analysis Time	DOH Lab Certification #
2941	Chloroform	N/A	ug/L	7.8		EPA 524.2	0.2	1.0	6/23/16	23:15	E84129
2942	Bromoform	N/A	ug/L	0.2	U	EPA 524.2	0.2	1.0	6/23/16	23:15	E84129
2943	Bromodichloromethane	N/A	ug/L	4.0		EPA 524.2	0.2	1.0	6/23/16	23:15	E84129
2944	Dibromochloromethane	N/A	ug/L	1.8		EPA 524.2	0.1	1.0	6/23/16	23:15	E84129
2950	Total Trihalomethanes (TTHM)	80	ug/L	13.6		EPA 524.2	0.1	—	6/23/16	23:15	E84129

** Laboratories are required to adhere to minimum reporting level (MRL) requirements of 40 CFR 141.131(b)(2)(iv). Chlorite regulatory MRL is applicable to monitoring as prescribed in 40 CFR 141.132(b)(2)(i)(B) and (b)(2)(ii). Laboratories that use EPA Methods 317.0 Revision 2.0, 326.0 or 321.8 must meet a 1.0 ug/L MRL for bromate.

*Qualifiers:

U=Analyte was undetected. Indicated concentration is method detection limit.

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

CHAIN OF CUSTODY

No 73525

PAGE ____ OF ____



MID FLORIDA WATER LAB

Margaret Rajpaul, Director
8 Oakwood Rd.
Winter Haven, FL 33880

FDOH Cert#E84567

Phone (863) 965-2540
Fax (863) 967-8601
Toll Free 888-244-5657

FOR LAB USE ONLY

RECEIVED

2016 JUN 22 P 3:11

Client Name <u>Sunrise Utilities</u>						TESTS REQUIRED							
Address <u>Sun Acres Subdivision</u>						Analysis							
City: <u>Auburn Dale</u>		State: <u>FL</u>		ZIP:		C.B.O.D.	TSS	NITRATE	FECAL	TTHM	HAAS	Remarks	
Phone # <u>(863) 510-1318</u>													
FAX #													
Collected by: <u>Wiley Pratt</u>						State Collected From:							
Sample ID	Matrix	Date	Time	Comp/Grab	Sample Location								
1	GW	6-21-16	1830	Grab	L2 - Sunrise Supermarket							16076	19076
2												0574	0574
3													
4													
5													
6													
7							P	W	S	I	D		
8							6	5	3	1	7	3	9
9													
10													
11													
12							C	L	0.5				
13							P	h	7.0				
14													
CUSTODY TRANSFERS						<input type="checkbox"/> Delivered Directly to Lab <input type="checkbox"/> Shipped Method of Shipment <u>du je</u> Containers Received _____							
Relinquished by <u>Wiley Pratt</u> Date <u>6/22/16</u> Time <u>1510</u> Received by <u>M. Rajpaul</u> Date <u>6/22/16</u> Time <u>3:11 pm</u> Laboratory Remarks _____						MATRIX CODES GW — GROUND WATER SW — SURFACE WATER SO — SOIL SL — SLUDGE WW — WASTE WATER							

494

SOUTHERN ANALYTICAL LABORATORIES, INC.

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



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

Mid Florida Water Lab
Sunrise Utilities

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

System Name: Sunrise Utilities PWS I.D. #:

6	5	3	1	7	3	9
---	---	---	---	---	---	---

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

Address: State Road 542 West

City: Auburndale Zip Code: 33823

Phone: (863) 421-6827 Fax: _____ E-Mail Address: utilityconsultant@yahoo.com

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: 1613371-01 Sample Date: 9/19/16 Sample Time: 4:30 pm AM PM (Circle One)

Sample Location (be specific): L1 - 2410 Thompson Location Code: _____

Disinfection Residual (Required when reporting results for trihalomethanes and haloacetic acids): 1.2 mg/L Field pH: _____ 7.4

Sample Type (Check Only One)

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

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

- Routine Compliance with 62-550
- 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 62-550.5.12(3) for nitrate or nitrite exceedances.

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

SAMPLER CERTIFICATION

I, Wiley Pratt (Print Name) Operator (Print Title) do HEREBY CERTIFY

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

Signature: Wiley Pratt Date: 10/16/16

Certified Operator #: C-7831 Phone #: 651-0259 Sampler's Fax #: _____

Sampler's E-Mail: wileypratt@netscape.net

Reporting Format 62-550-730
Effective January 1995. Revised February 2010

ENTERED

OCT 21 2016

AA

RECEIVED

OCT 17 2016

ENVIRONMENTAL
ENGINEERING

SOUTHERN ANALYTICAL LABORATORIES, INC.

110 BAYVIEW BLVD. OLDSMAR, FL 34677 TEL: (813) 855-1844 FAX: (813) 855-1844



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

Mid Florida Water Lab
Sunrise Utilities

LABORATORY CERTIFICATION INFORMATION (to be completed by lab - please type or print legibly)

Lab Name: Southern Analytical Laboratories, Inc. Florida DOH Certification #: E84129 Certification Expiration Date: 06/30/2017

ATTACH CURRENT DOH ANALYTE SHEET*

Address: 110 Bayview Blvd Oldsmar, FL 34677 Phone: (813) 855-1844

Were any analyses subcontracted? Yes No If yes, please provide DOH certification number(s): _____

ATTACH CURRENT DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB*

ANALYSIS INFORMATION (to be completed by lab)

Date Sample(s) Received: 09/22/2016

PWS ID (From Page 1): 6531739 Sample Number (From Page 1): 1613371-01 Lab Assigned Report # or Job ID: 1613371-01

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

Inorganics

- All Except for Asbestos
- Partial
- Nitrate
- Nitrite
- Asbestos

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, Francis I. Daniels, Laboratory Director, 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 (NELAC).

Signature: *Francis I. Daniels* Date: 10/04/2016

- * 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 HOURS FOR NITRATE AND 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 (circle or highlight group(s) above)

Person Notified: _____ Date Notified: _____ DEP/DOH Reviewing Official: *[Signature]*

Reporting Format 62-550-730
Effective January 1995. Revised February 2010

10/18/16

SOUTHERN ANALYTICAL LABORATORIES, INC.

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



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

DISINFECTION BYPRODUCTS
62-550.310(3)

Report Number / Job ID: 1613371-01

Disinfectant Residual (mg/L) (From Page 1): _____

PWS ID (From Page 1): 6531739

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Reg MRL**	Analysis Date	Analysis Time	DOH Lab Certification #
2450	Monochloroacetic Acid	N/A	ug/L	0.76	U	EPA 552.2	0.76	2.0	9/29/16	23:26	E84129
2451	Dichloroacetic Acid	N/A	ug/L	4.4		EPA 552.2	0.68	1.0	9/29/16	23:26	E84129
2452	Trichloroacetic Acid	N/A	ug/L	4.8		EPA 552.2	0.34	1.0	9/29/16	23:26	E84129
2453	Monobromoacetic Acid	N/A	ug/L	0.33	U	EPA 552.2	0.33	1.0	9/29/16	23:26	E84129
2454	Dibromoacetic Acid	N/A	ug/L	0.78	I	EPA 552.2	0.26	1.0	9/29/16	23:26	E84129
2456	Total Haloacetic Acids (HAA5)	60	ug/L	9.98		EPA 552.2	0.26	---	9/29/16	23:26	E84129
Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Reg MRL**	Analysis Date	Analysis Time	DOH Lab Certification #
2941	Chloroform	N/A	ug/L	16		EPA 524.2	0.2	1.0	9/26/16	22:29	E84129
2942	Bromoform	N/A	ug/L	0.2	I	EPA 524.2	0.2	1.0	9/26/16	22:29	E84129
2943	Bromodichloromethane	N/A	ug/L	8.0		EPA 524.2	0.2	1.0	9/26/16	22:29	E84129
2944	Dibromochloromethane	N/A	ug/L	3.4		EPA 524.2	0.1	1.0	9/26/16	22:29	E84129
2950	Total Trihalomethanes (TTHM)	80	ug/L	27.6		EPA 524.2	0.1	---	9/26/16	22:29	E84129

** Laboratories are required to adhere to minimum reporting level (MRL) requirements of 40 CFR 141.131(b)(2)(iv). Chlorite regulatory MRL is applicable to monitoring as prescribed in 40 CFR 141.132(b)(2)(i)(B) and (b)(2)(ii). Laboratories that use EPA Methods 317.0 Revision 2.0, 326.0 or 321.8 must meet a 1.0 ug/L MRL for bromate.

*Qualifiers:

U=Analyte was undetected. Indicated concentration is method detection limit.

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

TTHM

9/19/16 - 27.6
6/21/16 - 13.3
3/27/16 - \emptyset
12/25/15 - \emptyset

HAA5

9/19/16 - 9.98
6/21/16 - 5.67
3/27/16 - \emptyset
12/25/15 - \emptyset

ENTERED
OCT 21 2016
AAJ

LRAA 10-23 Page 3 of 7 LRAA 3.91

SOUTHERN ANALYTICAL LABORATORIES, INC.

110 BAYVIEW BOULEVARD, DUDSMAR, FL 34677 813-855-1844 FAX 813-855-2218



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

Mid Florida Water Lab
Sunrise Utilities

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

System Name: Sunrise Utilities PWS I.D. #:

6	5	3	1	7	3	9
---	---	---	---	---	---	---

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

Address: State Road 542 West

City: Auburndale Zip Code: 33823

Phone: (863) 421-6827 Fax: _____ E-Mail Address: utilityconsultant@yahoo.com

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: 1613371-02 Sample Date: 9/19/16 Sample Time: 4:45 pm AM PM (Circle One)

Sample Location (be specific): L2 - Sunrise Supermarket Location Code: _____

Disinfection Residual (Required when reporting results for trihalomethanes and haloacetic acids): 1.0 mg/L Field pH: _____

Sample Type (Check Only One)

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

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

- Routine Compliance with 62-550
- 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 62-550.5.12(3) for nitrate or nitrite exceedances.

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

SAMPLER CERTIFICATION

I, Wiley Pratt (Print Name), Operator (Print Title) do HEREBY CERTIFY

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

Signature: Wiley Pratt Date: 09/16/16

Certified Operator #: C-2831 Phone #: 651-0259 Sampler's Fax #: _____

Sampler's E-Mail: wileypratt@netscape.net

Reporting Format 62-550-730
Effective January 1995. Revised February 2010

SOUTHERN ANALYTICAL LABORATORIES, INC.

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



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

Mid Florida Water Lab
Sunrise Utilities

LABORATORY CERTIFICATION INFORMATION (to be completed by lab - please type or print legibly)

Lab Name: Southern Analytical Laboratories, Inc. Florida DOH Certification #: E84129 Certification Expiration Date: 06/30/2017

ATTACH CURRENT DOH ANALYTE SHEET*

Address: 110 Bayview Blvd Oldsmar, FL 34677 Phone: (813) 855-1844

Were any analyses subcontracted? Yes No If yes, please provide DOH certification number(s): _____

ATTACH CURRENT DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB*

ANALYSIS INFORMATION (to be completed by lab)

Date Sample(s) Received: 09/22/2016

PWS ID (From Page 1): 6531739 Sample Number (From Page 1): 1613371-02 Lab Assigned Report # or Job ID: 1613371-02

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

Inorganics

- All Except for Asbestos
- Partial
- Nitrate
- Nitrite
- Asbestos

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, Francis I. Daniels, Laboratory Director 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 (NELAC).

Signature: *Francis I. Daniels* Date: 10/04/2016

* 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 HOURS FOR NITRATE AND 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 (circle or highlight group(s) above)

Person Notified: _____ Date Notified: _____ DEP/DOH Reviewing Official: *[Signature]*

10/18/16

Reporting Format 62-550-730
Effective January 1995. Revised February 2010

SOUTHERN ANALYTICAL LABORATORIES, INC.

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



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

DISINFECTION BYPRODUCTS
62-550.310(3)

Report Number / Job ID: 1613371-02

Disinfectant Residual (mg/L) (From Page 1): _____

PWS ID (From Page 1): 6531739

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Reg MRL**	Analysis Date	Analysis Time	DOH Lab Certification #
2450	Monochloroacetic Acid	N/A	ug/L	0.76	U	EPA 552.2	0.76	2.0	9/29/16	23:48	E84129
2451	Dichloroacetic Acid	N/A	ug/L	8.2		EPA 552.2	0.68	1.0	9/29/16	23:48	E84129
2452	Trichloroacetic Acid	N/A	ug/L	5.8		EPA 552.2	0.34	1.0	9/29/16	23:48	E84129
2453	Monobromoacetic Acid	N/A	ug/L	0.33	U	EPA 552.2	0.33	1.0	9/29/16	23:48	E84129
2454	Dibromoacetic Acid	N/A	ug/L	0.87	I	EPA 552.2	0.26	1.0	9/29/16	23:48	E84129
2456	Total Haloacetic Acids (HAA5)	60	ug/L	14.87		EPA 552.2	0.26	—	9/29/16	23:48	E84129
Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Reg MRL**	Analysis Date	Analysis Time	DOH Lab Certification #
2941	Chloroform	N/A	ug/L	24		EPA 524.2	0.2	1.0	9/26/16	23:00	E84129
2942	Bromoform	N/A	ug/L	0.3	I	EPA 524.2	0.2	1.0	9/26/16	23:00	E84129
2943	Bromodichloromethane	N/A	ug/L	12		EPA 524.2	0.2	1.0	9/26/16	23:00	E84129
2944	Dibromochloromethane	N/A	ug/L	5.2		EPA 524.2	0.1	1.0	9/26/16	23:00	E84129
2950	Total Trihalomethanes (TTHM)	80	ug/L	41.5		EPA 524.2	0.1	—	9/26/16	23:00	E84129

** Laboratories are required to adhere to minimum reporting level (MRL) requirements of 40 CFR 141.131(b)(2)(iv). Chlorite regulatory MRL is applicable to monitoring as prescribed in 40 CFR 141.132(b)(2)(i)(B) and (b)(2)(ii). Laboratories that use EPA Methods 317.0 Revision 2.0, 326.0 or 321.8 must meet a 1.0 ug/L MRL for bromate.

*Qualifiers:

U=Analyte was undetected. Indicated concentration is method detection limit.

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

TTHM
9/19/16 - 41.5
6/21/16 - 13.6
3/27/16 - 2.65
12/29/16 - 0
LRAA 14.44

Page 6 of 7

HAA5
9/19/16 - 14.87
6/21/16 - 5.88
3/27/16 - 0.623
12/29/15 - 0

LRAA 5.19

pd

CHAIN OF CUSTODY

No 62979

PAGE 1 OF 1



MID FLORIDA WATER LAB

Margaret Rajpaul, Director
8 Oakwood Rd.
Winter Haven, FL 33880

DHRS PERMIT #E84567

HRS - QA# 9710NC - 181

Phone (863) 965-2540
Fax (863) 967-8601
Toll Free 888-244-5657

FOR LAB USE ONLY

RECEIVED

2016 SEP 21 P 1:46

Client Name <u>Sunrise Utilities</u>						TESTS REQUIRED								
Address <u>Sun Acres Blvd</u>						Analysis								
City: <u>Auburndale</u>		State: <u>FL</u>		ZIP: <u>33830</u>		C.B.O.D.	TSS	NITRATE	FECAL	TTHM	NAA5	Remarks		
Phone # <u>(863) 510-1318</u>														
FAX #														
Collected by: <u>Wiley Pratt</u>						State Collected From:								
Sample ID	Matrix	Date	Time	Comp/Grab	Sample Location									
1	GW	9/19/16	1630	Grab	L2-2410 Thompson				1609	1609				
2	GW	9/19/16	1645	Grab	L2-Sunrise Supermarket				1609	1609				
3									0868	0868				
4														
5														
6														
7							P	W	S	I	D			
8														
9								6	5	3	1	7	3	9
10														
11														
12														
13														
14														
CUSTODY TRANSFERS						<input type="checkbox"/> Delivered Directly to Lab <input type="checkbox"/> Shipped Method of Shipment <u> </u> Containers Received <u> </u>								
Relinquished by <u>Wiley Pratt</u>		Date <u>9/21/16</u>		Time <u>1:46p</u>		MATRIX CODES GW — GROUND WATER SW — SURFACE WATER SO — SOIL SL — SLUDGE WW — WASTE WATER								
Received by <u> </u>		Date <u>9/21/16</u>		Time <u>1:46p</u>										
Laboratory Remarks <u> </u>														

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