### 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

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 the into questions.

Attachment

### 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,

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,

#### 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,

### 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 <1.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,

# ALTURAS UTILITIES TTHM & HAA5 TEST RESULTS

## RECEIVED

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

JAN 1 5 7018

ENVIRONMENTAL ENGINEERING

PUBLIC WATER SYSTEM INFORMATION (to	be completed by sampler - please type or print	legibly) ENGINEERING	
System Name: Alturas Utilities	PWSI	D. #:_ <u>6530057</u>	
System Type (check one): Community  Address: Packing House Rd.	□ Nontransient Noncommunity	Transient Noncommunity	
City: Alturas	ZIP Co	ode: <u>33620</u>	
Phone #863-510-1318 Fax #:	E-Mail	Address: wileypratt@netscape.net	
SAMPLE INFORMATION (to be completed by sa	mpler)		
Sample Number: 1 Sa	mple Date: 12/29/15 Sam	ple Time: 2:00 PM	
Sample Location (be specific): L1 - 315	2 2nd Street, Alturas, FL L	ocation Code:	
Disinfectant Residual (Required when reporting result	ts for trihalomethanes and haloacetic acids): 1.0 mg	g/L Field pH: <u>7.0</u>	
Sample Type (Check Only One)	Reason(s) for	Sample (Check all that apply)	
Distribution	☑Routine Compliance with 62-550	Replacement (of Invalidated Sample)	L
⊠Entry Point (to Distribution)	Confirmation of MCL Exceedance*	Special (not for compliance with 62-550)	
☐ Plant Tap (not for compliance with 62-550)	☐Composite of Multiple Sites**	Clearance (permitting)	
☐Raw (at well or intake)	Other:		
Max Residence Time	Sampling Procedure Used or Other Co	mments:	
☐Ave Residence Time		•	
□ Near First Customer			
	*Spe 62-550.500(6) for requirements and restrict And 62-550.512(3) for nitrate or nitrite exceedan		
	SAMPLER CERTIFICAT	TION	
I, Wiley Pratt (Print Name)		Dperator , do HEREBY CERTIFY Print Title)	
that the above public water system and sample coll-	· · · · · · · · · · · · · · · · · · ·	****	
1.104	·	Date: 12/29/15	
Celulied Operator #. <u>C-1001</u> From #.	000-001-0203	odilibia s Lay #.	
Sampler's E-mail: wileypratt@netscape	e.net	ENTE	REF
Reporting Format 62-550 730 Effective January 1996, Revised February 2010	Page 1 of 9	JAN 15	2016

## 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 #: E	84098 Certification	Expiration Date:	06/30/16
		ATTACH CURRENT	DOH ANALYTE SHE	ET*
Address: 5675 New Tampa Hwy, Ste	e. 1, Lakeland, FL 33815	Phone #: 863-646-	8526	
Were any analyses subcontracted? XY	es No If yes, please provide	DOH certification number(	s): <u>E871002, E8768</u>	<u>8</u>
		ATTACH DOH ANA	LYTE SHEET FOR EA	ACH SUBCONTRACTED LAB*
ANALYSIS INFORMATION (to be complete	ed by lab) Date Sam	ple(s) Received: 12/29	15	
PWS ID (From Page 1): 65300	57 Sample Number (Fro	om Page 1):1_Lab	Assigned Report #	or Job ID: <u>522006</u>
Group(s) Analyzed & Results attached for	compliance with Chapter 62-5	50, F.A.C. (Check all that apply)	):	
Inorganics     Synthetic O       □All Except Asbestos     □All 30       □Partial     □All Except Asbestos       □Nitrate     □Partial       □Nitrite     □Dioxin Or       □Asbestos	□All 21 t Dioxin □Partial	Disinfection Byproducts  ☐ Trihalomethanes ☐ Haloacetic Acids ☐ Chlorite ☐ Bromate	Radionuclides ☐ Single Sample ☐ Qtrly Composite**	<u>Secondaries</u> □All 14 □Partial
	LAB CEF	RTIFICATION		
I, Amy Atkins		Project	Manager	, do HEREBY CERTIFY
(Print Name)		(Print Title)		
that all attached analytical data are correct an	d unless noted meet all requireme	ents of the National Environme	ntal Laboratory Accred	ditation Conference (NELAC).
Anychiking				
Signature:		Date: <u>0</u>	1/13/16	on-determination
<ul> <li>Failure to provide a valid and current Florida report, possible enforcement against the pu</li> <li>** Please provide radiological sample dates &amp;</li> </ul>	blic water system for failure to sar			
	& NOTIFICATION IS REQUIRED WE E REPORTED AS THE MDL WITH			
COMPLIANCE DETERMINATION (to be d	completed by DEP or DOH – attac	ch notes as necessary)		
Sample Collection & Analysis Satisfactory	Yes No	Replacement Sample	or Report Requests	circle or highlight group(s) above)
Person Notified:	Date Notified:	DEP/DOH R	eviewing Official: <u></u>	TUP
Reporting Format 62-550.730 Effective January 1995. Revised February 2010		Page 2 of 9		1/15/16

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	Ú	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

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

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

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<sup>\*\*\*</sup> Applicable to monitoring as prescribed in 40 CFR 141.132.(b)(2)(i)(B) and (b)(2)(ii).

<sup>\*\*\*\*</sup> 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.

<sup>\*</sup>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.

## RECEIVED

System Name: Allivias Otilita		pibly)PWS I.D. #	APR 1 9 2016
System Type (check one): SCommunity Address: Packing House Rd	Nontransient Noncommunity	Transient Noncommunity	ENVIRONMENTAL ENGINEERING
city: Alturas, FL		ZIP Code:	
Phone (863) 510-1318 Fax#:	E-Mail Ad	dress:	
SAMPLE INFORMATION (to be completed by sampler)	- / /		
Sample Number S		Sample Time: 1700	AM PN (Circle One)
Sample Location (be specific) ( 3150	ZND STREET	Location Code:	
Disinfectant Residual (Required when reporting results for trih		ng/L Field pH:	
Sample Type (Check Only One)	Reason(s) for Sa	mple (Check all that apply)	
Distribution	Routine Compliance with 62-550	Replacement (of Invalidated :	Sample)
Entry Point (to Distribution)	Confirmation of MCL Exceedance	Special (not for compliance wi	th 62-550)
Plant Tap (not for compliance with 62-550)	Composite of Multiple Sites	Clearance (permitting)	
Raw (at well or intake)	Other:		
Max Residence Time	Sampling Procedure Used or Other Comm	ments:	
Ave Residence Time			
Near First Customer			
	100 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	10 (0) (1 = 1 · 500)	The
<b>F</b>	SAMPLER CERTIFICA	TION	
Wiley Pratt (Print Name)	. Operato	, do HEREBY CE	RTIFY
that the above public water system and sample collection in Signature:	formation is complete and correct.	e: 3/28/16	
	3) 651-0259	Sampler's Fax #:	
Sampler's E-mail: Wiley pratt (a) net scap	e net		

Page 1 of 9



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 5675 New Tampa Hwy Certification Expiration Date: 6/30/2016 Address: 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): Synthetic Organics Volatile Organics Disinfection Byproducts Radionuclides Secondaries Inorganics All Except Asbestos ☐ All 30 ☐ All 21 ☐ Trihalomethanes ☐ Single Sample ☐ All 14 ☐ All Except Dioxin ☐ Partial Maloacetic Acids ☐ Qtrly Composite \*\* ☐ Partial Partial Partial Nitrate **Bromate** Dioxin Only Nitrite Chlorite Asbestos Were any analyses subcontracted? Yes Yes ☐ No If yes, please provide DOH certification number(s): E87688 ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB\* CERTIFICATION John E. Builes For Amy Atkins Senior Project Manager do HEREBY CERTIFY (Print Title) that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC). 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) ☐ Yes □ No Yes ☐ No Sample Collection Info Satisfactory: Sample Analysis Info Satisfactory: 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) Missing Analyte Sheet(s) Reason(s): MCL(s) Exceeded Detection(s) Incomplete Report Location Unsatisfactory Analysis Unsatisfactory Other: Person Notified: Date Notified:

Comments:

Date Reviewed:

DEP/DOH Reviewing Official:

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	that take timp	4/4/2016	12:00	E87688

Contam	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	ı	E524P	0.220	1.0	3/30/16	18:32	E871002
2944	Dibromochloromethane	N/A	μg/L	0.590	ı	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

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

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

Reporting Format 62-854,730 Effective January 1995 Royised December 2012

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\*\*Results must be reported with appropriate qualifiers in accordance with Florida Administrative Code Rule 62-180, Table 1. Results qualified with A. F. H. N. O. T. Z. ?, \*\*. are unacceptable to compliance with 62-660. Results qualified with a U. O. R. or Y must be accompanied by written justification, and will be evaluated on a case basis. To avoid a monitoring violation, unacceptable results must be replaced with acceptable results from samples collected during the same monitoring period.

<sup>\*\*\*</sup> 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.

### SOUTHERN ANALYTICAL LABORATORIES, INC.

110 BAYVIEW BOULEVARD, CLOSMAR, FL 34677 B13-855-1844 FAX 813-855-2218



Florida Department of Environmental Protection Safe Drinking Water Program Laboratory Reporting Format Mid Florida Water Lab **Alturas Utilities** 

PUBLIC WATER SYSTEM INFORMATION (to	o 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): X Commun  Address: Packing House Road	Nontransient Noncommunity Transient Noncommunity	
City: Alturas	Zip Code: 33820	
Phone: (863) 421-6827	Fax: E-Mail Address: utilityconsultant@yahoo.com	
SAMPLE INFORMATION (to be completed by	y 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 2	2nd Street Location Code:	4-2
Disinfection Residual (Required when reporting re	esults for trihalomethanes and haloacetic acids):  0.6 mg/L Field pH: 7.0	
Sample Type (Check Only One)  Distribution	Reason (s) for Sample (Check all that apply)  Routine Compliance with 62-550  Replacement (of Invalidated Sample)	
Entry Point (to Distribution)	Confirmation of MCL Exceedance* Special (not for compliance with 62-550)	
Plant Tap (not for compliance with 62-550)	Composite of Multiple Sites ** Clearance (permitting)	
Raw (at well or intake)	Other:	
Max. Residence Time	Sampling Procedure Used or Other Comments:	
Ave. Residence Time		
Near First Customer (	* See 62-550.500(6) for requirements and restrictions.  ** See 62-550.500(4) for requirements and attach a results page for each site	
	SAMPLER CERTIFICATION,	
I, Wiley P		
that the above public water system and se Signature:	pmple collection information is complete and correct.  Date: 8-2-16	
Certified Operator #: C:783	8 / Phone #: (863) 65/-025-9 Sampler's Fax #:	
Sampler's E-Mail:		EIVED
Reporting Format 62-550-730 Effective January 1995. Revised February 2010	ENIERCO	0 2 2016
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**ENVIRONMENTAL ENGINEERING** 

### SOUTHERN ANALYTICAL LABORATORIES, INC.

110 SAYVIEW BOULEVAPO, OLDSMAR SU 34677 - 813 355 18.... FAX 813 355 2218



Mid Florida Water Lab

## Florida Department of Environmental Protection

Safe Drinking Water Progr	ram Laboratory Reporting Format				Alturas Utilities
LABORATORY CERTIFICA	ATION INFORMATION (to be comple	ted by lab - please type or	print legibly)		
Lab Name: Southern Analy	rtical Laboratories, Inc.	Florida DOH Certification #:	E84129	Certification Expiration Date:	06/30/2016
			ATTACH CURRENT DOH A	NALYTE SHEET*	
Address: 110 Bayview B	lvd Oldsmar,FL 34677		Phone: (813) 855-1	844	
Were any analyses subcontract	cted? Yes X No	If yes, please provide	e DOH certification number(s)	,	
			ATTACH CURRENT DOH	ANALYTE SHEET FOR EACH SUB	CONTRACTED LAB*
ANALYSIS INFORMATION	(to be completed by lab)	Date Sam	ple(s) Received:	06/23/2016	
PWS ID (From Page 1): 6	530057	Sample Number (From Page	1608460-01	Lab Assigned Report # or Job	ID: 1608460-01
Group(s) Analyzed & Results	attached for compliance with Chapter 62	2-550, F.A.C. (Check all that a	apply):		
Inorganics	Synthetic Organics	Volatile Organics	Disinfection Byproducts	Radionuclides	Secondaries
All Except for Asbestos Partial Nitrate Nitrite	All 30 All Except Dioxin Partial Dioxin Only	All 21 Partial	X Trihalomethanes X Haloacetic Acids Chlorite Bromate	Single Sample Qtrly Composite	All 14 Partial
Asbestos		LAB CERTIFIC	CATION		
I, Francis I. Daniels	(Chica Nillean)	, Laboratory Direct	or (Print Title)	do HEREBY	CERTIFY
	(Print Name)		,		
Signature:	ata are correct and unless noted meet a	ii requirements of the Nationa	Date: 07/07/201		
report, possible enforce	id and current Florida DOH lab certificat ement against the public water system for gical sample dates & locations for each of	or failure to sample, and may			of the
	CONFIRMATION & NOTIFICATION ( ON-DETECTS ARE TO BE REPORTED A				
COMPLIANCE DETERMIN	ATION (to be completed by DEP or	DOH - attach notes as nec		$\wedge$	^
Sample Collection & Analysis	Satisfactory: Yes	No	Replacement Sample of	or Report Requested (circle or highligh	ht group(s) above)
Person Notified:	and the first of the second se	Date Notified:	DEP/DOH	Reviewing Official:	
Reporting Format 62-550-730 Effective January 1995. Revis				8/3/	16

Page 2 of 4 Q Complete

A REQUIRED



### 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 EVIRONMENTAL PROTECTION SAFE DRINKING WATER PROGRAM LABORATORY REPORTING FORMAT

LABORATORY CERTIFICATION INFORMATION (to be $\propto$	ompleted by lab – Please type or print legibly)									
Lab Name: MID FLORIDA WATER LABORATORY Certification Expiration Date; 06/30/17 Address: 8 OAK WOOD ROAD. WINTER HAV Were any analyses subcontracted X Yes Notifyes, Please provide DOH certification number(s) E84128	<u>YEN FL -33880</u> . Phone #: <u>863-965-2540</u>									
ATTACH DOH ANALYTE SHEET FOR EACH SUBCONT	RACTED 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):									
Inorganics     Synthetic Organics     Volatile Organic       ☐ All (Except Abestos)     ☐ All 30     ☐ All 21       ☐ Partial     ☐ All Except Dioxin     ☐ Partial       ☐ Nitrate     ☐ Dioxin Only     ☐ Dioxin Only	Disinfection Byproclucts       Secondaries       Radionuclides         ☑ Trihalomethanes       ☐ All 14       ☐ Single sample         ☑ Haloacetic Acids       ☐ Partial       ☐ Otrly Composite**         ☐ Sulphate       ☐ Total dissolved solids									
LAB CERTIFICATION,										
Margaret Rajpaul (Contact Person)	DIRECTOR									
(Print Name)	(Print Title)									
do HEREBY CERTIFY that all attached analytical data are National Environmental Laboratory Accreditation Conferen	ce (NELAC).									
Signature: Margnes Dappar	Date: 41416									
* 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	ET OF DOTHALLACH HOLES AS HECESSALLY)									
Replacement Sample(s) Requested (circle or highlight group(s) abo	ve) Person Notified:									
Date Notified:										
DEP/DOH Reviewing Official:										

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

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Page 2 of 4 lb/

### SOUTHERN ANALYTICAL LABORATORIES, INC.

10 BAYVIEW 50ULE WARD, OLDSNIAR FL 34627 - 813-855-1847, TAX 813-855-0215



### 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)\_\_\_\_ 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.

TIUM 3/10/15-144 12/29/15 0 3/27/16 3.63 6/22/16-0 LRAA-36.76 9/10/15-53.4 12/29/15-0 3/37/16-0024 6/22/16-0

Page 3 of 4

# HAIN OF CUSTODY № 73523

PAGE \_\_\_\_ OF \_\_\_\_



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

FOR LAB USE ONLY

2016 JUN 22 P 3: 11

Clien	Name Al-	turas	40	ilie	>							TESTS	S REQUI	RED		
Addre	ess Packing	à Ho	USE P	load				Analy	/sis	7		7		7		
City:	Alturas	>			State:	FL ZIP: 33820										
Phone	e# (863)	510-	1318					/	/ ,	/ ,	/ ,	/ ,	/ ,	/ ,		
FAX #	-							/			7. 2. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7.	3/2	٢/	6/		
Colle	cted by: 📈	iley	Prat	+	State Co	ollected From:		/ 3			<b>3</b> / <u>3</u>	5/2	TAP			/ Rumarks
	Sample ID Matrix Date Time Comp/Grab Sample Location									/ <		<u> </u>	F		_	Remarks
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Relin Rece	Relinquished by What Date 6/22/16 Time 15/10  Received by Date 6/22/16 Time 3:11/W  Laboratory Remarks							Metho	livered D	ment		Or	Shipped	2	-	MATRIX CODES GW — GROUND WATER SW — SURFACE WATER SO — SOIL SL — SLUDGE
								Contai	ners Rec	eived					_	WW WASTE WATER

### SOUTHERN ANALYTICAL LABORATORIES, INC. 1.1 BAYVIEW BOLL EWARD CLOS MARTEL 346011 - 81.1 955 1844 FAX 913-855 2819



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

Mid Florida Water Lab

Safe Drinking Water Program Laboratory Rep	Format	Alturas Utilities
PUBLIC WATER SYSTEM INFORMATION (to b	pe 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): X Community  Address: Packing House Road	Nontransient Noncommunity Transient Noncommunity	
City: Alturas	Zip Code:33820	
	ax: E-Mail Address: utilityconsultant@yahoo.com	
SAMPLE INFORMATION (to be completed by s		<del></del>
Sample Number: 1613370-01	Sample Date: 9/19/16 Sample Time: 1:20 pm AM	PM (Circle One)
Sample Location (be specific): L1 - 3150 2n	nd Street Location Code:	
Disinfection Residual (Required when reporting resu	alts for trihalomethanes and haloacetic acids):	
Sample Type (Check Only One)	Reason (s) for Sample (Check all that apply)	
Distribution	Routine Compliance with 62-550 Replacement (of Invalidated Sar	nple)
Entry Point (to Distribution)	Confirmation of MCL Exceedance*  Special (not for compliance with	62-550)
Plant Tap (not for compliance with 62-550)	Composite of Multiple Sites ** Clearance (permitting)	
Raw (at well or intake)	Other:	
Max. Residence Time	Sampling Procedure Used or Other Comments:	
Ave. Residence Time		
Near First Customer	* See 62-550.500(6) for requirements and restrictions.  And 62-550.5.12(3) for nitrate or nitrite exceedances.  ** See 62-550.500(4) for requirements a attach a results page for each site	nd
	SAMPLER CERTIFICATION	
I. Wiley Prat	tt	CERTIFY
Signature:	ple collection information is complete and correct.  Date: 10/16/16	
Certified Operator #: (2788)	Phone #: 651-025 9 Sampler's Fax #:	
Sampler's E-Mail: Wiley prate	10 netscapeinet	PECFIVE

Effective January 1995. Revised February 2010



INVIRONMENTAL **ENGINEERING** 

### SOUTHERN ANALYTICAL LABORATORIES, INC.



10 Byth Ministry, EVAROUS BY 174-116 B4-431 110 B51 4014 B4X817 B00 R817

Florida Department of Environmental Protection

•	ng Water Program Lab	oratory Reporting Forma	t			Alturas Utilities
LABORATO Lab Name:	DRY CERTIFICATION IN  Southern Analytical Lab	,	leted by lab - please type or Florida DOH Certification #:	print legibly) E84129	Certification Expiration Date:	06/30/2017
				ATTACH CURRENT DO	OH ANALYTE SHEET*	
Address:	110 Bayview Blvd Oldsr	mar,FL 34677	<u>.</u>	Phone: (813) 8	55-1844	
Were any ana	alyses subcontracted?	Yes X No	If yes, please provid	le DOH certification numb	er(s):	
				ATTACH CURRENT D	OH ANALYTE SHEET FOR EACH SU	BCONTRACTED LAB*
ANALYSIS	INFORMATION (to be o	ompleted by lab)	Date Sam	nple(s) Received:	09/22/2016	
PWS ID (Fro	m Page 1): 6530057		Sample Number (From Page	e 1): 1613370-0	1 Lab Assigned Report # or Jol	o ID: 1613370-01
Group(s) Ana	alyzed & Results attached	for compliance with Chapter	62-550, F.A.C. (Check all that	apply):		
Inorganics	,	Synthetic Organics	Volatile Organics	Disinfection Byproduc	ts Radionuclides	Secondaries
Partial Nitrate Nitrite	,	All 30 All Except Dioxin Partial Dioxin Only	All 21 Partial	X Trihalomethanes X Haloacetic Acids Chlorite Bromate	<b>□</b> '	All 14 Partial
Asbes	tos		LAB CERTIFIC	CATION		
I, Fra	ancis I. Daniels		, Laboratory Direc		do HEREB	Y CERTIFY
that all attac	,	t Name) orrect and unless noted meet	all requirements of the Nationa	(Print Title) al Environmental Laborato	ory Acceditation Conference (NELAC).	
Signature:	Fin	. Wail		Date: 10/04	4/2016	
report,	, possible enforcement ag		for failure to sample, and may		ed analysis results will result in rejection DOH Bureau of Laboratory Services.	n of the
					AND NITRITE MCL EXCEEDANC	
COMPLIAN	CE DETERMINATION (	to be completed by DEP or	r DOH - attach notes as nec	cessary)		$\wedge$
Sample Colle	ection & Analysis Satisfact	ory: 📝 Yes	No	Replacement Sam	iple or Report Requested (circle or high)	ght group(s) above)
Person Notifi	ed:		Date Notified:	DEP/D	OOH Reviewing Official:	ALC.
	rmat 62-550-730 uary 1995. Revised Febru	ary 20 <b>1</b> 0			101	1,8/16

### SOUTHERN ANALYTICAL LABORATORIES, INC.

110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 B13-855-1844 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	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	1	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	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab	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	1	EPA 524.2	0.1		9/26/16	21:57	E84129

<sup>\*\*</sup> 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.

77410 9/19/16-16.1 6/22/16-9 3/27/16-3.03 12/29/15-Page 3 of 4 NAAS 9/19/16-8-06 6/22/16-0024 3/27/16 0024 12/29/15-02

# CHAIN OF CUSTODY

Nº 74520 PAGE <u>4</u> OF <u>4</u>



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 FOR LAB USE ONLY

RECEIVED

2016 SEP 21 P 1: 46

Client Name Alturas Utilities				TEST	REQUI	RED		
Address Packing House Rd.  City: Alturns State: FL ZIP: 33820		Analysis /	7	7	7	/	7	///
City: Alturas State: FL ZIP: 33820								
Phone # (863) 510 -1318			/	/ ,	N	//	/	/ /
FAX #		9.//	Fr/	~/1	$\lambda_{L}$	Ky/		
Collected by:				? }/{\	Kyn/K			Remarks
Sample ID Matrix Date Time Comp/Grab Sample Location		/ 0/ ~/ <	_					Remarks
1 6W 9/19 1320 Grab L2-3150 2MD strant				1609				
2				086k	0866			
3								
4								
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7		P	W	3	I	1		
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14								
CUSTODY TRANSFERS		<del></del>			Ch:		1	MATRIX CODES
Relinquished by  Received by  Laboratory Remarks  Date 9/2/10 Time 1:46 M  Date 9/2/10 Time 1:46 M	~ ~~	Delivered Directly to Method of Shipment			Shipped		_	MATRIX CODES GW — GROUND WATER SW — SURFACE WATER SO — SOIL
Laboratory Remarks		Containers Received					_	SL — SLUDGE WW WASTE WATER

# SUNRISE UTILITIES TTHM & HAA5 TEST RESULTS

### RECEIVED

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

JAN 1 5 2016

ENVIRONMENTAL ENGINEERING

PUBLIC WATER SYSTEM INFORMATION (to be completed by sampler	<ul> <li>please type or print legit</li> </ul>	oly)	ENGINEERING
System Name: Sunrise Utilities	PWS I.D.	#: <u>6531739</u>	A STATE OF THE PARTY OF THE PAR
System Type (check one):   Community   Nontrans  Address:   Sun Acres Blvd	ient Noncommunity	☐Transient Nor	community
City: Auburndale	ZIP Code:	<u>33823</u>	
Phone #863-510-1318	E-Mail Add	ress:	
SAMPLE INFORMATION (to be completed by sampler)			
Sample Number: 1 Sample Date: 12/29/	15 Sample	Time: 13:15	<u></u>
Sample Location (be specific): L1 – 2410 Thompson	Location Code:		The state of the s
Disinfectant Residual (Required when reporting results for trihalomethanes and ha	loacetic acids): 1.2 mg/L	Field pH:	7.0
Sample Type (Check Only One)	Reason(s) for Sam	ple (Check all that a	pply)
☐Distribution ☐Routine Comp	bliance with 62-550	Replaceme	ent (of Invalidated Sample)
⊠Entry Point (to Distribution) ☐Confirmation of	of MCL Exceedance*	Special (no	ot for compliance with 62-550)
Plant Tap (not for compliance with 62-550)	Multiple Sites**	☐ Clearance	(permitting)
Raw (at well or intake)			
☐Max Residence Time Sampling Proceed	dure Used or Other Commi	ents:	
☐Ave Residence Time			
Near First Customer			
• •	requirements and restrictions, nitrate or nitrite exceedances	,	4) for requirements and page for each site.
SAMPLE	ER CERTIFICATION	N	
ı, Wiley Pratt, _			, do HEREBY CERTIFY
(Print Name)	(Prin	t Title)	
that the above public water system and sample collection information is comp	lete and correct.		
Signature: Ny Prott	Date		12/29/15
Сетиней Орегаци #, <u>0-703 г</u> поне #, <u>003-00 г-02</u> 08	Sam	pler's ⊢ax #:	
Sampler's E-mail: wileypratt@netscape.net			
			ENTE

Lopoding Found 02 File 100 Effective Joseph 2006 - Roldsed February 2019

Page 1 of 9

JAN 1 = 2016

## 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 S	Services Florida D	OH Certification #: E	84098 Ce	ertification	Expiration Date: 06	3/30/16
			ATTACH	CURREN	T DOH ANALYTE SHEET	<b>[*</b>
Address: 5675 New Ta	mpa Hwy, Ste. 1, Lakela	and, FL 33815	_ Phone #:	: <u>863-646</u>	<u>5-8526</u>	
Were any analyses subcont	racted? ⊠Yes □No	If yes, please provide	DOH certification	n number	r(s): <u>E871002, E87688</u>	
			ATTACH	DOH ANA	ALYTE SHEET FOR EAC	H SUBCONTRACTED LAB*
ANALYSIS INFORMATION	(to be completed by lab)	Date Sam	ple(s) Received:	12/2	9/15	_
PWS ID (From Page 1):	6531739	_Sample Number (Fro	m Page 1):	1La	b Assigned Report # or	Job ID: <u>522007-001</u>
Group(s) Analyzed & Result	s attached for compliand	ce with Chapter 62-5	50, F.A.C. (Check a	all that apply	y):	
Inorganics  All Except Asbestos  Partial  Nitrate  Asbestos	Synthetic Organics  ☐All 30  ☐All Except Dioxin ☐Partial ☐Dioxin Only	Volatile Organics □All 21 □Partial	Disinfection Bypro  ☑Trihalomethane  ☑Haloacetic Acid  ☐Chlorite  ☐Bromate	es	Radionuclides ☐Single Sample ☐Qtrly Composite**	<u>Secondaries</u> □All 14 □Partial
		LAB CER	TIFICATION			
•	Amy Atkins	1				, do HEREBY CERTIFY
that all attached analytical data	(Print Name)	oted meet all requireme		(Print Title	,	ation Conference (NELAC)
1		neet all requireme	nts of the National	LIMIOIMIE	ental Laboratory Accredite	ation comercince (NLLAC).
Signature:	~~~			Date: 0	01/13/16	· -
<ul> <li>Failure to provide a valid and report, possible enforcement</li> <li>Please provide radiological s</li> </ul>	t against the public water s	system for failure to sam				
	ONFIRMATION & NOTIFICA CTS ARE TO BE REPORTE					
COMPLIANCE DETERMINA		•		,		
Sample Collection & Analysi	is Satisfactory: ☑Yes☐1	No	Replacemen	nt Sample	e or Report Requested	(circle or highlight group(s) above)
Person Notified:		Date Notified:	DE	P/DOH R	Reviewing Official: <u></u>	when
Reporting Format 62-550,730 Effective January 1995. Revised F	February 2010	1	Page 2 of 9		,	1/15/16

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	υ	E552.2	1,0	2.0	01/06/16	19:03	E87688
2451	Dichloroacetic Acid	N/A	μg/L	1.0	υ	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	υ	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	υ	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	υ	E524.2	0.102	1.0	01/05/16	18:24	E871002
2950	Total Trihalomethanes (TTHM)	80	μg/L	0.102	υ	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).

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

Page 5 of 9

<sup>\*\*\*</sup> 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.

<sup>\*</sup>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.

PUBLIC WATER SYSTEM INFORMATION (to be completed by sampler	- please type or print legibly)	
System Name: Sunrise Utilities	PWS1.D.#: 65	31739
System Type (check one):	•	Transient Noncommunity
City: Aubumdale	ZIP Code: <u>33823</u>	
Phone # <u>863-510-1318</u> Fax #:	E-Mail Address:	
SAMPLE INFORMATION (to be completed by sampler)		
Sample Number: 2 Sample Date: 12/29/1	5 Sample Time:	<u>13:25</u> PM
Sample Location (be specific): L2 – Sunrise Supermarket	Location Code:	
Disinfectant Residual (Required when reporting results for trihalomethanes and halo	acetic acids): 1.2 mg/L	Field pH: <u>7.0</u>
Sample Type (Check Only One)	Reason(s) for Sample (CI	heck all that apply)
□Distribution □Routine Compl	ance with 62-550	Replacement (of Invalidated Sample)
⊠Entry Point (to Distribution) □Confirmation o	MCL Exceedance*	Special (not for compliance with 62-550)
Plant Tap (not for compliance with 62-550)	lultiple Sites**	☐Clearance (permitting)
Raw (at well or intake)		
☐Max Residence Time Sampling Proced	ire Used or Other Comments:	
□Ave Residence Time		
Near First Customer		
		ee 62-560.550(4) for requirements and itlach a results page for each site.
SAMPLE	R CERTIFICATION	
I,	Operator (Print Title)	, do HEREBY CERTIFY
that the above public water system and sample collection information is comple	ete and correct.	
Signature: Ly Fruit	Date:	12/29/15
Optimed Oberator #.	Oatilpici o i	тал н
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 D	OH Certification #: E84098 Certification Expiration Date: 06/30/16
	ATTACH CURRENT DOH ANALYTE SHEET*
Address: 5675 New Tampa Hwy, Ste. 1, Lake	and, FL 33815 Phone #: 863-646-8526
Were any analyses subcontracted? $\boxtimes Yes  \square No$	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): 2Lab Assigned Report # or Job ID: _522007-002
Group(s) Analyzed & Results attached for complian	ce with Chapter 62-550, F.A.C. (Check all that apply):
Inorganics     Synthetic Organics       □All Except Asbestos     □All 30       □Partial     □All Except Dioxin       □Nitrate     □Partial       □Nitrite     □Dioxin Only       □Asbestos	Volatile Organics       Disinfection Byproducts       Radionuclides       Secondaries         □All 21       □Trihalomethanes       □Single Sample       □All 14         □Partial       □Chlorite       □Chlorite       □Chlorite         □Bromate       □Bromate       □Chlorite       □Chlorite
	LAB CERTIFICATION
I,Amy Atkins	, Project Manager, do HEREBY CERTIFY
(Print Name)	(Print Title)
	oted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).
Signature:	Date: 01/13/16
<ul> <li>* Failure to provide a valid and current Florida DOH lab report, possible enforcement against the public water</li> <li>** Please provide radiological sample dates &amp; locations to</li> </ul>	certification number and a current Analyte Sheet for the attached analysis results will result in rejection of the system for failure to sample, and may result in notification of the DOH Bureau of Laboratory Services. for each quarter.
	EATION IS REQUIRED WITHIN 24 HRS FOR NITRATE OR NITRITE MCL EXCEEDANCES ED 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	NoReplacement Sample or Report Requested (circle or frighlight group(s) above)
Person Notified:	Date Notified: DEP/DOH Reviewing Official:
Reporting Format 62-550.730 Effective January 1995. Revised February 2010	/// 5// 6 Page 2 of 9

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	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	40000	12/31/15	18:40	E871002

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

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

Page 5 of 9

<sup>\*\*\*</sup> Applicable to monitoring as prescribed in 40 CFR 141.132.(b)(2)(i)(B) and (b)(2)(ii).

<sup>\*\*\*\*</sup> 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.

<sup>\*</sup>Results must be reported with appropriate qualifiers in accordance with Florida Administrative Code Rule 32-160. Table 1. Results qualified with A. F. H. N. O. T. Z. 7. \*, are unacceptable for compliance with 62-550. Results qualified with a J. O. R. or Y must be accompanied by written justification and will be evaluated on a case by case basis. To avoid a menitoring violation, unacceptable results must be replaced with acceptable results from samples collected during the same monitoring period.

## **RECEIVED**

PUBLIC WATER SYSTEM INFORMATION (to be despected Name: Sunrise Utilitie			APR 1 9 2016
System Type (check one; Community  Address Sun Acres Subdivision	Nontransient Noncommunity		ENVIRONMENTAL ENGINEERING
city Auburndale, FL		ZIP Code	
Phone # (863) 510-1318-ax#		dress	4-15 MARK (W. 1. M. 1011)
SAMPLE INFORMATION (to be completed by sample Sample Number	eri , ,		
Sample Location (be specific) L1-2410	Thompson	Location Code.	The first Na Care
Disinfectant Residual (Required when reporting results for	trihalomethanes and haloacetic acids)'	ng/L Field pH	
Sample Type (Check Only One)	Reason(s) for Sa	imple (Check all that apply)	41
Distribution	⊠Routine Compliance with 62-550	Replacement (of invalidated S	Sample)
Entry Point (to Distribution)	Confirmation of MCL Exceedance	Special (not for compliance with	(h 62-550)
Plant Tap (not for compliance with 62-550)	Composite of Multiple Sites	Clearance (permitting)	
Raw (at well or intake)	Other		The second secon
Max Residence Time	Sampling Procedure Used or Other Comm		
Ave Residence Time			
Near First Customer			1 Mary white the company with the company construction of the company of the comp
	SAMPLER CERTIFICA	TION	
Wiley Pratt (Print Name)	Operat	nt Tiffe) . do HEREBY CER	TIFY
that the above public water system and sample collection Signature.	n information is complete and correct	e 3/28/16	
Certified Operator # C-783\ Phone #	863) 651-0259	Sampler's Fax #:	
Sampler's E-mail wileypratt @ netsco	pc.net	A MARTINE STORY ST	ENTERED
(1	Parts Lat 0		100 9 (1 26)

Page 1 of 9

APR 2 H 211th

LABORATORY CERTIFICATION INFORMATION (to be completed by lab – please type or print legibly) E84098 Certification Expiration Date:6/30/2016 Lab Name:FTS Analytical Florida DOH Certification #: ATTACH CURRENT DOH ANALYTE SHEET\* 5675 New Tampa Highway Phone #: 863-646-8526 Address: Were any analyses subcontracted? Xcs 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 Sample Number (From Page 1):L6C0301-02Lab Assigned Report # or Job ID:L6C0301 PWS ID (From Page 1): 6531739 Group(s) Analyzed & Results attached for compliance with Chapter 62-550, F.A.C. (Check all that apply): Volatile Organics Disinfection Byproducts Radionuclides Secondaries Synthetic Organics Inorganics □ Trihalomethanes Single Sample □All 14 ☐All 30 All 21 ☐ All Except Asbestos All Except Dioxin Qtrly Composite\*\* □Partial ☐Partial Partial Nitrate □Partial □Chlorite Bromate □Nitrite ☐Dioxin Only ☐ Asbestos LAB CERTIFICATION Senior Project Manager . do HEREBY CERTIFY Amy Atkins (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). A my Ath Signature: \* 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) Replacement Sample or Report Requested (circle or highlight group(s) above) Sample Collection & Analysis Satisfactory: Yes No \_ Boporting Format AS 550,730 Effective January 1995. Revised December 2012.

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	υ	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).

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.

Page 6 of 9

<sup>\*\*\*</sup> Applicable to monitoring as prescribed in 40 CFR 141.132.(b)(2)(i)(B) and (b)(2)(ii).

<sup>\*\*\*\*</sup> 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.

<sup>\*</sup>Results must be reported with appropriate qualifiers in accordance with Florida Administrative Gode Rulo 82-166. Table 1. Results qualified with A. F. H. N. O. T. Z. 1.1, are unabcoptable in compliance with 62-550. Results qualified with a c. O. R. or Y must be accompanied by written justification and will be evaluated on a case by case basis. To avoid a monitoring violation, unaccoptable invults must be replaced with accoptable results from samples collected during the same monitoring period.

System Name Suncise Ofili System Type (check one). E.Community		,
oddress Sun Acres Subdivision		
sily Auburndale, FL		ZIP Code
Phone # (863) 510-1318 Fax #	E-Mail Add	dress
SAMPLE INFORMATION (to be completed by sample		
Sample Number:	Sample Date 3 27 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Sample Time 1830 AM PM 6 role One Location Code
Sample Location (be specific) L2- Sunnise	Supermarket	Location Code
Disinfectant Residual (Required when reporting results for	,	
Sample Type (Check Only One)	Reason(s) for Sar	mple (Check all that apply)
Distribution	Routine Compliance with 62-550	Replacement (of invalidated Sample)
Entry Point (to Distribution)	Confirmation of MCL Exceedance	Special (not for compliance with 62-550)
Plant Tap (not for compliance with 62-550)	Composite of Multiple Sites	Clearance (permitting)
Raw (at well or intake)	Other	
Max Residence Time	Sampling Procedure Used or Other Comm	nents
Ave Residence Time		
Near First Customer		
.11 0 11	SAMPLER CERTIFICA	
bulley Prayet	Operator	, do HEREBY CERTIFY
(Print Name)	(Prin	nt Title)
nat the above public water system and sample collection Signature: When the first system and sample collection	n information is complete and correct  Date	3/28/16
Certified Operator # C - 783\ Phone # (\$	163) 651-0259	Sampler's Fax #
A STATE OF S	1	American as the state of the st

LABORATORY CERTIFICATION INFORMATION (to be completed by lab - please type or print legibly) Florida DOH Certification #: E84098 Certification Expiration Date:6/30/2016 Lab Name:FTS Analytical ATTACH CURRENT DOH ANALYTE SHEET' 863-646-8526 Address: 5675 New Tampa Highway Phone #: Were any analyses subcontracted? Xes 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 Sample Number (From Page 1): L6C0301-02Lab Assigned Report # or Job ID:L6C0301 PWS ID (From Page 1): 6531739 Group(s) Analyzed & Results attached for compliance with Chapter 62-550, F.A.C. (Check all that apply): Volatile Organics Radionuclides Secondaries Synthetic Organics Disinfection Byproducts Inorganics ☐ All Except Asbestos All 30 □AII 21 ☐ Single Sample All 14 Qtrly Composite\*\* □Partial ☐ All Except Dioxin □ Partial □ Partial □Nitrate □ Partial Chlorite ☐Dioxin Only Bromate □Nitrite Asbestos LAB CERTIFICATION Senior Project Manager Amy Atkins , do HEREBY CERTIFY (Print Title) (Print Name) that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC). in my ith 4/19/2016 Signature:\_\_\_ \* 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 guarter. 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) Replacement Sample or Report Requested (circle or highlight group(s) above) Sample Collection & Analysis Satisfactory: Yes No Reports a Formus 82-550,730 Page 2 of 9 Effective January 1995. Hevised December 2012.

# 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	1	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

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

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

Page 6 of 9

<sup>\*\*\*</sup> 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.

Repairing Format 62-550,730 Effective January 1995. Revised December 2012

<sup>\*</sup>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. 2. 1. are unacceptable for compliance with 62-250. Results qualified with e. J. O. R. or Y must be accompanied by written justification and will be evaluated on a case by case backs. To avoid a monitoring molentary unacceptable results must be replaced with acceptable results from samples collected dump the same monitoring period.

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 WAT	TER SYS	STEM INF	ORMATIO	N (to be	complete	ed by sampler -	please type	or print legibly	y)							
System Name	e: _	Sunrise Ut	ilities						P	WS I.D. #:	6	5	3	1	7	3 9
System Type (		ne): ad 542 Wes		nunity	☐ No	ontransient Nonc	ommunity	Transle	nt Nonco	mmunity			1			
City:	Auburnda	ıle						Zip Code:	: 338	323						
	(863) 421	-6827		Fax:				E-Mail Ad	ld man	42113						
- SAMPLE INF	FORMAT	FION (to be	e complete	d by sar	noler)			E-Man Ad	misse:	utilitycon	ISURANTO	gyahoo.com				
Sample Numb		1608458-0			,	Sample Date:	6/21/16		Sample	e Time;	6:30 p	m	_	AM	РМ	(Circle One)
Sample Locati	tion (be sp	pecific):	L-2 \$L	nrise Su	permark	et					Local	tion Code:				
Distribut Distribut Plant Ta Raw (at Max. Re	(Check O	only One) istribution) compliance stake) Time			for trihalo	Confirmat Composit Other: Sampling Proc	Compliance within of MCL Extended of Multiple Sedure Used on	Reas th 62-550 toceedance* tites ** Other Comme	ints:		□ F S S S S S S S S S S S S S S S S S S	Field pH ill that apply) Replacement ipedial (not for clearance (pe	(of Invalidation complitions)	irements	th 62-550)	
								or nitrite exceedar ERTIFICATI			anac	h a results pag	ge for Each	SIE		
١,			(Print N	•				Pera		lītle)			do H	HEREBY	Y CERTIF	Y
that the Signati		public water	1' //	sample	collection	information is co	omplete and c	ovrect.	Da	ale;	7/1	14/16				
Certifie	ed Operat	for#:	<u> </u>	1	Phone #	#: <u>(863)</u>	651-	0259		Sampl	ier's Fax	.#				
Sample Reporting For	ler's E-Ma mat 62-5		wi/e	pra	HO	netscap	e, net	<b>F</b>								EIVE
Effective Janu			ebruary 20	10							F	=NIT~=	-	R	EC	EIVE

Page 1 of 4

JUL 1 4 2016

JUL 1 4 2016 ENVIRONMENTAL ENGINEERING '

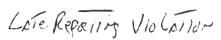
AA

SOUTH WALLOWS TO

110 BAYVIEW BOULEVARD, OLDSMAR, FL. 34677 B13-855-1844 FAX 813-855-2218

Florida Department of Environmental Protection Safe Drinking Water Program Laboratory Reporting Format Mid Florida Water Lab Sunrise Utilities

	ample(s) Received:  ige 1): 1608458-01  it apply):  Disinfection Byproducts  X  Trihalomethanes Haloacetic Acids	844	
ALYSIS INFORMATION (to be completed by lab)  Date Sa  SID (From Page 1): 6531739  Sample Number (From Page)  Ip(s) Analyzed & Results attached for compliance with Chapter 62-550, F.A.C. (Check all that tanics  Synthetic Organics  Volatile Organics  All 21	ATTACH CURRENT DOHA  Ample(s) Received:  1608458-01  At apply):  Disinfection Byproducts  X Trihalomethanes Haloacetic Acids	:  ANALYTE SHEET FOR EACH SUB  06/23/2016  Lab Assigned Report # or Job  Radionuclides  Single Sample	ID: 1608458-01  Secondaries
ALYSIS INFORMATION (to be completed by lab)  Date Sa  S ID (From Page 1): 6531739  Sample Number (From Page)  Sample Number (From Page)  Spring Synthetic Organics  All 21	ATTACH CURRENT DOH A ample(s) Received:  Ige 1): 1608458-01  It apply):  Disinfection Byproducts  X Trihalomethanes Haloacetic Acids	ANALYTE SHEET FOR EACH SUB  106/23/2016  Lab Assigned Report # or Job  Radionucildes  Single Sample	ID: 1608458-01  Secondaries
Sample Number (From Page 1): 6531739  Sample Number (From Page 1): 653	ample(s) Received:  ige 1): 1608458-01  it apply):  Disinfection Byproducts  X  Trihalomethanes Haloacetic Acids	06/23/2016  Lab Assigned Report # or Job  Radionuclides  Single Sample	ID: 1608458-01  Secondaries
Sample Number (From Page 1): 6531739  Sample Number (From Page 1): 653	ge 1): 1608458-01  It apply):  Disinfection Byproducts  X Trihalomethanes Haloacetic Acids	Lab Assigned Report # or Job  Radionuclides  Single Sample	Secondaries
anics Synthetic Organics Volatile Organics  All Except for Asbestos All 30 All 21	Disinfection Byproducts  X Trihalomethanes Haloacetic Acids	Radionucildes  Single Sample	Secondaries
All Except for Asbestos  Synthetic Organics  Volatile Organics  All 21	Disinfection Byproducts  X Trihalomethanes Haloacetic Acids	Single Sample	
All Except for Asbestos  Synthetic Organics  Volatile Organics  All 21	Disinfection Byproducts  X Trihalomethanes Haloacetic Acids	Single Sample	
All Except for Asbestos All 30 All 21	X Trihalomethanes X Haloacetic Acids	Single Sample	
	X Haloacetic Acids		All 14
Failed   Failed			Partial
Nitrate Partial	Chlorite	Carly Composite	Partial
Nitrite Dioxin Only	Bromate		
Asbestos LAB CERTIF	CATION		
Francis I, Daniels , Laboratory Dire		do HEREBY	CERTIFY
(Print Name)	(Print Tifle)		
t all attached analytical data are correct and unless noted meet all requirements of the Nation	nal Environmental Laboratory Ac	coditation Conference (NELAC).	
nature: Find ail	Date: 07/13/201	6	
Failure to provide a valid and current Florida DOH lab certification number and a current Ar	•	•	of the
report, possible enforcement against the public water system for failure to sample, and may Please provide radiological sample dates & locations for each quarter.	y result in nouncement of the DOF	buleau of Laboratory Services.	
CONFIRMATION & NOTIFICATION IS REQUIRED WITHIN 24	LHOURS FOR NITRATE AND	NITRITE MOLEYCEEDANCE	8
NON-DETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" QL			-
IPLIANCE DETERMINATION (to be completed by DEP or DOH - attach notes as ne	ecessary)		
olle Collection & Analysis Satisfactory:		r Report Requested (circle or highligh	it group(s) above)
on Notified: Date Notified:	DEP/DOH R	Reviewing Official:	17-





#### **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 EVIRONMENTAL PROTECTION SAFE DRINKING WATER PROGRAM LABORATORY REPORTING FORMAT

LABORATORY CERTIFICATION INFORMATION (to be co	ompleted by lab – Please type of print legibly)
Lab Name: MID FLORIDA WATER LABORATORY Certification Expiration Date: 06/30/16	
Address: 8 OAKWOOD ROAD. WINTER HAV Were any analyses subcontracted X Yes No If yes, Please provide DOH certification number(s) E84129	0
ATTACH DOH ANALYTE SHEET FOR EACH SUBCONT	RACTED 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):
Inorganics Synthetic Organics Volatile Organic	Disinfection Byproducts Secondaries Radionuclides
All (Except Abestos) All 30 All 21 Partial All Except Dioxin Partial	☑ Trihalomethanes       ☐ All 14       ☐ Single sample         ☑ Haloacetic Acids       ☐ Partial       ☐ Qtrly Composite**
☐ Nitrate ☐ Partial ☐ Nitrite ☐ Dioxin Only	☐ Sulphate ☐ Total dissolved solids
Asbestos	Total dissolved solids
LAB CERTIFICATION,	
Margaret Rajpaul (Contact Person) ,	DIRECTOR
(Print Name)	(Print Title)
do HEREBY CERTIFY that all attached analytical data are National Environmental Laboratory Accreditation Conference	
	·
Signature: Marjunes Raype	Date: 7(13/16
* Failure to provide a valid and current Florida DOH lab certi	ification number and a current Analyte Sheet for the attached ble enforcement against the public water system for failure to
** Please provide radiological sample dates & locations for ex- CONFIRMATION & NOTIFICATION IS REQUIRED WITH NON-DETECTES ARE TO BE REPORTED AS THE MDL WITH A	ach quarter.  IIN 24 HRS FOR NITRATE NITRITE MCL EXCEDANCES  "U" QUALIFIER. (Non detects reported as "BDL"or with a"<" are not
COMPLIANCE DETERMINATION (to be completed by DE Sample Collection & Analysis Satisfactory: Yes No	otable.) EP or DOH-attach notes as necessary)
Replacement Sample(s) Requested (circle or highlight group(s) above	ve) Person Notified:
Date Notified:	
DEP/DOH Reviewing Official:	

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:

160645R-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	D.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	1	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	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Reg MRL**	Analysis Date	Analysis Time	DOH Lab Certification #
2941	Chleroform	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	D.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 \_\_\_\_

#### FDOH Cert#E84567

### 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 FOR LAB USE ONLY

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110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 B13-855-1844 FAX 813-855-2218



#### Florida Department of Environmental Protection Mid Florida Water Lab Safe Drinking Water Program Laboratory Reporting Format **Sunrise Utilities** PUBLIC WATER SYSTEM INFORMATION (to be completed by sampler - please type or print legibly) Sunrise Utilities System Name: PWS I.D. # System Type (check one): Community **Nontransient Noncommunity** Transient Noncommunity Address: State Road 542 West Aubumdale Zip Code: 33823 City: 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 PM (Circle One) Sample Location (be specific): L1 - 2410 Thompson Location Code: 1.2 Disinfection Residual (Required when reporting results for trihalomethanes and haloacetic acids): Field pH: Sample Type (Check Only One) Reason (s) for Sample (Check all that apply) Distribution Routine Compliance with 62-550 Replacement (of Invalidated Sample) Confirmation of MCL Exceedance\* Entry Point (to Distribution) Special (not for compliance with 62-550) Plant Tap (not for compliance with 62-550) Composite of Multiple Sites \*\* Clearance (permitting) Raw (at well or intake) Max. Residence Time Sampling Procedure Used or Other Comments: Ave. Residence Time \* See 62-550.500(6) for requirements and restrictions. \*\* See 62-550.500(4) for requirements and Near First Customer And 62-550.5.12(3) for nitrate or nitrite exceedances. attach a results page for each site SAMPLER CERTIFICATION do HEREBY CERTIFY Wiley Pratt (Print Title) (Print Name) that the above public water system and sample collection information is complete and correct. Signature: Date: Certified Operator #: Phone #: Sampler's Fax #: Sampler's E-Mail: Reporting Format 62-550-730

Effective January 1995. Revised February 2010

ENTERED

OCT 2 1 2015

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	partment of Environme ing Water Program Lai	ental Protection boratory Reporting Forma	at				Mid Florida Water Lab Sunrise Utilities
LABORATO	ORY CERTIFICATION I	NFORMATION (to be com	oleted by lab - please type or	print legib	ly)		
Lab Name:	Southern Analytical La	boratories, Inc.	Florida DOH Certification #:	E8412	29	Certification Expiration Date:	06/30/2017
				ATTACH	CURRENT DOH A	NALYTE SHEET*	
Address:	110 Bayview Blvd Olds	mar,FL 34677		Phone:	(813) 855-1	844	
Were any an	alyses subcontracted?	Yes X N	o If yes, please provid	le DOH certi	fication number(s)	:	
				ATTACH	CURRENT DOH	ANALYTE SHEET FOR EACH SU	BCONTRACTED LAB*
ANALYSIS	INFORMATION (to be	completed by lab)	Date Sam	nple(s) Rece	ived:	09/22/2016	
PWS ID (Fro	om Page 1): 6531739		Sample Number (From Page	e 1):	1613371-01	Lab Assigned Report # or Jol	DID: 1613371-01
Group(s) Ana	alyzed & Results attached	for compliance with Chapter	- 62-550, F.A.C. (Check all that a	apply):		_	
Inorganics		Synthetic Organics	Volatile Organics	Disinfec	tion Byproducts	Radionuclides	Secondaries
Partial Nitrate Nitrite	Э	All 30 All Except Dioxin Partial Dioxin Only	All 21 Partial	X Ha Ch	nalomethanes loacetic Acids lorite omate	Single Sample Qtrly Composite	All 14 Partial
Asbes	stos		LAB CERTIFIC	CATION			
I, Fra	ancis I. Daniels		, Laboratory Direc	tor		do HEREB	Y CERTIFY
	,	nt Name)			(Print Title)		
that all attac	ched analytical data are o	correct and unless noted mee	t all requirements of the Nationa	ał Environmo	ental Laboratory A	cceditation Conference (NELAC).	
Signature:	Fin	- Wail			Pate: 10/04/201	16	
report,	, possible enforcement ag		n for failure to sample, and may			alysis results will result in rejection H Bureau of Laboratory Services.	n of the
						D NITRITE MCL EXCEEDANC as "BDL" or with a "<" are not accept	
COMPLIAN	ICE DETERMINATION	(to be completed by DEP	or DOH - attach notes as neo	cessary)			) ^
Sample Colle	ection & Analysis Satisfac	tory: Ves [	No	Repl	acement Sample of	or Report Requested (circle or highli	ght group(s) above)
Person Notifi	ied:		Date Notified:		DEP/DOH	Reviewing Official:	
	ormat 62-550-730 nuary 1995. Revised Febr	uary 2010				<i>j</i> 6	118116

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:

PWS ID (From Page 1):\_

1613371-01

Disinfectant Residual (mg/L) (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	T	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	1	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.

9/19/13 - 27.6
9/19/16-9.98
6/21/16-13.3
6/21/16-5.67
3/27/16-\$
12/25/15-\$

LRAA 16-23
Page 3 of 7

LRAA 2 2 2 OCT 2 1 2015 AA

110 BAYMEW BOULEVARD, DLDSMAR, FL 34677 B13-855-1844 FAX 813-855-2218



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

Mid Florida Water Lab Sunrise Utilities

Sunrise									
PUBLIC WATER SYSTEM INFORMATION (to be completed by sampler - please	e type or print legibly)								
System Name: Sunrise Utilities	PWS I.D. #: 6 5 3 1 7 3 9								
System Type (check one): X Community Nontransient Noncommun  Address: State Road 542 West	nity Transient Noncommunity								
City: Auburndale	Zip Code: 33823								
Phone: (863) 421-6827 Fax:	E-Mail Address: utilityconsultant@yahoo.com								
SAMPLE INFORMATION (to be completed by sampler)	L Main red 500.								
	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 haloacet	tic acids): // 0 mg/L Field pH:								
Sample Type (Check Only One)	Reason (s) for Sample (Check all that apply)								
Distribution Routine Complia									
Entry Point (to Distribution) Confirmation of I	MCL Exceedance* Special (not for compliance with 62-550)								
Plant Tap (not for compliance with 62-550) Composite of Mu	ultiple Sites ** Clearance (permitting)								
Raw (at well or intake)									
Max. Residence Time Sampling Procedure V	Used or Other Comments:								
Ave. Residence Time									
* See 62-550.500(6) fo	or requirements and restrictions.  ** See 62-550.500(4) for requirements and attach a results page for each site								
SAMPLI	ER CERTIFICATION								
I. Wiley Pratt ,	Operative do HEREBY CERTIFY								
(Print Name)	(Print Title)								
that the above public water system and sample collection information is complete Signature:	e and correct.  Date: 60/16/16								
Certified Operator #: 65/- 0	259 Sampler's Fax #:								
Sampler's E-Mail: West prat	a netscape, net								
Reporting Format 62-550-730 Effective January 1995. Revised February 2010									

110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 B13-855-1844 FAX 813-855-2218



Mid Florida Water Lab Sunrise Utilities

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

Safe Drinking Water Prog	ram Laboratory Reporting Forma	it				Sunrise Utilitie				
	ATION INFORMATION (to be comp lytical Laboratories, Inc.	pleted by lab - please type of Florida DOH Certification #:	r print legibly) E84129		Certification Expiration Date:	06/30/2017				
	,		ATTACH CL	JRRENT DOH AN	NALYTE SHEET*					
Address: 110 Bayview E	Blvd Oldsmar,FL 34677		Phone: (813) 855-1		344					
Vere any analyses subcontra	icted? Yes X No	If yes, please provide	de DOH certific	ation number(s):						
	~ -		ATTACH C	URRENT DOH A	NALYTE SHEET FOR EACH SUB	CONTRACTED LAB*				
NALYSIS INFORMATION	(to be completed by lab)	Date San	nple(s) Receive	ed:	09/22/2016					
WS ID (From Page 1):	5531739	Sample Number (From Pag	e 1):	1613371-02	Lab Assigned Report # or Job ID: 1613371-					
roup(s) Analyzed & Results	attached for compliance with Chapter	62-550, F.A.C. (Check all that	apply):							
norganics	Synthetic Organics	Volatile Organics	Disinfectio	n Byproducts	Radionuclides	Secondaries				
All Except for Asbestos Partial Nitrate Nitrite Asbestos	All 30 All Except Dioxin Partial Dioxin Only	All 21 Partial	X Haloa Chlor Brom		Single Sample Qtrly Composite	All 14 Partial				
Aspesios		LAB CERTIFI	CATION							
I, Francis I. Daniels	(Print Name)	, Laboratory Direc	do HEREBY	CERTIFY						
that all all and a sale final d	lata are correct and unless noted mee	all servicements of the Matien	,	(Print Title)	proditation Conference (NELAC)					
Signature:  * Failure to provide a value report, possible enforce	lid and current Florida DOH lab certificement against the public water system gical sample dates & locations for each	ation number and a current An	Dat	te: 10/04/2010	6 alysis results will result in rejection	of the				
·	CONFIRMATION & NOTIFICATION ON-DETECTS ARE TO BE REPORTED	IS REQUIRED WITHIN 24								
COMPLIANCE DETERMIN	NATION (to be completed by DEP of	or DOH - attach notes as ne	cessary)			$\sim$				
Sample Collection & Analysis	Satisfactory: Yes	No	Replac		r Report Requested (circle or highlig	ht group(s) above)				
Person Notified:		Date Notified:		DEP/DOH R	Reviewing Official:					
Reporting Format 62-550-730 Effective January 1995. Revis					/6	118/16				

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#### 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	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	1	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	1	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.

9/19/16-41.5 6/21/16-13.6 3/27/16-2.65 13/29/16-18

Page 6 of 7

LRAA 14.44

LRAA 5.19

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## **CHAIN OF CUSTODY**

Nº 62979 PAGE 1 OF 1



DHRS PERMIT #E84567

HRS - QA# 9710NC - 181

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FOR LAB USE ONLY

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### MID FLORIDA WATER LAB

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Client Name Sunrist Utilities												TEST	S REQU	RED	· · · · · · · · · · · · · · · · · · ·			
Address Sun Acres Blyd								Anal	ysis /				7	. /				
City: Auburndale State: Fl ZIP: 33830																		
Phone # (863) 510-1318													1,	/,.				
FAX #									0./		#/	· //	x/.	2/	<i>'</i>	′ /		
Collected by: Wiley Pratt State Collected From:								/ 9	Si S									
	Sample ID Matrix Date Time Comp/Grab Sample Location									/ ~		1609	1601			Remarks		
1		GW	9/19/11	1630	Gmb	L1-2410	Thompson						SUM	1/05	: لغاة			
2		6W	9/19/11	1645	Grab	La-Sunn	se Superm	RAKO)	(				164	Kecy				
3							/						0868	ئائى ئائى				
4																		
5																		
6																		
7										P	W	5	I	D				
8																		The second second
9											6	5	3	1	7	3	9	
10																		
11																		
12																		
13																		
14																		
CUSTODY TRANSFERS													r					
Relinquished by Date 70116 Time 1466 Date 70116										. 🗆				MATRIX CODES GW — GROUND WATER	:			
							Metho	d of Ship	ment	C	7,40			_	SW — SURFACE WATER SO — SOIL			
Laboratory Remarks							Contai	ners Rec	eived						SL — SLUDGE WW — WASTE WATER			
							<u>L</u>	1										
Laboratory Remarks									ners Rec							SL — SLUDGE		