



STAGE 2 TOTAL TRIHALOMETHANES (TTHM) AND HALOACETIC ACIDS FIVE (HAA5) REPORTING FORMAT

Subpart H systems serving 500 or more persons and ground water systems serving 10,000 or more persons shall complete applicable pages of this format and submit them to the Department within 10 days after the end of any quarter in which TTHM/HAA5 monitoring is required. Systems on routine or reduced quarterly TTHM/HAA5 monitoring shall complete pages 1, 2, and 3 of this format. (Add additional rows to the tables on pages 2 and 3 as necessary.) Systems on reduced annual TTHM/HAA5 monitoring shall complete pages 1 and 4 of this format. Additionally, Subpart H systems seeking to qualify for, or remain on, reduced quarterly or annual TTHM/HAA5 monitoring shall complete page 5 of this format. (Add additional rows to the table on page 5 as necessary.)

D/DBPR = Disinfectant and Disinfection Byproducts Rule; LRAA = locational running annual average; MCL = maximum contaminant level; OE = operational evaluation; RAA = running annual average; TOC = total organic carbon.

QUARTERLY MONITORING PERIOD*: 4th Quarter of Stage 2 October – December 2016

*Indicate the quarterly monitoring period by months and year (e.g., April-June 2012).

SYSTEM INFORMATION

PWS ID Number: 3354881		
PWS Name: Lake Utility Services Inc. South		
Source Water Type and Population Size Category:		
<input checked="" type="checkbox"/> Ground Water:	<input type="checkbox"/> Subpart H:	
<input checked="" type="checkbox"/> 10,000 – 99,999	<input type="checkbox"/> 500 – 3,300	<input type="checkbox"/> 250,000 – 999,999
<input type="checkbox"/> 100,000 – 499,999	<input type="checkbox"/> 3,301 – 9,999	<input type="checkbox"/> 1,000,000 – 4,999,999
<input type="checkbox"/> ≥ 500,000	<input type="checkbox"/> 10,000 – 49,999	<input type="checkbox"/> ≥ 5,000,000
	<input type="checkbox"/> 50,000 – 249,999	
Monitoring Mode*: <input checked="" type="checkbox"/> Routine Monitoring <input type="checkbox"/> Reduced Monitoring		
Monitoring Frequency*: <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Annually		
Total Number Of Distribution System Monitoring Locations*: 4		
Contact Person: Patrick Flynn		
Phone Number: 407.869.1919		
E-Mail Address (optional): pcflynn@uiwater.com		
Fax Number (optional): 407.869.6961		

* See 40 CFR 141.621 and 141.623 for more details.

TTHM COMPLIANCE SUMMARY FOR SYSTEMS MONITORING QUARTERLY									
Monitoring Location*	This Quarter				Previous Quarter	2 Quarters Ago	3 Quarters Ago	TTHM LRAA** (µg/L)	TTHM OE Value*** (µg/L)
	No. of TTHM Samples Taken	Date Each TTHM Sample Taken (mo/da/yr)	TTHM Sample Result (µg/L)	TTHM Locational Quarterly Average (µg/L)	TTHM Locational Quarterly Average (µg/L)	TTHM Locational Quarterly Average (µg/L)	TTHM Locational Quarterly Average (µg/L)	(A+B+C+D)/4	(2A+B+C)/4
				A	B	C	D		
16107 Green Cove Blvd.	1	11/9/2016	28.3	28.3	38.8	65.4	140	68.1	40.2
15846 Wilkenson Dr.	1	11/9/2016	31.3	31.3	35.5	29.3	68.9	41.2	31.8
16530 Golden Eagle	1	11/9/2016	32.2	32.2	39.0	31.3	67.7	42.5	33.6
1635 US Hwy 27 (7-11)	1	11/9/2016	29.1	29.1	36.8	28.1	62.4	39.1	30.7
Does the TTHM LRAA at any monitoring location violate the TTHM MCL of 80 µg/L? (YES/NO)								No	
Does the TTHM OE value at any monitoring location exceed 80 µg/L? (YES/NO)****								No	
If you are on reduced quarterly monitoring, does the TTHM LRAA exceed 40 µg/L at any monitoring location? (YES/NO/NA)*****								N/A	

* Location names or numbers should correspond to those in your Stage 2 D/DBPR compliance monitoring plan required under 40 CFR 141.622.
 ** Calculate and enter the LRAA beginning at the end of the fourth quarter of Stage 2 monitoring and at the end of each subsequent quarter. Also, if the LRAA calculated based on fewer than four quarters of data would cause the MCL to be exceeded regardless of the monitoring results of subsequent quarters, calculate and enter the LRAA (using zero for the results of subsequent quarters).
 *** Calculate the OE value beginning at the end of the third quarter of Stage 2 monitoring and at the end of each subsequent quarter. Enter the OE value if it exceeds 80 µg/L.
 **** If any TTHM OE value at any location exceeds 80 µg/L, conduct an OE and submit an OE report in accordance with 40 CFR 141.626.
 ***** If any TTHM LRAA at any location exceeds 40 µg/L, resume routine quarterly monitoring under 40 CFR 141.621.

HAA5 COMPLIANCE SUMMARY FOR SYSTEMS MONITORING QUARTERLY

Monitoring Location*	This Quarter				Previous Quarter	2 Quarters Ago	3 Quarters Ago	HAA5 LRAA** (µg/L)	HAA5 OE Value*** (µg/L)
	No. of HAA5 Samples Taken	Date Each HAA5 Sample Taken (mo/da/yr)	HAA5 Sample Result (µg/L)	HAA5 Locational Quarterly Average (µg/L)	HAA5 Locational Quarterly Average (µg/L)	HAA5 Locational Quarterly Average (µg/L)	HAA5 Locational Quarterly Average (µg/L)		
				A	B	C	D	(A+B+C+D)/4	(2A+B+C)/4
16107 Green Cove Blvd.	1	11/9/2016	14.6	14.6	26.7	26.4	26.3	23.5	20.5
15846 Wilkenson Dr.	1	11/9/2016	8.47	8.47	25.5	18.6	27.1	19.9	15.2
16530 Golden Eagle	1	11/9/2016	19.4	19.4	23.3	16.1	50.6	27.3	19.5
1635 US Hwy 27 (7-11)	1	11/9/2016	16.8	16.8	24.0	17.0	25.8	20.9	18.6
Does the HAA5 LRAA at any monitoring location violate the HAA5 MCL of 60 µg/L? (YES/NO)								No	
Does the HAA5 OE value at any monitoring location exceed 60 µg/L? (YES/NO)****								No	
If you are on reduced quarterly monitoring, does the HAA5 LRAA exceed 30 µg/L at any monitoring location? (YES/NO/NA)*****								N/A	

* Location names or numbers should correspond to those in your Stage 2 D/DBPR compliance monitoring plan required under 40 CFR 141.622.
 ** Calculate and enter the LRAA beginning at the end of the fourth quarter of Stage 2 monitoring and at the end of each subsequent quarter. Also, if the LRAA calculated based on fewer than four quarters of data would cause the MCL to be exceeded regardless of the monitoring results of subsequent quarters, calculate and enter the LRAA (using zero for the results of subsequent quarters).
 *** Calculate the OE value beginning at the end of the third quarter of Stage 2 monitoring and at the end of each subsequent quarter. Enter the OE value if it exceeds 60 µg/L.
 **** If any HAA5 OE value at any location exceeds 60 µg/L, you must conduct an OE and submit an OE report in accordance with 40 CFR 141.626.
 ***** If any HAA5 LRAA at any location exceeds 30 µg/L, you must resume routine quarterly monitoring under 40 CFR 141.621.

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

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

System Name: Lake Utility Services Inc. South Lake Groves WTP PWS I.D. # 3354881
System Type (check one): Community Nontransient Noncommunity Transient Noncommunity
Address: 2425 US Highway 27
City: Clermont ZIP Code: 34711
Phone # 407-869-1919 Fax #: 407-869-6961 E-Mail Address: bkgongre@uiwater.com

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: 315028 DW1 Sample Date: 11/9/16 Sample Time: 8:05 **AM** PM (Circle One)
Sample Location (be specific) 16107 Green Cove Blvd. Location Code: Water
Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): 1.9 mg/L Field pH: _____

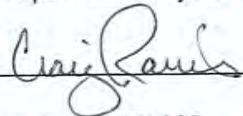
Sample Type (Check Only One) Reason(s) for Sample (Check all that apply)
 Distribution Routine Compliance with 62-550 Replacement (of Invalidated Sample)
 Entry Point (to Distribution) Confirmation of MCL Exceedance* Special (not for compliance with 62-550)
 Plant Tap (not for compliance with 62-550) Composite of Multiple Sites** Clearance (permitting)
 Raw (at well or intake) Other: 4th Qtr. 2016
 Max Residence Time
 Ave Residence Time
 Near First Customer
Sampling Procedure Used or Other Comments: _____

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

SAMPLER CERTIFICATION

I, Craig Raines, Lead Operator, do HEREBY CERTIFY
(Print Name) (Print Title)

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

Signature:  Date: 11/29/16
Certified Operator #: A-007960 Phone #: 407-394-3222 Sampler's Fax #: 352-242-0565

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

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

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

Lab Name: Flowers Chemical Laboratories, Inc.

Florida DOH Certification #: E83018

Certification Expiration Date: 6/30/2017

ATTACH CURRENT DOH ANALYTE SHEET*

Address: P. O. Box 150597, Altamonte Springs, FL 32715-0597

Phone #: 407-339-5984

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

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB*

ANALYSIS INFORMATION(to be completed by lab)

Date Sample(s) Received: 11/09/16

PWS ID (From Page 1): 3354881

Sample Number (From Page 1): 315028DW1

Lab Assigned Report # or Job ID: 315028

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

Inorganics

Synthetic Organics

Volatile Organics

Disinfection Byproducts

Radionuclides

Secondaries

All Except Asbestos

All 30

All 21

Trihalomethanes

Single Sample

All 14

Partial

All Except Dioxin

Partial

Haloacetic Acids

Qtrly Composite**

Partial

Nitrate

Partial

Chlorite

Nitrite

Dioxin Only

Bromate

Asbestos

LAB CERTIFICATION

I, Jefferson S. Flowers, Technical Director, do HEREBY CERTIFY that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).

Signature:



Date: 11/22/16

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

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

CONFIRMATION AND NOTIFICATION IS REQUIRED WITHIN 24 HRS FOR NITRATE MCL EXCEEDANCES

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

Compliance Determination (to be completed by DEP or DOH - attach notes as necessary)

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

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

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

DISINFECTION BYPRODUCTS
62-550.310(3)

Report Number / Job ID: 315028DW1
Disinfectant Residual (mg/L): 1.9000000
PWS ID (From Page 1): 3354881 LUSI South

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Regulatory MRL**	Analysis Date	Analysis Time	DOH Lab Cert #
2450	Monochloroacetic Acid	N/A	ug/L	2.56		EPA552.3	2.00	2.0	11/16/16		E83018
2451	Dichloroacetic Acid	N/A	ug/L	8.27		EPA552.3	1.00	1.0	11/16/16		E83018
2452	Trichloroacetic Acid	N/A	ug/L	1.39		EPA552.3	0.500	1.0	11/16/16		E83018
2453	Monobromoacetic Acid	N/A	ug/L	1.00	U	EPA552.3	1.00	1.0	11/16/16		E83018
2454	Dibromoacetic Acid	N/A	ug/L	2.42		EPA552.3	0.500	1.0	11/16/16		E83018
2456	Total Haloacetic Acids (HAA5)	60	ug/L	14.6		EPA552.3	0.500	---	11/16/16		E83018

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Regulatory MRL**	Analysis Date	Analysis Time	DOH Lab Cert #
2941	Chloroform	N/A	ug/L	17.4		EPA524.2	0.500	1.0	11/11/16		E83018
2942	Bromoform	N/A	ug/L	0.500	U	EPA524.2	0.500	1.0	11/11/16		E83018
2943	Bromodichloromethane	N/A	ug/L	6.78		EPA524.2	0.500	1.0	11/11/16		E83018
2944	Dibromochloromethane	N/A	ug/L	4.17		EPA524.2	0.500	1.0	11/11/16		E83018
2950	Total Trihalomethanes (TTHM)	80	ug/L	28.3		EPA524.2	0.500	---	11/11/16		E83018

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

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

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

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

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

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

System Name: Lake Utility Services Inc. South Lake Groves WTP PWS I.D. # 3354881

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

Address: 2425 US Highway 27

City: Clermont ZIP Code: 34711

Phone # 407-869-1919 Fax #: 407-869-6961 E-Mail Address: bkgongre@uiwater.com

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: 315028 DW2 Sample Date: 11/9/16 Sample Time: 7:45 **AM** PM (Circle One)

Sample Location (be specific) 15846 Wilkenson Dr. Location Code: Water

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): 1.8 mg/L Field pH: _____

Sample Type (Check Only One)

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

- | | | |
|---|--|---|
| <input type="checkbox"/> Distribution | <input checked="" type="checkbox"/> Routine Compliance with 62-550 | <input type="checkbox"/> Replacement (of Invalidated Sample) |
| <input type="checkbox"/> Entry Point (to Distribution) | <input type="checkbox"/> Confirmation of MCL Exceedance* | <input type="checkbox"/> Special (not for compliance with 62-550) |
| <input type="checkbox"/> Plant Tap (not for compliance with 62-550) | <input type="checkbox"/> Composite of Multiple Sites** | <input type="checkbox"/> Clearance (permitting) |
| <input type="checkbox"/> Raw (at well or intake) | <input type="checkbox"/> Other: <u>4th Qtr. 2016</u> | |
| <input checked="" type="checkbox"/> Max Residence Time | Sampling Procedure Used or Other Comments: | |
| <input type="checkbox"/> Ave Residence Time | | |
| <input type="checkbox"/> Near First Customer | | |


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

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

SAMPLER CERTIFICATION

I, Craig Raines, Lead Operator, do HEREBY CERTIFY
(Print Name) (Print Title)

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

Signature:  Date: 11/29/16

Certified Operator #: A-007960 Phone #: 407-394-3222 Sampler's Fax #: 352-242-0565

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

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

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

Lab Name: Flowers Chemical Laboratories, Inc.

Florida DOH Certification #: E83018

Certification Expiration Date: 6/30/2017

ATTACH CURRENT DOH ANALYTE SHEET*

Address: P. O. Box 150597, Altamonte Springs, FL 32715-0597

Phone #: 407-339-5984

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

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB*

ANALYSIS INFORMATION(to be completed by lab)

Date Sample(s) Received: 11/09/16

PWS ID (From Page 1): 3354881

Sample Number (From Page 1): 315028DW2

Lab Assigned Report # or Job ID: 315028

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

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

LAB CERTIFICATION

I, Jefferson S. Flowers, Technical Director, do HEREBY CERTIFY that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).

Signature:



Date: 11/22/16

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

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

CONFIRMATION AND NOTIFICATION IS REQUIRED WITHIN 24 HRS FOR NITRATE MCL EXCEEDANCES

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

Compliance Determination (to be completed by DEP or DOH - attach notes as necessary)

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

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

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

DISINFECTION BYPRODUCTS
62-550.310(3)

Report Number / Job ID: 315028DW2
Disinfectant Residual (mg/L): 1.8000000
PWS ID (From Page 1): 3354881 LUSI South

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Regulatory MRL**	Analysis Date	Analysis Time	DOH Lab Cert #
2450	Monochloroacetic Acid	N/A	ug/L	2.48		EPA552.3	2.00	2.0	11/16/16		E83018
2451	Dichloroacetic Acid	N/A	ug/L	3.52		EPA552.3	1.00	1.0	11/16/16		E83018
2452	Trichloroacetic Acid	N/A	ug/L	0.781		EPA552.3	0.500	1.0	11/16/16		E83018
2453	Monobromoacetic Acid	N/A	ug/L	1.00	U	EPA552.3	1.00	1.0	11/16/16		E83018
2454	Dibromoacetic Acid	N/A	ug/L	1.70		EPA552.3	0.500	1.0	11/16/16		E83018
2456	Total Haloacetic Acids (HAA5)	60	ug/L	8.47		EPA552.3	0.500	---	11/16/16		E83018

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Regulatory MRL**	Analysis Date	Analysis Time	DOH Lab Cert #
2941	Chloroform	N/A	ug/L	18.8		EPA524.2	0.500	1.0	11/11/16		E83018
2942	Bromoform	N/A	ug/L	0.540		EPA524.2	0.500	1.0	11/11/16		E83018
2943	Bromodichloromethane	N/A	ug/L	7.55		EPA524.2	0.500	1.0	11/11/16		E83018
2944	Dibromochloromethane	N/A	ug/L	4.40		EPA524.2	0.500	1.0	11/11/16		E83018
2950	Total Trihalomethanes (TTHM)	80	ug/L	31.3		EPA524.2	0.500	---	11/11/16		E83018

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

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

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

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

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

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

System Name: Lake Utility Services Inc. South Lake Groves WTP PWS I.D. # 3354881

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

Address: 2425 US Highway 27

City: Clermont ZIP Code: 34711

Phone # 407-869-1919 Fax #: 407-869-6961 E-Mail Address: bkgongre@uiwater.com

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: 315028 DW3 Sample Date: 11/9/16 Sample Time: 7:27 **AM** PM (Circle One)

Sample Location (be specific) 16530 Golden Eagle Location Code: Water

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): 1.9 mg/L Field pH:

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

- | | | |
|---|--|---|
| <input type="checkbox"/> Distribution | <input checked="" type="checkbox"/> Routine Compliance with 62-550 | <input type="checkbox"/> Replacement (of Invalidated Sample) |
| <input type="checkbox"/> Entry Point (to Distribution) | <input type="checkbox"/> Confirmation of MCL Exceedance* | <input type="checkbox"/> Special (not for compliance with 62-550) |
| <input type="checkbox"/> Plant Tap (not for compliance with 62-550) | <input type="checkbox"/> Composite of Multiple Sites** | <input type="checkbox"/> Clearance (permitting) |
| <input type="checkbox"/> Raw (at well or intake) | <input type="checkbox"/> Other: <u>4th Qtr. 2016</u> | |
- Max Residence Time
 Ave Residence Time
 Near First Customer

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

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

SAMPLER CERTIFICATION

I, Craig Raines, Lead Operator, do HEREBY CERTIFY
(Print Name) (Print Title)

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

Signature: Craig Raines Date: 11/29/16

Certified Operator #: A-007960 Phone #: 407-394-3222 Sampler's Fax #: 352-242-0565

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

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

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

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Florida DOH Certification #: E83018

Certification Expiration Date: 6/30/2017

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Address: P. O. Box 150597, Altamonte Springs, FL 32715-0597

Phone #: 407-339-5984

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

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB*

ANALYSIS INFORMATION(to be completed by lab)

Date Sample(s) Received: 11/09/16

PWS ID (From Page 1): 3354881

Sample Number (From Page 1): 315028DW3

Lab Assigned Report # or Job ID: 315028

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

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

LAB CERTIFICATION

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Signature:



Date: 11/22/16

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Compliance Determination (to be completed by DEP or DOH - attach notes as necessary)

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

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

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

DISINFECTION BYPRODUCTS
62-550.310(3)

Report Number / Job ID: 315028DW3
Disinfectant Residual (mg/L): 1.9000000
PWS ID (From Page 1): 3354881 LUSI South

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Regulatory MRL**	Analysis Date	Analysis Time	DOH Lab Cert #
2450	Monochloroacetic Acid	N/A	ug/L	3.72		EPA552.3	2.00	2.0	11/16/16		E83018
2451	Dichloroacetic Acid	N/A	ug/L	11.6		EPA552.3	1.00	1.0	11/16/16		E83018
2452	Trichloroacetic Acid	N/A	ug/L	2.80		EPA552.3	0.500	1.0	11/16/16		E83018
2453	Monobromoacetic Acid	N/A	ug/L	1.00	U	EPA552.3	1.00	1.0	11/16/16		E83018
2454	Dibromoacetic Acid	N/A	ug/L	1.32		EPA552.3	0.500	1.0	11/16/16		E83018
2456	Total Haloacetic Acids (HAA5)	60	ug/L	19.4		EPA552.3	0.500	---	11/16/16		E83018

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Regulatory MRL**	Analysis Date	Analysis Time	DOH Lab Cert #
2941	Chloroform	N/A	ug/L	20.0		EPA524.2	0.500	1.0	11/11/16		E83018
2942	Bromoform	N/A	ug/L	0.500	U	EPA524.2	0.500	1.0	11/11/16		E83018
2943	Bromodichloromethane	N/A	ug/L	7.72		EPA524.2	0.500	1.0	11/11/16		E83018
2944	Dibromochloromethane	N/A	ug/L	4.51		EPA524.2	0.500	1.0	11/11/16		E83018
2950	Total Trihalomethanes (TTHM)	80	ug/L	32.2		EPA524.2	0.500	---	11/11/16		E83018

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

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

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

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

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

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

System Name: Lake Utility Services Inc. South Lake Groves WTP PWS I.D. # 3354881

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

Address: 2425 US Highway 27

City: Clermont ZIP Code: 34711

Phone # 407-869-1919 Fax #: 407-869-6961 E-Mail Address: bkgongre@uiwater.com

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: 315028 DW4 Sample Date: 11/9/16 Sample Time: 7:12 **AM** PM (Circle One)

Sample Location (be specific) 1635 US Highway 27 (7/11) Location Code: Water

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): 1.8 mg/L Field pH: _____

Sample Type (Check Only One)

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

- | | | |
|---|--|---|
| <input type="checkbox"/> Distribution | <input checked="" type="checkbox"/> Routine Compliance with 62-550 | <input type="checkbox"/> Replacement (of Invalidated Sample) |
| <input type="checkbox"/> Entry Point (to Distribution) | <input type="checkbox"/> Confirmation of MCL Exceedance* | <input type="checkbox"/> Special (not for compliance with 62-550) |
| <input type="checkbox"/> Plant Tap (not for compliance with 62-550) | <input type="checkbox"/> Composite of Multiple Sites** | <input type="checkbox"/> Clearance (permitting) |
| <input type="checkbox"/> Raw (at well or intake) | <input type="checkbox"/> Other: <u>4th Qtr. 2016</u> | |
| <input checked="" type="checkbox"/> Max Residence Time | Sampling Procedure Used or Other Comments: | |
| <input type="checkbox"/> Ave Residence Time | | |
| <input type="checkbox"/> Near First Customer | | |

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

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

SAMPLER CERTIFICATION

I, Craig Raines Craig Raines, Lead Operator, do HEREBY CERTIFY
(Print Name) (Print Title)

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

Signature: Craig Raines Date: 11/29/16

Certified Operator #: A-007960 Phone #: 407-394-3222 Sampler's Fax #: 352-242-0565

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

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

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

Lab Name: Flowers Chemical Laboratories, Inc.

Florida DOH Certification #: E83018

Certification Expiration Date: 6/30/2017

ATTACH CURRENT DOH ANALYTE SHEET*

Address: P. O. Box 150597, Altamonte Springs, FL 32715-0597

Phone #: 407-339-5984

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

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB*

ANALYSIS INFORMATION(to be completed by lab)

Date Sample(s) Received: 11/09/16

PWS ID (From Page 1): 3354881

Sample Number (From Page 1): 315028DW4

Lab Assigned Report # or Job ID: 315028

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

Inorganics

Synthetic Organics

Volatile Organics

Disinfection Byproducts

Radionuclides

Secondaries

All Except Asbestos

All 30

All 21

Trihalomethanes

Single Sample

All 14

Partial

All Except Dioxin

Partial

Haloacetic Acids

Qtrly Composite**

Partial

Nitrate

Partial

Chlorite

Nitrite

Dioxin Only

Bromate

Asbestos

LAB CERTIFICATION

I, Jefferson S. Flowers, Technical Director, do HEREBY CERTIFY that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).

Signature:



Date: 11/22/16

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

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

CONFIRMATION AND NOTIFICATION IS REQUIRED WITHIN 24 HRS FOR NITRATE MCL EXCEEDANCES

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

Compliance Determination (to be completed by DEP or DOH - attach notes as necessary)

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

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

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

DISINFECTION BYPRODUCTS
62-550.310(3)

Report Number / Job ID: 315028DW4
Disinfectant Residual (mg/L): 1.8000000
PWS ID (From Page 1): 3354881 LUSI South

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Regulatory MRL**	Analysis Date	Analysis Time	DOH Lab Cert #
2450	Monochloroacetic Acid	N/A	ug/L	3.00		EPA552.3	2.00	2.0	11/16/16		E83018
2451	Dichloroacetic Acid	N/A	ug/L	9.23		EPA552.3	1.00	1.0	11/16/16		E83018
2452	Trichloroacetic Acid	N/A	ug/L	2.90		EPA552.3	0.500	1.0	11/16/16		E83018
2453	Monobromoacetic Acid	N/A	ug/L	1.00	U	EPA552.3	1.00	1.0	11/16/16		E83018
2454	Dibromoacetic Acid	N/A	ug/L	1.64		EPA552.3	0.500	1.0	11/16/16		E83018
2456	Total Haloacetic Acids (HAA5)	60	ug/L	16.8		EPA552.3	0.500	---	11/16/16		E83018

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Regulatory MRL**	Analysis Date	Analysis Time	DOH Lab Cert #
2941	Chloroform	N/A	ug/L	18.5		EPA524.2	0.500	1.0	11/11/16		E83018
2942	Bromoform	N/A	ug/L	0.500	U	EPA524.2	0.500	1.0	11/11/16		E83018
2943	Bromodichloromethane	N/A	ug/L	6.86		EPA524.2	0.500	1.0	11/11/16		E83018
2944	Dibromochloromethane	N/A	ug/L	3.72		EPA524.2	0.500	1.0	11/11/16		E83018
2950	Total Trihalomethanes (TTHM)	80	ug/L	29.1		EPA524.2	0.500	---	11/11/16		E83018

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

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

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

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