PUBLIC WATER SYSTEM INFORMATION (to be	e completed by sampler – Please type or print legibly)
System Name: <u>Utilities, Inc.</u>	PWS I.D.#:
System Type (check one): Community	Nontransient Noncommunity Transient Noncommunity
Address:	,
City:	
Phone #: Fax #:	
SAMPLE INFORMATION (to be completed by sample	
Sample Number: <u>T1502986001</u>	Sample Date: 03/04/2015 Sample Time: 07:55 AM PM (circle one)
Sample Location (be specific): Well #1	Location Code (if known):
Disinfectant Residual (Required when reporting results for	for trihalomethanes and haloacetic acids): mg/L Field pH:
Sample Type (Check Only One)  Distribution Entry Point (to Distribution)  Plant Tap (not for compliance with 62-550)  Raw (at well or intake)  Max Residence Time  Ave Residence Time  Near First Customer	Reason(s) for Sample (Check all that apply)  Routine Compliance with 62-550 Replacement (of Invalidated Sample) Confirmation of MCL Exceedance * Special (not for compliance with 62-550) Composite of Multiple Sites ** Clearance (permitting) Other: Sampling Procedure Used or Other Comments:  *See 62-550.500(6) for requirements and restrictions. And 62-550.512(3) for nitrate or nitrite exceedances.  *SAMPLER CERTIFICATION , do HEREBY CERTIFY
(Print Name)	(Print Title)
that the above public water system and sa Signature:	ample collection information is complete and correct.  Date:
Certified Operator #:	Phone #: Sampler's Fax #:
Sampler's E-Mail:	
Reporting Format 62-550,730	

LABORATORY CERTIFICATION INFORMATION (to be completed by lab – Please type or print legibly)								
Lab Name: Advanced Environmental Laboratories, Inc Florida DOH Certification #: E84589 Certification Expiration Date: 06/30/2015								
ATTACH CURRENT DOH ANALYTE *								
Address: 9610 Princess Palm Ave Tampa, FL 33619 Payments: P.O. Box Phone #: (813)630-9616								
Were any analyses subcontracted? 💢 Yes 🗌 No 🛮 If yes, please provide DOH certification numbers: 🔝 🖺 🕏 🤰 57 4/								
ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED *								
ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 03/04/2015								
PWS ID (From Page 1): Sample Number (From Page 1): T1502986001 Lab Assigned Report # or Job T1502986								
Group(s) Analyzed & Results attached for compliance with Chapter 62-550, F.A.C. (Check all that apply):								
Inorganics       Synthetic Organics       Volatile Organics       Disinfection Byproducts       Radionuclides       Secondaries         All Except Asbestos       All 30       All 21       Trihalomethanes       Single Sample       All 14         Partial       Partial       Haloacetic Acids       Qtrly Composite**       X Partial         Nitrite       Dioxin Only       Bromate								
I, Dale Uvino  LAB CERTIFICATION								
(Brint Name)								
(Fint file)								
that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference								
Signature: Sel Many Date: 3/18/15								
* Failure to provide a valid and current Florida DOH lab certification number and a current Analyte Sheet for the attached analysis results will result in rejection of the report, possible enforcement against the public water system for failure to sample, and may result in notification of the DOH Bureau of Laboratory Services.  ** Please provide radiological sample dates & locations for each quarter.								
CONFIRMATION & NOTIFICATION IS REQUIRED WITHIN 24 HRS FOR NITRATE OR NITRITE MCL EXCEEDANCES  NON-DETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" QUALIFIER. (Non-detects reported as "BDL" or with a "<" are not acceptable.)								
COMPLIANCE DETERMINATION (to be completed by DEP or DOH attach notes as necessary)								
Sample Collection & Analysis Satisfactory: Yes No Replacement Sample or Report Requested: Yes No (circle or highlight group(s) above)								
Person Notified: Date Notified: DEP/DOH Reviewing Official:								

#### SECONDARY CONTAMINANTS

62-550.320

Report Number / Job ID: T1502986001 PWS ID (From Page 1):

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Certification #	
1032	Manganese	0.05	mg/L	0.019		EPA 200.7	0.00024	03/11/2015	20:08	E82574	

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

Page 3 of 3

PUBLIC WATER SYSTEM INFORMATION (to be c	completed by sampler – Please type or print legibly)									
System Name: <u>Utilities, Inc.</u>	PWS I.D.#:									
System Type (check one): Community Nontransient Noncommunity Transient Noncommunity										
Address:	•									
City:										
Phone #: Fax #:										
SAMPLE INFORMATION (to be completed by sample)										
	Sample Date: 03/04/2015 Sample Time: 07:50 AM PM (circle one)									
Committee to the committee of the commit	Location Code (if known):									
Disinfectant Residual (Required when reporting results for tr	trihalomethanes and haloacetic acids): mg/L Field pH:									
Sample Type (Check Only One)	Reason(s) for Sample (Check all that apply)									
Distribution	Routine Compliance with 62-550 Replacement (of Invalidated Sample)									
Entry Point (to Distribution)	Confirmation of MCL Exceedance * Special (not for compliance with 62-550)									
Plant Tap (not for compliance with 62-550)	Composite of Multiple Sites ** Clearance (permitting)									
Raw (at well or intake)	Other:									
Max Residence Time	Sampling Procedure Used or Other Comments:									
Ave Residence Time	the state of the comments.									
Near First Customer *S	see 62-550.500(6) for requirements and restrictions.  **See 62-550.550(4) for requirements and attach a results page for each site.									
	SAMPLER CERTIFICATION									
1,	, do HEREBY CERTIFY									
(Print Name)	(Print Title)									
that the above public water system and sam	nple collection information is complete and correct.									
Signature:										
Certified Operator #:	Phone #: Sampler's Fax #:									
Sampler's E-Mail:										
Reporting Format 62-550,730										

ABORATORY CERTIFICATION INFORMATION (to be completed by lab – Please type or print legibly)								
ab Name: Advanced Environmental Laboratories, Inc Florida DOH Certification #: E84589 Certification Expiration Date: 06/30/2015								
ATTACH CURRENT DOH ANALYTE *  ddress: 9610 Princess Palm Ave Tampa, FL 33619 Payments: P.O. Box Phone #: (813)630-9616								
Vere any analyses subcontracted? X Yes No If yes, please provide DOH certification numbers:								
ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED *								
NALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 03/04/2015								
WS ID (From Page 1): Sample Number (From Page 1): <u>T1502986002</u> Lab Assigned Report # or Job T1502986								
Group(s) Analyzed & Results attached for compliance with Chapter 62-550, F.A.C. (Check all that apply):								
All Except Asbestos All Except Dioxin Nitrate Nitrite Nitrite Asbestos Only  Synthetic Organics Volatile Organics Disinfection Byproducts Trihalomethanes Single Sample All 14 Asbestos Only								
Dala Unina LAB CERTIFICATION								
Dale Uvino , do HEREBY CERTIFY  (Print Name) , do HEREBY CERTIFY								
(Fint file)								
at all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference ignature:  Date: 3/18/15								
* 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.)								
OMPLIANCE DETERMINATION (to be completed by DEP or DOH attach notes as necessary)								
ample Collection & Analysis Satisfactory: Yes No Replacement Sample or Report Requested: Yes No (circle or highlight group(s) above)								
erson Notified: Date Notified: DEP/DOH Reviewing Official:								

#### SECONDARY CONTAMINANTS

62-550.320

Report Number / Job ID: T1502986002

Contons	PWS ID (From Page 1):									
Contam	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab
1032	Manganese	0.05	mg/L	0.040		EPA 200.7	0.00024	03/11/2015	20:12	Certification #
					I			00/11/2010	20.12	

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

Page 3 of 3



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FOR DRINKING WATER USE:	
(When PWS Information not otherwise supplied) PV	VS ID:
Contact Person:	Phone :
Supplier of Water:	
Site-Address:	