

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

mercury

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

System Name: Utilities, Inc. of Florida –lake tarpon PWS I.D. #: 6521000

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

Address: 36235 us 19 north

City: palm harbor ZIP Code: 34684

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

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: T1510103001 Sample Date: 7-22-15 Sample Time: 830 (AM) PM (Circle One)

Sample Location (be specific): well Location Code: _____

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): _____ 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 checked="" type="checkbox"/> Entry Point (to Distribution) | <input type="checkbox"/> Confirmation of MCL Exceedance* | <input type="checkbox"/> Special (not for compliance with 62-550) |
| <input type="checkbox"/> Plant Tap (not for compliance with 62-550) | <input type="checkbox"/> Composite of Multiple Sites** | <input type="checkbox"/> Clearance (permitting) |
| <input type="checkbox"/> Raw (at well or intake) | <input type="checkbox"/> Other: _____ | |
| <input type="checkbox"/> Max Residence Time | | |
| <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, Stephen Habery, 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: 7-22-15

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

Sampler's Fax #: 727-934-2208

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

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

LABORATORY CERTIFICATION INFORMATION (to be completed by lab – Please type or print legibly)

Lab Name: Advanced Environmental Laboratories, Inc Florida DOH Certification #: E84589 Certification Expiration Date: 06/30/2016

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: _____

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED *

ANALYSIS INFORMATION (to be completed by lab)

Date Sample(s) Received: 07/28/2015

PWS ID (From Page 1): 6521000 Sample Number (From Page 1): T1510103001 Lab Assigned Report # or Job T1510103

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

Inorganics

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

Synthetic Organics

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

Volatile Organics

- All 21
- Partial

Disinfection Byproducts

- Trihalomethanes
- Haloacetic Acids
- Chlorite
- Bromate

Radionuclides

- Single Sample
- Qtrly Composite**

Secondaries

- All 14
- Partial

LAB CERTIFICATION

I, Dale Uvino, _____, do HEREBY CERTIFY
(Print Name) PM (Print Title)

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

Signature: Dale Uvino Date: 8/17/15

* 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: _____

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

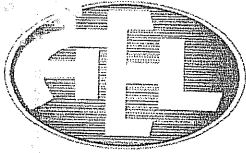
INORGANIC CONTAMINANTS
62-550.310(1)

Report Number / Job ID: T1510103001

PWS ID (From Page 1): 6521000

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Certification
1035	Mercury	0.002	mg/L	0.000064	U	EPA 245.1	0.000064	07/31/2015	12:17	E84589

*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.



Advanced
Environmental Laboratories, Inc.

- Altamonte Springs: 528 S. Northlake Blvd., Ste. 1016 • Altamonte Springs, FL 32701 • 407.937.1594 • Fax 407.937.1597
- Gainesville: 4965 SW 41st Blvd. • Gainesville, FL 32608 • 352.377.2349 • Fax 352.395.6639
- Jacksonville: 6681 Southpoint Pkwy. • Jacksonville, FL 32216 • 904.363.9350 • Fax 904.363.9354
- Miramar: 10200 USA Today Way, Miramar, FL 33025 • 954.889.2288 • Fax 954.889.2281
- Tallahassee: 1288 Cedar Center Drive, Tallahassee, FL 32301 • 850.219.6274 • Fax 850.219.6275
- Tampa: 9610 Princess Palm Ave. • Tampa, FL 33619 • 813.630.9616 • Fax 813.630.4327

11510103

Client Name: <u>UIP LIT</u>		Project Name: <u>lake tarpon</u>		BOTTLE SIZE & TYPE	ANALYSIS REQUIRED	PRESERVATION	LABORATORY I.D. NUMBER
Address:		P.O. Number/Project Number: <u>252106</u>					
Phone: <u>721-934-9137</u>		Project Location: <u>LIT</u>		mercury			
FAX:		FDEP Facility No: <u>6521000</u>					
Contact: <u>Steve Habeny</u>		Project Name and Address: <u>lake Tarpon MHP</u>					
Sampled By: <u>Steve Habeny</u>		Special Instructions:					
Turn Around Time: <input checked="" type="checkbox"/> STANDARD <input type="checkbox"/> RUSH		<input type="checkbox"/> ADaPT <input type="checkbox"/> EQUIS					
Page <u> </u> of <u> </u>							

SAMPLE ID	SAMPLE DESCRIPTION	Grab Comp	SAMPLING		MATRIX	NO. COUNT	PRESERVATION	LABORATORY I.D. NUMBER
			DATE	TIME				
1	mercury	✓	7-22-14	8:30 AM	PW	1		(201)

Matrix Code: WW = wastewater SW = surface water GW = ground water DW = drinking water O = oil A = air SO = soil SL = sludge Preservation Code: I = ice H=(HCl) S = (H2SO4) N = (HNO3) T = (Sodium Thiosulfate)

Received on Ice Yes No Temp taken from sample Temp from blank Where required, pH checked Temperature when received 3.0 (in degrees celcius)

DCN: AD-051 Form last revised 08/18/2014

Device used for measuring Temp by unique identifier (circle IR temp gun used) J: 9A G: LT-1 LT-2 T: 10A A: 3A M: 3A S: 1V

Relinquished by:		Date	Time	Received by:		Date	Time
<u>[Signature]</u>		<u>7/22/14</u>	<u>1345</u>	<u>[Signature]</u>		<u>7/22/14</u>	<u>1345</u>
<u>[Signature]</u>		<u>7/28/14</u>		<u>[Signature]</u>		<u>7/28/14</u>	<u>1150</u>
1							
2							
3							
4							

FOR DRINKING WATER USE:

(When PWS Information not otherwise supplied) PWS ID: _____

Contact Person: _____ Phone: _____

Supplier of Water: _____

Site-Address: _____

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

mercury

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

System Name: Utilities, Inc. of Florida – Lake Tarpon PWS I.D. #: 6521000
 System Type (check one): Community Nontransient Noncommunity Transient Noncommunity
 Address: 36235 us 10 north
 City: palm harbor ZIP Code: 34684
 Phone #: 727-934-9137 Fax #: 727-934-2208 E-Mail Address: _____

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: 11514503001 Sample Date: 10-15-15 Sample Time: 9Am AM PM (Circle One)
 Sample Location (be specific): well Location Code: _____

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

Sample Type (Check Only One)

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

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

- Routine Compliance with 62-560
- Confirmation of MCL Exceedance*
- Composite of Multiple Sites**
- Replacement (of Invalidated Sample)
- Special (not for compliance with 62-550)
- Clearance (permitting)

Other: quarterly

Sampling Procedure Used or Other Comments: _____

*See 62-550 500(6) for requirements and restrictions
And 62-550 512(3) for nitrate or nitrite exceedances.

**See 62-550 550(4) for requirements and
attach a results page for each site.

SAMPLER CERTIFICATION

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

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

Signature: [Signature] Date: 10-15-15

Certified Operator #: 8912 Phone #: 727-934-9137 Sampler's Fax #: 727-934-2208

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

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

LABORATORY CERTIFICATION INFORMATION (to be completed by lab – Please type or print legibly)

Lab Name: Advanced Environmental Laboratories, Inc Florida DOH Certification #: E84589 Certification Expiration Date: 06/30/2016

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: _____

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED *

ANALYSIS INFORMATION (to be completed by lab)

Date Sample(s) Received: 10/15/2015

PWS ID (From Page 1): 652-1000 Sample Number (From Page 1): T1514503001 Lab Assigned Report # or Job T1514503

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

Inorganics

- All Except Asbestos
 Partial
 Nitrate
 Nitrite
 Asbestos Only

Synthetic Organics

- All 30
 All Except Dioxin
 Partial
 Dioxin Only

Volatile Organics

- All 21
 Partial

Disinfection Byproducts

- Trihalomethanes
 Haloacetic Acids
 Chlorite
 Bromate

Radionuclides

- Single Sample
 Qtrly Composite**

Secondaries

- All 14
 Partial

LAB CERTIFICATION

I, Angela Harlan, CSM, do HEREBY CERTIFY
(Print Name) (Print Title)

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

Signature: Angela Harlan Date: 10/26/15

* 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: _____

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

INORGANIC CONTAMINANTS

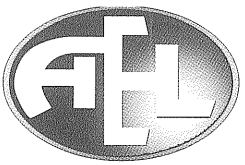
62-550.310(1)

Report Number / Job ID: T1514503001

PWS ID (From Page 1): 652-1000

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Certification
1035	Mercury	0.002	mg/L	0.000084	U	EPA 245.1	0.000084	10/21/2015	15:20	E84589

*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.



Advanced Environmental Laboratories, Inc.

- Altamonte Springs:** 528 S. Northlake Blvd., Ste. 1016 • Altamonte Springs, FL 32701 • 407.937.1594 • Fax 407.937.1597
- Gainesville:** 6815 SW Archer Road • Gainesville, FL 32608 • 352.377.2349 • Fax 352.395.6639
- Jacksonville:** 6601 Southpoint Pkwy. • Jacksonville, FL 32216 • 904.363.9350 • Fax 904.363.9354
- Miramar:** 10200 USA Today Way, Miramar, FL 33025 • 954.889.2288 • Fax 954.889.2281
- Tallahassee:** 1288 Cedar Center Drive, Tallahassee, FL 32301 • 850.219.6274 • Fax 850.219.6275
- Tampa:** 9610 Princess Palm Ave. • Tampa, FL 33619 • 813.630.9616 • Fax 813.630.4327

71514503

Client Name: <u>WIT</u>		Project Name: <u>lake tarpon MTP</u>		BOTTLE SIZE & TYPE										LABORATORY I.D. NUMBER		
Address:		P.O. Number/Project Number: <u>252128</u>			ANALYSIS REQUIRED											
Phone: <u>727-934-9137</u>		Project Location: <u>LIT</u>														
FAX:		REMARKS/SPECIAL INSTRUCTIONS:														
Contact: <u>Steve Habery</u>																
Sampled By: <u>Steve Habery</u>																
Turn Around Time: <input checked="" type="checkbox"/> STANDARD <input type="checkbox"/> RUSH																
Page <u> </u> of <u> </u>																

SAMPLE ID	SAMPLE DESCRIPTION	Grab Comp	SAMPLING		MATRIX	NO. COUNT	PRESER-VATION										
			DATE	TIME													
1	Well	✓	10-15-15	9Am	DW	1		1									81

Matrix Code: WW = wastewater SW = surface water GW = ground water DW = drinking water O = oil A = air SO = soil SL = sludge Preservation Code: I = ice H=(HCl) S = (H2SO4) N = (HNO3) T = (Sodium Thiosulfate)

Received on Ice Yes No Temp taken from sample Temp from blank Where required, pH checked Temperature when received 30 (in degrees celcius)

Form revised 06/15/2010 Device used for measuring Temp by unique identifier (circle IR temp gun used) J: 9A G: LT-1 LT-2 T: 10A A: 3A M: 1A

	Relinquished by:	Date	Time	Received by:	Date	Time
1	<u>[Signature]</u>	10-15-15	1445	<u>[Signature]</u>	10/15/15	1446
2	<u>[Signature]</u>	10/15/15		<u>[Signature]</u>	10/15/15	16030
3						
4						

FOR DRINKING WATER USE:

(When PWS Information not otherwise supplied) PWS ID: _____

Contact Person: _____ Phone: _____

Supplier of Water: _____

Site-Address: _____

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

NO2 NO3

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

System Name: Utilities, Inc. of Florida - Lake Jordan PWS I.D. #: 6521000

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

Address: 36235 us 19 north

City: zaim harbor ZIP Code: 34684

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

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: T160053001 Sample Date: 1-12-16 Sample Time: 910 AM PM (Circle One)

Sample Location (be specific): well Location Code: _____

Disinfectant Residual (Required when reporting results for 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 (or Invalidated Sample)
- Priority Point (to Distribution) Confirmation of MCL Exceedance*
- Plant Tap (not for compliance with 62-550) Composite of Multiple Sites** Special (not for compliance with 62-550)
- Raw (at well or intake) Clearance (permitting)
- Max Residence Time
- Ave Residence Time
- Near First Customer

Sampling Procedure Used or Other Comments: _____

*See 62-550.500(6) for requirements and restrictions. **See 62-550.530(4) for requirements and attach a results page for each site.

SAMPLER CERTIFICATION

I, Stephen Haberly (Print Name), Lead Operator (Print Title), do HEREBY CERTIFY

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

Signature: _____ Date: 1-12-16

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

Sampler's E-mail: shaberly@flwater.com

never curvy
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: Utilities, Inc. of Florida - Lake Jarmon

PWS I.D. #: 6521090

System Type (check one): Community

Nontransient Noncommunity

Transient Noncommunity

Address: 36235 us 12 north

City: palm harbor

ZIP Code: 34684

Phone # 727-934-9137

Fax #: 727-934-2208

E-Mail Address: _____

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: T1600533001

Sample Date: 1-12-16

Sample Time: 910

AM PM (Circle One)

Sample Location (be specific): WCU

Location Code: _____

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

Field pH: _____

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

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

- Routine Compliance with 62-550
- Confirmation of MCL Exceedance*
- Composite of Multiple Sites**
- Other: _____
- Replacement (or Invalidated Sample)
- Special (not for compliance with 62-550)
- Clearance (permitting)

Sampling Procedure Used or Other Comments: _____

*See 62-550.500(6) for requirements and restrictions. **See 62-550.550(4) for requirements and attach a results page for each site.

SAMPLER CERTIFICATION

I, Stephen Haberly (Print Name)

Lead Operator (Print Title)

do HEREBY CERTIFY

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

Signature: _____ Date: 1-12-16

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

Sampler's Fax #: 727-934-2208

Sampler's E-mail: shaberly@flwater.com

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

LABORATORY CERTIFICATION INFORMATION (to be completed by lab – Please type or print legibly)

Lab Name: Advanced Environmental Laboratories, Inc Florida DOH Certification #: E84589 Certification Expiration Date: 06/30/2016
 Address: 9610 Princess Palm Ave Tampa, FL 33619 Payments: P.O. Box ATTACH CURRENT DOH ANALYTE *
 Phone #: (813)630-9616

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

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED *

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 01/12/2016

PWS ID (From Page 1): 6521000 Sample Number (From Page 1): T1600533001 Lab Assigned Report # or Job T1600533

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

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

LAB CERTIFICATION

I, Dale Uvino (Print Name) _____, 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

Signature: *Dale Uvino* Date: 1/25/16

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

CONFIRMATION & NOTIFICATION IS REQUIRED WITHIN 24 HRS FOR NITRATE OR NITRITE MCL EXCEEDANCES
 (Non-detects reported as "BDL" or with a "<" are not acceptable.)

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

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

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

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

INORGANIC CONTAMINANTS

62-550.310(1)

Report Number / Job ID: T1600533001

PWS ID (From Page 1): 6521000

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Certification
1040	Nitrate	10	mg/L	2.1		SM 4500NO3-F	0.18	01/13/2016	18:55	E84589
1041	Nitrite	1	mg/L	0.18	U	SM 4500NO3-F	0.18	01/13/2016	18:55	E84589
1035	Mercury	0.002	mg/L	0.000084	U	EPA 245.1	0.000084	01/20/2016	18:15	E84589

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

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

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

System Name: Utilities, Inc. PWS I.D.#:

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

Address: _____

City: _____ ZIP Code: _____

Phone #: _____ Fax #: _____ E-Mail Address: _____

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: T1600533002 Sample Date: 01/12/2016 Sample Time: 09:14 AM PM (circle one)

Sample Location (be specific): Boat dock Location Code (if known): _____

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

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

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

- Routine Compliance with 62-550 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. **See 62-550.550(4) for requirements and restrictions. And 62-550.512(3) for nitrate or nitrite exceedances. Attach a results page for each site.

SAMPLER CERTIFICATION

I, _____, do HEREBY CERTIFY

(Print Name) (Print Title)

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: _____

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

LABORATORY CERTIFICATION INFORMATION (to be completed by lab – Please type or print legibly)

Lab Name: Advanced Environmental Laboratories, Inc Florida DOH Certification #: E84589 Certification Expiration Date: 06/30/2016
 Address: 9610 Princess Palm Ave Tampa, FL 33619 Payments: P.O. Box Phone #: (813)630-9616
 ATTACH CURRENT DOH ANALYTE *

Were any analyses subcontracted? Yes No If yes, please provide DOH certification numbers: _____
 ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED *

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 01/12/2016

PWS ID (From Page 1): _____ Sample Number (From Page 1): T1600533002 Lab Assigned Report # or Job T1600533

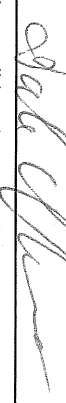
Group(s) Analyzed & Results attached for compliance with Chapter 62-550, F.A.C. (Check all that apply):

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

LAB CERTIFICATION

I, Dale Uyino (Print Name) _____, 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

Signature:  Date: 1/25/16

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

CONFIRMATION & NOTIFICATION IS REQUIRED WITHIN 24 HRS FOR NITRATE OR NITRITE MCL EXCEEDANCES
 (Non-detects reported as "BDL" or with a "<" are not acceptable.)

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

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

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

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

OTHER CONTAMINANTS

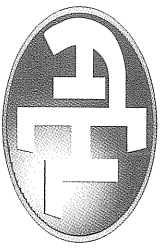
Report Number / Job ID: T1600533002

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 #
	Heterotrophic Plate Count		Col/ml	1.0	U	SM 9215 B (Pour)	1.0	01/12/2016	17:00	E84589

Reporting Format 62-550.730
 Effective January 1995, Revised February 2010 Page 3 of 3

*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.



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 Miramar: 10200 USA Today Way, Miramar, FL 33025 • 954.899.2288 • Fax 954.899.2281
 Tallahassee: 1288 Cedar Center Drive, Tallahassee, FL 32301 • 850.219.6274 • Fax 850.219.6275
 Tampa: 9610 Princess Palm Ave. • Tampa, FL 33619 • 813.630.9616 • Fax 813.630.4327

7100533

Client Name: *UPE* Project Name: *19/ke tap on m AP*

Address: _____ P.O. Number/Project Number: *252-128*

Phone: *922-934-9137* Project Location: *UPE*

FAX: _____ REMARKS/SPECIAL INSTRUCTIONS:

Contact: *Steve Habers*

Sampled By: *Steve Habers*

Turn Around Time: STANDARD RUSH

Page _____ of _____

SAMPLE ID	SAMPLE DESCRIPTION	Grab Comp	SAMPLING		MATRIX	NO. COUNT	PRESERVATION	ANALYSIS REQUIRED	BOTTLE SIZE & TYPE	LABORATORY I.D. NUMBER
			DATE	TIME						
<i>1</i>	<i>well</i>	<input checked="" type="checkbox"/>	<i>12-16</i>	<i>9/10am</i>	<i>DW</i>	<i>1</i>	<i>1</i>	<i>NO 2 NO3</i>		<i>DW1</i>
<i>2</i>	<i>Boat dock</i>	<input checked="" type="checkbox"/>	<i>12-16</i>	<i>9/10am</i>	<i>DW</i>	<i>1</i>	<i>1</i>	<i>mercury</i>		<i>DW2</i>
<i>3</i>								<i>HPC</i>		

Matrix Code: **WW** = wastewater **SW** = surface water **GW** = ground water **DW** = drinking water **O** = oil **A** = air **SO** = soil **SL** = sludge
 Preservation Code: **I** = Ice **H**=(HCl) **S** = (H2SO4) **N** = (HNO3) **T** = (Sodium Thiosulfate)

Received on ice: Yes No Temp taken from sample: Temp from blank

Form revised 06/15/2010 Device used for measuring Temp by unique identifier (circle IR temp gun used) **J**: 9A **G**: LT-1 LT-2 **T**: 10A **A**: 3A **M**: 1A

Relinquished by: _____ Date: _____ Time: _____ Received by: _____ Date: _____ Time: _____

Date	Time
<i>12-16</i>	<i>1410</i>
<i>12/16</i>	<i>1115</i>

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

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

TDS, SO4, CL5

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

System Name: Utilities, Inc. of Florida - Lake Jordan PWSID # 9921000

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

Address: 38232 W. 12 North

City: Waltham ZIP Code: 34894

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

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: T1606003001 Sample Date: 5-3-16 Sample Time: 8:10 AM PM (Circle One)

Sample Location (see specs): well Location Code: _____

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

Sample Type (Check Only One) Residual for Sample (Check all that apply)

- Distribution
- Entry Point (to Distribution)
- Plant Tap (not for compliance with 62-550)
- Raw (at well or intake)
- Dists Residence Time
- Ave Residence Time
- Near First Customer
- Routine Compliance with 62-550
- Confirmation of MCL Exceedance*
- Composite of Multiple Sites**
- Other: _____
- Replacement (of Invalidated Sample)
- Special (not for compliance with 62-550)
- Clearance (permitted)

Sampling Procedure Used or Other Comments: _____

SAMPLER CERTIFICATION

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

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

Signature: _____ Date: 5-3-16

Certified Operator # 9012 Phone #: 727-934-9137 Sampler's Fax #: 727-934-2208

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

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

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

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

manhganese

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

System Name: Waters, Inc. of Florida - Lake Harton PWSID #: 2621992

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

Address: 36226 US 19 North

City: Wetumpka State: GA ZIP Code: 30594

Phone #: 727-934-9137 Fax #: 727-934-2228 E-Mail Address: _____

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: T1606003001 Samples Date: 5-3-11 Sample Time: 8:10 AM PM (Cross One)

Sample Location (see specs): Well Location Code: _____

Disinfection Residual (Required when reporting results for disinfectants and related acids): _____ mg/L Field pH: _____

Sample Type (Check Only One) Distribution Routine Compliance with 62-600 Protection (for Inactivated Sample)

Entry Point (to Distribution) Confirmation of MCL Exceedance* Special Test for Compliance with 62-600

Point Tap (not for compliance with 62-600) Composite of Multiple Sites** Occurrence (permitted)

Flow (at well or intake) Other: _____

Data Residues Time Sampling Procedure Used or Other Comments: _____

Ave Residues Time See 62-550.500(6) for requirements and restrictions See 62-550.550(4) for requirements and

Near First Customer And 62-550.512(3) for dates or other exceptions Attach a results page for each site

SAMPLER CERTIFICATION

I, Stephen Hebert (Print Name) Lead Operator (Print Title) DO HEREBY CERTIFY

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

Signature: _____ Date: 5-3-11

Certified Operator # 9012 Phone #: 727-934-9137 Sampler's Fax #: 727-934-2228

Sampler's E-mail: shhebert@dep.state.fl.us

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

mercury

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

System Name: Utilities, Inc. of Florida - Lake Jarmon PWS I.D. #: 6621090

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

Address: 36235 us 19 north

City: zaim harbor ZIP Code: 34894

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

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: T1606003001 Sample Date: 5-3-16 Sample Time: 8:00 AM PM (Check One)

Sample Location (be specific): well Location Code: _____

Disinfectant Residual (Required when reporting results for 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: _____

Sampling Procedure Used or Other Comments: _____

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

SAMPLER CERTIFICATION

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

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

Signature: _____ Date: 5-3-16

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

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

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

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

Lab Name: Advanced Environmental Laboratories, Inc Florida DOH Certification #: E84589 Certification Expiration Date: 06/30/2016
 Address: 9610 Princess Palm Ave Tampa, FL 33619 Payments: P.O. Box ATTACH CURRENT DOH ANALYTE *
 Phone #: (813)630-9616
 Were any analyses subcontracted? Yes No If yes, please provide DOH certification numbers: _____

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 05/03/2016 ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED *
 PWS ID (From Page 1): 6521000 Sample Number (From Page 1): T1606003001 Lab Assigned Report # or Job T1606003

- Group(s) Analyzed & Results attached for compliance with Chapter 62-550, F.A.C. (Check all that apply):
- | | | | | | | | | | |
|-------------------|--|--|--|--|--|--|--|----------------------------------|--------------------------------------|
| Inorganics | <input type="checkbox"/> All Except Asbestos | <input type="checkbox"/> All 30 | <input type="checkbox"/> Volatile Organics | <input type="checkbox"/> All 21 | <input type="checkbox"/> Disinfection Byproducts | <input type="checkbox"/> Radionuclides | <input type="checkbox"/> Single Sample | <input type="checkbox"/> All 14 | <input type="checkbox"/> Secondaries |
| | <input checked="" type="checkbox"/> Partial | <input type="checkbox"/> All Except Dioxin | <input type="checkbox"/> Partial | <input type="checkbox"/> Trihalomethanes | <input type="checkbox"/> Haloacetic Acids | <input type="checkbox"/> Chlorite | <input type="checkbox"/> Qtrly Composite** | <input type="checkbox"/> Partial | |
| | <input type="checkbox"/> Nitrate | <input type="checkbox"/> Partial | <input type="checkbox"/> Dioxin Only | <input type="checkbox"/> Bromate | | | | | |
| | <input type="checkbox"/> Nitrite | | | | | | | | |
| | <input type="checkbox"/> Asbestos Only | | | | | | | | |

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

that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference
 Signature: [Signature] Date: 5/12/16

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

CONFIRMATION & NOTIFICATION IS REQUIRED WITHIN 24 HRS FOR NITRATE OR NITRITE MCL EXCEEDANCES
 (Non-detects reported as "BDL" or with a "<" are not acceptable.)

COMPLIANCE DETERMINATION (to be completed by DEP or DOH - attach notes as necessary)
 Sample Collection & Analysis Satisfactory: Yes No Replacement Sample or Report Requested: Yes No (circle or highlight group(s) above)
 Person Notified: _____ Date Notified: _____ DEP/DOH Reviewing Official: _____

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

INORGANIC CONTAMINANTS
62-550.310(1)

Report Number / Job ID: T1606003001

PWS ID (From Page 1): 659100C

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Certification
1035	Mercury	0.002	mg/L	0.000084	U	EPA 245.1	0.000084	05/12/2016	14:16	E84589

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

Page 3 of 4

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

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

SECONDARY CONTAMINANTS

62-550.320

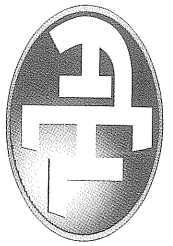
Report Number / Job ID: T1606003001

PWS ID (From Page 1): 6521000

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Certification #
1017	Chloride	250	mg/L	53		EPA 300.0	1.0	05/11/2016	15:59	E84589
1032	Manganese	0.05	mg/L	0.00033	I	EPA 200.7	0.00027	05/09/2016	18:54	E84589
1055	Sulfate	250	mg/L	21		EPA 300.0	1.0	05/11/2016	15:59	E84589
1930	Total Dissolved Solids	500	mg/L	290		SM 2540 C	12	05/09/2016	13:25	E84589

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

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- Miramar: 10200 USA Today Way, Miramar, FL 33025 • 954.889.2288 • Fax 954.889.2281
- Tallahassee: 1288 Cedar Center Drive, Tallahassee, FL 32301 • 850.219.6274 • Fax 850.219.6275
- Tampa: 9610 Princess Palm Ave. • Tampa, FL 33619 • 813.630.9616 • Fax 813.630.4327

766003

Client Name: WTF Project Name: Lake Tarpon MD
 Address: _____ P.O. Number/Project Number: 252128
 Phone: 727-934-9133 Project Location: LIT
 FAX: _____ REMARKS/SPECIAL INSTRUCTIONS:
 Contact: Steve Habery
 Sampled By: Steve Habery
 Turn Around Time: STANDARD RUSH
 Page _____ of _____

SAMPLE ID	SAMPLE DESCRIPTION	Grab Comp	SAMPLING		MATRIX	NO. COUNT	PRESERVATION	ANALYSIS REQUIRED	BOTTLE SIZE & TYPE	LABORATORY I.D. NUMBER
			DATE	TIME						
1	WELL	✓	5-3-10	8:05am	DW	3		mercury		cd1
2	233 Philadelphia	✓	5-3-10	8:30am	DW	1		manganese		cd2
								HPC		
								TDS, SO4, CL5		
								Re sample		

Matrix Code: WW = wastewater SW = surface water GW = ground water DW = drinking water O = oil A = air SO = soil SL = sludge
 Preservation Code: I = ice H=(HCl) S = (H2SO4) N = (HNO3) T = (Sodium Thiosulfate)
 Received on Ice Yes No Temp taken from sample Temp from blank
 Form revised 06/15/2010 Device used for measuring Temp by unique identifier (circle IR temp gun used) Where required, pH checked
 Temperature when received 9.0 (in degrees celsius)

Relinquished by: _____ Date _____ Time _____ Received by: _____ Date _____ Time _____

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