



June 1, 2017

VIA E-FILING

Carlotta S. Stauffer, Commission Clerk
Office of Commission Clerk
Florida Public Service Commission
2540 Shumard Oak Boulevard
Tallahassee, FL 32399

RE: Docket No. 150269-WS; Application for limited proceeding water rate increase in Marion, Pasco, and Seminole Counties, by Utilities, Inc. of Florida.
Our File No. 30057.224

Dear Ms. Stauffer:

Pursuant to PSC Order No. PSC-16-0505-PAA-WS, attached are the resulting of the sampling that was required to be done within six months after the interconnection with Pasco County. As the sampling clearly shows, the water quality meets DEP secondary water quality standards. Since there is no indication that any of the parameters are likely to exceed MCLs in the future, UIF requests that the Commission find the water quality satisfactory and that no further testing be required.

Should you or Staff have any questions regarding this filing, please do not hesitate to give me a call.

Very truly yours,

/s/ Martin S. Friedman

MARTIN S. FRIEDMAN
For the Firm

MSF/

cc: John Hoy (via email)
Patrick Flynn (via email)
Kyesha Mapp, Esquire (via email)
Erik Sayler, Esquire (via email)
Andrew Maurey (via email)

**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: 3 _____

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

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: T1707119001 Sample Date: 04/27/2017 Sample Time: 09:45 AM PM (circle one)

Sample Location (be specific): 11619 English Elm Location Code (if known) : _____

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): _____ mg/L Field pH: 7.1

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.

**See 62-550.550(4) for requirements and
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: 06/30/2027

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: F82574, F82001

ATTACH CURRENT DOH ANALYTE *
ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED *

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 04/27/2017

PWS ID (From Page 1): _____ Sample Number (From Page 1): T1707119001 Lab Assigned Report # or Job T1707119

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

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

LAB CERTIFICATION

I, Dale Uvino, _____, _____, 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:  Date: 5-11-17

* 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**

SECONDARY CONTAMINANTS
62-550.320

Report Number / Job ID: T1707119001

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 #
1002	Aluminum	0.2	mg/L	0.025	U	EPA 200.7	0.025	05/02/2017	16:25	E84589
1017	Chloride	250	mg/L	23		EPA 300.0	2.0	05/02/2017	15:36	E84589
1022	Copper	1	mg/L	0.0012		EPA 200.8	0.00011	05/09/2017	13:40	E82574
1025	Fluoride	2.0	mg/L	0.23	I	EPA 300.0	0.20	05/02/2017	15:36	E84589
1028	Iron	0.3	mg/L	0.12		EPA 200.7	0.021	05/02/2017	16:25	E84589
1032	Manganese	0.05	mg/L	0.0030		EPA 200.8	0.000055	05/09/2017	13:40	E82574
1050	Silver	0.1	mg/L	0.00049	I	EPA 200.8	0.000027	05/09/2017	13:40	E82574
1055	Sulfate	250	mg/L	54		EPA 300.0	2.0	05/02/2017	15:36	E84589
1095	Zinc	5	mg/L	0.030		EPA 200.7	0.0074	05/02/2017	16:25	E84589
1905	Color	15	PCU	2.7	U	SM 2120 B	2.7	04/28/2017	11:48	E84589
1920	Odor	3	TON	1.0	U	SM 2150 B	1.0	04/28/2017	09:30	E84589
1925	pH	6.5 - 8.5	SU	7.1	Q	SM 4500H+B		05/01/2017	13:40	E84589
1930	Total Dissolved Solids	500	mg/L	300		SM 2540 C	12	05/01/2017	12:42	E84589
2905	Foaming Agents	0.5	mg/L	0.050	I	SM 5540 C	0.040	04/28/2017	13:15	E82001

*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: T1707119002 Sample Date: 04/27/2017 Sample Time: 09:55 AM PM (circle one)

Sample Location (be specific): 11704 Rosetree Location Code (if known) : _____

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): _____ mg/L Field pH: 7.3

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.

**See 62-550.550(4) for requirements and
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: 06/30/2027

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: E82574, E82001

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED *

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 04/27/2017

PWS ID (From Page 1): _____ Sample Number (From Page 1): T1707119002 Lab Assigned Report # or Job T1707119

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

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

LAB CERTIFICATION

I, Dale Uvino, _____, PM, 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:  Date: 5-11-17

* 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**

SECONDARY CONTAMINANTS
62-550.320

Report Number / Job ID: T1707119002

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 #
1002	Aluminum	0.2	mg/L	0.025	U	EPA 200.7	0.025	05/02/2017	16:49	E84589
1017	Chloride	250	mg/L	23		EPA 300.0	2.0	05/02/2017	15:52	E84589
1022	Copper	1	mg/L	0.0012		EPA 200.8	0.00011	05/05/2017	14:08	E82574
1025	Fluoride	2.0	mg/L	0.22	I	EPA 300.0	0.20	05/02/2017	15:52	E84589
1028	Iron	0.3	mg/L	0.14		EPA 200.7	0.021	05/02/2017	16:49	E84589
1032	Manganese	0.05	mg/L	0.0035		EPA 200.8	0.000055	05/05/2017	14:08	E82574
1050	Silver	0.1	mg/L	0.000027	U	EPA 200.8	0.000027	05/05/2017	14:08	E82574
1055	Sulfate	250	mg/L	49		EPA 300.0	2.0	05/02/2017	15:52	E84589
1095	Zinc	5	mg/L	0.029		EPA 200.7	0.0074	05/02/2017	16:49	E84589
1905	Color	15	PCU	2.7	U	SM 2120 B	2.7	04/28/2017	11:50	E84589
1920	Odor	3	TON	1.0	U	SM 2150 B	1.0	04/28/2017	09:30	E84589
1925	pH	6.5 - 8.5	SU	7.3	Q	SM 4500H+B		05/01/2017	13:41	E84589
1930	Total Dissolved Solids	500	mg/L	290		SM 2540 C	12	05/01/2017	12:42	E84589
2905	Foaming Agents	0.5	mg/L	0.040	U	SM 5540 C	0.040	04/28/2017	13:15	E82001

*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: T1707119003 Sample Date: 04/27/2017 Sample Time: 09:25 AM PM (circle one)

Sample Location (be specific): 11436 Golf Rd Location Code (if known) : _____

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): _____ mg/L Field pH: 7.3

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.

**See 62-550.550(4) for requirements and 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

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Lab Name: Advanced Environmental Laboratories, Inc Florida DOH Certification #: E84589 Certification Expiration Date: 06/30/2027

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: E84574, E82001

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED *

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 04/27/2017

PWS ID (From Page 1): _____ Sample Number (From Page 1): T1707119003 Lab Assigned Report # or Job T1707119

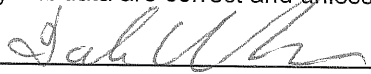
Group(s) Analyzed & Results attached for compliance with Chapter 62-550, F.A.C. (Check all that apply):

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

LAB CERTIFICATION

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

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Signature:  Date: 5-11-17

* 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.
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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

SECONDARY CONTAMINANTS
62-550.320

Report Number / Job ID: T1707119003

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 #
1002	Aluminum	0.2	mg/L	0.029	I	EPA 200.7	0.025	05/02/2017	16:53	E84589
1017	Chloride	250	mg/L	23		EPA 300.0	2.0	05/02/2017	16:08	E84589
1022	Copper	1	mg/L	0.0037		EPA 200.8	0.00011	05/09/2017	13:44	E82574
1025	Fluoride	2.0	mg/L	0.23	I	EPA 300.0	0.20	05/02/2017	16:08	E84589
1028	Iron	0.3	mg/L	0.11		EPA 200.7	0.021	05/02/2017	16:53	E84589
1032	Manganese	0.05	mg/L	0.0031		EPA 200.8	0.000055	05/09/2017	13:44	E82574
1050	Silver	0.1	mg/L	0.00028	I	EPA 200.8	0.000027	05/09/2017	13:44	E82574
1055	Sulfate	250	mg/L	50		EPA 300.0	2.0	05/02/2017	16:08	E84589
1095	Zinc	5	mg/L	0.025		EPA 200.7	0.0074	05/02/2017	16:53	E84589
1905	Color	15	PCU	2.7	U	SM 2120 B	2.7	04/28/2017	11:52	E84589
1920	Odor	3	TON	1.0	U	SM 2150 B	1.0	04/28/2017	09:30	E84589
1925	pH	6.5 - 8.5	SU	7.3	Q	SM 4500H+B		05/01/2017	13:42	E84589
1930	Total Dissolved Solids	500	mg/L	290		SM 2540 C	12	05/01/2017	12:42	E84589
2905	Foaming Agents	0.5	mg/L	0.040	U	SM 5540 C	0.040	04/28/2017	13:15	E81001

**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: T1707119004 Sample Date: 04/27/2017 Sample Time: 09:35 AM PM (circle one)

Sample Location (be specific): 11800 Ivywood Location Code (if known) : _____

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

Sample Type (Check Only One)

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

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

- Routine Compliance with 62-550
- 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.

**See 62-550.550(4) for requirements and
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: 06/30/2027

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: E82574, E82001

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED *

ANALYSIS INFORMATION (to be completed by lab)

Date Sample(s) Received: 04/27/2017

PWS ID (From Page 1): _____ Sample Number (From Page 1): T1707119004 Lab Assigned Report # or Job T1707119

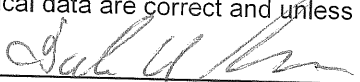
Group(s) Analyzed & Results attached for compliance with Chapter 62-550, F.A.C. (Check all that apply):

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

LAB CERTIFICATION

I, Dale Uvino, _____, _____, 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:  Date: 5-11-17

* 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**

SECONDARY CONTAMINANTS
62-550.320

Report Number / Job ID: T1707119004

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 #
1002	Aluminum	0.2	mg/L	0.061	I	EPA 200.7	0.025	05/02/2017	16:56	E84589
1017	Chloride	250	mg/L	23		EPA 300.0	2.0	05/02/2017	16:25	E84589
1022	Copper	1	mg/L	0.0035		EPA 200.8	0.00011	05/05/2017	14:11	E82574
1025	Fluoride	2.0	mg/L	0.22	I	EPA 300.0	0.20	05/02/2017	16:25	E84589
1028	Iron	0.3	mg/L	1.0		EPA 200.7	0.021	05/02/2017	16:56	E84589
1032	Manganese	0.05	mg/L	0.012		EPA 200.8	0.000055	05/05/2017	14:11	E82574
1050	Silver	0.1	mg/L	0.000027	U	EPA 200.8	0.000027	05/05/2017	14:11	E82574
1055	Sulfate	250	mg/L	50		EPA 300.0	2.0	05/02/2017	16:25	E84589
1095	Zinc	5	mg/L	0.034		EPA 200.7	0.0074	05/02/2017	16:56	E84589
1905	Color	15	PCU	2.7	U	SM 2120 B	2.7	04/28/2017	11:53	E84589
1920	Odor	3	TON	1.0	U	SM 2150 B	1.0	04/28/2017	09:30	E84589
1925	pH	6.5 - 8.5	SU	7.4	Q	SM 4500H+B		05/01/2017	13:43	E84589
1930	Total Dissolved Solids	500	mg/L	290		SM 2540 C	12	05/01/2017	12:42	E84589
2905	Foaming Agents	0.5	mg/L	0.042	I	SM 5540 C	0.040	04/28/2017	13:15	E82001

*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: T1707119005 Sample Date: 04/27/2017 Sample Time: 10:10 AM PM (circle one)

Sample Location (be specific): 11219 Merganser Location Code (if known) : _____

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): _____ mg/L Field pH: 7.5

Sample Type (Check Only One)

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

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

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

Sampling Procedure Used or Other Comments: _____

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

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

SAMPLER CERTIFICATION

I, _____, _____, 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: 06/30/2027

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: E82574, E82001

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED *

ANALYSIS INFORMATION (to be completed by lab)

Date Sample(s) Received: 04/27/2017

PWS ID (From Page 1): _____ Sample Number (From Page 1): T1707119005 Lab Assigned Report # or Job T1707119

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

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

LAB CERTIFICATION

I, Dale Uvino, _____, _____, 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:  Date: 5-11-17

* 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

SECONDARY CONTAMINANTS

62-550.320

Report Number / Job ID: T1707119005

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 #
1002	Aluminum	0.2	mg/L	0.039	I	EPA 200.7	0.025	05/02/2017	17:00	E84589
1017	Chloride	250	mg/L	24		EPA 300.0	2.0	05/02/2017	17:31	E84589
1022	Copper	1	mg/L	0.0043		EPA 200.8	0.00011	05/09/2017	13:55	E82574
1025	Fluoride	2.0	mg/L	0.27	I	EPA 300.0	0.20	05/02/2017	17:31	E84589
1028	Iron	0.3	mg/L	0.55		EPA 200.7	0.021	05/02/2017	17:00	E84589
1032	Manganese	0.05	mg/L	0.0073		EPA 200.8	0.000055	05/09/2017	13:55	E82574
1050	Silver	0.1	mg/L	0.00044	I	EPA 200.8	0.000027	05/09/2017	13:55	E82574
1055	Sulfate	250	mg/L	52		EPA 300.0	2.0	05/02/2017	17:31	E84589
1095	Zinc	5	mg/L	0.031		EPA 200.7	0.0074	05/02/2017	17:00	E84589
1905	Color	15	PCU	2.7	U	SM 2120 B	2.7	04/28/2017	11:54	E84589
1920	Odor	3	TON	1.0	U	SM 2150 B	1.0	04/28/2017	09:30	E84589
1925	pH	6.5 - 8.5	SU	7.5	Q	SM 4500H+B		05/01/2017	13:44	E84589
1930	Total Dissolved Solids	500	mg/L	290		SM 2540 C	12	05/01/2017	12:42	E84589
2905	Foaming Agents	0.5	mg/L	0.040	U	SM 5540 C	0.040	04/28/2017	15:15	E82001

*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: T1707119006 Sample Date: 04/27/2017 Sample Time: 10:05 AM PM (circle one)

Sample Location (be specific): 11001 Kisskadee Location Code (if known) : _____

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

Sample Type (Check Only One)

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

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

- Routine Compliance with 62-550
- 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.

**See 62-550.550(4) for requirements and
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: 06/30/2027

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: E82574, E82001

ATTACH CURRENT DOH ANALYTE *
ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED *

ANALYSIS INFORMATION (to be completed by lab)

Date Sample(s) Received: 04/27/2017

PWS ID (From Page 1): _____ Sample Number (From Page 1): T1707119006 Lab Assigned Report # or Job T1707119

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

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

LAB CERTIFICATION

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

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

Signature:  Date: 5-11-17

* 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

SECONDARY CONTAMINANTS
62-550.320

Report Number / Job ID: T1707119006

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 #
1002	Aluminum	0.2	mg/L	0.025	U	EPA 200.7	0.025	05/02/2017	17:04	E84589
1017	Chloride	250	mg/L	24		EPA 300.0	2.0	05/02/2017	17:47	E84589
1022	Copper	1	mg/L	0.0030		EPA 200.8	0.00011	05/09/2017	13:58	E82574
1025	Fluoride	2.0	mg/L	0.27	I	EPA 300.0	0.20	05/02/2017	17:47	E84589
1028	Iron	0.3	mg/L	0.34		EPA 200.7	0.021	05/02/2017	17:04	E84589
1032	Manganese	0.05	mg/L	0.0060		EPA 200.8	0.000055	05/09/2017	13:58	E82574
1050	Silver	0.1	mg/L	0.00034	I	EPA 200.8	0.000027	05/09/2017	13:58	E82574
1055	Sulfate	250	mg/L	52		EPA 300.0	2.0	05/02/2017	17:47	E84589
1095	Zinc	5	mg/L	0.025		EPA 200.7	0.0074	05/02/2017	17:04	E84589
1905	Color	15	PCU	2.7	U	SM 2120 B	2.7	04/28/2017	11:55	E84589
1920	Odor	3	TON	1.0	U	SM 2150 B	1.0	04/28/2017	09:30	E84589
1925	pH	6.5 - 8.5	SU	7.4	Q	SM 4500H+B		05/01/2017	13:45	E84589
1930	Total Dissolved Solids	500	mg/L	300		SM 2540 C	12	05/01/2017	12:42	E84589
2905	Foaming Agents	0.5	mg/L	0.040	U	SM 5540 C	0.040	04/28/2017	15:15	E82001

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: T1707119007 Sample Date: 04/27/2017 Sample Time: 09:15 AM PM (circle one)

Sample Location (be specific): Master Meter Assem Up Stream Location Code (if known) : _____

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): _____ mg/L Field pH: 7.6

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.

**See 62-550.550(4) for requirements and
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: 06/30/2027

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: E82574, E81001

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED *

ANALYSIS INFORMATION (to be completed by lab)

Date Sample(s) Received: 04/27/2017

PWS ID (From Page 1): _____ Sample Number (From Page 1): T1707119007 Lab Assigned Report # or Job T1707119

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

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

LAB CERTIFICATION

I, Dale Uvino, _____, _____, 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:  Date: 5-11-17

* 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

SECONDARY CONTAMINANTS

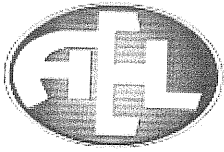
62-550.320

Report Number / Job ID: T1707119007

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 #
1002	Aluminum	0.2	mg/L	0.025	U	EPA 200.7	0.025	05/02/2017	17:08	E84589
1017	Chloride	250	mg/L	24	J4	EPA 300.0	2.0	05/02/2017	18:04	E84589
1022	Copper	1	mg/L	0.0029		EPA 200.8	0.00011	05/09/2017	14:02	E82574
1025	Fluoride	2.0	mg/L	0.27	I,J4	EPA 300.0	0.20	05/02/2017	18:04	E84589
1028	Iron	0.3	mg/L	0.085	I	EPA 200.7	0.021	05/02/2017	17:08	E84589
1032	Manganese	0.05	mg/L	0.0026		EPA 200.8	0.000055	05/09/2017	14:02	E82574
1050	Silver	0.1	mg/L	0.00033	I	EPA 200.8	0.000027	05/09/2017	14:02	E82574
1055	Sulfate	250	mg/L	52	J4	EPA 300.0	2.0	05/02/2017	18:04	E84589
1095	Zinc	5	mg/L	0.039		EPA 200.7	0.0074	05/02/2017	17:08	E84589
1905	Color	15	PCU	2.7	U	SM 2120 B	2.7	04/28/2017	11:56	E84589
1920	Odor	3	TON	1.0	U	SM 2150 B	1.0	04/28/2017	09:30	E84589
1925	pH	6.5 - 8.5	SU	7.6	Q	SM 4500H+B		05/01/2017	13:46	E84589
1930	Total Dissolved Solids	500	mg/L	290		SM 2540 C	12	05/01/2017	12:42	E84589
2905	Foaming Agents	0.5	mg/L	0.040	U	SM 5540 C	0.040	04/28/2017	13:15	E82001

*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.



Project No.:

Client Name:

ProjectID:

I. Receipt

No Exceptions were encountered.

II. Holding Times

Preparation: All holding times were met.

Analysis: All holding times were met.

III. Method

Analysis: EPA 300.0

Preparation: None

IV. Preparation

Sample preparation proceeded normally.

V. Analysis

A. Calibration: All acceptance criteria were met.

B. Blanks: All acceptance criteria were met.

C. Duplicates: All acceptance criteria were met.

D. Spikes: All acceptance criteria were met.

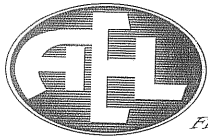
E. Serial Dilution: All acceptance criteria were met.

F. Samples: The matrix spike (MS) recoveries of Fluoride (MS 85% & MSD 86%), Chloride (MS 82% & MSD 83%), and Sulfate (MS 75% & MSD 75%) for T1707119007 were outside control criteria. Recovery in the Laboratory Control Sample (LCS) and %RPD was acceptable, which indicates the analytical batch was in control. The matrix spike outliers suggest a potential low bias in this matrix for these analytes. The affected sample is qualified to indicate matrix interference. Acceptable criteria is 90-110%.

The matrix spike (MS) recoveries of Chloride (MS 85% & MSD 86%) and Sulfate (MS 87% & MSD 87%) for T1707114004 were outside control criteria. Recovery in the Laboratory Control Sample (LCS) and %RPD was acceptable, which indicates the analytical batch was in control. The matrix spike outliers suggest a potential low bias in this matrix for these analytes. The affected sample is qualified to indicate matrix interference. Acceptable criteria is 90-110%.

G. Other:

certify that this data package is in compliance with the terms and conditions agreed to by Advanced Environmental laboratories, Inc. and by the client, both technically and for completeness, except for the conditions detailed above. The Quality Assurance Officer, or designee, as verified by the following signature, has authorized release of the data contained in this data package:



Advanced Environmental Laboratories, Inc.
Florida's Largest Laboratory Network

sample ASAP

17707119

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- Altamonte Springs:** 380 Northlake Blvd., Ste. 1048 • Altamonte Springs, FL 32701 • 407.937.1594 • Fax 407.937.1597
- Jacksonville:** 6681 Southpoint Pkwy. • Jacksonville, FL 32216 • 904.363.9350 • Fax 904.363.9354
- Tallahassee:** 2639 North Monroe St., Suite D, Tallahassee, FL 32303 • 850.219.6274 • Fax 850.219.6275

- Gainesville:** 4965 SW 41st Blvd. • Gainesville, FL 32608 • 352.377.2349 • Fax 352.395.6639
- Miramar:** 10200 USA Today Way, Miramar, FL 33025 • 954.889.2288 • Fax 954.889.2281
- Tampa:** 9610 Princess Palm Ave. • Tampa, FL 33619 • 813.630.9616 • Fax 813.630.4327

Client Name: UIF	Project Name: summertree	BOTTLE SIZE & TYPE													LABORATORY I.D. NUMBER
Address:	Project Number:														
Phone: 727-934-9137	PO Number: 252125														
FAX:	FDEP Facility No:														
Contact: Steve Habery	FDEP Facility Address:														
Sampled By: Steve Habery	Special Instructions: All sample taken at hydrants except No 7														
Turn Around Time: <input type="checkbox"/> STANDARD <input checked="" type="checkbox"/> RUSH	<input type="checkbox"/> ADaPT <input type="checkbox"/> EQUiS <input type="checkbox"/> Other														
AEL Profile #:															

SAMPLE ID	SAMPLE DESCRIPTION	Grab Comp	SAMPLING		MATRIX	NO. COUNT	ANALYSIS REQUIRED												LABORATORY I.D. NUMBER
			DATE	TIME															
1	11619 English elm C/2 0.7	✓	4-27-17	11:57 AM	DW	4													
2	11704 Rose tree C/2 1.1	✓		9:55 AM		4	4												001
3	11436 Golf Rd C/2 1.5	✓		9:25 AM		4	4												002
4	11800 Ivywood C/2 1.1	✓		9:35 AM		4	4												003
5	11219 morganson C/2 1.1	✓		10:10 AM		4	4												004
6	11001 Kisskadee C/2 1.3	✓		10:05 AM		4	4												005
7	master meter Ass'm up stream RP7 C/2 1.3	✓		9:15 AM		4	4												006
																			007

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
 Temp. when received (observed) 3.9 °C Temp. when received (corrected) 3.9 °C

CN: AD-051 Form last revised 11/17/16 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
<i>[Signature]</i>	4/27/17	1430	<i>[Signature]</i>	04/27/17	1430
<i>[Signature]</i>	04/27/17		<i>[Signature]</i>	4/27	1615

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