

Holland & Knight

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D. Bruce May, Jr.
(850) 425-5607
bruce.may@hklaw.com

December 20, 2018

Via E-Mail

Andrew Maurey, Director
Division of Accounting and Finance
Florida Public Service Commission
2540 Shumard Oak Boulevard
Tallahassee, FL 32399-0850

Re: In re: Application for Limited Proceeding Rate Increase in Gulf County, by
Lighthouse Utilities Company, Inc. - Docket No. 20180179-WU

Dear Mr. Maurey:

Set forth below is the information you requested from Lighthouse Utilities Company, Inc. (“Utility”) in your letter dated December 6, 2018. The information requested in your letter is repeated verbatim below, with the response immediately following the request.

1. According to Rule 25-30.445(4)(o)(2), F.A.C., the applicant should provide a copy of the utility's most recent secondary water quality standards test results. As provided by the Utility, test results for only three secondary water quality standards were supplied. Please provide the results of the Utility's most recent secondary water quality standards test that include all 14 secondary drinking water standards.

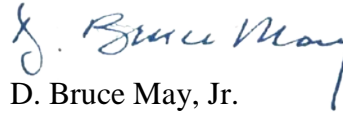
Response: Enclosed are the results of the Utility's most recent secondary water quality standards test which includes all 14 secondary drinking water standards.

Andrew Maurey
December 20, 2018
Page 2

Please contact me if you have any questions. Thank you for your consideration.

Sincerely,

HOLLAND & KNIGHT LLP



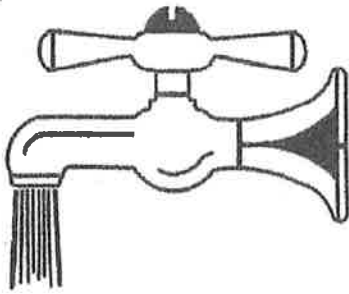
D. Bruce May, Jr.

DBM:kjg

Enclosures

cc: *Via E-Mail w/Enclosures to:*

Jennifer Crawford
Johana Nieves
Amber Norris
Cheryl Bulecza-Banks
Dylan Andrews
Malissa Bennett
Stephen Fletcher
Marissa Friedrich
Shannon Hudson
Emily Knoblauch
Luis Salvador
Robert Graves
Patty Christensen
Office of Commission Clerk



The Water Spigot, Inc.

NELAC Laboratory Certification #E81105
5806 East Hwy. 22 * Panama City, Florida 32404
Phone (850) 871-1900 Fax (850) 871-9303
Trishj-waterspigot@comcast.net

CERTIFICATE OF ANALYSIS

Client Report For: Lighthouse Utilites
Attention: Larry McArdle
Client Address: P.O Box 428
Port St. Joe, FL 32456-
Report Date: 08/10/17
LAB ID: WS17JUL25-008-001

Comments:

These test results meet all NELAC requirements for those parameters which require accreditation. Any exceptions or deviations from NELAC protocol are noted in this report. Any samples collected by The Water Spigot personnel are done according to the latest revision of SOP-001/01. Any question concerning this report should be directed to the person signing this report at (850) 871-1900, The Water Spigot, Inc., 5806 East Highway 22, Panama City, FL 32404. The test results in this report relate only to those specific samples listed.

A statement of estimated uncertainty of test results is available on request. Analyses performed in the field are not regulated by the NELAC standards.

This report may not be reproduced except in full with written approval from the laboratory.

Approved By: Trish Jackson
Trish Jackson, President

Serial #: WS17JUL25-008-001-Original

Date: 8/10/17

Report Type: Original

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

Data Qualifier	Qualifier Definition
A	Value reported is the mean (average) of two or more determinations.
B	Results based upon colony counts outside the acceptable range. Applies to microbiological tests and specifically to membrane filter colony counts. It is to be used if the colony count is generated from a plate in which the total number of colonies is outside the method indicated ideal range.
D	Measurement was made in the field.
E	Extra samples were taken at composite stations.
F	Species: Female sex.
H	Value based on field kit determination; results may not be accurate.
I	The reported value is between the laboratory MDL and the laboratory PQL.
J	Estimated value; value not accurate. All results with a "J" qualifier require comment.
K	Off-scale low. Actual value is known to be less than the value given.
L	Off-scale high. Actual value is known to be greater than value given.
M	Chemical Analysis: Presence of material is verified but not quantified; the actual value is less than the value given. The reported value shall be the laboratory practical quantitation limit. Species: Male sex
N	Presumptive evidence of presence of material
O	Sampled, but analysis lost or not performed
Q	Sample held beyond the accepted holding time
R	Significant rain in the past 48 hours.
T	Value reported is less than the laboratory method detection limit. The value is reported for informational purposes, only and shall not be used in statistical analysis.
U	Compound was analyzed for but not detected.
V	Analyte was detected in both the sample and the associated method blank.
Y	Laboratory analysis was from an unpreserved or improperly preserved sample. The data may not be accurate.
Z	Too many colonies were present for accurate counting (TNTC), the numeric value shall be estimated from the highest dilution factor (smallest sample volume) used for the test and reported with the qualifier code.
?	Data is rejected and should not be used. Some or all of the quality control data for the analyte were outside criteria, and the presence or absence of the analyte cannot be determined from the data.
*	Not analyzed due to interference.
!	Data deviates from historically established concentration ranges.

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: Lighthouse Utilities PWS I.D. #: 1230848
 System Type (check one): Community Nontransient Noncommunity Transient Noncommunity
 Address: P.O. Box 428
 City: Port St. Joe, FL ZIP Code: 32457
 Phone #: 227-5349 Fax #: 229-1118 E-Mail Address: Luci2013@Fairpoint.NET

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: _____ Sample Date: 7-25-17 Sample Time: 1028 AM PM (Circle One)
 Sample Location (be specific): 16" well 7521CR-30A Location Code: _____
 Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): 3.65 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, Larry McArdle, Manager, do HEREBY CERTIFY
 (Print Name) (Print Title)

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

Signature: Larry McArdle Date: 7-25-17
 Certified Operator #: 589 Phone #: 227-5349 Sampler's Fax #: 229-1118
 Sampler's E-mail: Luci2013@Fairpoint.NET

**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: Lighthouse Utilities PWS I.D. #: 1230848
System Type (check one): Community Nontransient Noncommunity Transient Noncommunity
Address: P.O. Box 428
City: Port St. Joe ZIP Code: 32456
Phone # 850-227-7427 Fax #: _____ E-Mail Address: _____

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: WS17JUL25-008-001 Sample Date: 07/25/2017 Sample Time: 10:28 AM PM (Circle One)

Sample Location (be specific): LUCI - 16" POE Location Code: _____

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): 3.65 mg/L Field pH: 7.6

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 | Sampling Procedure Used or Other Comments: _____ | |
| <input type="checkbox"/> Ave Residence Time | | |
| <input type="checkbox"/> Near First Customer | | |

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

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

SAMPLER CERTIFICATION

I, McArdle/Pope, A certified operator 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 #: 589 Phone #: 850-227-5349 Sampler's Fax #: _____

Sampler's E-mail: _____

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

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

Lab Name: The Water Spigot, Inc. Florida DOH Certification #: E81105 Certification Expiration Date: June

ATTACH CURRENT DOH ANALYTE SHEET*

Address: 5806 E. Highway 22, Panama City, FL 32404 Phone #: (850) 871-1900

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

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB*

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 07/25/2017

PWS ID (From Page 1): 1230848 Sample Number (From Page 1): WS17JUL25-008-001 Lab Assigned Report #: WS17JUL25-008-001

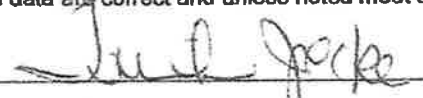
Group(s) Analyzed & Results attached for compliance with Chapter 62-550, F.A.C. (Check all that apply):

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

LAB CERTIFICATION

I, Trish Jackson, President, 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 (NELAC).

Signature:  Date: 8-10-17

* 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 (circle or highlight group(s) above)

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

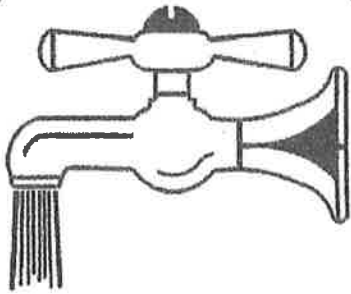
**Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format**

SECONDARY CONTAMINANTS
62-550.320

Report Number / Job ID: WS17JUL25-008-001

PWS ID (From Page 1): 1230848

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	0.05	U	EPA 200.7	0.05	08/01/2017	14:30	E81105
1017	Chloride	250	mg/L	13		SM 4500-CL-E (21st)	1	07/27/2017	09:00	E81105
1022	Copper	1	mg/L	0.01	U	SM 3111 B	0.01	07/27/2017	14:21	E81105
1025	Fluoride	2.0	mg/L	0.73		SM 4500-F C	0.1	07/31/2017	10:00	E81105
1028	Iron	0.3	mg/L	0.04	U	EPA 200.7	0.04	08/01/2017	14:30	E81105
1032	Manganese	0.05	mg/L	0.001	U	EPA 200.7	0.001	08/01/2017	14:30	E81105
1050	Silver	0.1	mg/L	0.04	U	SM 3111 B	0.04	07/31/2017	14:28	E81105
1055	Sulfate	250	mg/L	5	U	EPA 375.2	5	07/27/2017	11:30	E81105
1095	Zinc	5	mg/L	0.004	U	EPA 200.7	0.004	08/01/2017	14:30	E81105
1905	Color	15	CU	1	U	SM 2120 B (21st)	1	07/27/2017	16:00	E81105
1920	Odor	3	TON	1.0	U	SM 2150B	1	07/27/2017	16:10	E81105
1925	pH (field pH from page 1)	6.5 - 8.5	S.U.	7.6				07/25/2017	10:28	FIELD
1930	Total Dissolved Solids	500	mg/L	252		SM 2540 C (21st)	1	07/26/2017	14:00	E81105
2905	Foaming Agents	0.5	mg/L	0.025	U	SM 5540 C	0.025	07/26/2017	10:45	E81105



The Water Spigot, Inc.

NELAC Laboratory Certification #E81105
5806 East Hwy. 22 * Panama City, Florida 32404
Phone (850) 871-1900 Fax (850) 871-9303
Trishj-waterspigot@comcast.net

CERTIFICATE OF ANALYSIS

Client Report For: Lighthouse Utilites
Attention: Larry McArdle
Client Address: P.O Box 428
Port St. Joe, FL 32456-
Report Date: 08/10/17
LAB ID: WS17JUL25-008-002

Comments:

These test results meet all NELAC requirements for those parameters which require accreditation. Any exceptions or deviations from NELAC protocol are noted in this report. Any samples collected by The Water Spigot personnel are done according to the latest revision of SOP-001/01. Any question concerning this report should be directed to the person signing this report at (850) 871-1900, The Water Spigot, Inc., 5806 East Highway 22, Panama City, FL 32404. The test results in this report relate only to those specific samples listed.

A statement of estimated uncertainty of test results is available on request. Analyses performed in the field are not regulated by the NELAC standards.

This report may not be reproduced except in full with written approval from the laboratory.

Approved By: _____


Trish Jackson, President

Serial #: WS17JUL25-008-002-Original

Date: _____

8-10-17

Report Type: Original

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

Data Qualifier	Qualifier Definition
A	Value reported is the mean (average) of two or more determinations.
B	Results based upon colony counts outside the acceptable range. Applies to microbiological tests and specifically to membrane filter colony counts. It is to be used if the colony count is generated from a plate in which the total number of colonies is outside the method indicated ideal range.
D	Measurement was made in the field.
E	Extra samples were taken at composite stations.
F	Species: Female sex.
H	Value based on field kit determination; results may not be accurate.
I	The reported value is between the laboratory MDL and the laboratory PQL.
J	Estimated value; value not accurate. All results with a "J" qualifier require comment.
K	Off-scale low. Actual value is known to be less than the value given.
L	Off-scale high. Actual value is known to be greater than value given.
M	Chemical Analysis: Presence of material is verified but not quantified; the actual value is less than the value given. The reported value shall be the laboratory practical quantitation limit. Species: Male sex
N	Presumptive evidence of presence of material
O	Sampled, but analysis lost or not performed
Q	Sample held beyond the accepted holding time
R	Significant rain in the past 48 hours.
T	Value reported is less than the laboratory method detection limit. The value is reported for informational purposes, only and shall not be used in statistical analysis.
U	Compound was analyzed for but not detected.
V	Analyte was detected in both the sample and the associated method blank.
Y	Laboratory analysis was from an unpreserved or improperly preserved sample. The data may not be accurate.
Z	Too many colonies were present for accurate counting (TNTC), the numeric value shall be estimated from the highest dilution factor (smallest sample volume) used for the test and reported with the qualifier code.
?	Data is rejected and should not be used. Some or all of the quality control data for the analyte were outside criteria, and the presence or absence of the analyte cannot be determined from the data.
*	Not analyzed due to interference.
!	Data deviates from historically established concentration ranges.

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: Lighthouse Utilities PWS I.D. #: 1230848
 System Type (check one): Community Nontransient Noncommunity Transient Noncommunity
 Address: P.O. Box 428
 City: Port St. Joe, FL ZIP Code: 32457
 Phone #: 227-5349 Fax #: 229-1118 E-Mail Address: Luci2013@Fairpoint.NET

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: _____ Sample Date: 7-25-17 Sample Time: 1012 AM PM (Circle One)
 Sample Location (be specific): 6" well 5610 SR-30A Location Code: _____
 Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): 2.34 mg/L Field pH: 7.32

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, Larry McArdle, Manager, do HEREBY CERTIFY
 (Print Name) (Print Title)

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

Signature: Larry McArdle Date: 7-25-17
 Certified Operator #: 589 Phone #: 227-5349 Sampler's Fax #: 229-1118
 Sampler's E-mail: Luci2013@Fairpoint.NET

**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: Lighthouse Utilities PWS I.D. #: 1230848

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

Address: P O Box 428

City: Port St Joe ZIP Code: 32456

Phone # 850-227-7427 Fax #: _____ E-Mail Address: _____

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: WS17JUL25-008-002 Sample Date: 07/25/2017 Sample Time: 10:12 AM PM (Circle One)

Sample Location (be specific): LUCI - 6" POE Location Code: _____

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): 2.34 mg/L Field pH: 7.3

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 | | |

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, McArdle/Pope, A certified operator 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 #: 589 Phone #: 850-227-5349 Sampler's Fax #: _____

Sampler's E-mail: _____

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

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

Lab Name: The Water Spigot, Inc. Florida DOH Certification #: E81105 Certification Expiration Date: June

ATTACH CURRENT DOH ANALYTE SHEET*

Address: 5806 E. Highway 22, Panama City, FL 32404 Phone #: (850) 871-1900

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

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB*

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 07/25/2017

PWS ID (From Page 1): 1230848 Sample Number (From Page 1): WS17JUL25-008-002 Lab Assigned Report #: WS17JUL25-008-002

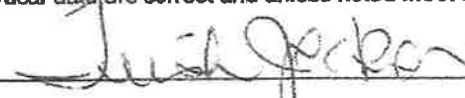
Group(s) Analyzed & Results attached for compliance with Chapter 62-550, F.A.C. (Check all that apply):

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

LAB CERTIFICATION

I, Trish Jackson, President, 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 (NELAC).

Signature:  Date: 8/10/17

* 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 (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: WS17.JUL25-008-002

PWS ID (From Page 1): 1230848

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	0.05	U	EPA 200.7	0.05	08/01/2017	14:30	E81105
1017	Chloride	250	mg/L	20		SM 4500-CL-E (21st)	1	07/27/2017	09:00	E81105
1022	Copper	1	mg/L	0.042	I	SM 3111 B	0.01	07/27/2017	14:21	E81105
1025	Fluoride	2.0	mg/L	1.6		SM 4500-F C	0.1	07/31/2017	10:00	E81105
1028	Iron	0.3	mg/L	0.04	U	EPA 200.7	0.04	08/01/2017	14:30	E81105
1032	Manganese	0.05	mg/L	0.001	U	EPA 200.7	0.001	08/01/2017	14:30	E81105
1050	Silver	0.1	mg/L	0.04	U	SM 3111 B	0.04	07/31/2017	14:28	E81105
1055	Sulfate	250	mg/L	11	I	EPA 375.2	5	07/27/2017	11:30	E81105
1095	Zinc	5	mg/L	0.025		EPA 200.7	0.004	08/01/2017	14:30	E81105
1905	Color	15	CU	1	U	SM 2120 B (21st)	1	07/27/2017	16:00	E81105
1920	Odor	3	TON	1.0		SM 2150B	1	07/27/2017	16:10	E81105
1925	pH (field pH from page 1)	6.5 - 8.5	S.U.	7.6				07/25/2017	10:12	FIELD
1930	Total Dissolved Solids	500	mg/L	250		SM 2540 C (21st)	1	07/26/2017	14:00	E81105
2905	Foaming Agents	0.5	mg/L	0.025	U	SM 5540 C	0.025	07/26/2017	10:45	E81105

The Water Spigot

5806 E. Hwy. 22 * Panama City, FL 32404
 (850) 871-1900 * Fax (850) 871-9303
 Email: trishj-waterspigit@comcast.net

No 90996

CHAIN OF CUSTODY RECORD

Company Name / Plant <i>Lighthouse Utilities</i>		# O F C O N T A I N E R S	Project Name <i>Secondary Contaminants</i>		Sample # <i>July 25-008</i>	
Company Address <i>P.O. Box 428</i>			Lab Dispose <input checked="" type="checkbox"/> Return to Client <input type="checkbox"/> Other <input type="checkbox"/>		Container #	
City, State, Zip <i>Port St. Joe, FL 32457</i>			Analysis Requested		Check if Rush	
Sent Report To:			Preservatives		Special Instructions	
Copy To DEP / DOH (circle one) Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			Containers		P.O. #	
Email Address <input type="checkbox"/> Yes <input type="checkbox"/> No			Field Data		Preservative Codes	
Phone # <i>327-5349</i>			Temp. CL2 pH		A - Ammonium Chloride C - Cool Only H - Hydrochloric Acid M - Monochloroacetic Acid N - Nitric Acid OH - Sodium Hydroxide S - Sulfuric Acid T - Sodium Thiosulfate Z - Zinc Acetate	
Fax #			F			
Fax Results Yes No			G			
Sample Site (Be Specific)			Color/odor			
Sampling <i>ET</i>	Type C o m p	Matrix G r a p	W a t e r	S l u d g e	W a t e r	S o i l
Date	Time					
<i>7-25-17</i>	<i>1028</i>	<i>XX</i>	<i>XX</i>		<i>7521 CR30-A 16"</i>	<i>1</i>
<i>7-25-17</i>	<i>1029</i>	<i>XX</i>	<i>XX</i>		<i>Point of Entry to</i>	<i>1</i>
<i>7-25-17</i>	<i>1031</i>	<i>XX</i>	<i>XX</i>		<i>Distribution</i>	<i>1</i>
<i>7-25-17</i>	<i>1012</i>	<i>XX</i>	<i>XX</i>		<i>5610 SR30-A 6"</i>	<i>1</i>
<i>7-25-17</i>	<i>1013</i>	<i>XX</i>	<i>XX</i>		<i>Point of Entry to</i>	<i>1</i>
<i>7-25-17</i>	<i>1014</i>	<i>XX</i>	<i>XX</i>		<i>Distribution</i>	<i>1</i>
Sampled By & Title <i>McArdle/Pope</i>		Date <i>7-25-17</i>	Time <i>1012</i>	Relinquished By <i>McArdle/Pope</i>		Date / Time
Received By				Relinquished By		Date / Time
Received By				Relinquished By		Date / Time
Received By				Shipped VIA UPS BUS <u>HAND</u> FEDEX OTHER		
Remarks <i>Adulterate</i>		<i>7-25-17 1107</i>		Temp. Received in Lab: <i>60</i>		

Distribution: Original - LAB Yellow - CLIENT