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January 28, 2019
VIA E-FILING

Adam Teitzman, Commission Clerk
Office of Commission Clerk
Florida Public Service Commission
2540 Shumard Oak Boulevard
Tallahassee, FL 32399

RE: Docket No. 20150269-WS; Application for limited proceeding water rate increase in Marion, Pasco, and Seminole Counties, by Utilities, Inc. of Florida.
Our Matter No. 070272

Dear Mr. Teitzman:

Pursuant to PSC Order No. PSC-2016-0505-PAA-WS, attached are the **revised** results of the sampling that was required to be done every six months after the interconnection with Pasco County. **The results previously filed omitted the results of pH samples.** As one can see, the values of all secondary drinking water parameters at all six locations were below the maximum contaminant levels, with the exception of minor exceedances of iron.

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)

**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: _____ 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: T1817732001 Sample Date: 10/16/2018 Sample Time: 08:50 AM PM (circle one)

Sample Location (be specific): 1 - 11619 English Elm Location Code (if known) : _____

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): 0.6 mg/L Field pH: _____

Sample Type (Check Only One)

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

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

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

Sampling Procedure Used or Other Comments: _____

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

**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: 06/30/2019

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: E84589 E82001

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED *

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 10/16/2018

PWS ID (From Page 1): 6511423 Sample Number (From Page 1): T1817732001 Lab Assigned Report # or Job T1817732

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 checked="" type="checkbox"/> Partial | <input type="checkbox"/> All Except Dioxin | <input type="checkbox"/> Partial | <input type="checkbox"/> Haloacetic Acids | <input type="checkbox"/> Qtrly Composite** | <input checked="" type="checkbox"/> Partial |
| <input type="checkbox"/> Nitrate | <input type="checkbox"/> Partial | | <input type="checkbox"/> Chlorite | | |
| <input type="checkbox"/> Nitrite | <input type="checkbox"/> Dioxin Only | | <input type="checkbox"/> Bromate | | |
| <input type="checkbox"/> Asbestos Only | | | | | |

LAB CERTIFICATION

I, Joseph J. Vondrick, Project Manager, 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: 10/31/2018

* 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: T1817732001

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 | 0.041 | I | EPA 200.7 | 0.025 | 10/24/2018 | 23:00 | E84589 |
| 1017 | Chloride | 250 | mg/L | 22 | | EPA 300.0 | 2.0 | 10/25/2018 | 20:54 | E84589 |
| 1022 | Copper | 1 | mg/L | 0.00041 | I | EPA 200.8 | 0.00035 | 10/25/2018 | 14:49 | E82574 |
| 1025 | Fluoride | 2.0 | mg/L | 0.20 | U | EPA 300.0 | 0.20 | 10/25/2018 | 20:54 | E84589 |
| 1028 | Iron | 0.3 | mg/L | 0.055 | I | EPA 200.7 | 0.021 | 10/24/2018 | 23:00 | E84589 |
| 1032 | Manganese | 0.05 | mg/L | 0.0025 | I | EPA 200.8 | 0.00055 | 10/25/2018 | 14:49 | E82574 |
| 1050 | Silver | 0.1 | mg/L | 0.000068 | U | EPA 200.8 | 0.000068 | 10/25/2018 | 14:49 | E82574 |
| 1055 | Sulfate | 250 | mg/L | 78 | | EPA 300.0 | 2.0 | 10/25/2018 | 20:54 | E84589 |
| 1095 | Zinc | 5 | mg/L | 0.0089 | I | EPA 200.7 | 0.0074 | 10/24/2018 | 23:00 | E84589 |
| 1905 | Color | 15 | PCU | 8.8 | | SM 2120 B | 2.7 | 10/17/2018 | 07:04 | E84589 |
| 1920 | Odor | 3 | TON @ 40°C | 1.0 | U | SM 2150 B | 1.0 | 10/16/2018 | 16:15 | E84589 |
| 1925 | pH | 6.5 - 8.5 | SU | 7.3 | Q | SM 4500H+B | | 10/17/2018 | 07:04 | E84589 |
| 1930 | Total Dissolved Solids | 500 | mg/L | 290 | | SM 2540 C | 10 | 10/18/2018 | 09:26 | E84589 |
| 2905 | Foaming Agents | 0.5 | mg/L | 0.040 | U | SM 5540 C | 0.040 | 10/17/2018 | 08:25 | 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: _____ 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: T1817732002 Sample Date: 10/16/2018 Sample Time: 09:00 AM PM (circle one)

Sample Location (be specific): 2 - 11704 Rose Tree Location Code (if known) : _____

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): 2.5 mg/L Field pH: _____

Sample Type (Check Only One)

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

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

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

Sampling Procedure Used or Other Comments: _____

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

**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: 06/30/2019

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: 10/16/2018

PWS ID (From Page 1): 6511423 Sample Number (From Page 1): T1817732002 Lab Assigned Report # or Job T1817732

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 checked="" type="checkbox"/> Partial | <input type="checkbox"/> All Except Dioxin | <input type="checkbox"/> Partial | <input type="checkbox"/> Haloacetic Acids | <input type="checkbox"/> Qtrly Composite** | <input checked="" type="checkbox"/> Partial |
| <input type="checkbox"/> Nitrate | <input type="checkbox"/> Partial | | <input type="checkbox"/> Chlorite | | |
| <input type="checkbox"/> Nitrite | <input type="checkbox"/> Dioxin Only | | <input type="checkbox"/> Bromate | | |
| <input type="checkbox"/> Asbestos Only | | | | | |

LAB CERTIFICATION

I, Joseph J. Vondrick, Project Manager, 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: 10/31/2018

* 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: T1817732002

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 | 0.032 | I | EPA 200.7 | 0.025 | 10/24/2018 | 23:05 | E84589 |
| 1017 | Chloride | 250 | mg/L | 22 | | EPA 300.0 | 2.0 | 10/25/2018 | 21:10 | E84589 |
| 1022 | Copper | 1 | mg/L | 0.00065 | I | EPA 200.8 | 0.00035 | 10/25/2018 | 14:53 | E82574 |
| 1025 | Fluoride | 2.0 | mg/L | 0.20 | U | EPA 300.0 | 0.20 | 10/25/2018 | 21:10 | E84589 |
| 1028 | Iron | 0.3 | mg/L | 0.094 | I | EPA 200.7 | 0.021 | 10/24/2018 | 23:05 | E84589 |
| 1032 | Manganese | 0.05 | mg/L | 0.0037 | I | EPA 200.8 | 0.00055 | 10/25/2018 | 14:53 | E82574 |
| 1050 | Silver | 0.1 | mg/L | 0.000068 | U | EPA 200.8 | 0.000068 | 10/25/2018 | 14:53 | E82574 |
| 1055 | Sulfate | 250 | mg/L | 75 | | EPA 300.0 | 2.0 | 10/25/2018 | 21:10 | E84589 |
| 1095 | Zinc | 5 | mg/L | 0.0085 | I | EPA 200.7 | 0.0074 | 10/24/2018 | 23:05 | E84589 |
| 1905 | Color | 15 | PCU | 7.3 | | SM 2120 B | 2.7 | 10/17/2018 | 07:04 | E84589 |
| 1920 | Odor | 3 | TON @ 40°C | 1.0 | U | SM 2150 B | 1.0 | 10/16/2018 | 16:15 | E84589 |
| 1925 | pH | 6.5 - 8.5 | SU | 7.5 | Q | SM 4500H+B | | 10/17/2018 | 07:04 | E84589 |
| 1930 | Total Dissolved Solids | 500 | mg/L | 430 | | SM 2540 C | 10 | 10/18/2018 | 09:26 | E84589 |
| 2905 | Foaming Agents | 0.5 | mg/L | 0.040 | U | SM 5540 C | 0.040 | 10/18/2018 | 08:18 | 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: _____ 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: T1817732003 Sample Date: 10/16/2018 Sample Time: 08:25 AM PM (circle one)

Sample Location (be specific): 3 - 11436 Golf Rd Location Code (if known) : _____

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): 2.8 mg/L Field pH: _____

Sample Type (Check Only One)

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

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

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

Sampling Procedure Used or Other Comments: _____

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

**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: 06/30/2019

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: E84589 E82001

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED *

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 10/16/2018

PWS ID (From Page 1): 6511423 Sample Number (From Page 1): T1817732003 Lab Assigned Report # or Job T1817732

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 checked="" type="checkbox"/> Partial | <input type="checkbox"/> All Except Dioxin | <input type="checkbox"/> Partial | <input type="checkbox"/> Haloacetic Acids | <input type="checkbox"/> Qtrly Composite** | <input checked="" type="checkbox"/> Partial |
| <input type="checkbox"/> Nitrate | <input type="checkbox"/> Partial | | <input type="checkbox"/> Chlorite | | |
| <input type="checkbox"/> Nitrite | <input type="checkbox"/> Dioxin Only | | <input type="checkbox"/> Bromate | | |
| <input type="checkbox"/> Asbestos Only | | | | | |

LAB CERTIFICATION

I, Joseph J. Vondrick, Project Manager, 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: 10/31/2018

* 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: T1817732003

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 | 0.052 | I | EPA 200.7 | 0.025 | 10/24/2018 | 23:32 | E84589 |
| 1017 | Chloride | 250 | mg/L | 21 | | EPA 300.0 | 2.0 | 10/25/2018 | 21:26 | E84589 |
| 1022 | Copper | 1 | mg/L | 0.00079 | I | EPA 200.8 | 0.00035 | 10/25/2018 | 14:57 | E82574 |
| 1025 | Fluoride | 2.0 | mg/L | 0.20 | U | EPA 300.0 | 0.20 | 10/25/2018 | 21:26 | E84589 |
| 1028 | Iron | 0.3 | mg/L | 0.10 | | EPA 200.7 | 0.021 | 10/24/2018 | 23:32 | E84589 |
| 1032 | Manganese | 0.05 | mg/L | 0.0043 | | EPA 200.8 | 0.00055 | 10/25/2018 | 14:57 | E82574 |
| 1050 | Silver | 0.1 | mg/L | 0.000068 | U | EPA 200.8 | 0.000068 | 10/25/2018 | 14:57 | E82574 |
| 1055 | Sulfate | 250 | mg/L | 71 | | EPA 300.0 | 2.0 | 10/25/2018 | 21:26 | E84589 |
| 1095 | Zinc | 5 | mg/L | 0.0074 | U | EPA 200.7 | 0.0074 | 10/24/2018 | 23:32 | E84589 |
| 1905 | Color | 15 | PCU | 8.8 | | SM 2120 B | 2.7 | 10/17/2018 | 07:04 | E84589 |
| 1920 | Odor | 3 | TON @ 40°C | 1.0 | U | SM 2150 B | 1.0 | 10/16/2018 | 16:15 | E84589 |
| 1925 | pH | 6.5 - 8.5 | SU | 7.0 | Q | SM 4500H+B | | 10/17/2018 | 07:04 | E84589 |
| 1930 | Total Dissolved Solids | 500 | mg/L | 320 | | SM 2540 C | 10 | 10/18/2018 | 09:26 | E84589 |
| 2905 | Foaming Agents | 0.5 | mg/L | 0.040 | U | SM 5540 C | 0.040 | 10/18/2018 | 08:18 | 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: _____ 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: T1817732004 Sample Date: 10/16/2018 Sample Time: 08:35 AM PM (circle one)

Sample Location (be specific): 4 - 11800 Ivywood Location Code (if known) : _____

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): 1.4 mg/L Field pH: _____

Sample Type (Check Only One)

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

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

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

Sampling Procedure Used or Other Comments: _____

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

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

SAMPLER CERTIFICATION

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(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: 06/30/2019

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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: 10/16/2018

PWS ID (From Page 1): 6511423 Sample Number (From Page 1): T1817732004 Lab Assigned Report # or Job T1817732

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"/> Qtrly Composite** | <input checked="" type="checkbox"/> Partial |
| <input type="checkbox"/> Nitrate | <input type="checkbox"/> Partial | | <input type="checkbox"/> Chlorite | | |
| <input type="checkbox"/> Nitrite | <input type="checkbox"/> Dioxin Only | | <input type="checkbox"/> Bromate | | |
| <input type="checkbox"/> Asbestos Only | | | | | |

LAB CERTIFICATION

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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: T1817732004

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 | 0.042 | I | EPA 200.7 | 0.025 | 10/24/2018 | 23:36 | E84589 |
| 1017 | Chloride | 250 | mg/L | 22 | | EPA 300.0 | 2.0 | 10/25/2018 | 21:42 | E84589 |
| 1022 | Copper | 1 | mg/L | 0.00080 | | EPA 200.8 | 0.00035 | 10/25/2018 | 15:13 | E82574 |
| 1025 | Fluoride | 2.0 | mg/L | 0.20 | U | EPA 300.0 | 0.20 | 10/25/2018 | 21:42 | E84589 |
| 1028 | Iron | 0.3 | mg/L | 0.18 | | EPA 200.7 | 0.021 | 10/24/2018 | 23:36 | E84589 |
| 1032 | Manganese | 0.05 | mg/L | 0.0042 | | EPA 200.8 | 0.00055 | 10/25/2018 | 15:13 | E82574 |
| 1050 | Silver | 0.1 | mg/L | 0.000068 | U | EPA 200.8 | 0.000068 | 10/25/2018 | 15:13 | E82574 |
| 1055 | Sulfate | 250 | mg/L | 88 | | EPA 300.0 | 2.0 | 10/25/2018 | 21:42 | E84589 |
| 1095 | Zinc | 5 | mg/L | 0.0082 | I | EPA 200.7 | 0.0074 | 10/24/2018 | 23:36 | E84589 |
| 1905 | Color | 15 | PCU | 8.8 | | SM 2120 B | 2.7 | 10/17/2018 | 07:04 | E84589 |
| 1920 | Odor | 3 | TON @ 40°C | 1.0 | U | SM 2150 B | 1.0 | 10/16/2018 | 16:15 | E84589 |
| 1925 | pH | 6.5 - 8.5 | SU | 7.2 | Q | SM 4500H+B | | 10/17/2018 | 07:04 | E84589 |
| 1930 | Total Dissolved Solids | 500 | mg/L | 290 | | SM 2540 C | 10 | 10/18/2018 | 09:26 | E84589 |
| 2905 | Foaming Agents | 0.5 | mg/L | 0.040 | U | SM 5540 C | 0.040 | 10/18/2018 | 08:18 | 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: _____ 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: T1817732005 Sample Date: 10/16/2018 Sample Time: 09:25 AM PM (circle one)

Sample Location (be specific): 5 - 11219 Merganser Location Code (if known) : _____

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): 0.7 mg/L Field pH: _____

Sample Type (Check Only One)

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

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

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

Sampling Procedure Used or Other Comments: _____

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

**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: 06/30/2019

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: 10/16/2018

PWS ID (From Page 1): 6511423 Sample Number (From Page 1): T1817732005 Lab Assigned Report # or Job T1817732

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 checked="" type="checkbox"/> Partial | <input type="checkbox"/> All Except Dioxin | <input type="checkbox"/> Partial | <input type="checkbox"/> Haloacetic Acids | <input type="checkbox"/> Qtrly Composite** | <input checked="" type="checkbox"/> Partial |
| <input type="checkbox"/> Nitrate | <input type="checkbox"/> Partial | | <input type="checkbox"/> Chlorite | | |
| <input type="checkbox"/> Nitrite | <input type="checkbox"/> Dioxin Only | | <input type="checkbox"/> Bromate | | |
| <input type="checkbox"/> Asbestos Only | | | | | |

LAB CERTIFICATION

I, Joseph J. Vondrick, Project Manager, 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: 10/31/2018

* 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: T1817732005

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 | 0.035 | I | EPA 200.7 | 0.025 | 10/24/2018 | 23:41 | E84589 |
| 1017 | Chloride | 250 | mg/L | 22 | | EPA 300.0 | 2.0 | 10/25/2018 | 21:58 | E84589 |
| 1022 | Copper | 1 | mg/L | 0.0025 | | EPA 200.8 | 0.00035 | 10/25/2018 | 15:17 | E82574 |
| 1025 | Fluoride | 2.0 | mg/L | 0.20 | U | EPA 300.0 | 0.20 | 10/25/2018 | 21:58 | E84589 |
| 1028 | Iron | 0.3 | mg/L | 0.35 | | EPA 200.7 | 0.021 | 10/24/2018 | 23:41 | E84589 |
| 1032 | Manganese | 0.05 | mg/L | 0.0063 | | EPA 200.8 | 0.00055 | 10/25/2018 | 15:17 | E82574 |
| 1050 | Silver | 0.1 | mg/L | 0.000068 | U | EPA 200.8 | 0.000068 | 10/25/2018 | 15:17 | E82574 |
| 1055 | Sulfate | 250 | mg/L | 84 | | EPA 300.0 | 2.0 | 10/25/2018 | 21:58 | E84589 |
| 1095 | Zinc | 5 | mg/L | 0.0090 | I | EPA 200.7 | 0.0074 | 10/24/2018 | 23:41 | E84589 |
| 1905 | Color | 15 | PCU | 8.8 | | SM 2120 B | 2.7 | 10/17/2018 | 07:04 | E84589 |
| 1920 | Odor | 3 | TON @ 40°C | 1.0 | U | SM 2150 B | 1.0 | 10/16/2018 | 16:15 | E84589 |
| 1925 | pH | 6.5 - 8.5 | SU | 7.5 | Q | SM 4500H+B | | 10/17/2018 | 07:04 | E84589 |
| 1930 | Total Dissolved Solids | 500 | mg/L | 400 | | SM 2540 C | 10 | 10/22/2018 | 15:05 | E84589 |
| 2905 | Foaming Agents | 0.5 | mg/L | 0.040 | U | SM 5540 C | 0.040 | 10/18/2018 | 08:18 | 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: _____ 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: T1817732006 Sample Date: 10/16/2018 Sample Time: 09:10 AM PM (circle one)

Sample Location (be specific): 6 - 11001 Kiskadee Location Code (if known) : _____

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): 2.2 mg/L Field pH: _____

Sample Type (Check Only One)

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

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

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

Sampling Procedure Used or Other Comments: _____

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

**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: 06/30/2019

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: 10/16/2018

PWS ID (From Page 1): 6511423 Sample Number (From Page 1): T1817732006 Lab Assigned Report # or Job T1817732

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 checked="" type="checkbox"/> Partial | <input type="checkbox"/> All Except Dioxin | <input type="checkbox"/> Partial | <input type="checkbox"/> Haloacetic Acids | <input type="checkbox"/> Qtrly Composite** | <input checked="" type="checkbox"/> Partial |
| <input type="checkbox"/> Nitrate | <input type="checkbox"/> Partial | | <input type="checkbox"/> Chlorite | | |
| <input type="checkbox"/> Nitrite | <input type="checkbox"/> Dioxin Only | | <input type="checkbox"/> Bromate | | |
| <input type="checkbox"/> Asbestos Only | | | | | |

LAB CERTIFICATION

I, Joseph J. Vondrick, Project Manager, 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: 10/31/2018

* 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: T1817732006

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 | 0.037 | I | EPA 200.7 | 0.025 | 10/24/2018 | 23:46 | E84589 |
| 1017 | Chloride | 250 | mg/L | 21 | | EPA 300.0 | 2.0 | 10/25/2018 | 22:13 | E84589 |
| 1022 | Copper | 1 | mg/L | 0.00095 | | EPA 200.8 | 0.00035 | 10/25/2018 | 15:20 | E82574 |
| 1025 | Fluoride | 2.0 | mg/L | 0.20 | U | EPA 300.0 | 0.20 | 10/25/2018 | 22:13 | E84589 |
| 1028 | Iron | 0.3 | mg/L | 0.36 | | EPA 200.7 | 0.021 | 10/24/2018 | 23:46 | E84589 |
| 1032 | Manganese | 0.05 | mg/L | 0.0069 | | EPA 200.8 | 0.00055 | 10/25/2018 | 15:20 | E82574 |
| 1050 | Silver | 0.1 | mg/L | 0.000068 | U | EPA 200.8 | 0.000068 | 10/25/2018 | 15:20 | E82574 |
| 1055 | Sulfate | 250 | mg/L | 73 | | EPA 300.0 | 2.0 | 10/25/2018 | 22:13 | E84589 |
| 1095 | Zinc | 5 | mg/L | 0.0089 | I | EPA 200.7 | 0.0074 | 10/24/2018 | 23:46 | E84589 |
| 1905 | Color | 15 | PCU | 8.8 | | SM 2120 B | 2.7 | 10/17/2018 | 07:04 | E84589 |
| 1920 | Odor | 3 | TON @ 40°C | 1.0 | U | SM 2150 B | 1.0 | 10/16/2018 | 16:15 | E84589 |
| 1925 | pH | 6.5 - 8.5 | SU | 7.5 | Q | SM 4500H+B | | 10/17/2018 | 07:04 | E84589 |
| 1930 | Total Dissolved Solids | 500 | mg/L | 310 | | SM 2540 C | 10 | 10/18/2018 | 09:26 | E84589 |
| 2905 | Foaming Agents | 0.5 | mg/L | 0.040 | U | SM 5540 C | 0.040 | 10/18/2018 | 08:18 | E82001 |

