



ATTORNEYS AT LAW

Dean, Mead, Egerton, Bloodworth, Capouano & Bozarth, P.A.
420 South Orange Avenue, Suite 700
P.O. Box 2346 (ZIP 32802-2346)
Orlando, FL 32801

(407) 841-1200
(407) 423-1831 Fax
www.deanmead.com

Attorneys and Counselors at Law
Orlando
Fort Pierce
Tallahassee
Tampa
Viera/Melbourne

MARTIN FRIEDMAN
407-310-2077
mfriedman@deanmead.com

May 1, 2020
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 results of the sampling that was required to be done every six months after the interconnection with Pasco County. 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 a couple of 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: Gary Rudkin (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: T2006852001 Sample Date: 04/08/2020 Sample Time: 07:30 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): 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
- 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: 06/30/2020

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 E53076 E82001

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED *

ANALYSIS INFORMATION (to be completed by lab)

Date Sample(s) Received: 04/08/2020

PWS ID (From Page 1): 6511423 Sample Number (From Page 1): T2006852001 Lab Assigned Report # or Job T2006852

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

Inorganics

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

Synthetic Organics

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

Volatile Organics

- All 21
- Partial

Disinfection Byproducts

- Trihalomethanes
- Haloacetic Acids
- Chlorite
- Bromate

Radionuclides

- Single Sample
- Qtrly Composite**

Secondaries

- All 14
- Partial

LAB CERTIFICATION

I, 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: 04/22/2020

* 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: T2006852001

PWS ID (From Page 1): 6511423

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	0.20	U	EPA 200.7	0.20	04/22/2020	16:43	E84589
1017	Chloride	250	mg/L	25		EPA 300.0	2.0	04/09/2020	21:13	E84589
1022	Copper	1	mg/L	0.0018		EPA 200.8	0.00035	04/20/2020	12:33	E82574
1025	Fluoride	2.0	mg/L	0.23	I	EPA 300.0	0.20	04/09/2020	21:13	E84589
1028	Iron	0.3	mg/L	0.20	U	EPA 200.7	0.20	04/22/2020	16:43	E84589
1032	Manganese	0.05	mg/L	0.0030	I	EPA 200.8	0.00055	04/20/2020	12:33	E82574
1050	Silver	0.1	mg/L	0.000068	U	EPA 200.8	0.000068	04/20/2020	12:33	E82574
1055	Sulfate	250	mg/L	42		EPA 300.0	2.0	04/09/2020	21:13	E84589
1095	Zinc	5	mg/L	0.050	U	EPA 200.7	0.050	04/22/2020	16:43	E84589
1905	Color	15	PCU	10		SM 2120 B	5.0	04/10/2020	07:10	E53076
1920	Odor	3	TON @ 40°C	1.0	U	SM 2150 B	1.0	04/08/2020	15:00	E84589
1930	Total Dissolved Solids	500	mg/L	340		SM 2540 C	10	04/09/2020	10:00	E84589
2905	Foaming Agents	0.5	mg/L	0.040	U	SM 5540 C	0.040	04/09/2020	16:59	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: _____ 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: T2006852002 Sample Date: 04/08/2020 Sample Time: 07:20 AM PM (circle one)

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

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): 4.1 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
- 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: 06/30/2020

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 E53076 E82001

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED *

ANALYSIS INFORMATION (to be completed by lab)

Date Sample(s) Received: 04/08/2020

PWS ID (From Page 1): 6511423 Sample Number (From Page 1): T2006852002 Lab Assigned Report # or Job T2006852

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

Inorganics

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

Synthetic Organics

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

Volatile Organics

- All 21
- Partial

Disinfection Byproducts

- Trihalomethanes
- Haloacetic Acids
- Chlorite
- Bromate

Radionuclides

- Single Sample
- Qtrly Composite**

Secondaries

- All 14
- Partial

LAB CERTIFICATION

I, 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: 04/22/2020

* 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: T2006852002

PWS ID (From Page 1): 6511423

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	0.20	U	EPA 200.7	0.20	04/22/2020	16:47	E84589
1017	Chloride	250	mg/L	24		EPA 300.0	2.0	04/09/2020	21:29	E84589
1022	Copper	1	mg/L	0.0024		EPA 200.8	0.00035	04/20/2020	12:36	E82574
1025	Fluoride	2.0	mg/L	0.21	I	EPA 300.0	0.20	04/09/2020	21:29	E84589
1028	Iron	0.3	mg/L	0.31	I	EPA 200.7	0.20	04/22/2020	16:47	E84589
1032	Manganese	0.05	mg/L	0.0092		EPA 200.8	0.00055	04/20/2020	12:36	E82574
1050	Silver	0.1	mg/L	0.000068	U	EPA 200.8	0.000068	04/20/2020	12:36	E82574
1055	Sulfate	250	mg/L	45		EPA 300.0	2.0	04/09/2020	21:29	E84589
1095	Zinc	5	mg/L	0.050	U	EPA 200.7	0.050	04/22/2020	16:47	E84589
1905	Color	15	PCU	7.1	I	SM 2120 B	5.0	04/10/2020	07:10	E53076
1920	Odor	3	TON @ 40°C	1.0	U	SM 2150 B	1.0	04/08/2020	15:00	E84589
1930	Total Dissolved Solids	500	mg/L	330		SM 2540 C	10	04/09/2020	10:00	E84589
2905	Foaming Agents	0.5	mg/L	0.040	U	SM 5540 C	0.040	04/09/2020	16:59	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: Summertree 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: T2006852003 Sample Date: 04/08/2020 Sample Time: 07:10 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): 3.8 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
- 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: 06/30/2020

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 E53076 E82001

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED *

ANALYSIS INFORMATION (to be completed by lab)

Date Sample(s) Received: 04/08/2020

PWS ID (From Page 1): 6511423 Sample Number (From Page 1): T2006852003 Lab Assigned Report # or Job T2006852

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

Inorganics

- All Except Asbestos
 Partial
 Nitrate
 Nitrite
 Asbestos Only

Synthetic Organics

- All 30
 All Except Dioxin
 Partial
 Dioxin Only

Volatile Organics

- All 21
 Partial

Disinfection Byproducts

- Trihalomethanes
 Haloacetic Acids
 Chlorite
 Bromate

Radionuclides

- Single Sample
 Qtrly Composite**

Secondaries

- All 14
 Partial

LAB CERTIFICATION

I, 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: 04/22/2020

* 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: T2006852003

PWS ID (From Page 1): 6511423

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	0.20	U	EPA 200.7	0.20	04/22/2020	16:51	E84589
1017	Chloride	250	mg/L	24		EPA 300.0	2.0	04/09/2020	21:44	E84589
1022	Copper	1	mg/L	0.0025		EPA 200.8	0.00035	04/21/2020	10:42	E82574
1025	Fluoride	2.0	mg/L	0.22	I	EPA 300.0	0.20	04/09/2020	21:44	E84589
1028	Iron	0.3	mg/L	0.20	U	EPA 200.7	0.20	04/22/2020	16:51	E84589
1032	Manganese	0.05	mg/L	0.0039	I	EPA 200.8	0.00055	04/21/2020	10:42	E82574
1050	Silver	0.1	mg/L	0.00024	I	EPA 200.8	0.000068	04/21/2020	10:42	E82574
1055	Sulfate	250	mg/L	43		EPA 300.0	2.0	04/09/2020	21:44	E84589
1095	Zinc	5	mg/L	0.050	U	EPA 200.7	0.050	04/22/2020	16:51	E84589
1905	Color	15	PCU	7.1	I	SM 2120 B	5.0	04/10/2020	07:10	E53076
1920	Odor	3	TON @ 40°C	1.0	U	SM 2150 B	1.0	04/08/2020	15:00	E84589
1930	Total Dissolved Solids	500	mg/L	330		SM 2540 C	10	04/09/2020	10:00	E84589
2905	Foaming Agents	0.5	mg/L	0.040	U	SM 5540 C	0.040	04/09/2020	16:59	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: Summertree 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: T2006852004 Sample Date: 04/08/2020 Sample Time: 07:45 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): 3.0 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
- 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.**

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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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Were any analyses subcontracted? Yes No If yes, please provide DOH certification numbers: E84589 E53076 E82001

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED *

ANALYSIS INFORMATION (to be completed by lab)

Date Sample(s) Received: 04/08/2020

PWS ID (From Page 1): 6511423 Sample Number (From Page 1): T2006852004 Lab Assigned Report # or Job T2006852

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

Inorganics

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

Synthetic Organics

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

Volatile Organics

- All 21
- Partial

Disinfection Byproducts

- Trihalomethanes
- Haloacetic Acids
- Chlorite
- Bromate

Radionuclides

- Single Sample
- Qtrly Composite**

Secondaries

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

Signature:  Date: 04/22/2020

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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: T2006852004

PWS ID (From Page 1): 6511423

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	0.20	U	EPA 200.7	0.20	04/22/2020	16:56	E84589
1017	Chloride	250	mg/L	25		EPA 300.0	2.0	04/09/2020	22:00	E84589
1022	Copper	1	mg/L	0.0040		EPA 200.8	0.00035	04/21/2020	10:47	E82574
1025	Fluoride	2.0	mg/L	0.22	I	EPA 300.0	0.20	04/09/2020	22:00	E84589
1028	Iron	0.3	mg/L	0.50	I	EPA 200.7	0.20	04/22/2020	16:56	E84589
1032	Manganese	0.05	mg/L	0.015		EPA 200.8	0.00055	04/21/2020	10:47	E82574
1050	Silver	0.1	mg/L	0.000081	I	EPA 200.8	0.000068	04/21/2020	10:47	E82574
1055	Sulfate	250	mg/L	45		EPA 300.0	2.0	04/09/2020	22:00	E84589
1095	Zinc	5	mg/L	0.050	U	EPA 200.7	0.050	04/22/2020	16:56	E84589
1905	Color	15	PCU	5.0	U	SM 2120 B	5.0	04/10/2020	07:10	E53076
1920	Odor	3	TON @ 40°C	1.0	U	SM 2150 B	1.0	04/08/2020	15:00	E84589
1930	Total Dissolved Solids	500	mg/L	330		SM 2540 C	10	04/09/2020	10:00	E84589
2905	Foaming Agents	0.5	mg/L	0.040	U	SM 5540 C	0.040	04/09/2020	16:59	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: Summertree 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: T2006852005 Sample Date: 04/08/2020 Sample Time: 08:05 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): 3.9 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
- 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: 06/30/2020

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 E53076 E82001

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED *

ANALYSIS INFORMATION (to be completed by lab)

Date Sample(s) Received: 04/08/2020

PWS ID (From Page 1): 6511423 Sample Number (From Page 1): T2006852005 Lab Assigned Report # or Job T2006852

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

- | <u>Inorganics</u> | <u>Synthetic Organics</u> | <u>Volatile Organics</u> | <u>Disinfection Byproducts</u> | <u>Radionuclides</u> | <u>Secondaries</u> |
|--|--|----------------------------------|---|--|---|
| <input type="checkbox"/> All Except Asbestos | <input type="checkbox"/> All 30 | <input type="checkbox"/> All 21 | <input type="checkbox"/> Trihalomethanes | <input type="checkbox"/> Single Sample | <input type="checkbox"/> All 14 |
| <input type="checkbox"/> Partial | <input type="checkbox"/> All Except Dioxin | <input type="checkbox"/> Partial | <input type="checkbox"/> Haloacetic Acids | <input type="checkbox"/> Qtrly Composite** | <input 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: 04/22/2020

* 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: T2006852005

PWS ID (From Page 1): 6511423

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	0.20	U	EPA 200.7	0.20	04/22/2020	16:59	E84589
1017	Chloride	250	mg/L	25		EPA 300.0	2.0	04/09/2020	22:16	E84589
1022	Copper	1	mg/L	0.0029		EPA 200.8	0.00035	04/21/2020	10:51	E82574
1025	Fluoride	2.0	mg/L	0.22	I	EPA 300.0	0.20	04/09/2020	22:16	E84589
1028	Iron	0.3	mg/L	0.58	I	EPA 200.7	0.20	04/22/2020	16:59	E84589
1032	Manganese	0.05	mg/L	0.021		EPA 200.8	0.00055	04/21/2020	10:51	E82574
1050	Silver	0.1	mg/L	0.000082	I	EPA 200.8	0.000068	04/21/2020	10:51	E82574
1055	Sulfate	250	mg/L	46		EPA 300.0	2.0	04/09/2020	22:16	E84589
1095	Zinc	5	mg/L	0.050	U	EPA 200.7	0.050	04/22/2020	16:59	E84589
1905	Color	15	PCU	5.0	U	SM 2120 B	5.0	04/10/2020	07:10	E53076
1920	Odor	3	TON @ 40°C	1.0	U	SM 2150 B	1.0	04/08/2020	15:00	E84589
1930	Total Dissolved Solids	500	mg/L	330		SM 2540 C	10	04/09/2020	12:00	E84589
2905	Foaming Agents	0.5	mg/L	0.040	U	SM 5540 C	0.040	04/09/2020	16:59	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: Summertree 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: T2006852006 Sample Date: 04/08/2020 Sample Time: 07:55 AM PM (circle one)

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

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): 3.9 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
- 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: 06/30/2020

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 E53076 E82001

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED *

ANALYSIS INFORMATION (to be completed by lab)

Date Sample(s) Received: 04/08/2020

PWS ID (From Page 1): 6511423 Sample Number (From Page 1): T2006852006 Lab Assigned Report # or Job T2006852

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

Inorganics

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

Synthetic Organics

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

Volatile Organics

- All 21
- Partial

Disinfection Byproducts

- Trihalomethanes
- Haloacetic Acids
- Chlorite
- Bromate

Radionuclides

- Single Sample
- Qtrly Composite**

Secondaries

- All 14
- Partial

LAB CERTIFICATION

I, 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: 04/22/2020

* 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: T2006852006

PWS ID (From Page 1): 6511423

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	0.20	U	EPA 200.7	0.20	04/22/2020	17:10	E84589
1017	Chloride	250	mg/L	27		EPA 300.0	2.0	04/13/2020	11:06	E84589
1022	Copper	1	mg/L	0.0023		EPA 200.8	0.00035	04/21/2020	10:54	E82574
1025	Fluoride	2.0	mg/L	0.26	I	EPA 300.0	0.20	04/13/2020	11:06	E84589
1028	Iron	0.3	mg/L	0.53	I	EPA 200.7	0.20	04/22/2020	17:10	E84589
1032	Manganese	0.05	mg/L	0.017		EPA 200.8	0.00055	04/21/2020	10:54	E82574
1050	Silver	0.1	mg/L	0.000078	I	EPA 200.8	0.000068	04/21/2020	10:54	E82574
1055	Sulfate	250	mg/L	56		EPA 300.0	2.0	04/13/2020	11:06	E84589
1095	Zinc	5	mg/L	0.050	U	EPA 200.7	0.050	04/22/2020	17:10	E84589
1905	Color	15	PCU	5.0	U	SM 2120 B	5.0	04/10/2020	07:10	E53076
1920	Odor	3	TON @ 40°C	1.0	U	SM 2150 B	1.0	04/08/2020	15:00	E84589
1930	Total Dissolved Solids	500	mg/L	370		SM 2540 C	10	04/09/2020	12:00	E84589
2905	Foaming Agents	0.5	mg/L	0.040	U	SM 5540 C	0.040	04/09/2020	16:59	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.



Client Name: **Utilities Inc**
 Project Name: **Summertree**
 Address: _____ Project Number: _____
 PO Number: **252125**
 Phone: **727-934-9137** FDEP Facility No: **6511423**
 FAX: _____ FDEP Facility Address: _____
 Contact: **Jeff Becker**
 Sampled By: **Jeff Becker**
 Special Instructions: **All samp. taken at FH**
 Turn Around Time: STANDARD RUSH
 AEL Profile #: _____ ADaPT EQUIS Other

BOTTLE SIZE & TYPE
 ANALYSIS REQUIRED
300.0 F/c/l/s
TDS
MBAS
200.7 Metals
200.8 Metal
Odor/Color
 Barcode: *** T 2 0 0 6 8 5 2 ***
 LABORATORY I.D. NUMBER: _____

SAMPLE ID	SAMPLE DESCRIPTION	Grab Comp	SAMPLING		MATRIX	NO. COUNT	Preservation													
			DATE	TIME			Field-Filtered?													
1	11619 English Elm C12-2.5	X	4/8/20	730	DW															
2	11704 Rose Tree C12-4.1			720																
3	11436 Golf Rd. C12-3.8			710																
4	11800 Ivywood C12-3.0			745																
5	11219 Merganser C12-3.9			805																
6	11001 Kiskadee C12-3.9			755																

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) **5.0** °C Temp. when received (corrected) _____ °C
 DCN: 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>	4/8/20	930	<i>[Signature]</i>	4/8/20	1145
<i>[Signature]</i>	4/8/20		SL	4/8/20	1416

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