

HC WATERWORKS, INC.

May 8, 2020

Office of Commission Clerk
Public Service Commission
2540 Shumard Oak Blvd.
Tallahassee, FL 32399

Re: Docket No. 20190166-WU Application for increase in water rates in Highlands County by HC Waterworks, Inc. – *Secondary Water Test Results – Lake Josephine/Sebring Lakes*

Dear Commission Clerk,

Please find attached HC Waterworks, Inc. (HCWW) secondary water quality test results for the Lake Josephine/Sebring Lakes system. HCWW referred to these tests in its response to Staff's Fourth Data Requests and as a response to customer concerns.

HCWW took tests at four locations around four "cluster" of customer concerns in the Lake Josephine/Sebring Lakes system. These results show that the water quality meet or exceed the state required secondary water quality parameters, including but not limited to color, odor, total dissolved solids, and iron.

HCWW requests this newly received information be included in the above referenced docket.

Respectfully Submitted,



Troy Rendell
Vice President
Investor Owned Utilities
// for HC Waterworks, Inc.

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: T2006861001 Sample Date: 04/08/2020 Sample Time: 11:40 AM PM (circle one)

Sample Location (be specific): Oak Beach #1 Location Code (if known) : _____

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): _____ mg/L Field pH: 8.3

Sample Type (Check Only One)

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

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

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

Sampling Procedure Used or Other Comments: _____

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

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

SAMPLER CERTIFICATION

I, _____, _____, do HEREBY CERTIFY
(Print Name) (Print Title)

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

Signature: _____ Date: _____

Certified Operator #: _____ Phone #: _____ Sampler's Fax #: _____

Sampler's E-Mail: _____

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

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

Lab Name: Advanced Environmental Laboratories, Inc Florida DOH Certification #: E84589 Certification Expiration Date: 06/30/2020

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: E53076

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): _____ Sample Number (From Page 1): T2006861001 Lab Assigned Report # or Job T2006861

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 checked="" 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 type="checkbox"/> Partial
<input checked="" type="checkbox"/> Nitrate	<input type="checkbox"/> Partial		<input type="checkbox"/> Chlorite		
<input checked="" 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: 04/24/2020

* 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

INORGANIC CONTAMINANTS

Report Number / Job ID: T2006861001

62-550.310(1)

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
1040	Nitrate (as N)	10	mg/L	0.079	U	SM 4500NO3-F	0.079	04/09/2020	16:53	E84589
1041	Nitrite (as N)	1	mg/L	0.077	U	SM 4500NO3-F	0.077	04/09/2020	16:53	E84589
1025	Fluoride	4.0	mg/L	0.13	I	EPA 300.0	0.10	05/06/2020	08:21	E84589

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

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

SECONDARY CONTAMINANTS
62-550.320

Report Number / Job ID: T2006861001

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	0.20	U	EPA 200.7	0.20	04/16/2020	15:59	E84589
1017	Chloride	250	mg/L	18		EPA 300.0	1.0	05/06/2020	08:21	E84589
1022	Copper	1	mg/L	0.010	U	EPA 200.7	0.010	04/16/2020	15:59	E84589
1025	Fluoride	2.0	mg/L	0.13	I	EPA 300.0	0.10	05/06/2020	08:21	E84589
1028	Iron	0.3	mg/L	0.20	U	EPA 200.7	0.20	04/16/2020	15:59	E84589
1032	Manganese	0.05	mg/L	0.0050	U	EPA 200.7	0.0050	04/16/2020	15:59	E84589
1050	Silver	0.1	mg/L	0.0080	U	EPA 200.7	0.0080	04/16/2020	15:59	E84589
1055	Sulfate	250	mg/L	180		EPA 300.0	1.0	05/06/2020	08:21	E84589
1095	Zinc	5	mg/L	0.050	U	EPA 200.7	0.050	04/16/2020	15:59	E84589
1905	Color	15	PCU	14		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	16:00	E84589
1925	pH	6.5 - 8.5	SU	8.3	Q	SM 4500H+B	0.1	04/14/2020	15:10	E84589
1930	Total Dissolved Solids	500	mg/L	360		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

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: T2006861002 Sample Date: 04/08/2020 Sample Time: 12:00 AM PM (circle one)

Sample Location (be specific): Briarcliff #2 Location Code (if known) : _____

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): _____ mg/L Field pH: 8.0

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: 06/30/2020

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: 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): 5284137 Sample Number (From Page 1): T2006861002 Lab Assigned Report # or Job T2006861

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 checked="" 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 type="checkbox"/> Partial
<input checked="" type="checkbox"/> Nitrate	<input type="checkbox"/> Partial		<input type="checkbox"/> Chlorite		
<input checked="" 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: 04/24/2020

* 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**

INORGANIC CONTAMINANTS

62-550.310(1)

Report Number / Job ID: T2006861002

PWS ID (From Page 1): 5284137

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Certification
1040	Nitrate (as N)	10	mg/L	0.079	U	SM 4500NO3-F	0.079	04/09/2020	16:54	E84589
1041	Nitrite (as N)	1	mg/L	0.077	U	SM 4500NO3-F	0.077	04/09/2020	16:54	E84589
1025	Fluoride	4.0	mg/L	0.13	I	EPA 300.0	0.10	05/06/2020	08:37	E84589

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

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

SECONDARY CONTAMINANTS

62-550.320

Report Number / Job ID: T2006861002

PWS ID (From Page 1): 5284137

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	04/16/2020	16:03	E84589
1017	Chloride	250	mg/L	14		EPA 300.0	1.0	05/06/2020	08:37	E84589
1022	Copper	1	mg/L	0.010	U	EPA 200.7	0.010	04/16/2020	16:03	E84589
1025	Fluoride	2.0	mg/L	0.13	I	EPA 300.0	0.10	05/06/2020	08:37	E84589
1028	Iron	0.3	mg/L	0.20	U	EPA 200.7	0.20	04/16/2020	16:03	E84589
1032	Manganese	0.05	mg/L	0.0050	U	EPA 200.7	0.0050	04/16/2020	16:03	E84589
1050	Silver	0.1	mg/L	0.0080	U	EPA 200.7	0.0080	04/16/2020	16:03	E84589
1055	Sulfate	250	mg/L	200		EPA 300.0	1.0	05/06/2020	08:37	E84589
1095	Zinc	5	mg/L	0.050	U	EPA 200.7	0.050	04/16/2020	16:03	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	16:00	E84589
1925	pH	6.5 - 8.5	SU	8.0	Q	SM 4500H+B	0.1	04/14/2020	15:10	E84589
1930	Total Dissolved Solids	500	mg/L	350		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: _____ 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: T2006861003 Sample Date: 04/08/2020 Sample Time: 12:15 AM PM (circle one)

Sample Location (be specific): Arbar #3 Location Code (if known) : _____

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): _____ mg/L Field pH: 8.2

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: 06/30/2020

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: 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): 5284137 Sample Number (From Page 1): T2006861003 Lab Assigned Report # or Job T2006861

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 checked="" 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 type="checkbox"/> Partial
<input checked="" type="checkbox"/> Nitrate	<input type="checkbox"/> Partial		<input type="checkbox"/> Chlorite		
<input checked="" 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: 04/24/2020

* 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**

INORGANIC CONTAMINANTS

62-550.310(1)

Report Number / Job ID: T2006861003

PWS ID (From Page 1): 5284137

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Certification
1040	Nitrate (as N)	10	mg/L	0.079	U	SM 4500NO3-F	0.079	04/09/2020	16:55	E84589
1041	Nitrite (as N)	1	mg/L	0.077	U	SM 4500NO3-F	0.077	04/09/2020	16:55	E84589
1025	Fluoride	4.0	mg/L	0.13	I	EPA 300.0	0.10	05/06/2020	08:53	E84589

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

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

SECONDARY CONTAMINANTS

62-550.320

Report Number / Job ID: T2006861003

PWS ID (From Page 1): 5284137

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	04/16/2020	16:07	E84589
1017	Chloride	250	mg/L	14		EPA 300.0	1.0	05/06/2020	08:53	E84589
1022	Copper	1	mg/L	0.010	U	EPA 200.7	0.010	04/16/2020	16:07	E84589
1025	Fluoride	2.0	mg/L	0.13	I	EPA 300.0	0.10	05/06/2020	08:53	E84589
1028	Iron	0.3	mg/L	0.20	U	EPA 200.7	0.20	04/16/2020	16:07	E84589
1032	Manganese	0.05	mg/L	0.0050	U	EPA 200.7	0.0050	04/16/2020	16:07	E84589
1050	Silver	0.1	mg/L	0.0080	U	EPA 200.7	0.0080	04/16/2020	16:07	E84589
1055	Sulfate	250	mg/L	200		EPA 300.0	1.0	05/06/2020	08:53	E84589
1095	Zinc	5	mg/L	0.050	U	EPA 200.7	0.050	04/16/2020	16:07	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	16:00	E84589
1925	pH	6.5 - 8.5	SU	8.2	Q	SM 4500H+B	0.1	04/14/2020	15:10	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: _____ 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: T2006861004 Sample Date: 04/08/2020 Sample Time: 12:30 AM PM (circle one)

Sample Location (be specific): Tangelo #4 Location Code (if known) : _____

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): _____ mg/L Field pH: 8.3

Sample Type (Check Only One)

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

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

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

Sampling Procedure Used or Other Comments: _____

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

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

SAMPLER CERTIFICATION

I, _____, _____, do HEREBY CERTIFY
(Print Name) (Print Title)

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

Signature: _____ Date: _____

Certified Operator #: _____ Phone #: _____ Sampler's Fax #: _____

Sampler's E-Mail: _____

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

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

Lab Name: Advanced Environmental Laboratories, Inc Florida DOH Certification #: E84589 Certification Expiration Date: 06/30/2020

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: 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): 5284137 Sample Number (From Page 1): T2006861004 Lab Assigned Report # or Job T2006861

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 checked="" 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 type="checkbox"/> Partial
<input checked="" type="checkbox"/> Nitrate	<input type="checkbox"/> Partial		<input type="checkbox"/> Chlorite		
<input checked="" 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: 04/24/2020

* 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**

INORGANIC CONTAMINANTS

Report Number / Job ID: T2006861004

62-550.310(1)

PWS ID (From Page 1): 5284137

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Certification
1040	Nitrate (as N)	10	mg/L	0.079	U	SM 4500NO3-F	0.079	04/09/2020	16:56	E84589
1041	Nitrite (as N)	1	mg/L	0.077	U	SM 4500NO3-F	0.077	04/09/2020	16:56	E84589
1025	Fluoride	4.0	mg/L	0.12	I	EPA 300.0	0.10	05/06/2020	09:09	E84589

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

SECONDARY CONTAMINANTS

62-550.320

Report Number / Job ID: T2006861004

PWS ID (From Page 1): 5284137

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	04/16/2020	16:11	E84589
1017	Chloride	250	mg/L	21		EPA 300.0	1.0	05/06/2020	09:09	E84589
1022	Copper	1	mg/L	0.010	U	EPA 200.7	0.010	04/16/2020	16:11	E84589
1025	Fluoride	2.0	mg/L	0.12	I	EPA 300.0	0.10	05/06/2020	09:09	E84589
1028	Iron	0.3	mg/L	0.37	I	EPA 200.7	0.20	04/16/2020	16:11	E84589
1032	Manganese	0.05	mg/L	0.0070	I	EPA 200.7	0.0050	04/16/2020	16:11	E84589
1050	Silver	0.1	mg/L	0.0080	U	EPA 200.7	0.0080	04/16/2020	16:11	E84589
1055	Sulfate	250	mg/L	170		EPA 300.0	1.0	05/06/2020	09:09	E84589
1095	Zinc	5	mg/L	0.050	U	EPA 200.7	0.050	04/16/2020	16:11	E84589
1905	Color	15	PCU	14		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	16:00	E84589
1925	pH	6.5 - 8.5	SU	8.3	Q	SM 4500H+B	0.1	04/14/2020	15:10	E84589
1930	Total Dissolved Solids	500	mg/L	400		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.



Advanced Environmental Laboratories, Inc.

- Altamonte Springs: 528 S. Northlake Blvd., Ste. 1016 • Altamon
- Gainesville: 4965 SW 41st Blvd. • Gainesville, FL 32608 • 352.377
- Jacksonville: 6681 Southpoint Pkwy. • Jacksonville, FL 32216 • 91
- Miramar: 10200 USA Today Way, Miramar, FL 33025 • 954.889.228
- Tallahassee: 1288 Cedar Center Drive, Tallahassee, FL 32301 • 850.219.0274
- Tampa: 9610 Princess Palm Ave. • Tampa, FL 33619 • 813.630.9616 • Fax 813.630.4327



Client Name: U.S. Water Services	Project Name: Lake Josephing		BOTTLE SIZE & TYPE											LABORATORY I.D. NUMBER						
Address: 4939 Cross Bayou Blvd	P.O. Number/Project Number:		ANALYSIS REQUIRED	Nitrate/Nitrite	Aluminum, Copper, Fluoride, Iron, Manganese, Silver, Zink	Color, Odor	pH	TDS	Foaming Agents											
New Port Richey, FL 34652	Project Location:																			
Phone: 727-848-8292	REMARKS/SPECIAL INSTRUCTIONS:																			
FAX: 727-849-4219	# 1 C12 1.75mg pH 8.2																			
Contact: S. Purviance	# 2 C12 2.1mg pH 8.0																			
Sampled By: S. Purviance	# 3 C12 1.3mg pH 8.0																			
Turn Around Time: <input type="checkbox"/> STANDARD <input checked="" type="checkbox"/> RUSH	# 4 C12 2.3mg pH 8.1																			
Page: <u>1</u> of: <u>1</u>																				

SAMPLE ID	SAMPLE DESCRIPTION	Grab Comp	SAMPLING		MATRIX	NO. COUNT	PRESER-VATION	ANALYSIS REQUIRED							LABORATORY I.D. NUMBER				
			DATE	TIME				Nitrate/Nitrite	Aluminum, Copper, Fluoride, Iron, Manganese, Silver, Zink	Color, Odor	pH	TDS	Foaming Agents						
	<i>Oak Beach #1</i>	G	4/8/2020	1140	W	5	W	X	X	X	X	X	X	X					
	<i>Brucey #2</i>	G	4/8/2020	1200	W	5		X	X	X	X	X	X	X					
	<i>Arden #3</i>	G	4/8/2020	1215	W	5		X	X	X	X	X	X	X					
	<i>Tangelo #4</i>	G	4/8/2020	1230	W	5		X	X	X	X	X	X	X					

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

Received on Ice Yes No Temp taken from sample Temp from blank Where required, pH checked Temperature when received 6 (in degrees celcius)

Form revised 09/19/2012 Device used for measuring Temp by unique identifier (circle IR temp gun used) J: 9A G: LT-1 LT-2 T: 10A A: 3A M: 1A S: 1V

Relinquished by:	Date	Time	Received by:	Date	Time
<i>S. Purviance</i>	4/8/20	11:05	<i>[Signature]</i>	4/8/20	14:15

FOR DRINKING WATER USE (When PWS Information not otherwise supplied)

PWS ID: 5284137

Contact Person: _____ Phone: _____

Supplier of Water: _____

Site-Address: _____