

# ROYAL WATERWORKS, INC.

FILED 7/27/2020  
DOCUMENT NO. 04058-2020  
FPSC - COMMISSION CLERK

July 23, 2020

Office of Commission Clerk  
Florida Public Service Commission  
2540 Shumard Oak Blvd.  
Tallahassee, FL 32399-0850

***Re: Docket No. 20190170-WS - Application for transfer of facilities Certificate Nos. 259-W and 199-S in Broward County from Royal Utility Company to Royal Waterworks, Inc. – Response to Staff Request***

Dear Commission Clerk,

Royal Waterworks, Inc. (Royal) hereby submits its response to staff's request from July 21, 2020.

## Fluoride

The previous owner was not in compliance with Broward County's fluoride requirements. Subsequent to purchase, Royal placed the fluorination system back into service in approximately September/October 2019. See attached e-mails and test results.

## Cross Connection Control (CCC)

Royal was operating under the City of Coral Springs CCC until May 1, 2020. Royal submitted the attached CCC to the FDEP in May 2020.

## Lead & Copper Sampling

Royal conducted its required lead and copper sampling in August 2019. See attached test results.

## Boil Water Notices

Royal has issued three (3) precautionary boil water notices (PBWN). One was issued on August 22, 2019 in order to conduct a preplanned repair on a broken water main. One was issued on November 23, 2019 due to a contractor hitting and breaking a water main. The third was issued on May 15, 2020 to the residence of Ramblewood East Condominium Complex due to a main break within the complex.

4939 Cross Bayou Boulevard ~ New Port Richey, Florida 34652  
Tel: 727-848-8292

COMMISSION  
CLERK

2020 JUL 27 PM 1:16

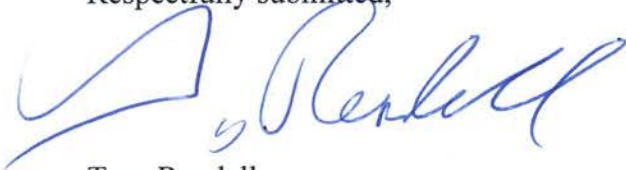
RECEIVED-FPSC

*Royal Waterworks, Inc.*  
*Request for Additional Information*

In addition a Notice of Treatment Change was issued in July 2019 to conduct a “free chlorine burn” during a period of time, consistent with the City of Coral Springs.

See attached notices.

Respectfully submitted,

A handwritten signature in blue ink, appearing to read "Troy Rendell". The signature is stylized and fluid, with a large initial "T" and "R".

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

## Troy Rendell

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**From:** Troy Rendell [trendell@uswatercorp.net] on behalf of Troy Rendell  
**Sent:** Thursday, July 23, 2020 9:24 AM  
**To:** Troy Rendell  
**Subject:** Fwd: Royal Waterworks - Fluoride System

----- Forwarded message -----

**From:** Lina Quintero <lquintero@uswatercorp.net>  
**Date:** Tue, Sep 17, 2019 at 8:42 PM  
**Subject:** Royal Waterworks - Fluoride System  
**To:** <Shannon.harp@flhealth.gov>  
**Cc:** Troy Rendell <trendell@uswatercorp.net>, Dennis Coates <dcoates@uswatercorp.net>, Rudy Perez <rperez@uswatercorp.net>, Sharon Purviance <spurviance@uswatercorp.net>

Good Evening Shannon:

Thank you for your call today. Per our conversation please send me the Fluoridation Ordinance for Broward County you mentioned and also let me know if you will be visiting the water plant Tuesday 9/24 or Wednesday 9/25 and the time so the managers can schedule to be there.

Regarding the FLOSS report, do we have to submit a report even if we are not feeding fluoride at this time? We will be evaluating the system to determine what is needed to put it back in operation.

Below is my contact information, do not hesitate to contact me at any time.

*Thank You,*

*Lina Maria Quintero, P.E.*

*Regional Manager*

*9841 Bernwood Pl. Drive, Suite 120*

*Fort Myers, FL 33966*

*Cell: (727) 858-2396*

*Fax: (239) 543-2226*

## Troy Rendell

---

**From:** Troy Rendell [trendell@uswatercorp.net] on behalf of Troy Rendell  
**Sent:** Thursday, July 23, 2020 9:24 AM  
**To:** Troy Rendell  
**Subject:** Fwd: Ordinance 72-17, Broward County Fluoridation  
**Attachments:** Ord 72-17\_Broward County Fluoridation Ordinance.pdf

----- Forwarded message -----

**From:** Harp, Shannon <[Shannon.Harp@flhealth.gov](mailto:Shannon.Harp@flhealth.gov)>  
**Date:** Wed, Sep 18, 2019 at 12:48 PM  
**Subject:** RE: Ordinance 72-17, Broward County Fluoridation  
**To:** Lina Quintero <[lquintero@uswatercorp.net](mailto:lquintero@uswatercorp.net)>  
**Cc:** Troy Rendell <[trendell@uswatercorp.net](mailto:trendell@uswatercorp.net)>, Dennis Coates <[dcoates@uswatercorp.net](mailto:dcoates@uswatercorp.net)>, Rudy Perez <[rperez@uswatercorp.net](mailto:rperez@uswatercorp.net)>, Sharon Purviance <[spurviance@uswatercorp.net](mailto:spurviance@uswatercorp.net)>, Harp, Shannon <[Shannon.Harp@flhealth.gov](mailto:Shannon.Harp@flhealth.gov)>

Good afternoon,

Please see the attached County ordinance, effective 21<sup>st</sup> of November 1972.

Thank you,

Shannon

Shannon Harp, FCCM

Program Budget Coordinator

State Fluoridation Coordinator

Public Health Dental Program

Bureau of Family Health Services

Division of Community Health Promotion

Location: 2585 Merchant's Row, 145D

US Mail: 4052 Bald Cypress Way, Bin A-14

Tallahassee, FL 32399-1724

(P) 850-558-9660

(C) 850-528-3301

(F) 850-414-7552

Email: [Shannon.Harp@flhealth.gov](mailto:Shannon.Harp@flhealth.gov)

Website: [www.flhealth.gov/dental](http://www.flhealth.gov/dental)

Use the following link to comment on my customer service:

<https://www.surveymonkey.com/r/HS7YDXW>.



**Mission:** To protect, promote, and improve the health of all people in Florida through integrated state, county and community efforts.

Please Note: Florida has a very broad public records law. Most written communications to or from state officials regarding state business are public records available to the public and media upon request. Your e-mail communications may therefore be subject to public disclosure.

 Please consider the environment before printing this e-mail.

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**From:** Harp, Shannon

**Sent:** Wednesday, September 18, 2019 6:22 AM

**To:** 'Lina Quintero' <[lquintero@uswatercorp.net](mailto:lquintero@uswatercorp.net)>

**Cc:** Troy Rendell <[trendell@uswatercorp.net](mailto:trendell@uswatercorp.net)>; Dennis Coates <[dcoates@uswatercorp.net](mailto:dcoates@uswatercorp.net)>; Rudy Perez <[rperez@uswatercorp.net](mailto:rperez@uswatercorp.net)>; Sharon Purviance <[spurviance@uswatercorp.net](mailto:spurviance@uswatercorp.net)>

**Subject:** RE: Royal Waterworks - Fluoride System

**Importance:** High

Good morning All,

I greatly appreciate taking my call and speaking with me yesterday Lina. Possible to meet everyone on Tuesday afternoon around 2pm? If so, let me know and I will send a calendar invite. I am also working on finding a copy of the County ordinance regarding community water fluoridation.

Thank you,

Shannon

Shannon Harp, FCCM

Program Budget Coordinator

State Fluoridation Coordinator

Public Health Dental Program

Bureau of Family Health Services

Division of Community Health Promotion

Location: 2585 Merchant's Row, 145D

US Mail: 4052 Bald Cypress Way, Bin A-14

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Email: [Shannon.Harp@flhealth.gov](mailto:Shannon.Harp@flhealth.gov)

Website: [www.flhealth.gov/dental](http://www.flhealth.gov/dental)

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<https://www.surveymonkey.com/r/HS7YDXW>.



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 Please consider the environment before printing this e-mail.

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**From:** Lina Quintero <[lquintero@uswatercorp.net](mailto:lquintero@uswatercorp.net)>  
**Sent:** Tuesday, September 17, 2019 8:43 PM  
**To:** Harp, Shannon <[Shannon.Harp@flhealth.gov](mailto:Shannon.Harp@flhealth.gov)>  
**Cc:** Troy Rendell <[trendell@uswatercorp.net](mailto:trendell@uswatercorp.net)>; Dennis Coates <[dcoates@uswatercorp.net](mailto:dcoates@uswatercorp.net)>; Rudy Perez <[rperez@uswatercorp.net](mailto:rperez@uswatercorp.net)>; Sharon Purviance <[spurviance@uswatercorp.net](mailto:spurviance@uswatercorp.net)>  
**Subject:** Royal Waterworks - Fluoride System

Good Evening Shannon:

Thank you for your call today. Per our conversation please send me the Fluoridation Ordinance for Broward County you mentioned and also let me know if you will be visiting the water plant Tuesday 9/24 or Wednesday 9/25 and the time so the managers can schedule to be there.

Regarding the FLOSS report, do we have to submit a report even if we are not feeding fluoride at this time? We will be evaluating the system to determine what is needed to put it back in operation.

Below is my contact information, do not hesitate to contact me at any time.

*Thank You,*

*Lina Maria Quintero, P.E.*

*Regional Manager*

## Troy Rendell

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**From:** Troy Rendell [trendell@uswatercorp.net] on behalf of Troy Rendell  
**Sent:** Thursday, July 23, 2020 9:25 AM  
**To:** Troy Rendell  
**Subject:** Fwd: Technical Assistance visit with Royal / US Water Corp PWS

----- Forwarded message -----

**From:** Rudy Perez <[rperez@uswatercorp.net](mailto:rperez@uswatercorp.net)>  
**Date:** Wed, Sep 25, 2019 at 11:13 AM  
**Subject:** Re: Technical Assistance visit with Royal / US Water Corp PWS  
**To:** Lina Quintero <[lquintero@uswatercorp.net](mailto:lquintero@uswatercorp.net)>, Melisa Rotteveel <[mrotteveel@uswatercorp.net](mailto:mrotteveel@uswatercorp.net)>  
**Cc:** Sharon Purviance <[spurviance@uswatercorp.net](mailto:spurviance@uswatercorp.net)>, Dennis Coates <[dcoates@uswatercorp.net](mailto:dcoates@uswatercorp.net)>, Troy Rendell <[trendell@uswatercorp.net](mailto:trendell@uswatercorp.net)>, Candy Arnold <[carnold@uswatercorp.net](mailto:carnold@uswatercorp.net)>

Good morning Lina,

Update Royal ..

Shannon Harp from Flouride (FLOSS) reporting was here yesterday.  
She explained that this system has been out of compliance and that she tried to speak to plant owner, but he was uncooperative.

All systems must report through FLOSS via DOH computer site.  
The system is now register for reporting going forward.

Mrs. Harp advised for us (Royal) to begin feeding fluoride at the optimal range .70  
This should be achieved relatively easy because Raw fluoride levels are .30 naturally , so it won't take much product to get to target .70

After inspection of Fluoride equipment the system is in working order at this time.

All i need is to order the product with your permission.

Hawkins is the vendor and they can deliver 55 gallon drums since we will not need large quantities of chemicals.

Lastly, due to the condition of existing fluoride System Mrs. Harp recommend replacement of said equipment ; Pump skid , scale ,fan , tanks , piping and special floor epoxy paint.

Mrs Harp offered assistance in the form of grant to cover cost.

All we have to do is apply for the grant and she will approve.

She said she will follow up with a response to site visit and the link to apply for grant.

Thanks to all...Rudy

On Mon, Sep 23, 2019 at 3:51 PM Lina Quintero <[lquintero@uswatercorp.net](mailto:lquintero@uswatercorp.net)> wrote:

Good Afternoon Sharon:



Dennis and Rudy will be there so it will be fine. I understand the water system is regulated by the FDEP but the fluoridation program and Ordinance are still regulated by the FDOH and that is why she contacted me from Tallahassee.

Tomorrow Dennis and Rudy can get as much information as possible about compliance and reporting because having an Ordinance we will have to put the system back online soon.

*Thank You,*

*Lina Maria Quintero, P.E.*

*Regional Manager*

*9841 Bernwood Pl. Drive, Suite 120*

*Fort Myers, FL 33966*

*Cell: (727) 858-2396*

*Fax: (239) 543-2226*

*[lquintero@uswatercorp.net](mailto:lquintero@uswatercorp.net)*

**From:** Sharon Purviance <[spurviance@uswatercorp.net](mailto:spurviance@uswatercorp.net)>

**Sent:** Monday, September 23, 2019 8:26 AM

**Cc:** Lina Quintero <[lquintero@uswatercorp.net](mailto:lquintero@uswatercorp.net)>; Dennis Coates <[dcoates@uswatercorp.net](mailto:dcoates@uswatercorp.net)>; Rudy Perez <[rperez@uswatercorp.net](mailto:rperez@uswatercorp.net)>

**Subject:** Re: Technical Assistance visit with Royal / US Water Corp PWS

What is this meeting for? I was told that this system is now under the jurisdiction of FDEP not the health department? I cannot make it as already have committed to being in Sebring for the tie in of the new plant on Tuesday.

Sharon

On Fri, Sep 20, 2019 at 2:31 PM Harp, Shannon <[Shannon.Harp@flhealth.gov](mailto:Shannon.Harp@flhealth.gov)> wrote:

Good afternoon All,

Thank you so much for your time and agreeing to meet with me and discuss the future of your PWS. I look forward to meeting those that I can at the water plant. Would there be any special instructions or directions to know while arriving at the plant?

--

US WATER SERVICES CORP  
Rudy Perez  
Water Plant Operations Manager  
Cell - 954-651-2311  
[Rperez@uswatercorp.net](mailto:Rperez@uswatercorp.net)

## Troy Rendell

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**From:** Troy Rendell [trendell@uswatercorp.net] on behalf of Troy Rendell  
**Sent:** Thursday, July 23, 2020 9:25 AM  
**To:** Troy Rendell  
**Subject:** Fwd: FL Dept. Health/Shannon Called

----- Forwarded message -----

**From:** Lina Quintero <lquintero@uswatercorp.net>  
**Date:** Thu, Aug 29, 2019 at 4:57 PM  
**Subject:** FL Dept. Health/Shannon Called  
**To:** Rudy Perez <rperez@uswatercorp.net>  
**Cc:** Sharon Purviance <spurviance@uswatercorp.net>, Troy Rendell <trendell@uswatercorp.net>

Rudy:

We will not be feeding fluoride or repairing the equipment for now until all other priorities on the work plan are completed.

Please let the agency know we are not feeding fluoride and that is why we are did not submit the report.

On Thu, Aug 29, 2019 at 4:48 PM Rudy Perez <rperez@uswatercorp.net> wrote:

This system has reported floride on monthly basis via floss mor report.  
Even though it was not being fed for some time.  
In July it was not recorded via Floss report.  
Shannon Harp was inquiring about missing july report and low floride residuals in system.  
I advised her that the system is now under the direction of USWSC and I registered with her department (floss) as contact operator for future reports .  
At this time floride is not being fed at Royal  
Which reflects in report..  
.18 -.32 residuals  
Once we can repair equipment and receive new floride we can return to service . \*

Please advise.

On Thu, Aug 29, 2019, 12:13 PM Rudy Perez <rperez@uswatercorp.net> wrote:

Hello Team,  
I spoke with Shannon she has registered me for the floss access for Royal.  
I will complete going forward..  
Floride system has not been feeding correctly.  
Feeding low if any, residuals have been

.18 - .34

Floss was not recorded in July I will update

Thanks Rudy

On Wed, Aug 28, 2019, 2:02 PM Sharon Purviance <[spurviance@uswatercorp.net](mailto:spurviance@uswatercorp.net)> wrote:

We were told to send to FDEP, they we are under their jurisdiction now, wonder why they would want them?

Sharon

On Wed, Aug 28, 2019, 1:45 PM Lina Quintero <[lquintero@uswatercorp.net](mailto:lquintero@uswatercorp.net)> wrote:

I will call her right now.

On Wed, Aug 28, 2019 at 1:38 PM Troy Rendell <[trendell@uswatercorp.net](mailto:trendell@uswatercorp.net)> wrote:

Can someone please call her? Regarding monthly operating reports filed at DOH...

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**From:** Kelly Turbett [mailto:[kelly.turbett@opus21ms.com](mailto:kelly.turbett@opus21ms.com)]

**Sent:** Wednesday, August 28, 2019 12:35 PM

**To:** Troy Rendell

**Cc:** 'Evelyn Alicea'

**Subject:** FL Dept. Health/Shannon Called

**Importance:** High

Hi Troy,

Shannon Harp from the Florida Department of Health just called. She called the old Royal WW # which especially sent her over to us. She was looking to speak with John McCartney from Royal and was unaware that it had been purchased by USWater.

She stated that she needs someone to reach out to her immediately in regards to the drinking water program. She state that monthly operation reports are not being submitted and needs a call back right away.

Her telephone number is 850-558-9660 and her office hours are 7a-4p. She was looking for a call back this afternoon!

Kelly Turbett/Client Services Manager



OPUS<sup>21</sup> Management Solutions

[680 Commerce Drive, Suite 160](#)

[Woodbury, MN 55125](#)

[Office: \(651\) 255-0904](#)

[Fax: \(651\) 905-0440](#)

[Email: kelly.turbett@opus21ms.com](#)

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Thank you,  
Lina Maria Quintero, P.E.  
Regional Manager  
727-858-2396

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Thank you,  
Lina Maria Quintero, P.E.  
Regional Manager  
727-858-2396

AN ORDINANCE REQUIRING INTRODUCTION OF FLUORIDES IN ALL PUBLIC WATER SUPPLIES IN BROWARD COUNTY, FLORIDA; ESTABLISHING TIME LIMITATIONS FOR COMPLIANCE; AUTHORIZING EXTENSIONS OF TIME IN CASES OF HARDSHIP; PROVIDING FOR PENALTIES AND REMEDIES; CONTAINING SEVERABILITY CLAUSE; AND PROVIDING FOR EFFECTIVE DATE

NOV 27 12 30 PM '72  
RICHARD(DICK)STONE  
SECRETARY OF STATE

FILED

BE IT ORDAINED BY THE BOARD OF COUNTY COMMISSIONERS OF BROWARD COUNTY, FLORIDA:

Section 1. The Board of County Commissioners of Broward County, Florida finds, determines and declares that the introduction of fluorides into water supplies intended for human consumption is necessary for the protection of the health, safety and welfare of the citizens and residents of Broward County, Florida.

Section 2. This ordinance shall apply to all public water systems within Broward County which are regulated by the Public Service Commission of the State of Florida, pursuant to the Water and Sewer System Regulatory Law, and to all county and municipal water systems in Broward County, Florida, which furnish water for human consumption.

Section 3. Each water system to which this ordinance applies shall cause fluorides in quantities and in a manner conforming to the regulations set forth in Chapter 10D-4 of the Florida Administrative Code to be introduced into its distribution system. Within thirty (30) days after the effective date of this ordinance each such water system shall furnish evidence to the Board of County Commissioners and to the Broward County Health Department of its intent to comply with the requirements of this ordinance, which evidence shall consist of proof of having retained an engineer for the purpose of preparing appropriate plans and specifications.

said plans and specifications to the Broward County Health Department as provided by law. As soon as possible thereafter, but in any event no later than six (6) months after the said plans have been approved by the Broward County Health Department and all other regulatory bodies having jurisdiction thereof, each such water system shall have its installations completed, and shall cause fluorides to be introduced into its distribution system.

Section 4. In the event of extreme hardship or urgent necessity, such as strikes, acts of God, or other similar conditions, the Director of the Broward County Health Department may grant an extension of the time requirements imposed by this ordinance. Such extension may only be granted upon the furnishing of proof satisfactory to the Director that it is required as a result of factors beyond the control of the applicant.

Section 5. Any person violating any provision of this ordinance shall be deemed guilty of a misdemeanor and punished as provided by law. If such violation be continuing, each day's violation shall be a separate offense. The violation of any of the provisions of this ordinance may also be enforced by injunction, including a mandatory injunction and such suit or action may be instituted and maintained in the name of Broward County.

Section 6. If any section, subsection, sentence, clause, phrase or portion of this ordinance is for any reason held invalid or unconstitutional by any court of competent jurisdiction, such portion shall be deemed a separate, distinct and independent provision and such holding shall not affect the validity of the remaining portion hereof.

Section 7. This ordinance shall become effective as provided by law.

ENACTED this 21st day of November, A. D. 1972.

EFFECTIVE this 28th day of November, A. D., 1972.

Aug

# 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: Royal Waterworks PWS I.D.#: 

4	0	6
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System Type (check one):  Community  Nontransient Noncommunity  Transient Noncommunity

Address: 8900 NW 44 Court

City: Coral Springs ZIP Code: 33065

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

## SAMPLE INFORMATION (to be completed by sampler)

Sample Number: M1903917001 Sample Date: 08/08/2019 Sample Time: 09:30

Sample Location (be specific): F-1 9100 Wiles Road Location Code (if known) \_\_\_\_\_

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): \_\_\_\_\_ 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 62-5)
- Composite of Multiple Sites \*\*
- Clearance (permitting)
- Other: \_\_\_\_\_

Sampling Procedure Used or Other Comments:

Fluoride

\*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 restrictions. attach a results page

## SAMPLER CERTIFICATION

I, BARRY ALLEN, OPERATOR, do hereby certify that the above public water system and sample collection information is complete and correct.

Signature: \_\_\_\_\_ Date: 09/08/19

Certified Operator #: 12876 Phone #: 954-445-3595 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 #: E82535 Certification Expiration  
ATTACH CURRENT DOH ANALYTE \*

Address: 10200 USA Today Way Miramar, FL 33025 Payments: P.O. Box Phone #: (954)889-2288

Were any analyses subcontracted?  Yes  No If yes, please provide DOH certification numbers: \_\_\_\_\_  
ATTACH DOH ANALYTE SHEET FOR EACH SUB

**ANALYSIS INFORMATION** (to be completed by lab) Date Sample(s) Received: 08/08/2019

PWS ID (From Page 1): 4061517 Sample Number (From Page 1): M1903917001 Lab Assigned Report # (

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>                     |
|--|--|----------------------------------|---|--|
| <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"/> Partial  | <input type="checkbox"/> All Except Dioxin | <input type="checkbox"/> Partial | <input type="checkbox"/> Haloacetic Acids | <input type="checkbox"/> Qtrly Composite |
| <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, Tiffany Mackie, \_\_\_\_\_, Client Services Manager, \_\_\_\_\_, do HER  
(Print Name) (Print Title)

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

Signature:  Date: 8/22/19

\* 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 a non-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 one)  
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: M1903917001

PWS ID (From Page 1): 4061517

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Analysis Date	Analysis Time
1025	Fluoride	4.0	mg/L	0.26	I	EPA 300.0	0.050	08/09/2019	11:22

Reporting Format 62-550.730

Effective January 1995, Revised February 2010

Page 3 of 4

\*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 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 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: M1903917001

PWS ID (From Page 1): 4061517

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Analysis Date
1025	Fluoride	2.0	mg/L	0.26	I	EPA 300.0	0.050	08/09/2019

Reporting Format 62-550.730

Effective January 1995, Revised February 2010

Page 4 of 4

\*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 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 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: Roya Waterworks PWS I.D.#: 

4	0	6
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System Type (check one):  Community  Nontransient Noncommunity  Transient Noncommunity

Address: 8900 NW 44 Court

City: Coral Springs ZIP Code: 33065

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

**SAMPLE INFORMATION** (to be completed by sampler)

Sample Number: M1903917002 Sample Date: 08/08/2019 Sample Time: 09:40

Sample Location (be specific): F-2 8260 Wiles Road Location Code (if known): \_\_\_\_\_

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

Sample Type (Check Only One) \_\_\_\_\_ Reason(s) for Sample (Check all that apply) \_\_\_\_\_

<input type="checkbox"/> Distribution	<input type="checkbox"/> Routine Compliance with 62-550	<input type="checkbox"/> Replacement (of Invalidated Sample)
<input type="checkbox"/> Entry Point (to Distribution)	<input type="checkbox"/> Confirmation of MCL Exceedance *	<input type="checkbox"/> Special (not for compliance with 62-5
<input type="checkbox"/> Plant Tap (not for compliance with 62-550)	<input type="checkbox"/> Composite of Multiple Sites **	<input type="checkbox"/> Clearance (permitting)
<input type="checkbox"/> Raw (at well or intake)	<input type="checkbox"/> Other: _____	
<input type="checkbox"/> Max Residence Time	Sampling Procedure Used or Other Comments: _____	
<input type="checkbox"/> Ave Residence Time		
<input type="checkbox"/> Near First Customer		

\*See 62-550.500(6) for requirements and restrictions. And 62-550.512(3) for nitrate or nitrite exceedances. \*\*See 62-550.550(4) for requirements and restrictions. attach a results page

**SAMPLER CERTIFICATION**

I, BARRY ALLEN (Print Name), OPERATOR (Print Title), do hereby certify that the above public water system and sample collection information is complete and correct.

Signature: [Signature] Date: 09/08/19

Certified Operator #: 12876 Phone #: 954-445-3595 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 #: E82535 Certification Expiration: \_\_\_\_\_

ATTACH CURRENT DOH ANALYTE \*

Address: 10200 USA Today Way Miramar, FL 33025 Payments: P.O. Box Phone #: (954)889-2288

Were any analyses subcontracted?  Yes  No If yes, please provide DOH certification numbers: \_\_\_\_\_

ATTACH DOH ANALYTE SHEET FOR EACH SUI

**ANALYSIS INFORMATION** (to be completed by lab) Date Sample(s) Received: 08/08/2019

PWS ID (From Page 1): 4061517 Sample Number (From Page 1): M1903917002 Lab Assigned Report # c \_\_\_\_\_

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

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

### LAB CERTIFICATION

I, Tiffany Mackie, Client Services Manager, do HEF  
 (Print Name) (Print Title)

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

Signature: *Tiffany Mackie* Date: 8/22/19

\* 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 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 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 one)

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: M1903917002

PWS ID (From Page 1): 4061517

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Analysis Date
1025	Fluoride	2.0	mg/L	0.26	I	EPA 300.0	0.050	08/09/2019

\*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 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 results must be replaced with acceptable results from samples collected during the same monitoring period.



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

**Altamonte Springs:** 380 Northlake Blvd., Ste. 1048 • Altamonte Springs, FL 32701 • 407.937.1594 • Fax 407.937.1597  
 **Jacksonville:** 6881 Southpoint Pkwy. • Jacksonville, FL 32216 • 904.363.9350 • Fax 904.363.9354  
 **Tallahassee:** 2639 North Monroe St., Suite D, Tallahassee, FL 32303 • 850.219.6274 • Fax 850.219.6275

**Gainesville**  
 **Miramar**  
 **Tampa**

Client Name: <b>ROYAL UTILITY</b>		Project Name: <b>FLUORIDE</b>		BOTTLE SIZE & TYPE	ANALYSIS REQUIRED	PH	CL <sub>2</sub>	TEMP.	FLUORIDE
Address: <b>8900 NW 44CT</b>		Project Number:							
<b>CORAL SPRINGS, FL 33065</b>		PO Number:							
Phone: <b>(239) 222-1685</b>		FDEP Facility No: <b>4061517</b>							
FAX:		FDEP Facility Address:							
Contact: <b>DENNIS COATES</b>		Special Instructions: <b>FLUORIDE</b>							
Sampled By: <b>B. ALLEN</b>		<input type="checkbox"/> ADaPT <input type="checkbox"/> EQUIS <input type="checkbox"/> Other							
Turn Around Time: <input checked="" type="checkbox"/> STANDARD <input type="checkbox"/> RUSH									
AEL Profile #:									

SAMPLE ID	SAMPLE DESCRIPTION	Grab Comp	SAMPLING		MATRIX	NO. COUNT	Preservation	Field-Filtered?			
			DATE	TIME							
F-1	9100 WILES ROAD	G	8/8/14	4:30	DW	1		8.8	2.9	29.0	.35
F-2	8260 WILES ROAD	G	8/8/14	9:40	DW	1		8.8	2.9	29.9	.36

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)

Received on Ice  Yes    No    Temp taken from sample    Temp from blank    Where required, pH checked   Temp. when received (observed) **4.3**

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

Relinquished by:		Date	Time	Received by:		Date	Time
1	<b>B. ALLEN</b>	<b>8/8/14</b>	<b>13:00</b>	<b>(Signature)</b>	<b>8/8/14</b>	<b>13:00</b>	
2							
3							
4							

**FOR DRINKING WATER USE**  
 (When PWS Information not otherwise supplied)  
 Contact Person: \_\_\_\_\_  
 Supplier of Water: \_\_\_\_\_  
 Site Address: \_\_\_\_\_

## 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: Royal Waterworks PWS I.D.#: 

4	0	6	1	5	1	7
---	---	---	---	---	---	---

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

Address: 8900 NW 44th Court

City: Coral Springs ZIP Code: 33065

Phone #: 954-651-2311 Fax #: \_\_\_\_\_ E-Mail Address: rperez@uswatercorp.net

**SAMPLE INFORMATION** (to be completed by sampler)

Sample Number: M1904798001 Sample Date: 09/24/2019 Sample Time: 10:10  AM  PM (circle one)

Sample Location (be specific): F-1 9100 Wiles Rd Location Code (if known) : \_\_\_\_\_

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): \_\_\_\_\_ 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:

Fluoride

\*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, Rodolfo Perez, Operator, do HEREBY CERTIFY

(Print Name) (Print Title)

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

Signature: R. Perez Date: 10/4/19

Certified Operator #: A-15383 Phone #: 954-651-2311 Sampler's Fax #: \_\_\_\_\_

Sampler's E-Mail: rperez@uswatercorp.net

REVIEWED



# 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 #: E82535 Certification Expiration Date: 06/30/2020

ATTACH CURRENT DOH ANALYTE \*

Address: 10200 USA Today Way Miramar, FL 33025 Payments: P.O. Box Phone #: (954)889-2288

Were any analyses subcontracted?  Yes  No If yes, please provide DOH certification numbers: \_\_\_\_\_

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED \*

**ANALYSIS INFORMATION** (to be completed by lab) Date Sample(s) Received: 09/24/2019

PWS ID (From Page 1): 4061517 Sample Number (From Page 1): M1904798001 Lab Assigned Report # or Job M1904798

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

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

### LAB CERTIFICATION

I, Tiffany Mackie, Client Services 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: 10/1/19

\* 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: M1904798001

PWS ID (From Page 1): 4061517

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Certification
1025	Fluoride	4.0	mg/L	0.34	I	EPA 300.0	0.050	10/02/2019	11:12	E82535

\*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 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: M1904798001

PWS ID (From Page 1): 4061517

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Certification #
1025	Fluoride	2.0	mg/L	0.34	I	EPA 300.0	0.050	10/02/2019	11:12	E82535

\*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: Royal Waterworks PWS I.D.#: 

4	0	6	1	5	1	7
---	---	---	---	---	---	---

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

Address: 8900 NW 44th Court

City: Coral Springs ZIP Code: 33065

Phone #: 954-651-2311 Fax #: \_\_\_\_\_ E-Mail Address: rperez@uswatercorp.net

**SAMPLE INFORMATION** (to be completed by sampler)

Sample Number: M1904798002 Sample Date: 09/24/2019 Sample Time: 10:18

AM
----

 PM (circle one)

Sample Location (be specific): F-2 8260 Wiles Rd Location Code (if known) : \_\_\_\_\_

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): \_\_\_\_\_ 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:

Fluoride

\*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, Rodolfo Perez, Operator, do HEREBY CERTIFY  
(Print Name) (Print Title)

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

Signature: R. Perez Date: 10/4/19

Certified Operator #: A 15983 Phone #: 954-651-2311 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 #: E82535 Certification Expiration Date: 06/30/2020  
 ATTACH CURRENT DOH ANALYTE \*

Address: 10200 USA Today Way Miramar, FL 33025 Payments: P.O. Box Phone #: (954)889-2288

Were any analyses subcontracted?  Yes  No If yes, please provide DOH certification numbers: \_\_\_\_\_  
 ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED \*

**ANALYSIS INFORMATION** (to be completed by lab)

Date Sample(s) Received: 09/24/2019

PWS ID (From Page 1): 4061517 Sample Number (From Page 1): M1904798002 Lab Assigned Report # or Job M1904798

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, Tiffany Mackie, Client Services 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: 10/1/19

\* 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: M1904798002

PWS ID (From Page 1): 4061517

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Certification
1025	Fluoride	4.0	mg/L	0.34	I	EPA 300.0	0.050	10/02/2019	11:27	E82535

\*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: M1904798002

PWS ID (From Page 1): 4061517

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Certification #
1025	Fluoride	2.0	mg/L	0.34	I	EPA 300.0	0.050	10/02/2019	11:27	E82535

\*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.**  
Florida's Largest Laboratory Network

- Altamonte Springs:** 380 Northlake Blvd., Ste. 1048, FL 32701 • 407.397.1594 • Fax 407.837.1597 Lab
- Fort Myers:** 13100 Westlinks Terrace, Ste. 10, FL 33913 • 239.674.8130 • Fax 239.674.8128 Lab ID: E844
- Jacksonville:** 6681 Southpoint Pkwy., FL 32216 • 904.363.9350 • Fax 904.363.9354 Lab ID: E82574
- Tallahassee:** 2639 North Monroe St., Suite D, FL 32303 • 850.219.6274 • Fax 850.219.6275 Lab ID: E8114



Page \_\_\_\_\_ of \_\_\_\_\_  
7.2349 • Fax 352.395.6639 Lab ID: E82001  
3.2288 • Fax 954.889.2281 Lab ID: E82535  
1.9616 • Fax 813.630.4327 Lab ID: E84589

Client Name: <b>Royal Water Works</b>	Project Name: <b>Flouride</b>	BOTTLE SIZE & TYPE										
Address: <b>8900 44 CT</b>	Project Number:											
<b>Coast Spring Fl. 33065</b>	PO Number:											
Phone: <b>954 651-2311</b>	FDEP Facility No: <b>406-1517</b>											
FAX:	FDEP Facility Address:											
Contact:	Special Instructions:											
Sampled By: <b>R. Perez</b>	Turn Around Time: <input type="checkbox"/> STANDARD <input type="checkbox"/> RUSH											
AEL Profile #:	<input type="checkbox"/> AdApt <input type="checkbox"/> EQUIS <input type="checkbox"/> Other	ANALYSIS REQUIRED  <b>Cl<sub>2</sub> PH Temp</b>	LABORATORY I.D. NUMBER									

SAMPLE ID	SAMPLE DESCRIPTION	Grab Comp	SAMPLING		MATRIX	NO. COUNT	Preservation														
			DATE	TIME			Field-Filtered?														
F-1	9100 Wiles rd	G	9/24/19	1010	DW	1			2.2	7.6	27.9										
F-2	8260 Wiles rd	G	9/24/19	1018	DW	1			2.2	7.6	28										

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) \_\_\_\_\_ °C Temp. when received (corrected) \_\_\_\_\_ °C

DCN: AD-051 Form last revised 02/12/2019

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 F: 1A

Relinquished by:		Date	Time	Received by:		Date	Time
R. Perez		9/24/19	12:25	Betty Quillan		9/24/19	12:25

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



## 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: Royal Waterworks

PWS I.D.#:

4	0	6	1	5	1	7
---	---	---	---	---	---	---

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

Address: 8900 NW 44th Court

City: Coral Springs

ZIP Code: 33065

Phone #: 954-651-2311

Fax #:

E-Mail Address: rperez@uswatercorp.net

**SAMPLE INFORMATION** (to be completed by sampler)

Sample Number: M1905049001

Sample Date: 10/08/2019

Sample Time: 10:15

AM  PM (circle one)

Sample Location (be specific): F-1 9100 Wiles Rd

Location Code (if known):

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): \_\_\_\_\_ 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:

*Fluoride*

\*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, R. Perez

(Print Name)

Operator

(Print Title)

, do HEREBY CERTIFY

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

Signature: R. Perez

Date: 10/10/19

Certified Operator #: A-15983

Phone #: 954-651-2311

Sampler's Fax #:

Sampler's E-Mail:

REVIEWED

# 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 #: E82535 Certification Expiration Date: 06/30/2020

ATTACH CURRENT DOH ANALYTE \*

Address: 10200 USA Today Way Miramar, FL 33025 Payments: P.O. Box Phone #: (954)889-2288

Were any analyses subcontracted?  Yes  No If yes, please provide DOH certification numbers: \_\_\_\_\_

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED \*

**ANALYSIS INFORMATION** (to be completed by lab)

Date Sample(s) Received: 10/08/2019

PWS ID (From Page 1): 4061517 Sample Number (From Page 1): M1905049001 Lab Assigned Report # or Job M1905049

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, Tiffany Mackie, Client Services 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: 10/10/19

\* 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: M1905049001

PWS ID (From Page 1): 4061517

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Certification
1025	Fluoride	4.0	mg/L	0.37	I	EPA 300.0	0.050	10/08/2019	22:41	E82535

\*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, C, 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: M1905049001

PWS ID (From Page 1): 4061517

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Certification #
1025	Fluoride	2.0	mg/L	0.37	I	EPA 300.0	0.050	10/08/2019	22:41	E82535

**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: Royal Waterworks

PWS I.D.#: 

4	0	6	1	5	1	7
---	---	---	---	---	---	---

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

Address: 8900 NW 44th Court

City: Coral Springs

ZIP Code: 33065

Phone #: 954-651-2311

Fax #: \_\_\_\_\_

E-Mail Address: rperez@uswatercorp.net

**SAMPLE INFORMATION** (to be completed by sampler)

Sample Number: M1905049002

Sample Date: 10/08/2019

Sample Time: 10:40

AM  PM (circle one)

Sample Location (be specific): F-2 8260 Wiles Rd

Location Code (if known): \_\_\_\_\_

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

Sample Type (Check Only One)

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

- 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

- 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:

Fluoride

\*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, Rodolfo Perez

(Print Name)

Operator

(Print Title)

, do HEREBY CERTIFY

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

Signature: R. Perez

Date: 10/10/19

Certified Operator #: A15983

Phone #: 954-651-2311

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 #: E82535 Certification Expiration Date: 06/30/2020  
 Address: 10200 USA Today Way Miramar, FL 33025 Payments: P.O. Box Phone #: (954)889-2288  
 ATTACH CURRENT DOH ANALYTE \*

Were any analyses subcontracted?  Yes  No If yes, please provide DOH certification numbers: \_\_\_\_\_  
 ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED \*

**ANALYSIS INFORMATION** (to be completed by lab) Date Sample(s) Received: 10/08/2019  
 PWS ID (From Page 1): 4061517 Sample Number (From Page 1): M1905049002 Lab Assigned Report # or Job M1905049

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, Tiffany Mackie, Client Services 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: *Tiffany Mackie* Date: 10/10/19

\* 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: M1905049002

PWS ID (From Page 1): 4061517

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Certification
1025	Fluoride	4.0	mg/L	0.38	I	EPA 300.0	0.050	10/08/2019	22:57	E82535

\*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: M1905049002

PWS ID (From Page 1): 4061517

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Certification #
1025	Fluoride	2.0	mg/L	0.38	I	EPA 300.0	0.050	10/08/2019	22:57	E82535

\*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.**  
Florida's Largest Laboratory Network

- Altamonte Springs:** 390 Northlake Blvd., Ste. 1048, FL 32701 • 407.937.1594 • Fax 407.937.1597 Lab ID: E53076
- Fort Myers:** 13100 Westlins Terrace, Ste. 10, FL 33913 • 239.674.8130 • Fax 239.674.8128 Lab ID: E84492
- Jacksonville:** 6681 Southpoint Pkwy., FL 32216 • 904.363.9360 • Fax 904.363.9364 Lab ID: E82574
- Tallahassee:** 2639 North Monroe St., Suite D, FL 32303 • 850.219.6274 • Fax 850.219.6275 Lab ID: E811095

- Gainesville:**
- Miramar:** 10:
- Tampa:** 9610



Client Name: <b>Royal Water Works</b>	Project Name: <b>Florida</b>	<b>BOTTLE SIZE &amp; TYPE</b>				<b>ANALYSIS REQUIRED</b>	<b>CL<sub>2</sub> PH Temp</b>					<b>LABORATORY I.D. NUMBER</b>
Address: <b>8900 NW 44 CT</b>	Project Number:											
<b>CORAL Springs</b>	PO Number:											
Phone: <b>954-651-2311</b>	FDEP Facility No: <b>406 1517</b>											
FAX:	FDEP Facility Address:											
Contact:	Special Instructions: <b>10/8/19</b>											
Sampled By: <b>R. Perez</b>	<input type="checkbox"/> ADaPT <input type="checkbox"/> EQUIS <input type="checkbox"/> Other											
Turn Around Time: <input type="checkbox"/> STANDARD <input type="checkbox"/> RUSH												
AEL Profile #:												

SAMPLE ID	SAMPLE DESCRIPTION	Grab Comp	SAMPLING		MATRIX	NO. COUNT	Preservation Field-Filtered?				
			DATE	TIME							
F-1	9100 Wiles Rd	G	10/8/19	1015	DW	1		2.1	8.6	27	001
F-2	8260 Wiles Rd	G	10/8/19	1040	OW	1		2.3	8.5	27	002

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) **59** °C   Temp. when received (corrected) **49** °C

DCN: AD-051 Form last revised 02/12/2019

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   F: 1A

Relinquished by:	Date	Time	Received by:	Date	Time
<b>R. Perez</b>	<b>10/8/19</b>	<b>12:40</b>	<b>[Signature]</b>	<b>10/8/19</b>	<b>12:40</b>

**FOR DRINKING WATER USE:**

(When PWS information not otherwise supplied)   PWS ID: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

Supplier of Water: \_\_\_\_\_

Site-Address: \_\_\_\_\_

## 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: Royal Waterworks PWS I.D.#: 

4	0	6	1
---	---	---	---

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

Address: 8900 NW 44th Court

City: Coral Springs ZIP Code: 33065

Phone #: 954-651-2311 Fax #: \_\_\_\_\_ E-Mail Address: rperez@uswatercorp.

**SAMPLE INFORMATION** (to be completed by sampler)

Sample Number: M1905704001 Sample Date: 11/13/2019 Sample Time: 07:50  AI

Sample Location (be specific): F-1 9100 Wiles Rd Location Code (if known): \_\_\_\_\_

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): \_\_\_\_\_ 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:

*Fluoride*

\*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 re: attach a results page for

### SAMPLER CERTIFICATION

I, Rodolfo Perez, Operator, do HERE  
(Print Name) (Print Title)

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

Signature: R. Perez Date: 11/20/19

Certified Operator #: A 15983 Phone #: \_\_\_\_\_ Sampler's Fax #: \_\_\_\_\_

Sampler's E-Mail: rperez@uswatercorp.net

## 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 #: E82535 Certification Expiration: \_\_\_\_\_

ATTACH CURRENT DOH ANALYTE

Address: 10200 USA Today Way Miramar, FL 33025 Payments: P.O. Box Phone #: (954)889-2288

Were any analyses subcontracted?  Yes  No If yes, please provide DOH certification numbers: \_\_\_\_\_

ATTACH DOH ANALYTE SHEET FOR EACH SU

**ANALYSIS INFORMATION** (to be completed by lab)

Date Sample(s) Received: 11/13/2019

PWS ID (From Page 1): 4061517 Sample Number (From Page 1): M1905704001 Lab Assigned Report # \_\_\_\_\_

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 Composit

**LAB CERTIFICATION**

I, Tiffany Mackie, Client Services Manager, do hereby certify that the attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation and Certification Program.

Signature: *Tiffany Mackie* Date: 11/18/19

\* 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 a report, possible enforcement against the public water system for failure to sample, and may result in notification of the DOH Bureau of Laboratories.  
\*\* 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 reportable.)

**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 one)

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: M190570400

PWS ID (From Page 1): 4061517

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Analysis Date	Analy Time
1025	Fluoride	4.0	mg/L	0.50	J4	EPA 300.0	0.050	11/13/2019	22:41

\*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 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 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: M1905704001

PWS ID (From Page 1): 4061517

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Analysis Date
1025	Fluoride	2.0	mg/L	0.50	J4	EPA 300.0	0.050	11/13/2019

## 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: Royal Waterworks PWS I.D.#: 4 0 6

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

Address: 8900 NW 44th Court

City: Coral Springs ZIP Code: 33065

Phone #: 954-651-2311 Fax #: \_\_\_\_\_ E-Mail Address: rperez@uswatercorp.net

**SAMPLE INFORMATION** (to be completed by sampler)

Sample Number: M1905704002 Sample Date: 11/13/2019 Sample Time: 08:20

Sample Location (be specific): F-2 8260 wiles Rd Location Code (if known) : \_\_\_\_\_

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): \_\_\_\_\_ 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:

Fluride

\*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 re  
attach a results page fo

**SAMPLER CERTIFICATION**

I, Rodolfo Perez, Operator, do HERI  
(Print Name) (Print Title)

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

Signature: R. Perez Date: 11/20/19

Certified Operator #: A-15983 Phone #: 954-651-2311 Sampler's Fax #: \_\_\_\_\_

Sampler's E-Mail: rperez@uswatercorp.net

## 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 #: E82535 Certification Expiration: \_\_\_\_\_  
 Address: 10200 USA Today Way Miramar, FL 33025 Payments: P.O. Box Phone #: (954)889-2288  
 Were any analyses subcontracted?  Yes  No If yes, please provide DOH certification numbers: \_\_\_\_\_  
 ATTACH CURRENT DOH ANALYTE SHEET FOR EACH SAMPLE  
 ATTACH DOH ANALYTE SHEET FOR EACH SAMPLE

**ANALYSIS INFORMATION** (to be completed by lab) Date Sample(s) Received: 11/13/2019  
 PWS ID (From Page 1): 4061517 Sample Number (From Page 1): M1905704002 Lab Assigned Report #: \_\_\_\_\_  
 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>                     |
| <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"/> Partial  | <input type="checkbox"/> All Except Dioxin | <input type="checkbox"/> Partial | <input type="checkbox"/> Haloacetic Acids | <input type="checkbox"/> Qtrly Composite |
| <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, Tiffany Mackie, Client Services Manager, do hereby certify that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation and Certification Program.

Signature: *Tiffany Mackie* Date: 11/18/19

\* 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 a 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 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 one)  
 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: M190570400

PWS ID (From Page 1): 4061517

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Analysis Date	Analy Time
1025	Fluoride	4.0	mg/L	0.49	I	EPA 300.0	0.050	11/13/2019	23:3

\*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 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 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: M190570400

PWS ID (From Page 1): 4061517

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Analysis Date
1025	Fluoride	2.0	mg/L	0.49	I	EPA 300.0	0.050	11/13/2019



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

- Altamonte Springs:** 360 Northlake Blvd., Ste. 1048, FL 32701 • 407.937.1594 • Fax 407.937.1597 Lab ID: E53076
- Fort Myers:** 13100 Westlink Terrace, Ste. 10, FL 33913 • 239.674.8130 • Fax 239.674.8128 Lab ID: E84482
- Jacksonville:** 6681 Southpoint Pkwy., FL 32216 • 904.383.9350 • Fax 904.383.9354 Lab ID: E82574
- Tallahassee:** 2639 North Monroe St., Suite D, FL 32303 • 850.219.6274 • Fax 850.219.6275 Lab ID: E811095

- Gaine**
- Miram**
- Temp**

Client Name: <i>Royal Water Works</i>	Project Name: <i>Florida</i>	BOTTLE SIZE & TYPE
Address: <i>8900 NW 44 CT Coral Springs FL 33065</i>	Project Number:	ANALYSIS REQUIRED  <i>CL2 PH Temp Field</i>
Phone: <i>954-651-2311</i>	PO Number:	
FAX:	FDEP Facility No: <i>406-1577</i>	
Contact:	FDEP Facility Address:	
Sampled By: <i>R. Perez</i>	Special Instructions: <i>11/13/19</i>	
Turn Around Time: <input checked="" type="checkbox"/> STANDARD <input type="checkbox"/> RUSH	<input type="checkbox"/> ADaPT <input type="checkbox"/> EQUIS <input type="checkbox"/> Other	
AEL Profile #:		

SAMPLE ID	SAMPLE DESCRIPTION	Grab Comp	SAMPLING		MATRIX	NO. COUNT	Preservation	Field-Filtered?							
			DATE	TIME											
<i>F-1</i>	<i>9100 Wiles Rd</i>	<i>G</i>	<i>11/13/19</i>	<i>0750</i>	<i>DW</i>	<i>1</i>		<i>2.3</i>	<i>8.6</i>	<i>27</i>	<i>.</i>				
<i>F-2</i>	<i>8200 Wiles Rd</i>	<i>G</i>	<i>11/13/19</i>	<i>0820</i>	<i>DW</i>	<i>1</i>		<i>2.3</i>	<i>8.7</i>	<i>27</i>	<i>.</i>				

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)

Received on Ice  Yes  No  Temp taken from sample  Temp from blank  Where required, pH checked Temp. when received (observed) *5.1*

DCN: AD-051 Form last revised 02/12/2019

Device used for measuring Temp by unique identifier (circle IR temp gun used) J: 9A G: LT-1

Relinquished by:	Date	Time	Received by:	Date	Time
<i>R. Perez</i>	<i>11/13/19</i>	<i>1249</i>	<i>[Signature]</i>	<i>11/13/19</i>	<i>1245</i>

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

Contact Person: \_\_\_\_\_

Supplier of Water: \_\_\_\_\_

Site-Address: \_\_\_\_\_



**Advanced  
Environmental Laboratories, Inc.**

6681 Southpoint Parkway  
Jacksonville, Florida 32216  
Office (904) 363-9350  
Fax (904) 363-9354

**Queue:** WCAm

**Batch Number:** 7511

**I. Receipt**

No Exceptions were encountered.

**II. Holding Times**

Preparation: All holding times were met.

Analysis: All holding times were met.

**III. Method**

Analysis: EPA 300.0

Preparation: None

**IV. Preparation**

Sample preparation proceeded normally.

**V. Analysis**

A. Calibration: All acceptance criteria were met.

B. Blanks: All acceptance criteria were met.

C. Duplicates: All acceptance criteria were met.

D. Spikes: The matrix spike recoveries of Fluoride for M1905704001 were outside control criteria. Recoveries in the Laboratory Control Sample (LCS) and %RPD were acceptable, which indicates the analytical batch was in control. The matrix spike outlier suggests a potential low bias in this matrix. The results are qualified to indicate matrix interference.

E. Serial Dilution: All acceptance criteria were met.

F. Samples: Sample analyses proceeded normally.

G. Other:

## 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: Royal Waterworks PWS I.D.#: 4 0 6 7

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

Address: 8900 NW 44th Court

City: Coral Spings ZIP Code: 33065

Phone #: 954-651-2311 Fax #: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

**SAMPLE INFORMATION** (to be completed by sampler)

Sample Number: M1906203001 Sample Date: 12/10/2019 Sample Time: 10:30 7

Sample Location (be specific): F-1 9100 Wiles Rd Location Code (if known): \_\_\_\_\_

Disinfectant Residual (Required when reporting results for trichloroethanes and haloacetic acids): \_\_\_\_\_ mg/L Field pH: \_\_\_\_\_

<p><b>Sample Type (Check Only One)</b></p> <p><input checked="" type="checkbox"/> Distribution</p> <p><input type="checkbox"/> Entry Point (to Distribution)</p> <p><input type="checkbox"/> Plant Tap (not for compliance with 62-550)</p> <p><input type="checkbox"/> Raw (at well or intake)</p> <p><input type="checkbox"/> Max Residence Time</p> <p><input type="checkbox"/> Ave Residence Time</p> <p><input type="checkbox"/> Near First Customer</p>	<p><b>Reason(s) for Sample (Check all that apply)</b></p> <p><input type="checkbox"/> Routine Compliance with 62-550 <input type="checkbox"/> Replacement (of Invalidated Sample)</p> <p><input type="checkbox"/> Confirmation of MCL Exceedance <input type="checkbox"/> Special (not for compliance with 62-550)</p> <p><input type="checkbox"/> Composite of Multiple Sites ** <input type="checkbox"/> Clearance (permitting)</p> <p><input type="checkbox"/> Other: _____</p> <p>Sampling Procedure Used or Other Comments: <u>Fluoride</u></p>
---	--

\*See 62-550.500(8) for requirements and restrictions. And 62-550.512(3) for nitrate or nitrite exceedances. \*\*See 62-550.550(4) for n attach a results page f

**SAMPLER CERTIFICATION**

I, Rodolfo Perez Operator, do HER  
(Print Name) (Print Title)

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

Signature: R. Perez Date: 12/17/19

Certified Operator #: 15983 Phone #: 954-651-2311 Sampler's Fax #: \_\_\_\_\_

Sampler's E-Mail: \_\_\_\_\_

R

## 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 #: E82535 Certification Expiration: ATTACH CURRENT DOH ANALYTE \*  
 Address: 10200 USA Today Way Miramar, FL 33025 Payments: P.O. Box Phone #: (954)889-2288

Were any analyses subcontracted?  Yes  No If yes, please provide DOH certification numbers: \_\_\_\_\_  
**ATTACH DOH ANALYTE SHEET FOR EACH SU**

**ANALYSIS INFORMATION** (to be completed by lab) Date Sample(s) Received: 12/10/2019  
 PWS ID (From Page 1): 4061517 Sample Number (From Page 1): M1906203001 Lab Assigned Report # \_\_\_\_\_

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>
<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"/> Partial	<input type="checkbox"/> All Except Dioxin	<input type="checkbox"/> Partial	<input type="checkbox"/> Haloacetic Acids	<input type="checkbox"/> Qtrly Composit
<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, Tiffany Mackie, Client Services Manager, do HEI  
 (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: *Tiffany Mackie* Date: 12/13/19

\* 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 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 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 one)  
 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: M1906203001

PWS ID (From Page 1): 4061517

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Analysis Date	Analysis Time
1025	Fluoride	4.0	mg/L	0.62		EPA 300.0	0.050	12/10/2019	22:54

\*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 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 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: M1906203001

PWS ID (From Page 1): 4061517

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Analysis Date
1025	Fluoride	2.0	mg/L	0.62		EPA 300.0	0.050	12/10/2019

## 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: Royal Waterworks PWS I.D.#: 

4	0	6
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System Type (check one)  Community  Nontransient Noncommunity  Transient Noncommunity

Address: 8900 NW 44th Court

City: Coral Springs ZIP Code: 33065

Phone #: 954-651-2311 Fax #: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

**SAMPLE INFORMATION** (to be completed by sampler)

Sample Number: M1906203002 Sample Date: 12/10/2019 Sample Time: 10:15 A

Sample Location (be specific): F-2 8260 Wiles Rd Location Code (if known): \_\_\_\_\_

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): \_\_\_\_\_ 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 re  
attach a results page fo

**SAMPLER CERTIFICATION**

I, Rodolfo Perez, Operator, do HERE  
(Print Name) (Print Title)

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

Signature: R. Perez Date: 12/17/19

Certified Operator #: 15985 Phone #: 954-651-2311 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 #: E82535 Certification Expiration: \_\_\_\_\_  
 Address: 10200 USA Today Way Miramar, FL 33025 Payments: P.O. Box Phone #: (954)889-2288  
**ATTACH CURRENT DOH ANALYTE** \*

Were any analyses subcontracted?  Yes  No If yes, please provide DOH certification numbers: \_\_\_\_\_  
**ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTOR**

**ANALYSIS INFORMATION** (to be completed by lab) Date Sample(s) Received: 12/10/2019  
 PWS ID (From Page 1): 4061517 Sample Number (From Page 1): M1906203002 Lab Assigned Report # \_\_\_\_\_

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>                    |
| <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"/> Partial  | <input type="checkbox"/> All Except Dioxin | <input type="checkbox"/> Partial | <input type="checkbox"/> Haloacetic Acids | <input type="checkbox"/> Qtrly Composit |
| <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, Tiffany Mackie, Client Services Manager, do hereby certify that the attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation and Certification Authority (NELAP) for the analysis performed.

Signature: *Tiffany Mackie* Date: 12/13/19

\* 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 a non-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 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 one)  
 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: M190620300

PWS ID (From Page 1): 4061517

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Analysis Date	Analy Time
1025	Fluoride	4.0	mg/L	0.60		EPA 300.0	0.050	12/10/2019	23:1

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

SECONDARY CONTAMINANTS  
62-550.320

Report Number / Job ID: M190620300

PWS ID (From Page 1): 4061517

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Analysis Date
1025	Fluoride	2.0	mg/L	0.60		EPA 300.0	0.050	12/10/2019



**Advanced Environmental Laboratories, Inc.**

*Florida's Largest Laboratory Network*

- Altamonte Springs:** 380 Northlake Blvd., Ste. 104B, FL 32701 • 407.337.1504 • Fax 407.337.1597 Lab ID: E53078
- Fort Myers:** 13100 Weddinks Terrace, Ste. 10, FL 33913 • 239.874.8130 • Fax 239.674.5128 Lab ID: E64492
- Jacksonville:** 8561 Scoutpost Pkwy., FL 32216 • 904.363.9350 • Fax 904.363.9354 Lab ID: E62574
- Tallahassee:** 2636 North Monroe St., Suite D, FL 32303 • 850.219.6274 • Fax 850.219.9275 Lab ID: E611055



\* M 1

Client Name: <i>Royal Waterworks</i>	Project Name: <i>Florida</i>	BOTTLE SIZE & TYPE  ANALYSIS REQUIRED  <i>CL2</i> <i>PH</i> <i>Temp</i> <i>Fem</i>
Address: <i>8900 NW 44 CT</i> <i>Canal Springs FL 33065</i>	Project Number:	
Phone: <i>954-651-2311</i>	FDEP Facility No: <i>406-1517</i>	
Contact: <i>R. Perry</i>	Special instructions: <i>12/10/19</i>	
Turn Around Time: <input type="checkbox"/> STANDARD <input type="checkbox"/> RUSH	ADAPT <input type="checkbox"/> EQUIS <input type="checkbox"/> Other	

SAMPLE ID	SAMPLE DESCRIPTION	Grab Comp	SAMPLING		MATRIX	NO. COUNT	Preservation Field Filtered?	ANALYSIS REQUIRED		
			DATE	TIME				CL2	PH	Temp
<i>F-1</i>	<i>9100 Wiles Rd</i>	<i>G</i>	<i>12/10/19</i>	<i>1030</i>	<i>DW</i>	<i>1</i>		<i>2.1</i>	<i>8.6</i>	<i>25</i>
<i>F-2</i>	<i>8260 Wiles Rd</i>	<i>G</i>	<i>12/10/19</i>	<i>1015</i>	<i>DW</i>	<i>1</i>		<i>7.1</i>	<i>8.5</i>	<i>25</i>

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

Received on Ice  Yes  No  Trip taken from sample  Temp from blank  Where required, pH checked Temp. when received (observer) \_\_\_\_\_ °C

DCN: AD-051 Form last revised 02/12/2019

Relinquished by:			Received by:		
1	Date	Time	1	Date	Time
<i>R. Perry</i>	<i>12/10/19</i>	<i>1315</i>	<i>[Signature]</i>	<i>12/10/19</i>	<i>1315</i>

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

Contact Person: \_\_\_\_\_

Supplier of Water: \_\_\_\_\_

Site Address: \_\_\_\_\_

# 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: Royal Waterworks PWS I.D.#: 4 0 6

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

Address: 8900 NW 44th Court

City: Coral Springs ZIP Code: 33065

Phone #: 954-651-2311 Fax #: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

**SAMPLE INFORMATION** (to be completed by sampler)

Sample Number: M2001775001 Sample Date: 03/23/2020 Sample Time: 09:30

Sample Location (be specific): F-1 9100 Wiles Rd Location Code (if known): \_\_\_\_\_

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): \_\_\_\_\_ 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 62-551)
- 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  
attach a results page

**SAMPLER CERTIFICATION**

I, Roberto Perez, O. Peraton, do HE  
(Print Name) (Print Title)

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

Signature: R. Perez Date: 4/10/20

Certified Operator #: 15983 Phone #: 954-651-2311 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 #: E82535 Certification Expiration Date: \_\_\_\_\_  
ATTACH CURRENT DOH ANALYTE SHEET \*

Address: 10200 USA Today Way Miramar, FL 33025 Payments: P.O. Box Phone #: (954)889-2288

Were any analyses subcontracted?  Yes  No If yes, please provide DOH certification numbers: \_\_\_\_\_  
ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTOR

**ANALYSIS INFORMATION** (to be completed by lab) Date Sample(s) Received: 03/24/2020

PWS ID (From Page 1): 4061517 Sample Number (From Page 1): M2001775001 Lab Assigned Report #: \_\_\_\_\_

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>                   |
|--|--|----------------------------------|---|--|
| <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"/> Partial  | <input type="checkbox"/> All Except Dioxin | <input type="checkbox"/> Partial | <input type="checkbox"/> Haloacetic Acids | <input type="checkbox"/> Qtrly Compos  |
| <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, Tiffany Mackie, Client Services Manager, do hereby certify that the data reported on this report are true and correct to the best of my knowledge and belief.  
(Print Name) (Print Title)

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

Signature: \_\_\_\_\_ Date: 4/9/20

- \* 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 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 EXCEEDS.  
NON-DETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" QUALIFIER. (Non-detects reported as "BDL" or with a "<" at the end of the result.)**

**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 one)  
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: M200177500

PWS ID (From Page 1): 4061517

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Analysis Date	Anal Tin
1025	Fluoride	4.0	mg/L	0.68		EPA 300.0	0.050	03/24/2020	17:

\*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, 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 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: M20017750

PWS ID (From Page 1): 4061517

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Analysis Date
1025	Fluoride	2.0	mg/L	0.68		EPA 300.0	0.050	03/24/2020

\*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, ; 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 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: Royal Waterworks PWS I.D.#: 4 0 6

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

Address: 8900 NW 44th Court

City: Coral Springs ZIP Code: 33065

Phone #: 954-651-2311 Fax #: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

**SAMPLE INFORMATION** (to be completed by sampler)

Sample Number: M2001775002 Sample Date: 03/23/2020 Sample Time: 09:15

Sample Location (be specific): F-2 8260 Wiles Rd Location Code (if known): \_\_\_\_\_

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): \_\_\_\_\_ 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 re  
attach a results page fo

**SAMPLER CERTIFICATION**

I, Rodolfo Perez (Print Name), Operator (Print Title), do HERE

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

Signature: R. Perez Date: 4/10/20

Certified Operator #: 15983 Phone #: 954 651-2311 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 #: E82535 Certification Expiration Date: \_\_\_\_\_  
**ATTACH CURRENT DOH ANALYTE SHEET** \*

Address: 10200 USA Today Way Miramar, FL 33025 Payments: P.O. Box Phone #: (954)889-2288

Were any analyses subcontracted?  Yes  No If yes, please provide DOH certification numbers: \_\_\_\_\_  
**ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTOR**

**ANALYSIS INFORMATION** (to be completed by lab) Date Sample(s) Received: 03/24/2020

PWS ID (From Page 1): 4061517 Sample Number (From Page 1): M2001775002 Lab Assigned Report #: \_\_\_\_\_

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>                   |
|--|--|----------------------------------|---|--|
| <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"/> Partial  | <input type="checkbox"/> All Except Dioxin | <input type="checkbox"/> Partial | <input type="checkbox"/> Haloacetic Acids | <input type="checkbox"/> Qtrly Compos  |
| <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, Tiffany Mackie, Client Services Manager, do hereby certify that the attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation and Assurance Program (NELAP) for the analysis performed.

that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation and Assurance Program (NELAP) for the analysis performed.

Signature: *Tiffany Mackie* Date: 4/9/20

\* 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 a 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 EXCEED**  
**NON-DETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" QUALIFIER. (Non-detects reported as "BDL" or with a "<" at the end of the result.)**

**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 one)  
 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: M200177501

PWS ID (From Page 1): 4061517

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Analysis Date	Anal Tir
1025	Fluoride	4.0	mg/L	0.68		EPA 300.0	0.050	03/24/2020	18:

\*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, or Y are not in 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 non-compliance, results must be replaced with acceptable results from samples collected during the same monitoring period.

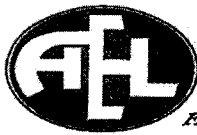
**Florida Department of Environmental Protection  
Safe Drinking Water Program Laboratory Reporting Format**

**SECONDARY CONTAMINANTS**  
62-550.320

Report Number / Job ID: M200177501  
PWS ID (From Page 1): 4061517

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Analysis Date
1025	Fluoride	2.0	mg/L	0.68		EPA 300.0	0.050	03/24/2020

\*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, 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 results must be replaced with acceptable results from samples collected during the same monitoring period.



**Advanced Environmental Laboratories, Inc.**

Florida's Largest Laboratory Network

- Altamonte Springs: 380 Northlake Blvd., Ste. 1048, FL 32701 • 407.937.1594 • Fax 407.937.1597 Lab ID: E53076
- Fort Myers: 13100 Westlinka Terrace, Ste. 10, FL 33913 • 239.874.8130 • Fax 239.874.8128 Lab ID: E84492
- Jacksonville: 6681 Southpoint Pkwy., FL 32216 • 904.363.8350 • Fax 904.363.8354 Lab ID: E82574
- Tallahassee: 2639 North Monroe St., Suite D, FL 32303 • 850.219.6274 • Fax 850.219.6275 Lab ID: E911095

- Galn
- Phos
- Temp



\* M

Client Name: <b>Royal WaterWorks</b>		Project Name: <b>Flouride</b>		BOTTLE SIZE & TYPE					
Address: <b>8900 NW 44 CT</b>		Project Number:							
<b>Coral Springs FL 33065</b>		PO Number:							
Phone: <b>954-651-2311</b>		FDEP Facility No: <b>4061517</b>							
FAX:		FDEP Facility Address:							
Contact: <b>R. Perez</b>		Special Instructions:							
Sampled By: <b>R. Perez</b>		<b>3/23/2020</b>							
Turn Around Time: <input type="checkbox"/> STANDARD <input type="checkbox"/> RUSH									
AEL Profile #:		<input type="checkbox"/> ADaPT <input type="checkbox"/> EQulS <input type="checkbox"/> Other		ANALYSIS REQUIRED	<b>L/2</b>	<b>pH</b>	<b>Temp</b>	<b>Flouride</b>	

SAMPLE ID	SAMPLE DESCRIPTION	Grab Comp	SAMPLING		MATRIX	NO. COUNT	Preservation	Field-Filtered?							
			DATE	TIME											
F-1	9100 Wiles Rd	G	3/23/20	0930	DW	1						2.8	8.6	25.2	✓
F-2	8260 Wiles Rd	G	↓	0915	DW	1						2.6	8.6	25.2	✓

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

Received on Ice  Yes  No  Temp taken from sample  Temp from blank  Where required, pH checked Temp. when received (observed) \_\_\_\_\_ °C

DCN: AD-051 Form last revised 02/12/2019 Device used for measuring Temp by unique identifier (circle IR temp gun used) J: 9A G: LT-1 LT

Relinquished by:	Date	Time	Received by:	Date	Time
<b>R. Perez</b>	<b>3/23/20</b>	<b>1320</b>	<b>[Signature]</b>	<b>3/24/2020</b>	<b>1320</b>

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

Contact Person: \_\_\_\_\_  
 Supplier of Water: \_\_\_\_\_  
 Site-Address: \_\_\_\_\_

**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: Royal Waterworks PWS I.D.#: 

4	0	6
---	---	---

  
System Type (check one):  Community  Nontransient Noncommunity  Transient Noncommunity  
Address: 8900 NW 44th Court  
City: Coral Springs ZIP Code: 33065  
Phone #: 954-651-2311 Fax #: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

**SAMPLE INFORMATION** (to be completed by sampler)

Sample Number: M2002659001 Sample Date: 05/12/2020 Sample Time: 09:30  
Sample Location (be specific): F1 9100 WILES RD Location Code (if known) : \_\_\_\_\_  
Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): \_\_\_\_\_ 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 r  
attach a results page f

**SAMPLER CERTIFICATION**

I, Rodolfo Perez, Operator, do HER  
(Print Name) (Print Title)

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

Signature: R. Perez Date: 5/26/20

Certified Operator #: 15983 Phone #: 954-651-2311 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 #: E82535 Certification Expiration Date: 06/30/2020

Address: 10200 USA Today Way Miramar, FL 33025 Payments: P.O. Box Phone #: (954)889-2288  
**ATTACH CURRENT DOH ANALYTE**

Were any analyses subcontracted?  Yes  No If yes, please provide DOH certification numbers: \_\_\_\_\_

**ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED**

**ANALYSIS INFORMATION** (to be completed by lab)

Date Sample(s) Received: 05/12/2020

PWS ID (From Page 1): 4061517 Sample Number (From Page 1): M2002659001 Lab Assigned Report # or Job M2002659

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"/> Qtry 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, Tiffany Mackie, Client Services 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: *Tiffany Mackie* Date: 5/18/20

\* 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: M2002659001

PWS ID (From Page 1): 4061517

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Certification
1025	Fluoride	4.0	mg/L	0.82		EPA 300.0	0.050	05/12/2020	16:19	E82535

\*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: M2002659001  
PWS ID (From Page 1): 4061517

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Certification #
1025	Fluoride	2.0	mg/L	0.82		EPA 300.0	0.050	05/12/2020	16:19	E82535

\*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: Royal Waterworks PWS I.D.#: 

4	0	6
---	---	---

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

Address: 8900 NW 44th Court

City: Coral Springs ZIP Code: 33065

Phone #: 954-651-2311 Fax #: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

**SAMPLE INFORMATION** (to be completed by sampler)

Sample Number: M2002659002 Sample Date: 05/12/2020 Sample Time: 09:40

Sample Location (be specific): F-2 8260 WILES RD Location Code (if known) : \_\_\_\_\_

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): \_\_\_\_\_ 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  
attach a results page

**SAMPLER CERTIFICATION**

I, Rodolfo Perez, Operator, do HER  
(Print Name) (Print Title)

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

Signature: R. Perez Date: 5/26/20

Certified Operator #: 15983 Phone #: 954-651-2311 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 #: E82535 Certification Expiration Date: 06/30/2020

ATTACH CURRENT DOH ANALYTE \*

Address: 10200 USA Today Way Miramar, FL 33025 Payments: P.O. Box Phone #: (954)889-2288

Were any analyses subcontracted?  Yes  No If yes, please provide DOH certification numbers: \_\_\_\_\_

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED \*

**ANALYSIS INFORMATION** (to be completed by lab)

Date Sample(s) Received: 05/12/2020

PWS ID (From Page 1): 4061517 Sample Number (From Page 1): M2002659002 Lab Assigned Report # or Job M2002659

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, Tiffany Mackie, Client Services 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: *Tiffany Mackie* Date: 5/18/20

\* 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: M2002659002

PWS ID (From Page 1): 4061517

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Certification
1025	Fluoride	4.0	mg/L	0.82		EPA 300.0	0.050	05/12/2020	18:35	E82636

\*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: M2002659002

PWS ID (From Page 1): 4061517

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Certification #
1025	Fluoride	2.0	mg/L	0.82		EPA 300.0	0.050	05/12/2020	16:35	E82535

\*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.

atories, Inc.  
Network

- Altamonte Springs: 380 Northlake Blvd., Ste
- Fort Myers: 13100 Westlinks Terrace, Ste. 10, F
- Jacksonville: 6881 Southpoint Pkwy., FL 32211
- Tallahassee: 2639 North Monroe St., Suite D, F



- Gainesville: 4965 SW 41st Blvd., FL 32608 • 352.377.2349 • Fax 352.365.8639 Lab ID: E82001
- Miramar: 10200 USA Today Way, FL 33025 • 954.889.2266 • Fax 954.889.2261 Lab ID: E82535
- Tampa: 9610 Princess Palm Ave., FL 33619 • 813.630.9616 • Fax 813.630.4327 Lab ID: E84589

nk T	Project Name: <b>Flouride</b>	BOTTLE SIZE & TYPE	ANALYSIS REQUIRED	LABORATORY I.D. NUMBER
	Project Number:			
	PO Number:			
	FDEP Facility No: <b>#4061517</b>			
	FDEP Facility Address:			
	Special Instructions:			

- ADaPT    EQUIS    Other

RIPTION	Grab Comp	SAMPLING		MATRIX	NO. COUNT	Preservation	Field-Filtered?	pH	Temp	Other
		DATE	TIME							
RD	G	5/2/20	0930	AO	1			1.8	8.6	✓
RD	G	5/2/20	0940	DW	1			1.9	8.9	✓

or 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)

Temp. when received (observed) **20.3** °C Temp. when received (corrected) **1.3** °C

Device used for measuring Temp by unique identifier (circle IR temp gun used) J: 8A G: LT-1 LT-2 T: 10A A: 3A M: 3A S: 1V F: 1A

Time	Received by:	Date	Time
12:00	<i>[Signature]</i>	5/2/20	12:00

**FOR DRINKING WATER USE:**

(When PWS information not otherwise supplied) PWS ID: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

Supplier of Water: \_\_\_\_\_

Site-Address: \_\_\_\_\_

**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: Roya Waterworks PWS I.D.#: 

4	0	6
---	---	---

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

Address: 8900 NW 44th Court

City: Coral Springs ZIP Code: 33065

Phone #: 954-651-2311 Fax #: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

**SAMPLE INFORMATION** (to be completed by sampler)

Sample Number: M2003402001 Sample Date: 06/16/2020 Sample Time: 07:30

Sample Location (be specific): F-19100 WILON RD Location Code (if known): \_\_\_\_\_

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): \_\_\_\_\_ 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) if  
attach a results page

**SAMPLER CERTIFICATION**

I, R. Perez - Rodolfo Perez, Operator, do hereby certify

(Print Name) (Print Title)

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

Signature: R. Perez Date: 7/6/2020

Certified Operator #: 15983 Phone #: 954-651-2311 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 #: E82535 Certification Expiration:                       
**ATTACH CURRENT DOH ANALYTE SHEET \***

Address: 10200 USA Today Way Miramar, FL 33025 Payments: P.O. Box Phone #: (954)889-2288

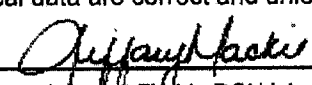
Were any analyses subcontracted?  Yes  No If yes, please provide DOH certification numbers:                       
**ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTOR**

**ANALYSIS INFORMATION** (to be completed by lab) Date Sample(s) Received: 06/16/2020  
PWS ID (From Page 1): 4061517 Sample Number (From Page 1): M2003402001 Lab Assigned Report #:                       
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>                    |
| <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"/> Partial  | <input type="checkbox"/> All Except Dioxin | <input type="checkbox"/> Partial | <input type="checkbox"/> Haloacetic Acids | <input type="checkbox"/> Qtrly Composit |
| <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, Tiffany Mackie, Client Services Manager, do hereby certify that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation and Certification Manual.  
(Print Name) (Print Title)

Signature:  Date: 6/26/2020

\* 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 a non-compliance 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 EXCEEDINGS. NON-DETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" QUALIFIER. (Non-detects reported as "BDL" or with a "<" as appropriate.)**

**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)  
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: M200340200

PWS ID (From Page 1): 4061517

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Analysis Date	Anal Time
1025	Fluoride	4.0	mg/L	0.72		EPA 300.0	0.050	06/18/2020	22:00

\*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, or U are not in 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 non-compliance, 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: M200340200  
PWS ID (From Page 1): 4061517

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Analysis Date
1025	Fluoride	2.0	mg/L	0.72		EPA 300.0	0.050	06/16/2020

\*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, or U are not in 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 non-compliance, 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: Royal Waterworks PWS I.D.#: 

4	0	6
---	---	---

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

Address: 8900 NW 44th Court

City: Coral Springs ZIP Code: 33065

Phone #: 954-651-2311 Fax #: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

**SAMPLE INFORMATION** (to be completed by sampler)

Sample Number: M2003402002 Sample Date: 06/16/2020 Sample Time: 08:00

Sample Location (be specific): F-2 8260 WILES RD Location Code (if know) \_\_\_\_\_

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): \_\_\_\_\_ 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 Samp)
- Special (not for compliance with 62-)
- 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) 1  
attach a results pa

**SAMPLER CERTIFICATION**

I, Rodolfo Perez, Operator, do H  
(Print Name) (Print Title)

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

Signature: R. Perez Date: 7/6/2020

Certified Operator #: 15983 Phone #: 954-651-2311 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 #: E82535 Certification Expiration Date: \_\_\_\_\_  
**ATTACH CURRENT DOH ANALYTE SHEET \***

Address: 10200 USA Today Way Miramar, FL 33025 Payments: P.O. Box Phone #: (954)889-2288

Were any analyses subcontracted?  Yes  No If yes, please provide DOH certification numbers: \_\_\_\_\_  
**ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTOR**

**ANALYSIS INFORMATION** (to be completed by lab) Date Sample(s) Received: 06/16/2020

PWS ID (From Page 1): 4061517 Sample Number (From Page 1): M2003402002 Lab Assigned Report # \_\_\_\_\_

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>                         |
|--|--|----------------------------------|---|--|
| <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"/> Partial  | <input type="checkbox"/> All Except Dioxin | <input type="checkbox"/> Partial | <input type="checkbox"/> Haloacetic Acids | <input type="checkbox"/> Quarterly Composite |
| <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, Tiffany Mackie, Client Services Manager, do hereby certify that the attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation and Certification Program (NELAP) for the analysis of drinking water samples.

Signature: \_\_\_\_\_ Date: 6/26/2020

\* 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 a 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 EXCEED.**  
**NON-DETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" QUALIFIER.** (Non-detects reported as "BDL" or with a "<" as appropriate)

**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 one)  
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: M20034020C

PWS ID (From Page 1): 4061517

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Analysis Date	Anal Tim
1025	Fluoride	4.0	mg/L	0.74		EPA 300.0	0.050	06/16/2020	22:4

Reporting Format 62-550.730  
Effective January 1995, Revised February 2010

Page 3 of 4

\*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, 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 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: M20034020C  
PWS ID (From Page 1): 4061517

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Analysis Date
1025	Fluoride	2.0	mg/L	0.74		EPA 300.0	0.050	06/16/2020

\*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, 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 results must be replaced with acceptable results from samples collected during the same monitoring period.

ies, Inc.

- Altamonte Springs:** 380 Northlake Blvd., Ste. 1048, FL 32701 • 407.931
- Fort Myers:** 13100 Westlinks Terrace, Ste. 10, FL 33913 • 239.674.8130 • 1
- Jacksonville:** 6661 Southpoint Pkwy., FL 32218 • 904.383.8350 • Fax 904.
- Tallahassee:** 2639 North Monroe St., Suite D, FL 32303 • 850.219.6274 • Fax 850.219.8275 Lab ID: E811095



Page \_\_\_\_\_ of \_\_\_\_\_  
 41st Blvd., FL 32608 • 352.377.2349 • Fax 352.395.6639 Lab ID: E82001  
 Today Way, FL 33025 • 954.869.2285 • Fax 954.869.2281 Lab ID: E82535  
 **Tampa:** 8610 Princess Palm Ave., FL 33619 • 813.630.8616 • Fax 813.630.4327 Lab ID: E84589

Project Name:						BOTTLE SIZE & TYPE	ANALYSIS REQUIRED	CL <sub>2</sub>	PH	Temp	Field Sample	LABORATORY I.D. NUMBER
Project Number:												
PO Number:												
FDEP Facility No: # 406 1517												
FDEP Facility Address:												
Special Instructions: Split Fluoride												
<input type="checkbox"/> ADaPT <input type="checkbox"/> EQUIS <input type="checkbox"/> Other												
SAMPLING LOCATION	Grab Comp	SAMPLING		MATRIX	NO. COUNT	Preservation	Field-Filtered?					
		DATE	TIME									
Rd	G	6/16/20	0730	DW	1			2.0	8.4	28.9	✓	
Rd	G	6/16/20	0800	DW	1			1.9	8.5	28.8	✓	

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)

from sample     Temp from blank     Where required, pH checked    Temp. when received (observed) 10.1 °C    Temp. when received (corrected) \_\_\_\_\_ °C

Device used for measuring Temp by unique identifier (circle IR temp gun used)    J: 9A    G: LT-1 LT-2    T: 10A    A: SA    (S)    S: 1V    F: 1A

Time	Received by:	Date	Time
12:05	<i>[Signature]</i>	6-16-20	12:05

**FOR DRINKING WATER USE:**  
 (When PWS Information not otherwise supplied)    PWS ID: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

Supplier of Water: \_\_\_\_\_

Site-Address: \_\_\_\_\_

## 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: Royal Waterworks

PWS I.D.#:

4 0 6 1

System Type (check one)  Community  Nontransient Noncommunity  Transient Noncommunity

Address: 8900 NW 44th Court

City: Coral Springs

ZIP Code: 33085

Phone #: 954-651-2311

Fax #:

E-Mail Address:

**SAMPLE INFORMATION** (to be completed by sampler)

Sample Number: M2000237061

Sample Date: 01/13/2020

Sample Time: 10:30

AN

Sample Location (be specific): F-1 8100 Wiles Rd

Location Code (if known):

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

**Sample Type (Check Only One)**

- Distribution
- Entry Point (no 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:

Fluoride

\*See 62-550.506(6) for requirements and restrictions.  
And 62-550.512(3) for nitrate or nitrite exceedances.

\*\*See 62-550.550(4) for req  
attach a results page for

**SAMPLER CERTIFICATION**

I, Rodolfo Perez  
(Print Name)

Operator  
(Print Title)

do HERE

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

Signature: R. Perez

Date: 1/22/20

Certified Operator #: 15983

Phone #: 954-651-2311

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 #: E82535 Certification Expiration: \_\_\_\_\_  
**ATTACH CURRENT DOH ANALYTE** \*  
 Address: 10200 USA Today Way Miramar, FL 33025 Payments: P.O. Box Phone #: (954)889-2288  
 Were any analyses subcontracted?  Yes  No If yes, please provide DOH certification numbers: \_\_\_\_\_  
**ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTOR**

**ANALYSIS INFORMATION** (to be completed by lab) Date Sample(s) Received: 01/13/2020

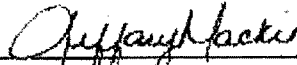
PWS ID (From Page 1): 4061517 Sample Number (From Page 1): M2000237001 Lab Assigned Report # \_\_\_\_\_  
 Group(s) Analyzed & Results attached for compliance with Chapter 62-550, F.A.C. (Check all that apply):

- | <u>Inorganics</u>                            | <u>Synthetic Organics</u>                  | <u>Volatile Organics</u>         | <u>Disinfection Byproducts</u>            | <u>Radionuclides</u>                    |
|--|--|----------------------------------|---|---|
| <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"/> Partial  | <input type="checkbox"/> All Except Dioxin | <input type="checkbox"/> Partial | <input type="checkbox"/> Haloacetic Acids | <input type="checkbox"/> Qtrly Composit |
| <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, Tiffany Mackie, Client Services Manager, do hereby certify that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAP) and Florida Department of Environmental Protection (FDEP) for the purpose of the Safe Drinking Water Act (SDWA).

(Print Name) (Print Title)

Signature:  Date: 1/20/2020

\* 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 a non-detect 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 EXCEEDANCE**  
**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 one)  
 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: M2000237001

PWS ID (From Page 1): 4061517

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Analysis Date	Analysis Time
1025	Fluoride	4.0	mg/L	0.80		EPA 300.0	0.050	01/13/2020	20:28

\*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 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 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: M2000237001

PWS ID (From Page 1): 4061517

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Analysis Date
1025	Fluoride	2.0	mg/L	0.80		EPA 300.0	0.050	01/13/2020

## 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: Royal Waterworks PWS I.D.#: 

4	0	6	1
---	---	---	---

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

Address: 8900 NW 44th Court

City: Coral Springs ZIP Code: 33065

Phone #: 954-651-2311 Fax #: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

**SAMPLE INFORMATION** (to be completed by sampler)

Sample Number: M2000237002 Sample Date: 01/13/2020 Sample Time: 10:50 AM

Sample Location (be specific): F-2 8260 Wiles Rd Location Code (if known): \_\_\_\_\_

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): \_\_\_\_\_ 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:

Fluoride

\* 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 rec  
attach a results page for

**SAMPLER CERTIFICATION**

I, Rodolfo Perez \_\_\_\_\_, Operator \_\_\_\_\_, do HERE  
(Print Name) (Print Title)

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

Signature: R. Perez \_\_\_\_\_ Date: 1/22/20 \_\_\_\_\_

Certified Operator #: 15983 \_\_\_\_\_ Phone #: 954-651-2311 \_\_\_\_\_ 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 #: E82535 Certification Expiration: \_\_\_\_\_

**ATTACH CURRENT DOH ANALYTE**

Address: 10200 USA Today Way Miramar, FL 33025 Payments: P.O. Box Phone #: (954)889-2288

Were any analyses subcontracted?  Yes  No If yes, please provide DOH certification numbers: \_\_\_\_\_

**ATTACH DOH ANALYTE SHEET FOR EACH SU**

**ANALYSIS INFORMATION** (to be completed by lab) Date Sample(s) Received: 01/13/2020

PWS ID (From Page 1): 4061517 Sample Number (From Page 1): M2000237002 Lab Assigned Report # \_\_\_\_\_

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>                    |
| <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"/> Partial  | <input type="checkbox"/> All Except Dioxin | <input type="checkbox"/> Partial | <input type="checkbox"/> Haloacetic Acids | <input type="checkbox"/> Qtrly Composit |
| <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, Tiffany Mackie, Client Services 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 and Certification Program.

Signature:  Date: 1/20/2020

\* 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 a 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 EXCEEDANCE. NON-DETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" QUALIFIER. (Non-detects reported as "BDL" or with a "<" are not required.)**

**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 one)

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: M2000237002

PWS ID (From Page 1): 4061517

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Analysis Date	Analysis Time
1025	Fluoride	4.0	mg/L	0.80		EPA 300.0	0.050	01/13/2020	21:25

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

SECONDARY CONTAMINANTS  
62-550.320

Report Number / Job ID: M2000237002  
PWS ID (From Page 1): 4061517

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Analysis Date
1025	Fluoride	2.0	mg/L	0.80		EPA 300.0	0.050	01/13/2020



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

- Altamonte Springs:** 380 Northlake Blvd., Ste. 1048, FL 32701 • 407.937.1594 • Fax 407.937.1597 Lab ID: ES3076
- Fort Myers:** 13100 Westlinks Terrace, Ste. 10, FL 33913 • 239.674.8130 • Fax 239.674.8128 Lab ID: E84492
- Jacksonville:** 6881 Southpoint Pkwy., FL 32216 • 904.363.9350 • Fax 904.363.9354 Lab ID: E82574
- Tallahassee:** 2839 North Monroe St., Suite D, FL 32303 • 850.219.6274 • Fax 850.219.6275 Lab ID: E811095

- Gaine**
- Miram**
- Tamp**



Client Name: <b>Royal WaterWorks</b>	Project Name: <b>Flouide</b>	BOTTLE SIZE & TYPE			
Address: <b>8900 NW 44 CT</b>	Project Number:				
<b>Coral Springs FL 33065</b>	PO Number:				
Phone: <b>954-651-2311</b>	FDEP Facility No: <b>4061517</b>				
FAX:	FDEP Facility Address: <b>8900 NW 44 CT CS. FL 33065</b>				
Contact:	Special Instructions: <b>split / flouide 1/13/20</b>				
Sampled By: <b>R. Perry</b>	<input type="checkbox"/> ADaPT <input type="checkbox"/> EQUIS <input type="checkbox"/> Other				
Turn Around Time: <input checked="" type="checkbox"/> STANDARD <input type="checkbox"/> RUSH					
AEL Profile #:					

SAMPLE ID	SAMPLE DESCRIPTION	Grab Comp	SAMPLING		MATRIX	NO. COUNT	Preservation	Field-Filtered?	PH	C12	Temp	Flouide
			DATE	TIME								
F-1	9100 Wiles Rd	G	1/13/20	1030	DW	1			8.6	2.1	25	
F-2	8260 Wiles Rd	G	1/13/20	1050	DW	1			8.7	2.2	25	

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

Received on Ice  Yes  No  Temp taken from sample  Temp from blank  Where required, pH checked Temp. when received (observed) **41** °C

DCN: AD-051 Form last revised 02/12/2019 Device used for measuring Temp by unique Identifier (circle IR temp gun used) J: 9A G: LT-1 LT

Relinquished by:	Date	Time	Received by:	Date	Time
<b>R. Perry</b>	<b>1/13/20</b>	<b>12:55</b>	<b>[Signature]</b>	<b>1/13/20</b>	<b>13:55</b>

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

Contact Person: \_\_\_\_\_  
 Supplier of Water: \_\_\_\_\_  
 Site-Address: \_\_\_\_\_



## 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: US Water Corp PWS I.D.#: 

4	0	6
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System Type (check one):  Community  Nontransient Noncommunity  Transient Noncommunity

Address: 8900 NW 44th Court

City: Coral Springs ZIP Code: 33065

Phone #: 954-651-2311 Fax #: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

**SAMPLE INFORMATION** (to be completed by sampler)

Sample Number: M2001052001 Sample Date: 02/18/2020 Sample Time: 09:15

Sample Location (be specific): F-1 9100 WILES RD Location Code (if known) \_\_\_\_\_

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): \_\_\_\_\_ 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 restrictions.  
attach a results page

### 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 #: E82535 Certification Expiration Date: \_\_\_\_\_

**ATTACH CURRENT DOH ANALYTE SHEET \***

Address: 10200 USA Today Way Miramar, FL 33025 Payments: P.O. Box Phone #: (954)889-2288

Were any analyses subcontracted?  Yes  No If yes, please provide DOH certification numbers: \_\_\_\_\_

**ATTACH DOH ANALYTE SHEET FOR EACH SAMPLE**

**ANALYSIS INFORMATION** (to be completed by lab) Date Sample(s) Received: 02/18/2020

PWS ID (From Page 1): 4061517 Sample Number (From Page 1): M2001052001 Lab Assigned Report #: \_\_\_\_\_

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

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

### LAB CERTIFICATION

I, Tiffany Mackie, Client Services Manager, do hereby certify that the attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation and Certification Program.

(Print Name) (Print Title)

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

Signature: *Tiffany Mackie* Date: 2/21/20

\* 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 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 EXCEEDINGS. 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)

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: M200105200

PWS ID (From Page 1): 4061517

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Analysis Date	Anal Tin
1025	Fluoride	4.0	mg/L	0.43	I	EPA 300.0	0.050	02/18/2020	17:1

\*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, ; 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 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: M200105201

PWS ID (From Page 1): 4061517

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Analysis Date
1025	Fluoride	2.0	mg/L	0.43	I	EPA 300.0	0.050	02/18/2020

\*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 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 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: Royal Waterworks PWS I.D.#: 

4	0	
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System Type (check one):  Community  Nontransient Noncommunity  Transient Noncommunity

Address: 8900 NW 44th Court

City: Coral Springs ZIP Code: 33065

Phone #: 954-651-2311 Fax #: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

**SAMPLE INFORMATION** (to be completed by sampler)

Sample Number: M2001052002 Sample Date: 02/18/2020 Sample Time: 09:30

Sample Location (be specific): F-2 8260 WILES RD Location Code (if know) \_\_\_\_\_

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): \_\_\_\_\_ 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 restrictions.  
attach a results page

**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 #: E82535 Certification Expiration Date: \_\_\_\_\_

**ATTACH CURRENT DOH ANALYTE SHEET \***

Address: 10200 USA Today Way Miramar, FL 33025 Payments: P.O. Box Phone #: (954)889-2288

Were any analyses subcontracted?  Yes  No If yes, please provide DOH certification numbers: \_\_\_\_\_

**ATTACH DOH ANALYTE SHEET FOR EACH SAMPLE**

**ANALYSIS INFORMATION** (to be completed by lab) Date Sample(s) Received: 02/18/2020

PWS ID (From Page 1): 4061517 Sample Number (From Page 1): M2001052002 Lab Assigned Report # \_\_\_\_\_

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

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

### LAB CERTIFICATION

I, Tiffany Mackie, Client Services Manager, do hereby certify that the attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation and Certification Program.

(Print Name) (Print Title)

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

Signature:  Date: 2/21/20

\* 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 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 EXCEEDINGS. 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 one)

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: M20010520

PWS ID (From Page 1): 4061517

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Analysis Date	Anal Tr
1025	Fluoride	4.0	mg/L	0.43	I	EPA 300.0	0.050	02/18/2020	17:

\*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, 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 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: M20010520

PWS ID (From Page 1): 4061517

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Analysis Date
1025	Fluoride	2.0	mg/L	0.43	I	EPA 300.0	0.050	02/18/2020

\*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, 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 avc results must be replaced with acceptable results from samples collected during the same monitoring period.





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

- Altamonte Springs:** 380 Northlake Blvd., Ste. 1048, FL 32701 • 407.937.1594 • Fax 407.937.1597 Lab ID: E83076
- Fort Myers:** 13100 Westlink Terrace, Ste. 10, FL 33913 • 239.874.8130 • Fax 239.874.8128 Lab ID: E84492
- Jacksonville:** 6681 Southpoint Pkwy., FL 32216 • 904.363.0350 • Fax 904.363.9354 Lab ID: E82674
- Tallahassee:** 2639 North Monroe St., Suite D, FL 32303 • 850.219.0274 • Fax 850.219.5275 Lab ID: E811095

- Gain**
- Miran**
- Temp**



Client Name: <b>Royal Water Works</b>	Project Name: <b>Florida - 2/19/2020</b>	BOTTLE SIZE & TYPE			
Address: <b>9900 44 Ct</b>	Project Number:				
<b>Canal Springs Fl. 33065</b>	PO Number:				
Phone: <b>954-651-2310</b>	FDEP Facility No: <b>406 1517</b>				
FAX:	FDEP Facility Address:				
Contact:	Special Instructions:				
Sampled By: <b>R. Perry</b>	<input type="checkbox"/> ADaPT <input type="checkbox"/> EQUIS <input type="checkbox"/> Other				
Turn Around Time: <input type="checkbox"/> STANDARD <input type="checkbox"/> RUSH					
AEL Profile #:					

SAMPLE ID	SAMPLE DESCRIPTION	Grab Comp	SAMPLING		MATRIX	NO. COUNT	Preservation Field-Filtered?				
			DATE	TIME							
F-1	9100 Wiles Rd	E	2/18/20	0915	DW	1	✓	2.0	8.6	24.1	
F-2	8260 Wiles Rd	E	2/19/20	0930	OW	1	✓	2.0	8.6	24.3	

Matrix Code: WW = wastewater SW = surface water GW = ground water DW = drinking water O = oil A = air SO = soil SL = sludge  
 Received on ice  Yes  No  Temp taken from sample  Temp from blank  Where required, pH checked  
 Preservation Code: I = ice H = (HCl) Temp. when received (observed) \_\_\_\_\_

DCN: AD-061 Form last revised 02/12/2019

Relinquished by:		Date	Time	Received by:		Date	Time
<b>R. Perry</b>		2/18/20	1231	<b>[Signature]</b>		2/18/20	1231

**FOR DRINKING WATER USE**  
 (When PWS information not otherwise supplied)

Contact Person: \_\_\_\_\_  
 Supplier of Water: \_\_\_\_\_  
 Site Address: \_\_\_\_\_

# 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: Royal Waterworks PWS I.D.#: 

4	0
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System Type (check one):  Community  Nontransient Noncommunity  Transient Noncommunity

Address: 8900 NW 44th Court

City: Coral Springs ZIP Code: 33065

Phone #: 954-651-2311 Fax #: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

## SAMPLE INFORMATION (to be completed by sampler)

Sample Number: M2002271001 Sample Date: 04/21/2020 Sample Time: 11:25

Sample Location (be specific): F-1 9100 Wiles Rd Location Code (if known): \_\_\_\_\_

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): \_\_\_\_\_ 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 restrictions.  
attach a results report.**

## SAMPLER CERTIFICATION

I, \_\_\_\_\_, \_\_\_\_\_, do  
(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 #: E82535 Certification Expiration: \_\_\_\_\_  
ATTACH CURRENT DOH ANALYTE SHEET

Address: 10200 USA Today Way Miramar, FL 33025 Payments: P.O. Box Phone #: (954)889-2288

Were any analyses subcontracted?  Yes  No If yes, please provide DOH certification numbers: \_\_\_\_\_  
ATTACH DOH ANALYTE SHEET FOR EACH

**ANALYSIS INFORMATION** (to be completed by lab) Date Sample(s) Received: 04/21/2020

PWS ID (From Page 1): 4061517 Sample Number (From Page 1): M2002271001 Lab Assigned Report Number: \_\_\_\_\_

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

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

**LAB CERTIFICATION**

I, Tiffany Mackie, Client Services Manager, do hereby certify that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation and Assurance Act.

(Print Name) (Print Title)

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

Signature:  Date: 4/28/20

\* 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 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 "<"

**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 one)

Person Notified: \_\_\_\_\_ Date Notified: \_\_\_\_\_ DEP/DOH Reviewing Office: \_\_\_\_\_

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

INORGANIC CONTAMINANTS  
62-550.310(1)

Report Number / Job ID: M20022710

PWS ID (From Page 1): 4061517

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Analysis Date	Ana T
1025	Fluoride	4.0	mg/L	0.57		EPA 300.0	0.050	04/22/2020	1:

Reporting Format 62-550.730  
Effective January 1995, Revised February 2010

Page 3 of 4

\*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, 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 a 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: M20022710

PWS ID (From Page 1): 4061517

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Analysis Date
1025	Fluoride	2.0	mg/L	0.57		EPA 300.0	0.050	04/22/2021

\*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, 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 a 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: Royal Waterworks PWS I.D.#: 

4	0
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System Type (check one):  Community  Nontransient Noncommunity  Transient Noncommunity

Address: 8900 NW 44th Court

City: Coral Springs ZIP Code: 33065

Phone #: 954-651-2311 Fax #: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

**SAMPLE INFORMATION** (to be completed by sampler)

Sample Number: M2002271002 Sample Date: 04/21/2020 Sample Time: 11:55

Sample Location (be specific): F-2 8260 Wiles Rd Location Code (if known): \_\_\_\_\_

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

Sample Type (Check Only One) \_\_\_\_\_ Reason(s) for Sample (Check all that apply) \_\_\_\_\_

Distribution  Routine Compliance with 62-550  Replacement (of Invalidated Sample)

Entry Point (to Distribution)  Confirmation of MCL Exceedance \*  Special (not for compliance with 62-550)

Plant Tap (not for compliance with 62-550)  Composite of Multiple Sites \*\*  Clearance (permitting)

Raw (at well or intake)  Other: \_\_\_\_\_

Max Residence Time Sampling Procedure Used or Other Comments: \_\_\_\_\_

Ave Residence Time

Near First Customer

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

\*\*See 62-550.550(4) attach a results page

## SAMPLER CERTIFICATION

I, \_\_\_\_\_, \_\_\_\_\_, do  
(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 #: E82535 Certification Expiration Date: \_\_\_\_\_

**ATTACH CURRENT DOH ANALYTE SHEET**

Address: 10200 USA Today Way Miramar, FL 33025 Payments: P.O. Box Phone #: (954)889-2288

Were any analyses subcontracted?  Yes  No If yes, please provide DOH certification numbers: \_\_\_\_\_

**ATTACH DOH ANALYTE SHEET FOR EACH ANALYSIS**

**ANALYSIS INFORMATION** (to be completed by lab) Date Sample(s) Received: 04/21/2020

PWS ID (From Page 1): 4061517 Sample Number (From Page 1): M2002271002 Lab Assigned Report Number: \_\_\_\_\_

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

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

## LAB CERTIFICATION

I, Client Services Manager, Client Services Manager, do hereby certify that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation and Certification Program.

(Print Name) (Print Title)

Signature: *[Signature]* Date: 4/28/20

\* 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 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 EXCEEDING MDL. NON-DETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" QUALIFIER. (Non-detects reported as "BDL" or with a "<"**

## 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 one)

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: M20022711

PWS ID (From Page 1): 4061511

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Analysis Date	An: T
1025	Fluoride	4.0	mg/L	0.60		EPA 300.0	0.050	04/22/2020	1:

\*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, 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 a 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

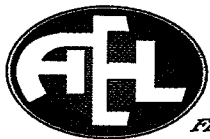
SECONDARY CONTAMINANTS  
62-550.320

Report Number / Job ID: M20022710

PWS ID (From Page 1): 4061517

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Analysis Date
1025	Fluoride	2.0	mg/L	0.60		EPA 300.0	0.050	04/22/2021

\*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, 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 a results must be replaced with acceptable results from samples collected during the same monitoring period.



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

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- Fort Myer
- Jacksonville
- Tallahassee



\* M 2 0 0 2 2 7 1 \*

Lab ID: E53076  
Lab ID: E84492  
82574  
Lab ID: EB11095

- Gainesville: 4965
- Miramar: 10200 US
- Tampa: 9610 Prince

Client Name: **ROYAL WATER WORKS**

Address: **8900 NW 44 CT  
CORAL SPRINGS, FL 33065**

Phone: **(954) 651-2310**

FAX:

Contact:

Sampled By: **B. ALLEN**

Turn Around Time:  STANDARD  RUSH

AEL Profile #:

Project Name: **FLUORIDE**

Project Number:

PO Number:

FDEP Facility No: **4061517**

FDEP Facility Address:

Special Instructions:

**525-2**

ADaPT  EQUIS  Other

BOTTLE SIZE & TY				
	ANALYSIS REQUIRED	FLUORIDE	CL2	PH

SAMPLE ID	SAMPLE DESCRIPTION	Grab Comp	SAMPLING		MATRIX	NO. COUNT	Preservation Field-Filtered?					
			DATE	TIME								
F-1	9100 WILES RD	G	4/21/20	11:25	DW	1		✓	1.73	9.2	28.5	
F-2	8260 WILES RD	G	4/21/20	11:55	DW	1		✓	1.57	9.2	30.4	

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)

Received on Ice  Yes  No  Temp taken from sample  Temp from blank  Where required, pH checked Temp. when received (observed) \_\_\_\_\_

JCN: AD-051 Form last revised 02/12/2019 Device used for measuring Temp by unique identifier (circle IR temp gun used) J: 9A G: LT-1

Relinquished by:	Date	Time	Received by:	Date	Time
B. Allen	4/21/20	11:40		4/21/20	1440

**FOR DRINKING WATER US**  
(When PWS Information not otherwise supplied)

Contact Person: \_\_\_\_\_  
Supplier of Water: \_\_\_\_\_  
Site Address: \_\_\_\_\_



*Water and Wastewater Utility Operations, Maintenance, Engineering, Management, Construction*

**Cross-Connection Control Program Plan  
for the  
Royal Water Works PWS ID # 406-1517  
May 2020 (Revised)**

**Acronyms:**

AG – Air Gap  
ASSE - American Society of Sanitary Engineering  
AWWA - American Water Works Association  
CCC – Cross connection control  
CSA - Canadian Standards Association  
CWS – Community water system  
DC – Dual check detector assembly  
DCDA – Double check detector assembly  
DuC – Dual check device  
F.A.C. – Florida Administrative Code  
PVB – Pressure-vacuum breaker assembly  
RP – Reduced pressure principle assembly  
RPDA – Reduced-pressure principle detector assembly

**Requirement for Program Plan**

The Royal Water Works, PWS ID # 406-1517, hereinafter referred to as the “community water system (CWS),” has the responsibility to protect itself from contamination caused by cross-connections on customers’ premises. A cross-connection is defined in Rule 62-550.200, Florida Administrative Code (F.A.C.), as follows:

“CROSS-CONNECTION” means any physical arrangement whereby a public water supply is connected, directly or indirectly, with any other water supply system, sewer, drain, conduit, pool, storage reservoir, plumbing fixture, or other device which contains or may contain contaminated water, sewage or other waste, or liquid of unknown or unsafe quality which may be capable of imparting contamination to the public water supply as the result of backflow. By-pass arrangements, jumper connections, removable sections, swivel or changeable devices, and other temporary or permanent devices through which or because of which backflow could occur are considered to be cross-connections.



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Pursuant to Rule 62-555.360, F.A.C., the CWS is required to establish and implement a cross-connection control (CCC) program utilizing backflow protection at or for service connections from the CWS. The CCC program must include a written plan that contains the following components:

- I. Legal authority for the CWS's CCC program.
- II. The CWS's policy establishing where backflow protection at or for service connections from the CWS is mandatory.
- III. The CWS's policy regarding ownership, installation, inspection/testing, and maintenance of backflow protection that the CWS is requiring at or for service connections from the CWS.
- IV. The CWS's procedures for evaluating customers' premises to establish the category of customer and the backflow protection being required at or for the service connection(s) from the CWS to the customer.
- V. The CWS's procedures for maintaining CCC program records.

Note: Throughout this CCC program plan, the term "customer" is used. Customer, as used herein, means the property owner and/or occupant of the premises served by the CWS (i.e., whoever interfaces with the CWS regarding water service). Also, unless otherwise defined, all CCC-related terms used in this CCC program plan have the same definitions as those contained in Rules 62-550.200 and 62-555.360, F.A.C.

## **Program Plan Components**

Rule 62-555.360, F.A.C., requires that written CCC program plans include certain minimum components. The minimum components are listed in Table 62-555.360-1 in Rule 62-555.360. This section includes the required minimum components. Components are numbered the same as they appear in Table 62-555.360-1.

**Component I:** *Legal authority for the CWS's CCC program (i.e., an ordinance, a bylaw or policy, or water service rules and regulations).*

The CWS has adopted Policy, which is included in Appendix A. The policy authorizes the CWS to establish and implement a CCC program and references the following CWS policies:

- The CWS's policy establishing where backflow protection at or for service connections from the CWS is mandatory.
- The CWS's policy regarding ownership, installation, inspection/testing, and maintenance of backflow protection that the CWS is requiring at or for service connections from the CWS.

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**Component II:** *The CWS's policy establishing where backflow protection at or for service connections from the CWS is mandatory.*

This policy applies to all new customers.

The following minimum backflow protection shall be provided at or for service connections from the CWS to the following categories of customers:

Category of Customer	Minimum Backflow Protection <sup>1</sup> to Be Provided at or for the Service Connection from the CWS to the Customer
Beverage processing plant, including any brewery	DC if the plant presents a low hazard <sup>2</sup> ; or RP if the plant presents a high hazard <sup>2</sup>
Cannery, packing house, rendering plant, or any facility where fruit, vegetable, or animal matter is processed, excluding any premises where there is only a restaurant or food service facility	RP
Car wash	RP
Chemical plant or facility using water in the manufacturing, processing, compounding, or treatment of chemicals, including any facility where a chemical that does not meet the requirements in paragraph 62-555.320(3)(a), F.A.C., is used as an additive to the water	RP
Dairy, creamery, ice cream plant, cold-storage plant, or ice manufacturing plant	RP <sup>3</sup>
Dye plant	RP
Film laboratory or processing facility or film manufacturing plant, excluding any small, noncommercial darkroom facility	RP
Hospital; medical research center; sanitarium; autopsy facility; medical, dental, or veterinary clinic where surgery is performed; or plasma center	RP
Laboratory, excluding any laboratory at an elementary, middle, or high school	RP
Laundry (commercial), excluding any self-service laundry or Laundromat	RP
Marine repair facility, marine cargo handling facility, or boat moorage	RP
Metal manufacturing, cleaning, processing, or fabricating facility using water in any of its operations or processes, including any aircraft or automotive manufacturing plant	DC if the facility presents a low hazard <sup>2</sup> ; or RP if the facility presents a high hazard <sup>2</sup>
Mortuary	RP
Premises where oil or gas is produced, developed, processed, blended, stored, refined, or transmitted in a pipeline or where oil or gas tanks are repaired or tested, excluding any premises where there is only a fuel dispensing facility	RP

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<p>Premises where there is an auxiliary or reclaimed water system<sup>4,5</sup></p>	<p>A. At or for a residential service connection<sup>6</sup>: DuC<sup>7</sup>          B. At or for a non-residential service connection<sup>6</sup>: DC if the auxiliary or reclaimed water system presents a low hazard<sup>8,9</sup>; or RP if the auxiliary or reclaimed water system presents a high hazard<sup>8,9</sup></p>
<p>Premises where there is a cooling tower</p>	<p style="text-align: center;">RP</p>
<p>Premises where there is an irrigation system that is using potable water and that...</p> <p>I. Is connected directly to the CWS's distribution system via a dedicated irrigation service connection</p> <p>II. Is connected internally to the customer's plumbing system</p>	<p>I. At or for a residential or non-residential dedicated irrigation service connection<sup>6</sup>: PVB if backpressure cannot develop in the downstream piping<sup>10</sup>; or RP if backpressure could develop in the downstream piping<sup>10</sup>          II. None<sup>11</sup></p>
<p>Premises where there is a wet-pipe sprinkler, or wet standpipe, fire protection system that is using potable water and that...</p> <p>I. Is connected directly to the CWS's distribution system via a dedicated fire service connection<sup>12</sup></p> <p>II. Is connected internally to the customer's plumbing system</p>	<p>I.A. At or for a residential dedicated fire service connection<sup>6</sup>: DC if the fire protection system is metered and contains no chemical additives and is not connected to an auxiliary water system<sup>4</sup>; or DCDA if the fire protection system is unmetered and contains no chemical additives and is not connected to an auxiliary water system; or RP/RPDA if the fire protection system contains chemical additives or is connected to an auxiliary water system<sup>4,13</sup>          I.B. At or for a non-residential dedicated fire service connection<sup>6</sup>: DC/DCDA if the fire protection system contains no chemical additives and is not connected to an auxiliary water system<sup>4</sup>; or RP/RPDA if the fire protection system contains chemical additives or is connected to an auxiliary water system<sup>4,13</sup>          II. None<sup>11</sup></p>
<p>Radioactive material processing or handling facility or nuclear reactor</p>	<p style="text-align: center;">RP</p>
<p>Paper products plant using a wet process</p>	<p style="text-align: center;">RP</p>
<p>Plating facility, including any aircraft or automotive manufacturing plant</p>	<p style="text-align: center;">RP</p>

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Restricted-access facility	RP
Steam boiler plant	RP
Tall building – i.e., a building with five or more floors at or above ground level	DC if the customer has no potable water distribution lines connected to the suction side of a booster pump; or RP if the customer has one or more potable water distribution lines connected to the suction side of a booster pump
Wastewater treatment plant or wastewater pumping station	RP
Customer supplied with potable water via a temporary or permanent service connection from a CWS fire hydrant	Varies <sup>14</sup>

<sup>1</sup> Means of backflow protection, listed in an increasing level of protection, include the following: a dual check device (DuC); a double check valve assembly (DC) or double check detector assembly (DCDA); a pressure vacuum breaker assembly (PVB); a reduced-pressure principle assembly (RP) or reduced-pressure principle detector assembly (RPDA); and an air gap. A PVB may not be used if backpressure could develop in the downstream piping.

<sup>2</sup> The CWS shall determine the degree of hazard. “Low hazard” or “non-health hazard” and “high hazard” or “health hazard” are defined in American Water Works Association Manual of Water Supply Practices—M14, Third Edition, *Recommended Practice for Backflow Prevention and Cross-Connection Control* as follows:

- “Non-health hazard (low hazard)” means a cross-connection or potential cross-connection involving any substance that generally would not be a health hazard but would constitute a nuisance or be aesthetically objectionable if introduced into the potable water supply.
- “Health hazard (high hazard)” a cross-connection or potential cross-connection involving any substance that could, if introduced into the potable water supply, cause death or illness, spread disease, or have a high probability of causing such effects.

<sup>3</sup> A DC may be provided if it was installed before 5-5-14; and if such a DC is replaced on or after 5-5-14, it may be replaced with another DC.

<sup>4</sup> For the purpose of this table, “auxiliary water system” means a pressurized system of piping and appurtenances using auxiliary water, which is water other than the potable water being supplied by the CWS and which includes water from any natural source such as a well, pond, lake, spring, stream, river, etc., includes reclaimed water, and includes other used water or industrial fluids described in American Water Works Association Manual of Water Supply Practices—M14, Third Edition, *Recommended Practice for Backflow Prevention and Cross-Connection Control*; however, “auxiliary water system” specifically excludes any water recirculation or treatment system for a swimming pool, hot tub, or spa. (Note that reclaimed water is a specific type of auxiliary water and a reclaimed water system is a specific type of auxiliary water system.)

<sup>5</sup> The Department of Environmental Protection shall allow an exception to the requirement for backflow protection at or for a residential or non-residential service connection from a CWS to premises where there is an auxiliary or reclaimed water system if all of the following conditions are met:

- The CWS is distributing water only to land owned by the owner of the CWS.
- The owner of the CWS is also the owner of the entire auxiliary or reclaimed water system up to the points of auxiliary or reclaimed water use.

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- The CWS conducts at least biennial inspections of the CWS and the entire auxiliary or reclaimed water system to detect and eliminate any cross-connections between the two systems.

<sup>6</sup> For the purpose of this table, “residential service connection” means any service connection, including any dedicated irrigation or fire service connection, that is two inches or less in diameter and that supplies water to a building, or premises, containing only dwelling units; and “non-residential service connection” means any other service connection.

<sup>7</sup> A DuC may be provided only if there is no known cross-connection between the plumbing system and the auxiliary or reclaimed water system on the customer’s premises. Upon discovery of any cross-connection between the plumbing system and any reclaimed water system on the customer’s premises, the CWS shall ensure that the cross-connection is eliminated. Upon discovery of any cross-connection between the plumbing system and any auxiliary water system other than a reclaimed water system on the customer’s premises, the CWS shall ensure that the cross-connection is eliminated or shall ensure that the backflow protection provided at or for the service connection is equal to that required at or for a non-residential service connection.

<sup>8</sup> A reclaimed water system using reclaimed water regulated under Part III of Chapter 62-610, F.A.C., is a low hazard unless the reclaimed water is stored with surface water in a pond that is part of a stormwater management system, in which case the system is a high hazard; an auxiliary water system using well water is a low hazard unless determined otherwise by the CWS; an auxiliary water system using industrial fluids or used water other than reclaimed water is a high hazard unless determined otherwise by the CWS; an auxiliary or reclaimed water system using reclaimed water not regulated under Part III of Chapter 62-610, F.A.C., or surface water is a high hazard.

<sup>9</sup> Upon discovery of any cross-connection between the plumbing system and any reclaimed water system on the customer’s premises, the CWS shall ensure that the cross-connection is eliminated.

<sup>10</sup> A DC may be provided if both of the following conditions are met:

- The dedicated irrigation service connection initially was constructed before 5-5-14.
- No chemicals are fed into the irrigation system.

<sup>11</sup> The CWS may rely on the internal backflow protection required under the *Florida Building Code* or the predecessor State plumbing code. The CWS may, but is not required to, ensure that such internal backflow protection is inspected/tested and maintained the same as backflow protection provided at or for service connections from the CWS.

<sup>12</sup> The Department of Environmental Protection shall allow an exception to the requirement for backflow protection at or for a residential or non-residential dedicated fire service connection from a CWS to a wet-pipe sprinkler, or wet standpipe, fire protection system if both of the following conditions are met:

- The fire protection system was installed and last altered before 5-5-14.
- The fire protection system contains no chemical additives and is not connected to an auxiliary water system as defined in Footnote 4.

<sup>13</sup> Upon discovery of any cross-connection between the fire protection system and any reclaimed water system on the customer’s premises, the CWS shall ensure that the cross-connection is eliminated.

<sup>14</sup> The CWS shall ensure that backflow protection commensurate with the degree of hazard is provided at or for the service connection from its fire hydrant.



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**Component III:** *The CWS's policy regarding ownership, installation, inspection/testing, and maintenance of backflow protection that the CWS is requiring at or for service connections from the CWS.*

A. The customer shall own, and shall be responsible for installation, inspection/testing, and maintenance of, any backflow protection required at or for a service connection from the CWS. In addition, the customer shall be responsible for installation and maintenance of the thermal expansion control that is necessary, and required under the *Florida Building Code*, where any backflow protection is installed at any service connection to a customer using storage water heating equipment. (A sample notice/letter is included in Appendix C.)

The following table shows the schedule that the CWS will follow for notification to customer for installation of backflow protection required at or for service connections.

Type of Service Connection	Schedule
New service connection to a customer in a category listed in Component II.	Before water service is initiated.
Existing—i.e., previously constructed—service connection to a premises where there is a reclaimed water system.	Before reclaimed water service is initiated.
Existing—i.e., previously constructed—service connection to a customer in any category listed in Component II except premises where there is a reclaimed water system.	Within 60 days after the CWS notifies the customer in writing to install backflow protection at or for the service connection.

- B. All new backflow protection required at or for service connections from the CWS shall conform to, or comply with, the following standards:
- New dual check devices shall conform to the latest edition of American Society of Sanitary Engineering (ASSE) Standard 1024 or Canadian Standards Association (CSA) Standard B64.6 or B64.6.1.
  - New double check valve assemblies shall conform to the latest edition of ASSE Standard 1015, American Water Works Association (AWWA) Standard C510, or CSA Standard B64.5.
  - New double check detector assemblies shall conform to the latest edition of ASSE Standard 1048.
  - New pressure vacuum breaker assemblies shall conform to the latest edition of ASSE Standard 1020 or CSA Standard B64.1.2.
  - New reduced-pressure principle assemblies shall conform to the latest edition of

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- ASSE Standard 1013, AWWA Standard C511, or CSA Standard B64.4.
- New reduced-pressure principle detector assemblies shall conform to the latest edition of ASSE Standard 1047.
- New air gaps shall comply with the latest edition of American Society of Mechanical Engineers Standard A112.1.2.

Additionally, all new customer-owned backflow preventers required at or for dedicated fire service connections from the CWS shall be listed by a nationally recognized testing laboratory, such as Underwriters Laboratories, Inc., or Factory Mutual, Inc., pursuant to Chapter 633, Florida Statutes.

New DuC backflow protection devices required at or for service connections from the CWS will be installed immediately downstream of the water meter and in the meter box. All other backflow protection required at or for service connections from the CWS shall be installed downstream from, and within five feet after, the CWS's water meter box unless a deviation is approved by the CWS. The CWS will consider, and may approve, on a case-by-case basis deviations requested and justified in writing; but in no case shall there be any outlet, tee, tap, or connection of any type to or from the water piping between the water meter, or property line, and the required backflow protection.

All new backflow protection devices required at or for service connections from the CWS shall be installed in accordance with the manufacturer's instructions and the installation criteria in American Water Works Association Manual of Water Supply Practices—M14, Third Edition, *Recommended Practice for Backflow Prevention and Cross-Connection Control*. Installation criteria in the third edition of M14 are reproduced in Appendix B. Additionally, all new customer-owned backflow preventers required at or for dedicated fire service connections from the CWS shall be installed in accordance with applicable National Fire Protection Association standards adopted in Chapter 69A-3, Florida Administrative Code, and all other new customer-owned backflow protection required at or for service connections from the CWS shall be installed in accordance with the latest edition of the *Florida Building Code*.

- C. All air gaps (AGs) required at or for service connections from the CWS shall be inspected at least annually. Persons inspecting AGs required at or for service connections from the CWS shall be a certified or registered plumbing contractor or shall be a backflow preventer tester holding a current certification from one of the following organizations or schools:
- The American Backflow Prevention Association;
  - The American Society of Sanitary Engineering;
  - The American Water Works Association;

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- The Florida Water and Pollution Control Operators Association;
- The University of Florida Center for Training, Research, and Education for Environmental Occupations; or
- Any other organization or school approved in writing by the CWS.  
If you accept others then you need to list them.

D. All backflow preventer assemblies (i.e., double check valve assemblies and double check detector assemblies; pressure vacuum breaker assemblies; and reduced-pressure principle assemblies and reduced-pressure principle detector assemblies) required at or for non-residential service connections from the CWS shall be tested after installation or repair and at least annually thereafter and shall be repaired if they fail to meet performance standards. All backflow preventer assemblies required at or for residential service connections from the CWS shall be tested after installation or repair and at least biennially (once every two years) thereafter and shall be repaired if they fail to meet performance standards. Residential service connections are service connections, including dedicated irrigation or fire service connections, that are two inches or less in diameter and that supply water to a building, or premises, containing only dwelling units; all other service connections are non-residential service connections.

Persons testing backflow preventer assemblies required at or for dedicated fire service connections from the CWS shall be a certified Fire Protection System Contractor I or II pursuant to Chapter 633, Florida Statutes. Persons testing backflow preventer assemblies required at or for all other service connections from the CWS shall be a certified or registered plumbing contractor or shall be a backflow preventer tester holding a current certification from one of the following organizations or schools:

- The American Backflow Prevention Association;
- The American Society of Sanitary Engineering;
- The American Water Works Association;
- The Florida Water and Pollution Control Operators Association;
- The University of Florida Center for Training, Research, and Education for Environmental Occupations; or
- Any other organization or school approved in writing by the CWS.
- If you accept others then you need to list them.

Backflow preventer assemblies required at or for service connections from the CWS shall be tested using the procedures in one of the following standards or manuals:

- The latest edition of American Society of Sanitary Engineering Standards 5013, 5015, 5020, 5047, and 5048;

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- The latest edition of Canadian Standards Association Standard B64.10.1;
- The latest edition of *Backflow Prevention: Theory & Practice* by the University of Florida Center for Training, Research, and Education for Environmental Occupations;
- The latest edition of the *Manual of Cross-Connection Control* by the University of Southern California Foundation for Cross-Connection Control and Hydraulic Research Center; or
- Any other standard or manual approved in writing by the CWS.

Testing equipment used to test backflow preventer assemblies required at or for service connections from the CWS shall be verified/calibrated at least annually in accordance with the equipment manufacturer's recommendations.

- E. All dual check devices (DuCs) required at service connections from the CWS shall be refurbished or replaced at least once every 10 years or at a lesser frequency if the CWS determines and documents that the lesser frequency is appropriate based on data from spot-testing DuCs at service connections or based on data from backflow sensing meters at service connections.

**Component IV:** *The CWS's procedures for evaluating customers' premises to establish the category of customer and the backflow protection being required at or for the service connection(s) from the CWS to the customer.*

- A. The CWS will evaluate the customer's premises at a newly constructed service connection before the CWS begins supplying water to the service connection.
- B. The CWS will evaluate the customer's premises at an existing—i.e., previously constructed—service connection whenever any of the following events occur:
- Whenever the customer connects to a reclaimed water distribution system. The CWS will coordinate with the reclaimed water supplier to ensure that reclaimed water service is not turned on until appropriate backflow protection is provided at the potable water service connection.
  - Whenever an auxiliary water system is discovered on the customer's premises.
  - Whenever a prohibited or inappropriately protected cross-connection is discovered on the customer's premises.
  - Whenever the customer's premises is altered under a building permit in a manner that could change the backflow protection required at or for a service connection to the customer. The CWS will coordinate with the local building department so the CWS will know when building permits are being applied for or issued.
- C. To evaluate the customer's premises at a service connection from the CWS, the CWS will



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inspect the premises' to determine if a device is necessary and, if necessary, will also review construction plans or conduct an on-site inspection.

Where entry to all portions of the customer's premises is not available, the CWS could consider the customer to be a restricted-access facility, for which an RP is required at the service connection.

**Component V:    *The CWS's procedures for maintaining CCC program records.***

A. The CWS will maintain, in either electronic or paper format, a current inventory of all backflow protection required at or for service connections from the CWS. The inventory will include the following for each service connection where backflow protection is required:

- The service connection number or other identification number used by the CWS;
- The service connection address;
- The service connection category (i.e., non-residential or residential) and subcategory (standard, dedicated irrigation, or dedicated fire);
- The location of the backflow protection at/for the service connection;
- The type of hazard isolated (i.e., the category of customer);
- The date when backflow protection was initially installed at or for the service connection;
- The type of current backflow protection (i.e., air gap, reduced-pressure principle assembly, reduced-pressure principle detector assembly, pressure vacuum breaker assembly, double check valve assembly, double check detector assembly, or dual check device);
- If the type of current backflow protection is a backflow preventer assembly, the size, manufacturer, model, serial number, and date installed; and
- If the type of backflow protection is a DuC, the size, manufacturer, model, date installed, and if any DuC is refurbished (instead of replaced), the date refurbished.

B. The CWS will maintain, in either electronic or paper format, records of the installation, inspection/testing, and repair of all backflow protection required at or for new service connections from the CWS.

The inventory described in Component V.A. will include the date when backflow protection was initially installed at or for any service connection where backflow protection is required. Also, the inventory described in Component V.A. will include the date when any current backflow preventer assembly or any current dual check device (DuC) was installed. Furthermore, if any DuC is refurbished (instead of replaced), the inventory described in Component V.A. will include the date the DuC was refurbished.

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Records of the inspection of air gaps (AGs) required at or for service connections from the CWS will be maintained by keeping either an electronic or paper copy of AG inspection reports. (An AG inspection report form is included in Appendix C.) Records of the testing and repair of backflow preventer assemblies required at or for service connections from the CWS will be maintained by keeping either an electronic or paper copy of backflow preventer assembly testing and repair reports. (A backflow preventer assembly testing and repair report form is included in Appendix C.) All AG inspection reports and all backflow preventer assembly testing and repair reports will be kept for not less than 10 years.



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**Program Plan Compliance**

*Compliance with the CCC plan is required by all customers that the CWS is requiring at or for service connections from the CWS.*

Failure of compliance of installation, inspection/testing, and maintenance of backflow protection under Component III may result in discontinuance of service as follows:

<b><u>Failure:</u></b>	<b><u>Disconnection:</u></b>
Installation at New service connection	Within 60 days of notification, unless known health hazard is discovered
Installation at Existing service connection	Within 60 days of notification, unless known health hazard is discovered
Installations not meeting installation criteria	Within 30 days of notification, unless known health hazard is discovered
Device not meeting conforming to standards	Within 30 days of notification, unless known health hazard is discovered
Required testing and providing documentation of testing	Within 60 days of notification, unless known health hazard is discovered
Required maintenance and/or repair	Within 30 days of notification, unless known health hazard is discovered
Refurbish or replace	Within 60 days of notification, unless known health hazard is discovered
Known health hazard discovered	Immediately without notification

**Program Administration Documents**

Appendix C contains forms and notices/letters used to administer the CCC program.

The CWS will notify in writing each customer who owns an air gap (AG) or backflow preventer assembly required at or for a service connection and will request that the customer have the AG inspected or backflow preventer assembly tested. The CWS will notify in writing each customer who owns a required service-connection DC that needs to be refurbished or replaced.



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## **Appendix A**

### **A POLICY OF THE Royal Water Works ESTABLISHING A CROSS-CONNECTION CONTROL PROGRAM**

WHEREAS, a community water system is responsible for supplying its customers with water that meets federal and State drinking water standards;

WHEREAS, a community water system is responsible for the protection of its water distribution system from contamination or pollution due to backflow of contaminants or pollutants through water service connections; and

WHEREAS, Rule 62-555.360, Florida Administrative Code, requires that each community water system shall establish and implement a cross-connection control program utilizing backflow protection at or for service connections in order to protect the community water system from contamination caused by cross-connections on customer's premises.

NOW, THEREFORE, Royal Water Works Adopted Policy states:

Component II in the Cross-Connection Control Program Plan for the Royal Water Works PWS ID #406-1517, dated May 2020, shall establish where backflow protection at or for service connections is mandatory.

Component III in the Cross-Connection Control Program Plan for the Royal Water Works, PWS ID # 406-1517, dated May 2020, shall establish requirements regarding ownership, installation, inspection/testing, and maintenance of mandatory backflow protection at or for new service connections.

Upon the effective date of this policy, all prior and conflicting policies, or parts of policies, establishing a cross-connection control program, or parts of a cross-connection control program, shall be repealed, rescinded, superseded, and replaced by this policy.

This policy shall become effective May 2020

ADOPTED by the Royal Water Works on the May 2020

Royal Water Works PWS ID # 406-1517





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By: Sharon Purviance

## **Appendix B**

### **Installation Criteria for a Dual Check Device (DuC)**

- A DuC must be installed in the orientation as it was approved by the testing agency.
- A DuC must not be subjected to conditions that would exceed its maximum working water pressure and temperature rating. The increased pressure that can happen from creation of a closed system also must be evaluated because excessive pressure can damage the device or other plumbing components.
- A DuC should be sized hydraulically, taking into account both volume requirements and pressure loss through the device.
- A pipeline should be thoroughly flushed before a DuC is installed to ensure that no dirt or debris is delivered into the device because dirt or debris might adversely affect the DuC's working abilities.
- A DuC shall be installed where it can be inspected or replaced as necessary.



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**Installation Criteria for a Double Check Valve Assembly (DC) or Double Check Detector Assembly (DCDA)**

- A DC or DCDA must be installed in the orientation as it was approved by the testing agency with no field modifications allowed.
- A DC or DCDA must not be subjected to conditions that would exceed its maximum working water pressure and temperature rating. The increased pressure that can happen from the creation of a closed system also must be evaluated to prevent damage to the assembly or other plumbing-system components.
- A DC or DCDA shall be sized hydraulically, taking into account both volume requirements and pressure loss through the assembly.
- A DC or DCDA should not be installed in a pit or below grade when possible. If the DC or DCDA must be installed in a vault, adequate space for testing and maintenance must be provided. If the DC or DCDA must be installed below grade, the test cocks shall be sealed or plugged so water or debris cannot collect in the test cock.
- A pipeline should be thoroughly flushed before a DC or DCDA is installed to ensure that no dirt or debris is delivered to the assembly because dirt or debris might adversely affect the assembly's working abilities.
- A DC or DCDA shall be installed a minimum of 12 inches above the surrounding grade and floodplain. The installation shall not be installed where platforms, ladders, or lifts are required for access. If an assembly must be installed higher than 5 feet above grade, a permanent platform shall be installed around the assembly to provide access for workers.
- A DC or DCDA shall be installed where it can be easily field-tested and repaired as necessary. The assembly shall have adequate clearance around it to facilitate testing, disassembly, and assembly of the DC or DCDA.
- If a DC or DCDA must be subjected to environmental conditions that could freeze or heat the assembly beyond working temperatures, some means of protection should be installed to provide the correct temperature environment in and around the assembly.



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### **Installation Criteria for a Pressure Vacuum Breaker Assembly (PVB)**

- A PVB must be installed in the orientation as it was approved by the testing agency.
- A PVB must not be subjected to conditions that would exceed its maximum working water pressure and temperature rating. The increased pressure that can happen from the creation of a closed system also must be evaluated because a PVB cannot be exposed to backpressure.
- A PVB shall not be installed where it is subjected to backpressure.
- A PVB should be sized hydraulically, taking into account both volume requirements and pressure loss through the assembly.
- A pipeline should be thoroughly flushed before a PVB is installed to ensure that no dirt or debris is delivered into the assembly because dirt or debris might affect the PVB's working abilities.
- A PVB must not be installed in a pit or below grade where the air inlet could become submerged in water or where fumes could be present at the air inlet because this installation might allow water or fumes to enter the assembly.
- A PVB shall be installed a minimum of 12 inches above the highest point of use and any downstream piping supplied from the assembly. The installation should not be installed where platforms, ladders, or lifts are required for access. If an assembly must be installed higher than 5 feet above grade, a permanent platform should be installed around the assembly to provide access for workers.
- A PVB shall be installed where it can be easily field-tested and repaired as necessary. The assembly shall have adequate clearance around it to facilitate disassembly, repairs, testing, and other maintenance.
- A PVB may periodically discharge water from the air inlet. The effect of this discharge on the area around the assembly must be evaluated.
- If a PVB must be subjected to environmental conditions that could freeze or heat the assembly beyond its working temperatures, some means of protection should be installed to provide the correct temperature environment in and around the assembly.



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**Installation Criteria for a Reduced-Pressure Principle Assembly (RP) or Reduced-Pressure Principle Detector Assembly (RPDA)**

- An RP or RPDA must be installed in the orientation as it was approved by the testing agency.
- An RP or RPDA must not be subjected to conditions that would exceed its maximum working water pressure and temperature rating. The increased pressure that can occur because of the creation of a closed system also must be evaluated because excessive backpressure can damage the assembly or other plumbing components.
- An RP or RPDA should be sized hydraulically, taking into account both volume requirements and pressure loss through the assembly.
- A pipeline should be thoroughly flushed before an RP or RPDA is installed to ensure that no dirt or debris is delivered into the assembly because dirt or debris might adversely affect the assembly's working abilities.
- An RP or RPDA must not be installed in a pit or below grade where the relief valve could become submerged in water or where fumes could be present at the relief-valve discharge because this installation might allow water or fumes to enter the assembly.
- An RP or RPDA shall be installed a minimum of 12 inches above the relief-valve discharge-port opening and the surrounding grade and floodplain. The installation should not be installed where platforms, ladders, or lifts are required for access. If an assembly is installed higher than 5 feet above grade, a permanent platform should be installed around the assembly to provide access for workers.
- An RP or RPDA shall be installed where it can be easily tested and repaired as necessary. The assembly shall have adequate clearance around it to facilitate disassembly, repairs, testing, and other maintenance.
- An RP or RPDA might periodically discharge water from the relief valve. The effect of this discharge from the relief valve around the assembly must be evaluated. If the RP or RPDA discharge is piped to a drain, an air-gap separation must be installed between the relief-valve discharge opening and the drain line leading to the drain.
- If an RP or RPDA must be subjected to environmental conditions that could freeze or heat the assembly beyond its working temperatures, some means of protection should be installed to provide the correct temperature environment in and around the assembly.



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### **Air Gap Description**

- An air gap is a piping arrangement that provides an unobstructed vertical distance through free atmosphere between the lowest point of a water supply outlet and the overflow rim of an open, nonpressurized receiving vessel into which the outlet discharges.
- These vertical separations must be at least twice the effective opening (inside diameter) of the water supply outlet but never less than 1 inch.
- In locations where the outlet discharges within three times the inside diameter of the pipe from a single wall or other obstruction, the air gap must be increased to three times the effective opening but never less than 1.5 inches.
- In locations where the outlet discharges within four times the inside diameter of the pipe from two intersecting walls, the air gap must be increased to four times the effective opening but never less than 2 inches.
- Air gaps should not be approved for locations where there is potential for the atmosphere around the air gap to be contaminated nor should the inlet pipe be in contact with a contaminated surface or material.

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### Backflow Preventer Assembly (BPA) Testing and Repair Report

Public Water System (PWS): No. 406-1517 Name: Royal water works  
 Customer Name/Address: \_\_\_\_\_  
 Service Connection (SC): No.: \_\_\_\_\_ Address: \_\_\_\_\_  
 SC: Category: non-residential \* residential \* Subcategory: standard \* irrigation \* fire \*  
 Location of BPA at/for SC: \_\_\_\_\_  
 BPA: Type: DC \* DCDA \* PVB \* RP \* RPDA \* Size: \_\_\_\_\_  
 BPA: Manufacturer: \_\_\_\_\_ Model: \_\_\_\_\_ Serial No. \_\_\_\_\_  
 Detector Assembly Water Meter Reading: Before Test: \_\_\_\_\_ After Test: \_\_\_\_\_

Reduced-Pressure Principle Assembly				
Double Check Valve Assembly				
	Check Valve #1	Check Valve #2	Relief Valve	PVB
<b>Initial Test</b>	Closed Tight * _____ PSID	Closed Tight * _____ PSID	Opened at _____ PSID	<b>Air Inlet:</b> Opened at _____ PSID Did Not Open *
Pass <input type="checkbox"/> Fail <input type="checkbox"/>	Leaked *	Leaked *	Did Not Open *	<b>Check Valve:</b> Held at _____ PSID Leaked *
<b>Repair</b>	* Cleaned <input type="checkbox"/> Replaced following:	* Cleaned * Replaced following:	* Cleaned * Replaced following:	* Cleaned * Replaced following:
<b>Final Test</b>	Closed Tight <input type="checkbox"/> _____ PSID	Closed Tight * _____ PSID	Opened at _____ PSID	<b>Air Inlet:</b> Opened at _____ PSID
Pass <input type="checkbox"/> Fail <input type="checkbox"/>				<b>Check Valve:</b> Held at _____ PSID

**Comments:** \_\_\_\_\_

**Initial Test** I certify that I used testing procedures meeting the requirements of the above identified PWS.  
 Tester's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Tester's Printed Name: \_\_\_\_\_  
 Tester's Qualification: \* \_\_\_\_\_  
 Tester's Gauge: Manufacturer: \_\_\_\_\_ Model: \_\_\_\_\_  
 Serial No.: \_\_\_\_\_ Date of Last Verification/Calibration: \_\_\_\_\_

**Repair** Repairer's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Repairer's Printed Name: \_\_\_\_\_

**Final Test** I certify that I used testing procedures meeting the requirements of the above identified PWS.  
 Tester's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Tester's Printed Name: \_\_\_\_\_

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Tester's Qualification:*			
Tester's Gauge: Manufacturer:		Model:	
Serial No.:		Date of Last Verification/Calibration:	

\* For any assembly at a dedicated fire service connection, the tester's Fire Protection System Contractor I or II certification number; for any other assembly, the tester's plumbing contractor certification or registration number or the tester's backflow preventer tester certification organization and number.



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**Notice/Letter to a New Customer Requesting Installation of a Backflow Preventer at or for a Service Connection**

[Insert date]

[Insert Customer Name]  
[Insert Customer Street Address]  
[Insert Customer City, State, and Zip Code]

RE: [Insert service connection number]  
[Insert service connection address]  
[Insert service connection category and subcategory]

Dear [Insert Customer Name]:

As required by Rule 62-555.360, Florida Administrative Code, the [Country Walk Water System] has established, and is implementing, a cross-connection control (CCC) program utilizing backflow protection at or for service connections from the water system in order to protect the water system from contamination caused by cross-connections on customers' premises. Under our CCC program, we have evaluated the above referenced service connection and the premises served by the connection, and we have determined backflow protection is required at or for the connection because [insert "it is a dedicated irrigation service connection", "it is a dedicated fire service connection", or "it serves premises in the following category: ..."].

This letter is to request you have a backflow preventer" unless the minimum type of backflow preventer required is a reduced-pressure principle assembly or reduced-pressure principle detector assembly] installed at or for the above referenced water service connection within 60 days after the date of this letter. The backflow preventer must be installed in accordance with the requirements in our CCC Program Plan . An appropriately certified fire protection system contractor must install backflow protection at or for a fire service connection. We recommend you consult with a certified or registered plumbing contractor regarding installation of other backflow protection.

The new backflow preventer must be tested immediately after it is installed. The testing must be conducted by an appropriately certified fire protection system contractor if the new backflow preventer is installed at or for a fire service connection; otherwise, the testing must be conducted by a certified or registered plumbing contractor or by a backflow preventer tester holding a



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current certification. **The enclosed Backflow Preventer Assembly Testing and Repair Report form must be completed by the backflow preventer tester and returned to us at the letterhead address within 60 days after the date of this letter.**

If you have any questions, please contact me at (954-651-2311)  
[Rperez@uswatwercorp.net](mailto:Rperez@uswatwercorp.net)

Sincerely,

Rudy Perez, Utility Manager

Enclosures: [CCC Program Plan]  
[Pre-Approved Backflow Preventer Tester List]  
Backflow Preventer Assembly Testing and Repair Report Form



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**Notice/Letter to a Customer Requesting Testing of a Backflow Preventer Assembly at or for a Service Connection**

[Insert date]

[Insert Customer Name]  
[Insert Customer Street Address]  
[Insert Customer City, State, and Zip Code]

RE: [Insert service connection number]  
[Insert service connection address]

Dear [Insert Customer Name]:

As required by Rule 62-555.360, Florida Administrative Code, the Royal Water Works has established, and is implementing, a cross-connection control (CCC) program utilizing backflow protection at or for service connections from the water system in order to protect the water system from contamination caused by cross-connections on customers' premises. Under our CCC program, a customer-owned backflow preventer assembly has been installed at or for the above referenced water service connection, and "annual" testing of the assembly is required to ensure that it is functioning properly.

This letter is to request you now arrange for the "annual" testing of the customer-owned backflow preventer assembly that is installed at or for the above referenced water service connection and that is described on the enclosed Backflow Preventer Assembly Testing and Repair Report form. The testing must be conducted by a certified Fire Protection System Contractor I or II if the enclosed report form indicates that the assembly is at a fire service connection; otherwise, the testing must be conducted by a certified or registered plumbing contractor or by a backflow preventer tester holding a current certification.

If the testing discloses the assembly is not functioning properly, please have the necessary repairs made and have the assembly retested. **The enclosed testing and repair report form must be completed by the backflow preventer tester(s), and by the backflow preventer repairer if repairs are made, and returned to us at the letterhead address within 60 days after the date of this letter.**

If you have any questions, please contact me at 954-651-2311 [Rperez@uswatercorp.net](mailto:Rperez@uswatercorp.net)

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Sincerely,

Rudy Perez, Utilities Manager

Enclosures: Backflow Preventer Assembly Testing and Repair Report Form  
[Pre-Approved Backflow Preventer Tester List]

# Lead and Copper Tap Sample Analysis And Result Ranking Report

Reporting Format 62-550.730(4)(a)

System Name: Royal Waterworks  
 PWS-ID: 4061517  
 Laboratory Name: Advanced Environmental Laboratories, Inc.  
 Laboratory Contact: Project Manager Miami  
 Lab Phone Number: (954)889-2288

Date Submitted to Lab: 08/27/2019  
 Report Date: Septem  
 Lead or Copper: - Lead  
 90th Percentile Value: 0.0027

A	RANK	LOCATION		CLIENT SAMPLE		LAB SAMPLE ID	DATE SITE	LEAD (mg/L)	QUAL.	MDL (mg/L)
		NO	TIER	ID	SITE					
	1			#1	4273 NW 88 Ave #206	M1904285001	08/24/2019	0.0015	U	0.0015
	2			#5	8348 NW 44 St	M1904285004	08/24/2019	0.0015	U	0.0015
	3			#6	4344 NW 88 Terr	M1904285005	08/24/2019	0.0015	U	0.0015
	4			#7	9211 NW 42 CT	M1904285006	08/24/2019	0.0015	U	0.0015
	5			#8	4133 NW 90 Terr	M1904285007	08/24/2019	0.0015	U	0.0015
	6			#9	4427 NW 82 Ave	M1904285008	08/24/2019	0.0015	U	0.0015
	7			#12	9180 Wiles Rd	M1904285010	08/24/2019	0.0015	U	0.0015
	8			#20	4125 NW 88 Ave #107	M1904285011	08/24/2019	0.0015	U	0.0015
	9			#21	4269 NW 88 Ave #204	M1904285012	08/24/2019	0.0015	U	0.0015
	10			#23	4222 NW 88 Ave #103	M1904285013	08/24/2019	0.0015	U	0.0015
	11			#13	9100 Wiles Rd	M1904285015	08/27/2019	0.0015	U	0.0015
	12			#14	8160 Wiles Rd	M1904285016	08/27/2019	0.0015	U	0.0015
	13			#15	8188 Wiles Rd	M1904285017	08/27/2019	0.0015	U	0.0015
	14			#17	8222 Wiles Rd	M1904285019	08/27/2019	0.0015	U	0.0015
	15			#19	9158 Wiles Rd	M1904285020	08/27/2019	0.0015	U	0.0015
	16			#16	9130 Wiles Rd	M1904285018	08/27/2019	0.0015	U	0.0015
	17			#4	4149 NE 88 Ave #205	M1904285003	08/24/2019	0.0015	U	0.0015
	18			#10	9132 Wiles Rd	M1904285014	08/27/2019	0.0027	I	0.0015
	19			#2	4124 NW 88 Ave #102	M1904285002	08/24/2019	0.0062	I	0.0015
	20			#11	9147 Wiles Rd	M1904285009	08/24/2019	0.010		0.0015

CERTIFICATION. The tap samples used for lead and copper analyses were submitted by the above PWS. Each sample container had one liter of solution (+/- 10% taken properly by the above system and analyzed in accordance with the requirements in Chapter 10D-41, F.A.C. The sampling dates were reported for each sample to certify that all data submitted are correct.

SIGNATURE OF AUTHORIZED LABORATORY REPRESENTATIVE:

NAME: Tiffany Mackie 

TITLE and DATE: Client Services Manager 9/10/2019

# Lead and Copper Tap Sample Analysis And Result Ranking Report

Reporting Format 82-550.730(4)(a)


System Name: Royal Waterworks  
 PWS-ID: 4061517  
 Laboratory Name: Advanced Environmental Laboratories, Inc.  
 Laboratory Contact: Tiffany Mackie  
 Lab Phone Number: (954)889-2288

Date Submitted to Lab: 08/27/2019  
 Report Date: Septem  
 Lead or Copper: Copper  
 90th Percentile Value: 0.066

A	RANK	LOCATION		CLIENT SAMPLE		LAB SAMPLE ID	DATE SITE	COPPER (mg/L)	QUAL.	MDL (mg/L)
		NO	TIER	ID	SITE					
	1			#13	9100 Wiles Rd	M1904285015	08/27/2019	0.0030	I	0.0027
	2			#23	4222 NW 88 Ave #103	M1904285013	08/24/2019	0.0042	I	0.0027
	3			#19	9158 Wiles Rd	M1904285020	08/27/2019	0.0044	I	0.0027
	4			#1	4273 NW 88 Ave #206	M1904285001	08/24/2019	0.0057	I	0.0027
	5			#20	4125 NW 88 Ave #107	M1904285011	08/24/2019	0.0099	I	0.0027
	6			#6	4344 NW 88 Terr	M1904285005	08/24/2019	0.012		0.0027
	7			#21	4269 NW 88 Ave #204	M1904285012	08/24/2019	0.012		0.0027
	8			#10	9132 Wiles Rd	M1904285014	08/27/2019	0.013		0.0027
	9			#4	4149 NE 88 Ave #205	M1904285003	08/24/2019	0.017		0.0027
	10			#14	8160 Wiles Rd	M1904285016	08/27/2019	0.022		0.0027
	11			#16	9130 Wiles Rd	M1904285018	08/27/2019	0.022		0.0027
	12			#17	8222 Wiles Rd	M1904285019	08/27/2019	0.022		0.0027
	13			#5	8348 NW 44 St	M1904285004	08/24/2019	0.027		0.0027
	14			#7	9211 NW 42 CT	M1904285006	08/24/2019	0.028		0.0027
	15			#15	8188 Wiles Rd	M1904285017	08/27/2019	0.031		0.0027
	16			#8	4133 NW 90 Terr	M1904285007	08/24/2019	0.036		0.0027
	17			#9	4427 NW 82 Ave	M1904285008	08/24/2019	0.041		0.0027
	18			#12	9180 Wiles Rd	M1904285010	08/24/2019	0.066		0.0027
	19			#2	4124 NW 88 Ave #102	M1904285002	08/24/2019	0.18		0.027
	20			#11	9147 Wiles Rd	M1904285009	08/24/2019	0.26		0.027

CERTIFICATION. The tap samples used for lead and copper analyses were submitted by the above PWS. Each sample container had one liter of solution (+/- 1l) taken properly by the above system and analyzed in accordance with the requirements in Chapter 10D-41, F.A.C. The sampling dates were reported for each sample. I certify that all data submitted are correct.

SIGNATURE OF AUTHORIZED LABORATORY REPRESENTATIVE:

NAME: Tiffany Mackie   
 TITLE and DATE: Client Services Manager 9/10/2019



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

Altamonte Springs: 380 Northlake Blvd., Ste. 1048, FL 32701 • 407.937.1694 • Fax 407.937.1697 Lab ID: E53076  
 Fort Myers: 13100 Westlakes Terrace, Ste. 10, FL 33913 • 239.674.8130 • Fax 239.674.8128 Lab ID: E64492  
 Jacksonville: 6881 Southpoint Pkwy., FL 32216 • 904.363.9350 • Fax 904.363.9354 Lab ID: E82674  
 Tallahassee: 2639 North Monroe St., Suite D, FL 32303 • 850.218.6274 • Fax 850.218.6275 Lab ID: E811095



Client Name: <b>Royal Waterworks</b>		Project Name: <b>Lead, Cooper</b>		BOTTLE SIZE & TYPE	ANALYSIS REQUIRED	L12 PH
Address: <b>8900 NW 44 CT</b>		Project Number:				
Coral Springs Fl. 33065		PO Number:				
Phone: <b>954-651-2311</b>		FDEP Facility No: <b>PWS ID #4061517</b>				
FAX:		FDEP Facility Address: <b>L.C.</b>				
Contact: <b>R. Perez</b>		<b>8/24/19 (2019)</b>				
Sampled By: <b>R. Perez</b>		Special Instructions:				
Turn Around Time: <input checked="" type="checkbox"/> STANDARD <input type="checkbox"/> RUSH		<input type="checkbox"/> ADaPT <input type="checkbox"/> EQUIS <input type="checkbox"/> Other				
AEL Profile #:						

SAMPLE ID	SAMPLE DESCRIPTION	Grab Comp	SAMPLING		MATRIX	NO. COUNT	Preservation	Field-Filtered?				
			DATE	TIME								
L.C # 1	4273 NW 88 Ave # 206	G	8/24/19	0918	DW	1			2.8	8.9		
L.C # 2	4124 NW 88 Ave # 102	G		1000	DW	1			2.7	8.8		
L.C # 4	4149 NE 88 Ave # 205	G		0948	DW	1			2.7	8.6		
L.C.# 5	8348 NW 44 ST	G		1020	DW	1			2.5	8.5		
L.C.# 6	4344 NW 88 Terr	G		1030	DW	1			2.6	8.9		
L.C # 7	9211 NW 42 CT	G		1000	DW	1			2.5	9.0		
L.C # 8	4133 NW 90 Terr	G		1012	DW	1			2.1	9.0		
L.C # 9	4427 NW 82 Ave	G		1045	DW	1			2.3	8.8		
L.C # 10	9147 Wiles Rd	G		1030	DW	1			2.2	8.8		
L.C # 12	9180 wiles Rd	G		1050	DW	1			2.3	8.9		

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)

Received on Ice  Yes  No  Temp taken from sample  Temp from blank  Where required, pH checked Temp. when received (observed) **11.0**

DCN: AD-051 Form last revised 02/12/2019 Device used for measuring Temp by unique identifier (circle IR temp gun used) J: 9A G: LT-1

Relinquished by:	Date	Time	Received by:	Date	Time
<b>R. Perez</b>	<b>8/27/19</b>	<b>12:04</b>	<b>[Signature]</b>	<b>8/27/19</b>	<b>12:54</b>

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

Contact Person: \_\_\_\_\_  
 Supplier of Water: \_\_\_\_\_  
 Site-Address: \_\_\_\_\_



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 **Fort Myers:** 13100 Westlinka Terrace, Ste. 10, FL 33913 • 239.674.8130 • Fax 239.674.8128 Lab ID: EB4492  
 **Jacksonville:** 6881 Southpoint Pkwy., FL 32216 • 904.363.9350 • Fax 904.363.9354 Lab ID: EB2574  
 **Tallahassee:** 2639 North Monroe St., Suite D, FL 32303 • 850.219.6274 • Fax 850.219.6275 Lab ID: EB11095

119042

**Gainesville:** 4865 SW  
 **Miramar:** 10200 USA T  
 **Tampa:** 9810 Princess I

Client Name: <b>Royal Water Works</b>		Project Name: <b>Lead, Loopen 2019</b>		BOTTLE SIZE & TYPE	ANALYSIS REQUIRED	CL <sub>2</sub> PH
Address: <b>8900 NW 44 CT</b>		Project Number:				
<b>Conal Springs FL 33065</b>		PO Number:				
Phone: <b>954-651-2311</b>		FDEP Facility No: <b>PWS ID # 4061517</b>				
FAX:		FDEP Facility Address:				
Contact:		<b>8/27/19 L.C. (2019)</b>				
Sampled By: <b>R. Perez</b>		Special Instructions:				
Turn Around Time: <input type="checkbox"/> STANDARD <input type="checkbox"/> RUSH		<input type="checkbox"/> ADApT <input type="checkbox"/> EQUIS <input type="checkbox"/> Other				
AEL Profile #:						

SAMPLE ID	SAMPLE DESCRIPTION	Grab Comp	SAMPLING		MATRIX	NO. COUNT	Preservation	
			DATE	TIME			Field-Filtered?	
L.C.# 10	9132 Wiles Rd	G	8/27/19	0943	DW	1	2.5	8.6
L.C.# 13	9100 Wiles Rd	G		0630	DW	1	2.5	8.6
L.C.# 14	8160 Wiles Rd	G		0845	DW	1	2.1	8.8
L.C.# 15	8188 Wiles Rd	G		0815	DW	1	2.3	8.5
L.C.# 16	9130 Wiles Rd	G		0943	DW	1	2.2	8.5
L.C.# 17	8222 Wiles Rd	G		0809	DW	1	2.3	8.6
L.C.# 19	9158 Wiles Rd	G		0720	DW	1	2.2	8.7

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)

Received on Ice  Yes  No  Temp taken from sample  Temp from blank  Where required, pH checked Temp. when received (observed) 11.0

DCN: AD-051 Form last revised 02/12/2019 Device used for measuring Temp by unique identifier (circle IR temp gun used) J: 9A G: LT-1

	Relinquished by:	Date	Time	Received by:	Date	Time
1	<b>R. Perez</b>	<b>8/27/19</b>	<b>12:04</b>	<b>[Signature]</b>	<b>8/27/19</b>	<b>12:54</b>
2						
3						
4						

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

Contact Person: \_\_\_\_\_  
 Supplier of Water: \_\_\_\_\_  
 Site-Address: \_\_\_\_\_



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 **Fort Myers:** 13100 Westlinks Terrace, Ste. 10, FL 33913 • 239.674.8130 • Fax 239.674.8128 Lab ID: E84492  
 **Jacksonville:** 6861 Southpoint Pkwy., FL 32216 • 904.363.9350 • Fax 904.363.9354 Lab ID: E82674  
 **Tallahassee:** 2639 North Monroe St., Suite D, FL 32303 • 850.219.6274 • Fax 850.219.6275 Lab ID: E811095

M1904

**Gainesville:** 4965 SW  
 **Miramar:** 10200 USA  
 **Tampa:** 9810 Princess

Client Name: <b>Royal Waterworks</b>		Project Name: <b>Lead, Copper 2019</b>		BOTTLE SIZE & TYPE					
Address: <b>8900 NW 44 CT</b>		Project Number:							
Phone: <b>954-651-2311</b>		FDEP Facility No: <b>PWS ID # 4061517</b>		ANALYSIS REQUIRED					
FAX:		FDEP Facility Address:							
Contact:		<b>8/24/19</b>		CL <sub>2</sub> PH					
Sampled By: <b>R. Perez</b>		Special Instructions:							
Turn Around Time: <input type="checkbox"/> STANDARD <input type="checkbox"/> RUSH		<input type="checkbox"/> ADaPT <input type="checkbox"/> EQUIS <input type="checkbox"/> Other		Preservation					
AEL Profile #:									

SAMPLE ID	SAMPLE DESCRIPTION	Grab Comp	SAMPLING		MATRIX	NO. COUNT	Field-Filtered?				
			DATE	TIME							
L.C.# 20	4125 NW 88 Ave #107	G	8/24/19	1115	DW	1		2.6	8.8		
L.C.# 21	4269 NW 88 Ave #204	G	↓	1043	DW	1		2.4	8.8		
4.C.# 23	4222 NW 88 Ave #103	G	↓	1100	DW	1		2.2	8.9		

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)

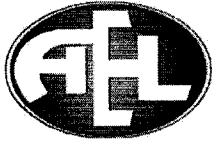
Received on Ice  Yes  No  Temp taken from sample  Temp from blank  Where required, pH checked Temp. when received (observed) **11.0**

DCN: AD-051 Form last revised 02/12/2019 Device used for measuring Temp by unique identifier (circle IR temp gun used) J: 9A G: LT-1

	Relinquished by:	Date	Time	Received by:	Date	Time
1	<b>R. Perez</b>	<b>8/27/19</b>	<b>12:54</b>	<b>[Signature]</b>	<b>8/27/19</b>	<b>12:51</b>
2						
3						
4						

**FOR DRINKING WATER USE**  
(When PWS Information not otherwise supplied)  
 Contact Person: \_\_\_\_\_  
 Supplier of Water: \_\_\_\_\_  
 Site-Address: \_\_\_\_\_





Advanced  
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Advanced Environmental Laboratories, Inc  
10200 USA Today Way Miramar, FL 33025  
Payments: P.O. Box 551580 Jacksonville, FL 32255-1580  
Phone: (954)889-2288  
Fax: (954)889-2281

September 9, 2019

Melisa Rotteveel  
US Water Services  
4939 Cross Bayou Blvd  
New Port Richey, FL 34654

RE: Workorder: M1904286 WQP

Dear Melisa Rotteveel:

Enclosed are the analytical results for sample(s) received by the laboratory on Tuesday, August 27, 2019. Results reported herein conform to the most current NELAC standards, where applicable, unless otherwise narrated in the body of the report. The analytical results for the samples contained in this report were submitted for analysis as outlined by the Chain of Custody and results pertain only to these samples.

If you have any questions concerning this report, please feel free to contact me.

Sincerely,

Tiffany Mackle - Client Services Manager  
TMackle@AELLab.com

Enclosures

Report ID: 900637 - 1338161

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**SAMPLE SUMMARY**

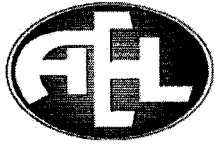
Workorder: M1904286 WQP

Lab ID	Sample ID	Matrix	Date Collected	Date Received
M1904286001	01-SP.4 Ramblewood E	Drinking Water	8/27/2019 07:30	8/27/2019 12:54
M1904286002	26-SP.5 4162 NW 88 Ave	Drinking Water	8/27/2019 08:00	8/27/2019 12:54
M1904286003	09-SP 6 4133 NW 90 Terr	Drinking Water	8/27/2019 08:30	8/27/2019 12:54
M1904286004	10-SP 7 4427 NW 82 Ave	Drinking Water	8/27/2019 09:30	8/27/2019 12:54
M1904286005	14-SP 8 9100 Wiles Rd	Drinking Water	8/27/2019 10:08	8/27/2019 12:54
M1904286006	20-SP 9 8200 Wiles Rd	Drinking Water	8/27/2019 10:40	8/27/2019 12:54
M1904286007	Sp10 4099 NW 81 Terr	Drinking Water	8/27/2019 11:00	8/27/2019 12:54
M1904286008	POE 8900 NW 44 Ct (POE)	Drinking Water	8/27/2019 11:15	8/27/2019 12:54

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**ANALYTICAL RESULTS**

Workorder: M1904286 WQP

Lab ID: M1904286001 Date Received: 08/27/19 12:54 Matrix: Drinking Water  
Sample ID: 01-SP.4 Ramblewood E Date Collected: 08/27/19 07:30

Sample Description: Location: 3700-3

Parameters	Results	Qual	Units	DF	Adjusted PQL	Adjusted MDL	Analyzed	Lab
<b>METALS</b>								
Analysis Desc: E200.7 Analysis,Drinking Water (w/Prep)		Analytical Method: EPA 200.7						
Calcium	23		mg/L	1	0.20	0.10	9/6/2019 13:26	M
Magnesium	2.0		mg/L	1	0.20	0.046	9/6/2019 13:26	M
<b>WET CHEMISTRY</b>								
Analysis Desc: Alkalinity,SM2320B,Water		Analytical Method: SM 2320B						
Alkalinity, Total	28		mg/L	1	20	5.0	8/29/2019 15:58	T
Analysis Desc: Conductivity,SM2510B,Water		Analytical Method: SM 2510 B						
Conductivity	310		umhos/cm @ 25.0°C	1	2.0	2.0	9/3/2019 15:10	M

Lab ID: M1904286002 Date Received: 08/27/19 12:54 Matrix: Drinking Water  
Sample ID: 26-SP.5 4162 NW 88 Ave Date Collected: 08/27/19 08:00

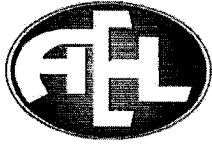
Sample Description: Location: 3700-3

Parameters	Results	Qual	Units	DF	Adjusted PQL	Adjusted MDL	Analyzed	Lab
<b>METALS</b>								
Analysis Desc: E200.7 Analysis,Drinking Water (w/Prep)		Analytical Method: EPA 200.7						
Calcium	23		mg/L	1	0.20	0.10	9/6/2019 13:29	M
Magnesium	2.0		mg/L	1	0.20	0.046	9/6/2019 13:29	M
<b>WET CHEMISTRY</b>								
Analysis Desc: Alkalinity,SM2320B,Water		Analytical Method: SM 2320B						
Alkalinity, Total	28		mg/L	1	20	5.0	8/29/2019 16:04	T
Analysis Desc: Conductivity,SM2510B,Water		Analytical Method: SM 2510 B						
Conductivity	320		umhos/cm @ 25.0°C	1	2.0	2.0	9/3/2019 15:10	M

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**ANALYTICAL RESULTS**

Workorder: M1904286 WQP

Lab ID: M1904286003 Date Received: 08/27/19 12:54 Matrix: Drinking Water  
Sample ID: 09-SP 6 4133 NW 90 Terr Date Collected: 08/27/19 08:30

Sample Description: Location: 3700-3

Parameters	Results	Qual	Units	DF	Adjusted PQL	Adjusted MDL	Analyzed	Lab
<b>METALS</b>								
Analysis Desc: E200.7 Analysis, Drinking Water (w/Prep)			Analytical Method: EPA 200.7					
Calcium	23		mg/L	1	0.20	0.10	9/6/2019 13:33	M
Magnesium	2.0		mg/L	1	0.20	0.046	9/6/2019 13:33	M
<b>WET CHEMISTRY</b>								
Analysis Desc: Alkalinity, SM2320B, Water			Analytical Method: SM 2320B					
Alkalinity, Total	27		mg/L	1	20	5.0	8/29/2019 16:10	T
Analysis Desc: Conductivity, SM2510B, Water			Analytical Method: SM 2510 B					
Conductivity	310		umhos/cm @ 25.0°C	1	2.0	2.0	9/3/2019 15:10	M

Lab ID: M1904286004 Date Received: 08/27/19 12:54 Matrix: Drinking Water  
Sample ID: 10-SP 7 4427 NW 82 Ave Date Collected: 08/27/19 09:30

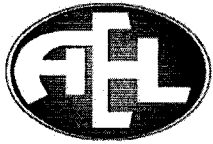
Sample Description: Location: 3700-3

Parameters	Results	Qual	Units	DF	Adjusted PQL	Adjusted MDL	Analyzed	Lab
<b>METALS</b>								
Analysis Desc: E200.7 Analysis, Drinking Water (w/Prep)			Analytical Method: EPA 200.7					
Calcium	40		mg/L	1	0.20	0.10	9/6/2019 13:37	M
Magnesium	3.1		mg/L	1	0.20	0.046	9/6/2019 13:37	M
<b>WET CHEMISTRY</b>								
Analysis Desc: Alkalinity, SM2320B, Water			Analytical Method: SM 2320B					
Alkalinity, Total	83		mg/L	1	20	5.0	8/29/2019 16:15	T
Analysis Desc: Conductivity, SM2510B, Water			Analytical Method: SM 2510 B					
Conductivity	400		umhos/cm @ 25.0°C	1	2.0	2.0	9/3/2019 15:10	M

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### ANALYTICAL RESULTS

Workorder: M1904286 WQP

Lab ID: **M1904286005** Date Received: 08/27/19 12:54 Matrix: Drinking Water  
Sample ID: **14-SP 8 9100 Wiles Rd** Date Collected: 08/27/19 10:08

Sample Description: Location: 3700-3

Parameters	Results	Qual	Units	DF	Adjusted PQL	Adjusted MDL	Analyzed	Lab
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**METALS**

Analysis Desc: E200.7 Analysis,Drinking Water (w/Prep) Analytical Method: EPA 200.7

Calcium	41		mg/L	1	0.20	0.10	9/6/2019 13:40	M
Magnesium	3.2		mg/L	1	0.20	0.046	9/6/2019 13:40	M

**WET CHEMISTRY**

Analysis Desc: Alkalinity,SM2320B,Water Analytical Method: SM 2320B

Alkalinity, Total	84		mg/L	1	20	5.0	8/29/2019 16:20	T
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Analysis Desc: Conductivity,SM2510B,Water Analytical Method: SM 2510 B

Conductivity	410		umhos/cm @ 25.0°C	1	2.0	2.0	9/3/2019 15:10	M
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Lab ID: **M1904286006** Date Received: 08/27/19 12:54 Matrix: Drinking Water  
Sample ID: **20-SP 9 8200 Wiles Rd** Date Collected: 08/27/19 10:40

Sample Description: Location: 3700-3

Parameters	Results	Qual	Units	DF	Adjusted PQL	Adjusted MDL	Analyzed	Lab
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**METALS**

Analysis Desc: E200.7 Analysis,Drinking Water (w/Prep) Analytical Method: EPA 200.7

Calcium	40		mg/L	1	0.20	0.10	9/6/2019 13:44	M
Magnesium	3.1		mg/L	1	0.20	0.046	9/6/2019 13:44	M

**WET CHEMISTRY**

Analysis Desc: Alkalinity,SM2320B,Water Analytical Method: SM 2320B

Alkalinity, Total	83		mg/L	1	20	5.0	8/29/2019 16:25	T
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Analysis Desc: Conductivity,SM2510B,Water Analytical Method: SM 2510 B

Conductivity	410		umhos/cm @ 25.0°C	1	2.0	2.0	9/3/2019 15:10	M
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Report ID: 900637 - 1338161

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**ANALYTICAL RESULTS**

Workorder: M1904286 WQP

Lab ID: M1904286007 Date Received: 08/27/19 12:54 Matrix: Drinking Water  
Sample ID: Sp10 4099 NW 81 Terr Date Collected: 08/27/19 11:00

Sample Description: Location: 3700-3

Parameters	Results	Qual	Units	DF	Adjusted PQL	Adjusted MDL	Analyzed	Lab
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**METALS**

Analysis Desc: E200.7 Analysis, Drinking Water (w/Prep) Analytical Method: EPA 200.7

Calcium	41		mg/L	1	0.20	0.10	9/6/2019 13:48	M
Magnesium	3.2		mg/L	1	0.20	0.046	9/6/2019 13:48	M

**WET CHEMISTRY**

Analysis Desc: Alkalinity, SM2320B, Water Analytical Method: SM 2320B

Alkalinity, Total	84		mg/L	1	20	5.0	8/29/2019 16:30	T
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Analysis Desc: Conductivity, SM2510B, Water Analytical Method: SM 2510 B

Conductivity	410		umhos/cm @ 25.0°C	1	2.0	2.0	9/3/2019 15:10	M
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Lab ID: M1904286008 Date Received: 08/27/19 12:54 Matrix: Drinking Water  
Sample ID: POE 8900 NW 44 Ct (POE) Date Collected: 08/27/19 11:15

Sample Description: Location: 3700-3

Parameters	Results	Qual	Units	DF	Adjusted PQL	Adjusted MDL	Analyzed	Lab
------------	---------	------	-------	----	--------------	--------------	----------	-----

**METALS**

Analysis Desc: E200.7 Analysis, Drinking Water (w/Prep) Analytical Method: EPA 200.7

Calcium	22		mg/L	1	0.20	0.10	9/6/2019 13:51	M
Magnesium	1.9		mg/L	1	0.20	0.046	9/6/2019 13:51	M

**WET CHEMISTRY**

Analysis Desc: Alkalinity, SM2320B, Water Analytical Method: SM 2320B

Alkalinity, Total	27		mg/L	1	20	5.0	8/29/2019 16:45	T
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Analysis Desc: Conductivity, SM2510B, Water Analytical Method: SM 2510 B

Conductivity	320		umhos/cm @ 25.0°C	1	2.0	2.0	9/3/2019 15:10	M
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- Fort Myers:** 13100 Westline Terrace, Ste. 20, FL 33913 • 239.674.6130 • Fax 239.674.8128 Lab ID: EB4492
- Jacksonville:** 6681 Southpoint Pkwy., FL 32216 • 904.363.8350 • Fax 904.363.0354 Lab ID: EB2574
- Tallahassee:** 2630 North Monroe St., Suite C, FL 32303 • 850.219.6274 • Fax 850.219.6276 Lab ID: EB11066



Client Name: <b>Royal Water Works</b>	Project Name: <b>WQP'S</b>	<b>BOTTLE SIZE &amp; TYPE</b>							
Address: <b>8900 44 CT</b>	Project Number:								
<b>Coral Springs FL 33065</b>	PO Number:								
Phone: <b>954-651-2311</b>	FDEP Facility No: <b>PWS ID #4061517</b>								
FAX:	FDEP Facility Address:								
Contact:	<b>8/27/19</b>								
Sampled By: <b>R. Perez</b>	Special Instructions: <b>L.C. / WQP 2019</b>	<b>ANALYSIS REQUIRED</b>	<b>CL2</b>	<b>PH</b>	<b>Temp</b>				
Turn Around Time: <input checked="" type="checkbox"/> STANDARD <input type="checkbox"/> RUSH	<input type="checkbox"/> ADaPT <input type="checkbox"/> EQUIS <input type="checkbox"/> Other								
AEL Profile #:									

SAMPLE ID	SAMPLE DESCRIPTION	Grab Comp	SAMPLING		MATRIX	NO. COUNT	Preservation	Field Filtered							
			DATE	TIME											
01-SP.4	Ramblewood E.	G	8/27/19	0730	DW	3			2.3	8.7	27.1				
26-SP.5	4162 NW 88 Ave	G		0800	OW	3			2.3	8.6	27.2				
09-SP.6	4133 NW 90 Terr	G		0830	OW	3			2.4	8.5	26.1				
10-SP.7	4427 NW 82 Ave	G		0930	OW	3			2.4	8.5	27.3				
14-SP.8	9100 Wiles Rd	G		1008	OW	3			2.2	8.7	26.4				
20-SP.9	8200 Wiles Rd	G		1040	OW	3			2.5	8.6	26.1				
SP.10	4099 NW 81 Terr	G	✓	1100	OW	3			2.1	8.5	26.2				
POE	8900 NW 44 CT (POE)	G	✓	1115	DW	3			2.7	8.8	28.3				

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)

Received on Ice  Yes  No  Temp taken from sample  Temp from blank  Where required, pH checked Temp. when received (observed) **10.1** °C Temp. 1

DCN: AD-051 Form last revised 02/12/2018 Device used for measuring Temp by unique identifier (circle IR temp gun used) J: 9A G: LT-1 LT-2 T: 1

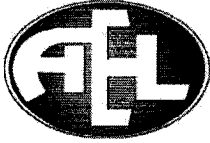
	Relinquished by:	Date	Time	Received by:	Date	Time
1	<b>R. Perez</b>	<b>8/27/19</b>	<b>12:54</b>	<b>(Signature)</b>	<b>8/27/19</b>	<b>12:54</b>
2						
3						
4						

**FOR DRINKING WATER USE:**  
(When PWS information not otherwise supplied) PWS ID: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Supplier of Water: \_\_\_\_\_

Site Address: \_\_\_\_\_



Advanced  
Environmental Laboratories, Inc.

Advanced Environmental Laboratories, Inc  
10200 USA Today Way Miramar, FL 33025  
Payments: P.O. Box 551580 Jacksonville, FL 32255-1580

Phone: (954)889-2288  
Fax: (954)889-2281

## ANALYTICAL RESULTS QUALIFIERS

Workorder: M1904286 WQP

---

### PARAMETER QUALIFIERS

- U The compound was analyzed for but not detected.
- I The reported value is between the laboratory method detection limit and the laboratory practical quantitation limit.

### LAB QUALIFIERS

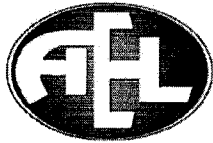
- M DOH Certification #E82535(AEL-M)(FL NELAC Certification)
- T DOH Certification #E84589(AEL-T)(FL NELAC Certification)

### CERTIFICATE OF ANALYSIS

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**QUALITY CONTROL DATA**

Workorder: M1904286 WQP

QC Batch: WCAV13220 Analysis Method: SM 2320B  
QC Batch Method: SM 2320B Prepared:  
Associated Lab Samples: M1904286001, M1904286002, M1904286003, M1904286004, M1904286005, M1904286006, M1904286007,

METHOD BLANK: 3205518

Parameter	Units	Blank Result	Reporting Limit Qualifiers
<b>WET CHEMISTRY</b>			
Alkalinity, Total	mg/L	5.0	5.0 U

METHOD BLANK: 3205522

Parameter	Units	Blank Result	Reporting Limit Qualifiers
<b>WET CHEMISTRY</b>			
Alkalinity, Total	mg/L	5.0	5.0 U

QC Batch: WCAm/6827 Analysis Method: SM 2510 B  
QC Batch Method: SM 2510 B Prepared:  
Associated Lab Samples: M1904286001, M1904286002, M1904286003, M1904286004, M1904286005, M1904286006, M1904286007,

METHOD BLANK: 3209008

Parameter	Units	Blank Result	Reporting Limit Qualifiers
<b>WET CHEMISTRY</b>			
Conductivity	umhos/c	2.0	2.0 U

QC Batch: ICPm/2614 Analysis Method: EPA 200.7  
QC Batch Method: EPA 200.7 Prepared:  
Associated Lab Samples: M1904286001, M1904286002, M1904286003, M1904286004, M1904286005, M1904286006, M1904286007,

METHOD BLANK: 3212959

Parameter	Units	Blank Result	Reporting Limit Qualifiers
<b>METALS</b>			
Calcium	mg/L	0.10	0.10 U
Magnesium	mg/L	0.046	0.046 U

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**QUALITY CONTROL DATA CROSS REFERENCE TABLE**

Workorder: M1904286 WQP

Lab ID	Sample ID	Prep Method	Prep Batch	Analysis Method	Analysis Batch
M1904286001	01-SP,4 Ramblewood E			SM 2320B	WCA#13220
M1904286002	26-SP,5 4162 NW 88 Ave			SM 2320B	WCA#13220
M1904286003	09-SP 6 4133 NW 90 Terr			SM 2320B	WCA#13220
M1904286004	10-SP 7 4427 NW 82 Ave			SM 2320B	WCA#13220
M1904286005	14-SP 8 9100 Wiles Rd			SM 2320B	WCA#13220
M1904286006	20-SP 9 8200 Wiles Rd			SM 2320B	WCA#13220
M1904286007	Sp10 4099 NW 81 Terr			SM 2320B	WCA#13220
M1904286008	POE 8900 NW 44 Ct (POE)			SM 2320B	WCA#13220
M1904286001	01-SP,4 Ramblewood E			SM 2510 B	WCAm/6827
M1904286002	26-SP,5 4162 NW 88 Ave			SM 2510 B	WCAm/6827
M1904286003	09-SP 6 4133 NW 90 Terr			SM 2510 B	WCAm/6827
M1904286004	10-SP 7 4427 NW 82 Ave			SM 2510 B	WCAm/6827
M1904286005	14-SP 8 9100 Wiles Rd			SM 2510 B	WCAm/6827
M1904286006	20-SP 9 8200 Wiles Rd			SM 2510 B	WCAm/6827
M1904286007	Sp10 4099 NW 81 Terr			SM 2510 B	WCAm/6827
M1904286008	POE 8900 NW 44 Ct (POE)			SM 2510 B	WCAm/6827
M1904286001	01-SP,4 Ramblewood E			EPA 200.7	ICPm/2614
M1904286002	26-SP,5 4162 NW 88 Ave			EPA 200.7	ICPm/2614
M1904286003	09-SP 6 4133 NW 90 Terr			EPA 200.7	ICPm/2614
M1904286004	10-SP 7 4427 NW 82 Ave			EPA 200.7	ICPm/2614
M1904286005	14-SP 8 9100 Wiles Rd			EPA 200.7	ICPm/2614
M1904286006	20-SP 9 8200 Wiles Rd			EPA 200.7	ICPm/2614
M1904286007	Sp10 4099 NW 81 Terr			EPA 200.7	ICPm/2614
M1904286008	POE 8900 NW 44 Ct (POE)			EPA 200.7	ICPm/2614

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# PWS CERTIFICATION OF NOTIFICATION OF LEAD AND COPPER TAP SAMPLE RESULTS

INSTRUCTIONS: This form shall be completed and submitted by community or non-transient non-community water systems that take lead and copper tap samples in accordance with 40 CFR 141.86 (2009). Such systems shall, no later than 30 days after receiving each individual sample, provide notice of the individual tap results to the persons served by the water system at the specific sampling site(s) from which the sample(s) were taken, as required by 40 CFR 141.85(d) (2009). NO LATER THAN THREE MONTHS FOLLOWING THE END OF THE MONITORING, such systems shall also mail a sample copy of the consumers notification of tap results with this form, completed, to the appropriate Department of Environmental Protection District Office or Approved County Health Department. For systems that are on a reduced lead and copper monitoring period, the end of the lead and copper monitoring period is September 30<sup>th</sup> of the calendar year in which the sampling occurred. All information provided on this form shall be typed or printed in ink.

## I. General Information

Public Water System (PWS) Name Royal Utility		
PWS Identification Number: 406-1517	PWS Type: <input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community
PWS Size: <input checked="" type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large		
PWS Owner: Royal Waterworks		
Contact Person: Melisa Rotteveel	Contact Person's Title: Compliance Manager	
Contact Person's Mailing Address: 4939 Cross Bayou Blvd		
City: New Port Richey	State: FL	Zip Code: 34652
Contact Person's Telephone Number: 866-753-8292	Contact Person's Fax Number: 727-849-4219	
Contact Person's E-Mail Address: mrotteveel@uswatercorp.net		
Date of the end of the Lead and Copper Monitoring Period: June-September 2019		

## II. Certification\*

### A. Certification by a Community Water System (CWS)

The CWS identified in Part I of this form had one or more lead and copper tap sample results for lead or for copper during the following monitoring period: June-September 2019

I am duly authorized to sign this form on behalf of the CWS. I certify that, no later than 30 days after the CWS received each individual lead and copper tap sample result during this monitoring period, the CWS notified each customer by mail, as required by 40 CFR 141.85(d) of the sample result.

Melisa Rotteveel Melisa Rotteveel Compliance Manager  
 Signature and Date 9/17/19 Printed or Typed Name Title

### B. Certification by a Non-Transient Non-Community Water System (or a Community Water System Serving a Facility Where the Population Served Is Prevented from Making Plumbing Improvements and Is Not Separately Charged for Water Consumption)

The PWS identified in Part I of this form had one or more lead and copper tap sample results for lead or for copper during the following monitoring period: \_\_\_\_\_

I am duly authorized to sign this form on behalf of the PWS. I certify that, no later than 30 days after the PWS received each individual lead and copper tap sample result during this monitoring period, the PWS provided notice to consumers at sample taps tested, as required by 40 CFR 141.85(d). If the system posted the sample results in a public place or common area in the building(s) where the samples were taken, then check the box below.

The PWS posted the sample results in a public place or common area in the building(s) where the samples were taken, as required by 40 CFR 141.85(d).

\_\_\_\_\_  
 Signature and Date Printed or Typed Name Title

\* A community water system (CWS) shall complete the certification in Part II.A of this form unless the CWS is serving a facility (such as a prison or hospital) where the population served is prevented from making plumbing improvements and is not separately charged for water consumption, in which case the CWS may use the certification in Part II.B of this form. A non-transient non-community water system shall complete the certification in Part II.B of this form.

# U.S. Water<sup>®</sup>

## Services Corporation

Water and Wastewater Utility Operations, Maintenance, Engineering, Management, Construction

September 17, 2019

Resident  
4124 NW 88<sup>th</sup> Avenue #102  
Coral Springs, FL 33067

Re: Lead and Copper sample results

Dear Resident,

Royal Waterworks appreciates your participation in the lead tap monitoring program. A lead level of 6.2 ppb (parts per billion) and the copper level of 180.0 ppb (parts per billion) was reported for the sample collected on August 24, 2019 at your location, 4124 NW 88<sup>th</sup> Avenue #102.

Your result, as well as the 90th percentile value for our water system, is below the lead action level of 15 ppb (parts per billion) and below the copper action level of 1300 ppb (parts per billion).

### What Does This Mean?

Under the authority of the Safe Drinking Water Act, the U.S. Environmental Protection Agency (EPA) set the action level for lead in drinking water at 15 ppb. This means utilities must ensure that water from the customer's tap does not exceed this level in at least 90 percent of the homes sampled (90th percentile value). The action level is *the concentration of a contaminant which, if exceeded, triggers treatment or other requirements which a water system must follow*. If water from the tap does exceed this limit, then the utility must take certain steps to correct the problem. Because lead may pose serious health risks, the EPA set a Maximum Contaminant Level Goal (MCLG) of zero for lead. The MCLG is *the level of a contaminant in drinking water below which there is no known or expected risk to health. MCLGs allow for a margin of safety*.

### What Are The Health Effects of Lead?

Lead can cause serious health problems if too much enters your body from drinking water or other sources. It can cause damage to the brain and kidneys, and can interfere with the production of red blood cells that carry oxygen to all parts of your body. The greatest risk of lead exposure is to infants, young children, and pregnant women. Scientists have linked the effects of lead on the brain with lowered IQ in children. Adults with kidney problems and high blood pressure can be affected by low levels of lead more than healthy adults. Lead is stored in the bones, and it can be released later in life. During pregnancy, the child receives lead from the mother's bones, which may affect brain development.

4939 Cross Bayou Boulevard \* New Port Richey \* Florida \* 34652  
Tel: 727-848-8292 Fax: 727-848-7701 Toll Free: 866-753-8292

**What Are The Sources of Lead?**

The primary sources of lead exposure for most children are deteriorating lead-based paint, lead-contaminated dust, and lead-contaminated residential soil. Lead is found in some toys, some playground equipment, some children's metal jewelry, and some traditional pottery. Exposure to lead is a significant health concern, especially for young children and infants whose growing bodies tend to absorb more lead than the average adult. Although your home's drinking water lead levels were below the action level, if you are concerned about lead exposure, parents should ask their health care providers about testing children for high levels of lead in the blood.

**What Can I Do To Reduce Exposure to Lead in Drinking Water?**

Although your test results were below EPA's action level, you may still want to take the following recommended steps to further reduce your exposure.

- **Run your water to flush out lead.** If water hasn't been used for several hours, run water for 15-30 seconds to flush lead from interior plumbing or until it becomes cold or reaches a steady temperature before using it for drinking or cooking.
- **Use cold water for cooking and preparing baby formula.**
- **Do not boil water to remove lead.**
- **Look for alternative sources or treatment of water (such as bottled water or water filters).**
- **Re-test your water for lead periodically.**
- **Identify and replace plumbing fixtures containing lead.**

**For More Information**

For more information on reducing lead exposure around your home and the health effects of lead, visit EPA's Web site at [www.epa.gov/lead](http://www.epa.gov/lead), call the National Lead Information Center at 800-424-LEAD, or contact your health care provider. If you have any additional questions or concerns, please contact me at 866-753-8292.

Sincerely,

  
Melisa Rotteveel  
Compliance Manager



Water and Wastewater Utility Operations, Maintenance, Engineering, Management

August 22, 2019

## **PRECAUTIONARY BOIL WATER NOTICE**

To: Royal Waterworks  
PWS ID # 406-1517

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Water Service will be shutting down on **Thursday, August 22, 2019**, at **10:00 am**, while a water line is being repaired on the area. It is expected to have the water service back online by **3:00 pm**.

This Precautionary Boil Water Notice is a precaution until 2 consecutive days of test results are clear. We advise that all water used for drinking, cooking, making ice, washing dishes, or brushing teeth be boiled. A rolling boil of one minute is sufficient. As an alternative, **BOTTLED WATER MAY BE USED**.

This "Precautionary Boil Water Notice" will remain in effect until a bacteriological survey shows that the water is safe to drink, at which point the boil water notice will be rescinded. Testing normally takes two to three days to complete.

If you have any questions, please contact U.S. Water Services at (727) 848-8292.

4939 Cross Bayou Blvd., New Port Richey, Florida 34652

Ph: 727-848-8292 Fax: 727-849-4219 Toll Free: 866-753-8292



Water and Wastewater Utility Operations, Maintenance, Engineering, Management

November 23, 2019

## **PRECAUTIONARY BOIL WATER NOTICE**

To: Royal Waterworks  
PWS ID # 406-1517

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Due to work in the local area earlier today, a contractor inadvertently hit a water line causing a water line break and subsequent water outage to residents of Royal Waterworks. The repair is currently underway. Upon restoration of water service, we advise that all water used for drinking, cooking, making ice, washing dishes, or brushing teeth be boiled. A rolling boil of one minute is sufficient. As an alternative, **BOTTLED WATER MAY BE USED.**

This "Precautionary Boil Water Notice" will remain in effect until a bacteriological survey shows that the water is safe to drink, at which point the boil water notice will be rescinded. Testing normally takes two to three days to complete.

If you have any questions, please contact U.S. Water Services at (866) 753-8292 ext 244.

4939 Cross Bayou Blvd., New Port Richey, Florida 34652

Ph: 727-848-8292 Fax: 727-849-4219 Toll Free: 866-753-8292



Water and Wastewater Utility Operations, Maintenance, Engineering, Management

May 15, 2020

## PRECAUTIONARY BOIL WATER NOTICE

To: Royal Waterworks  
PWS ID # 406-1517

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Due to a watermain break and repair which occurred in front of the Ramblewood East Condominium Complex within Royal Water works this evening, water service was interrupted to the following locations:

Building 52	Building 53	Building 54	Building 55	
Building 56	Building 57	Building 58	Building 59	
Building 60	Building 61	Building 62	Building 63	
Building 64	Building 65	Building 66	Building 67	Building 68

The repair has been completed and water restored. We advise that all water used for drinking, cooking, making ice, washing dishes, or brushing teeth be boiled. A rolling boil of one minute is sufficient. As an alternative, BOTTLED WATER MAY BE USED.

This "Precautionary Boil Water Notice" will remain in effect until a bacteriological survey shows that the water is safe to drink, at which point the boil water notice will be rescinded. Testing normally takes two to three days to complete.

If you have any questions, please contact U.S. Water Services at (866) 753-8292 ext 411.

4939 Cross Bayou Blvd., New Port Richey, Florida 34652

Ph: 727-848-8292 Fax: 727-849-4219 Toll Free: 866-753-8292





**Water and Wastewater Utility Operations, Maintenance, Engineering, Management, Construction**

**Notice of Water Treatment Change For  
Royal Waterworks, PWS# 406-1517  
July 15, 2019 through July 29, 2019**

Beginning on July 15, 2019 and running through July 29, 2019, Royal Waterworks will temporarily be changing its method of chlorinating its water to comply with the recommendations of the Department of Environmental Protection. As a result, within the two-week period, you may notice a chlorine taste or odor in the tap water. Water main flushing will also take place during this period between the hours of 7 a.m. and 4 p.m. A Temporary discoloration of the water and a reduction in pressure as a result of flushing may occur.

These temporary conditions should not be harmful to your health. However, customers are cautioned to determine if the water is clear before washing clothes (or any other processing) as staining may occur. Customers are allow advised to set aside water for drinking and cooking purposes, and after flushing in your area to check the water clarity before use. If you experience discolored water, run the cold water in all your faucets for approximately 5-10 minutes. If conditions persist, please contact your water provider at the number listed below. Additionally, if you are on kidney dialysis, please consult your physician for any special instructions concerning this matter. If you have tropical fish or aquatic animals, please contact your local pet store for advice. Customers with inline filters may want to contact the equipment manufacturer for any precautions that may be required.

If you are especially sensitive to the taste and odor of chlorine, try keeping an open container of drinking water in your refrigerator. This will enable the chlorine to dissipate, thus reducing the chlorine taste. Remember, drinking water has a shelf life, Change out he water in your refrigerated container weekly.

The flushing program serves two important functions. First, it minimizes the build-up of mineral and other sediments, that over time can affect water quality and wate flows through the pipes. Secondly, it allows the Water department to verify the fire hydrants are working properly and available for fire protection.

We regret any inconvenience you may experience during this time, but this is necessary to maintain our quality water standards throughout our system. If you have any questions, please call: US Water Services at 866-753-8292.

**4939 Cross Bayou Boulevard \* New Port Richey \* Florida \* 34652  
Tel: 727-848-8292 Fax: 727-848-7701 Toll Free: 866-753-8292**