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MARTIN FRIEDMAN
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November 6, 2020
VIA E-FILING

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

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

Dear Mr. Teitzman:

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

Should you or Staff have any questions regarding this filing, please do not hesitate to give me a call.

Very truly yours,

/s/ Martin S. Friedman
MARTIN S. FRIEDMAN
For the Firm

MSF/

cc: Gary Rudkin (via email)
Patrick Flynn (via email)

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

PUBLIC WATER SYSTEM INFORMATION (to be completed by sampler – Please type or print legibly)

System Name: _____ PWS I.D.#:

6	5	1	1	4	2	3
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System Type (check one): Community Nontransient Noncommunity Transient Noncommunity

Address: _____

City: _____ ZIP Code: _____

Phone #: _____ Fax #: _____ E-Mail Address: _____

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: T2018297001 Sample Date: 10/01/2020 Sample Time: 08:40

AM

 PM (circle one)

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

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

Sample Type (Check Only One)

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

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

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

Sampling Procedure Used or Other Comments: _____

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

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

SAMPLER CERTIFICATION

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

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

Signature: _____ Date: _____

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

Sampler's E-Mail: _____

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

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

Lab Name: Advanced Environmental Laboratories, Inc Florida DOH Certification #: E84589 Certification Expiration Date: 06/30/2021

ATTACH CURRENT DOH ANALYTE *

Address: 9610 Princess Palm Ave Tampa, FL 33619 Payments: P.O. Box Phone #: (813)630-9616

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

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED *

ANALYSIS INFORMATION (to be completed by lab)

Date Sample(s) Received: 10/01/2020

PWS ID (From Page 1): 6511423 Sample Number (From Page 1): T2018297001 Lab Assigned Report # or Job T2018297

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

Inorganics

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

Synthetic Organics

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

Volatile Organics

- All 21
- Partial

Disinfection Byproducts

- Trihalomethanes
- Haloacetic Acids
- Chlorite
- Bromate

Radionuclides

- Single Sample
- Qtrly Composite**

Secondaries

- All 14
- Partial

LAB CERTIFICATION

I, Joseph J. Vondrick, Project Manager, do HEREBY CERTIFY
(Print Name) (Print Title)

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

Signature:  Date: 10/22/2020

* Failure to provide a valid and current Florida DOH lab certification number and a current Analyte Sheet for the attached analysis results will result in rejection of the report, possible enforcement against the public water system for failure to sample, and may result in notification of the DOH Bureau of Laboratory Services.

** Please provide radiological sample dates & locations for each quarter.

CONFIRMATION & NOTIFICATION IS REQUIRED WITHIN 24 HRS FOR NITRATE OR NITRITE MCL EXCEEDANCES

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

COMPLIANCE DETERMINATION (to be completed by DEP or DOH -- attach notes as necessary)

Sample Collection & Analysis Satisfactory: Yes No Replacement Sample or Report Requested: Yes No (circle or highlight group(s) above)

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

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

SECONDARY CONTAMINANTS

62-550.320

Report Number / Job ID: T2018297001

PWS ID (From Page 1): 6511423

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Certification #
1002	Aluminum	0.2	mg/L	0.020	U	EPA 200.7	0.020	10/13/2020	19:13	E82574
1017	Chloride	250	mg/L	30		EPA 300.0	2.0	10/08/2020	13:51	E84589
1022	Copper	1	mg/L	0.0017	I	EPA 200.8	0.0010	10/14/2020	16:39	E82574
1025	Fluoride	2.0	mg/L	0.40	U	EPA 300.0	0.40	10/08/2020	13:51	E84589
1028	Iron	0.3	mg/L	0.20	U	EPA 200.7	0.20	10/13/2020	19:13	E82574
1032	Manganese	0.05	mg/L	0.0017	I	EPA 200.8	0.0010	10/14/2020	16:39	E82574
1050	Silver	0.1	mg/L	0.00050	U	EPA 200.8	0.00050	10/14/2020	16:39	E82574
1055	Sulfate	250	mg/L	63		EPA 300.0	2.0	10/08/2020	13:51	E84589
1095	Zinc	5	mg/L	0.012	I	EPA 200.8	0.0060	10/14/2020	16:39	E82574
1905	Color	15	PCU	5.1		SM 2120 B	4.3	10/01/2020	17:45	E84589
1920	Odor	3	TON @ 40°C	1.0	U	SM 2150 B	1.0	10/01/2020	16:08	E84589
1930	Total Dissolved Solids	500	mg/L	310		SM 2540 C	10	10/02/2020	10:20	E84589
2905	Foaming Agents	0.5	mg/L	0.040	U	SM 5540 C	0.040	10/02/2020	09:20	E82001

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

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

PUBLIC WATER SYSTEM INFORMATION (to be completed by sampler – Please type or print legibly)

System Name: _____ PWS I.D.#:

6	5	1	1	4	2	3
---	---	---	---	---	---	---

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

Address: _____

City: _____ ZIP Code: _____

Phone #: _____ Fax #: _____ E-Mail Address: _____

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: T2018297002 Sample Date: 10/01/2020 Sample Time: 08:30

AM

 PM (circle one)

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

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

Sample Type (Check Only One)

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

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

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

Sampling Procedure Used or Other Comments: _____

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

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

SAMPLER CERTIFICATION

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

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

Signature: _____ Date: _____

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

Sampler's E-Mail: _____

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

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

Lab Name: Advanced Environmental Laboratories, Inc Florida DOH Certification #: E84589 Certification Expiration Date: 06/30/2021

ATTACH CURRENT DOH ANALYTE *

Address: 9610 Princess Palm Ave Tampa, FL 33619 Payments: P.O. Box Phone #: (813)630-9616

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

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED *

ANALYSIS INFORMATION (to be completed by lab)

Date Sample(s) Received: 10/01/2020

PWS ID (From Page 1): 6511423 Sample Number (From Page 1): T2018297002 Lab Assigned Report # or Job T2018297

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

Inorganics

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

Synthetic Organics

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

Volatile Organics

- All 21
- Partial

Disinfection Byproducts

- Trihalomethanes
- Haloacetic Acids
- Chlorite
- Bromate

Radionuclides

- Single Sample
- Qtrly Composite**

Secondaries

- All 14
- Partial

LAB CERTIFICATION

I, Joseph J. Vondrick, Project Manager, do HEREBY CERTIFY
(Print Name) (Print Title)

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

Signature:  Date: 10/22/2020

* Failure to provide a valid and current Florida DOH lab certification number and a current Analyte Sheet for the attached analysis results will result in rejection of the report, possible enforcement against the public water system for failure to sample, and may result in notification of the DOH Bureau of Laboratory Services.

** Please provide radiological sample dates & locations for each quarter.

CONFIRMATION & NOTIFICATION IS REQUIRED WITHIN 24 HRS FOR NITRATE OR NITRITE MCL EXCEEDANCES

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

COMPLIANCE DETERMINATION (to be completed by DEP or DOH -- attach notes as necessary)

Sample Collection & Analysis Satisfactory: Yes No Replacement Sample or Report Requested: Yes No (circle or highlight group(s) above)

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

Florida Department of Environmental Protection

Safe Drinking Water Program Laboratory Reporting Format

SECONDARY CONTAMINANTS

62-550.320

Report Number / Job ID: T2018297002

PWS ID (From Page 1): 6511423

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Certification #
1002	Aluminum	0.2	mg/L	0.020	U	EPA 200.7	0.020	10/13/2020	19:33	E82574
1017	Chloride	250	mg/L	31		EPA 300.0	2.0	10/08/2020	14:07	E84589
1022	Copper	1	mg/L	0.0037	I	EPA 200.8	0.0010	10/14/2020	16:44	E82574
1025	Fluoride	2.0	mg/L	0.40	U	EPA 300.0	0.40	10/08/2020	14:07	E84589
1028	Iron	0.3	mg/L	0.20	U	EPA 200.7	0.20	10/13/2020	19:33	E82574
1032	Manganese	0.05	mg/L	0.0027	I	EPA 200.8	0.0010	10/14/2020	16:44	E82574
1050	Silver	0.1	mg/L	0.00050	U	EPA 200.8	0.00050	10/14/2020	16:44	E82574
1055	Sulfate	250	mg/L	65		EPA 300.0	2.0	10/08/2020	14:07	E84589
1095	Zinc	5	mg/L	0.011	I	EPA 200.8	0.0060	10/14/2020	16:44	E82574
1905	Color	15	PCU	4.3	U	SM 2120 B	4.3	10/01/2020	17:45	E84589
1920	Odor	3	TON @ 40°C	1.0	U	SM 2150 B	1.0	10/01/2020	16:08	E84589
1930	Total Dissolved Solids	500	mg/L	290		SM 2540 C	10	10/02/2020	10:20	E84589
2905	Foaming Agents	0.5	mg/L	0.040	U	SM 5540 C	0.040	10/02/2020	09:20	E82001

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

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

PUBLIC WATER SYSTEM INFORMATION (to be completed by sampler – Please type or print legibly)

System Name: _____ PWS I.D.#:

6	5	1	1	4	2	3
---	---	---	---	---	---	---

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

Address: _____

City: _____ ZIP Code: _____

Phone #: _____ Fax #: _____ E-Mail Address: _____

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: T2018297003 Sample Date: 10/01/2020 Sample Time: 08:10

AM

 PM (circle one)

Sample Location (be specific): 11436 Golf 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
- Confirmation of MCL Exceedance *
- Composite of Multiple Sites **
- Other: _____
- Replacement (of Invalidated Sample)
- Special (not for compliance with 62-550)
- Clearance (permitting)

Sampling Procedure Used or Other Comments: _____

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

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

SAMPLER CERTIFICATION

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

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

Signature: _____ Date: _____

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

Sampler's E-Mail: _____

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

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

Lab Name: Advanced Environmental Laboratories, Inc Florida DOH Certification #: E84589 Certification Expiration Date: 06/30/2021

ATTACH CURRENT DOH ANALYTE *

Address: 9610 Princess Palm Ave Tampa, FL 33619 Payments: P.O. Box Phone #: (813)630-9616

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

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED *

ANALYSIS INFORMATION (to be completed by lab)

Date Sample(s) Received: 10/01/2020

PWS ID (From Page 1): 6511423 Sample Number (From Page 1): T2018297003 Lab Assigned Report # or Job T2018297

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

Inorganics

- All Except Asbestos
 Partial
 Nitrate
 Nitrite
 Asbestos Only

Synthetic Organics

- All 30
 All Except Dioxin
 Partial
 Dioxin Only

Volatile Organics

- All 21
 Partial

Disinfection Byproducts

- Trihalomethanes
 Haloacetic Acids
 Chlorite
 Bromate

Radionuclides

- Single Sample
 Qtrly Composite**

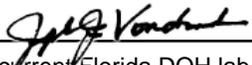
Secondaries

- All 14
 Partial

LAB CERTIFICATION

I, Joseph J. Vondrick, Project Manager, do HEREBY CERTIFY
(Print Name) (Print Title)

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

Signature:  Date: 10/22/2020

* Failure to provide a valid and current Florida DOH lab certification number and a current Analyte Sheet for the attached analysis results will result in rejection of the report, possible enforcement against the public water system for failure to sample, and may result in notification of the DOH Bureau of Laboratory Services.

** Please provide radiological sample dates & locations for each quarter.

CONFIRMATION & NOTIFICATION IS REQUIRED WITHIN 24 HRS FOR NITRATE OR NITRITE MCL EXCEEDANCES

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

COMPLIANCE DETERMINATION (to be completed by DEP or DOH -- attach notes as necessary)

Sample Collection & Analysis Satisfactory: Yes No Replacement Sample or Report Requested: Yes No (circle or highlight group(s) above)

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

Florida Department of Environmental Protection

Safe Drinking Water Program Laboratory Reporting Format

SECONDARY CONTAMINANTS

62-550.320

Report Number / Job ID: T2018297003

PWS ID (From Page 1): 6511423

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Certification #
1002	Aluminum	0.2	mg/L	0.020	U	EPA 200.7	0.020	10/13/2020	19:37	E82574
1017	Chloride	250	mg/L	31		EPA 300.0	2.0	10/08/2020	14:23	E84589
1022	Copper	1	mg/L	0.0027	I	EPA 200.8	0.0010	10/14/2020	16:49	E82574
1025	Fluoride	2.0	mg/L	0.40	U	EPA 300.0	0.40	10/08/2020	14:23	E84589
1028	Iron	0.3	mg/L	0.20	U	EPA 200.7	0.20	10/13/2020	19:37	E82574
1032	Manganese	0.05	mg/L	0.0046		EPA 200.8	0.0010	10/14/2020	16:49	E82574
1050	Silver	0.1	mg/L	0.00050	U	EPA 200.8	0.00050	10/14/2020	16:49	E82574
1055	Sulfate	250	mg/L	67		EPA 300.0	2.0	10/08/2020	14:23	E84589
1095	Zinc	5	mg/L	0.012	I	EPA 200.8	0.0060	10/14/2020	16:49	E82574
1905	Color	15	PCU	4.3	U	SM 2120 B	4.3	10/01/2020	17:45	E84589
1920	Odor	3	TON @ 40°C	1.0	U	SM 2150 B	1.0	10/01/2020	16:08	E84589
1930	Total Dissolved Solids	500	mg/L	300		SM 2540 C	10	10/02/2020	10:20	E84589
2905	Foaming Agents	0.5	mg/L	0.040	U	SM 5540 C	0.040	10/02/2020	09:20	E82001

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

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Lab Name: Advanced Environmental Laboratories, Inc Florida DOH Certification #: E84589 Certification Expiration Date: 06/30/2021

ATTACH CURRENT DOH ANALYTE *

Address: 9610 Princess Palm Ave Tampa, FL 33619 Payments: P.O. Box Phone #: (813)630-9616

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

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED *

ANALYSIS INFORMATION (to be completed by lab)

Date Sample(s) Received: 10/01/2020

PWS ID (From Page 1): 6511423 Sample Number (From Page 1): T2018297004 Lab Assigned Report # or Job T2018297

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

Inorganics

- All Except Asbestos
 Partial
 Nitrate
 Nitrite
 Asbestos Only

Synthetic Organics

- All 30
 All Except Dioxin
 Partial
 Dioxin Only

Volatile Organics

- All 21
 Partial

Disinfection Byproducts

- Trihalomethanes
 Haloacetic Acids
 Chlorite
 Bromate

Radionuclides

- Single Sample
 Qtrly Composite**

Secondaries

- All 14
 Partial

LAB CERTIFICATION

I, Joseph J. Vondrick, Project Manager, do HEREBY CERTIFY
(Print Name) (Print Title)

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

Signature:  Date: 10/22/2020

* Failure to provide a valid and current Florida DOH lab certification number and a current Analyte Sheet for the attached analysis results will result in rejection of the report, possible enforcement against the public water system for failure to sample, and may result in notification of the DOH Bureau of Laboratory Services.

** Please provide radiological sample dates & locations for each quarter.

CONFIRMATION & NOTIFICATION IS REQUIRED WITHIN 24 HRS FOR NITRATE OR NITRITE MCL EXCEEDANCES

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

COMPLIANCE DETERMINATION (to be completed by DEP or DOH -- attach notes as necessary)

Sample Collection & Analysis Satisfactory: Yes No Replacement Sample or Report Requested: Yes No (circle or highlight group(s) above)

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

Florida Department of Environmental Protection

Safe Drinking Water Program Laboratory Reporting Format

SECONDARY CONTAMINANTS

62-550.320

Report Number / Job ID: T2018297004

PWS ID (From Page 1): 6511423

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Certification #
1002	Aluminum	0.2	mg/L	0.020	U	EPA 200.7	0.020	10/13/2020	19:42	E82574
1017	Chloride	250	mg/L	31		EPA 300.0	2.0	10/09/2020	08:17	E84589
1022	Copper	1	mg/L	0.0051		EPA 200.8	0.0010	10/14/2020	16:54	E82574
1025	Fluoride	2.0	mg/L	0.40	U	EPA 300.0	0.40	10/09/2020	08:17	E84589
1028	Iron	0.3	mg/L	0.20	U	EPA 200.7	0.20	10/13/2020	19:42	E82574
1032	Manganese	0.05	mg/L	0.0048		EPA 200.8	0.0010	10/14/2020	16:54	E82574
1050	Silver	0.1	mg/L	0.00050	U	EPA 200.8	0.00050	10/14/2020	16:54	E82574
1055	Sulfate	250	mg/L	64		EPA 300.0	2.0	10/09/2020	08:17	E84589
1095	Zinc	5	mg/L	0.012	I	EPA 200.8	0.0060	10/14/2020	16:54	E82574
1905	Color	15	PCU	5.1		SM 2120 B	4.3	10/01/2020	17:45	E84589
1920	Odor	3	TON @ 40°C	1.0	U	SM 2150 B	1.0	10/01/2020	16:08	E84589
1930	Total Dissolved Solids	500	mg/L	350		SM 2540 C	10	10/02/2020	10:20	E84589
2905	Foaming Agents	0.5	mg/L	0.043	I	SM 5540 C	0.040	10/02/2020	09:20	E82001

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

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

PUBLIC WATER SYSTEM INFORMATION (to be completed by sampler – Please type or print legibly)

System Name: _____ PWS I.D.#:

6	5	1	1	4	2	3
---	---	---	---	---	---	---

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

Address: _____

City: _____ ZIP Code: _____

Phone #: _____ Fax #: _____ E-Mail Address: _____

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: T2018297005 Sample Date: 10/01/2020 Sample Time: 09:10

AM

 PM (circle one)

Sample Location (be specific): 11218 Merganser 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
attach a results page for each site.**

SAMPLER CERTIFICATION

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

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

Signature: _____ Date: _____

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

Sampler's E-Mail: _____

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

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

Lab Name: Advanced Environmental Laboratories, Inc Florida DOH Certification #: E84589 Certification Expiration Date: 06/30/2021

ATTACH CURRENT DOH ANALYTE *

Address: 9610 Princess Palm Ave Tampa, FL 33619 Payments: P.O. Box Phone #: (813)630-9616

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

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED *

ANALYSIS INFORMATION (to be completed by lab)

Date Sample(s) Received: 10/01/2020

PWS ID (From Page 1): 6511423 Sample Number (From Page 1): T2018297005 Lab Assigned Report # or Job T2018297

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

Inorganics

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

Synthetic Organics

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

Volatile Organics

- All 21
- Partial

Disinfection Byproducts

- Trihalomethanes
- Haloacetic Acids
- Chlorite
- Bromate

Radionuclides

- Single Sample
- Qtrly Composite**

Secondaries

- All 14
- Partial

LAB CERTIFICATION

I, Joseph J. Vondrick, Project Manager, do HEREBY CERTIFY
(Print Name) (Print Title)

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

Signature:  Date: 10/22/2020

* Failure to provide a valid and current Florida DOH lab certification number and a current Analyte Sheet for the attached analysis results will result in rejection of the report, possible enforcement against the public water system for failure to sample, and may result in notification of the DOH Bureau of Laboratory Services.

** Please provide radiological sample dates & locations for each quarter.

CONFIRMATION & NOTIFICATION IS REQUIRED WITHIN 24 HRS FOR NITRATE OR NITRITE MCL EXCEEDANCES

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

COMPLIANCE DETERMINATION (to be completed by DEP or DOH -- attach notes as necessary)

Sample Collection & Analysis Satisfactory: Yes No Replacement Sample or Report Requested: Yes No (circle or highlight group(s) above)

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

Florida Department of Environmental Protection

Safe Drinking Water Program Laboratory Reporting Format

SECONDARY CONTAMINANTS

62-550.320

Report Number / Job ID: T2018297005

PWS ID (From Page 1): 6511423

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Certification #
1002	Aluminum	0.2	mg/L	0.020	U	EPA 200.7	0.020	10/13/2020	19:46	E82574
1017	Chloride	250	mg/L	31		EPA 300.0	2.0	10/09/2020	08:33	E84589
1022	Copper	1	mg/L	0.0032	I	EPA 200.8	0.0010	10/14/2020	16:59	E82574
1025	Fluoride	2.0	mg/L	0.40	U	EPA 300.0	0.40	10/09/2020	08:33	E84589
1028	Iron	0.3	mg/L	0.20	U	EPA 200.7	0.20	10/13/2020	19:46	E82574
1032	Manganese	0.05	mg/L	0.0037	I	EPA 200.8	0.0010	10/14/2020	16:59	E82574
1050	Silver	0.1	mg/L	0.00050	U	EPA 200.8	0.00050	10/14/2020	16:59	E82574
1055	Sulfate	250	mg/L	67		EPA 300.0	2.0	10/09/2020	08:33	E84589
1095	Zinc	5	mg/L	0.011	I	EPA 200.8	0.0060	10/14/2020	16:59	E82574
1905	Color	15	PCU	4.3	U	SM 2120 B	4.3	10/01/2020	17:45	E84589
1920	Odor	3	TON @ 40°C	1.0	U	SM 2150 B	1.0	10/01/2020	16:08	E84589
1930	Total Dissolved Solids	500	mg/L	320		SM 2540 C	10	10/02/2020	10:20	E84589
2905	Foaming Agents	0.5	mg/L	0.040	U	SM 5540 C	0.040	10/02/2020	09:20	E82001

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

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

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

Lab Name: Advanced Environmental Laboratories, Inc Florida DOH Certification #: E84589 Certification Expiration Date: 06/30/2021

ATTACH CURRENT DOH ANALYTE *

Address: 9610 Princess Palm Ave Tampa, FL 33619 Payments: P.O. Box Phone #: (813)630-9616

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

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED *

ANALYSIS INFORMATION (to be completed by lab)

Date Sample(s) Received: 10/01/2020

PWS ID (From Page 1): 6511423 Sample Number (From Page 1): T2018297006 Lab Assigned Report # or Job T2018297

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

Inorganics

- All Except Asbestos
 Partial
 Nitrate
 Nitrite
 Asbestos Only

Synthetic Organics

- All 30
 All Except Dioxin
 Partial
 Dioxin Only

Volatile Organics

- All 21
 Partial

Disinfection Byproducts

- Trihalomethanes
 Haloacetic Acids
 Chlorite
 Bromate

Radionuclides

- Single Sample
 Qtrly Composite**

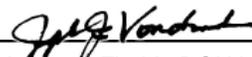
Secondaries

- All 14
 Partial

LAB CERTIFICATION

I, Joseph J. Vondrick, Project Manager, do HEREBY CERTIFY
(Print Name) (Print Title)

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

Signature:  Date: 10/22/2020

* Failure to provide a valid and current Florida DOH lab certification number and a current Analyte Sheet for the attached analysis results will result in rejection of the report, possible enforcement against the public water system for failure to sample, and may result in notification of the DOH Bureau of Laboratory Services.

** Please provide radiological sample dates & locations for each quarter.

CONFIRMATION & NOTIFICATION IS REQUIRED WITHIN 24 HRS FOR NITRATE OR NITRITE MCL EXCEEDANCES

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

COMPLIANCE DETERMINATION (to be completed by DEP or DOH -- attach notes as necessary)

Sample Collection & Analysis Satisfactory: Yes No Replacement Sample or Report Requested: Yes No (circle or highlight group(s) above)

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

Florida Department of Environmental Protection

Safe Drinking Water Program Laboratory Reporting Format

SECONDARY CONTAMINANTS

62-550.320

Report Number / Job ID: T2018297006

PWS ID (From Page 1): 6511423

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Certification #
1002	Aluminum	0.2	mg/L	0.020	U	EPA 200.7	0.020	10/13/2020	19:50	E82574
1017	Chloride	250	mg/L	29		EPA 300.0	2.0	10/09/2020	08:49	E84589
1022	Copper	1	mg/L	0.0027	I	EPA 200.8	0.0010	10/14/2020	05:05	E82574
1025	Fluoride	2.0	mg/L	0.40	U	EPA 300.0	0.40	10/09/2020	08:49	E84589
1028	Iron	0.3	mg/L	0.20	U	EPA 200.7	0.20	10/13/2020	19:50	E82574
1032	Manganese	0.05	mg/L	0.0047		EPA 200.8	0.0010	10/14/2020	05:05	E82574
1050	Silver	0.1	mg/L	0.00050	U	EPA 200.8	0.00050	10/19/2020	12:38	E82574
1055	Sulfate	250	mg/L	64		EPA 300.0	2.0	10/09/2020	08:49	E84589
1095	Zinc	5	mg/L	0.014	I	EPA 200.8	0.0060	10/14/2020	05:05	E82574
1905	Color	15	PCU	4.3	U	SM 2120 B	4.3	10/01/2020	17:45	E84589
1920	Odor	3	TON @ 40°C	1.0	U	SM 2150 B	1.0	10/01/2020	16:08	E84589
1930	Total Dissolved Solids	500	mg/L	320		SM 2540 C	10	10/02/2020	10:20	E84589
2905	Foaming Agents	0.5	mg/L	0.043	I	SM 5540 C	0.040	10/02/2020	09:20	E82001

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



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

- Altamonte Spring
- Jacksonville: 668
- Tallahassee: 2631

SM



* T 2 0 1 8 2 9 7 *

x 407.937.1597

- Gainesville: 4965 SW 41st Blvd. • Gainesville, FL 32608 • 352.377.2349 • Fax 352.395.6639
- Miramar: 10200 USA Today Way, Miramar, FL 33025 • 954.889.2288 • Fax 954.889.2281
- Tampa: 9610 Princess Palm Ave. • Tampa, FL 33619 • 813.630.9616 • Fax 813.630.4327

Client Name: UIF	Project Name: Summer tree
Address:	Project Number:
Phone: 727-934-9137	PO Number: 252124
FAX:	FDEP Facility No: 6511423
Contact: Jeff Becker	FDEP Facility Address:
Sampled By: Jeff Becker	Special Instructions: All sample taken at FH
Turn Around Time: <input checked="" type="checkbox"/> STANDARD <input type="checkbox"/> RUSH	
AEL Profile #:	<input type="checkbox"/> ADaPT <input type="checkbox"/> EQUiS <input type="checkbox"/> Other

BOTTLE SIZE & TYPE																			
ANALYSIS REQUIRED	300.0 F/Cl/S	TDS-	MBAS-	200.7 metals-	200.8 metals-	odor/color													
LABORATORY I.D. NUMBER																			

SAMPLE ID	SAMPLE DESCRIPTION	Grab Comp	SAMPLING		MATRIX	NO. COUNT
			DATE	TIME		
1	11619 English Elm CL2-1.2	X	10/1/20	840	DW	
2	11704 Rose Tree CL2-3.0	X	↓	830	↓	
3	11436 Golf Rd CL2-2.9	X	↓	810	↓	
4	11800 Ivywood CL2-2.0	X	↓	850	↓	
5	11219 Merganser CL2-1.8	X	↓	910	↓	
6	11001 Kiskadee CL2-1.9	X	↓	900	↓	

Preservation																			
Field-Filtered?																			

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) 6 °C Temp. when received (corrected) 6 °C

DCN: AD-051 Form last revised 11/17/16 Device used for measuring Temp by unique identifier (circle IR temp gun used) J: 9A G: LT-1 LT-2 T: 10A A: 3A M: 3A S: 1V

	Relinquished by:	Date	Time	Received by:	Date	Time
1	<i>[Signature]</i>	10/1/20	930	<i>[Signature]</i>	10/1/20	1105
2	<i>[Signature]</i>	10/1/20		<i>[Signature]</i>	10/1/20	1105
3						
4						

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