SECOND

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

System Name: <u>Utilities, Inc. of Florida - Summertre</u>	9	
System Type (check one): Community Address: 0.5 miles east of Little Road on SR 52	☐Nontransient Noncommunity	PWS I.D. #: 651 1423
City: <u>Hudson</u>	ZIP Code: 3	4668
Phone # <u>727-934-9137</u> Fax #: <u>727-934-2208</u>	E-Mail Address:	
SAMPLE INFORMATION (to be completed by sampler) Sample Number: 169924001 Sa Sample Location (be specific): Aydrant Disinfectant Residual (Regulard when you then	mple Date: 12-13-16	
Disinfectant Residual (Required when reporting results for tri 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		mple (Check all that apply) Replacement (of Invalidated Sample) Special (not for compliance with 62-550) Clearance (permitting)
□Near First Customer	'See 62-550,500(6) for requirements and resti	rictions **See 62 550 C50 CD
	And 62-550.512(3) for nitrate or nitrite exceed	rictions. **See 62-550.550(4) for requirements and lances. attach a results page for each site.
(Print Name) that the above public water system and sample collection inf	SAMPLER CERTIFICATION Operator (Print	Title) do HEREBY CERTIFY
Signature	Date	12-13:16
Certified Operator #: 2002 Phone #: 727-934-9137 Sampler's E-mail: sihabery@uiwater.com	Samp	oler's Fax #: <u>727-934-2208</u>
The state of the s		

LABORATORY CERTIFICATION INFORMATION (to be completed by lab – Please type or print legibly)
Lab Name: Advanced Environmental Laboratories, Inc Florida Boll o vic. vi
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: F8200 F82574 ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED *
ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 12/13/2016
Group(s) Analyzed & Results attached for compliance with Chapter 62-550, F.A.C. (Check all that apply):
Inorganics Synthetic Organics Volatile Organics Disinfection Byproducts Radionuclides Secondaries X Partial All Except Dioxin Partial Trihalomethanes Single Sample All 14 Nitrate Partial Chlorite Nitrite Dioxin Only Bromate
I, Dale Uvino
(Print Name) ,, do HEREBY CERTIFY (Print Title)
that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference Signature: Date: 1 - 30 - (6)
* 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:

SECONDARY CONTAMINANTS

62-550.320

Report Number / Job ID: T1619924001

PWS ID (From Page 1): ___

Contam			1. Te 2. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	Ι Δ	T	VVS ID (From F	J /		d 3	
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	0.061	U	EPA 200.7	0.061	12/19/2016	14:05	E82574
1017	Chloride	250	mg/L	31		EPA 300.0	1.0	12/15/2016	06:31	E84589
1022	Соррег	1	mg/L	0.0026		EPA 200.8	 			E82574
1025	Fluoride	2.0	mg/L	0.10	U		0.00011	12/27/2016	15:26	
1028	Iron				U	EPA 300.0	0.10	12/15/2016	06:31	E84589
		0.3	mg/L	0.16	ı	EPA 200.7	0.030	12/19/2016	14:05	E82574
	Manganese	0.05	mg/L	0.0046		EPA 200.8	0.000055	12/27/2016	15:26	E82574
1050	Silver	0.1	mg/L	0.000027	U	EPA 200.8	0.000027	12/27/2016	15:26	E82574
1055	Sulfate	250	mg/L	1.2	1	EPA 300.0	1.0	12/15/2016	06:31	E84589
1095	Zinc	5	mg/L	0.015		EPA 200.7	0.0020	12/19/2016		E82574
1905	Color	15	PCU	2.7				12/19/2016	14:05	
1920	Odor				U	SM 2120 B	2.7	12/15/2016	08:07	E84589
		3	TON	1.0	U	SM 2150 B	1.0	12/14/2016	07:35	E84589
1925	pH	6.5 - 8.5	SU	7.4	Q	SM 4500H+B		12/19/2016	12:08	E84589
1930	Total Dissolved Solids	500	mg/L	300		SM 2540 C	12	12/18/2016	15:03	E84589
2905	Foaming Agents	0.5	mg/L	0.040	U	SM 5540 C	0.040	12/15/2016	10:00	Essoci

Reporting Format 62-550,730 Effective January 1995, Revised February 2010

^{*}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.

SECOND

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PUBLIC WATER SYSTEM INFORMATION (to be completed by sampler – please type or print legibly) System Name: Utilities, Inc. of Florida - Summertree PWS I.D. #: 651 1423 System Type (check one): **⊠**Community □Nontransient Noncommunity ☐Transient Noncommunity Address: 0.5 miles east of Little Road on SR 52 City: Hudson ZIP Code: 34668 Phone # 727-934-9137 Fax #: 727-934-2208 E-Mail Address: SAMPLE INFORMATION (to be completed by sampler) Sample Number: Sample Date: AM) PM (Circle One) Sample Location (be specific): Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): Field pH; Sample Type (Check Only One) Reason(s) for Sample (Check all that apply) 136istribution 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. **See 62-550.550(4) for requirements and And 62-550.512(3) for nitrate or nitrite exceedances. attach a results page for each site. SAMPLER CERTIFICATION (Print Title) that the above public water system and sample collection information is complete and correct. Signature:X Sampler's Fax #: 727-934-2208 Sampler's E-mail: sihabery@uiwater.com

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: 06/30/2017
Address: 9610 Princess Palm Ave Tampa, FL 33619 Payments: P.O. Box Phone #: (813)630-9616
Were any analyses subcontracted? Xes No If yes, please provide DOH certification numbers: F82001, F83574
ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 12/13/2016
PWS ID (From Page 1): Sample Number (From Page 1): Lab Assigned Report # or Job T1619924
Group(s) Analyzed & Results attached for compliance with Chapter 62-550, F.A.C. (Check all that apply):
Inorganics Synthetic Organics Volatile Organics Disinfection Byproducts Radionuclides Secondaries All Except Asbestos All 30 All 21 Trihalomethanes Single Sample All 14 Nitrate Partial Partial Chlorite Nitrite Dioxin Only Bromate
I, Dale Uvino
(Print Name), ————————————————————————————————————
that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference
Signature: Date: 12-30-1/
* 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:

SECONDARY CONTAMINANTS

62-550.320

Report Number / Job ID: T1619924002

PWS ID (From Page 1):

Cambana					Р	WS ID (From F	Page 1):	0)1 14	13	
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	0.061	U	EPA 200.7	0.061	12/19/2016	14:09	E82574
1017	Chloride	250	mg/L	20		EPA 300.0	1.0	12/15/2016	05:25	E84589
1022	Copper	- 1	mg/L	0.0042		EPA 200.8	0.00011	12/27/2016		E82574
1025	Fluoride	2.0	mg/L	0.10	U	EPA 300.0			15:30	E84589
1028	Iron	0.0			0	LFA 300.0	0.10	12/15/2016	05:25	
		0.3	mg/L	0.18		EPA 200.7	0.030	12/19/2016	14:09	E82574
1032	Manganese	0.05	mg/L	0.0047		EPA 200.8	0.000055	12/27/2016	15:30	E82574
1050	Silver	0.1	mg/L	0.000027	U	EPA 200.8	0.000027	12/27/2016	15:30	E82574
1055	Sulfate	250	mg/L	1.0	U	EPA 300.0	1.0	12/15/2016	05:25	E84589
1095	Zinc	5	mg/L	0.012		EPA 200.7	0.0020	12/19/2016		E82574
1905	Color	15	PCU	2.7				12/19/2016	14:09	
1920			100	2.7	U	SM 2120 B	2.7	12/15/2016	08:05	E84589
	Odor	3	TON	1.0	U	SM 2150 B	1.0	12/14/2016	07:35	E84589
1925	pH	6.5 - 8.5	SU	7.4	Q	SM 4500H+B		12/19/2016	12:09	E84589
1930	Total Dissolved Solids	500	mg/L	260		SM 2540 C	10			E84589
2905	Foaming Agents	0.5	-				12	12/18/2016	15:03	
	0 0	0.5	mg/L	0.040	U	SM 5540 C	0.040	12/15/2016	08:20	E32001

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

^{*}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. O, 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.

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

System Name: <u>Utilities, Inc. of Florida - Summertree</u>	€	y y was promised	(7)
System Type (check one): ©Community Address: 0.5 miles east of Little Road on SR 52		ansient Noncommunity	PWS I.D. #: 651 1423
City: <u>Hudson</u>		ZIP Code: <u>3466</u>	8
Phone # <u>727-934-9137</u> Fax #: <u>727-934-2208</u>	out of the second of the secon	-Mail Address:	
SAMPLE INFORMATION (to be completed by sampler) Sample Number: 161994003 Sar Sample Location (be specific): 1470007 Disinfectant Residual (Required when reporting results for trih Sample Type (Check Only One)	mple Date: <u>/</u> 	2-/3-/6 GO/F Rd I haloacetic acids):mg/L Reason(s) for Sample	Sample Time: 755 AM PM (Circle One Location Code:
☐ 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	☐Confirma ☐Composi ☐Other:	Compliance with 62-550 tion of MCL Exceedance* te of Multiple Sites** rocedure Used or Other Commen	☐Replacement (of Invalidated Sample) ☐Special (not for compliance with 62-550) ☐Clearance (permitting)
	*See 62-550.5 And 62-550.5	500(6) for requirements and restrictio 112(3) for nitrate or nitrite exceedance	ns. **See 62-550.550(4) for requirements and ess. attach a results page for each site.
I,	i / S mafamaniamumrumamum t	LER CERTIFICATION Operator (Print Title plete and correct.	e) do HEREBY CERTIFY
Signature		Date:	12-13:16
Certified Operator #: 227-934-9137		Sampler's	s Fax #: <u>727-934-2208</u>
Sampler's E-mail: sihabery@uiwater.com			

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: 06/30/2017
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: 18300 1830574
ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 12/13/2016 PWS ID (From Page 1): 65 (1423 Sample Number (From Page 1): 11619924003 Lab Assigned Report # or Job T1619924 Group(s) Analyzed & Results attached for compliance with Chapter 62-550, F.A.C. (Check all that apply):
Inorganics Synthetic Organics Volatile Organics Disinfection Byproducts Radionuclides Secondaries All Except Asbestos All 30 All 21 Trihalomethanes Single Sample All 14 Nitrate Partial Partial Chlorite Nitrite Dioxin Only Bromate
I, Dale Uvino LAB CERTIFICATION , do HEREBY CERTIFY
(Print Title) that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference
* 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.
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: DEP/DOH Reviewing Official:

SECONDARY CONTAMINANTS 62-550.320

Report Number / Job ID: T1619924003

PWS ID (From Page 1):

Contam	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		1			VVS ID (From I	Page 1):	0)(:	415	
ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab
1002	Aluminum	0.2	mg/L	0.061	U	EPA 200.7	0.061	12/19/2016		Certification :
1017	Chloride	250	mg/L	25		EPA 300.0		 	14:30	
1022	Copper	1	mg/L	0.0046			1.0	12/15/2016	06:47	E84589
1025	Fluoride					EPA 200.8	0.00011	12/27/2016	15:36	E82574
1028		2.0	mg/L	0.10	U	EPA 300.0	0.10	12/15/2016	06:47	E84589
·	Iron	0.3	mg/L	0.20		EPA 200.7	0.030	12/19/2016	14:30	E82574
1032	Manganese	0.05	mg/L	0.0051		EPA 200.8	0.000055			E82574
1050	Silver	0.1	mg/L	0.00017	1			12/27/2016	15:36	
1055	Sulfate	250				EPA 200.8	0.000027	12/27/2016	15:36	E82574
1095	Zinc		mg/L	1.0	U	EPA 300.0	1.0	12/15/2016	06:47	E84589
		5	mg/L	0.016		EPA 200.7	0.0020	12/19/2016	14:30	E82574
1905	Color	15	PCU	2.7	U	SM 2120 B	2.7	12/15/2016		E84589
1920	Odor	3	TON	1.0	U	SM 2150 B			08:03	
1925	рН	6.5 - 8.5	SU	7.5			1.0	12/14/2016	07:35	E84589
1930	Total Dissolved Solids	500			Q	SM 4500H+B		12/19/2016	12:10	E84589
		500	mg/L	330		SM 2540 C	12	12/18/2016	15:03	E84589
2303	Foaming Agents	0.5	mg/L	0.050	ı	SM 5540 C	0.040	12/15/2016	08:20	
									30.20	E82001

Reporting Format 62-550,730 Effective January 1995. Revised February 2010

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SECOND

TODAY AM ICK STSTEM INFORMATION (to be co	mpleted by sampler - please type or print lea	nihlv)	
System Name: Utilities, Inc. of Florida - Summertree	9		400
System Type (check one): Community Address: 0.5 miles east of Little Road on SR 52	☐Nontransient Noncommunity	PWS I.D. #: <u>651 1</u>	423
City: <u>Hudson</u>	ZIP Code: 3	4668	marketina. Ne distributiva distributiva por milira di consistinti proprinci
Phone # <u>727-934-9137</u> Fax #: <u>727-934-2208</u>			mineral present present a position of the contract of the cont
SAMPLE INFORMATION (to be completed by sampler) Sample Number: 16924004 Sa Sample Location (be specific): Hydran	mple Date: 12-13:16 11800 DVY WOO	Sample Time:	AM PM (Circle On
Disinfectant Residual (Required when reporting results for trifing Sample Type (Check Only One) Distribution Entry Point (to Distribution)		nple (Check all that apply) Replacement (of Invalidated Sample)	C (Lumanum
□Plant Tap (not for compliance with 62-550) □Raw (at well or intake) □Max Residence Time	Composite of Multiple Sites** Other:	☐Special (not for compliance with 62-5t☐Clearance (permitting)	50)
□Ave Residence Time □Near First Customer	Sampling Procedure Used or Other Com	ments:	
	'See 62-550.500(6) for requirements and restr And 62-560.512(3) for nitrate or nitrite exceed	rictions. **See 62-550.550(4) for requirement ances. attach a results page for each site	nts and
bot the above will be the beny	SAMPLER CERTIFICATION Operator (Print	V	HEREBY CERTIFY
hat the above public water system and sample collection inf	ormation is complete and correct.		
Signature X	Date:	12.13:16	
Certified Operator #:&O/2Phone #: <u>727-934-9137</u>	Samp	oler's Fax #: <u>727-934-2208</u>	499 MillStringferencesens ensktängingenangessädg
ampler's E-mail: <u>sjhabery@uiwater.com</u>			
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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: 06/30/2017
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: £82001, £82574 ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED *
ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 12/13/2016
PWS ID (From Page 1): 651 423 Sample Number (From Page 1): T1619924004 Lab Assigned Report # or Job T1619924
Group(s) Analyzed & Results attached for compliance with Chapter 62-550, F.A.C. (Check all that apply):
Inorganics Synthetic Organics Volatile Organics Disinfection Byproducts Radionuclides Secondaries All Except Asbestos All 30 All 21 Trihalomethanes Single Sample All 14 Nitrate Partial Haloacetic Acids Qtrly Composite** Partial Nitrite Dioxin Only Bromate
I, Dale Uvino
(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: 12-30-16
* 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 "BOL" 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:

SECONDARY CONTAMINANTS

62-550.320

Report Number / Job ID: <u>T1619924004</u>

PWS ID (From Page 1): 65 / 143

Contam			1.22			VVS ID (From F	ugc 1)	651	140 3	
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	0.061	U	EPA 200.7	0.061	12/19/2016	14:34	E82574
1017	Chloride	250	mg/L	25		EPA 300.0	1.0	12/15/2016	09:48	E84589
1022	Copper	1	mg/L	0.0085		EPA 200.8	0.00011	12/27/2016		E82574
1025	Fluoride	2.0	mg/L	0.10	U	EPA 300.0	0.10	12/15/2016	15:39	E84589
1028	Iron	0.3	mg/L	1.1		EPA 200.7	0.030		09:48	E82574
1032	Manganese	0.05	mg/L	0.028		EPA 200.8	0.000055	12/19/2016	14:34	E82574
1050	Silver	0.1	mg/L	0.000027	U	EPA 200.8	0.000055	12/27/2016	15:39	E82574
1055	Sulfate	250	mg/L	1.0	U	EPA 300.0		12/27/2016	15:39	E84589
1095	Zinc	5	mg/L	0.011		EPA 200.7	1.0	12/15/2016	09:48	
1905	Color	15	PCU	2.7	U		0.0020	12/19/2016	14:34	E82574
1920	Odor	3	TON	1.0		SM 2120 B	2.7	12/15/2016	80:80	E84589
1925	pH	6.5 - 8.5	SU		U	SM 2150 B	1.0	12/14/2016	07:35	E84589
1930	Total Dissolved Solids			7.4	Q	SM 4500H+B		12/19/2016	12:11	E84589
		500	mg/L	260		SM 2540 C	12	12/18/2016	15:03	E84589
2300	Foaming Agents	0.5	mg/L	0.040	U	SM 5540 C	0.040	12/15/2016	10:00	E8200)

Reporting Format 62-550,730 Effective January 1995. Revised February 2010

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

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PUBLIC WATER SYSTEM INFORMATION (to be completed by sampler – please type or print legibly) System Name: Utilities, Inc. of Florida - Summertree PWS I.D. #: 651 1423 System Type (check one): r □ Community ☐Nontransient Noncommunity ☐Transient Noncommunity Address: 0.5 miles east of Little Road on SR 52 City: Hudson ZIP Code: 34668 Phone # <u>727-934-9137</u> Fax #: <u>727-934-2208</u> E-Mail Address: SAMPLE INFORMATION (to be completed by sampler) Sample Number: T1b(9924005 Sample Date: / 2-AM) PM (Circle One) Sample Location (be specific): Hardran Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): 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) 口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. **See 62-550.550(4) for requirements and And 62-550.512(3) for nitrate or nitrite exceedances. attach a results page for each site. SAMPLER CERTIFICATION do HEREBY CERTIFY (Print Title) that the above public water system and sample collection information is complete and correct. Signature;X Sampler's Fax #: 727-934-2208 Sampler's E-mail: sihabery@uiwater.com

LABORATORY CERTIFIC	CATION INFORMATION (to be completed by I	ab – Please type or print legibly)	
Lab Name: Advanced Envi	ironmental Laboratories, Inc Florida DOH	Certification #: F04500	
	Palm Ave Tampa, FL 33619 Payments ntracted? Yes No If yes, please pr	ATTACH CURRI s: P.O. Box Phone #: (81: ovide DOH certification numbers: ATTACH DOH ANAL	
PWS ID (From Page 1):	Ci 1//2)	nple(s) Received: <u>12/13/2016</u>	
Group(s) Analyzed & Resu	Its attached for compliance with Chapter 62-8	From Page 1): T1619924005 550, F.A.C. (Check all that apply):	Lab Assigned Report # or Job T1619924
Inorganics All Except Asbestos X Partial Nitrate Nitrite Asbestos Only	Synthetic Organics All 30 All 21 All Except Dioxin Partial Dioxin Only	Disinfection Byproducts Trihalomethanes Haloacetic Acids Chlorite Bromate	Radionuclides Single Sample All 14 Qtrly Composite** Partial
Dale Uvino	LA	B CERTIFICATION	
	(Print Name)	(Print Title)	, do HEREBY CERTIFY
hat all attached analytical d Signature: Au	data are correct and unless noted meet all red	uirements of the National Enviror	nmental Laboratory Accreditation Conference
Failure to provide a valid and report, possible enforcement Please provide radiological s	d current Florida DOH lab certification number and t against the public water system for failure to same sample dates & locations for each quarter.		
NON-DETECTS ARE TO E	CONFIRMATION & NOTIFICATION IS REQUIRED BE REPORTED AS THE MDL WITH A "U" QUAL	WITHIN 24 HRS FOR NITRATE OF LIFIER. (Non-detects reported a	R NITRITE MCL EXCEEDANCES is "BDL" or with a "<" are not acceptable.)
OMPLIANCE DETERMINA	ATION (to be completed by DEP or DOH attach no	tos as nocessar.)	
ample Collection & Analysi	0		
Person Notified:	Date Notified:		Yes No (circle or highlight group(s) above) H Reviewing Official:

SECONDARY CONTAMINANTS

62-550.320

Report Number / Job ID: T1619924005

PWS ID (From Page 1):

Contam ID	Contam Name			Analysis Result	Qualifier*	Analytical Method	Lab MDL	Analysis Date	Analysis	DOH Lab
1002	Aluminum	0.2	mg/L	0.061	U	EPA 200.7	0.061	12/19/2016	Time	Certification E82574
1017	Chloride	250	mg/L	21		EPA 300.0	1.0	12/15/2016	14:39	E84589
1022	Copper	1	mg/L	0.0080					06:14	E82574
1025	Fluoride	2.0	mg/L	0.10	U		0.00011	12/27/2016	15:43	
1028	Iron				0	EPA 300.0	0.10	12/15/2016	06:14	E84589
		0.3	mg/L	0.20	<u> </u>	EPA 200.7	0.030	12/19/2016	14:39	E82574
1032	Manganese	0.05	mg/L	0.0049		EPA 200.8	0.000055	12/27/2016	15:43	E82574
1050	Silver	0.1	mg/L	0.000027	U	EPA 200.8	0.000027	12/27/2016	15:43	E82574
1055	Sulfate	250	mg/L	1.0	U	EPA 300.0	1.0	12/15/2016	06:14	E84589
1095	Zinc	5	mg/L	0.0060	ı	EPA 200.7	0.0020	12/19/2016		E82574
1905	Color	15	PCU	2.7	U	SM 2120 B	2.7		14:39	E84589
1920	Odor	3	TON	1.0	U	SM 2150 B		12/15/2016	08:06	E84589
1925	рН	6.5 - 8.5	SU	7.5			1.0	12/14/2016	07:35	
1930	Total Dissolved Solids				Q	SM 4500H+B		12/19/2016	12:12	E84589
		500	mg/L	280		SM 2540 C	12	12/18/2016	15:03	E84589
2905	Foaming Agents	0.5	mg/L	0.040	U	SM 5540 C	0.040	12/15/2016	08:20	£82001

Reporting Format 62-550,730 Effective January 1995, Revised February 2010

SECOND

PUBLIC WATER SYSTEM INFORMATION (to be comp	pleted by sampler – please type or pri	nt legibly)	
System Name: <u>Utilities, Inc. of Florida - Summertree</u>		PWS I.D. #: 651 1423	
System Type (check one):	☐Nontransient Noncommunity	☐Transient Noncommunity	eveninesins(Coverentrollock
City: Hudson	ZIP Cod	de: <u>34668</u>	With the school description of the school de
Phone # <u>727-934-9137</u> Fax #: <u>727-934-2208</u>	E-Mail Address:		and the second control of the second control
SAMPLE INFORMATION (to be completed by sampler) Sample Number: 1699906 Sample Sample Location (be specific): Aydrant	ole Date: 12-13-16 1001 /CistCade	Sample Time: 950 AN	MPM (Circle One)
continuous resolution (Required when reporting results for tribal	omethanes and haloacetic acids):	mg/L Field pH: 3.9 c/	
Sample Type (Check Only One)		r Sample (Check all that apply)	Zamentonian
Distribution Entry Point (to Distribution) Plant Tap (not for compliance with 62-550) Raw (at well or intake)	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)	
☐Max Residence Time ☐Ave Residence Time ☐Near First Customer	Sampling Procedure Used or Other		white the property of the control of
	'See 62-550.500(6) for requirements and And 62-550.512(3) for nitrate or nitrite ex	d restrictions. **See 62-550.550(4) for requirements and attach a results page for each site.	All-demokrating de mananakan yang g
1, Stephen Habers	SAMPLER CERTIFICATION Operator	do HERE	BY CERTIFY
that the above public water system and sample collection inform	mation is complete and correct.	(Print Title)	
		Date: 12-13:16	
Certified Operator #: 50/L Phone #: 727-934-9137		Sampler's Fax #: <u>727-934-2208</u>	- Control of the Cont
Sampler's E-mail: sjhabery@uiwater.com		, and the transfer of the second	Name of the Control o
			anne particular de la companya del la companya de l

ABORATORY CERTIFICATION INFORMATION (to be completed by lab – Please type or print legibly)
ab Name: Advanced Environmental Laboratories, Inc Florida DOH Certification #: E84589 Certification Expiration Date: 06/30/2017
ATTACH CURRENT DOH ANALYTE *
ddress: 9610 Princess Palm Ave Tampa, FL 33619 Payments: P.O. Box Phone #: _(813)630-9616
ere any analyses subcontracted? Yes No If yes, please provide DOH certification numbers:F8001, 582574
ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED *
NALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 12/13/2016
WS ID (From Page 1): 65/ 43 Sample Number (From Page 1): T1619924006 Lab Assigned Report # or Job T1619924
roup(s) Analyzed & Results attached for compliance with Chapter 62-550, F.A.C. (Check all that apply):
Organics Synthetic Organics Volatile Organics Disinfection Byproducts Radionuclides Secondaries All Except Asbestos All 30 All 21 Trihalomethanes Single Sample All 14 Partial Partial Haloacetic Acids Qtrly Composite** Partial Nitrate Dioxin Only Bromate
Dale Uvino
(Print Name), do HEREBY CERTIFY
at all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference
gnature: Date: 12-30-16
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.)
OMPLIANCE DETERMINATION (to be completed by DEP or DOH – attach notes as necessary)
mple Collection & Analysis Satisfactory: Yes No Replacement Sample or Report Requested: Yes No (circle or highlight group(s) above)
rson Notified: Date Notified: DEP/DOH Reviewing Official:

SECONDARY CONTAMINANTS

62-550.320

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical	Lab	Analysis	Analysis	DOH Lab
1002	Aluminum	<u> </u>				Method	MDL	Date	Time	Certification #
1002	Aummum	0.2	mg/L	0.061	U	EPA 200.7	0.061	12/19/2016	14:42	E82574
1017	Chloride	250	mg/L	27		EPA 300.0	1.0	12/15/2016	10:21	E84589
1022	Copper	1	mg/L	0.0077		EPA 200.8	0.00011	12/27/2016	15:47	E82574
1025	Fluoride	2.0	mg/L	0.10	U	EPA 300.0	0.10	12/15/2016	10:21	E84589
1028	Iron	0.3	mg/L	0.41		EPA 200.7	0.030	12/19/2016	14:42	E82574
1032	Manganese	0.05	mg/L	0.011		EPA 200.8	0.000055	12/27/2016	15:47	E82574
1050	Silver	0.1	mg/L	0.000027	U	EPA 200.8	0.000027	12/27/2016	15:47	E82574
1055	Sulfate	250	mg/L	1.0	U	EPA 300.0	1.0	12/15/2016	10:21	E84589
1095	Zinc	5	mg/L	0.013		EPA 200.7	0.0020	12/19/2016	14:42	E82574
1905	Color	15	PCU	2.7	U	SM 2120 B	2.7	12/15/2016	08:09	E84589
1920	Odor	3	TON	1.0	U	SM 2150 B	1.0	12/14/2016	07:35	E84589
1925	pH	6.5 - 8.5	SU	7.4	Q	SM 4500H+B		12/19/2016	12:13	E84589
1930	Total Dissolved Solids	500	mg/L	280		SM 2540 C	12	12/18/2016	15:03	E84589
2905	Foaming Agents	0.5	mg/L	0.046	ı	SM 5540 C	0.040	12/15/2016	10:00	E82001

Reporting Format 62-550,730 Effective January 1995, Revised February 2010



SAMPLE DESCRIPTION

Matrix Code: WW = wastewater SW = surface water GW = ground water DW = drinking water

No Temp taken from sample

Date

Time

IF Symmentree

Client Name:

Turn Around Time: STANDARD RUSH

of

Address:

FAX: Contact:

Page

SAMPLE ID

eceived on Ice

orm revised 06/15/2010

Yes

Relinquished by:

Miramar: 10200 U Tallahassee: 12 Tampa: 9610 Prin	cess Palr	n Ave. • T	mve rau:	anassee	FI 333C	11 . 050 1	10 0074	F 0F0	.219.6275		716/992
). Number/Project Number: 252/75	BOTTLE SIZE & TYPE										
ect Location:	-	1									
REMARKS/SPECIAL INSTRUCTIONS: All Samples Taken at Fire Hydrants	ANALYSIS REQUIRED	Seconderives									LABORATORY I.D. NUMBER
Grab SAMPLING MATRIX NO. COUNT	PRESER- VATION										LABC
12-13-16 93 OM DW 4		4									
V 820/41 4		4									- a
755Aa 4		\									<u> </u>
V 940 Hb 4		4						***************************************			<u> </u>
835746 4		4						TO COMMENT			<u>ay</u>
95084				Beauty Control of the				-			as
13954		4	***************************************	***************************************							as
					***************************************					water contract of the contract	
eter DW = drinking water O = oil A = air SO = soil SL Temp from blank	= sludge	F	reservat	ion Cod	e: = ice	H=(HCI) S = (H	2SO4) N	= (HNO3)	T = (Sod	ium Thiosulfate)

Phone:

Contact Person:

Supplier of Water: Site-Address: