PUBLIC WATER SYSTEM INFORMATION (to be co	mpleted by sampler – Please type or print legibly)	
System Name: <u>Utilities, Inc.</u>		PWS I.D.#:
System Type (check one): Community No	ontransient Noncommunity	Noncommunity
Address:		
City:		ZIP Code: 3
Phone #: Fax #:	E-Mail A	Address:
SAMPLE INFORMATION (to be completed by sampler)	
Sample Number: T1707119001	Sample Date: 04/27/2017	Sample Time: 09:45 AM PM (circle one)
Sample Location (be specific): 11619 English Elm		Location Code (if known):
Disinfectant Residual (Required when reporting results for tr		
Sample Type (Check Only One)	Reason(s) for Samp	le (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 Com	ments:
Ave Residence Time		
	ee 62-550.500(6) for requirements and restriction 62-550.512(3) for nitrate or nitrite exceedance	
	SAMPLER CERTIFICATION	N
I,	,	, do HEREBY CERTIFY
(Print Name)	(Print T	
that the above public water system and san	nple collection information is complete	and correct.
Signature:	Date:	
Certified Operator #:	Phone #:	Sampler's Fax #:
Sampler's E-Mail:		
Reporting Format 62-550 730		

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: 06/30/2027
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: ☐ FRASTY F8AOOT
ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED *
ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 04/27/2017
PWS ID (From Page 1): Sample Number (From Page 1): Lab Assigned Report # or Job
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 Partial All Except Dioxin Partial Haloacetic Acids Qtrly Composite** Partial Nitrite Dioxin Only Bromate
LAB CERTIFICATION
I, Dale Uvino , 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: $5-1/-17$
* 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:

62-550.320

Report Number / Job ID: <u>T1707119001</u>

PWS ID (From Page 1): _____

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Certification #
1002	Aluminum	0.2	mg/L	0.025	U	EPA 200.7	0.025	05/02/2017	16:25	E84589
1017	Chloride	250	mg/L	23		EPA 300.0	2.0	05/02/2017	15:36	E84589
1022	Copper	1	mg/L	0.0012		EPA 200.8	0.00011	05/09/2017	13:40	E82574
1025	Fluoride	2.0	mg/L	0.23	ı	EPA 300.0	0.20	05/02/2017	15:36	E84589
1028	Iron	0.3	mg/L	0.12		EPA 200.7	0.021	05/02/2017	16:25	E84589
1032	Manganese	0.05	mg/L	0.0030		EPA 200.8	0.000055	05/09/2017	13:40	E82574
1050	Silver	0.1	mg/L	0.00049	I	EPA 200.8	0.000027	05/09/2017	13:40	E82574
1055	Sulfate	250	mg/L	54		EPA 300.0	2.0	05/02/2017	15:36	E84589
1095	Zinc	5	mg/L	0.030		EPA 200.7	0.0074	05/02/2017	16:25	E84589
1905	Color	15	PCU	2.7	U	SM 2120 B	2.7	04/28/2017	11:48	E84589
1920	Odor	3	TON	1.0	U	SM 2150 B	1.0	04/28/2017	09:30	E84589
1925	рН	6.5 - 8.5	SU	7.1	Q	SM 4500H+B		05/01/2017	13:40	E84589
1930	Total Dissolved Solids	500	mg/L	300		SM 2540 C	12	05/01/2017	12:42	E84589
2905	Foaming Agents	0.5	mg/L	0.050	ı	SM 5540 C	0.040	04/28/2017	13:15	E82001

PUBLIC WATER SYSTEM INFORMATION (to be co	mpleted by sampler – Please type or print legibly)	
System Name: <u>Utilities, Inc.</u>		PWS I.D.#:
System Type (check one): Community No	ontransient Noncommunity	Noncommunity
Address:		
City:		ZIP Code:
Phone #: Fax #:	E-Mail /	Address:
SAMPLE INFORMATION (to be completed by sampler))	
Sample Number: <u>T1707119002</u>	Sample Date: 04/27/2017	Sample Time: 09:55 AM PM (circle one)
Sample Location (be specific): 11704 Rosetree		Location Code (if known):
Disinfectant Residual (Required when reporting results for tri	ihalomethanes and haloacetic acids):	g/L Field pH: <u>7.3</u>
Sample Type (Check Only One)	Reason(s) for Samp	ole (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 Com	ments:
Ave Residence Time		
	ee 62-550.500(6) for requirements and restriction d 62-550.512(3) for nitrate or nitrite exceedance	
	SAMPLER CERTIFICATION	N
I,	,	, do HEREBY CERTIFY
(Print Name)	(Print Ti	itle)
that the above public water system and sam	ple collection information is complete	and correct.
Signature:	Date:	
		Sampler's Fax #:
Sampler's E-Mail:		
Poportina Format 62 EEA 730		

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: 06/30/2027
ATTACH CURRENT DOH ANALYTE *
Address: 9610 Princess Palm Ave Tampa, FL 33619 Payments: P.O. Box Phone #: (813)630-9616
Were any analyses subcontracted? X Yes No If yes, please provide DOH certification numbers: £82574 £82001
ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED *
ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 04/27/2017
PWS ID (From Page 1): Sample Number (From Page 1): T1707119002 Lab Assigned Report # or Job T1707119
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 All Except Dioxin Partial Haloacetic Acids Qtrly Composite** Partial Nitrate Partial Chlorite Nitrite Dioxin Only Bromate
I, Dale Uvino , 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: 5-11-17
* 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:

62-550.320

Report Number / Job ID:	T1707119002
PWS ID (From Page 1):	

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Certification #
1002	Aluminum	0.2	mg/L	0.025	U	EPA 200.7	0.025	05/02/2017	16:49	E84589
1017	Chloride	250	mg/L	23		EPA 300.0	2.0	05/02/2017	15:52	E84589
1022	Copper	1	mg/L	0.0012		EPA 200.8	0.00011	05/05/2017	14:08	E82574
1025	Fluoride	2.0	mg/L	0.22	I	EPA 300.0	0.20	05/02/2017	15:52	E84589
1028	Iron	0.3	mg/L	0.14		EPA 200.7	0.021	05/02/2017	16:49	E84589
1032	Manganese	0.05	mg/L	0.0035		EPA 200.8	0.000055	05/05/2017	14:08	E82574
1050	Silver	0.1	mg/L	0.000027	U	EPA 200.8	0.000027	05/05/2017	14:08	E82574
1055	Sulfate	250	mg/L	49		EPA 300.0	2.0	05/02/2017	15:52	E84589
1095	Zinc	5	mg/L	0.029		EPA 200.7	0.0074	05/02/2017	16:49	E84589
1905	Color	15	PCU	2.7	U	SM 2120 B	2.7	04/28/2017	11:50	E84589
1920	Odor	3	TON	1.0	U	SM 2150 B	1.0	04/28/2017	09:30	E84589
1925	рH	6.5 - 8.5	SU	7.3	Q	SM 4500H+B		05/01/2017	13:41	E84589
1930	Total Dissolved Solids	500	mg/L	290		SM 2540 C	12	05/01/2017	12:42	E84589
2905	Foaming Agents	0.5	mg/L	0.040	U	SM 5540 C	0.040	04/28/2017	13:15	E82001

PUBLIC WATER SYSTEM INFORMATION (to be	e completed by sampler – Please type or print legibly)	
System Name: <u>Utilities, Inc.</u>		PWS I.D.#:
System Type (check one): Community	Nontransient Noncommunity	Noncommunity
Address:		
City:		ZIP Code:
Phone #: Fax #:	E-Mail <i>F</i>	Address:
SAMPLE INFORMATION (to be completed by samp	oler)	
Sample Number: T1707119003	Sample Date: 04/27/2017	Sample Time: 09:25 AM PM (circle one)
Sample Location (be specific): 11436 Golf Rd		Location Code (if known):
Disinfectant Residual (Required when reporting results for	or trihalomethanes and haloacetic acids):	/L Field pH: 7.3
Sample Type (Check Only One)	Reason(s) for Samp	le (Check all that apply)
Distribution	Routine Compliance with 62-550	Replacement (of Invalidated Sample)
Entry Point (to Distribution)	Confirmation of MCL Exceedance *	
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 Comr	
Ave Residence Time		
Near First Customer	*See 62-550.500(6) for requirements and restriction And 62-550.512(3) for nitrate or nitrite exceedance	
	SAMPLER CERTIFICATION	N
l,	,	, do HEREBY CERTIFY
(Print Name)	(Print Tit	
that the above public water system and sa	ample collection information is complete	and correct.
Signature:	Date:	
Certified Operator #:	Phone #:	Sampler's Fax #:
Sampler's E-Mail:		
Reporting Format 62-550 730		

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: 06/3	0/2027
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: £88574, £88001	
ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACT	ED *
ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 04/27/2017	
PWS ID (From Page 1): Sample Number (From Page 1): Lab Assigned Report # or Job	707119
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 Second All Except Asbestos All 30 All 21 Trihalomethanes Single Sample All 1 X Partial All Except Dioxin Partial Haloacetic Acids Qtrly Composite** Partial Nitrate Partial Chlorite Nitrite Dioxin Only Bromate	4
LAB CERTIFICATION Om	
I, Dale Uvino, do HEREBY CERTI	FY
(Print Title)	
that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conf	erence
Signature:	
* 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 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.	of the
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	ole.)
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>T1707119003</u>

PWS ID (From Page 1): _____

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Certification #
1002	Aluminum	0.2	mg/L	0.029	I	EPA 200.7	0.025	05/02/2017	16:53	E84589
1017	Chloride	250	mg/L	23		EPA 300.0	2.0	05/02/2017	16:08	E84589
1022	Copper	1	mg/L	0.0037		EPA 200.8	0.00011	05/09/2017	13:44	E82574
1025	Fluoride	2.0	mg/L	0.23	I	EPA 300.0	0.20	05/02/2017	16:08	E84589
1028	Iron	0.3	mg/L	0.11		EPA 200.7	0.021	05/02/2017	16:53	E84589
1032	Manganese	0.05	mg/L	0.0031		EPA 200.8	0.000055	05/09/2017	13:44	E82574
1050	Silver	0.1	mg/L	0.00028	I	EPA 200.8	0.000027	05/09/2017	13:44	E82574
1055	Sulfate	250	mg/L	50		EPA 300.0	2.0	05/02/2017	16:08	E84589
1095	Zinc	5	mg/L	0.025		EPA 200.7	0.0074	05/02/2017	16:53	E84589
1905	Color	15	PCU	2.7	U	SM 2120 B	2.7	04/28/2017	11:52	E84589
1920	Odor	3	TON	1.0	U	SM 2150 B	1.0	04/28/2017	09:30	E84589
1925	рН	6.5 - 8.5	SU	7.3	Q	SM 4500H+B		05/01/2017	13:42	E84589
1930	Total Dissolved Solids	500	mg/L	290		SM 2540 C	12	05/01/2017	12:42	E84589
2905	Foaming Agents	0.5	mg/L	0.040	U	SM 5540 C	0.040	04/28/2017	13:15	E82001

PUBLIC WATER SYSTEM INFORMATION (to be comp	oleted by sampler – Please type or print legibly)	
System Name: <u>Utilities, Inc.</u>		PWS I.D.#:
System Type (check one): Community Nont	transient Noncommunity Transient	Noncommunity
Address:		
City:		ZIP Code:
Phone #: Fax #:		
SAMPLE INFORMATION (to be completed by sampler)		
Sample Number: T1707119004	Sample Date: 04/27/2017	Sample Time: 09:35 AM PM (circle one)
Sample Location (be specific): 11800 Ivywood		Location Code (if known):
Disinfectant Residual (Required when reporting results for triha	lomethanes and haloacetic acids): mç	g/L Field pH: <u>7.4</u>
Sample Type (Check Only One)	Reason(s) for Samp	ple (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 Com	
Ave Residence Time	, 5	
	62-550.500(6) for requirements and restricti 62-550.512(3) for nitrate or nitrite exceedance	
	SAMPLER CERTIFICATIO	N
l,		, do HEREBY CERTIFY
(Print Name)	(Print T	itle)
that the above public water system and samp	le collection information is complete	and correct.
Signature:	Date:	
Certified Operator #:	Phone #:	Sampler's Fax #:
Sampler's E-Mail:		
Penartina Format 62 550 720		

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: 06/30/2027					
ATTACH CURRENT DOH ANALYTE *					
Address: 9610 Princess Palm Ave Tampa, FL 33619 Payments: P.O. Box Phone #: (813)630-9616					
Vere any analyses subcontracted? Xes No If yes, please provide DOH certification numbers: <u>£82574</u> , <u>£82001</u>					
ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED *					
ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 04/27/2017					
PWS ID (From Page 1): Sample Number (From Page 1): Lab Assigned Report # or Job					
Group(s) Analyzed & Results attached for compliance with Chapter 62-550, F.A.C. (Check all that apply):					
Norganics Synthetic Organics All Except Asbestos All 30 All Except Dioxin Nitrate Nitrite Disinfection Byproducts Trihalomethanes Disinfection Byproducts Trihalomethanes Malionuclides Secondaries All 14 Haloacetic Acids Chlorite Bromate					
LAB CERTIFICATION DAG					
, <u>Dale Uvino</u> , 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:Date:					
* 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:	T1707119004
PWS ID (From Page 1):	

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Certification #
1002	Aluminum	0.2	mg/L	0.061	ı	EPA 200.7	0.025	05/02/2017	16:56	E84589
1017	Chloride	250	mg/L	23		EPA 300.0	2.0	05/02/2017	16:25	E84589
1022	Copper	1	mg/L	0.0035		EPA 200.8	0.00011	05/05/2017	14:11	E82574
1025	Fluoride	2.0	mg/L	0.22	ı	EPA 300.0	0.20	05/02/2017	16:25	E84589
1028	Iron	0.3	mg/L	1.0		EPA 200.7	0.021	05/02/2017	16:56	E84589
1032	Manganese	0.05	mg/L	0.012		EPA 200.8	0.000055	05/05/2017	14:11	E82574
1050	Silver	0.1	mg/L	0.000027	U	EPA 200.8	0.000027	05/05/2017	14:11	E82574
1055	Sulfate	250	mg/L	50		EPA 300.0	2.0	05/02/2017	16:25	E84589
1095	Zinc	5	mg/L	0.034		EPA 200.7	0.0074	05/02/2017	16:56	E84589
1905	Color	15	PCU	2.7	U	SM 2120 B	2.7	04/28/2017	11:53	E84589
1920	Odor	3	TON	1.0	U	SM 2150 B	1.0	04/28/2017	09:30	E84589
1925	рН	6.5 - 8.5	SU	7.4	Q	SM 4500H+B		05/01/2017	13:43	E84589
1930	Total Dissolved Solids	500	mg/L	290		SM 2540 C	12	05/01/2017	12:42	E84589
2905	Foaming Agents	0.5	mg/L	0.042	I	SM 5540 C	0.040	04/28/2017	13:15	E82001

PUBLIC WATER SYSTEM INFORMATION (to be comp	pleted by sampler – Please type or print legibly)					
System Name: <u>Utilities, Inc.</u>	PWS I.D.#:					
System Type (check one): Community Nontransient Noncommunity Transient Noncommunity						
Address:						
City:	7ID Codo					
Phone #: Fax #:	E-Mail Address:					
SAMPLE INFORMATION (to be completed by sampler)						
Sample Number: <u>T1707119005</u>	Sample Date: 04/27/2017 Sample Time: 10:10 AM PM (circle one)					
Sample Location (be specific): 11219 Merganser	Location Code (if known):					
	alomethanes and haloacetic acids): mg/L Field pH: 7.5					
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	e 62-550.500(6) for requirements and restrictions. **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 samp	ole collection information is complete and correct.					
Signature:	Date:					
Certified Operator #:	_Phone #: Sampler's Fax #:					
Sampler's E-Mail:						
Reporting Format 62-550.730						

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: 06/30/2027						
ATTACH CURRENT	DOH ANALYTE *					
Address: 9610 Princess Palm Ave Tampa, FL 33619 Payments: P.O. Box Phone #: (813)63	0-9616					
Were any analyses subcontracted? Xes No If yes, please provide DOH certification numbers:	E82574 E82001					
T .	SHEET FOR EACH SUBCONTRACTED *					
ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 04/27/2017						
PWS ID (From Page 1): Sample Number (From Page 1): Land	ab Assigned Report # or Job T1707119					
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 All Except Asbestos All 30 All 21 Trihalomethanes X Partial All Except Dioxin Partial Haloacetic Acids Nitrate Partial Chlorite Nitrite Dioxin Only Bromate	Radionuclides Secondaries All 14 Qtrly Composite** Partial					
LAB CERTIFICATION O						
I, Dale Uvino ,	, do HEREBY CERTIFY					
(Print Title)						
that all attached analytical data are correct and unless noted meet all requirements of the National Environment	ental Laboratory Accreditation Conference					
Signature: Date: 5-11-17						
* 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 CONT.

62-550.320

Report Number / Job ID: <u>T1707119005</u>

PWS ID (From Page 1): _____

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Certification #
1002	Aluminum	0.2	mg/L	0.039	ı	EPA 200.7	0.025	05/02/2017	17:00	E84589
1017	Chloride	250	mg/L	24		EPA 300.0	2.0	05/02/2017	17:31	E84589
1022	Copper	1	mg/L	0.0043		EPA 200.8	0.00011	05/09/2017	13:55	E82574
1025	Fluoride	2.0	mg/L	0.27	I	EPA 300.0	0.20	05/02/2017	17:31	E84589
1028	Iron	0.3	mg/L	0.55		EPA 200.7	0.021	05/02/2017	17:00	E84589
1032	Manganese	0.05	mg/L	0.0073		EPA 200.8	0.000055	05/09/2017	13:55	E82574
1050	Silver	0.1	mg/L	0.00044	I	EPA 200.8	0.000027	05/09/2017	13:55	E82574
1055	Sulfate	250	mg/L	52		EPA 300.0	2.0	05/02/2017	17:31	E84589
1095	Zinc	5	mg/L	0.031		EPA 200.7	0.0074	05/02/2017	17:00	E84589
1905	Color	15	PCU	2.7	U	SM 2120 B	2.7	04/28/2017	11:54	E84589
1920	Odor	3	TON	1.0	U	SM 2150 B	1.0	04/28/2017	09:30	E84589
1925	рН	6.5 - 8.5	SU	7.5	Q	SM 4500H+B		05/01/2017	13:44	E84589
1930	Total Dissolved Solids	500	mg/L	290		SM 2540 C	12	05/01/2017	12:42	E84589
2905	Foaming Agents	0.5	mg/L	0.040	U	SM 5540 C	0.040	04/28/2017	15:15	ESLOCI

PUBLIC WATER SYSTEM INFORMATION (to be com	pleted by sampler – Please type or print legibly)				
System Name: Utilities, Inc.	PWS I.D.#:				
System Type (check one): Community Nor	ntransient Noncommunity				
Address:					
City:	ZIP Code:				
Phone #: Fax #:	E-Mail Address:				
SAMPLE INFORMATION (to be completed by sampler)					
Sample Number: T1707119006	Sample Date: 04/27/2017 Sample Time: 10:05 AM PM (circle one)				
Sample Location (be specific): 11001 Kisskadee	Location Code (if known):				
Disinfectant Residual (Required when reporting results for triba	alomethanes and haloacetic acids): mg/L Field pH: 7.4				
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					
	e 62-550.500(6) for requirements and restrictions. **See 62-550.550(4) for requirements and attach a results page for each site.				
	SAMPLER CERTIFICATION				
Ι,	, do HEREBY CERTIFY				
(Print Name)	(Print Title)				
that the above public water system and samp	ple collection information is complete and correct.				
Signature:	Date:				
Certified Operator #:	Phone #: Sampler's Fax #:				
Sampler's E-Mail:					
Reporting Format 62-550,730					

Page 1 of 4

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: 06/30/2027					
ATTA	ACH CURRENT DOH ANALYTE *				
Address: 9610 Princess Palm Ave Tampa, FL 33619 Payments: P.O. Box Phor	ne #: <u>(813)630-9616</u>				
Were any analyses subcontracted? X Yes No If yes, please provide DOH certification	n numbers: <u>£8a5 74, £8200 j</u>				
ATTACH	DOH ANALYTE SHEET FOR EACH SUBCONTRACTED *				
ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 04/	27/2017				
PWS ID (From Page 1): Sample Number (From Page 1):	Lab Assigned Report # or Job T1707119				
Group(s) Analyzed & Results attached for compliance with Chapter 62-550, F.A.C. (Check all t	hat apply):				
Inorganics Synthetic Organics Volatile Organics Disinfection Bypro All Except Asbestos All 30 All 21 Trihalomethane X Partial All Except Dioxin Partial Haloacetic Acid Nitrate Partial Chlorite Nitrite Dioxin Only Bromate	Single Sample All 14				
LAB CERTIFICATION	N O				
I,Dale Uvino,	, do HEREBY CERTIFY				
(Print Name) (Print Name)	nt Title)				
that all attached analytical data are correct and unless noted meet all requirements of the Nati	onal Environmental Laboratory Accreditation Conference				
Signature: Date:	5-11-17				
* 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 F	Requested: Yes No (circle or highlight group(s) above)				
Person Notified: Date Notified:	DEP/DOH Reviewing Official:				

62-550.320

Report Number / Job ID:	T1707119006
PWS ID (From Page 1):	

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Certification #	
1002	Aluminum	0.2	mg/L	0.025	U	EPA 200.7	0.025	05/02/2017	17:04	E84589	
1017	Chloride	250	mg/L	24		EPA 300.0	2.0	05/02/2017	17:47	E84589	
1022	Copper	1	mg/L	0.0030		EPA 200.8	0.00011	05/09/2017	13:58	E82574	
1025	Fluoride	2.0	mg/L	0.27	1	EPA 300.0	0.20	05/02/2017	17:47	E84589	
1028	Iron	0.3	mg/L	0.34		EPA 200.7	0.021	05/02/2017	17:04	E84589	
1032	Manganese	0.05	mg/L	0.0060		EPA 200.8	0.000055	05/09/2017	13:58	E82574	
1050	Silver	0.1	mg/L	0.00034	I	EPA 200.8	0.000027	05/09/2017	13:58	E82574	
1055	Sulfate	250	mg/L	52		EPA 300.0	2.0	05/02/2017	17:47	E84589	
1095	Zinc	5	mg/L	0.025		EPA 200.7	0.0074	05/02/2017	17:04	E84589	
1905	Color	15	PCU	2.7	U	SM 2120 B	2.7	04/28/2017	11:55	E84589	
1920	Odor	3	TON	1.0	U	SM 2150 B	1.0	04/28/2017	09:30	E84589	
1925	рН	6.5 - 8.5	SU	7.4	Q	SM 4500H+B		05/01/2017	13:45	E84589	
1930	Total Dissolved Solids	500	mg/L	300		SM 2540 C	12	05/01/2017	12:42	E84589	
2905	Foaming Agents	0.5	mg/L	0.040	U	SM 5540 C	0.040	04/28/2017	15:15	[-8200]	

PUBLIC WATER SYSTEM INFORMATION (to be o	completed by sampler - Please type	or print legibly)	
System Name: <u>Utilities, Inc.</u>		PWS I.D.#:	
System Type (check one): Community	Nontransient Noncommunity	Transient Noncommunity	
Address:			
City:		710.0	
Phone #: Fax #:		E-Mail Address:	
SAMPLE INFORMATION (to be completed by sample			
Sample Number: <u>T1707119007</u>	Sample Date: 04/27/2017	7 Sample Time: 09:15	AM PM (circle one)
Sample Location (be specific): Master Meter Assem	Up Stream	Location Code (ii	f known) :
Disinfectant Residual (Required when reporting results for	trihalomethanes and haloacetic acids):	mg/L Field pH: 7.6	
Sample Type (Check Only One)	Reasc	on(s) for Sample (Check all that apply)	
Distribution	Routine Compliance with	h 62-550 Replacement (of Invalidated	d Sample)
Entry Point (to Distribution)	Confirmation of MCL Ex	ceedance * Special (not for compliance v	
Plant Tap (not for compliance with 62-550)	Composite of Multiple S	Sites ** Clearance (permitting)	
Raw (at well or intake)	Other:		
Max Residence Time	Sampling Procedure Used		Many-Annaber (1975) Anna Angle (1976)
Ave Residence Time			
the state of the s	See 62-550.500(6) for requirement and 62-550.512(3) for nitrate or nit		50(4) for requirements and ults page for each site.
	SAMPLER CER	RTIFICATION	
I.		 ,	do HEREBY CERTIFY
(Print Name)		(Print Title)	
that the above public water system and sar	mple collection information	is complete and correct.	
Signature:		Date:	
Certified Operator #:	Phone #:	Sampler's Fax #:	
Sampler's E-Mail:			
Reporting Format 62-550 730			

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: 06/30/2027									
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: <u>£83574</u> , <u>£8300</u> j									
ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED *									
ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 04/27/2017									
PWS ID (From Page 1): Sample Number (From Page 1): Lab Assigned Report # or Job T1707119									
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 Partial Partial Haloacetic Acids Qtrly Composite** Partial Nitrate Partial Chlorite Nitrite Dioxin Only Bromate									
LAB CERTIFICATION /									
I, Dale Uvino, 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:									
* 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:									

SECOND	ARY (CONTA	AMINA	ANTS

62-550.320

Report Number / Job ID: <u>T1707119007</u>

PWS ID (From Page 1): _____

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Certification #	
1002	Aluminum	0.2	mg/L	0.025	U	EPA 200.7	0.025	05/02/2017	17:08	E84589	
1017	Chloride	250	mg/L	24	J4	EPA 300.0	2.0	05/02/2017	18:04	E84589	
1022	Copper	1	mg/L	0.0029		EPA 200.8	0.00011	05/09/2017	14:02	E82574	
1025	Fluoride	2.0	mg/L	0.27	1,J4	EPA 300.0	0.20	05/02/2017	18:04	E84589	
1028	Iron	0.3	mg/L	0.085	ı	EPA 200.7	0.021	05/02/2017	17:08	E84589	
1032	Manganese	0.05	mg/L	0.0026		EPA 200.8	0.000055	05/09/2017	14:02	E82574	
1050	Silver	0.1	mg/L	0.00033	ı	EPA 200.8	0.000027	05/09/2017	14:02	E82574	
1055	Sulfate	250	mg/L	52	J4	EPA 300.0	2.0	05/02/2017	18:04	E84589	
1095	Zinc	5	mg/L	0.039		EPA 200.7	0.0074	05/02/2017	17:08	E84589	
1905	Color	15	PCU	2.7	U	SM 2120 B	2.7	04/28/2017	11:56	E84589	
1920	Odor	3	TON	1.0	U	SM 2150 B	1.0	04/28/2017	09:30	E84589	
1925	рН	6.5 - 8.5	SU	7.6	Q	SM 4500H+B		05/01/2017	13:46	E84589	
1930	Total Dissolved Solids	500	mg/L	290		SM 2540 C	12	05/01/2017	12:42	E84589	
2905	Foaming Agents	0.5	mg/L	0.040	U	SM 5540 C	0.040	04/28/2017	13:15	E82001	



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

Pro	iect	No	
110	CCL	140	• •

Client Name:

ProjectID:

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:

All acceptance criteria were met.

E. Serial Diluion:

All acceptance criteria were met.

F. Samples:

The matrix spike (MS) recoveries of Fluoride (MS 85% & MSD 86%), Chloride (MS 82% & MSD 83%), and Sulfate (MS 75% & MSD 75%) for T1707119007 were outside control criteria. Recovery in the Laboratory Control Sample (LCS) and %RPD was acceptable, which indicates the analytical batch was in control. The matrix spike outliers suggest a potential low bias in this matrix for these analytes. The affected sample is qualified to indicate matrix interference. Acceptable criteria is 90-110%.

The matrix spike (MS) recoveries of Chloride (MS 85% & MSD 86%) and Sulfate (MS 87% & MSD 87%) for T1707114004 were outside control criteria. Recovery in the Laboratory Control Sample (LCS) and %RPD was acceptable, which indicates the analytical batch was in control. The matrix spike outliers suggest a potential low bias in this matrix for these analytes. The affected sample is qualified to indicate matrix interference. Acceptable

criteria is 90-110%.

G. Other:

certify that this data package is in compliance with the terms and conditions agreed to by Advanced Environmental aboratories, Inc. and by the client, both technically and for completeness, except for the conditions detailed above. he Quality Assurance Officer, or designee, as verified by the following signature, has authorized release of the data ontained in this data package:

Œ.	Advanced Environmental Laboratories, Inc. Florida's Largest Laboratory Network	Jackson	904.363.9350	32701 • 407.93 • Fax 904.363.9	Page							52.377.2349 • 89.2288 • Fax	x 954.889.228	81					
Client Name: Project Name: 54 M M ev + C C Address: Project Number:							BOTTLE SIZE & TYPE												
Phone: 727-9	PO Number: 252/25 FDEP Facility No: FDEP Facility Address:						REQUIRED											NUMBER	
Sampled By: Turn Around Time:	Special Instructions: All Sample Taken at Hydrauty except					ANALYSIS RE	SEC	>									LABORATORY I.D.		
SAMPLE ID	SAMPLE DESCRIPTION		Grab Comp DATE TIME Other NO. COUNT					Preservation Field- Filtered?											LABOR
/	11619 English elm			7-2-7-1	PYSHA	DW	4		4										021
2	11704Rosetvee C/2	11	/		955An	7	4		4										WZ
3	11436 Golf Rd C/2	.1.5			92574		4		4										w
4	11 800 Ivywood C/2	1 2			93574		4		4										24
5	11219 merganser O	21.1	1		1010AH	and the second	4		Y										COST
6	11001 Kisskudeer	121.3			1005A		4		4										206
7	master meter ASS+1	113		1	915/14	1	4		4										007
	,																		
CALL CALL CONTROL OF CALL CONT																			
				And provided the Party of the P															
	= wastewater SW = surface water GW = gr	ound water	DW = dr	inking wate	er 0 = oil	A=air S	SO = soil	SL = sludg	je	Preservai	ion Cod	e: l=ice	H=(HC	l) S = (H2	2SO4) N	= (HNO3)	T = (Soc	lium Thio	sulfate)
	Yes No Temp taken from sampl	e Te	emp from		Where re				·	nen receive	`	/		-	•		(corrected		°c
Control of the Contro	f last revised 11/17/16 nguished by: Date Time	/	Dac		Device used			THURSDAY SONOT	-		-				2 T: 10	A: 3/	M: 3A	S: 1V	
1	nquished by: Date Time	Ma.	rece	eived by:	04	Date 27/17	Time		H	OR DRII en PWS Info					ID:				
2 Acolubra 640/17 4 1/27 161									Contact Person: Phone :										

Supplier of Water: