Sampler's E-mail: sihabery@uiwater.com

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PUBLIC WATER SYSTEM INFORMATION (to be comp	eted by sampler – please type or print legibl	у)				
System Name: <u>Utilities, Inc. of Florida - Summertree</u>		PWS I.D. #: 651 1423				
System Type (check one):	☐Nontransient Noncommunity	☐Transient Noncommunity				
Address: 0.5 miles east of Little Road on SR 52						
City: <u>Hudson</u>	ZIP Code: <u>3466</u>					
Phone # <u>727-934-9137</u> Fax #: <u>727-934-2208</u>	E-Mail Address:					
SAMPLE INFORMATION (to be completed by sampler) Sample Number: 16073700 Sample Sample Location (be specific): 14 x c(rant 10)	le Date: 12-27:16	Sample Time:(O				
Sample Location (be specific): // XC/190/	619 english elm	Location Code:				
Disinfectant Residual (Required when reporting results for trihalo	methanes and haloacetic acids): mg/L	Field pH: (, / C/2				
Sample Type (Check Only One)	Reason(s) for Samp	Reason(s) for Sample (Check all that apply)				
Distribution	Acoutine 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 Commo	ents:				
☐Ave Residence Time						
☐Near First Customer						
	'See 62-550.500(6) for requirements and restrict And 62-550.512(3) for nitrate or nitrite exceedar	tions. **See 62-550.550(4) for requirements and attach a results page for each site.				
1	SAMPLER CERTIFICATION					
1, : Stephen 129 bev	, Operator (Print 1	Title) , do HEREBY CERTIFY				
that the above public water system and sample collection infor	•					
Signature	Date:	12-27:66				
Certified Operator #: 5000 Phone #: 727-934-9137	Sample	er's Fax #: <u>727-934-2208</u>				

LABORATORY CERTIFIC	CATION INFORMATION (to be completed by lab – Please type or print legibly)
	vironmental Laboratories, Inc. — Florida Dout on trong transfer and the second of the
	ATTACH CUPPENT DOLLARA LATTER #
Address: 9610 Princess	Palm Ave Tampa, FL 33619 Payments: P.O. Box Phone #: (813)630-9616
Were any analyses subco	ontracted? Yes No If yes, please provide DOH certification numbers: <u>F82574</u> F8200 /
ANALYSIS INFORMATIO	ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED * ON (to be completed by lab) Date Sample(s) Received: 12/27/2016
PWS ID (From Page 1):	6 C ((())) C () C () Neceived. 12/27/2016
	Sample Number (From Page 1): T1620737001 Lab Assigned Report # or Job T1620737
	ults 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 21 Trihalomethanes All Except Dioxin Partial Dioxin Only Disinfection Byproducts Trihalomethanes Single Sample All 14 Qtrly Composite** Partial Partial Bromate
l, <u>Dale Uvino</u>	LAB CERTIFICATION PM
	(Print Name), do HEREBY CERTIFY
hat all attached analytical	data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference
Signature:	
Failure to provide a valid an	nd current Florida DOH lab certification number and a current Analyte Sheet for the attached analysis results will result in rejection of the not against the public water system for failure to sample, and may result in polification of the DOH Russay of Laborator of the
report, possible enforcemer * Please provide radiological	nt against the public water system for failure to sample, and may result in notification of the DOH Bureau of Laboratory Services. I sample dates & locations for each quarter.
NON-DETECTS ARE TO	CONFIRMATION & NOTIFICATION IS REQUIRED WITHIN 24 HRS FOR NITRATE OR NITRITE MCL EXCEEDANCES BE REPORTED AS THE MDL WITH A "U" QUALIFIER. (Non-detects reported as "BDL" or with a "<" are not acceptable.)
COMPLIANCE DETERMIN	VATION (to be consisted to DEC). The
	(to be completed by DEP or DOH – attach notes as necessary) sis Satisfactory: Yes No Replacement Sample or Report Requested: Yes No (circle or highlight group(s) above)
	70 Oduside Lory 185 180 Kenlacement Sample or Poport Doguestado De La Company
Person Notified:	Date Notified: DEP/DOH Reviewing Official:

SECONDARY CONTAMINANTS

62-550.320

Report Number / Job ID: T1620737001

PWS ID (From Page 1): _

Contam		T			ŀ	PWS ID (From I	Page 1):	<u> 651 /</u>	423	
1002	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab
-	Aluminum	0.2	mg/L	0.12	U	EPA 200.7	0.12	01/03/2017	17:04	Certification E84589
1017	Chloride	250	mg/L	35	J4	EPA 300.0	2.0	 	 	E84589
1022	Copper	1	mg/L	0.0018		 	 	01/04/2017	21:11	
1025	Fluoride	2.0	mg/L	0.30		EPA 200.8	0.00011	01/05/2017	17:46	E82574
1028	Iron	0.3			<u> </u>	EPA 300.0	0.20	01/04/2017	21:11	E84589
1032	Manganese	+	mg/L	0.029		EPA 200.7	0.021	01/03/2017	17:04	E84589
	Silver	0.05	mg/L	0.0024		EPA 200.8	0.000055	01/05/2017	17:46	E82574
		0.1	mg/L	0.0014		EPA 200.8	0.000027	01/05/2017	17:46	E82574
	Sulfate	250	mg/L	96	J4	EPA 300.0	2.0	01/04/2017		E84589
1095	Zinc	5	mg/L	0.011		EPA 200.7	0.0020		21:11	E84589
1905	Color	15	PCU	2.7	U			01/03/2017	17:04	
1920	Odor	3	TON	1.0		SM 2120 B	2.7	12/27/2016	19:03	E84589
1925	рН	6.5 - 8.5			U	SM 2150 B	1.0	12/28/2016	10:15	E84589
1930	Total Dissolved Solids		SU	7.7	Q	SM 4500H+B		12/30/2016	08:51	E84589
		500	mg/L	300		SM 2540 C	12	12/30/2016	16:15	E84589
2000	oaming Agents	0.5	mg/L	0.040	U	SM 5540 C	0.040	12/28/2016	11:00	E82007

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

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Sampler's E-mail: sihabery@uiwater.com

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PUBLIC WATER SYSTEM INFORMATION (to be completed by sampler – please type or print legibly) System Name: <u>Utilities, Inc. of Florida - Summertree</u> PWS I.D. #: 651 1423 System Type (check one): (Zeommunity ☐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: 1 620 737 Sample Date: (2-27) (6 Sample Location (be specific): HXClvQaT Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): _____ mg/L Sample Type (Check Only One) Reason(s) for Sample (Check all that apply) 1⊠Distribution MRoutine Compliance with 62-550 ☐Replacement (of Invalidated Sample) DEntry 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 '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 Operator do HEREBY CERTIFY (Print Title) that the above public water system and sample collection information is complete and correct. Certified Operator #: 50 Phone #: 727-934-9137 Sampler's Fax #: 727-934-2208

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								
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>F82574</u> <u>F8200/</u>								
ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED *								
ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 12/27/2016								
PWS ID (From Page 1): 1403 Sample Number (From Page 1): 11620737002 Lab Assigned Report # or Job 11620737								
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								
LAB CERTIFICATION ()								
I, Dale Uvino ,, 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: 1-6-17								
* 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 CONTAMINANTS 62-550.320

Contam	Contam Name	MCL	Units	Analysis	Ouglifier*	Analytical	Lab	Analysis	Analysis	DOH Lab
ID	Contain Name	IVICE	Offics	Result	Qualifier*	Method	MDL	Date	Time	Certification #
1002	Aluminum	0.2	mg/L	0.12	U	EPA 200.7	0.12	01/03/2017	17:15	E84589
1017	Chloride	250	mg/L	32		EPA 300.0	2.0	01/04/2017	20:21	E84589
1022	Copper	1	mg/L	0.0025		EPA 200.8	0.00011	01/05/2017	17:50	E82574
1025	Fluoride	2.0	mg/L	0.28	ı	EPA 300.0	0.20	01/04/2017	20:21	E84589
1028	Iron	0.3	mg/L	0.027	ı	EPA 200.7	0.021	01/03/2017	17:15	E84589
1032	Manganese	0.05	mg/L	0.0025		EPA 200.8	0.000055	01/05/2017	17:50	E82574
1050	Silver	0.1	mg/L	0.00059		EPA 200.8	0.000027	01/05/2017	17:50	E82574
1055	Sulfate	250	mg/L	88		EPA 300.0	2.0	01/04/2017	20:21	E84589
1095	Zinc	5	mg/L	0.0087	ı	EPA 200.7	0.0020	01/03/2017	17:15	E84589
1905	Color	15	PCU	2.7	U	SM 2120 B	2.7	12/27/2016	19:05	E84589
1920	Odor	3	TON	1.0	U	SM 2150 B	1.0	12/28/2016	10:15	E84589
1925	pH	6.5 - 8.5	SU	7.7	Q	SM 4500H+B		12/30/2016	08:52	E84589
1930	Total Dissolved Solids	500	mg/L	290		SM 2540 C	12	12/30/2016	16:15	E84589
2905	Foaming Agents	0.5	mg/L	0.040	U	SM 5540 C	0.040	12/28/2016	11:00	ESLOGI

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Page 4 of 4

^{*}Results must be reported with appropriate qualifiers in accordance with Florida Administrative Code Rule 62-160, Table 1. Results qualified with A, F, H, N, O, T, Z, ?, ", 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

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): **D**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: 1620737003 Sample Date: 12-27(6 Sample Location (be specific): - Hx ClvOmy Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): _____ mg/L Field pH: Sample Type (Check Only One) Reason(s) for Sample (Check all that apply) 12Distribution 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. altach a results page for each site. SAMPLER CERTIFICATION Operator 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 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 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: ESSTY ESCOT							
ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 12/27/2016							
PWS ID (From Page 1): 65 143 Sample Number (From Page 1): T1620737003 Lab Assigned Report # or Job T1620737							
Group(s) Analyzed & Results attached for compliance with Chapter 62-550, F.A.C. (Check all that apply):							
Inorganics All Except Asbestos All Except Dioxin Nitrate Nitrite Asbestos Only Synthetic Organics Volatile Organics Disinfection Byproducts Trihalomethanes Secondaries Ald 14 Haloacetic Acids Chlorite Bromate							
I, Dale Uvino							
(Print Name), do HEREBY CERTIFY							
that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference							
Signature: Date: 14-17							
* 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 CONTAMINANTS

62-550.320

Report Number / Job ID: T1620737003

PWS ID (From Page 1): _

0					•	AAO ID (FIOM F	age 1)	6/11	700	MANAGEMENT OF THE PARTY OF THE
Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab
1002	Aluminum	0.2	mg/L	0.12	U	EPA 200.7	0.12	01/03/2017	17:18	E84589
1017	Chloride	250	mg/L	33		EPA 300.0	2.0	01/04/2017	22:00	E84589
1022	Copper	1	mg/L	0.0041		EPA 200.8	0.00011	01/05/2017	17:54	E82574
1025	Fluoride	2.0	mg/L	0.29	ı	EPA 300.0	0.20	01/04/2017	22:00	E84589
1028	Iron	0.3	mg/L	0.024	ı	EPA 200.7	0.021	01/03/2017	17:18	E84589
1032	Manganese	0.05	mg/L	0.0025		EPA 200.8	0.000055	01/05/2017	17:54	E82574
1050	Silver	0.1	mg/L	0.00032	I	EPA 200.8	0.000027	01/05/2017	17:54	E82574
1055	Sulfate	250	mg/L	89		EPA 300.0	2.0	01/04/2017	22:00	E84589
1095	Zinc	5	mg/L	0.012		EPA 200.7	0.0020	01/03/2017	17:18	E84589
1905	Color	15	PCU	2.7	U	SM 2120 B	2.7	12/27/2016	19:06	E84589
1920	Odor	3	TON	1.0	U	SM 2150 B	1.0	12/28/2016	10:15	E84589
1925	рН	6.5 - 8.5	SU	7.7	Q	SM 4500H+B		12/30/2016	08:53	E84589
1930	Total Dissolved Solids	500	mg/L	290		SM 2540 C	12	12/30/2016	16:15	E84589
2905	Foaming Agents	0.5	mg/L	0.040	U	SM 5540 C	0.040	12/28/2016	11:00	E82601

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^{*}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 comp	oleted by sam	pler – please type or print legil	olv)	
System Name: <u>Utilities, Inc. of Florida - Summertree</u>	-	, January January		CEA A 400
System Type (check one): - Community Address: 0.5 miles east of Little Road on SR 52	ПNontr	ansient Noncommunity	PWS I.D. #: ☐Transient Noncommunity	001 1423
City: <u>Hudson</u>		ZIP Code: <u>346</u>	668	Mine & Citiva by Minimus in Minimus in San Ard and Ard and Ard and Ard Ard Ard Ard Ard Ard Ard Ard Ard Ar
Phone # <u>727-934-9137</u> Fax #: <u>727-934-2208</u>	For the state of t	-Mail Address:		тицер в в виде в достов в мен в нам объемен и на на приней доли шайла на при в лючен в почен в приней доли на пр
SAMPLE INFORMATION (to be completed by sampler) Sample Number: 6207387004 Sample Sample Location (be specific): House Control of the Control	ole Date: _/ _{&/OO	12-27-16 Ivywoog	Sample Time:10 45 Location Code:	AM PM (Circle One)
Distribution Residual (Required when reporting results for tribate	omethanes and	d haloacetic acids): mg/l	Field pH:	To the state of th
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	☐Routine (☐Confirma☐Composi☐Other:		ole (Check all that apply) Replacement (of Invalidated Sa Special (not for compliance wit Clearance (permitting)	ample)
	'See 62-550. And 62-550.5	500(6) for requirements and restric 512(3) for nitrate or nitrite exceeda	tions. **See 62-550,550(4) for req nces. attach a results page for e	uirements and ach site.
(Print Name)	r ett all ett fill kinn ett sich deutschaft sie des proprietzens deutschaft sie den geschaft sie der geschaft sie deutschaft s	LER CERTIFICATION Operator (Print		, do HEREBY CERTIFY
hat the above public water system and sample collection inforr	mation is con	plete and correct.		
Signature X		Date:	12-27-16	•
Certified Operator #: 50/2 Phone #: 727-934-9137			er's Fax #: <u>727-934-2208</u>	en de la companya de
Sampler's E-mail: sihabery@uiwater.com	, , , , , , , , , , , , , , , , , , ,		4 Approximate Section 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	ettimusentanya Prince zi inga kadalaka ka etti pinya aya anya katalaha ayanan ya

LABORATORY CERTIFICATION INFORMATION (to be completed by lab – Please type or print legibly)
Lab Name; Advanced Environmental Laboratories, Inc. — Florida DOLLO, VIS. VI. — Tourida DOLLO.
ATTACH CURRENT DOM 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: £32574, £82001
ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED *
ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 12/27/2016
PWS ID (From Page 1): Sample Number (From Page 1): Lab Assigned Report # or Job T1620737
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 Haloacetic Acids Qtrly Composite** Partial Nitrite Dioxin Only Bromate
I, Dale Uvino
, do HEREBY CERTIFY
(PINI IIIe)
that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference Signature:
* Failure to provide a valid and current Florida DOH lab continuation must
* 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: Date Notified: DEP/DOH Reviewing Official:

SECONDARY CONTAMINANTS

62-550.320

Report Number / Job ID: T1620737004

PWS ID (From Page 1):

	T. C.	(Hollit age 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	0.12	U	EPA 200.7	0.12	01/03/2017	17:22	E84589
1017	Chloride	250	mg/L	36		EPA 300.0	2.0	01/04/2017	22:17	E84589
1022	Copper	1	mg/L	0.0051		EPA 200.8	0.00011	01/05/2017	17:58	E82574
1025	Fluoride	2.0	mg/L	0.28	ı	EPA 300.0	0.20	01/04/2017	22:17	E84589
1028	Iron	0.3	mg/L	0.033	ı	EPA 200.7	0.021	01/03/2017	17:22	E84589
1032	Manganese	0.05	mg/L	0.0028		EPA 200.8	0.000055	01/05/2017	17:58	E82574
1050	Silver	0.1	mg/L	0.00018	ı	EPA 200.8	0.000027	01/05/2017	17:58	E82574
1055	Sulfate	250	mg/L	98		EPA 300.0	2.0	01/04/2017	22:17	E84589
1095	Zinc	5	mg/L	0.013		EPA 200.7	0.0020	01/03/2017	17:22	E84589
1905	Color	15	PCU	2.7	U	SM 2120 B	2.7	12/27/2016	19:07	E84589
1920	Odor	3	TON	1.0	U	SM 2150 B	1.0	12/28/2016	10:15	E84589
1925	pH	6.5 - 8.5	SU	7.8	Q	SM 4500H+B		12/30/2016	08:54	E84589
1930	Total Dissolved Solids	500	mg/L	330		SM 2540 C	12	12/30/2016	16:15	E84589
2905	Foaming Agents	0.5	mg/L	0.042	ı	SM 5540 C	0.040	12/28/2016	13:40	E82001

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

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^{*}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

PUBLIC WATER SYSTEM INFORMATION	(to be completed by sampler -	please type or print legibly
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System Name: <u>Utilities, Inc. of Florida - Summertree</u>	provinceron amelia accompositore, que la como esta entraparamento monte por gazação, compres a conse	PWS I.D. #: 651 1423					
System Type (check one): Decommunity Address: 0.5 miles east of Little Road on SR 52	ПNontransi	ent Noncommunity	Transient Noncommunity				
City: Hudson	ennesentale del del del se la periodición de la seguina del se en periodición de la secuencia del se se un sed Se en seguina del se se en seguina del se en seguina del seguina del seguina del seguina del seguina del seguin	ZIP Code: <u>34668</u>					
Phone # <u>727-934-9137</u> Fax #: <u>727-934-2208</u>	E-Mail	Address:					
SAMPLE INFORMATION (to be completed by sampler) Sample Number: 162011005 Sample Sample Location (be specific): 14 X 4 C (n7 1							
Disinfectant Residual (Required when reporting results for trihak	omethanes and hald	parette acide)' ma/l	Field nH:				
Sample Type (Check Only One)	Amorianion diff ifair	Reason(s) for Sample					
ADIstribution	⊠Routine Com	pliance 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	f Multiple Sites**	☐Clearance (permitting)				
Raw (at well or intake)	☐Other:						
Max Residence Time	Sampling Proce	dure Used or Other Commen	ts:				
Ave Residence Time							
Near First Customer	Becelon and the second	efficie film in the entire of the Article of the complete of the Article of the Complete of the Article of the					
	'See 62-550.500(And 62-550.512(for requirements and restriction for nitrate or nitrite exceedance 	ns. **See 62-550.550(4) for requirements and es. altach a results page for each site.				
	SAMPLE	R CERTIFICATION					
Print Name)	entranementententranemententranemententententententententententententente	Operator (Print Titl	e) , do HEREBY CERTIFY				
hat the above public water system and sample collection infor	rmation is complet	·					
Signature		Date:	12-27:16				
Certified Operator #:50/2Phone #: 727-934-9137		Sampler's	s Fax #: <u>727-934-2208</u>				
Sampler's E-mail: sihabery@uiwater.com							

I an Name: Advanced Env	CATION INFORMATION (to be completed by lab – Please type or print legibly)
200 Marie, Maraneca Elly	vironmental Laboratories, Inc Florida DOH Certification #: <u>E84589</u> Certification Expiration Date: <u>06/30/2017</u>
	Palm Ave Tampa, FL 33619 Payments: P.O. Box Phone #: (813)630,0616
Were any analyses subcor	intracted? Yes No If yes, please provide DOH certification numbers:
	ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED * (to be completed by lab) Date Sample(s) Received: 12/27/2016
PWS ID (From Page 1):	Sample Number (From Page 1): T1620737005 Lab Assigned Report # as 1.1 T4000707
	ults 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 21 Trihalomethanes Haloacetic Acids Partial Disinfection Byproducts Secondaries Single Sample All 14 Chlorite Bromate
,Dale Uvino	LAB CERTIFICATION
	(Print Name), do HEREBY CERTIFY
hat all attached analytical c	(Print Name) (Print Title) data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference
hat all attached analytical of Signature: Failure to provide a valid and report, possible enforcement	(Print Name) data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference Date: C
nat all attached analytical of Signature: Failure to provide a valid and report, possible enforcement Please provide radiological s	(Print Name) data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference Date: Date: C / 7
hat all attached analytical of Signature:	(Print Title) data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference Date: Date: CONFIRMATION & NOTIFICATION IS REQUIRED WITHIN 24 HRS FOR NITRATE OR NITRITE MCL EXCEEDANCES BE REPORTED AS THE MDL WITH A "U" QUALIFIER. (Print Title) (Accreditation Conference Date: Date: Date: Date: Non-detects reported as "BDL" or with a "<" are not acceptable.)
Failure to provide a valid and report, possible enforcement Please provide radiological so NON-DETECTS ARE TO E	(Print Name) (Print Title) data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference Date: Date: Date: Date: Date: Date: CONFIRMATION & NOTIFICATION IS REQUIRED WITHIN 24 HRS FOR NITRATE OR NITRITE MCL EXCEEDANCES BE REPORTED AS THE MDL WITH A "U" QUALIFIER. (Non-detects reported as "BDL" or with a "<" are not acceptable.)

SECONDARY CONTAMINANTS

62-550.320

Report Number / Job ID: T1620737005

PWS ID (From Page 1):

Contam						VVO ID (From F	aye 1)	(0)	1425	
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	0.12	U	EPA 200.7	0.12	01/03/2017	17:25	E84589
1017	Chloride	250	mg/L	34		EPA 300.0	2.0	01/04/2017	22:33	E84589
1022	Copper	1	mg/L	0.0046		EPA 200.8	0.00011	01/05/2017	18:09	E82574
1025	Fluoride	2.0	mg/L	0.29	ı	EPA 300.0	0.20	01/04/2017		E84589
1028	Iron	0.3	mg/L	0.025	l	EPA 200.7	0.021		22:33	E84589
1032	Manganese	0.05	mg/L	0.0023			-	01/03/2017	17:25	
1050	Silver	0.1				EPA 200.8	0.000055	01/05/2017	18:09	E82574
1055	Sulfate		mg/L	0.000074		EPA 200.8	0.000027	01/05/2017	18:09	E82574
		250	mg/L	94		EPA 300.0	2.0	01/04/2017	22:33	E84589
1095	Zinc	5	mg/L	0.0098	I	EPA 200.7	0.0020	01/03/2017	17:25	E84589
1905	Color	15	PCU	2.7	U	SM 2120 B	2.7	12/27/2016	19:08	E84589
1920	Odor	3	TON	1.0	U	SM 2150 B	1.0	12/28/2016	10:15	E84589
1925	рН	6.5 - 8.5	SU	7.7	Q	SM 4500H+B		12/30/2016		E84589
1930	Total Dissolved Solids	500	mg/L	330		SM 2540 C	12		08:55	E84589
2905	Foaming Agents	0.5	mg/L	0.040	U	SM 5540 C	0.040	12/30/2016 12/28/2016	16:15	L0-1009

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.

Scond

PUBLIC WATER SYSTEM INFORMATION (to be con	nnleted by sam	plor plogo has a second		
System Name: <u>Utilities, Inc. of Florida - Summertree</u>	inprotect by Sail	iple: — please type or print legib		
System Type (check one): Peommunity Address: 0.5 miles east of Little Road on SR 52	□Nontr	ansient Noncommunity	PWS I.D. #; 6	51 1423
City: <u>Hudson</u>		ZIP Code: <u>346</u> 6		·
Phone # <u>727-934-9137</u> Fax #: <u>727-934-2208</u>	Fig. 1.		The second secon	registative situandare sin um situare serva e territorio situarea, no mosso sico monditale e estançand
SAMPLE INFORMATION (to be completed by sampler) Sample Number: 1666737006 Sam Sample Location (be specific): Hydran L Disinfectant Residual (Required when reporting results for trihat 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	nple Date: / // O Colomethanes and Routine Confirmat Composite	haloacetic acids): mg/L Reason(s) for Sample Compliance with 62-550 Idon of MCL Exceedance* e of Multiple Sites**	Field pH:	PM (Circle One)
	"See 62-550.5" And 62-550.5"	00(6) for requirements and restricti 12(3) for nitrate or nitrite exceedance	ons. **See 62-550.550(4) for requires. attach a results page for each	rements and
I, Stephen Howhen (Print Name) that the above public water system and sample collection infor	ndirection and a development and a proposed position with the second position of the second	ER CERTIFICATION Operator (Print Title) Determine and correct.		, do HEREBY CERTIFY
Signature	AAA BIGGISSI SII SII SII SII SII SII SII SII	Date:	12-27,6	•
Certified Operator # Phone #: 727-934-9137	The second secon	•	Description of the second seco	
Sampler's E-mail: sihabery@uiwater.com	ning Life of the children divergence of the decrease of the children control of the children o	Sampler'	's Fax #: <u>727-934-2208</u>	
	magamalain hain degamalaa ja magamalaa ja j			

	FICATION INFORMATION (to be completed by lab – Please type or print legibly)
Lab Name: Advanced Er	nvironmental Laboratories, Inc
	Certification Expiration Date: 06/30/2017
Address: 9610 Princes:	s Palm Ave Tampa, FL 33619 Payments: P.O. Box Phone #: (813)630-0616
Were any analyses subc	Contracted? Wes Discussion of the Contracted Contracted?
ANALYSIS INFORMATI	ION (to be completed by lab) Date Sample(s) Received: 12/27/2016
	651 1422 Sample Number
Group(s) Analyzed & Re	Sample Number (From Page 1): T1620737006 Lab Assigned Report # or Job T1620737
Inorganics	esults attached for compliance with Chapter 62-550, F.A.C. (Check all that apply):
All Except Asbestos	Synthetic Organics Volatile Organics Disinfection Byproducts Radionuclides Secondaries
X Partial	All Except Dioxin Partial Irihalomethanes Single Sample
Nitrate ☐ Nitrite	☐ Partial ☐ Haloacetic Acids ☐ Qtrly Composite** ☐ Partial ☐ Chlorite
☐ Asbestos Only	☐ Dioxin Only ☐ Bromate
, _ Dale Uvino	LAB CERTIFICATION ()
, Dale Uvino	(Print Name), do HEREBY CERTIFY
	(Print Name) ,, do HEREBY CERTIFY
hat all attached analytica	(Print Name) , do HEREBY CERTIFY (Print Title) al data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference
hat all attached analytica Signature:	(Print Name) , do HEREBY CERTIFY al data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference Date:
nat all attached analytica Signature: Failure to provide a valid a report, possible enforcement	(Print Name) , do HEREBY CERTIFY (Print Title) al data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference
hat all attached analytica Signature: Failure to provide a valid a report, possible enforcement of the provide radiological provide r	(Print Name) (Print Title) al data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference Date: Date:
nat all attached analytica Signature: Signature: Failure to provide a valid a report, possible enforcement Please provide radiologica	(Print Name) (Print Title) al data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference Date: and current Florida DOH lab certification number and a current Analyte Sheet for the attached analysis results will result in rejection of the all sample dates & locations for each quarter. CONFIRMATION & NOTIFICATION IS REQUIRED WITHIN 24 HRS FOR NITRATE OR NITRITE MCL EXCEEDANCES
nat all attached analytica Signature: Failure to provide a valid a report, possible enforcement of Please provide radiologica NON-DETECTS ARE TO	(Print Title) al data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference Date: and current Florida DOH lab certification number and a current Analyte Sheet for the attached analysis results will result in rejection of the all sample dates & locations for each quarter. CONFIRMATION & NOTIFICATION IS REQUIRED WITHIN 24 HRS FOR NITRATE OR NITRITE MCL EXCEEDANCES O BE REPORTED AS THE MDL WITH A "U" QUALIFIER. (Non-detects reported as "BDL" or with a "<" are not acceptable.)
hat all attached analytica Signature: Failure to provide a valid a report, possible enforceme Please provide radiologica NON-DETECTS ARE TO	(Print Name) (Print Title) al data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference Date: Date:
hat all attached analytica Signature: Failure to provide a valid a report, possible enforceme* Please provide radiologica NON-DETECTS ARE TO	(Print Title) al data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference Date: and current Florida DOH lab certification number and a current Analyte Sheet for the attached analysis results will result in rejection of the all sample dates & locations for each quarter. CONFIRMATION & NOTIFICATION IS REQUIRED WITHIN 24 HRS FOR NITRATE OR NITRITE MCL EXCEEDANCES O BE REPORTED AS THE MDL WITH A "U" QUALIFIER. (Non-detects reported as "BDL" or with a "<" are not acceptable.)

SECONDARY CONTAMINANTS

62-550.320

Report Number / Job ID: <u>T1620737006</u>

PWS ID (From Page 1):

Contam					•	WS ID (From F	Page 1):	651	423	
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	0.12	U	EPA 200.7	0.12	01/03/2017	17:29	E84589
1017	Chloride	250	mg/L	34		EPA 300.0	2.0	01/04/2017		E84589
1022	Copper	1	mg/L	0.0078		EPA 200.8	 		22:50	E82574
1025	Fluoride	2.0	mg/L	0.29			0.00011	01/05/2017	18:13	
1028	Iron			Ē	I	EPA 300.0	0.20	01/04/2017	22:50	E84589
		0.3	mg/L	0.023	1	EPA 200.7	0.021	01/03/2017	17:29	E84589
1032	Manganese	0.05	mg/L	0.0021		EPA 200.8	0.000055	01/05/2017	18:13	E82574
1050	Silver	0.1	mg/L	0.000050	ı	EPA 200.8	0.000027	01/05/2017	18:13	E82574
1055	Sulfate	250	mg/L	93		EPA 300.0	2.0	01/04/2017	22:50	E84589
1095	Zinc	5	mg/L	0.011		EPA 200.7	0.0020	01/03/2017		E84589
1905	Color	15	PCU	2.7	U	SM 2120 B	2.7		17:29	E84589
1920	Odor	3	TON	1.0	U	SM 2150 B		12/27/2016	19:09	
1925	рН	6.5 - 8.5	SU				1.0	12/28/2016	10:15	E84589
1930	Total Disabled Calida		SU	7.7	Q	SM 4500H+B		12/30/2016	08:56	E84589
	Total Dissolved Solids	500	mg/L	320		SM 2540 C	12	12/30/2016	16:15	E84589
2905	Foaming Agents	0.5	mg/L	0.040	U	SM 5540 C	0.040	12/28/2016	13:40	F82001

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

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

System Name: <u>Utilities, Inc. of Florida - Summertree</u>	i house tabe of	r print regiony)
System Type (check one): Community Address: 0.5 miles east of Little Road on SR 52	☐Nontransient Noncommun	PWS I.D. #: 651 1423
City: Hudson	ZIP	Code: <u>34668</u>
Phone # <u>727-934-9137</u> Fax #: <u>727-934-2208</u>	P** A # ! A 6	
SAMPLE INFORMATION (to be completed by sampler) Sample Number: 162673700 Sar Sample Location (be specific): Master Media Disinfectant Residual (Required when reporting results for trih Sample Type (Check Only One) Abistribution Dentry Point (to Distribution) Plant Tap (not for compliance with 62-550) Raw (at well or intake) Max Residence Time	mple Date: 2-2) ten ASSM UPST CUM alomethanes and haloacetic acids): Reason(s) Routine Compliance with 62-5 Confirmation of MCL Exceeda Composite of Multiple Sites***	Sample Time: LO (S AM) PM (Circle One) PPZI/C Location Code: mg/L Field pH:
□Ave Residence Time □Near First Customer	Sampling Procedure Used or Oth See 62-550.500(6) for requirements a	
	rand 02-10.5 (2(3) for hitrate or nitrite	e exceedances. attach a results page for each site.
that the above public water system and sample collection infor	SAMPLER CERTIFICATION OPERATOR OPERATOR OF THE PROPERTY OF T	ATION (Print Title), do HEREBY CERTIFY
Signature		Date: 12-27/6
Certified Operator #: 2727-934-9137		Sampler's Fax #: 727-934-2208
Sampler's E-mail: sihabery@uiwater.com		Camplet 5 Fax #. /2/-934-2208
en e		

	CICATION INCODES
THE STATE OF THE S	FICATION INFORMATION (to be completed by lab – Please type or print legibly)
Lab Name: Advanced Er	Environmental Laboratories, Inc Florida DOH Certification #: E84589 Certification Expiration Date: 06/20/2047
A diduction to a	ATTACH CORPORATE OF THE OFFICE
	ss Palm Ave Tampa, FL 33619 Payments: P.O. Box Phone #: (813)630 0616
Were any analyses subc	contracted? Yes No If yes, please provide DOH certification numbers:
ANALYSIS INFORMATI	ION (to be completed by lab) Date Sample(s) Received: 12/27/2016
PWS ID (From Page 1):	651 1// 1
	Tanipio Namber (From Page 1): 110/11/3/101/ Jah Assigned Depart # - 11 Transport
Group(s) Analyzed & Re	esults attached for compliance with Chapter 62-550, F.A.C. (Check all that apply):
Inorganics All Except Asbestos X Partial Nitrate Nitrite Asbestos Only	Synthetic Organics All 30 All 21 Trihalomethanes All Except Dioxin Partial Dioxin Only Disinfection Byproducts Trihalomethanes All 21 Trihalomethanes All 21 All 2
, Dale Uvino	LAB CERTIFICATION 000
,	(Print Name) ,, do HEREBY CERTIFY
hat all attached analytica	(Deint Title)
9	al data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference
Signature 🔿 🤞 🖟	
Failure to provide a valid of	Date:
Failure to provide a valid a report, possible enforcement	and current Florida DOH lab certification number and a current Analyte Sheet for the attached analysis results.
Failure to provide a valid a report, possible enforceme* Please provide radiologica	and current Florida DOH lab certification number and a current Analyte Sheet for the attached analysis results will result in rejection of the call sample dates & locations for each quarter. CONFIRMATION & NOTIFICATION IS REQUIRED WITHIN A LABOR.
Failure to provide a valid a report, possible enforceme* Please provide radiologica	and current Florida DOH lab certification number and a current Analyte Sheet for the attached analysis results will result in rejection of the call sample dates & locations for each quarter. CONFIRMATION & NOTIFICATION IS REQUIRED WITHIN 24 HRS FOR NITRATE OR NITRITE MCL EXCEEDANCES
Failure to provide a valid a report, possible enforceme Please provide radiologica	and current Florida DOH lab certification number and a current Analyte Sheet for the attached analysis results will result in rejection of the nent 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 O BE REPORTED AS THE MDL WITH A "U" QUALIFIER. (Non-detects reported as "BDL" or with a "<" are not acceptable.)
Failure to provide a valid a report, possible enforceme Please provide radiologica NON-DETECTS ARE TO	and current Florida DOH lab certification number and a current Analyte Sheet for the attached analysis results will result in rejection of the nent 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 O BE REPORTED AS THE MDL WITH A "U" QUALIFIER. (Non-detects reported as "BDL" or with a "<" are not acceptable.)
Failure to provide a valid a report, possible enforcement Please provide radiological NON-DETECTS ARE TO COMPLIANCE DETERMINE	and current Florida DOH lab certification number and a current Analyte Sheet for the attached analysis results will result in rejection of the nent 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 O BE REPORTED AS THE MDL WITH A "U" QUALIFIER. (Non-detects reported as "BDL" or with a "<" are not acceptable.)

SECONDARY CONTAMINANTS

62-550.320

Report Number / Job ID: T1620737007

PWS ID (From Page 1): _

Contam			T.			WS ID (From F	² age 1):	6)	1423	MANAGEMENT OF THE PARTY OF THE
ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab
1002	Aluminum	0.2	mg/L	0.12	U	EPA 200.7	0.12	01/03/2017	17:47	E84589
1017	Chloride	250	mg/L	31		EPA 300.0	2.0			E84589
1022	Copper	1	mg/L	0.0031			 	01/04/2017	23:06	
1025	Fluoride	2.0				EPA 200.8	0.00011	01/05/2017	18:17	E82574
1028	Iron		mg/L	0.26	<u> </u>	EPA 300.0	0.20	01/04/2017	23:06	E84589
		0.3	mg/L	0.025	1	EPA 200.7	0.021	01/03/2017	17:47	E84589
1032	Manganese	0.05	mg/L	0.0024		EPA 200.8	0.000055	01/05/2017	18:17	E82574
1050	Silver	0.1	mg/L	0.000036		EPA 200.8	0.000027			E82574
1055	Sulfate	250	mg/L	84				01/05/2017	18:17	
1095	Zinc	5				EPA 300.0	2.0	01/04/2017	23:06	E84589
1905	Color		mg/L	0.013		EPA 200.7	0.0020	01/03/2017	17:47	E84589
		15	PCU	2.7	U	SM 2120 B	2.7	12/27/2016	19:10	E84589
	Odor	3	TON	1.0	U	SM 2150 B	1.0	12/28/2016	10:15	E84589
1925	pH	6.5 - 8.5	SU	7.9	Q	SM 4500H+B				E84589
1930	Total Dissolved Solids	500	mg/L	310				12/30/2016	08:57	
2905	Foaming Agents	0.5				SM 2540 C	12	12/30/2016	16:15	E84589
		0.0	mg/L	0.040	U	SM 5540 C	0.040	12/28/2016	13:40	E82001

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



		TOTALOUTTO, IIIV.			A roday Way, Miramar, FL 33025 • 954.889.2288 • Fax 954.889.2281 Cedar Center Drive, Tallahassee, FL 32301 • 850.219.6274 • Fax 850.219.6275
Client Name:	24 Summertrer	Project Name: 54 mmen	tre Th	100331 6	Fax 813.630.4327
Address:		P.O. Number/Project Number:	2/25	BOTT	SOZE & TYPE
Db. /7 3 0		Project Location:			
FAX:	-934-9/37	REMARKS/SPECIAL INS	STRUCTIONS:	뿔	
	2 101	All samples	1- swere	B	
Sampled By:	HOLON HBECKER Stevenaber	at Fire Axulu	9015	S R	
urn Around Time:	TANDARD RUSH	Sample #7	William William	YSI	
The state of the s	of	master meter upstream	ASSMEDIX OF RPZ	ANALYSIS REQUIRED	ADDBATORY IS
SAMPLE ID	SAMPLE DESCRIPTION	Grab SAMPLING	MATRIX NO.	PRESER-	
	1/6/9 english 2/m	DATE TIM	FIDW 4	AA XX	
2	11704 Rose tree 11436 5018 Rd	1032	DAT 4		Ty and the second
3	11436 501FRd		(025)		$\frac{\varphi}{\varphi}$
4.	11800 Dywood	1043	AN AM		4 603
5	1/2/9maerganser				w w
6	11001 Kiskadeec				4 601
7					4 26
	master mater Assam	8 [0]2	144		<u>4</u>
	upstream of npz		100mL		
latrix Code: W/W -	Workeyers Char				
eceived on Ice	wastewater SW = surface water GW = groun		A = air SO = soil SL	. = sludg	Sludge Preservation Code: I = ice H=(HCI) S = (H2SO4) N = (HNO3) T = (Sodium Thiosulfate
orm revised 06/15/2	— — January remon sample	Temp from blank	Used for measuring T-	A	Where required pH checked Tomporeture de 1520
Relino	quished by: Date Time	Received by:	Date Time	by uniqu	unique identifier (circle IR temp gun used) J: 9A G: LT-1 LT-2 T: 10A A: 3A M: 1A
KY-	7/11/2016 NIS	January 1	227/16/11/15		FOR DRINKING WATER USE: (When PWS Information not otherwise supplied) PWS ID:
Horas	And 12/27/10	144	12 /23/10 1500		Contact Person: Phone :
11	1 1	V			Supplier of Water:

Site-Address:



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

Project No.:

Client Name:

ProjectID:

l. Receipt

No Exceptions were encountered.

II. Holding Times

Preparation:

All holding times were met.

Analysis:

All holding times were met.

III. Method

Analysis:

EPA 300.0

Preparation:

None

IV. Preparation

Sample preparation proceeded normally.

V. Analysis

A. Calibration:

All acceptance criteria were met.

B. Blanks:

All acceptance criteria were met.

C. Duplicates:

All acceptance criteria were met.

D. Spikes:

The matrix spike (MS) recoveries of Chloride for T1620737001 (MS 119% & MSD 118%) 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 high bias in this matrix. The affected sample is qualified to indicate matrix interference. Acceptable criteria is 90-110%.

The matrix spike (MS) recoveries of Sulfate for T1620737001 (MS 81% & MSD 77%) 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. The affected sample is qualified to indicate matrix interference. Acceptable criteria is 90-110%.

The control criteria for matrix spike recoveries of Chloride and Sulfate for T1620619001 are not applicable. The analyte concentration in the sample was greater than 4 times the added spike concentrations, preventing accurate evaluation of the spike recovery. No further corrective action was required.

E. Serial Diluion:

All acceptance criteria were met.

F. Samples:

Sample analyses proceeded normally.

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