| PUBLIC WATER SYSTEM INFORMATION (t | be completed by sampler – Please type or print legibly) |
|---|---|
| System Name: . | PWS I.D.#: 6 5 1 4 2 3 |
| System Type (check one): Community | Nontransient Noncommunity Transient Noncommunity |
| Address: | |
| City: | ZIP Code: |
| Phone #: Fa | #: E-Mail Address: |
| SAMPLE INFORMATION (to be completed by s | |
| Sample Number: T1717821001 | Sample Date: 10/18/2017 Sample Time: 09:45 AM PM (circle one) |
| Sample Location (be specific): 11619 English E | m Location Code (if known): |
| | s for trihalomethanes and haloacetic acids): mg/L Field pH: |
| Sample Type (Check Only One) Distribution Entry Point (to Distribution) Plant Tap (not for compliance with 62-550) Raw (at well or intake) Max Residence Time Ave Residence Time Near First Customer | Reason(s) for Sample (Check all that apply) Routine Compliance with 62-550 Replacement (of Invalidated Sample) Confirmation of MCL Exceedance * Special (not for compliance with 62-550) Composite of Multiple Sites ** Clearance (permitting) Other: Sampling Procedure Used or Other Comments: *See 62-550.500(6) for requirements and restrictions. And 62-550.512(3) for nitrate or nitrite exceedances. **See 62-550.550(4) for requirements and attach a results page for each site. SAMPLER CERTIFICATION , do HEREBY CERTIFY |
| (Print Name) | (Print Title) |
| · · · · · · | sample collection information is complete and correct. |
| Signature: | Date: |
| Certified Operator #: | Phone #: Sampler's Fax #: |
| Sampler's E-Mail: | |
| Penarting Format 62-550 730 | |

| LABORATORY CERTIFICATION INFORMATION (to be completed by lab – Please ty | pe or print legibly) |
|---|--|
| Lab Name: Advanced Environmental Laboratories, Inc Florida DOH Certification | #: E84589 Certification Expiration Date: 06/30/2018 |
| | ATTACH CURRENT DOH ANALYTE * |
| Address: 9610 Princess Palm Ave Tampa, FL 33619 Payments: P.O. Box | Phone #: <u>(813)630-9616</u> |
| Were any analyses subcontracted? $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$ | certification numbers: E84589 E82001 |
| | ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED * |
| ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Rece | ived: <u>10/18/2017</u> |
| PWS ID (From Page 1): 6511423 Sample Number (From Page 1): | T1717821001 Lab Assigned Report # or Job <u>T1717821</u> |
| Group(s) Analyzed & Results attached for compliance with Chapter 62-550, F.A.C. | (Check all that apply): |
| All Except Asbestos All 30 All 21 Triha | |
| LAB CERTIF | FICATION |
| I, Joseph J. Vondrick , <u>Proje</u> | ct Manager, do HEREBY CERTIFY |
| (Print Name) | (Print Title) |
| that all attached analytical data are correct and unless noted meet all requirements | of the National Environmental Laboratory Accreditation Conference |
| Signature:Da | te: <u>11/1/2017</u> |
| * Failure to provide a valid and current Florida DOH lab certification number and a current A report, possible enforcement against the public water system for failure to sample, and ma ** Please provide radiological sample dates & locations for each quarter. | |
| CONFIRMATION & NOTIFICATION IS REQUIRED WITHIN 24 NON-DETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" QUALIFIER. | 4 HRS FOR NITRATE OR NITRITE MCL EXCEEDANCES (Non-detects reported as "BDL" or with a "<" are not acceptable.) |
| COMPLIANCE DETERMINATION (to be completed by DEP or DOH attach notes as necess | sary) |
| 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: |

INORGANIC CONTAMINANTS

62-550.310(1)

Report Number / Job ID: T1717821001

PWS ID (From Page 1):

515863

| Contam ID | Contam Name | MCL | Units | Analysis Result | Qualifier* | Analytical Method | Lab MDL | Analysis Date | Analysis Time | DOH Lab Certification |
|--------------|----------------|-----|-------|--------------------|------------|----------------------|------------|------------------|------------------|--------------------------|
| 1025 | Fluoride | 4.0 | mg/L | 0.11 | I | EPA 300.0 | 0.10 | 10/20/2017 | 00:43 | E84589 |

SECONDARY CONTAMINANTS

62-550.320

Report Number / Job ID: <u>T1717821001</u>

| 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 | 10/26/2017 | 14:11 | E84589 |
| 1017 | Chloride | 250 | mg/L | 18 | | EPA 300.0 | 1.0 | 10/20/2017 | 00:43 | E84589 |
| 1022 | Copper | 1 | mg/L | 0.0017 | | EPA 200.8 | 0.00011 | 11/01/2017 | 14:32 | E82574 |
| 1025 | Fluoride | 2.0 | mg/L | 0.11 | I | EPA 300.0 | 0.10 | 10/20/2017 | 00:43 | E84589 |
| 1028 | Iron | 0.3 | mg/L | 0.045 | I | EPA 200.7 | 0.021 | 10/25/2017 | 17:51 | E84589 |
| 1032 | Manganese | 0.05 | mg/L | 0.0014 | | EPA 200.8 | 0.000055 | 11/01/2017 | 14:32 | E82574 |
| 1050 | Silver | 0.1 | mg/L | 0.000027 | U | EPA 200.8 | 0.000027 | 11/01/2017 | 14:32 | E82574 |
| 1055 | Sulfate | 250 | mg/L | 54 | | EPA 300.0 | 1.0 | 10/20/2017 | 00:43 | E84589 |
| 1095 | Zinc | 5 | mg/L | 0.011 | | EPA 200.7 | 0.0074 | 10/25/2017 | 17:51 | E84589 |
| 1905 | Color | 15 | PCU | 2.7 | U | SM 2120 B | 2.7 | 10/18/2017 | 14:38 | E84589 |
| 1920 | Odor | 3 | TON @ 40°C | 1.0 | U | SM 2150 B | 1.0 | 10/18/2017 | 16:00 | E84589 |
| 1925 | pH | 6.5 - 8.5 | SU | 6.2 | Q | SM 4500H+B | 0.1 | 10/18/2017 | 14:38 | E84589 |
| 1930 | Total Dissolved Solids | 500 | mg/L | 240 | | SM 2540 C | 12 | 10/24/2017 | 14:43 | E84589 |
| 2905 | Foaming Agents | 0.5 | mg/L | 0.055 | I | SM 5540 C | 0.040 | 10/19/2017 | 10:28 | E82001 |

| PUBLIC WATER SYSTEM INFORMATION (to | be completed by sampler – Please type or print legibly) |
|---|---|
| System Name: | PWS I.D.#: 6 5 1 4 2 3 |
| System Type (check one): Community | Nontransient Noncommunity Transient Noncommunity |
| Address: . | |
| City: | ZIP Code: |
| Phone #: Fax | #: E-Mail Address: |
| SAMPLE INFORMATION (to be completed by sai | |
| | Sample Date: 10/18/2017 Sample Time: 09:10 AM PM (circle one) |
| Sample Location (be specific): 11704 RoseTree | Location Code (if known): |
| Disinfectant Residual (Required when reporting results | for trihalomethanes and haloacetic acids): mg/L Field pH: |
| Sample Type (Check Only One) Distribution Entry Point (to Distribution) Plant Tap (not for compliance with 62-550) Raw (at well or intake) Max Residence Time Ave Residence Time Near First Customer | Reason(s) for Sample (Check all that apply) Routine Compliance with 62-550 Replacement (of Invalidated Sample) Confirmation of MCL Exceedance * Special (not for compliance with 62-550) Composite of Multiple Sites ** Clearance (permitting) Other: Sampling Procedure Used or Other Comments: *See 62-550.500(6) for requirements and restrictions. And 62-550.512(3) for nitrate or nitrite exceedances. **See 62-550.550(4) for requirements and attach a results page for each site. SAMPLER CERTIFICATION do HEREBY CERTIFY |
| (Print Name) | (Print Title) |
| that the above public water system and | sample collection information is complete and correct. |
| Signature: | Date: |
| | Phone #: Sampler's Fax #: |
| Sampler's E-Mail: | |
| Penarting 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: 06/30/2018 |
| | ATTACH CURRENT DOH ANALYTE * |
| Address: 9610 Princess Palm Ave Tampa, FL 33619 Payments: P.O. Box | Phone #: (813)630-9616 |
| Were any analyses subcontracted? $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$ | ification numbers: E84589 E82001 |
| A | TTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED * |
| ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received | d: <u>10/18/2017</u> |
| PWS ID (From Page 1): 6511423 Sample Number (From Page 1): T17 | 717821002 Lab Assigned Report # or Job <u>T1717821</u> |
| Group(s) Analyzed & Results attached for compliance with Chapter 62-550, F.A.C. (Calculus attached for compliance with Chapter 62-550, F.A.C. | heck all that apply): |
| All Except Asbestos All 30 All 21 Trihalon | |
| LAB CERTIFIC | ATION |
| I, Joseph J. Vondrick , Project Ma | nnager, do HEREBY CERTIFY |
| (Print Name) | (Print Title) |
| that all attached analytical data are correct and unless noted meet all requirements of the | he National Environmental Laboratory Accreditation Conference |
| Signature: Date: | 11/01/2017 |
| * Failure to provide a valid and current Florida DOH lab certification number and a current Analy report, possible enforcement against the public water system for failure to sample, and may re ** Please provide radiological sample dates & locations for each quarter. | |
| CONFIRMATION & NOTIFICATION IS REQUIRED WITHIN 24 HF NON-DETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" QUALIFIER. (No | RS FOR NITRATE OR NITRITE MCL EXCEEDANCES n-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 F | Report Requested: Yes No (circle or highlight group(s) above) |
| Person Notified: Date Notified: | DEP/DOH Reviewing Official: |

INORGANIC CONTAMINANTS

62-550.310(1)

Report Number / Job ID: T1717821002

PWS ID (From Page 1):

| 651 | 1423 |
|-----|------|
| | |

| Contam ID | Contam Name | MCL | Units | Analysis Result | Qualifier* | Analytical Method | Lab MDL | Analysis Date | Analysis Time | DOH Lab Certification |
|--------------|----------------|-----|-------|--------------------|------------|----------------------|------------|------------------|------------------|--------------------------|
| 1025 | Fluoride | 4.0 | mg/L | 0.10 | 1 | EPA 300.0 | 0.10 | 10/20/2017 | 00:59 | E84589 |

SECONDARY CONTAMINANTS

62-550.320

Report Number / Job ID: <u>T1717821002</u>

| 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 | 10/26/2017 | 14:11 | E84589 |
| 1017 | Chloride | 250 | mg/L | 16 | | EPA 300.0 | 1.0 | 10/20/2017 | 00:59 | E84589 |
| 1022 | Copper | 1 | mg/L | 0.0021 | | EPA 200.8 | 0.00011 | 11/01/2017 | 14:36 | E82574 |
| 1025 | Fluoride | 2.0 | mg/L | 0.10 | I | EPA 300.0 | 0.10 | 10/20/2017 | 00:59 | E84589 |
| 1028 | Iron | 0.3 | mg/L | 0.53 | | EPA 200.7 | 0.021 | 10/25/2017 | 17:55 | E84589 |
| 1032 | Manganese | 0.05 | mg/L | 0.015 | | EPA 200.8 | 0.000055 | 11/01/2017 | 14:36 | E82574 |
| 1050 | Silver | 0.1 | mg/L | 0.000027 | U | EPA 200.8 | 0.000027 | 11/01/2017 | 14:36 | E82574 |
| 1055 | Sulfate | 250 | mg/L | 46 | | EPA 300.0 | 1.0 | 10/20/2017 | 00:59 | E84589 |
| 1095 | Zinc | 5 | mg/L | 0.012 | | EPA 200.7 | 0.0074 | 10/25/2017 | 17:55 | E84589 |
| 1905 | Color | 15 | PCU | 2.7 | U | SM 2120 B | 2.7 | 10/18/2017 | 14:39 | E84589 |
| 1920 | Odor | 3 | TON @ 40°C | 1.0 | U | SM 2150 B | 1.0 | 10/18/2017 | 16:00 | E84589 |
| 1925 | pH | 6.5 - 8.5 | SU | 6.8 | Q | SM 4500H+B | 0.1 | 10/18/2017 | 14:38 | E84589 |
| 1930 | Total Dissolved Solids | 500 | mg/L | 230 | | SM 2540 C | 12 | 10/24/2017 | 14:43 | E84589 |
| 2905 | Foaming Agents | 0.5 | mg/L | 0.040 | U | SM 5540 C | 0.040 | 10/19/2017 | 10:28 | E82001 |

| PUBLIC WATER SYSTEM INFORMATION (to | be completed by sampler – Please type or print legibly) |
|---|--|
| System Name: | PWS I.D.#: 6 5 1 4 2 3 |
| System Type (check one): Community | ☐ Nontransient Noncommunity ☐ Transient Noncommunity |
| Address: e. | |
| City: | |
| | x #: E-Mail Address: |
| SAMPLE INFORMATION (to be completed by sa | |
| | Sample Date: 10/18/2017 Sample Time: 08:45 AM PM (circle one) |
| Sample Location (be specific): 11436 Golf Rd | Location Code (if known): |
| Disinfectant Residual (Required when reporting result | ts for trihalomethanes and haloacetic acids): mg/L Field pH: |
| Sample Type (Check Only One) Distribution Entry Point (to Distribution) Plant Tap (not for compliance with 62-550) Raw (at well or intake) Max Residence Time Ave Residence Time Near First Customer | Reason(s) for Sample (Check all that apply) Routine Compliance with 62-550 Replacement (of Invalidated Sample) Confirmation of MCL Exceedance * Special (not for compliance with 62-550) Composite of Multiple Sites ** Clearance (permitting) Other: Sampling Procedure Used or Other Comments: *See 62-550.500(6) for requirements and restrictions. And 62-550.512(3) for nitrate or nitrite exceedances. **See 62-550.550(4) for requirements and attach a results page for each site. SAMPLER CERTIFICATION |
| I, | , do HEREBY CERTIFY |
| (Print Name) | (Print Title) |
| that the above public water system and | sample collection information is complete and correct. |
| Signature: | Date: |
| Certified Operator #: | Phone #: Sampler's Fax #: |
| Sampler's E-Mail: | |
| Penarting Format 62-550 730 | |

| LABORATORY CERTIFICATION | ON INFORMATION (to | be completed by lab | Please type or | print legibly) | | | |
|---|---|----------------------------------|---|----------------------|-------------------------------|-------------------------|-------------------------------------|
| Lab Name: Advanced Environm | nental Laboratories, Inc | Florida DOH Ce | ertification #: | E84589 | Certification Ex | piration Date: | 06/30/2018 |
| | | | | ATTACH CURF | RENT DOH ANALYTE | * | |
| Address: 9610 Princess Palm | Ave Tampa, FL 33619 | Payments: | P.O. Box | Phone #: <u>(81</u> | 13)630-9616 | | |
| Were any analyses subcontract | eted? X Yes No | If yes, please prov | ide DOH certifi | cation numbers | s: <u>E84589</u> | E82001 | |
| | | | AT | TACH DOH ANA | ALYTE SHEET FOR EA | ACH SUBCONT | RACTED * |
| ANALYSIS INFORMATION (| (to be completed by lab) | Date Sampl | e(s) Received: | 10/18/2017 | | | |
| PWS ID (From Page 1): 651142 | 23 | Sample Number (From | m Page 1): <u>T171</u> | 7821003 | Lab Assigned Re | eport # or Job | T1717821 |
| Group(s) Analyzed & Results a | attached for compliance | with Chapter 62-550 | O, F.A.C. (Che | eck all that apply): | | | |
| Inorganics All Except Asbestos Partial Nitrate Nitrite Asbestos Only | nthetic Organics All 30 All Except Dioxin Partial Dioxin Only | Volatile Organics All 21 Partial | Disinfection Trihalome Haloaceti Chlorite Bromate | ethanes | Radionuclid Single S Qtrly Co | _ | econdaries] All 14] Partial |
| , | | LAB | CERTIFICA | TION | | | |
| I, Joseph J. Vondrick | | <u> </u> | Project Mana | ager | | do HEREBY C | ERTIFY |
| (| (Print Name) | | ŕ | (Print Title) | | | |
| that all attached analytical data | a are correct and unless | noted meet all requ | irements of the | e National Envi | ronmental Laborator | y Accreditation | Conference |
| Signature: | Mondel | | Date: | 11/01/2017 | 7 | | |
| * Failure to provide a valid and cureport, possible enforcement ag ** Please provide radiological sam | gainst the public water sys | tem for failure to samp | | | | | |
| | NFIRMATION & NOTIFICA | | | _ | _ | | |
| NON-DETECTS ARE TO BE | REPORTED AS THE MD | L WITH A "U" QUALI | FIER. (Non | -detects reporte | ed as "BDL" or with a | "<" are not acc | eptable.) |
| COMPLIANCE DETERMINATI | ION (to be completed by D | EP or DOH attach note | es as necessary) | | | | |
| Sample Collection & Analysis S | Satisfactory: Yes | No Replacement | t Sample or Re | port Requested | d: Yes No | (circle or highlight of | group(s) above) |
| Person Notified: | | Date Notified: | | DEP/[| DOH Reviewing Of | fficial: | |

INORGANIC CONTAMINANTS

62-550.310(1)

Report Number / Job ID: T1717821003

| Contam ID | Contam Name | MCL | Units | Analysis Result | Qualifier* | Analytical Method | Lab MDL | Analysis Date | Analysis Time | DOH Lab Certification |
|--------------|----------------|-----|-------|--------------------|------------|----------------------|------------|------------------|------------------|--------------------------|
| 1025 | Fluoride | 4.0 | mg/L | 0.10 | U | EPA 300.0 | 0.10 | 10/20/2017 | 01:14 | E84589 |

SECONDARY CONTAMINANTS

62-550.320

Report Number / Job ID: <u>T1717821003</u>

| 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 | 10/26/2017 | 14:15 | E84589 |
| 1017 | Chloride | 250 | mg/L | 16 | | EPA 300.0 | 1.0 | 10/20/2017 | 01:14 | E84589 |
| 1022 | Copper | 1 | mg/L | 0.0020 | | EPA 200.8 | 0.00011 | 11/01/2017 | 14:40 | E82574 |
| 1025 | Fluoride | 2.0 | mg/L | 0.10 | U | EPA 300.0 | 0.10 | 10/20/2017 | 01:14 | E84589 |
| 1028 | Iron | 0.3 | mg/L | 0.93 | | EPA 200.7 | 0.021 | 10/25/2017 | 17:59 | E84589 |
| 1032 | Manganese | 0.05 | mg/L | 0.025 | | EPA 200.8 | 0.000055 | 11/01/2017 | 14:40 | E82574 |
| 1050 | Silver | 0.1 | mg/L | 0.000027 | U | EPA 200.8 | 0.000027 | 11/01/2017 | 14:40 | E82574 |
| 1055 | Sulfate | 250 | mg/L | 46 | | EPA 300.0 | 1.0 | 10/20/2017 | 01:14 | E84589 |
| 1095 | Zinc | 5 | mg/L | 0.013 | | EPA 200.7 | 0.0074 | 10/25/2017 | 17:59 | E84589 |
| 1905 | Color | 15 | PCU | 2.7 | U | SM 2120 B | 2.7 | 10/18/2017 | 14:40 | E84589 |
| 1920 | Odor | 3 | TON @ 40°C | 1.0 | U | SM 2150 B | 1.0 | 10/18/2017 | 16:00 | E84589 |
| 1925 | pH | 6.5 - 8.5 | SU | 6.1 | Q | SM 4500H+B | 0.1 | 10/18/2017 | 14:38 | E84589 |
| 1930 | Total Dissolved Solids | 500 | mg/L | 210 | | SM 2540 C | 12 | 10/24/2017 | 14:43 | E84589 |
| 2905 | Foaming Agents | 0.5 | mg/L | 0.040 | U | SM 5540 C | 0.040 | 10/19/2017 | 10:28 | E82001 |

| PUBLIC WATER SYSTEM INFORMATION (to | b be completed by sampler – Please type or print legibly) |
|--|---|
| System Name: | PWS I.D.#: 6 5 1 4 2 3 |
| System Type (check one): Community | Nontransient Noncommunity Transient Noncommunity |
| Address: | |
| City: | 710.0 |
| | x #: E-Mail Address: |
| SAMPLE INFORMATION (to be completed by s. | |
| | Sample Date: 10/18/2017 Sample Time: 09:30 AM PM (circle one) |
| Sample Location (be specific): 11800 lvywood | Location Code (if known): |
| Disinfectant Residual (Required when reporting resul | ts for trihalomethanes and haloacetic acids): mg/L Field pH: |
| Sample Type (Check Only One) | Reason(s) for Sample (Check all that apply) |
| Distribution | Routine Compliance with 62-550 Replacement (of Invalidated Sample) |
| Entry Point (to Distribution) | Confirmation of MCL Exceedance * Special (not for compliance with 62-550) |
| Plant Tap (not for compliance with 62-550) | Composite of Multiple Sites ** Clearance (permitting) |
| Raw (at well or intake) | Other: |
| Max Residence Time | Sampling Procedure Used or Other Comments: |
| Ave Residence Time | |
| Near First Customer | *See 62-550.500(6) for requirements and restrictions. And 62-550.512(3) for nitrate or nitrite exceedances. **See 62-550.550(4) for requirements and attach a results page for each site. |
| | SAMPLER CERTIFICATION |
| 1, | , do HEREBY CERTIFY |
| (Print Name) | (Print Title) |
| that the above public water system and | sample collection information is complete and correct. |
| Signature: | Date: |
| Certified Operator #: | Phone #: Sampler's Fax #: |
| Sampler's E-Mail: | |
| Penarting 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: 06/30/2018 | | | | | | | | | |
| | ATTACH CURRENT DOH ANALYTE * | | | | | | | | | |
| Address: 9610 Princess Palm Ave Tampa, FL 33619 Payments: P.O. Box | Phone #: <u>(813)630-9616</u> | | | | | | | | | |
| Were any analyses subcontracted? X Yes No If yes, please provide DOH certification numbers: E84589 E82001 | | | | | | | | | | |
| ATT | TACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED * | | | | | | | | | |
| ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 10/18/2017 | | | | | | | | | | |
| PWS ID (From Page 1): 6511423 Sample Number (From Page 1): T171 | 7821004 Lab Assigned Report # or Job <u>T1717821</u> | | | | | | | | | |
| Group(s) Analyzed & Results attached for compliance with Chapter 62-550, F.A.C. (Che- | ck all that apply): | | | | | | | | | |
| Inorganics Synthetic Organics Volatile Organics Disinfection E All Except Asbestos All 30 All 21 Trihalome X Partial All Except Dioxin Partial Haloacetic Nitrate Partial Chlorite Nitrite Dioxin Only Bromate | thanes Single Sample X All 14 | | | | | | | | | |
| LAB CERTIFICA | TION | | | | | | | | | |
| I, Joseph J. Vondrick , Project N | Manager, do HEREBY CERTIFY | | | | | | | | | |
| (Print Name) | (Print Title) | | | | | | | | | |
| that all attached analytical data are correct and unless noted meet all requirements of the | National Environmental Laboratory Accreditation Conference | | | | | | | | | |
| Signature: Date: | 11/01/2017 | | | | | | | | | |
| * 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: | | | | | | | | | |

INORGANIC CONTAMINANTS

62-550.310(1)

Report Number / Job ID: T1717821004

| 451 | 1 4 2 2 | |
|-----|---------|--|
| わちし | 14/3 | |

| Contam ID | Contam Name | MCL | Units | Analysis Result | Qualifier* | Analytical Method | Lab MDL | Analysis Date | Analysis Time | DOH Lab Certification |
|--------------|----------------|-----|-------|--------------------|------------|----------------------|------------|------------------|------------------|--------------------------|
| 1025 | Fluoride | 4.0 | mg/L | 0.10 | I | EPA 300.0 | 0.10 | 10/20/2017 | 01:30 | E84589 |

SECONDARY CONTAMINANTS

62-550.320

Report Number / Job ID: <u>T1717821004</u>

| 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 | 10/26/2017 | 14:18 | E84589 |
| 1017 | Chloride | 250 | mg/L | 17 | | EPA 300.0 | 1.0 | 10/20/2017 | 01:30 | E84589 |
| 1022 | Copper | 1 | mg/L | 0.0045 | | EPA 200.8 | 0.00011 | 11/01/2017 | 14:44 | E82574 |
| 1025 | Fluoride | 2.0 | mg/L | 0.10 | I | EPA 300.0 | 0.10 | 10/20/2017 | 01:30 | E84589 |
| 1028 | Iron | 0.3 | mg/L | 0.062 | I | EPA 200.7 | 0.021 | 10/25/2017 | 18:03 | E84589 |
| 1032 | Manganese | 0.05 | mg/L | 0.0020 | | EPA 200.8 | 0.000055 | 11/01/2017 | 14:44 | E82574 |
| 1050 | Silver | 0.1 | mg/L | 0.000027 | U | EPA 200.8 | 0.000027 | 11/01/2017 | 14:44 | E82574 |
| 1055 | Sulfate | 250 | mg/L | 55 | | EPA 300.0 | 1.0 | 10/20/2017 | 01:30 | E84589 |
| 1095 | Zinc | 5 | mg/L | 0.0074 | U | EPA 200.7 | 0.0074 | 10/25/2017 | 18:03 | E84589 |
| 1905 | Color | 15 | PCU | 2.7 | U | SM 2120 B | 2.7 | 10/18/2017 | 14:41 | E84589 |
| 1920 | Odor | 3 | TON @ 40°C | 1.0 | U | SM 2150 B | 1.0 | 10/18/2017 | 16:00 | E84589 |
| 1925 | рН | 6.5 - 8.5 | SU | 6.2 | Q | SM 4500H+B | 0.1 | 10/18/2017 | 14:38 | E84589 |
| 1930 | Total Dissolved Solids | 500 | mg/L | 250 | | SM 2540 C | 12 | 10/24/2017 | 14:43 | E84589 |
| 2905 | Foaming Agents | 0.5 | mg/L | 0.040 | U | SM 5540 C | 0.040 | 10/19/2017 | 10:28 | E82001 |

| PUBLIC WATER SYSTEM INFORMATION (| to be completed by sampler – Please type or print legibly) |
|---|---|
| System Name: | PWS I.D.#: 6 5 1 4 2 3 |
| System Type (check one): Community | ☐ Nontransient Noncommunity ☐ Transient Noncommunity |
| Address: | |
| - | ZIP Code: |
| | ax #: E-Mail Address: |
| SAMPLE INFORMATION (to be completed by | |
| | Sample Date: 10/18/2017 Sample Time: 10:05 AM PM (circle one) |
| Sample Location (be specific): 11219 Meganse | Location Code (if known): |
| Disinfectant Residual (Required when reporting res | ults for trihalomethanes and haloacetic acids): mg/L Field pH: |
| Sample Type (Check Only One) Distribution Entry Point (to Distribution) Plant Tap (not for compliance with 62-550) Raw (at well or intake) Max Residence Time Ave Residence Time Near First Customer | Reason(s) for Sample (Check all that apply) Routine Compliance with 62-550 Replacement (of Invalidated Sample) Confirmation of MCL Exceedance * Special (not for compliance with 62-550) Composite of Multiple Sites ** Clearance (permitting) Other: Sampling Procedure Used or Other Comments: *See 62-550.500(6) for requirements and restrictions. And 62-550.512(3) for nitrate or nitrite exceedances. **See 62-550.550(4) for requirements and attach a results page for each site. |
| l, | , do HEREBY CERTIFY |
| (Print Name) | (Print Title) Id sample collection information is complete and correct. |
| _ | Date: |
| Certified Operator #: | Phone #: Sampler's Fax #: |
| Sampler's E-Mail: | |
| Penarting Format 62-550 730 | |

| LABORATORY CERTIFICATION INFORMATION (to be completed by lab – Please type | pe or print legibly) | | | | | | | | |
|---|--|--|--|--|--|--|--|--|--|
| Lab Name: Advanced Environmental Laboratories, Inc Florida DOH Certification | #: <u>E84589</u> Certification Expiration Date: <u>06/30/2018</u> | | | | | | | | |
| | ATTACH CURRENT DOH ANALYTE * | | | | | | | | |
| Address: 9610 Princess Palm Ave Tampa, FL 33619 Payments: P.O. Box | Phone #: <u>(813)630-9616</u> | | | | | | | | |
| Were any analyses subcontracted? $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$ | ertification numbers: E82574 E82001 | | | | | | | | |
| | ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED * | | | | | | | | |
| ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Receive | ved: <u>10/18/2017</u> | | | | | | | | |
| PWS ID (From Page 1): 6511423 Sample Number (From Page 1): T | <u>1717821005</u> Lab Assigned Report # or Job <u>T1717821</u> | | | | | | | | |
| Group(s) Analyzed & Results attached for compliance with Chapter 62-550, F.A.C. | (Check all that apply): | | | | | | | | |
| All Except Asbestos All 30 All 21 Trihale | | | | | | | | | |
| LAB CERTIFI | CATION | | | | | | | | |
| I, Joseph J. Vondrick , Project | ct Manager, do HEREBY CERTIFY | | | | | | | | |
| (Print Name) | (Print Title) | | | | | | | | |
| that all attached analytical data are correct and unless noted meet all requirements o | f the National Environmental Laboratory Accreditation Conference | | | | | | | | |
| Signature: Date | e:11/01/2017 | | | | | | | | |
| * 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 NON-DETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" QUALIFIER. (I | HRS FOR NITRATE OR NITRITE MCL EXCEEDANCES Non-detects reported as "BDL" or with a "<" are not acceptable.) | | | | | | | | |
| COMPLIANCE DETERMINATION (to be completed by DEP or DOH attach notes as necessary) | ary) | | | | | | | | |
| Sample Collection & Analysis Satisfactory: Yes No Replacement Sample of | r Report Requested: Yes No (circle or highlight group(s) above) | | | | | | | | |
| Person Notified: Date Notified: | DEP/DOH Reviewing Official: | | | | | | | | |

INORGANIC CONTAMINANTS

62-550.310(1)

Report Number / Job ID: T1717821005

PWS ID (From Page 1):

6511423

| Contam ID | Contam Name | MCL | Units | Analysis Result | Qualifier* | Analytical Method | Lab MDL | Analysis Date | Analysis Time | DOH Lab Certification |
|--------------|----------------|-----|-------|--------------------|------------|----------------------|------------|------------------|------------------|--------------------------|
| 1025 | Fluoride | 4.0 | mg/L | 0.12 | I | EPA 300.0 | 0.10 | 10/24/2017 | 20:27 | E84589 |

SECONDARY CONTAMINANTS

62-550.320

Report Number / Job ID: <u>T1717821005</u>

PWS ID (From Page 1): 6511423

| Contam ID | Contam Name | MCL | Units | Analysis Result | Qualifier* | Analytical Method | Lab MDL | Analysis Date | Analysis Time | DOH Lab Certification # |
|--------------|------------------------|-----------|------------|--------------------|------------|----------------------|------------|------------------|------------------|----------------------------|
| 1002 | Aluminum | 0.2 | mg/L | 0.025 | U | EPA 200.7 | 0.025 | 10/26/2017 | 14:22 | E84589 |
| 1017 | Chloride | 250 | mg/L | 17 | | EPA 300.0 | 1.0 | 10/24/2017 | 20:27 | E84589 |
| 1022 | Copper | 1 | mg/L | 0.0039 | | EPA 200.8 | 0.00011 | 11/01/2017 | 14:48 | E82574 |
| 1025 | Fluoride | 2.0 | mg/L | 0.12 | I | EPA 300.0 | 0.10 | 10/24/2017 | 20:27 | E84589 |
| 1028 | Iron | 0.3 | mg/L | 0.27 | | EPA 200.7 | 0.021 | 10/25/2017 | 18:06 | E84589 |
| 1032 | Manganese | 0.05 | mg/L | 0.0037 | | EPA 200.8 | 0.000055 | 11/01/2017 | 14:48 | E82574 |
| 1050 | Silver | 0.1 | mg/L | 0.000027 | U | EPA 200.8 | 0.000027 | 11/01/2017 | 14:48 | E82574 |
| 1055 | Sulfate | 250 | mg/L | 56 | | EPA 300.0 | 1.0 | 10/24/2017 | 20:27 | E84589 |
| 1095 | Zinc | 5 | mg/L | 0.013 | | EPA 200.7 | 0.0074 | 10/25/2017 | 18:06 | E84589 |
| 1905 | Color | 15 | PCU | 2.7 | U | SM 2120 B | 2.7 | 10/18/2017 | 14:42 | E84589 |
| 1920 | Odor | 3 | TON @ 40°C | 1.0 | U | SM 2150 B | 1.0 | 10/18/2017 | 16:00 | E84589 |
| 1925 | рН | 6.5 - 8.5 | SU | 6.0 | Q | SM 4500H+B | 0.1 | 10/18/2017 | 14:38 | E84589 |
| 1930 | Total Dissolved Solids | 500 | mg/L | 240 | | SM 2540 C | 12 | 10/24/2017 | 14:43 | E84589 |
| 2905 | Foaming Agents | 0.5 | mg/L | 0.086 | I | SM 5540 C | 0.040 | 10/19/2017 | 10:28 | E82001 |

| PUBLIC WATER SYSTEM INFORMATION | to be completed by sampler – Please type or print legibly) |
|---|---|
| System Name: | PWS I.D.#: 6 5 1 4 2 3 |
| System Type (check one): Community | ☐ Nontransient Noncommunity ☐ Transient Noncommunity |
| Address: | |
| City: | ZIP Code: |
| Phone #: | fax #: E-Mail Address: |
| SAMPLE INFORMATION (to be completed I | |
| Sample Number: <u>T1717821006</u> | Sample Date: 10/18/2017 Sample Time: 09:55 AM PM (circle one) |
| Sample Location (be specific): 11001 Kisska | Location Code (if known): |
| Disinfectant Residual (Required when reporting | ults for trihalomethanes and haloacetic acids): mg/L Field pH: |
| Sample Type (Check Only One) Distribution Entry Point (to Distribution) Plant Tap (not for compliance with 62-550) Raw (at well or intake) Max Residence Time Ave Residence Time Near First Customer | Reason(s) for Sample (Check all that apply) Routine Compliance with 62-550 Replacement (of Invalidated Sample) Confirmation of MCL Exceedance * Special (not for compliance with 62-550) Composite of Multiple Sites ** Clearance (permitting) Other: Sampling Procedure Used or Other Comments: *See 62-550.500(6) for requirements and restrictions. And 62-550.512(3) for nitrate or nitrite exceedances. **See 62-550.550(4) for requirements and attach a results page for each site. SAMPLER CERTIFICATION do HEREBY CERTIFY |
| (Print Name) | Print Title) |
| , | d sample collection information is complete and correct. |
| Signature: | Date: |
| | Phone #: Sampler's Fax #: |
| Sampler's E-Mail: | |
| Penarting Format 62-550 730 | |

| LABORATORY CERTIFICATION INFORMATION (to be completed by lab – Please type o | r print legibly) |
|--|---|
| Lab Name: Advanced Environmental Laboratories, Inc Florida DOH Certification #: | E84589 Certification Expiration Date: 06/30/2018 |
| | 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 certif | ication numbers: E82574 E82001 |
| AT | TACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED * |
| ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received | : 10/18/2017 |
| PWS ID (From Page 1): 6511423 Sample Number (From Page 1): T17 | 17821006 Lab Assigned Report # or Job <u>T1717821</u> |
| Group(s) Analyzed & Results attached for compliance with Chapter 62-550, F.A.C. (Ch | eck all that apply): |
| <u>Inorganics</u> <u>Synthetic Organics</u> <u>Volatile Organics</u> <u>Disinfection</u> | Byproducts Radionuclides Secondaries |
| All Except Asbestos All 30 All 21 Trihalom | ethanes Single Sample X All 14 |
| X Partial | ic Acids |
| Nitrate Partial Chlorite | |
| Nitrite ☐ Dioxin Only ☐ Asbestos Only ☐ Bromate | |
| | TION |
| LAB CERTIFICA | |
| I, Joesph J.Vondrick , Project M | |
| (Print Name) | (Print Title) |
| that all attached analytical data are correct and unless noted meet all requirements of the | e National Environmental Laboratory Accreditation Conference |
| Signature: Date: | 11/01/2017 |
| * Failure to provide a valid and current Florida DOH lab certification number and a current Analyt report, possible enforcement against the public water system for failure to sample, and may res ** Please provide radiological sample dates & locations for each quarter. | |
| CONFIRMATION & NOTIFICATION IS REQUIRED WITHIN 24 HR | S 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 Re | eport Requested: Yes No (circle or highlight group(s) above) |
| Person Notified: Date Notified: | DEP/DOH Reviewing Official: |

Report Number / Job ID: T1717821006

INORGANIC CONTAMINANTS

62-550.310(1) PWS ID (From Page 1): 6511423

| Contam ID | Contam Name | MCL | Units | Analysis Result | Qualifier* | Analytical Method | Lab MDL | Analysis Date | Analysis Time | DOH Lab Certification | |
|--------------|----------------|-----|-------|--------------------|------------|----------------------|------------|------------------|------------------|--------------------------|--|
| 1025 | Fluoride | 4.0 | mg/L | 0.12 | I | EPA 300.0 | 0.10 | 10/24/2017 | 20:43 | E84589 | |

SECONDARY CONTAMINANTS

62-550.320

Report Number / Job ID: <u>T1717821006</u>

PWS ID (From Page 1): 6511423

| Contam ID | Contam Name | MCL | Units | Analysis Result | Qualifier* | Analytical Method | Lab MDL | Analysis Date | Analysis Time | DOH Lab Certification # |
|--------------|------------------------|-----------|------------|--------------------|------------|----------------------|------------|------------------|------------------|----------------------------|
| 1002 | Aluminum | 0.2 | mg/L | 0.025 | U | EPA 200.7 | 0.025 | 10/26/2017 | 14:25 | E84589 |
| 1017 | Chloride | 250 | mg/L | 16 | | EPA 300.0 | 1.0 | 10/24/2017 | 20:43 | E84589 |
| 1022 | Copper | 1 | mg/L | 0.0029 | | EPA 200.8 | 0.00011 | 11/01/2017 | 14:52 | E82574 |
| 1025 | Fluoride | 2.0 | mg/L | 0.12 | I | EPA 300.0 | 0.10 | 10/24/2017 | 20:43 | E84589 |
| 1028 | Iron | 0.3 | mg/L | 0.069 | I | EPA 200.7 | 0.021 | 10/25/2017 | 18:10 | E84589 |
| 1032 | Manganese | 0.05 | mg/L | 0.0041 | | EPA 200.8 | 0.000055 | 11/01/2017 | 14:52 | E82574 |
| 1050 | Silver | 0.1 | mg/L | 0.000027 | U | EPA 200.8 | 0.000027 | 11/01/2017 | 14:52 | E82574 |
| 1055 | Sulfate | 250 | mg/L | 52 | | EPA 300.0 | 1.0 | 10/24/2017 | 20:43 | E84589 |
| 1095 | Zinc | 5 | mg/L | 0.012 | | EPA 200.7 | 0.0074 | 10/25/2017 | 18:10 | E84589 |
| 1905 | Color | 15 | PCU | 2.7 | U | SM 2120 B | 2.7 | 10/18/2017 | 14:46 | E84589 |
| 1920 | Odor | 3 | TON @ 40°C | 1.0 | U | SM 2150 B | 1.0 | 10/18/2017 | 16:00 | E84589 |
| 1925 | рН | 6.5 - 8.5 | SU | 6.5 | Q | SM 4500H+B | 0.1 | 10/18/2017 | 14:38 | E84589 |
| 1930 | Total Dissolved Solids | 500 | mg/L | 220 | | SM 2540 C | 12 | 10/24/2017 | 14:43 | E84589 |
| 2905 | Foaming Agents | 0.5 | mg/L | 0.040 | U | SM 5540 C | 0.040 | 10/19/2017 | 10:28 | E82001 |

| PUBLIC WATER SYSTEM INFORMATION (| to be completed by sampler – Please type or print legibly) |
|---|---|
| System Name: | PWS I.D.#: 6 5 1 1 4 2 3 |
| System Type (check one): Community | ☐ Nontransient Noncommunity ☐ Transient Noncommunity |
| Address: | |
| City: | ZIP Code: |
| Phone #: | Fax #: E-Mail Address: |
| SAMPLE INFORMATION (to be completed by | |
| , , , | Sample Date: 10/18/2017 Sample Time: 10:25 AM PM (circle one) |
| Sample Location (be specific): Master Meter L | pstream RPZ Location Code (if known): |
| Disinfectant Residual (Required when reporting res | ults for trihalomethanes and haloacetic acids): mg/L Field pH: |
| Sample Type (Check Only One) Distribution Entry Point (to Distribution) Plant Tap (not for compliance with 62-550) Raw (at well or intake) Max Residence Time Ave Residence Time | Reason(s) for Sample (Check all that apply) Routine Compliance with 62-550 Replacement (of Invalidated Sample) Confirmation of MCL Exceedance * Special (not for compliance with 62-550) Composite of Multiple Sites ** Clearance (permitting) Other: Sampling Procedure Used or Other Comments: |
| Near First Customer | *See 62-550.500(6) for requirements and restrictions. And 62-550.512(3) for nitrate or nitrite exceedances. **See 62-550.550(4) for requirements and attach a results page for each site. |
| | SAMPLER CERTIFICATION |
| I, | , do HEREBY CERTIFY |
| (Print Name) | (Print Title) |
| that the above public water system ar | d sample collection information is complete and correct. |
| Signature: | Date: |
| Certified Operator #: | Phone #: Sampler's Fax #: |
| Sampler's E-Mail: | |
| Penarting Format 62-550 730 | |

| LABORATORY CERTIFICATION INFORMA | ATION (to be completed by lab | – Please type or | print legibly) | | | |
|---|---|--|----------------------------------|---|---|---------------------------------|
| Lab Name: Advanced Environmental Labora | atories, Inc Florida DOH C | ertification #: | E84589 | Certification Ex | piration Date: | 06/30/2018 |
| | | | ATTACH C | URRENT 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 prov | | | bers: <u>E82574</u> | E82001 | RACTED * |
| ANALYSIS INFORMATION (to be complete | ed by lab) Date Samp | le(s) Received: | | | | |
| PWS ID (From Page 1): 6511423 | Sample Number (Fro | m Page 1): <u>T171</u> | 7821007 | Lab Assigned Re | eport # or Job | T1717821 |
| Group(s) Analyzed & Results attached for co | ompliance with Chapter 62-55 | 0, F.A.C. (Che | ck all that app | oly): | | |
| Inorganics Synthetic Orga All Except Asbestos All 30 X Partial All Except D Nitrate Partial Nitrite Dioxin Only Asbestos Only | All 21 | Disinfection E Trihalome Haloacetic Chlorite Bromate | thanes | Radionuclid Single Si Qtrly Cor | | econdaries All 14 Partial |
| | LAB | CERTIFICA | TION | | | |
| I, Joseph J. Vondrick | | Project Ma | nager | | do HEREBY C | ERTIFY |
| (Print Name) | | | (Print Title) |) | | |
| that all attached analytical data are correct | | uirements of the | National E | Environmental Laboratory | y Accreditation | Conference |
| Signature: | | Date: | 11/01 | 1/2017 | | |
| * Failure to provide a valid and current Florida Description report, possible enforcement against the publi ** Please provide radiological sample dates & lo | c water system for failure to sam | a current Analyte ole, and may resu | Sheet for th Ilt in notificat | ne attached analysis results tion of the DOH Bureau of I | s will result in rej Laboratory Serv | ection of the ices. |
| CONFIRMATION & NON-DETECTS ARE TO BE REPORTED A | & NOTIFICATION IS REQUIRED AS THE MDL WITH A "U" QUAL | | | ATE OR NITRITE MCL EXC orted as "BDL" or with a | | ceptable.) |
| COMPLIANCE DETERMINATION (to be co | mpleted by DEP or DOH attach no | tes as necessary) | | | | |
| Sample Collection & Analysis Satisfactory: | Yes No Replacemen | t Sample or Re | port Reque | ested: Yes No | (circle or highlight | group(s) above) |
| Person Notified: | Date Notified: | | DE | P/DOH Reviewing Of | ficial: | |

INORGANIC CONTAMINANTS

62-550.310(1)

Report Number / Job ID: T1717821007

| Contam ID | Contam Name | MCL | Units | Analysis Result | Qualifier* | Analytical Method | Lab MDL | Analysis Date | Analysis Time | DOH Lab Certification | |
|--------------|----------------|-----|-------|--------------------|------------|----------------------|------------|------------------|------------------|--------------------------|--|
| 1025 | Fluoride | 4.0 | mg/L | 0.12 | ı | EPA 300.0 | 0.10 | 10/24/2017 | 20:58 | E84589 | |

SECONDARY CONTAMINANTS

62-550.320

Report Number / Job ID: <u>T1717821007</u>

| 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 | 10/26/2017 | 14:29 | E84589 |
| 1017 | Chloride | 250 | mg/L | 16 | | EPA 300.0 | 1.0 | 10/24/2017 | 20:58 | E84589 |
| 1022 | Copper | 1 | mg/L | 0.0041 | | EPA 200.8 | 0.00011 | 11/01/2017 | 14:56 | E82574 |
| 1025 | Fluoride | 2.0 | mg/L | 0.12 | I | EPA 300.0 | 0.10 | 10/24/2017 | 20:58 | E84589 |
| 1028 | Iron | 0.3 | mg/L | 0.021 | U | EPA 200.7 | 0.021 | 10/25/2017 | 18:14 | E84589 |
| 1032 | Manganese | 0.05 | mg/L | 0.0023 | | EPA 200.8 | 0.000055 | 11/01/2017 | 14:56 | E82574 |
| 1050 | Silver | 0.1 | mg/L | 0.000027 | U | EPA 200.8 | 0.000027 | 11/01/2017 | 14:56 | E82574 |
| 1055 | Sulfate | 250 | mg/L | 48 | | EPA 300.0 | 1.0 | 10/24/2017 | 20:58 | E84589 |
| 1095 | Zinc | 5 | mg/L | 0.014 | | EPA 200.7 | 0.0074 | 10/25/2017 | 18:14 | E84589 |
| 1905 | Color | 15 | PCU | 2.7 | U | SM 2120 B | 2.7 | 10/18/2017 | 14:47 | E84589 |
| 1920 | Odor | 3 | TON @ 40°C | 1.0 | U | SM 2150 B | 1.0 | 10/18/2017 | 16:00 | E84589 |
| 1925 | рН | 6.5 - 8.5 | SU | 6.3 | Q | SM 4500H+B | 0.1 | 10/18/2017 | 14:38 | E84589 |
| 1930 | Total Dissolved Solids | 500 | mg/L | 250 | | SM 2540 C | 12 | 10/24/2017 | 14:43 | E84589 |
| 2905 | Foaming Agents | 0.5 | mg/L | 0.046 | I | SM 5540 C | 0.040 | 10/19/2017 | 10:28 | E82001 |

| (II | Advanced Environmental Laboratorio Planula is Campuse Campanacas N | 85, IIIU. _{□ Jacks} | sonville: | 681 Southpoin | oxthlake 8lvd., Sie it Pkwy. • Jackson roe St., Suite D. T. | ville, FL 32215 • | 904,363,9350 | - Fax 904.363.9 | 9354 | 07 937 1597 | | Miramar: | 10200 USA | Today Way, N | Gamesville, Fl Miramar, FL 33 | 3025 · 954 889.2 | Of | 2281 |
|--|--|------------------------------|------------------------------|---------------|---|-------------------|--------------|-------------------------------------|---------------|--------------|-------------|------------|-------------|---------------|---|------------------|------------------------------------|------------------------|
| ddress | ies Inc | Project Nai | | meet | rec | | | BOTTLE S 2E & TYPE | | | | | | | | | | |
| ontact: 5 to vi | 934-9137 E Habery & Becker STANDARD RUSH | FOEP Faci | 252 lity No: (c) lity Addres | | 23 amples #7 | | ٤^ | ANALYSIS REQUIRED | | 300,0 f/ci/5 | TDS | MBAS | 2027 Metals | 200 8 Metals | Obsr/Color | | | LABORATORY I.D. NUMBER |
| SAMPLE ID | SAMPLE DESCRIP | TION | Grab Comp | 1 | MPLING TIME | MATRIX | NO. COUNT | Preservation Field- Filtered? | | | | | | 50.400. So. 5 | - | | | LABO |
| | Hury English Elm (| 12-3,2 | X | isolo | 945 | DW | Ħ | 2-17-2 | 46 | X | <i>'X</i> ' | Х | >∞ | × | × | | | ندا |
| _2 | 11704 Rosetree C | 12-3.4 | × | ì | 210 |) | 4 | | 3 4 60 | 74 | ŗ | ş | | 1 | 1 | | | ध्य |
| 3 | 1 | 12-3,3 | χ | | 345 | | Ġ | 1 1 1 1 1 | 13 | | l l | , | | | | | | 0313 |
| 4 | 11800 Tuywood | 12-3.3 | X | | 930 | 1 | Ġ. | | 90 | | | , | | | | | | 34 |
| <u></u> 5 | 11219 Merganser C | asu - | × | | 1905 | Artico | ®4 | | 54 (L) | 1 | | | | | | | | 125 |
| Ç., | 11001 Kisskudee C | 10 1 | X | | 955 | | В | | 40 | 1 6 | | | 1 | | | | | 204 |
| 7 | no che con alec | 12 - 3.5 | X | Ţ. | 1075 | 7 | ea . | | 184 (P | 4 | V | V | 1 | 2/1 | V | | | (V) V |
| | | | 4222 | | | | | | | | | 5- 202 AVE | | | | | | |
| | | | | | | | | | | | | | | | | | | |
| | | | 20 2 | 141 | | | | | <u> </u> | | | | | | | | | |
| eceived on Ice | Yes No Temp taken from hast revised 11/1/7/16 | | | m blank | ☐ Where re | equired, pH | checked | | Temp. wh | nen receiv | ed (obser | ved) 🗀 | ن | °C Ter | mp. when | received (c | F = (Sodium 1 orrected) 4 M: 3A S: | 4:5_c |
| Reli | nguished by: Date | Time | Rec | eived by: | | Date | Tim | | FC | R DRI | NKING | WAT | ER US | E: | 200000000000000000000000000000000000000 | | | |
| 1 8/25 10/18/17 1045 3 (CEC 10/18/17 1745) 2 10/18/17 10/18/17 1745 | | | | | | | | | | | | | | | <u> </u> | 11 | | |
| 3 4 | 26 4 10 m | C | <u> </u> | | | iups)p | 1/53 | | Su | | /ater: | | | | | | I ENDERS IN | |