Secondaria

PUBLIC WATER SYSTEM INFORMATION (to be compl	eted by sampler - please type or prin	t legibly)	
System Name: <u>Utilities, Inc. of Florida - Summertree</u>		PWS I.D. #: <u>651</u>	1423
System Type (check one): Address: 0.5 miles east of Little Road on SR 52	☐Nontransient Noncommunity	☐Transient Noncommunity	
	ZIP Code	24669	aga ang ang ang ang ang ang ang ang ang
City: Hudson	ZIP Code	e: <u>04000</u>	MECHANISM METEORISES SINAPERSINANS SINAPERSI
Phone # <u>727-934-9137</u> Fax #: <u>727-934-2208</u>	E-Mail Address:		, sharphings 4 relation by suit Printing Compression Control C
SAMPLE INFORMATION (to be completed by sampler) Sample Number: 16178000 Sample Sample Legation (to exercise) (Supplemental Sample Legation (to be completed by sampler)	ole Date: 11-8-16 V HOLDVANT 1161	Sample Time:	AM PM (Circle One)
Sample Location (be specific): Summeriree Well #	alger and the second	-	Assembly Assembly Management of the Assembly Ass
Disinfectant Residual (Required when reporting results for trihald	·		C/2 3/3
Sample Type (Check Only One) Distribution	Reason(s) for Reason(s) for Routine Compliance with 62-550	Sample (Check all that apply) Replacement (of Invalidated Samp	.io\
Z	Confirmation of MCL Exceedance		•
Entry Point (to Distribution)	Composite of Multiple Sites***	☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	:-000)
□Plant Tap (not for compliance with 62-550) □Raw (at well or intake)	Other:		
☐Max Residence Time	Sampling Procedure Used or Other		Approximation of the second se
☐Ave Residence Time	Camping Procedure Osed of Other	Oomments.	
□Near First Customer			
	See 62-550.500(6) for requirements and And 62-560.512(3) for nitrate or nitrite e		
1, 16teas time stapha (Print Name)	SAMPLER CERTIFICA 1 148697 Operator	TION (Print Title)	do HEREBY CERTIFY
that the above public water system and sample collection info	mation is complete and correct.		
Signature		Date:	
Certified Operator #: 21368 Phone #: 727-934-9137		Sampler's Fax #: <u>727-934-2208</u>	
Sampler's E-mail: sihabery@uiwater.com			

LABORATORY CERTIFICATIO	ON INFORMATION (to	be completed by lab -	- Please type or print legibly)		
Lab Name: Advanced Environme	ental Laboratories, Inc	Florida DOH Ce	rtification #: <u>E84589</u>	_Certification Expiration Date:	06/30/2017
			ATTACH CURRENT	T DOH ANALYTE *	
Address: 9610 Princess Palm A	Ave Tampa, FL 33619	Payments:	P.O. Box Phone #: (813)6	30-9616	
Were any analyses subcontracte	ted? X Yes No	If yes, please provi	de DOH certification numbers:	F82001	
			ATTACH DOH ANALYT	E SHEET FOR EACH SUBCONTI	RACTED *
ANALYSIS INFORMATION (to	to be completed by lab)	Date Sample	e(s) Received: <u>11/08/2016</u>		
PWS ID (From Page 1): 651-	- 143 s	Sample Number (Fron	n Page 1): <u>T1617780001</u>	Lab Assigned Report # or Job	T1617780
Group(s) Analyzed & Results at	ttached for compliance	with Chapter 62-550	, F.A.C. (Check all that apply):		
	nthetic Organics	Volatile Organics	Disinfection Byproducts	Radionuclides Se	econdaries
	All 30	All 21	Trihalomethanes	Single Sample	All 14
	All Except Dioxin	Partial	Haloacetic Acids	Qtrly Composite**	Partial
	Partial		Chlorite		•
	Dioxin Only		Bromate		
Asbestos Only					
		LAB	CERTIFICATION		
I, Dale Uvino		,	PM	, do HEREBY C	ERTIFY
(F	Print Name)		(Print Title)		
that all attached analytiçal data	are correct and unless	noted meet all requi	irements of the National Environr	mental Laboratory Accreditation	Conference
Signature:	Ulm		Date:/	16	
 Failure to provide a valid and cur report, possible enforcement aga Please provide radiological samp 	ainst the public water sys	tem for failure to sampl	a current Analyte Sheet for the attach le, and may result in notification of th	ned analysis results will result in rejo ne DOH Bureau of Laboratory Servi	ection of the ces.
CON	IFIRMATION & NOTIFICA	ATION IS REQUIRED I	WITHIN 24 HRS FOR NITRATE OR	NITRITE MCL EXCEEDANCES	
NON-DETECTS ARE TO BE F	REPORTED AS THE MD	L WITH A "U" QUALIF	FIER. (Non-detects reported as	s "BDL" or with a "<" are not acc	eptable.)
COMDITANCE DETERMINATION	ON				
COMPLIANCE DETERMINATION	(to be completed by E	DEP or DOH attach note	•		
	Satisfactory: Yes	-	Sample or Report Requested:		group(s) above)
Person Notified:		Date Notified: _	DEP/DOI	H Reviewing Official:	

SECONDARY CONTAMINANTS

62-550.320

Report Number / Job ID: <u>T1617780001</u>

PWS ID (From Page 1): 651 143 3

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	11/10/2016	16:07	E84589
1017	Chloride	250	mg/L	34	ı	EPA 300.0	3.9	11/18/2016	12:11	E53076
1022	Copper	1	mg/L	0.0023		EPA 200.8	0.00011	11/11/2016	15:59	E82574
1025	Fluoride	2.0	mg/L	0.38	U	EPA 300.0	0.38	11/18/2016	12:11	E53076
1028	Iron	0.3	mg/L	0.80		EPA 200.7	0.021	11/10/2016	16:07	E84589
1032	Manganese	0.05	mg/L	0.0079		EPA 200.8	0.000055	11/11/2016	15:59	E82574
1050	Silver	0.1	mg/L	0.000027	U	EPA 200.8	0.000027	11/11/2016	15:59	E82574
1055	Sulfate	250	mg/L	18	ı	EPA 300.0	2.6	11/18/2016	12:11	E53076
1095	Zinc	5	mg/L	0.0020	U	EPA 200.7	0.0020	11/10/2016	16:07	E84589
1905	Color	15	PCU	11		SM 2120 B	2.7	11/09/2016	14:05	E84589
1920	Odor	3	TON	1.0	U	SM 2150 B	1.0	11/09/2016	11:30	E84589
1925	pН	6.5 - 8.5	SU	7.5	Q	SM 4500H+B		11/21/2016	14:45	E84589
1930	Total Dissolved Solids	500	mg/L	270		SM 2540 C	12	11/11/2016	15:30	E84589
2905	Foaming Agents	0.5	mg/L	0.040	U	SM 5540 C	0.040	11/10/2016	10:30	E82001

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 **™**Community ☐Nontransient Noncommunity ☐Transient Noncommunity System Type (check one): Address: 0.5 miles east of Little Road on SR 52 ZIP Code: 34668 City: Hudson Phone # 727-934-9137 Fax #: 727-934-2208 E-Mail Address: SAMPLE INFORMATION (to be completed by sampler) Sample Number: Sample Date: Sample Location (be specific): Summertree Well # Disinfectant Residual (Regulred when reporting results for trihalomethanes and haloacetic acids): 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) Confirmation of MCL Exceedance ☐Special (not for compliance with 62-550) □Entry Point (to Distribution) ☐Composite of Multiple Sites** ☐Clearance (permitting) Plant Tap (not for compliance with 62-550) ☐Raw (at well or intake) Other: ☐Max Residence Time Sampling Procedure Used or Other Comments: ☐Ave Residence Time Mear First Customer See 62-550,500(6) for requirements and restrictions. **See 62-550,550(4) for requirements and And 62-550.512(3) for nitrate or nitrite exceedances. attach a results page for each site. SAMPLER CERTIFICATION do HEREBY CERTIFY (Print Title) that the above public water system and sample collection information is complete and correct, Certified Operator #: 727-934-9137 Sampler's Fax #: 727-934-2208 Sampler's E-mail: sihaberv@uiwater.com

LABORATORY CERTIFICATION INFORMATION (to b	e completed by lab – F	Please type or print legibly)	
Lab Name: Advanced Environmental Laboratories, Inc	_ Florida DOH Certi		Certification Expiration Date: 06/30/2017
		ATTACH CURRENT	DOH ANALYTE *
Address: 9610 Princess Palm Ave Tampa, FL 33619	Payments: P	P.O. Box Phone #: (813)63	30-9616
Were any analyses subcontracted? X Yes No I	lf yes, please provide	e DOH certification numbers:	E32001
		ATTACH DOH ANALYTI	SHEET FOR EACH SUBCONTRACTED *
ANALYSIS INFORMATION (to be completed by lab)	Date Sample(s) Received: <u>11/08/2016</u>	
PWS ID (From Page 1): 651 1423 Sai	mple Number (From F	Page 1): <u>T1617780002</u> L	ab Assigned Report # or Job T1617780
Group(s) Analyzed & Results attached for compliance w	ith Chapter 62-550,	F.A.C. (Check all that apply):	
	olatile Organics	Disinfection Byproducts	Radionuclides <u>Secondaries</u>
All Except Asbestos All 30	All 21 [Trihalomethanes	Single Sample All 14
X Partial All Except Dioxin	Partial [☐ Haloacetic Acids	Qtrly Composite** Partial
☐ Nitrate ☐ Partial	[Chlorite	
☐ Nitrite ☐ Dioxin Only		Bromate	
Asbestos Only			
	LABC	ERTIFICATION OA	
I, Dale Uvino) ************************************	F/M	, do HEREBY CERTIFY
(Print Name)		(Print Title)	
that all attached analytical data are correct and unless n	noted meet all require	ements of the National Environm	nental Laboratory Accreditation Conference
Signature: SalUlz		Date:() -	(tage / (
 Failure to provide a valid and current Florida DOH lab certification report, possible enforcement against the public water system ** Please provide radiological sample dates & locations for each 	m for failure to sample		
CONFIRMATION & NOTIFICAT	TION IS REQUIRED W	/ITHIN 24 HRS FOR NITRATE OR I	NITRITE MCL EXCEEDANCES
NON-DETECTS ARE TO BE REPORTED AS THE MDL			"BDL" or with a "<" are not acceptable.)
COMPLIANCE DETERMINATION (to be completed by DEF	P or DOH attach notes	as necessary)	
Sample Collection & Analysis Satisfactory: Yes		_	Yes No (circle or highlight group(s) above)
Person Notified:		DEP/DOH	

SECONDARY CONTAMINANTS

62-550.320

Report Number / Job ID: <u>T1617780002</u>

PWS ID (From Page 1): <u>651 143 3</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	0.12	U	EPA 200.7	0.12	11/10/2016	16:11	E84589
1017	Chloride	250	mg/L	25	ı	EPA 300.0	3.9	11/18/2016	12:41	E53076
1022	Copper	1	mg/L	0.0018		EPA 200.8	0.00011	11/21/2016	13:49	E82574
1025	Fluoride	2.0	mg/L	0.38	U	EPA 300.0	0.38	11/18/2016	12:41	E53076
1028	Iron	0.3	mg/L	0.95		EPA 200.7	0.021	11/10/2016	16:11	E84589
1032	Manganese	0.05	mg/L	0.0061		EPA 200.8	0.000055	11/21/2016	13:49	E82574
1050	Silver	0.1	mg/L	0.000027	U	EPA 200.8	0.000027	11/21/2016	13:49	E82574
1055	Sulfate	250	mg/L	15	ı	EPA 300.0	2.6	11/18/2016	12:41	E53076
1095	Zinc	5	mg/L	0.0046	ı	EPA 200.7	0.0020	11/10/2016	16:11	E84589
1905	Color	15	PCU	14		SM 2120 B	2.7	11/09/2016	14:06	E84589
1920	Odor	3	TON	1.0	U	SM 2150 B	1.0	11/09/2016	11:30	E84589
1925	рН	6.5 - 8.5	SU	7.5	Q	SM 4500H+B		11/21/2016	14:47	E84589
1930	Total Dissolved Solids	500	mg/L	240		SM 2540 C	12	11/11/2016	15:30	E84589
2905	Foaming Agents	0.5	mg/L	0.040	U	SM 5540 C	0.040	11/10/2016	10:30	

5 Econd

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 **⊡**community ☐Nontransient Noncommunity System Type (check one): ☐Transient Noncommunity Address: 0.5 miles east of Little Road on SR 52 ZIP Code: 34668 City: Hudson Phone # 727-934-9137 Fax #: 727-934-2208 E-Mail Address: SAMPLE INFORMATION (to be completed by sampler) 780003 Sample Number: Sample Date: Sample Location (be specific): Summerine Well# Disinfectant Residual (Regulred when reporting results for trihalomethanes and haloacetic acids): 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) ☐Confirmation of MCL Exceedance* ☐Special (not for compliance with 62-550) ☐Entry Point (to Distribution) ☐Composite of Multiple Sites** ☐Clearance (permitting) ☐Plant Tap (not for compliance with 62-550) ☐Other: ☐Raw (at well or intake) ☐Max Residence Time Sampling Procedure Used or Other Comments: ☐Ave Residence Time ☐Near First Customer 'See 62-550,500(6) for requirements and restrictions. **See 62-550,550(4) for requirements and And 62-550,512(3) for nitrate or nitrite exceedances. attach a results page for each site. SAMPLER CERTIFICATION Operator do HEREBY CERTIFY (Print Name) (Print Title) that the above public water system and sample collection information is complete and correct. Signature;X Date: Certified Operator #: Phone #: 727-934-9137 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? 区 Yes □ No If yes, please provide DOH certification numbers:
ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED *
ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 11/08/2016
PWS ID (From Page 1): 651 (473 Sample Number (From Page 1): T1617780003 Lab Assigned Report # or Job T1617780
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 X Partial All Except Dioxin Partial Haloacetic Acids Qtrly Composite** Partial Nitrate Partial Chlorite Nitrite Dioxin Only Bromate
I, Dale Uvino , do HEREBY CERTIFY
(Print Title)
that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference Signature: Date: 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: DEP/DOH Reviewing Official:

SECONDARY CONTAMINANTS

62-550.320

Report Number / Job ID: <u>T1617780003</u>

PWS ID (From Page 1): <u>651 - 1423</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	0.12	U	EPA 200.7	0.12	11/10/2016	16:29	E84589
1017	Chloride	250	mg/L	26	ı	EPA 300.0	3.9	11/18/2016	13:11	E53076
1022	Copper	1	mg/L	0.0035		EPA 200.8	0.00011	11/11/2016	16:11	E82574
1025	Fluoride	2.0	mg/L	0.38	U	EPA 300.0	0.38	11/18/2016	13:11	E53076
1028	Iron	0.3	mg/L	0.98		EPA 200.7	0.021	11/10/2016	16:29	E84589
1032	Manganese	0.05	mg/L	0.0097		EPA 200.8	0.000055	11/11/2016	16:11	E82574
1050	Silver	0.1	mg/L	0.000027	U	EPA 200.8	0.000027	11/11/2016	16:11	E82574
1055	Sulfate	250	mg/L	16	ı	EPA 300.0	2.6	11/18/2016	13:11	E53076
1095	Zinc	5	mg/L	0.0020	U	EPA 200.7	0.0020	11/10/2016	16:29	E84589
1905	Color	15	PCU	14		SM 2120 B	2.7	11/09/2016	14:07	E84589
1920	Odor	3	TON	1.0	U	SM 2150 B	1.0	11/09/2016	11:30	E84589
1925	рН	6.5 - 8.5	SU	7.8	Q	SM 4500H+B		11/21/2016	14:49	E84589
1930	Total Dissolved Solids	500	mg/L	250		SM 2540 C	12	11/11/2016	15:30	E84589
2905	Foaming Agents	0.5	mg/L	0.042	ı	SM 5540 C	0.040	11/10/2016	10:30	E32001



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PUBLIC WATER SYSTEM INFORMATION (to be compl	eted by sampler – please type or print le	egibly)				
System Name: <u>Utilities, Inc. of Florida - Summertree</u>	PWS I.D. #: 651 1423					
System Type (check one): Community	☐Nontransient Noncommunity	☐Transient Noncommunity				
Address: 0.5 miles east of Little Road on SR 52						
City: <u>Hudson</u>	ZIP Code:	34668	tapital deregtyglichilderscodenseldssonlerenhousehlerhopen			
Phone # <u>727-934-9137</u> Fax #: <u>727-934-2208</u>	E-Mail Address:		and the descriptions and an extension of the state of the			
Commence of the commence of th	le Date: 11-8-16	Sample Time:1 4 7	AMPM (Circle One)			
Sample Location (be specific): Summertree Well # By	HXCV9nT 11704 BOSC	Location Code:) yerhikda sanadrib karasintonnay saynrinany karifiransiyy			
Disinfectant Residual (Required when reporting results for trihalo	methanes and haloacetic acids): r	ng/L Field pH:	C/2 3.0			
Sample Type (Check Only One)	Reason(s) for S	ample (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:		alorefrontegelumonnes melorosumistus fotoronas ambitolisis.			
☐Max Residence Time	Sampling Procedure Used or Other Co	omments:				
☐Ave Residence Time						
☐Near First Customer			ng PP SNAS SNAS Transis na Arthropolitopolitopolitopolito Pagos.			
	'See 62-550.500(6) for requirements and ro And 62-550.512(3) for nitrate or nitrite exce		and			
1, : Hacas truk Stephen H	SAMPLER CERTIFICATION (P		EREBY CERTIFY			
that the above public water system and sample collection infor	mation is complete and correct.					
Signature: X	Da	ate: _// - 8 - / 6	and the analysis of the special property of the specia			
Certified Operator #: 727-934-9137	Sa	ampler's Fax #: <u>727-934-2208</u>				
Sampler's E-mail: sihabery@uiwater.com						

LABORATORY CERTIFICATION INFORMATION (to be completed by lab – Please type or print legibly)
Lab Name: Advanced Environmental Laboratories, Inc. Florida DOH Certification #: E84589 Certification Expiration Date: 06/30/2017
ATTACH CURRENT DOH ANALYTE *
Address: 9610 Princess Palm Ave Tampa, FL 33619 Payments: P.O. Box Phone #: (813)630-9616
Were any analyses subcontracted? X Yes No If yes, please provide DOH certification numbers:
ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED *
ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 11/08/2016
PWS ID (From Page 1): 65 (14) Sample Number (From Page 1): T1617780004 Lab Assigned Report # or Job T1617780
Group(s) Analyzed & Results attached for compliance with Chapter 62-550, F.A.C. (Check all that apply):
Inorganics Synthetic Organics Volatile Organics Disinfection Byproducts Radionuclides Secondaries All Except Asbestos All 30 All 21 Trihalomethanes Single Sample All 14 Partial All Except Dioxin Partial Haloacetic Acids Qtrly Composite** Partial Nitrate Partial Chlorite Nitrite Dioxin Only Bromate
LAB CERTIFICATION
I, Dale Uvino , , , do HEREBY CERTIFY
(Print Title) (Print Title)
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 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

PWS ID (From Page 1): 11617780004

PWS ID (From Page 1): 5 1 - (4 3 3

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	11/10/2016	16:33	E84589
1017	Chloride	250	mg/L	26	ı	EPA 300.0	3.9	11/18/2016	13:42	E53076
1022	Copper	1	mg/L	0.0011		EPA 200.8	0.00011	11/11/2016	16:14	E82574
1025	Fluoride	2.0	mg/L	0.38	U	EPA 300.0	0.38	11/18/2016	13:42	E53076
1028	Iron	0.3	mg/L	0.16		EPA 200.7	0.021	11/10/2016	16:33	E84589
1032	Manganese	0.05	mg/L	0.0052		EPA 200.8	0.000055	11/11/2016	16:14	E82574
1050	Silver	0.1	mg/L	0.000027	U	EPA 200.8	0.000027	11/11/2016	16:14	E82574
1055	Sulfate	250	mg/L	17	ı	EPA 300.0	2.6	11/18/2016	13:42	E53076
1095	Zinc	5	mg/L	0.0091	1	EPA 200.7	0.0020	11/10/2016	16:33	E84589
1905	Color	15	PCU	15		SM 2120 B	2.7	11/09/2016	14:08	E84589
1920	Odor	3	TON	1.0	U	SM 2150 B	1.0	11/09/2016	11:30	E84589
1925	рН	6.5 - 8.5	SU	7.6	Q	SM 4500H+B		11/21/2016	14:50	E84589
1930	Total Dissolved Solids	500	mg/L	220		SM 2540 C	12	11/11/2016	15:30	E84589
2905	Foaming Agents	0.5	mg/L	0.055	ı	SM 5540 C	0.040	11/10/2016	13:35	E82001

PUBLIC WATER SYSTEM INFORMATION (to be comple	eted by sampler – please type or prin	it legibly)		
System Name: <u>Utilities, Inc. of Florida - Summertree</u>		Manufacture and American Special Science (Manufacture Science Special Science Special Science Special Science Special	PWS I.D. #: 651 142	S (3)
System Type (check one): Address: 0.5 miles east of Little Road on SR 52	☐Nontransient Noncommunity		Transient Noncommunity	٠.
City: <u>Hudson</u>	ZIP Code	e: <u>34668</u>		
Phone # <u>727-934-9137</u> Fax #: <u>727-934-2208</u>	E-Mail Address:		a tropical term, em como somo semana presentant a apiscon a trato y de cologio montrophica palmon a pala del p	·
SAMPLE INFORMATION (to be completed by sampler) Sample Number: 1617780005 Samp Sample Location (be specific): Summerities Well # B	Hydrant 112/9	mėrg	ample Time: 139 QNSCV Location Code:	AM PM (Circle One)
Disinfectant Residual (Required when reporting results for trihalo	h familiar and the state of the		Field pH:	C/2 2,3
Sample Type (Check Only One) Distribution Entry Point (to Distribution) Plant Tap (not for compliance with 62-550) Raw (at well or intake)	Reason(s) for Routine Compliance with 62-550 Confirmation of MCL Exceedance Composite of Multiple Sites** Other:	e* [Check all that apply) Replacement (of invalidated Sample) Special (not for compliance with 62-550 Clearance (permitting)))
□Max Residence Time □Ave Residence Time □Near First Customer	Sampling Procedure Used or Other	Comments		ada di di ada da
	"See 62-550.500(6) for requirements and And 62-550.512(3) for nitrate or nitrite e			s and
I, : /443 tak Stephen (Print Name)	SAMPLER CERTIFICA Habey Operator	TION (Print Title)		HEREBY CERTIFY
that the above public water system and sample collection infor	mation is complete and correct.			
Signature		Date: _	11-8-+/6	alarinas sanglinas augustas para para para para di Alemanda
Certified Operator #:21368 Phone #: 727-934-9137		Sampler's	Fax #: <u>727-934-2208</u>	
Sampler's E-mail: sihabery@uiwater.com	-			

LABORATORY CERTIFICATION INFORMATION (to be completed by lab – Please type or print legibly)
Lab Name: Advanced Environmental Laboratories, Inc Florida DOH Certification #: E84589 Certification Expiration Date: 06/30/2017
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:
ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED *
ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 11/08/2016
PWS ID (From Page 1): 651143 Sample Number (From Page 1): T1617780005 Lab Assigned Report # or Job T1617780
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 X Partial All Except Dioxin Partial Haloacetic Acids Qtrly Composite** Partial Nitrate Partial Chlorite Nitrite Dioxin Only Bromate
I, Dale Uvino , Dale Uvino , do HEREBY CERTIFY
(Print Title)
that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference
Signature: Sal Clar Date: 12-1-16
* Failure to provide a valid and current Florida DOH lab certification number and a current Analyte Sheet for the attached analysis results will result in rejection of the report, possible enforcement against the public water system for failure to sample, and may result in notification of the DOH Bureau of Laboratory Services. ** Please provide radiological sample dates & locations for each quarter.
CONFIRMATION & NOTIFICATION IS REQUIRED WITHIN 24 HRS FOR NITRATE OR NITRITE MCL EXCEEDANCES NON-DETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" QUALIFIER. (Non-detects reported as "BDL" or with a "<" are not acceptable.)
COMPLIANCE DETERMINATION (to be completed by DEP or DOH – attach notes as necessary)
Sample Collection & Analysis Satisfactory: Yes No Replacement Sample or Report Requested: Yes No (circle or highlight group(s) above)
Person Notified: Date Notified: DEP/DOH Reviewing Official:

SECONDARY CONTAMINANTS

62-550.320

Report Number / Job ID: <u>T1617780005</u>

PWS ID (From Page 1): 651 / 43 }

Contam ID			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	11/10/2016	16:37	E84589
1017	Chloride	250	mg/L	25	ı	EPA 300.0	3.9	11/18/2016	14:12	E53076
1022	Copper	1	mg/L	0.0041		EPA 200.8	0.00011	11/11/2016	16:18	E82574
1025	Fluoride	2.0	mg/L	0.60	ı	EPA 300.0	0.38	11/18/2016	14:12	E53076
1028	Iron	0.3	mg/L	0.72		EPA 200.7	0.021	11/10/2016	16:37	E84589
1032	Manganese	0.05	mg/L	0.0068		EPA 200.8	0.000055	11/11/2016	16:18	E82574
1050	Silver	0.1	mg/L	0.000027	U	EPA 200.8	0.000027	11/11/2016	16:18	E82574
1055	Sulfate	250	mg/L	14	1	EPA 300.0	2.6	11/18/2016	14:12	E53076
1095	Zinc	5	mg/L	0.0065	ı	EPA 200.7	0.0020	11/10/2016	16:37	E84589
1905	Color	15	PCU	14		SM 2120 B	2.7	11/09/2016	14:09	E84589
1920	Odor	3	TON	1.0	U	SM 2150 B	1.0	11/09/2016	11:30	E84589
1925	рН	6.5 - 8.5	SU	7.6	Q	SM 4500H+B		11/21/2016	14:51	E84589
1930	Total Dissolved Solids	500	mg/L	230		SM 2540 C	12	11/11/2016	15:30	E84589
2905	Foaming Agents	0.5	mg/L	0.046	I	SM 5540 C	0.040	11/10/2016	13:35	E82001

SECOND

PUBLIC WATER SYSTEM INFORMATION (to be co	mpleted by sampler – please type or print le	gibly)
System Name: Utilities, Inc. of Florida - Summertree)	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: Hudson	ZIP Code: 3	4668
Phone # 727-934-9137 Fax #: 727-934-2208	E-Mail Address:	
SAMPLE INFORMATION (to be completed by sampler) Sample Number:	ample Date: 11 - 8 - 16 3	Sample Time: 21 AM PM Circle On
Disinfectant Residual (Required when reporting results for tr		
Sample Type (Check Only One)	Reason(s) for Sa	ample (Check all that apply)
ADistribution	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 Co	mments:
☐Ave Residence Time		
☐Near First Customer		
	'See 62-550.500(6) for requirements and re And 62-550.512(3) for nitrate or nitrite exce	
1. 14th Stephen Hube	SAMPLER CERTIFICATION Operator	, do HEREBY CERTIFY
(Print Name)	,	int Title)
that the above public water system and sample collection i	nformation is complete and correct.	
Signature	Da	te:
Certified Operator #:21368 Phone #: 727-934-913	87 Sa	mpler's Fax #: <u>727-934-2208</u>
Sampler's E-mail: sihabery@uiwater.com		

LABORATORY CERTIFICATION INFORMATION (to be completed by lab – Please type or print legibly)											
Lab Name: Advanced Environmental Laboratories, Inc Florida DOH Certification #: E84589 Certification Expiration Date: 06/30/2017											
ATTACH CURRENT DOH ANALYTE *											
Address: 9610 Princess Palm Ave Tampa, FL 33619 Payments: PO. Box Phone #: (813)630-9616											
Were any analyses subcontracted? Yes No If yes, please provide DOH certification numbers:											
ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED *											
ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 11/08/2016											
PWS ID (From Page 1): 65 (4) Sample Number (From Page 1): T1617780006 Lab Assigned Report # or Job T1617780											
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 X Partial All Except Dioxin Partial Haloacetic Acids Qtrly Composite** Partial Nitrate Partial Chlorite Nitrite Dioxin Only Bromate											
LAB CERTIFICATION											
I, Dale Uvino ,,, do HEREBY CERTIFY											
(Print Title)											
that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference Signature:											
* 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 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	11/10/2016	16:40	E84589
1017	Chloride	250	mg/L	25	ı	EPA 300.0	3.9	11/19/2016	02:16	E53076
1022	Copper	1	mg/L	0.0018		EPA 200.8	0.00011	11/21/2016	13:53	E82574
1025	Fluoride	2.0	mg/L	0.38	U	EPA 300.0	0.38	11/19/2016	02:16	E53076
1028	Iron	0.3	mg/L	0.24		EPA 200.7	0.021	11/10/2016	16:40	E84589
1032	Manganese	0.05	mg/L	0.0049		EPA 200.8	0.000055	11/21/2016	13:53	E82574
1050	Silver	0.1	mg/L	0.000027	U	EPA 200.8	0.000027	11/21/2016	13:53	E82574
1055	Sulfate	250	mg/L	15	ı	EPA 300.0	2.6	11/19/2016	02:16	E53076
1095	Zinc	5	mg/L	0.012		EPA 200.7	0.0020	11/10/2016	16:40	E84589
1905	Color	15	PCU	15		SM 2120 B	2.7	11/09/2016	14:10	E84589
1920	Odor	3	TON	1.0	U	SM 2150 B	1.0	11/09/2016	11:30	E84589
1925	рН	6.5 - 8.5	SU	7.7	Q	SM 4500H+B		11/21/2016	14:52	E84589
1930	Total Dissolved Solids	500	mg/L	230		SM 2540 C	12	11/11/2016	15:30	E84589
2905	Foaming Agents	0.5	mg/L	0.040	U	SM 5540 C	0.040	11/10/2016	13:35	E82001



Client Name: Address:

FAX:

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