

Florida Department of Environmental Protection  
Safe Drinking Water Program Laboratory Reporting Format

*Secondaries*

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

System Name: Utilities, Inc. of Florida - Summertree PWS I.D. #: 651 1423

System Type (check one):  Community  Nontransient Noncommunity  Transient Noncommunity

Address: 0.5 miles east of Little Road on SR 52

City: Hudson ZIP Code: 34668

Phone # 727-934-9137 Fax #: 727-934-2208 E-Mail Address: \_\_\_\_\_

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: T1617780001 Sample Date: 11-8-16 Sample Time: 1 AM  PM (Circle One)

Sample Location (be specific): Summertree Well # By Hydrant 11619 English Cir Location Code: \_\_\_\_\_

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): \_\_\_\_\_ mg/L Field pH: \_\_\_\_\_

*C12 3.3*

Sample Type (Check Only One)

Reason(s) for Sample (Check all that apply)

- |   |  |   |
|---|--|---|
| <input checked="" type="checkbox"/> Distribution                    | <input checked="" type="checkbox"/> Routine Compliance with 62-550 | <input type="checkbox"/> Replacement (of invalidated Sample)      |
| <input type="checkbox"/> Entry Point (to Distribution)              | <input type="checkbox"/> Confirmation of MCL Exceedance*           | <input type="checkbox"/> Special (not for compliance with 62-550) |
| <input type="checkbox"/> Plant Tap (not for compliance with 62-550) | <input type="checkbox"/> Composite of Multiple Sites**             | <input type="checkbox"/> Clearance (permitting)                   |
| <input type="checkbox"/> Raw (at well or intake)                    | <input type="checkbox"/> Other: _____                              |   |
| <input type="checkbox"/> Max Residence Time                         |  |   |
| <input type="checkbox"/> Ave Residence Time                         |  |   |
| <input type="checkbox"/> Near First Customer                        |  |   |

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, ~~ILLIAS HAK~~ Stephen Hebery 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: 11-8-16

Certified Operator #: ~~21368~~ 3012 Phone #: 727-934-9137

Sampler's Fax #: 727-934-2208

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

## Florida Department of Environmental Protection Safe Drinking Water Program Laboratory Reporting Format

**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: E82001

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): 651-1423 Sample Number (From Page 1): T1617780001 Lab Assigned Report # or Job T1617780

Group(s) Analyzed & Results attached for compliance with Chapter 62-550, F.A.C. (Check all that apply):

- |  |  |                                  |   |  |                                  |
|--|--|----------------------------------|---|--|----------------------------------|
| <u>Inorganics</u>                            | <u>Synthetic Organics</u>                  | <u>Volatile Organics</u>         | <u>Disinfection Byproducts</u>            | <u>Radionuclides</u>                       | <u>Secondaries</u>               |
| <input type="checkbox"/> All Except Asbestos | <input type="checkbox"/> All 30            | <input type="checkbox"/> All 21  | <input type="checkbox"/> Trihalomethanes  | <input type="checkbox"/> Single Sample     | <input type="checkbox"/> All 14  |
| <input checked="" type="checkbox"/> Partial  | <input type="checkbox"/> All Except Dioxin | <input type="checkbox"/> Partial | <input type="checkbox"/> Haloacetic Acids | <input type="checkbox"/> Qtrly Composite** | <input type="checkbox"/> Partial |
| <input type="checkbox"/> Nitrate             | <input type="checkbox"/> Partial           |                                  | <input type="checkbox"/> Chlorite         |  |                                  |
| <input type="checkbox"/> Nitrite             | <input type="checkbox"/> Dioxin Only       |                                  | <input type="checkbox"/> Bromate          |  |                                  |
| <input type="checkbox"/> Asbestos Only       |  |                                  |   |  |                                  |

### LAB CERTIFICATION

I, Dale Uvino, PM, 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: Dale Uvino 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: \_\_\_\_\_

## Florida Department of Environmental Protection Safe Drinking Water Program Laboratory Reporting Format

SECONDARY CONTAMINANTS  
62-550.320

Report Number / Job ID: T1617780001

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 #
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	I	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	I	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	pH	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

\*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.

Florida Department of Environmental Protection  
Safe Drinking Water Program Laboratory Reporting Format

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):  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: T1617730002 Sample Date: 11-8-16 Sample Time: 109 AM  PM (Circle One)

Sample Location (be specific): Summertree Well # ~~By Hydrant 11438 901FRD~~ Location Code: \_\_\_\_\_

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): \_\_\_\_\_ mg/L Field pH: \_\_\_\_\_ C12 2.5

Sample Type (Check Only One)

Reason(s) for Sample (Check all that apply)

- |   |  |   |
|---|--|---|
| <input checked="" type="checkbox"/> Distribution                    | <input checked="" type="checkbox"/> Routine Compliance with 62-550 | <input type="checkbox"/> Replacement (of Invalidated Sample)      |
| <input type="checkbox"/> Entry Point (to Distribution)              | <input type="checkbox"/> Confirmation of MCL Exceedance*           | <input type="checkbox"/> Special (not for compliance with 62-550) |
| <input type="checkbox"/> Plant Tap (not for compliance with 62-550) | <input type="checkbox"/> Composite of Multiple Sites**             | <input type="checkbox"/> Clearance (permitting)                   |
| <input type="checkbox"/> Raw (at well or intake)                    | <input type="checkbox"/> Other: _____                              |   |
| <input type="checkbox"/> Max Residence Time                         |  |   |
| <input type="checkbox"/> Ave Residence Time                         |  |   |
| <input type="checkbox"/> Near First Customer                        |  |   |

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, ~~Heather K~~ Stephen Habery 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: 11-8-16

Certified Operator #: ~~21308~~ Phone #: 727-934-9137 Sampler's Fax #: 727-934-2208

Sampler's E-mail: 8012 sihabery@uiwater.com

## Florida Department of Environmental Protection Safe Drinking Water Program Laboratory Reporting Format

**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: E82001

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): 6511423 Sample Number (From Page 1): T1617780002 Lab Assigned Report # or Job T1617780

Group(s) Analyzed & Results attached for compliance with Chapter 62-550, F.A.C. (Check all that apply):

<u>Inorganics</u>	<u>Synthetic Organics</u>	<u>Volatile Organics</u>	<u>Disinfection Byproducts</u>	<u>Radionuclides</u>	<u>Secondaries</u>
<input type="checkbox"/> All Except Asbestos	<input type="checkbox"/> All 30	<input type="checkbox"/> All 21	<input type="checkbox"/> Trihalomethanes	<input type="checkbox"/> Single Sample	<input type="checkbox"/> All 14
<input checked="" type="checkbox"/> Partial	<input type="checkbox"/> All Except Dioxin	<input type="checkbox"/> Partial	<input type="checkbox"/> Haloacetic Acids	<input type="checkbox"/> Qtrly Composite**	<input type="checkbox"/> Partial
<input type="checkbox"/> Nitrate	<input type="checkbox"/> Partial		<input type="checkbox"/> Chlorite		
<input type="checkbox"/> Nitrite	<input type="checkbox"/> Dioxin Only		<input type="checkbox"/> Bromate		
<input type="checkbox"/> Asbestos Only					

### LAB CERTIFICATION

I, Dale Uvino, PM, 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: 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: \_\_\_\_\_

## Florida Department of Environmental Protection Safe Drinking Water Program Laboratory Reporting Format

### SECONDARY CONTAMINANTS

62-550.320

Report Number / Job ID: T1617780002

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	0.12	U	EPA 200.7	0.12	11/10/2016	16:11	E84589
1017	Chloride	250	mg/L	25	I	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	I	EPA 300.0	2.6	11/18/2016	12:41	E53076
1095	Zinc	5	mg/L	0.0046	I	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	pH	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	

\*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.

Florida Department of Environmental Protection  
Safe Drinking Water Program Laboratory Reporting Format

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):  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: T1617780003 Sample Date: 11-8-16 Sample Time: 129 AM  PM (Circle One)

Sample Location (be specific): ~~Summertree Well #~~ By Hydrant 11800 Ivywood Location Code: \_\_\_\_\_

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): \_\_\_\_\_ mg/L Field pH: \_\_\_\_\_ Cl2 2.5

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
- Confirmation of MCL Exceedance\*
- Composite of Multiple Sites\*\*
- Other: \_\_\_\_\_
- Replacement (of Invalidated Sample)
- Special (not for compliance with 62-550)
- Clearance (permitting)

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, ~~HECAS Link~~ Operator \_\_\_\_\_, do HEREBY CERTIFY  
(Print Name) (Print Title)

that the above public water system and sample collection information is complete and correct.

Signature: [Signature] Date: 11-8-16

Certified Operator #: ~~21309~~ Phone #: 727-934-9137 Sampler's Fax #: 727-934-2208

Sampler's E-mail: 8012 sjhabery@uiwater.com

# Florida Department of Environmental Protection Safe Drinking Water Program Laboratory Reporting Format

**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: E80001

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): 6511423 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):

- |  |  |   |  |  |   |
|--|--|---|--|--|---|
| <p><u>Inorganics</u></p> <input type="checkbox"/> All Except Asbestos<br><input checked="" type="checkbox"/> Partial<br><input type="checkbox"/> Nitrate<br><input type="checkbox"/> Nitrite<br><input type="checkbox"/> Asbestos Only | <p><u>Synthetic Organics</u></p> <input type="checkbox"/> All 30<br><input type="checkbox"/> All Except Dioxin<br><input type="checkbox"/> Partial<br><input type="checkbox"/> Dioxin Only | <p><u>Volatile Organics</u></p> <input type="checkbox"/> All 21<br><input type="checkbox"/> Partial | <p><u>Disinfection Byproducts</u></p> <input type="checkbox"/> Trihalomethanes<br><input type="checkbox"/> Haloacetic Acids<br><input type="checkbox"/> Chlorite<br><input type="checkbox"/> Bromate | <p><u>Radionuclides</u></p> <input type="checkbox"/> Single Sample<br><input type="checkbox"/> Qtrly Composite** | <p><u>Secondaries</u></p> <input type="checkbox"/> All 14<br><input type="checkbox"/> Partial |
|--|--|---|--|--|---|

## LAB CERTIFICATION

I, Dale Uvino, PM, 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: 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: \_\_\_\_\_



## Florida Department of Environmental Protection Safe Drinking Water Program Laboratory Reporting Format

SECONDARY CONTAMINANTS  
62-550.320

Report Number / Job ID: T1617780003

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 #
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	I	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	I	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	pH	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	I	SM 5540 C	0.040	11/10/2016	10:30	E82001

Florida Department of Environmental Protection  
Safe Drinking Water Program Laboratory Reporting Format

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):  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: T1617780004 Sample Date: 11-8-16 Sample Time: 1247 AM  PM (Circle One)

Sample Location (be specific): Summertree Well # By Hydant 11704 Rose tree Location Code: \_\_\_\_\_

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): \_\_\_\_\_ mg/L Field pH: \_\_\_\_\_ C12 3.0

Sample Type (Check Only One)

Reason(s) for Sample (Check all that apply)

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Distribution                               | <input type="checkbox"/> Routine Compliance with 62-550  | <input type="checkbox"/> Replacement (of Invalidated Sample)      |
| <input type="checkbox"/> Entry Point (to Distribution)              | <input type="checkbox"/> Confirmation of MCL Exceedance* | <input type="checkbox"/> Special (not for compliance with 62-550) |
| <input type="checkbox"/> Plant Tap (not for compliance with 62-550) | <input type="checkbox"/> Composite of Multiple Sites**   | <input type="checkbox"/> Clearance (permitting)                   |
| <input type="checkbox"/> Raw (at well or intake)                    | <input type="checkbox"/> Other: _____                    |   |
| <input type="checkbox"/> Max Residence Time                         | Sampling Procedure Used or Other Comments: _____         |   |
| <input type="checkbox"/> Ave Residence Time                         |  |   |
| <input type="checkbox"/> 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, ~~Michael~~ Stephen Haber, Operator, do HEREBY CERTIFY

that the above public water system and sample collection information is complete and correct.

Signature: [Signature] Date: 11-8-16

Certified Operator #: 21368 Phone #: 727-934-9137 Sampler's Fax #: 727-934-2208

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

# Florida Department of Environmental Protection Safe Drinking Water Program Laboratory Reporting Format

**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: E82001

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): 6511423 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):

- |  |  |                                  |   |  |                                  |
|--|--|----------------------------------|---|--|----------------------------------|
| <u>Inorganics</u>                            | <u>Synthetic Organics</u>                  | <u>Volatile Organics</u>         | <u>Disinfection Byproducts</u>            | <u>Radionuclides</u>                       | <u>Secondaries</u>               |
| <input type="checkbox"/> All Except Asbestos | <input type="checkbox"/> All 30            | <input type="checkbox"/> All 21  | <input type="checkbox"/> Trihalomethanes  | <input type="checkbox"/> Single Sample     | <input type="checkbox"/> All 14  |
| <input checked="" type="checkbox"/> Partial  | <input type="checkbox"/> All Except Dioxin | <input type="checkbox"/> Partial | <input type="checkbox"/> Haloacetic Acids | <input type="checkbox"/> Qtrly Composite** | <input type="checkbox"/> Partial |
| <input type="checkbox"/> Nitrate             | <input type="checkbox"/> Partial           |                                  | <input type="checkbox"/> Chlorite         |  |                                  |
| <input type="checkbox"/> Nitrite             | <input type="checkbox"/> Dioxin Only       |                                  | <input type="checkbox"/> Bromate          |  |                                  |
| <input type="checkbox"/> Asbestos Only       |  |                                  |   |  |                                  |

### LAB CERTIFICATION

I, Dale Uvino, PM, 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: Dale Uvino 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: \_\_\_\_\_

## Florida Department of Environmental Protection Safe Drinking Water Program Laboratory Reporting Format

SECONDARY CONTAMINANTS  
62-550.320

Report Number / Job ID: T1617780004

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 #
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	I	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	I	EPA 300.0	2.6	11/18/2016	13:42	E53076
1095	Zinc	5	mg/L	0.0091	I	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	pH	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	I	SM 5540 C	0.040	11/10/2016	13:35	E82001

Florida Department of Environmental Protection  
Safe Drinking Water Program Laboratory Reporting Format

5 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):  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: 11617780005 Sample Date: 11-8-16 Sample Time: 1:59 AM  PM (Circle One)

Sample Location (be specific): ~~Summertree Well #~~ By Hydrant 11219 merganser Location Code: \_\_\_\_\_

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): \_\_\_\_\_ mg/L Field pH: \_\_\_\_\_ C/2 2.5

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
- Confirmation of MCL Exceedance\*
- Composite of Multiple Sites\*\*
- Other: \_\_\_\_\_
- Replacement (of Invalidated Sample)
- Special (not for compliance with 62-550)
- Clearance (permitting)

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, ~~ILLIAS HAK~~ Stephen Habery Operator, do HEREBY CERTIFY  
(Print Name) (Print Title)

that the above public water system and sample collection information is complete and correct.

Signature: [Signature]

Date: 11-8-16

Certified Operator #: 21368 Phone #: 727-934-9137

Sampler's Fax #: 727-934-2208

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

# Florida Department of Environmental Protection Safe Drinking Water Program Laboratory Reporting Format

**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: E82001

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): 6511423 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):

- |  |  |                                  |   |  |                                  |
|--|--|----------------------------------|---|--|----------------------------------|
| <u>Inorganics</u>                            | <u>Synthetic Organics</u>                  | <u>Volatile Organics</u>         | <u>Disinfection Byproducts</u>            | <u>Radionuclides</u>                       | <u>Secondaries</u>               |
| <input type="checkbox"/> All Except Asbestos | <input type="checkbox"/> All 30            | <input type="checkbox"/> All 21  | <input type="checkbox"/> Trihalomethanes  | <input type="checkbox"/> Single Sample     | <input type="checkbox"/> All 14  |
| <input checked="" type="checkbox"/> Partial  | <input type="checkbox"/> All Except Dioxin | <input type="checkbox"/> Partial | <input type="checkbox"/> Haloacetic Acids | <input type="checkbox"/> Qtrly Composite** | <input type="checkbox"/> Partial |
| <input type="checkbox"/> Nitrate             | <input type="checkbox"/> Partial           |                                  | <input type="checkbox"/> Chlorite         |  |                                  |
| <input type="checkbox"/> Nitrite             | <input type="checkbox"/> Dioxin Only       |                                  | <input type="checkbox"/> Bromate          |  |                                  |
| <input type="checkbox"/> Asbestos Only       |  |                                  |   |  |                                  |

### LAB CERTIFICATION

I, Dale Uvino, PM, 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: 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: \_\_\_\_\_

## Florida Department of Environmental Protection Safe Drinking Water Program Laboratory Reporting Format

SECONDARY CONTAMINANTS  
62-550.320

Report Number / Job ID: T1617780005

PWS ID (From Page 1): 651 1403

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	16:37	E84589
1017	Chloride	250	mg/L	25	I	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	I	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	I	EPA 300.0	2.6	11/18/2016	14:12	E53076
1095	Zinc	5	mg/L	0.0065	I	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	pH	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	E81001

Florida Department of Environmental Protection  
Safe Drinking Water Program Laboratory Reporting Format

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):  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: T161773006 Sample Date: 11-8-16 Sample Time: 211 AM  PM (Circle One)

Sample Location (be specific): Summertree Well # ~~11001~~ By Hydrant 11001 Kiskadee Location Code: \_\_\_\_\_

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): \_\_\_\_\_ mg/L Field pH: \_\_\_\_\_ Cl2 2.2

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
- Confirmation of MCL Exceedance\*
- Composite of Multiple Sites\*\*
- Other: \_\_\_\_\_
- Replacement (of Invalidated Sample)
- Special (not for compliance with 62-550)
- Clearance (permitting)

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, Stephen Habery Operator, do HEREBY CERTIFY  
IGAS TANK (Print Name) \_\_\_\_\_ (Print Title)

that the above public water system and sample collection information is complete and correct.

Signature: [Signature] Date: 11-8-16

Certified Operator #: 21368 Phone #: 727-934-9137 Sampler's Fax #: 727-934-2208

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



# Florida Department of Environmental Protection Safe Drinking Water Program Laboratory Reporting Format

**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: E82001

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): 6511423 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):

- |  |  |   |  |  |   |
|--|--|---|--|--|---|
| <p><u>Inorganics</u></p> <input type="checkbox"/> All Except Asbestos<br><input checked="" type="checkbox"/> Partial<br><input type="checkbox"/> Nitrate<br><input type="checkbox"/> Nitrite<br><input type="checkbox"/> Asbestos Only | <p><u>Synthetic Organics</u></p> <input type="checkbox"/> All 30<br><input type="checkbox"/> All Except Dioxin<br><input type="checkbox"/> Partial<br><input type="checkbox"/> Dioxin Only | <p><u>Volatile Organics</u></p> <input type="checkbox"/> All 21<br><input type="checkbox"/> Partial | <p><u>Disinfection Byproducts</u></p> <input type="checkbox"/> Trihalomethanes<br><input type="checkbox"/> Haloacetic Acids<br><input type="checkbox"/> Chlorite<br><input type="checkbox"/> Bromate | <p><u>Radionuclides</u></p> <input type="checkbox"/> Single Sample<br><input type="checkbox"/> Qtrly Composite** | <p><u>Secondaries</u></p> <input type="checkbox"/> All 14<br><input type="checkbox"/> Partial |
|--|--|---|--|--|---|

### LAB CERTIFICATION

I, Dale Uvino, PM, 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: Dale Uvino 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: \_\_\_\_\_

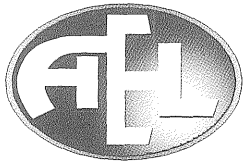
## Florida Department of Environmental Protection Safe Drinking Water Program Laboratory Reporting Format

SECONDARY CONTAMINANTS  
62-550.320

Report Number / Job ID: T1617780006

PWS ID (From Page 1): 0511423

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	I	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	I	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	pH	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



**Advanced Environmental Laboratories, Inc.**

- Altamonte Springs:** 528 S. Northlake Blvd., Ste. 1016 • Altamonte Springs, FL 32701 • 407.937.1594 • Fax 407.937.1597
- Gainesville:** 6815 SW Archer Road • Gainesville, FL 32608 • 352.377.2349 • Fax 352.395.6639
- Jacksonville:** 6601 Southpoint Pkwy. • Jacksonville, FL 32216 • 904.363.9350 • Fax 904.363.9354
- Miramar:** 10200 USA Today Way, Miramar, FL 33025 • 954.889.2288 • Fax 954.889.2281
- Tallahassee:** 1288 Cedar Center Drive, Tallahassee, FL 32301 • 850.219.6274 • Fax 850.219.6275
- Tampa:** 9610 Princess Palm Ave. • Tampa, FL 33619 • 813.630.9616 • Fax 813.630.4327

T1617780

Client Name: <b>UIF</b>	Project Name: <b>Summertree</b>	BOTTLE SIZE & TYPE											LABORATORY I.D. NUMBER	
Address:	P.O. Number/Project Number: <b>252/25</b>													
Phone: <b>727-934-9137</b>	REMARKS/SPECIAL INSTRUCTIONS: <b>Secondaries</b>		ANALYSIS REQUIRED											
FAX:														
Contact: <b>Steve Haber</b>														
Sampled By: <b>Steve Haber</b>														
Turn Around Time: <input type="checkbox"/> STANDARD <input checked="" type="checkbox"/> RUSH														
Page _____ of _____														

SAMPLE ID	SAMPLE DESCRIPTION	Grab Comp	SAMPLING		MATRIX	NO. COUNT	PRESERVATION							
			DATE	TIME										
1	By Hydant 11619 english elm <sup>3.3</sup>	✓	11-8/16	1 PM	DW	4		C	1	2	3.3	001		
2	By Hydant 11438 gold Rd	✓		10:00 AM		4		C	1	2	2.5	002		
3	11800 Fuy wood	✓		12:00 PM		4		C	1	2	2.5	003		
4	11704 rose tree	✓		14:00 PM		4		C	1	2	3.0	004		
5	11219 merganser	✓		15:00 PM		4		C	1	2	2.5	005		
6	11001 Kist raclee	✓		2:10 PM		4		C	1	2	2.2	006		

Matrix Code: WW = wastewater SW = surface water GW = ground water DW = drinking water O = oil A = air SO = soil SL = sludge Preservation Code: I = ice H=(HCl) S = (H2SO4) N = (HNO3) T = (Sodium Thiosulfate)

Received on Ice  Yes  No  Temp taken from sample  Temp from blank  Where required, pH checked Temperature when received **3.1** (in degrees celcius)

Form revised 06/15/2010 Device used for measuring Temp by unique identifier (circle IR temp gun used) J: 9A G: LT-1 LT-2 T: 10A A: 3A M: 1A

Relinquished by:	Date	Time	Received by:	Date	Time
	11-8/16			11/9/16	10:21

**FOR DRINKING WATER USE:**  
 (When PWS Information not otherwise supplied) PWS ID: \_\_\_\_\_  
 Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Supplier of Water: \_\_\_\_\_  
 Site-Address: \_\_\_\_\_