PUBLIC WATER SYSTEM INFORMATION (to be completed by sampler – Please type or print legibl	ly)		¬			ı — — ı —	
System Name: Summertree		PWS I.D.#:	6	5	1 1	4_	2 :	3
System Type (check one): Community	Nontransient Noncommunity Transien	nt Noncommunity						
Address:								
City:		ZIP Code	e:					
Phone #: F	ax #: E-Ma							
SAMPLE INFORMATION (to be completed by								
, , ,	Sample Date: <u>02/05/2018</u>	Sample Time:	15:40		AN	м РМ	circle one	ıe)
Sample Location (be specific): 1 11436 Golf R	d CL2-3.9	Locat	ion Co	de (if kno	wn) : _			
Disinfectant Residual (Required when reporting res	ults for trihalomethanes and haloacetic acids):n	ng/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 San Routine Compliance with 62-550 Confirmation of MCL Exceedance * Composite of Multiple Sites ** Other: Sampling Procedure Used or Other Continuous And 62-550.500(6) for requirements and restrict And 62-550.512(3) for nitrate or nitrite exceedants	Replacement Special (not for Clearance (permanents:	(of Invaling compliant complex com	since with 6	62-550)	•		
	SAMPLER CERTIFICATION	ON						
I,	,			, do	HERE	BY CE	RTIFY	
(Print Name)	(Print	:Title)		_				
that the above public water system ar	nd sample collection information is completed	te and correct.						
Signature:	Date:							
Certified Operator #:	Phone #:	Sampler's Fax	· #:					
Sampler's E-Mail:				_				
Penarting Format 62-550 730								

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

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? $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$	ertification numbers: E82574
	ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED *
ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Rece	ved: <u>02/07/2018</u>
PWS ID (From Page 1): 6511423 Sample Number (From Page 1):	T1802161001 Lab Assigned Report # or Job <u>T1802161</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	ICATION
I, Joseph J. Vondrick , Project	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:Dar	re: _ 02/22/2018
* 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.	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	ary)
Sample Collection & Analysis Satisfactory: Yes No Replacement Sample of	or Report Requested: Yes No (circle or highlight group(s) above)
Person Notified: Date Notified:	DEP/DOH Reviewing Official:

SECONDARY CONTAMINANTS

Report Number / Job ID: <u>T1802161001</u>

62-550.320

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 #
1028	Iron	0.3	mg/L	0.10	U	EPA 200.7	0.10	02/21/2018	13:22	E82574

PUBLIC WATER SYSTEM INFORMATION	(to be completed by sampler – Please type or print legibly	у)								
System Name: Summertree	me: Summertree PWS I.D.#: 6									
System Type (check one): Community	□ Nontransient Noncommunity □ Transient	t Noncommunity								
Address:										
-		ZIP Code:								
Phone #:	-ax #: E-Mail									
SAMPLE INFORMATION (to be completed by										
` · · · ·		Sample Time: 15:20 AM PM (circle one)								
Sample Location (be specific): 2 11704 Roset	ree CL2-4.0	Location Code (if known):								
Disinfectant Residual (Required when reporting re	sults for trihalomethanes and haloacetic acids): m	ng/L Field pH:								
Sample Type (Check Only One)	Reason(s) for Sam	nple (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 Con									
Ave Residence Time										
Near First Customer	*See 62-550.500(6) for requirements and restrict And 62-550.512(3) for nitrate or nitrite exceedan									
	SAMPLER CERTIFICATION	ON								
1,		, do HEREBY CERTIFY								
(Print Name)	(Print	Title)								
that the above public water system a	nd sample collection information is complete	e and correct.								
Signature:	Date:									
Certified Operator #:	Phone #:	Sampler's Fax #:								
Sampler's E-Mail:										
Penarting Format 62-550 730										

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

LABORATORY CERTIFICATION INFORMATION (to be completed by lab – Please type of	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 #: <u>(813)630-9616</u>
Were any analyses subcontracted? $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$	ication numbers: E82574
AT	TACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED *
ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received	: 02/07/2018
PWS ID (From Page 1): 6511423 Sample Number (From Page 1): T18	<u>D2161002</u> Lab Assigned Report # or Job <u>T1802161</u>
Group(s) Analyzed & Results attached for compliance with Chapter 62-550, F.A.C. (Ch	eck all that apply):
Inorganics Synthetic Organics Volatile Organics Disinfection All Except Asbestos All 30 All 21 Trihalom Partial All Except Dioxin Partial Haloacet Nitrate Partial Chlorite Nitrite Dioxin Only Bromate	ethanes Single Sample All 14
LAB CERTIFICA	ATION
I, Joseph J. Vondrick , Project Mar	nager, do HEREBY CERTIFY
(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:	02/22/2018
* 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 NON-DETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" QUALIFIER. (Nor	S FOR NITRATE OR NITRITE MCL EXCEEDANCES -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 R	eport Requested: Yes No (circle or highlight group(s) above)
Person Notified: Date Notified:	DEP/DOH Reviewing Official:

SECONDARY CONTAMINANTS

Report Number / Job ID: <u>T1802161002</u>

62-550.320

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 #
1028	Iron	0.3	mg/L	0.10	U	EPA 200.7	0.10	02/21/2018	13:25	E82574

PUBLIC WATER SYSTEM INFORMATION (to be completed by sampler – Please type or print legibly)
System Name: Summertree	PWS I.D.#: 6 5 1 1 4 2 3
System Type (check one): Community	☐ Nontransient Noncommunity ☐ Transient Noncommunity
Address:	
-	ZIP Code:
Phone #: F	ax #: E-Mail Address:
SAMPLE INFORMATION (to be completed by	
, , ,	Sample Date: 02/05/2018 Sample Time: 15:05 AM PM (circle one)
Sample Location (be specific): 3 11219 Merga	nser CL2-3.4 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)	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
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:
	Phone #: Sampler's Fax #:
Sampler's E-Mail:	
Penarting Format 62-550 730	

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

LABORATORY CERTIFICATION INFORMATION (to be completed by lab – Please type of	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 #: <u>(813)630-9616</u>
Were any analyses subcontracted? $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$	ication numbers: E82574
AT AT THE PROPERTY OF THE PROP	TACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED *
ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received	: 02/07/2018
PWS ID (From Page 1): 6511423 Sample Number (From Page 1): T18	02161003 Lab Assigned Report # or Job <u>T1802161</u>
Group(s) Analyzed & Results attached for compliance with Chapter 62-550, F.A.C. (Ch	eck all that apply):
Inorganics Synthetic Organics Volatile Organics Disinfection All Except Asbestos All 30 All 21 Trihalom Partial All Except Dioxin Partial Haloacet Nitrate Partial Chlorite Nitrite Dioxin Only Bromate	ethanes Single Sample All 14 ic Acids Qtrly Composite** X Partial
LAB CERTIFICA	ATION
I, Joseph J. Vondrick , Project Man	ager, do HEREBY CERTIFY
(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:	02/22/2018
* Failure to provide a valid and current Florida DOH lab certification number and a current Analytic report, possible enforcement against the public water system for failure to sample, and may restail the Please provide radiological sample dates & locations for each quarter.	
CONFIRMATION & NOTIFICATION IS REQUIRED WITHIN 24 HR NON-DETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" QUALIFIER. (Nor	S FOR NITRATE OR NITRITE MCL EXCEEDANCES 1-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 R	eport Requested: Yes No (circle or highlight group(s) above)
Person Notified: Date Notified:	DEP/DOH Reviewing Official:

SECONDARY CONTAMINANTS

Report Number / Job ID: <u>T1802161003</u>

62-550.320

PWS ID (From Page 1): ____6511423

Contam ID	Contam Name	MCL	Units	Analysis Result	()ualitiar*	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Certification #	
1028	Iron	0.3	mg/L	0.10	υ	EPA 200.7	0.10	02/21/2018	13:29	E82574	

	Advanced Environmental Laboratories, Inc	· Jack	monte Sp	rings: 380 No 6681 Southpoin	orthiake Blvd., St it Pkwy. • Jackso	e. 1048 • Altamor nville, FL 32216	nte Springs, Fi • 904.363.935i	. 32701 • 407.9) • Fax 904.363	37.1594 • Fax	437.937.1597	1000	Gainesy	<u>/ille:</u> 4965		. • Gainesvill		352.377. 234 9 • F		
	Pierida's Largest Laboratory Network	☐ <u>Talla</u>	hassee:	2639 North Mon	rae St., Suite D,	Tallahassee, FL											889.2288 • Fax 330.9616 • Fax 8		
Client Name: U+ // Address:	ties Inc.	55 - 797			rtre	<u>. </u>		BOTTLE SIZE & TYPE											
Phone: 727 - 'FAX: Contact:	FDEP Facility Address:						ANALYSIS REQUIRED											D. NUMBER	
Contact: Sampled By: See Becker Turn Around Time STANDARD RUSH AEL Profile #:						taken		ANALYSIS	Iron					74. 20. 20. 20. 20. 20.					LABORATORY I.D.
SAMPLE ID	SAMPLE DESCRIPTION		Grab Comp	SAM DATE	Dot PLING TIME	MATRIX	NO. COUNT	Preservation Field- Filtered?							100 2				LABOR
	11436 Golf Rd. C12	P.6-	X	2/5/18	1540	DW			Х								İ		001
2	11704 Rosetrez Ciz-				1520				×										
3	11 219 Merganser CIZ-		1000	1	1505	4			×									1	00 <u>2</u> 003
Received on Ice	= wastewater SW = surface water GW = gro			n blank	Where re	quired, pH o	checked		Temp. wh	en receive	ed (obser	ved)		°C Ter	np. wher	received) T = (Sodio (corrected)	3.(Oc
Device used for measuring Temp by unique identifier (circle IR temp gun used) J: 9A G: LT-1 LT-2 (T: Relinquished by: Date Time Received by: Date T									2 (7:10	A: 3A	M: 3A	S: 1V							
1 2 3	quished by: Date Time 2 7/13 0841) 12 - 1 / 2 / 2 / 2 / 3 / 3	J	7	eived by:	(i)	Date 27/8 2/7/18	124 1350	i	(Whe	PR DRII	ormation n	at otherwis) PWS	01500	one :			

Site Address.