PUBLIC WATER SYSTEM INFORMAT	TION (to be completed by sampler	 Please type or print legil 	oly)							
System Name:			PWS I.D.#:	6 5		4	2 3			
System Type (check one): Commu	unity Nontransient Noncor	mmunity Transie	ent Noncommunity							
Address:										
			ZIP Code:							
Phone #:	Fax #:	E-M	ail Address:							
SAMPLE INFORMATION (to be complete	eted by sampler)									
Sample Number: <u>T1804793001</u>	Sample Date:	03/22/2018	Sample Time: 0)9:45	AM	PM (d	circle one)			
Sample Location (be specific): 11619 English Elm Location Code (if known) :										
Disinfectant Residual (Required when repo					,					
Sample Type (Check Only One) Distribution Entry Point (to Distribution) Plant Tap (not for compliance with 62-55 Raw (at well or intake) Max Residence Time Ave Residence Time Near First Customer	Routine Col Confirmatio Composite Other: Sampling Proc *See 62-550.500(6) for And 62-550.512(3) for	-	mple (Check all that app Replacement (control of the control of th	ply) of Invalidated Sacompliance with	62-550) 4) for requi					
I,				, do	HEREB'	Y CER	TIFY			
(Print Na	nme)	(Prir	nt Title)							
that the above public water syste	em and sample collection ir	nformation is comple	ete and correct.							
Signature:		Date: _								
Certified Operator #:	Phone #:		Sampler's Fax #	# :						
Sampler's E-Mail:										
				_						

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

LABORATORY CERTIFICATION INFORMATION (to be completed by lab – Please type of	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? $\overline{\mathbf{X}}$ Yes $\overline{}$ No $\overline{}$ If yes, please provide DOH certification $\overline{}$	fication numbers: E84589 E82001
A	TTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED *
ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received	d: <u>03/22/2018</u>
PWS ID (From Page 1): 6511423 Sample Number (From Page 1): T18	04793001 Lab Assigned Report # or Job <u>T1804793</u>
Group(s) Analyzed & Results attached for compliance with Chapter 62-550, F.A.C. (Ch	neck all that apply):
Inorganics Synthetic Organics Volatile Organics Disinfection All Except Asbestos All 30 All 21 Trihalom X Partial All Except Dioxin Partial Haloace Nitrate Partial Chlorite Nitrite Dioxin Only Bromate Asbestos Only	tic Acids
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	ne National Environmental Laboratory Accreditation Conference
Signature: Date:	04/18/2018
* 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 restant the 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. (No	S 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 R	eport 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: T1804793001

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	0.20	1	EPA 300.0	0.20	03/24/2018	01:42	E84589

SECONDARY CONTAMINANTS

62-550.320

Report Number / Job ID: T1804793001

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	0.051	I	EPA 200.7	0.025	03/22/2018	20:17	E84589
1017	Chloride	250	mg/L	25		EPA 300.0	2.0	03/24/2018	01:42	E84589
1022	Copper	1	mg/L	0.00079	I	EPA 200.8	0.00035	03/30/2018	14:36	E82574
1025	Fluoride	2.0	mg/L	0.20	I	EPA 300.0	0.20	03/24/2018	01:42	E84589
1028	Iron	0.3	mg/L	0.047	I	EPA 200.7	0.021	03/22/2018	20:17	E84589
1032	Manganese	0.05	mg/L	0.0032	I	EPA 200.8	0.00055	03/30/2018	14:36	E82574
1050	Silver	0.1	mg/L	0.00018	I	EPA 200.8	0.00010	03/30/2018	14:36	E82574
1055	Sulfate	250	mg/L	60		EPA 300.0	2.0	03/24/2018	01:42	E84589
1095	Zinc	5	mg/L	0.013		EPA 200.7	0.0074	03/22/2018	20:17	E84589
1905	Color	15	PCU	15		SM 2120 B	2.7	03/23/2018	13:36	E84589
1920	Odor	3	TON @ 40°C	1.0	U	SM 2150 B	1.0	03/22/2018	14:55	E84589
1925	рН	6.5 - 8.5	SU	7.8	Q	SM 4500H+B		03/23/2018	12:26	E84589
1930	Total Dissolved Solids	500	mg/L	290		SM 2540 C	10	03/27/2018	07:25	E84589
2905	Foaming Agents	0.5	mg/L	0.040	U	SM 5540 C	0.040	03/23/2018	09:30	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 #:	
SAMPLE INFORMATION (to be completed by	sampler)
Sample Number: <u>T1804793002</u>	Sample Date: 03/22/2018 Sample Time: 10:20 AM PM (circle one)
Sample Location (be specific): 11704 Rose Ti	ee Location Code (if known):
Disinfectant Residual (Required when reporting re	sults for trihalomethanes and haloacetic acids): mg/L Field pH: 8.0
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	Camping Procedure Cond. Canon 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 a	nd sample collection information is complete and correct.
Signature:	Date:
	Phone #: Sampler's Fax #:
Sampler's E-Mail:	
Reporting 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	e 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? $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$	rtification numbers: <u>E84589_E82001</u>
	ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED *
ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received	ed: <u>03/22/2018</u>
PWS ID (From Page 1): 6511423 Sample Number (From Page 1): T1	804793002 Lab Assigned Report # or Job <u>T1804793</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 Trihalo	
LAB CERTIFIC	CATION
I, Joseph J. Vondrick , Project Ma	
(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	: 04/18/2018
* Failure to provide a valid and current Florida DOH lab certification number and a current Ana report, possible enforcement against the public water system for failure to sample, and may see Please provide radiological sample dates & locations for each quarter.	
CONFIRMATION & NOTIFICATION IS REQUIRED WITHIN 24 H NON-DETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" QUALIFIER. (N	IRS FOR NITRATE OR NITRITE MCL EXCEEDANCES on-detects reported as "BDL" or with a "<" are not acceptable.)
COMPLIANCE DETERMINATION (to be completed by DEP or DOH attach notes as necessar	у)
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: T1804793002

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	0.38	U	EPA 300.0	0.38	04/04/2018	04:30	E53076

SECONDARY CONTAMINANTS

62-550.320

Report Number / Job ID: <u>T1804793002</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	0.032	I	EPA 200.7	0.025	03/22/2018	20:29	E84589
1017	Chloride	250	mg/L	35	I	EPA 300.0	3.9	04/04/2018	04:30	E53076
1022	Copper	1	mg/L	0.0012		EPA 200.8	0.00035	03/30/2018	14:40	E82574
1025	Fluoride	2.0	mg/L	0.38	U	EPA 300.0	0.38	04/04/2018	04:30	E53076
1028	Iron	0.3	mg/L	0.16		EPA 200.7	0.021	03/22/2018	20:29	E84589
1032	Manganese	0.05	mg/L	0.0071		EPA 200.8	0.00055	03/30/2018	14:40	E82574
1050	Silver	0.1	mg/L	0.00010	U	EPA 200.8	0.00010	03/30/2018	14:40	E82574
1055	Sulfate	250	mg/L	61		EPA 300.0	2.6	04/04/2018	04:30	E53076
1095	Zinc	5	mg/L	0.011		EPA 200.7	0.0074	03/22/2018	20:29	E84589
1905	Color	15	PCU	8.0		SM 2120 B	2.7	03/23/2018	13:37	E84589
1920	Odor	3	TON @ 40°C	1.0	U	SM 2150 B	1.0	03/22/2018	14:55	E84589
1925	pH	6.5 - 8.5	SU	8.0	Q	SM 4500H+B		03/23/2018	12:27	E84589
1930	Total Dissolved Solids	500	mg/L	290		SM 2540 C	10	03/27/2018	07:25	E84589
2905	Foaming Agents	0.5	mg/L	0.040	U	SM 5540 C	0.040	03/23/2018	09:30	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 #: I	Fax #: E-Mail Address:
SAMPLE INFORMATION (to be completed by	
Sample Number: <u>T1804793003</u>	Sample Date: 03/22/2018
Sample Location (be specific): 11436 Golf Rd	Location Code (if known):
Disinfectant Residual (Required when reporting re	sults for trihalomethanes and haloacetic acids): mg/L Field pH: 8.1
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 a	nd sample collection information is complete 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 or	print legibly)	
Lab Name: Advanced Environmental Laboratories, Inc	Florida DOH Ce	ertification #:	E84589	Certification Expiration 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?	yes, please provi	de DOH certific	cation num	bers:
		ATT	TACH DOH	ANALYTE SHEET FOR EACH SUBCONTRACTED *
ANALYSIS INFORMATION (to be completed by lab)	Date Sample	e(s) Received:	03/22/20	18
PWS ID (From Page 1): <u>6511423</u> Sam	nple Number (Fror	m Page 1): <u>T180</u>	4793003	Lab Assigned Report # or Job T1804793
Group(s) Analyzed & Results attached for compliance wit	h Chapter 62-550), F.A.C. (Che	ck all that app	oly):
Inorganics Synthetic Organics Vo All Except Asbestos All 30 Image: Comparison of the comparison	olatile Organics All 21 Partial	Disinfection E Trihalome Haloacetic Chlorite Bromate	thanes	Radionuclides Single Sample Qtrly Composite** Secondaries All 14 Partial
	LAB	CERTIFICA	TION	
I, Joseph J. Vondrick	, <u> </u>	Project Man	ager	, do HEREBY CERTIFY
(Print Name)			(Print Title)
that all attached analytical data are correct and unless no	ted meet all requ	irements of the	National E	Environmental Laboratory Accreditation Conference
Signature:		Date:	04/18/2	2018
 Failure to provide a valid and current Florida DOH lab certific report, possible enforcement against the public water system ** Please provide radiological sample dates & locations for each 	for failure to samp			
CONFIRMATION & NOTIFICATION OF NON-DETECTS ARE TO BE REPORTED AS THE MDL W				ATE OR NITRITE MCL EXCEEDANCES orted as "BDL" or with a "<" are not acceptable.)
COMPLIANCE DETERMINATION (to be completed by DEP	or DOH attach note	es as necessary)		
Sample Collection & Analysis Satisfactory: Yes No	o Replacement	Sample or Re	port Reque	ested: Yes No (circle or highlight group(s) above)
Person Notified:	Date Notified:		DE	EP/DOH Reviewing Official:

INORGANIC CONTAMINANTS

62-550.310(1)

Report Number / Job ID: T1804793003

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	0.38	U	EPA 300.0	0.38	04/04/2018	04:58	E53076

SECONDARY CONTAMINANTS

62-550.320

Report Number / Job ID: T1804793003

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	0.037	I	EPA 200.7	0.025	03/22/2018	20:49	E84589
1017	Chloride	250	mg/L	36	I	EPA 300.0	3.9	04/04/2018	04:58	E53076
1022	Copper	1	mg/L	0.0026		EPA 200.8	0.00035	03/30/2018	14:44	E82574
1025	Fluoride	2.0	mg/L	0.38	U	EPA 300.0	0.38	04/04/2018	04:58	E53076
1028	Iron	0.3	mg/L	0.029	I	EPA 200.7	0.021	03/22/2018	20:49	E84589
1032	Manganese	0.05	mg/L	0.0026	I	EPA 200.8	0.00055	03/30/2018	14:44	E82574
1050	Silver	0.1	mg/L	0.00010	U	EPA 200.8	0.00010	03/30/2018	14:44	E82574
1055	Sulfate	250	mg/L	62		EPA 300.0	2.6	04/04/2018	04:58	E53076
1095	Zinc	5	mg/L	0.011		EPA 200.7	0.0074	03/22/2018	20:49	E84589
1905	Color	15	PCU	11		SM 2120 B	2.7	03/23/2018	13:38	E84589
1920	Odor	3	TON @ 40°C	1.0	U	SM 2150 B	1.0	03/22/2018	14:55	E84589
1925	рН	6.5 - 8.5	SU	8.1	Q	SM 4500H+B		03/23/2018	12:28	E84589
1930	Total Dissolved Solids	500	mg/L	280		SM 2540 C	10	03/27/2018	07:25	E84589
2905	Foaming Agents	0.5	mg/L	0.040	U	SM 5540 C	0.040	03/23/2018	09:30	

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 samp	ler)									
Sample Number: T1804793004	Sample Date: 03/22/2018 Sample Time: 09:25 AM PM (circle one)									
Sample Location (be specific): 11800 lvywood	Location Code (if known):									
Disinfectant Residual (Required when reporting results fo	r trihalomethanes and haloacetic acids): mg/L Field pH: 8.0									
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	Camping Procedure Cook of Canon 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 and sa	ample collection information is complete and correct.									
Signature:	Date:									
Certified Operator #:	Phone #: Sampler's Fax #:									
Sampler's E-Mail:										
Reporting Format 62-550 730										

LABORATORY CERTIFICATION INFORMATION (to be	e completed by lab -	Please type or	print legibly)	
Lab Name: Advanced Environmental Laboratories, Inc	_ Florida DOH Cer	rtification #:	E84589	Certification Expiration Date: 06/30/2018
			ATTACH CU	JRRENT DOH ANALYTE *
Address: 9610 Princess Palm Ave Tampa, FL 33619	Payments:	P.O. Box	Phone #:	(813)630-9616
Were any analyses subcontracted?	yes, please provid	de DOH certific	cation numb	pers: <u>E84589 E82001</u>
		ATT	TACH DOH A	NALYTE SHEET FOR EACH SUBCONTRACTED *
ANALYSIS INFORMATION (to be completed by lab)	Date Sample	e(s) Received:	03/22/201	8
PWS ID (From Page 1): <u>6511423</u> San	mple Number (From	Page 1): <u>T180</u>	4793004	Lab Assigned Report # or Job T1804793
Group(s) Analyzed & Results attached for compliance with	th Chapter 62-550	, F.A.C. (Che	ck all that appl	y):
Inorganics Synthetic Organics Volume All Except Asbestos All 30 X Partial All Except Dioxin Nitrate Partial Nitrite Dioxin Only Asbestos Only	olatile Organics] All 21] Partial	Disinfection E Trihalome Haloacetic Chlorite Bromate	thanes	Radionuclides Secondaries ☐ Single Sample X All 14 ☐ Qtrly Composite** Partial
	LAB (CERTIFICAT	TION	
I, Joseph J. Vondrick	, <u>P</u>	roject Mana	ger	, do HEREBY CERTIFY
(Print Name)			(Print Title)	
that all attached analytical data are correct and unless no	oted meet all requi	rements of the	National E	nvironmental Laboratory Accreditation Conference
Signature:Vanda		Date:	04/18/2	018
 Failure to provide a valid and current Florida DOH lab certific report, possible enforcement against the public water system ** Please provide radiological sample dates & locations for each 	n for failure to sample			
CONFIRMATION & NOTIFICATION OF THE MOLVE OF				TE OR NITRITE MCL EXCEEDANCES orted as "BDL" or with a "<" are not acceptable.)
COMPLIANCE DETERMINATION (to be completed by DEP	or DOH attach notes	s as necessary)		
Sample Collection & Analysis Satisfactory: Yes N	lo Replacement	Sample or Re	port Reques	sted: Yes No (circle or highlight group(s) above)
Person Notified:	Date Notified: _		DE	P/DOH Reviewing Official:

INORGANIC CONTAMINANTS

62-550.310(1)

Report Number / Job ID: T1804793004

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	0.38	U	EPA 300.0	0.38	04/04/2018	05:27	E53076

SECONDARY CONTAMINANTS

62-550.320

Report Number / Job ID: T1804793004

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	0.027	I	EPA 200.7	0.025	03/22/2018	20:54	E84589
1017	Chloride	250	mg/L	37	I	EPA 300.0	3.9	04/04/2018	05:27	E53076
1022	Copper	1	mg/L	0.0035		EPA 200.8	0.00035	03/30/2018	14:47	E82574
1025	Fluoride	2.0	mg/L	0.38	U	EPA 300.0	0.38	04/04/2018	05:27	E53076
1028	Iron	0.3	mg/L	0.22		EPA 200.7	0.021	03/22/2018	20:54	E84589
1032	Manganese	0.05	mg/L	0.0076		EPA 200.8	0.00055	03/30/2018	14:47	E82574
1050	Silver	0.1	mg/L	0.00010	U	EPA 200.8	0.00010	03/30/2018	14:47	E82574
1055	Sulfate	250	mg/L	62		EPA 300.0	2.6	04/04/2018	05:27	E53076
1095	Zinc	5	mg/L	0.012		EPA 200.7	0.0074	03/22/2018	20:54	E84589
1905	Color	15	PCU	8.0		SM 2120 B	2.7	03/23/2018	13:39	E84589
1920	Odor	3	TON @ 40°C	1.0	U	SM 2150 B	1.0	03/22/2018	14:55	E84589
1925	рН	6.5 - 8.5	SU	8.0	Q	SM 4500H+B		03/23/2018	12:29	E84589
1930	Total Dissolved Solids	500	mg/L	280		SM 2540 C	10	03/27/2018	07:25	E84589
2905	Foaming Agents	0.5	mg/L	0.040	U	SM 5540 C	0.040	03/23/2018	09:30	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 Number: <u>T1804793005</u>	Sample Date: 03/22/2018 Sample Time: 10:05 AM PM (circle one)						
Sample Location (be specific): 11219 Megar	ser Location Code (if known):						
Disinfectant Residual (Required when reporting i	esults for trihalomethanes and haloacetic acids): mg/L Field pH: 7.9						
Sample Type (Check Only One)	Reason(s) for Sample (Check all that apply)						
Distribution	Routine Compliance with 62-550 Replacement (of Invalidated Sample)						
<u>_</u>							
	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 a	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							

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

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? $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$	tification numbers: E84589 E82001
	ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED *
ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received	ed: <u>03/22/2018</u>
PWS ID (From Page 1): 6511423 Sample Number (From Page 1): T1	804793005 Lab Assigned Report # or Job <u>T1804793</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 Trihalo	
LAB CERTIFIC	CATION
I, Joseph J. Vondrick , Project Ma	
(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	04/18/2018
* Failure to provide a valid and current Florida DOH lab certification number and a current Ana report, possible enforcement against the public water system for failure to sample, and may r ** Please provide radiological sample dates & locations for each quarter.	
CONFIRMATION & NOTIFICATION IS REQUIRED WITHIN 24 H NON-DETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" QUALIFIER. (N	RS FOR NITRATE OR NITRITE MCL EXCEEDANCES on-detects reported as "BDL" or with a "<" are not acceptable.)
COMPLIANCE DETERMINATION (to be completed by DEP or DOH attach notes as necessar	y)
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: T1804793005

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	0.38	U	EPA 300.0	0.38	04/04/2018	05:55	E53076

SECONDARY CONTAMINANTS

62-550.320

Report Number / Job ID: T1804793005

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	0.21		EPA 200.7	0.025	03/22/2018	20:57	E84589
1017	Chloride	250	mg/L	36	ļ	EPA 300.0	3.9	04/04/2018	05:55	E53076
1022	Copper	1	mg/L	0.0027		EPA 200.8	0.00035	03/30/2018	14:51	E82574
1025	Fluoride	2.0	mg/L	0.38	U	EPA 300.0	0.38	04/04/2018	05:55	E53076
1028	Iron	0.3	mg/L	0.56		EPA 200.7	0.021	03/22/2018	20:57	E84589
1032	Manganese	0.05	mg/L	0.018		EPA 200.8	0.00055	03/30/2018	14:51	E82574
1050	Silver	0.1	mg/L	0.00010	U	EPA 200.8	0.00010	03/30/2018	14:51	E82574
1055	Sulfate	250	mg/L	60		EPA 300.0	2.6	04/04/2018	05:55	E53076
1095	Zinc	5	mg/L	0.012		EPA 200.7	0.0074	03/22/2018	20:57	E84589
1905	Color	15	PCU	15		SM 2120 B	2.7	03/23/2018	13:40	E84589
1920	Odor	3	TON @ 40°C	1.0	U	SM 2150 B	1.0	03/22/2018	14:55	E84589
1925	рН	6.5 - 8.5	SU	7.9	Q	SM 4500H+B		03/23/2018	12:30	E84589
1930	Total Dissolved Solids	500	mg/L	280		SM 2540 C	10	03/27/2018	07:25	E84589
2905	Foaming Agents	0.5	mg/L	0.040	U	SM 5540 C	0.040	03/23/2018	09:30	E82001

PUBLIC WATER SYSTEM INFORMATION (to be d	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	er)									
Sample Number: T1804793006	Sample Date: 03/22/2018									
Sample Location (be specific): 11001 Kiskadee	Location Code (if known):									
Disinfectant Residual (Required when reporting results for	trihalomethanes and haloacetic acids): mg/L Field pH: 8.0									
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	Campung i recedure coda en canon commente.									
☐ Near First Customer *	See 62-550.500(6) for requirements and restrictions. **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 sa	mple collection information is complete and correct.									
Signature:	_ ·									
Certified Operator #:	Phone #: Sampler's Fax #:									
Sampler's E-Mail:										
Reporting 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	cation numbers: E84589 E82001								
AT	TACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED *								
ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received:	03/22/2018								
PWS ID (From Page 1): 6511423 Sample Number (From Page 1): 11804793006 Lab Assigned Report # or Job 11804793									
Group(s) Analyzed & Results attached for compliance with Chapter 62-550, F.A.C. (Che	eck all that apply):								
Inorganics Synthetic Organics Volatile Organics Disinfection B All Except Asbestos All 30 All 21 Trihalome X Partial All Except Dioxin Partial Haloaceti Nitrate Partial Chlorite Nitrite Dioxin Only Bromate	ethanes Single Sample X All 14								
LAB CERTIFICA	TION								
I, Joseph J. Vondrick , Project Mana									
(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:	04/18/2018								
 Failure to provide a valid and current Florida DOH lab certification number and a current Analyte report, possible enforcement against the public water system for failure to sample, and may result. ** Please provide radiological sample dates & locations for each quarter. 									
CONFIRMATION & NOTIFICATION IS REQUIRED WITHIN 24 HRS NON-DETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" QUALIFIER. (Non-	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 Re	eport Requested: Yes No (circle or highlight group(s) above)								
Person Notified: Date Notified:	DEP/DOH Reviewing Official:								

Report Number / Job ID: T1804793006

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	0.38	U	EPA 300.0	0.38	04/04/2018	06:23	E53076

SECONDARY CONTAMINANTS

62-550.320

Report Number / Job ID: T1804793006

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	03/22/2018	21:01	E84589
1017	Chloride	250	mg/L	36	I	EPA 300.0	3.9	04/04/2018	06:23	E53076
1022	Copper	1	mg/L	0.0021		EPA 200.8	0.00035	03/30/2018	14:55	E82574
1025	Fluoride	2.0	mg/L	0.38	U	EPA 300.0	0.38	04/04/2018	06:23	E53076
1028	Iron	0.3	mg/L	0.56		EPA 200.7	0.021	03/22/2018	21:01	E84589
1032	Manganese	0.05	mg/L	0.018		EPA 200.8	0.00055	03/30/2018	14:55	E82574
1050	Silver	0.1	mg/L	0.00010	U	EPA 200.8	0.00010	03/30/2018	14:55	E82574
1055	Sulfate	250	mg/L	61		EPA 300.0	2.6	04/04/2018	06:23	E53076
1095	Zinc	5	mg/L	0.012		EPA 200.7	0.0074	03/22/2018	21:01	E84589
1905	Color	15	PCU	4.6	I	SM 2120 B	2.7	03/23/2018	13:41	E84589
1920	Odor	3	TON @ 40°C	1.0	U	SM 2150 B	1.0	03/22/2018	14:55	E84589
1925	рН	6.5 - 8.5	SU	8.0	Q	SM 4500H+B		03/23/2018	12:31	E84589
1930	Total Dissolved Solids	500	mg/L	280		SM 2540 C	10	03/27/2018	07:25	E84589
2905	Foaming Agents	0.5	mg/L	0.040	U	SM 5540 C	0.040	03/23/2018	09:30	E82001

PUBLIC WATER SYSTEM INFORMATION	b 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 #: F	x #: E-Mail Address:
SAMPLE INFORMATION (to be completed by	
Sample Number: <u>T1804793007</u>	Sample Date: 03/22/2018 Sample Time: 12:25 AM PM (circle one)
Sample Location (be specific): Master Meter U	Stream RP2 Location Code (if known):
Disinfectant Residual (Required when reporting re	Its for trihalomethanes and haloacetic acids): mg/L Field pH: 8.2
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 a	d sample collection information is complete and correct.
Signature:	Date:
Certified Operator #:	Phone #: Sampler's Fax #:
Sampler's E-Mail:	
Panarting Format 62 FEO 720	

LABORATORY CERTIFICATION INFORMATION (to be completed by lab – Please type of	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? $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$	fication numbers: E84589 E82001									
A	TTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED *									
ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received	d: <u>03/22/2018</u>									
PWS ID (From Page 1): 6511423 Sample Number (From Page 1): 11804793007 Lab Assigned Report # or Job 11804793										
Group(s) Analyzed & Results attached for compliance with Chapter 62-550, F.A.C. (CI	neck all that apply):									
All Except Asbestos All 30 All 21 Trihalom	Radionuclides Dethanes Dethane									
LAB CERTIFIC	ATION									
I, Joseph J. Vondrick , Project Mar	_									
(Print Name)	(Print Title)									
that all attached analytical data are correct and unless noted meet all requirements of the	ne National Environmental Laboratory Accreditation Conference									
Signature: Date:	04/18/2018									
* 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 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 R	Leport 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: T1804793007

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	0.30	ı	EPA 300.0	0.075	04/04/2018	07:49	E53076	

SECONDARY CONTAMINANTS

62-550.320

Report Number / Job ID: T1804793007

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	0.042	I	EPA 200.7	0.025	03/22/2018	21:05	E84589
1017	Chloride	250	mg/L	23		EPA 300.0	0.78	04/04/2018	07:49	E53076
1022	Copper	1	mg/L	0.0016		EPA 200.8	0.00035	03/30/2018	14:59	E82574
1025	Fluoride	2.0	mg/L	0.30	I	EPA 300.0	0.075	04/04/2018	07:49	E53076
1028	Iron	0.3	mg/L	0.025	I	EPA 200.7	0.021	03/22/2018	21:05	E84589
1032	Manganese	0.05	mg/L	0.0024	I	EPA 200.8	0.00055	03/30/2018	14:59	E82574
1050	Silver	0.1	mg/L	0.00010	U	EPA 200.8	0.00010	03/30/2018	14:59	E82574
1055	Sulfate	250	mg/L	59		EPA 300.0	0.52	04/04/2018	07:49	E53076
1095	Zinc	5	mg/L	0.0074	U	EPA 200.7	0.0074	03/22/2018	21:05	E84589
1905	Color	15	PCU	8.0		SM 2120 B	2.7	03/23/2018	13:42	E84589
1920	Odor	3	TON @ 40°C	1.0	U	SM 2150 B	1.0	03/22/2018	14:55	E84589
1925	pH	6.5 - 8.5	SU	8.2	Q	SM 4500H+B		03/23/2018	12:32	E84589
1930	Total Dissolved Solids	500	mg/L	290		SM 2540 C	10	03/27/2018	07:25	E84589
2905	Foaming Agents	0.5	mg/L	0.040	U	SM 5540 C	0.040	03/23/2018	09:30	E82001

	Advanced Environmental Laboratories, Inc. Florida's Largest Laboratory Notwerk	Jack	sonville: 6	i681 Southpoint	thlake Blvd., Ste. Pkwy. • Jacksom ne St., Suite D, Ta	ville, FL 32216 • 9	904.363.9350	Fax 904.363	.9354	07.937.1597		Gainesvil Miramar:	<u>le:</u> 4965 S\ 10200 USA	Today Way, I	Gainesville, Miramar, FL (Page	2.377 2349 • 9.2268 • Fax	954,889.22	81
Client Name: O+, (, Address:	ties	Project Name: Summertyce Project Number:						BOTTLE SIZE & TYPE	Con et al.										
Contact: 51e,	734-9137 ve Habery FBecker standard □rush	PO Number: 252125 FDEP Facility NO: 6511423 FDEP Facility Address: Special Instructions: All samples taken at FH					ANALYSIS REQUIRED s	3000 F(c1/5	70\$	MBAS	200.7 Metals	200.8 Metals	odor/Color					LABORATORY I.D. NUMBER	
SAMPLE ID	SAMPLE DESCRIPTION		Grab Comp	SAM DATE	PLING TIME	MATRIX	NO. COUNT	Preservation Field- Filtered?		- gran									LAB(
ì	11619 English Elma	12-2,0	×	3/22/18	945	DW	1											Ĺ	OO^{j}
2	11704 Rose Tree as	-3.5	X	1	1020	1													ADZ.
3	11436 Golf Rd. C12-	2/4/400000			1215										100 347 EVA				203
6.00	11800 Ivywood CIZ-		Ж	1	9:25														W4
5	11219 Merganser C12-		×		1005				17										CUS
4	11001 Kiskadee CIZ-		×	X	955	4			1	1	1	1	Y	1		80]		Wb
7	Master Meter UP Stream RPZ CIZ-	St. 100	X	1	1225	4			T	4	1	V	1	1					07
			_						7. 7. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	 		_				+			
Matrix Code: WW	/ = wastewater SW = surface water GW = gr	ound wate	or DW ≃ o	l Irinking wat	er O = oil	A = air S	D = soil	St. = sluc	lge	Preserva	ation Cod	l. le: l=ic	l e H=(HC	l (I) S = (H	2SO4) N	} = (HNO3)) T = (Sc	odium Th	iosulfate)
Received on Ice	Yes No Temp taken from samp	e 🗌	Temp fro	•	Where r				-			200			10752	n received			
	n last revised 11/17/16		Par		Device used										-2 (T: 1	0A) A: 3/	4 M: 3/	A S: 1	′
Relinquished by: Date Time Received by: Date Time 1 3 22/13 17,30									FOR DRINKING WATER USE: (When PWS Information not otherwise supplied) PWS ID:										
2 2 721. £ 3/21/18 5/21/19 132																none:			_
3 7								_		ipplier of t ite-Addres				· · · · · · · · · · · · · · · · · · ·					