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**MARTIN FRIEDMAN**  
407-310-2077  
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**July 1, 2021  
VIA E-FILING**

Adam Teitzman, Commission Clerk  
Office of Commission Clerk  
Florida Public Service Commission  
2540 Shumard Oak Boulevard  
Tallahassee, FL 32399

RE: Docket No. 20150269-WS; Application for limited proceeding water rate increase in Marion, Pasco, and Seminole Counties, by Utilities, Inc. of Florida.  
Our Matter No. 070272

Dear Mr. Teitzman:

Pursuant to PSC Order No. PSC-2016-0505-PAA-WS, attached are the results of the sampling that was required to be done every six months after the interconnection with Pasco County. As one can see, the values of all secondary drinking water parameters at all six locations were below the maximum contaminant levels, with the exception of one exceedance of iron which may be related to the hydrant sampling point.

Pursuant to PSC Order No. PSC-2021-0206-FOF-WS, future water quality reports are due annually and will be filed in Docket No. 20200139-WS. Should you or Staff have any questions regarding this filing, please do not hesitate to give me a call.

Very truly yours,

/s/ Martin S. Friedman  
MARTIN S. FRIEDMAN

MSF/

cc: Gary Rudkin (via email)  
Mike Wilson (via email)



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

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

System Name: Utilities, Inc.

PWS I.D.#:

|   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|
| 6 | 5 | 1 | 1 | 4 | 2 | 3 |
|---|---|---|---|---|---|---|

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

Address: 41311 Paquette Way

City: Zephyrhills

ZIP Code: 33540

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

## SAMPLE INFORMATION (to be completed by sampler)

Sample Number: T2106990001

Sample Date: 04/19/2021

Sample Time: 08:45

AM

PM (circle one)

Sample Location (be specific): 11436 Golf Rd

Location Code (if known) : \_\_\_\_\_

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

### Sample Type (Check Only One)

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

- 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

- 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, \_\_\_\_\_, \_\_\_\_\_, do HEREBY CERTIFY  
(Print Name) (Print Title)

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Certified Operator #: \_\_\_\_\_ Phone #: \_\_\_\_\_ Sampler's Fax #: \_\_\_\_\_

Sampler's E-Mail: \_\_\_\_\_

# 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: 06/30/2021

**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: E82574

**ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED \***

**ANALYSIS INFORMATION** (to be completed by lab)

Date Sample(s) Received: 04/20/2021

PWS ID (From Page 1): 6511423 Sample Number (From Page 1): T2106990001 Lab Assigned Report # or Job T2106990

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

Inorganics

- All Except Asbestos
- Partial
- Nitrate
- Nitrite
- Asbestos Only

Synthetic Organics

- All 30
- All Except Dioxin
- Partial
- Dioxin Only

Volatile Organics

- All 21
- Partial

Disinfection Byproducts

- Trihalomethanes
- Haloacetic Acids
- Chlorite
- Bromate

Radionuclides

- Single Sample
- Qtrly Composite\*\*

Secondaries

- All 14
- Partial

### LAB CERTIFICATION

I, Brandy DeVilbiss, PM-A, 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: Brandy DeVilbiss Date: 5/13/21

\* 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: T2106990001

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  | 0.021           | U          | EPA 200.7         | 0.021   | 05/03/2021    | 15:19         | E84589                  |
| 1017      | Chloride               | 250  | mg/L  | 44              |            | EPA 300.0         | 2.0     | 04/29/2021    | 03:28         | E84589                  |
| 1022      | Copper                 | 1    | mg/L  | 0.0016          | I          | EPA 200.8         | 0.0010  | 05/05/2021    | 21:51         | E82574                  |
| 1025      | Fluoride               | 2.0  | mg/L  | 0.40            | U          | EPA 300.0         | 0.40    | 04/29/2021    | 03:28         | E84589                  |
| 1028      | Iron                   | 0.3  | mg/L  | 0.055           | I          | EPA 200.7         | 0.0067  | 05/03/2021    | 15:19         | E84589                  |
| 1032      | Manganese              | 0.05 | mg/L  | 0.0038          | I          | EPA 200.8         | 0.0010  | 05/05/2021    | 21:51         | E82574                  |
| 1050      | Silver                 | 0.1  | mg/L  | 0.00050         | U          | EPA 200.8         | 0.00050 | 05/05/2021    | 15:15         | E82574                  |
| 1055      | Sulfate                | 250  | mg/L  | 110             |            | EPA 300.0         | 2.0     | 04/29/2021    | 03:28         | E84589                  |
| 1095      | Zinc                   | 5    | mg/L  | 0.050           | U          | EPA 200.7         | 0.050   | 05/03/2021    | 15:19         | E84589                  |
| 1905      | Color                  | 15   | PCU   | 4.3             | U          | SM 2120 B         | 4.3     | 04/21/2021    | 07:25         | E84589                  |
|           |                        |      |       |                 |            |                   |         |               |               |                         |
| 1930      | Total Dissolved Solids | 500  | mg/L  | 380             |            | SM 2540 C         | 10      | 04/22/2021    | 16:00         | E84589                  |

\*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

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

System Name: Utilities, Inc.

PWS I.D.#:

|   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|
| 6 | 5 | 1 | 1 | 4 | 2 | 3 |
|---|---|---|---|---|---|---|

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

Address: 41311 Paquette Way

City: Zephyrhills

ZIP Code: 33540

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

## SAMPLE INFORMATION (to be completed by sampler)

Sample Number: T2106990002

Sample Date: 04/19/2021

Sample Time: 08:10

 AM

PM (circle one)

Sample Location (be specific): 11704 Rosetree

Location Code (if known) : \_\_\_\_\_

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

### Sample Type (Check Only One)

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

- 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

- 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, \_\_\_\_\_, \_\_\_\_\_, do HEREBY CERTIFY  
(Print Name) (Print Title)

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Certified Operator #: \_\_\_\_\_ Phone #: \_\_\_\_\_ Sampler's Fax #: \_\_\_\_\_

Sampler's E-Mail: \_\_\_\_\_

# 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: 06/30/2021

**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: E82574

**ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED \***

## ANALYSIS INFORMATION (to be completed by lab)

Date Sample(s) Received: 04/20/2021

PWS ID (From Page 1): 6511423 Sample Number (From Page 1): T2106990002 Lab Assigned Report # or Job T2106990

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

### Inorganics

- All Except Asbestos  
 Partial  
 Nitrate  
 Nitrite  
 Asbestos Only

### Synthetic Organics

- All 30  
 All Except Dioxin  
 Partial  
 Dioxin Only

### Volatile Organics

- All 21  
 Partial

### Disinfection Byproducts

- Trihalomethanes  
 Haloacetic Acids  
 Chlorite  
 Bromate

### Radionuclides

- Single Sample  
 Qtrly Composite\*\*

### Secondaries

- All 14  
 Partial

## LAB CERTIFICATION

I, Brandy DeVilbiss, PM-A, 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: Brandy DeVilbiss Date: 5/13/21

\* 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: T2106990002

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  | 0.021           | U          | EPA 200.7         | 0.021   | 05/03/2021    | 15:21         | E84589                  |
| 1017      | Chloride               | 250  | mg/L  | 45              |            | EPA 300.0         | 2.0     | 04/29/2021    | 03:44         | E84589                  |
| 1022      | Copper                 | 1    | mg/L  | 0.0011          | I          | EPA 200.8         | 0.0010  | 05/05/2021    | 21:56         | E82574                  |
| 1025      | Fluoride               | 2.0  | mg/L  | 0.40            | U          | EPA 300.0         | 0.40    | 04/29/2021    | 03:44         | E84589                  |
| 1028      | Iron                   | 0.3  | mg/L  | 0.15            |            | EPA 200.7         | 0.0067  | 05/03/2021    | 15:21         | E84589                  |
| 1032      | Manganese              | 0.05 | mg/L  | 0.0063          |            | EPA 200.8         | 0.0010  | 05/05/2021    | 21:56         | E82574                  |
| 1050      | Silver                 | 0.1  | mg/L  | 0.00050         | U          | EPA 200.8         | 0.00050 | 05/05/2021    | 15:17         | E82574                  |
| 1055      | Sulfate                | 250  | mg/L  | 110             |            | EPA 300.0         | 2.0     | 04/29/2021    | 03:44         | E84589                  |
| 1095      | Zinc                   | 5    | mg/L  | 0.050           | U          | EPA 200.7         | 0.050   | 05/03/2021    | 15:21         | E84589                  |
| 1905      | Color                  | 15   | PCU   | 4.3             | U          | SM 2120 B         | 4.3     | 04/21/2021    | 07:25         | E84589                  |
|           |                        |      |       |                 |            |                   |         |               |               |                         |
| 1930      | Total Dissolved Solids | 500  | mg/L  | 400             |            | SM 2540 C         | 10      | 04/22/2021    | 16:00         | E84589                  |

\*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

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

System Name: Utilities, Inc.

PWS I.D.#:

|   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|
| 6 | 5 | 1 | 1 | 4 | 2 | 3 |
|---|---|---|---|---|---|---|

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

Address: 41311 Paquette Way

City: Zephyrhills

ZIP Code: 33540

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

## SAMPLE INFORMATION (to be completed by sampler)

Sample Number: T2106990003

Sample Date: 04/19/2021

Sample Time: 08:20

AM  PM (circle one)

Sample Location (be specific): 11619 English Elm

Location Code (if known) : \_\_\_\_\_

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

### Sample Type (Check Only One)

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

- 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

- 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, \_\_\_\_\_, \_\_\_\_\_, do HEREBY CERTIFY  
(Print Name) (Print Title)

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Certified Operator #: \_\_\_\_\_ Phone #: \_\_\_\_\_ Sampler's Fax #: \_\_\_\_\_

Sampler's E-Mail: \_\_\_\_\_

# 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: 06/30/2021

**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: E82574

**ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED \***

## ANALYSIS INFORMATION (to be completed by lab)

Date Sample(s) Received: 04/20/2021

PWS ID (From Page 1): 6511423 Sample Number (From Page 1): T2106990003 Lab Assigned Report # or Job T2106990

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

### Inorganics

- All Except Asbestos  
 Partial  
 Nitrate  
 Nitrite  
 Asbestos Only

### Synthetic Organics

- All 30  
 All Except Dioxin  
 Partial  
 Dioxin Only

### Volatile Organics

- All 21  
 Partial

### Disinfection Byproducts

- Trihalomethanes  
 Haloacetic Acids  
 Chlorite  
 Bromate

### Radionuclides

- Single Sample  
 Qtrly Composite\*\*

### Secondaries

- All 14  
 Partial

## LAB CERTIFICATION

I, Brandy DeVilbiss, PM-A, 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: Brandy DeVilbiss Date: 5/13/21

\* 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: T2106990003

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  | 0.021           | U          | EPA 200.7         | 0.021   | 05/03/2021    | 15:24         | E84589                  |
| 1017      | Chloride               | 250  | mg/L  | 46              |            | EPA 300.0         | 2.0     | 04/29/2021    | 04:00         | E84589                  |
| 1022      | Copper                 | 1    | mg/L  | 0.0010          | U          | EPA 200.8         | 0.0010  | 05/05/2021    | 22:11         | E82574                  |
| 1025      | Fluoride               | 2.0  | mg/L  | 0.40            | U          | EPA 300.0         | 0.40    | 04/29/2021    | 04:00         | E84589                  |
| 1028      | Iron                   | 0.3  | mg/L  | 0.029           | I          | EPA 200.7         | 0.0067  | 05/03/2021    | 15:24         | E84589                  |
| 1032      | Manganese              | 0.05 | mg/L  | 0.0026          | I          | EPA 200.8         | 0.0010  | 05/05/2021    | 22:11         | E82574                  |
| 1050      | Silver                 | 0.1  | mg/L  | 0.00050         | U          | EPA 200.8         | 0.00050 | 05/05/2021    | 15:19         | E82574                  |
| 1055      | Sulfate                | 250  | mg/L  | 110             |            | EPA 300.0         | 2.0     | 04/29/2021    | 04:00         | E84589                  |
| 1095      | Zinc                   | 5    | mg/L  | 0.050           | U          | EPA 200.7         | 0.050   | 05/03/2021    | 15:24         | E84589                  |
| 1905      | Color                  | 15   | PCU   | 4.3             | U          | SM 2120 B         | 4.3     | 04/21/2021    | 07:25         | E84589                  |
|           |                        |      |       |                 |            |                   |         |               |               |                         |
| 1930      | Total Dissolved Solids | 500  | mg/L  | 380             |            | SM 2540 C         | 10      | 04/22/2021    | 16:00         | E84589                  |

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

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

System Name: Utilities, Inc.

PWS I.D.#:

|   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|
| 6 | 5 | 1 | 1 | 4 | 2 | 3 |
|---|---|---|---|---|---|---|

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

Address: 41311 Paquette Way

City: Zephyrhills

ZIP Code: 33540

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

## SAMPLE INFORMATION (to be completed by sampler)

Sample Number: T2106990004

Sample Date: 04/19/2021

Sample Time: 08:30

 AM

PM (circle one)

Sample Location (be specific): 11800 Ivywood

Location Code (if known) : \_\_\_\_\_

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

### Sample Type (Check Only One)

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

- 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

- 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, \_\_\_\_\_, \_\_\_\_\_, do HEREBY CERTIFY  
(Print Name) (Print Title)

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Certified Operator #: \_\_\_\_\_ Phone #: \_\_\_\_\_ Sampler's Fax #: \_\_\_\_\_

Sampler's E-Mail: \_\_\_\_\_

# 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: 06/30/2021

**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: E82574

**ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED \***

**ANALYSIS INFORMATION** (to be completed by lab)

Date Sample(s) Received: 04/20/2021

PWS ID (From Page 1): 6511423 Sample Number (From Page 1): T2106990004 Lab Assigned Report # or Job T2106990

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

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

**LAB CERTIFICATION**

I, Brandy DeVilbiss, PM-A, 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: Brandy DeVilbiss Date: 5/13/21

\* 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: T2106990004

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  | 0.021           | U          | EPA 200.7         | 0.021   | 05/03/2021    | 15:27         | E84589                  |
| 1017      | Chloride               | 250  | mg/L  | 45              |            | EPA 300.0         | 2.0     | 04/29/2021    | 04:16         | E84589                  |
| 1022      | Copper                 | 1    | mg/L  | 0.0013          | I          | EPA 200.8         | 0.0010  | 05/05/2021    | 22:16         | E82574                  |
| 1025      | Fluoride               | 2.0  | mg/L  | 0.40            | U          | EPA 300.0         | 0.40    | 04/29/2021    | 04:16         | E84589                  |
| 1028      | Iron                   | 0.3  | mg/L  | 0.10            | I          | EPA 200.7         | 0.0067  | 05/03/2021    | 15:27         | E84589                  |
| 1032      | Manganese              | 0.05 | mg/L  | 0.0061          |            | EPA 200.8         | 0.0010  | 05/05/2021    | 22:16         | E82574                  |
| 1050      | Silver                 | 0.1  | mg/L  | 0.00050         | U          | EPA 200.8         | 0.00050 | 05/05/2021    | 15:21         | E82574                  |
| 1055      | Sulfate                | 250  | mg/L  | 100             |            | EPA 300.0         | 2.0     | 04/29/2021    | 04:16         | E84589                  |
| 1095      | Zinc                   | 5    | mg/L  | 0.050           | U          | EPA 200.7         | 0.050   | 05/03/2021    | 15:27         | E84589                  |
| 1905      | Color                  | 15   | PCU   | 4.3             | U          | SM 2120 B         | 4.3     | 04/21/2021    | 07:25         | E84589                  |
|           |                        |      |       |                 |            |                   |         |               |               |                         |
| 1930      | Total Dissolved Solids | 500  | mg/L  | 430             |            | SM 2540 C         | 10      | 04/22/2021    | 16:00         | E84589                  |

\*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

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

System Name: Utilities, Inc.

PWS I.D.#:

|   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|
| 6 | 5 | 1 | 1 | 4 | 2 | 3 |
|---|---|---|---|---|---|---|

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

Address: 41311 Paquette Way

City: Zephyrhills

ZIP Code: 33540

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

## SAMPLE INFORMATION (to be completed by sampler)

Sample Number: T2106990005 Sample Date: 04/19/2021 Sample Time: 09:40  AM  PM (circle one)

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: \_\_\_\_\_

### 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, \_\_\_\_\_, \_\_\_\_\_, do HEREBY CERTIFY  
(Print Name) (Print Title)

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Certified Operator #: \_\_\_\_\_ Phone #: \_\_\_\_\_ Sampler's Fax #: \_\_\_\_\_

Sampler's E-Mail: \_\_\_\_\_

# 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: 06/30/2021

**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: E82574

**ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED \***

**ANALYSIS INFORMATION** (to be completed by lab)

Date Sample(s) Received: 04/20/2021

PWS ID (From Page 1): 6511423 Sample Number (From Page 1): T2106990005 Lab Assigned Report # or Job T2106990

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, Brandy DeVilbiss, PM-A, 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: Brandy DeVilbiss Date: 5/13/21

\* 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: T2106990005

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  | 0.021           | U          | EPA 200.7         | 0.021   | 05/03/2021    | 15:30         | E84589                  |
| 1017      | Chloride               | 250  | mg/L  | 45              |            | EPA 300.0         | 2.0     | 04/29/2021    | 04:32         | E84589                  |
| 1022      | Copper                 | 1    | mg/L  | 0.0018          | I          | EPA 200.8         | 0.0010  | 05/05/2021    | 22:21         | E82574                  |
| 1025      | Fluoride               | 2.0  | mg/L  | 0.40            | U          | EPA 300.0         | 0.40    | 04/29/2021    | 04:32         | E84589                  |
| 1028      | Iron                   | 0.3  | mg/L  | 0.36            |            | EPA 200.7         | 0.0067  | 05/03/2021    | 15:30         | E84589                  |
| 1032      | Manganese              | 0.05 | mg/L  | 0.017           |            | EPA 200.8         | 0.0010  | 05/05/2021    | 22:21         | E82574                  |
| 1050      | Silver                 | 0.1  | mg/L  | 0.00050         | U          | EPA 200.8         | 0.00050 | 05/05/2021    | 15:23         | E82574                  |
| 1055      | Sulfate                | 250  | mg/L  | 100             |            | EPA 300.0         | 2.0     | 04/29/2021    | 04:32         | E84589                  |
| 1095      | Zinc                   | 5    | mg/L  | 0.050           | U          | EPA 200.7         | 0.050   | 05/03/2021    | 15:30         | E84589                  |
| 1905      | Color                  | 15   | PCU   | 4.3             | U          | SM 2120 B         | 4.3     | 04/21/2021    | 07:25         | E84589                  |
|           |                        |      |       |                 |            |                   |         |               |               |                         |
| 1930      | Total Dissolved Solids | 500  | mg/L  | 380             |            | SM 2540 C         | 10      | 04/22/2021    | 16:00         | E84589                  |

\*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

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

System Name: Utilities, Inc. PWS I.D.#: 

|   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|
| 6 | 5 | 1 | 1 | 4 | 2 | 3 |
|---|---|---|---|---|---|---|

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

Address: 41311 Paquette Way

City: Zephyrhills ZIP Code: 33540

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

## SAMPLE INFORMATION (to be completed by sampler)

Sample Number: T2106990006 Sample Date: 04/19/2021 Sample Time: 09:50

|    |
|----|
| AM |
|----|

 PM (circle one)

Sample Location (be specific): 11219 Merganser Location Code (if known) : \_\_\_\_\_

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

### Sample Type (Check Only One)

- Distribution
- Entry Point (to Distribution)
- Plant Tap (not for compliance with 62-550)
- Raw (at well or intake)
- Max Residence Time
- Ave Residence Time
- Near First Customer

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

- Routine Compliance with 62-550
- 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, \_\_\_\_\_, \_\_\_\_\_, do HEREBY CERTIFY  
(Print Name) (Print Title)

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Certified Operator #: \_\_\_\_\_ Phone #: \_\_\_\_\_ Sampler's Fax #: \_\_\_\_\_

Sampler's E-Mail: \_\_\_\_\_

# 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: 06/30/2021

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**ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED \***

**ANALYSIS INFORMATION** (to be completed by lab)

Date Sample(s) Received: 04/20/2021

PWS ID (From Page 1): 6511423 Sample Number (From Page 1): T2106990006 Lab Assigned Report # or Job T2106990

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

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(Print Name) (Print Title)

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Signature: Brandy DeVilbiss Date: 5/13/21

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**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: T2106990006

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  | 0.021           | U          | EPA 200.7         | 0.021   | 05/03/2021    | 15:33         | E84589                  |
| 1017      | Chloride               | 250  | mg/L  | 48              |            | EPA 300.0         | 2.0     | 04/29/2021    | 04:48         | E84589                  |
| 1022      | Copper                 | 1    | mg/L  | 0.0015          | I          | EPA 200.8         | 0.0010  | 05/05/2021    | 22:25         | E82574                  |
| 1025      | Fluoride               | 2.0  | mg/L  | 0.40            | U          | EPA 300.0         | 0.40    | 04/29/2021    | 04:48         | E84589                  |
| 1028      | Iron                   | 0.3  | mg/L  | 0.49            |            | EPA 200.7         | 0.0067  | 05/03/2021    | 15:33         | E84589                  |
| 1032      | Manganese              | 0.05 | mg/L  | 0.024           |            | EPA 200.8         | 0.0010  | 05/05/2021    | 22:25         | E82574                  |
| 1050      | Silver                 | 0.1  | mg/L  | 0.00050         | U          | EPA 200.8         | 0.00050 | 05/05/2021    | 15:25         | E82574                  |
| 1055      | Sulfate                | 250  | mg/L  | 110             |            | EPA 300.0         | 2.0     | 04/29/2021    | 04:48         | E84589                  |
| 1095      | Zinc                   | 5    | mg/L  | 0.050           | U          | EPA 200.7         | 0.050   | 05/03/2021    | 15:33         | E84589                  |
| 1905      | Color                  | 15   | PCU   | 4.3             | U          | SM 2120 B         | 4.3     | 04/21/2021    | 07:25         | E84589                  |
|           |                        |      |       |                 |            |                   |         |               |               |                         |
| 1930      | Total Dissolved Solids | 500  | mg/L  | 420             |            | SM 2540 C         | 10      | 04/22/2021    | 16:00         | E84589                  |

\*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.



**Advanced Environmental Laboratories, Inc.**  
 Florida's Largest Laboratory Network

5/10  
1052904

- Altamonte Springs:** 380 Northlake Blvd., Ste. 1048 • Altamonte Springs, FL 32701 • 407.937.1594 • Fax 407.937.1597
- Fort Myers:** 13100 Westlinks Terrace, Ste. 10 • Fort Myers, FL 33913 • 239.674.8130 • Fax 239.674.8128
- Jacksonville:** 6681 Southpoint Pkwy. • Jacksonville, FL 32216 • 904.363.9350 • Fax 904.363.9354
- Tallahassee:** 2639 North Monroe St., Suite D, Tallahassee, FL 32303 • 850.219.6274 • Fax 850.219.6275

- Gainesville:** 4965 SW 41st Blvd. • Gainesville, FL 32608 • 352.377.2349 • Fax 352.395.6639
- Miramar:** 10200 USA Today Way, Miramar, FL 33025 • 954.889.2288 • Fax 954.889.2281
- Tampa:** 9610 Princess Palm Ave. • Tampa, FL 33619 • 813.630.9616 • Fax 813.630.4327

|                                                                                              |                                                                                              |                                     |                                                           |  |  |                        |
|----------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|-------------------------------------|-----------------------------------------------------------|--|--|------------------------|
| Client Name:<br><b>UIF</b>                                                                   | Project Name:<br><b>Summertree</b>                                                           | BOTTLE SIZE & TYPE                  |                                                           |  |  | LABORATORY I.D. NUMBER |
| Address:                                                                                     |                                                                                              | Project Number:                     |                                                           |  |  |                        |
| Phone:<br><b>727-934-9137/410-808-7988</b>                                                   |                                                                                              | PO Number:<br><b>252125</b>         |                                                           |  |  |                        |
| FAX:                                                                                         |                                                                                              | FDEP Facility No:<br><b>6511423</b> |                                                           |  |  |                        |
| Contact:<br><b>Jeff Becker</b>                                                               | FDEP Facility Address:                                                                       |                                     |                                                           |  |  |                        |
| Sampled By:<br><b>Jeff Becker</b>                                                            | Special Instructions:<br><b>All samples pulled from FH</b>                                   |                                     | ANALYSIS REQUIRED<br><br><b>MBAS</b><br><b>Odor/color</b> |  |  |                        |
| Turn Around Time: <input checked="" type="checkbox"/> STANDARD <input type="checkbox"/> RUSH |                                                                                              |                                     |                                                           |  |  |                        |
| AEL Profile #:                                                                               | <input type="checkbox"/> ADaPT <input type="checkbox"/> EQUIS <input type="checkbox"/> Other |                                     |                                                           |  |  |                        |

| SAMPLE ID | SAMPLE DESCRIPTION        | Grab Comp | SAMPLING |      | MATRIX | NO. COUNT | Preservation    |   |   |  |  |  |  |  |  |    |
|-----------|---------------------------|-----------|----------|------|--------|-----------|-----------------|---|---|--|--|--|--|--|--|----|
|           |                           |           | DATE     | TIME |        |           | Field-Filtered? |   |   |  |  |  |  |  |  |    |
| 1         | 11436 Golf Rd cl2-4.1     | X         | 4/26/21  | 715  | DW     |           |                 | X | X |  |  |  |  |  |  | 21 |
| 2         | 11704 Rosetree cl2-3.9    | X         |          | 725  |        |           |                 |   |   |  |  |  |  |  |  | 22 |
| 3         | 11619 English Elm cl2-3.3 | X         |          | 730  |        |           |                 |   |   |  |  |  |  |  |  | 23 |
| 4         | 11800 Ivywood cl2-3.8     | X         |          | 740  |        |           |                 |   |   |  |  |  |  |  |  | 24 |
| 5         | 11001 Kiskadee cl2-3.9    | X         |          | 800  |        |           |                 |   |   |  |  |  |  |  |  | 25 |
| 6         | 11219 Merganser cl2-2.8   | X         | ↓        | 750  | ↓      |           |                 | ↓ | ↓ |  |  |  |  |  |  | 26 |

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 Temp. when received (observed) 6 °C Temp. when received (corrected) 6 °C

DCN: AD-051 Form last revised 06/19/2017 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: 3A S: 1V F: 1A)

| Relinquished by:   | Date    | Time | Received by: | Date    | Time |
|--------------------|---------|------|--------------|---------|------|
| <i>[Signature]</i> | 4/26/21 | 900  | JM           | 4.26.21 | 1442 |
| <i>[Signature]</i> | 4/26/21 | 1945 |              | 4/26/21 | 1945 |
|                    |         |      |              |         |      |
|                    |         |      |              |         |      |

**FOR DRINKING WATER USE:**  
 (When PWS Information not otherwise supplied) PWS ID: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

Supplier of Water: \_\_\_\_\_

Site-Address: \_\_\_\_\_

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

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

System Name: Utilities, Inc.

PWS I.D.#:

|   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|
| 6 | 5 | 1 | 1 | 4 | 2 | 3 |
|---|---|---|---|---|---|---|

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

Address: 41311 Paquette Way

City: Zephyrhills

ZIP Code: 33540

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_ E-Mail Address: JWoods@uiwater.com

## SAMPLE INFORMATION (to be completed by sampler)

Sample Number: T2107419001 Sample Date: 04/26/2021 Sample Time: 07:15  AM  PM (circle one)

Sample Location (be specific): 11436 Golf Rd

Location Code (if known) : \_\_\_\_\_

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

### Sample Type (Check Only One)

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

- 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

- 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, \_\_\_\_\_, \_\_\_\_\_, do HEREBY CERTIFY  
(Print Name) (Print Title)

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Certified Operator #: \_\_\_\_\_ Phone #: \_\_\_\_\_ Sampler's Fax #: \_\_\_\_\_

Sampler's E-Mail: \_\_\_\_\_

# 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: 06/30/2021

**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: 04/26/2021

PWS ID (From Page 1): 6511423 Sample Number (From Page 1): T2107419001 Lab Assigned Report # or Job T2107419

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

### Inorganics

- All Except Asbestos
- Partial
- Nitrate
- Nitrite
- Asbestos Only

### Synthetic Organics

- All 30
- All Except Dioxin
- Partial
- Dioxin Only

### Volatile Organics

- All 21
- Partial

### Disinfection Byproducts

- Trihalomethanes
- Haloacetic Acids
- Chlorite
- Bromate

### Radionuclides

- Single Sample
- Qtrly Composite\*\*

### Secondaries

- All 14
- Partial

## LAB CERTIFICATION

I, Brandy DeVilbiss, PM-A, 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: Brandy DeVilbiss Date: 5/11/21

\* 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: T2107419001

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 # |
|-----------|----------------|-----|------------|-----------------|------------|-------------------|---------|---------------|---------------|-------------------------|
| 1905      | Color          | 15  | PCU        | 4.3             | U          | SM 2120 B         | 4.3     | 04/27/2021    | 09:44         | E84589                  |
| 1920      | Odor           | 3   | TON @ 40°C | 1.0             | U          | SM 2150 B         | 1.0     | 04/26/2021    | 17:45         | E84589                  |
| 2905      | Foaming Agents | 0.5 | mg/L       | 0.13            | I          | SM 5540 C         | 0.040   | 04/27/2021    | 17:15         | 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**

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

System Name: Utilities, Inc. PWS I.D.#: 

|   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|
| 6 | 5 | 1 | 1 | 4 | 2 | 3 |
|---|---|---|---|---|---|---|

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

Address: 41311 Paquette Way

City: Zephyrhills ZIP Code: 33540

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_ E-Mail Address: JWoods@uiwater.com

**SAMPLE INFORMATION** (to be completed by sampler)

Sample Number: T2107419002 Sample Date: 04/26/2021 Sample Time: 07:25

|    |
|----|
| AM |
|----|

 PM (circle one)

Sample Location (be specific): 11704 Rosetree Location Code (if known) : \_\_\_\_\_

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

**Sample Type (Check Only One)**

- Distribution
- Entry Point (to Distribution)
- Plant Tap (not for compliance with 62-550)
- Raw (at well or intake)
- Max Residence Time
- Ave Residence Time
- Near First Customer

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

- Routine Compliance with 62-550
- 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, \_\_\_\_\_, \_\_\_\_\_, do HEREBY CERTIFY  
(Print Name) (Print Title)

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Certified Operator #: \_\_\_\_\_ Phone #: \_\_\_\_\_ Sampler's Fax #: \_\_\_\_\_

Sampler's E-Mail: \_\_\_\_\_

# 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: 06/30/2021

**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: 04/26/2021

PWS ID (From Page 1): 6511423 Sample Number (From Page 1): T2107419002 Lab Assigned Report # or Job T2107419

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

### Inorganics

- All Except Asbestos  
 Partial  
 Nitrate  
 Nitrite  
 Asbestos Only

### Synthetic Organics

- All 30  
 All Except Dioxin  
 Partial  
 Dioxin Only

### Volatile Organics

- All 21  
 Partial

### Disinfection Byproducts

- Trihalomethanes  
 Haloacetic Acids  
 Chlorite  
 Bromate

### Radionuclides

- Single Sample  
 Qtrly Composite\*\*

### Secondaries

- All 14  
 Partial

## LAB CERTIFICATION

I, Brandy DeVilbiss, PM-A, 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: Brandy Devillia Date: 5/11/21

\* 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: T2107419002

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 # |
|-----------|----------------|-----|------------|-----------------|------------|-------------------|---------|---------------|---------------|-------------------------|
| 1905      | Color          | 15  | PCU        | 4.3             | U          | SM 2120 B         | 4.3     | 04/27/2021    | 09:44         | E84589                  |
| 1920      | Odor           | 3   | TON @ 40°C | 1.0             | U          | SM 2150 B         | 1.0     | 04/26/2021    | 17:45         | E84589                  |
| 2905      | Foaming Agents | 0.5 | mg/L       | 0.040           | U          | SM 5540 C         | 0.040   | 04/27/2021    | 17:15         | 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

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

System Name: Utilities, Inc.

PWS I.D.#:

|   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|
| 6 | 5 | 1 | 1 | 4 | 2 | 3 |
|---|---|---|---|---|---|---|

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

Address: 41311 Paquette Way

City: Zephyrhills

ZIP Code: 33540

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_ E-Mail Address: JWoods@uiwater.com

## SAMPLE INFORMATION (to be completed by sampler)

Sample Number: T2107419003    Sample Date: 04/26/2021    Sample Time: 07:30     AM     PM (circle one)

Sample Location (be specific): 11619 English Elm

Location Code (if known) : \_\_\_\_\_

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

### Sample Type (Check Only One)

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

- 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

- 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, \_\_\_\_\_, \_\_\_\_\_, do HEREBY CERTIFY  
(Print Name) (Print Title)

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Certified Operator #: \_\_\_\_\_ Phone #: \_\_\_\_\_ Sampler's Fax #: \_\_\_\_\_

Sampler's E-Mail: \_\_\_\_\_

# 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: 06/30/2021

**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: 04/26/2021

PWS ID (From Page 1): 6511423 Sample Number (From Page 1): T2107419003 Lab Assigned Report # or Job T2107419

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

### Inorganics

- All Except Asbestos  
 Partial  
 Nitrate  
 Nitrite  
 Asbestos Only

### Synthetic Organics

- All 30  
 All Except Dioxin  
 Partial  
 Dioxin Only

### Volatile Organics

- All 21  
 Partial

### Disinfection Byproducts

- Trihalomethanes  
 Haloacetic Acids  
 Chlorite  
 Bromate

### Radionuclides

- Single Sample  
 Qtrly Composite\*\*

### Secondaries

- All 14  
 Partial

## LAB CERTIFICATION

I, Brandy DeVilbiss, PM-A, 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: Brandy Devillia Date: 5/11/21

\* 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: T2107419003

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 # |
|-----------|----------------|-----|------------|-----------------|------------|-------------------|---------|---------------|---------------|-------------------------|
| 1905      | Color          | 15  | PCU        | 4.3             | U          | SM 2120 B         | 4.3     | 04/27/2021    | 09:44         | E84589                  |
| 1920      | Odor           | 3   | TON @ 40°C | 1.0             | U          | SM 2150 B         | 1.0     | 04/26/2021    | 17:45         | E84589                  |
| 2905      | Foaming Agents | 0.5 | mg/L       | 0.10            | I          | SM 5540 C         | 0.040   | 04/27/2021    | 17:15         | 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

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

System Name: Utilities, Inc.

PWS I.D.#:

|   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|
| 6 | 5 | 1 | 1 | 4 | 2 | 3 |
|---|---|---|---|---|---|---|

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

Address: 41311 Paquette Way

City: Zephyrhills

ZIP Code: 33540

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_ E-Mail Address: JWoods@uiwater.com

## SAMPLE INFORMATION (to be completed by sampler)

Sample Number: T2107419004    Sample Date: 04/26/2021    Sample Time: 07:40     AM     PM (circle one)

Sample Location (be specific): 11800 Ivywood    Location Code (if known) : \_\_\_\_\_

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

### Sample Type (Check Only One)

- Distribution
- Entry Point (to Distribution)
- Plant Tap (not for compliance with 62-550)
- Raw (at well or intake)
- Max Residence Time
- Ave Residence Time
- Near First Customer

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

- Routine Compliance with 62-550
- 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, \_\_\_\_\_, \_\_\_\_\_, do HEREBY CERTIFY  
(Print Name) (Print Title)

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Certified Operator #: \_\_\_\_\_ Phone #: \_\_\_\_\_ Sampler's Fax #: \_\_\_\_\_

Sampler's E-Mail: \_\_\_\_\_

# 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: 06/30/2021

**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: 04/26/2021

PWS ID (From Page 1): 6511423 Sample Number (From Page 1): T2107419004 Lab Assigned Report # or Job T2107419

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 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 checked="" type="checkbox"/> Partial |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|

## LAB CERTIFICATION

I, Brandy DeVilbiss, PM-A, 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: Brandy DeVilbiss Date: 5/11/21

\* 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: T2107419004

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 # |
|-----------|----------------|-----|------------|-----------------|------------|-------------------|---------|---------------|---------------|-------------------------|
| 1905      | Color          | 15  | PCU        | 4.3             | U          | SM 2120 B         | 4.3     | 04/27/2021    | 09:44         | E84589                  |
| 1920      | Odor           | 3   | TON @ 40°C | 1.0             | U          | SM 2150 B         | 1.0     | 04/26/2021    | 17:45         | E84589                  |
| 2905      | Foaming Agents | 0.5 | mg/L       | 0.040           | U          | SM 5540 C         | 0.040   | 04/27/2021    | 17:15         | 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**

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

System Name: Utilities, Inc. PWS I.D.#: 

|   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|
| 6 | 5 | 1 | 1 | 4 | 2 | 3 |
|---|---|---|---|---|---|---|

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

Address: 41311 Paquette Way

City: Zephyrhills ZIP Code: 33540

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_ E-Mail Address: JWoods@uiwater.com

**SAMPLE INFORMATION** (to be completed by sampler)

Sample Number: T2107419005 Sample Date: 04/26/2021 Sample Time: 08:00

|    |
|----|
| AM |
|----|

 PM (circle one)

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: \_\_\_\_\_

**Sample Type** (Check Only One)

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

- 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

- 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, \_\_\_\_\_, \_\_\_\_\_, do HEREBY CERTIFY  
(Print Name) (Print Title)

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Certified Operator #: \_\_\_\_\_ Phone #: \_\_\_\_\_ Sampler's Fax #: \_\_\_\_\_

Sampler's E-Mail: \_\_\_\_\_

# 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: 06/30/2021

**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: 04/26/2021

PWS ID (From Page 1): 6511423 Sample Number (From Page 1): T2107419005 Lab Assigned Report # or Job T2107419

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

### Inorganics

- All Except Asbestos  
 Partial  
 Nitrate  
 Nitrite  
 Asbestos Only

### Synthetic Organics

- All 30  
 All Except Dioxin  
 Partial  
 Dioxin Only

### Volatile Organics

- All 21  
 Partial

### Disinfection Byproducts

- Trihalomethanes  
 Haloacetic Acids  
 Chlorite  
 Bromate

### Radionuclides

- Single Sample  
 Qtrly Composite\*\*

### Secondaries

- All 14  
 Partial

## LAB CERTIFICATION

I, Brandy DeVilbiss, PM-A, 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: Brandy DeVilbiss Date: 5/11/21

\* 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: T2107419005

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 # |
|-----------|----------------|-----|------------|-----------------|------------|-------------------|---------|---------------|---------------|-------------------------|
| 1905      | Color          | 15  | PCU        | 4.3             | U          | SM 2120 B         | 4.3     | 04/27/2021    | 09:44         | E84589                  |
| 1920      | Odor           | 3   | TON @ 40°C | 1.0             | U          | SM 2150 B         | 1.0     | 04/26/2021    | 17:45         | E84589                  |
| 2905      | Foaming Agents | 0.5 | mg/L       | 0.040           | U          | SM 5540 C         | 0.040   | 04/27/2021    | 17:15         | 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**

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

System Name: Utilities, Inc.

PWS I.D.#:

|   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|
| 6 | 5 | 1 | 1 | 4 | 2 | 3 |
|---|---|---|---|---|---|---|

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

Address: 41311 Paquette Way

City: Zephyrhills

ZIP Code: 33540

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_ E-Mail Address: JWoods@uiwater.com

**SAMPLE INFORMATION** (to be completed by sampler)

Sample Number: T2107419006    Sample Date: 04/26/2021    Sample Time: 07:50     AM     PM (circle one)

Sample Location (be specific): 11219 Merganser

Location Code (if known) : \_\_\_\_\_

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

**Sample Type (Check Only One)**

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

- 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

- 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, \_\_\_\_\_, \_\_\_\_\_, do HEREBY CERTIFY  
(Print Name) (Print Title)

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Certified Operator #: \_\_\_\_\_ Phone #: \_\_\_\_\_ Sampler's Fax #: \_\_\_\_\_

Sampler's E-Mail: \_\_\_\_\_

# 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: 06/30/2021

**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: 04/26/2021

PWS ID (From Page 1): 6511423 Sample Number (From Page 1): T2107419006 Lab Assigned Report # or Job T2107419

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

### Inorganics

- All Except Asbestos
- Partial
- Nitrate
- Nitrite
- Asbestos Only

### Synthetic Organics

- All 30
- All Except Dioxin
- Partial
- Dioxin Only

### Volatile Organics

- All 21
- Partial

### Disinfection Byproducts

- Trihalomethanes
- Haloacetic Acids
- Chlorite
- Bromate

### Radionuclides

- Single Sample
- Qtrly Composite\*\*

### Secondaries

- All 14
- Partial

## LAB CERTIFICATION

I, Brandy DeVilbiss, PM-A, 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: Brandy DeVilbiss Date: 5/11/21

\* 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: T2107419006

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 # |
|-----------|----------------|-----|------------|-----------------|------------|-------------------|---------|---------------|---------------|-------------------------|
| 1905      | Color          | 15  | PCU        | 4.3             | U          | SM 2120 B         | 4.3     | 04/27/2021    | 09:44         | E84589                  |
| 1920      | Odor           | 3   | TON @ 40°C | 1.0             | U          | SM 2150 B         | 1.0     | 04/26/2021    | 17:45         | E84589                  |
| 2905      | Foaming Agents | 0.5 | mg/L       | 0.040           | U          | SM 5540 C         | 0.040   | 04/27/2021    | 17:15         | 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.