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April 26, 2022
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. 20200139-WS; Application for an increase in water and wastewater rates in Charlotte, Highlands, Lake, Lee, Marion, Orange, Pasco, Pinellas, Polk, and Seminole Counties, by Utilities, Inc. of Florida.

Dear Mr. Teitzman:

Pursuant to PSC Order No. PSC-2021-0206-FOF-WS, attached are the results of the secondary water quality sampling that was required to be done annually in the Summertree water system. As one can see, there were no exceedances of any secondary drinking water parameters at any of the sampling locations.

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: Sunshine Water Services PWS I.D. #: 6511423
System Type (check one): Community Nontransient Noncommunity Transient Noncommunity
Address: 500 W Monroe Suite 3600
City: Chicago ZIP Code: 60661
Phone #: (847)498-6440 Fax #: _____ E-Mail Address: Lee.Neal@uiwater.com

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: T2206673001 Sample Date: 04/05/2022 Sample Time: 08:15 AM PM (Circle One)
Sample Location (be specific): 11619 English Elm Location Code: (847)498-6440

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(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

SECONDARY CONTAMINANTS
62-550.320

Report Number / Job ID: T2206673001

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	04/18/2022	12:09	E84589
1017	Chloride	250	mg/L	34		EPA 300.0	2.0	04/06/2022	19:45	E84589
1022	Copper	1	mg/L	0.011		EPA 200.7	0.0050	04/18/2022	12:09	E84589
1025	Fluoride	2	mg/L	0.40	U	EPA 300.0	0.40	04/06/2022	19:45	E84589
1028	Iron	0.3	mg/L	0.024	I	EPA 200.7	0.0067	04/18/2022	12:09	E84589
1032	Manganese	0.05	mg/L	0.0050	U	EPA 200.7	0.0050	04/18/2022	12:09	E84589
1050	Silver	0.1	mg/L	0.0080	U	EPA 200.7	0.0080	04/18/2022	12:09	E84589
1055	Sulfate	250	mg/L	77		EPA 300.0	2.0	04/06/2022	19:45	E84589
1095	Zinc	5	mg/L	0.065	I	EPA 200.7	0.050	04/18/2022	12:09	E84589
1905	Color	15	CU	4.3	U	SM 2120 B	4.3	04/05/2022	15:40	E84589
1920	Odor	3	TON	1.0	U	SM 2150 B	1.0	04/05/2022	14:45	E84589
1925	pH (field pH from page 1)	6.5 - 8.5		7.55	Q	SM 4500H+B	0.1	04/06/2022	12:16	E84589
1930	Total Dissolved Solids	500	mg/L	342		SM 2540 C	10	04/08/2022	10:00	E84589
2905	Foaming Agents	0.5	mg/L	0.040	U	SM 5540 C	0.040	04/06/2022	09:30	E82001

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: Sunshine Water Services PWS I.D. #: 6511423

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

Address: 500 W Monroe Suite 3600

City: Chicago ZIP Code: 60661

Phone #: (847)498-6440 Fax #: _____ E-Mail Address: Lee.Neal@uiwater.com

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: T2206673002 Sample Date: 04/05/2022 Sample Time: 07:55 AM PM (Circle One)

Sample Location (be specific): 11704 Rose Tree Location Code: (847)498-6440

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(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: _____

*Results must be reported with appropriate qualifiers in accordance with Florida Administration 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

SECONDARY CONTAMINANTS

62-550.320

Report Number / Job ID: T2206673002

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	04/18/2022	12:12	E84589
1017	Chloride	250	mg/L	36		EPA 300.0	2.0	04/06/2022	20:49	E84589
1022	Copper	1	mg/L	0.0050	U	EPA 200.7	0.0050	04/18/2022	12:12	E84589
1025	Fluoride	2	mg/L	0.40	U	EPA 300.0	0.40	04/06/2022	20:49	E84589
1028	Iron	0.3	mg/L	0.058	I	EPA 200.7	0.0067	04/18/2022	12:12	E84589
1032	Manganese	0.05	mg/L	0.0050	U	EPA 200.7	0.0050	04/18/2022	12:12	E84589
1050	Silver	0.1	mg/L	0.0080	U	EPA 200.7	0.0080	04/18/2022	12:12	E84589
1055	Sulfate	250	mg/L	90		EPA 300.0	2.0	04/06/2022	20:49	E84589
1095	Zinc	5	mg/L	0.050	U	EPA 200.7	0.050	04/18/2022	12:12	E84589
1905	Color	15	CU	4.3	U	SM 2120 B	4.3	04/05/2022	15:40	E84589
1920	Odor	3	TON	1.0	U	SM 2150 B	1.0	04/05/2022	14:45	E84589
1925	pH (field pH from page 1)	6.5 - 8.5		7.85	Q	SM 4500H+B	0.1	04/06/2022	12:16	E84589
1930	Total Dissolved Solids	500	mg/L	378		SM 2540 C	10	04/08/2022	10:00	E84589
2905	Foaming Agents	0.5	mg/L	0.06	I	SM 5540 C	0.040	04/06/2022	09:30	E82001

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: Sunshine Water Services PWS I.D. #: 6511423
System Type (check one): Community Nontransient Noncommunity Transient Noncommunity
Address: 500 W Monroe Suite 3600
City: Chicago ZIP Code: 60661
Phone #: (847)498-6440 Fax #: _____ E-Mail Address: Lee.Neal@uiwater.com

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: T2206673003 Sample Date: 04/05/2022 Sample Time: 08:55 AM PM (Circle One)
Sample Location (be specific): 11436 Golf Rd Location Code: (847)498-6440

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(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

SECONDARY CONTAMINANTS
62-550.320

Report Number / Job ID: T2206673003

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	04/18/2022	12:14	E84589
1017	Chloride	250	mg/L	36		EPA 300.0	2.0	04/06/2022	21:05	E84589
1022	Copper	1	mg/L	0.0050	U	EPA 200.7	0.0050	04/18/2022	12:14	E84589
1025	Fluoride	2	mg/L	0.40	U	EPA 300.0	0.40	04/06/2022	21:05	E84589
1028	Iron	0.3	mg/L	0.0067	U	EPA 200.7	0.0067	04/18/2022	12:14	E84589
1032	Manganese	0.05	mg/L	0.0050	U	EPA 200.7	0.0050	04/18/2022	12:14	E84589
1050	Silver	0.1	mg/L	0.0080	U	EPA 200.7	0.0080	04/18/2022	12:14	E84589
1055	Sulfate	250	mg/L	84		EPA 300.0	2.0	04/06/2022	21:05	E84589
1095	Zinc	5	mg/L	0.050	U	EPA 200.7	0.050	04/18/2022	12:14	E84589
1905	Color	15	CU	4.3	U	SM 2120 B	4.3	04/05/2022	15:40	E84589
1920	Odor	3	TON	1.0	U	SM 2150 B	1.0	04/05/2022	14:45	E84589
1925	pH (field pH from page 1)	6.5 - 8.5		7.61	Q	SM 4500H+B	0.1	04/06/2022	12:16	E84589
1930	Total Dissolved Solids	500	mg/L	418		SM 2540 C	10	04/08/2022	10:00	E84589
2905	Foaming Agents	0.5	mg/L	0.040	U	SM 5540 C	0.040	04/06/2022	09:30	E82001

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: Sunshine Water Services PWS I.D. #: 6511423

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

Address: 500 W Monroe Suite 3600

City: Chicago ZIP Code: 60661

Phone #: (847)498-6440 Fax #: _____ E-Mail Address: Lee.Neal@uiwater.com

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: T2206673004 Sample Date: 04/05/2022 Sample Time: 08:40 AM PM (Circle One)

Sample Location (be specific): 11800 Ivywood Location Code: (847)498-6440

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(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: _____

*Results must be reported with appropriate qualifiers in accordance with Florida Administration 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

SECONDARY CONTAMINANTS

62-550.320

Report Number / Job ID: T2206673004

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	04/18/2022	12:23	E84589
1017	Chloride	250	mg/L	34		EPA 300.0	2.0	04/06/2022	21:21	E84589
1022	Copper	1	mg/L	0.016		EPA 200.7	0.0050	04/18/2022	12:23	E84589
1025	Fluoride	2	mg/L	0.40	U	EPA 300.0	0.40	04/06/2022	21:21	E84589
1028	Iron	0.3	mg/L	0.0067	U	EPA 200.7	0.0067	04/18/2022	12:23	E84589
1032	Manganese	0.05	mg/L	0.0050	U	EPA 200.7	0.0050	04/18/2022	12:23	E84589
1050	Silver	0.1	mg/L	0.0080	U	EPA 200.7	0.0080	04/18/2022	12:23	E84589
1055	Sulfate	250	mg/L	77		EPA 300.0	2.0	04/06/2022	21:21	E84589
1095	Zinc	5	mg/L	0.050	U	EPA 200.7	0.050	04/18/2022	12:23	E84589
1905	Color	15	CU	4.3	U	SM 2120 B	4.3	04/05/2022	15:40	E84589
1920	Odor	3	TON	1.0	U	SM 2150 B	1.0	04/05/2022	14:45	E84589
1925	pH (field pH from page 1)	6.5 - 8.5		7.64	Q	SM 4500H+ B	0.1	04/06/2022	12:16	E84589
1930	Total Dissolved Solids	500	mg/L	376		SM 2540 C	10	04/08/2022	10:00	E84589
2905	Foaming Agents	0.5	mg/L	0.040	U	SM 5540 C	0.040	04/06/2022	09:30	E82001

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: Sunshine Water Services PWS I.D. #: 6511423

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

Address: 500 W Monroe Suite 3600

City: Chicago ZIP Code: 60661

Phone #: (847)498-6440 Fax #: _____ E-Mail Address: Lee.Neal@uiwater.com

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: T2206673005 Sample Date: 04/05/2022 Sample Time: 07:35 AM PM (Circle One)

Sample Location (be specific): 11219 Merganser Location Code: (847)498-6440

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(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

SECONDARY CONTAMINANTS

62-550.320

Report Number / Job ID: T2206673005

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	04/18/2022	12:26	E84589
1017	Chloride	250	mg/L	33		EPA 300.0	2.0	04/06/2022	21:37	E84589
1022	Copper	1	mg/L	0.0050	U	EPA 200.7	0.0050	04/18/2022	12:26	E84589
1025	Fluoride	2	mg/L	0.40	U	EPA 300.0	0.40	04/06/2022	21:37	E84589
1028	Iron	0.3	mg/L	0.19		EPA 200.7	0.0067	04/18/2022	12:26	E84589
1032	Manganese	0.05	mg/L	0.0062	I	EPA 200.7	0.0050	04/18/2022	12:26	E84589
1050	Silver	0.1	mg/L	0.0080	U	EPA 200.7	0.0080	04/18/2022	12:26	E84589
1055	Sulfate	250	mg/L	76		EPA 300.0	2.0	04/06/2022	21:37	E84589
1095	Zinc	5	mg/L	0.050	U	EPA 200.7	0.050	04/18/2022	12:26	E84589
1905	Cobr	15	CU	4.3	U	SM 2120 B	4.3	04/05/2022	15:40	E84589
1920	Odor	3	TON	1.0	U	SM 2150 B	1.0	04/05/2022	14:45	E84589
1925	pH (field pH from page 1)	6.5 - 8.5		7.68	Q	SM 4500H+B	0.1	04/06/2022	12:16	E84589
1930	Total Dissolved Solids	500	mg/L	322		SM 2540 C	10	04/08/2022	10:00	E84589
2905	Foaming Agents	0.5	mg/L	0.05	I	SM 5540 C	0.040	04/06/2022	09:30	E82001

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: Sunshine Water Services PWS I.D. #: 6511423
System Type (check one): Community Nontransient Noncommunity Transient Noncommunity
Address: 500 W Monroe Suite 3600
City: Chicago ZIP Code: 60661
Phone #: (847)498-6440 Fax #: _____ E-Mail Address: Lee.Neal@uiwater.com

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: T2206673006 Sample Date: 04/05/2022 Sample Time: 07:15 AM PM (Circle One)
Sample Location (be specific): 11001 Kiskadee Location Code: (847)498-6440

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(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

SECONDARY CONTAMINANTS

62-550.320

Report Number / Job ID: T2206673006

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	04/18/2022	12:29	E84589
1017	Chloride	250	mg/L	34		EPA 300.0	2.0	04/06/2022	21:53	E84589
1022	Copper	1	mg/L	0.0050	U	EPA 200.7	0.0050	04/18/2022	12:29	E84589
1025	Fluoride	2	mg/L	0.40	U	EPA 300.0	0.40	04/06/2022	21:53	E84589
1028	Iron	0.3	mg/L	0.30		EPA 200.7	0.0067	04/18/2022	12:29	E84589
1032	Manganese	0.05	mg/L	0.0090	I	EPA 200.7	0.0050	04/18/2022	12:29	E84589
1050	Silver	0.1	mg/L	0.0080	U	EPA 200.7	0.0080	04/18/2022	12:29	E84589
1055	Sulfate	250	mg/L	77		EPA 300.0	2.0	04/06/2022	21:53	E84589
1095	Zinc	5	mg/L	0.050	U	EPA 200.7	0.050	04/18/2022	12:29	E84589
1905	Color	15	CU	4.3	U	SM 2120 B	4.3	04/05/2022	15:40	E84589
1920	Odor	3	TON	1.0	U	SM 2150 B	1.0	04/05/2022	14:45	E84589
1925	pH (field pH from page 1)	6.5 - 8.5		7.70	Q	SM 4500H+B	0.1	04/06/2022	12:16	E84589
1930	Total Dissolved Solids	500	mg/L	326		SM 2540 C	10	04/08/2022	10:00	E84589
2905	Foaming Agents	0.5	mg/L	0.040	U	SM 5540 C	0.040	04/06/2022	09:30	E82001