



Dean, Mead, Egerton, Bloodworth, Capouano & Bozarth, P.A.
420 South Orange Avenue, Suite 700
P.O. Box 2346 (ZIP 32802-2346)
Orlando, FL 32801

(407) 841-1200
(407) 423-1831 Fax
www.deanmead.com

Attorneys and Counselors at Law
Orlando
Fort Pierce
Tallahassee
Tampa
Viera/Melbourne

MARTIN FRIEDMAN
407-310-2077
mfriedman@deanmead.com

April 20, 2023
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: Bryce Mendenhall (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: Summertree PWS I.D. #: _____

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

Address: _____

City: _____ ZIP Code: _____

Phone #: _____ Fax #: _____ E-Mail Address: _____

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: T2306673001 Sample Date: 04/04/2023 Sample Time: 08:10 AM PM (Circle One)

Sample Location (be specific): 1 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

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: 06/30/2023

ATTACH CURRENT DOH ANALYTE SHEET*

Address: 9610 Princess Palm Avenue. Tampa, FL 33619 Phone #: 813-630-9616

Were any analyses subcontracted Yes No If yes, please provide DOH certification number(s): E82001

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 04/04/2023

PWS ID: (From Page 1): _____ Sample Number (From Page 1): T2306673001 Lab Assigned Report # Or Job ID: T2306673

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

- | Inorganics | Synthetic Organics | Volatile Organics | Disinfection Byproducts | Radionuclides | Secondaries |
|--|--|----------------------------------|---|---|--|
| <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 checked="" 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 | | | | | |

LAB CERTIFICATION

I, Brandy Devilbiss, Project Manager I, 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 (NELAC).

Signature:  Date: 04/18/2023

* 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 "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 (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: T2306673001

PWS ID (From Page 1): _____

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	0.0210	04/14/2023	10:49	E84589
1017	Chloride	250	mg/L	19.00		EPA 300.0	2	04/04/2023	19:26	E84589
1022	Copper	1	mg/L	0.16		EPA 200.7	0.0050	04/14/2023	10:49	E84589
1025	Fluoride	2	mg/L	0.40	U	EPA 300.0	0.40	04/04/2023	19:26	E84589
1028	Iron	0.3	mg/L	0.045	I	EPA 200.7	0.0067	04/14/2023	10:49	E84589
1032	Manganese	0.05	mg/L	0.005	U	EPA 200.7	0.0050	04/14/2023	10:49	E84589
1050	Silver	0.1	mg/L	0.008	U	EPA 200.7	0.0080	04/14/2023	10:49	E84589
1055	Sulfate	250	mg/L	39.00		EPA 300.0	2	04/04/2023	19:26	E84589
1095	Zinc	5	mg/L	0.05	U	EPA 200.7	0.05	04/14/2023	10:49	E84589
1905	Color	15	CU	4.30	U	SM 2120 B	4.30	04/05/2023	08:12	E84589
1920	Odor	3	TON	1.00	U	SM 2150 B	1	04/04/2023	15:36	E84589
1925	pH (field pH from page 1)	6.5 - 8.5		7.65	Q	SM 4500H+B	0.10	04/06/2023	13:20	E84589
1930	Total Dissolved Solids	500	mg/L	280.00		SM 2540 C	10	04/05/2023	12:00	E84589
2905	Foaming Agents	0.5	mg/L	0.15	I	SM 5540 C	0.04	04/05/2023	12:00	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: Summertree PWS I.D. #: _____

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

Address: _____

City: _____ ZIP Code: _____

Phone #: _____ Fax #: _____ E-Mail Address: _____

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: T2306673002 Sample Date: 04/04/2023 Sample Time: 07:55 AM PM (Circle One)

Sample Location (be specific): 2 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

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: 06/30/2023

ATTACH CURRENT DOH ANALYTE SHEET*

Address: 9610 Princess Palm Avenue. Tampa, FL 33619 Phone #: 813-630-9616

Were any analyses subcontracted Yes No If yes, please provide DOH certification number(s): E82001

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 04/04/2023

PWS ID: (From Page 1): _____ Sample Number (From Page 1): T2306673002 Lab Assigned Report # Or Job ID: T2306673

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 checked="" 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 | | | | | |

LAB CERTIFICATION

I, Brandy Devilbiss, Project Manager I, 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 (NELAC).

Signature:  Date: 04/18/2023

* 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 "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 (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: T2306673002

PWS ID (From Page 1): _____

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	0.0210	04/14/2023	10:51	E84589
1017	Chloride	250	mg/L	18.00		EPA 300.0	2	04/04/2023	19:42	E84589
1022	Copper	1	mg/L	0.014		EPA 200.7	0.0050	04/14/2023	10:51	E84589
1025	Fluoride	2	mg/L	0.40	U	EPA 300.0	0.40	04/04/2023	19:42	E84589
1028	Iron	0.3	mg/L	0.10		EPA 200.7	0.0067	04/14/2023	10:51	E84589
1032	Manganese	0.05	mg/L	0.005	U	EPA 200.7	0.0050	04/14/2023	10:51	E84589
1050	Silver	0.1	mg/L	0.008	U	EPA 200.7	0.0080	04/14/2023	10:51	E84589
1055	Sulfate	250	mg/L	38.00		EPA 300.0	2	04/04/2023	19:42	E84589
1095	Zinc	5	mg/L	0.05	U	EPA 200.7	0.05	04/14/2023	10:51	E84589
1905	Color	15	CU	4.30	U	SM 2120 B	4.30	04/05/2023	08:12	E84589
1920	Odor	3	TON	1.00	U	SM 2150 B	1	04/04/2023	15:36	E84589
1925	pH (field pH from page 1)	6.5 - 8.5		8.03	Q	SM 4500H+B	0.10	04/06/2023	13:20	E84589
1930	Total Dissolved Solids	500	mg/L	300.00		SM 2540 C	10	04/05/2023	12:00	E84589
2905	Foaming Agents	0.5	mg/L	0.072	I	SM 5540 C	0.04	04/05/2023	12:00	E82001

*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**

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

System Name: Summertree PWS I.D. #: _____

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

Address: _____

City: _____ ZIP Code: _____

Phone #: _____ Fax #: _____ E-Mail Address: _____

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: T2306673003 Sample Date: 04/04/2023 Sample Time: 07:40 AM PM (Circle One)

Sample Location (be specific): 3 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

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: 06/30/2023

ATTACH CURRENT DOH ANALYTE SHEET*

Address: 9610 Princess Palm Avenue. Tampa, FL 33619 Phone #: 813-630-9616

Were any analyses subcontracted Yes No If yes, please provide DOH certification number(s): E82001

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 04/04/2023

PWS ID: (From Page 1): _____ Sample Number (From Page 1): T2306673003 Lab Assigned Report # Or Job ID: T2306673

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 checked="" 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 | | | | | |

LAB CERTIFICATION

I, Brandy Devilbiss, Project Manager I, 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 (NELAC).

Signature:  Date: 04/18/2023

* 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 "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 (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: T2306673003

PWS ID (From Page 1): _____

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	0.0210	04/14/2023	10:53	E84589
1017	Chloride	250	mg/L	19.00		EPA 300.0	2	04/04/2023	19:58	E84589
1022	Copper	1	mg/L	0.005	U	EPA 200.7	0.0050	04/14/2023	10:53	E84589
1025	Fluoride	2	mg/L	0.40	U	EPA 300.0	0.40	04/04/2023	19:58	E84589
1028	Iron	0.3	mg/L	0.065	I	EPA 200.7	0.0067	04/14/2023	10:53	E84589
1032	Manganese	0.05	mg/L	0.005	U	EPA 200.7	0.0050	04/14/2023	10:53	E84589
1050	Silver	0.1	mg/L	0.008	U	EPA 200.7	0.0080	04/14/2023	10:53	E84589
1055	Sulfate	250	mg/L	37.00		EPA 300.0	2	04/04/2023	19:58	E84589
1095	Zinc	5	mg/L	0.05	U	EPA 200.7	0.05	04/14/2023	10:53	E84589
1905	Color	15	CU	4.30	U	SM 2120 B	4.30	04/05/2023	08:12	E84589
1920	Odor	3	TON	1.00	U	SM 2150 B	1	04/04/2023	15:36	E84589
1925	pH (field pH from page 1)	6.5 - 8.5		7.78	Q	SM 4500H+B	0.10	04/06/2023	13:20	E84589
1930	Total Dissolved Solids	500	mg/L	320.00		SM 2540 C	10	04/05/2023	12:00	E84589
2905	Foaming Agents	0.5	mg/L	0.10	I	SM 5540 C	0.04	04/05/2023	12:00	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: Summertree PWS I.D. #: _____

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

Address: _____

City: _____ ZIP Code: _____

Phone #: _____ Fax #: _____ E-Mail Address: _____

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: T2306673004 Sample Date: 04/04/2023 Sample Time: 08:25 AM PM (Circle One)

Sample Location (be specific): 4 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

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: 06/30/2023

ATTACH CURRENT DOH ANALYTE SHEET*

Address: 9610 Princess Palm Avenue. Tampa, FL 33619 Phone #: 813-630-9616

Were any analyses subcontracted Yes No If yes, please provide DOH certification number(s): E82001

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 04/04/2023

PWS ID: (From Page 1): _____ Sample Number (From Page 1): T2306673004 Lab Assigned Report # Or Job ID: T2306673

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 checked="" 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					

LAB CERTIFICATION

I, Brandy Devilbiss, Project Manager I, 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 (NELAC).

Signature:  Date: 04/18/2023

* 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 "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 (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: T2306673004

PWS ID (From Page 1): _____

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	0.0210	04/14/2023	10:56	E84589
1017	Chloride	250	mg/L	18.00		EPA 300.0	2	04/04/2023	20:14	E84589
1022	Copper	1	mg/L	0.014		EPA 200.7	0.0050	04/14/2023	10:56	E84589
1025	Fluoride	2	mg/L	0.40	U	EPA 300.0	0.40	04/04/2023	20:14	E84589
1028	Iron	0.3	mg/L	0.14		EPA 200.7	0.0067	04/14/2023	10:56	E84589
1032	Manganese	0.05	mg/L	0.0064	I	EPA 200.7	0.0050	04/14/2023	10:56	E84589
1050	Silver	0.1	mg/L	0.008	U	EPA 200.7	0.0080	04/14/2023	10:56	E84589
1055	Sulfate	250	mg/L	38.00		EPA 300.0	2	04/04/2023	20:14	E84589
1095	Zinc	5	mg/L	0.05	U	EPA 200.7	0.05	04/14/2023	10:56	E84589
1905	Color	15	CU	4.30	U	SM 2120 B	4.30	04/05/2023	08:12	E84589
1920	Odor	3	TON	1.00	U	SM 2150 B	1	04/04/2023	15:36	E84589
1925	pH (field pH from page 1)	6.5 - 8.5		7.98	Q	SM 4500H+B	0.10	04/06/2023	13:20	E84589
1930	Total Dissolved Solids	500	mg/L	360.00		SM 2540 C	10	04/05/2023	12:00	E84589
2905	Foaming Agents	0.5	mg/L	0.068	I	SM 5540 C	0.04	04/05/2023	12:00	E82001

*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**

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

System Name: Summertree PWS I.D. #: _____

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

Address: _____

City: _____ ZIP Code: _____

Phone #: _____ Fax #: _____ E-Mail Address: _____

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: T2306673005 Sample Date: 04/04/2023 Sample Time: 08:55 AM PM (Circle One)

Sample Location (be specific): 5 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

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: 06/30/2023

ATTACH CURRENT DOH ANALYTE SHEET*

Address: 9610 Princess Palm Avenue. Tampa, FL 33619 Phone #: 813-630-9616

Were any analyses subcontracted Yes No If yes, please provide DOH certification number(s): E82001

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 04/04/2023

PWS ID: (From Page 1): _____ Sample Number (From Page 1): T2306673005 Lab Assigned Report # Or Job ID: T2306673

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 checked="" 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 | | | | | |

LAB CERTIFICATION

I, Brandy Devilbiss, Project Manager I, 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 (NELAC).

Signature:  Date: 04/18/2023

* 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 "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 (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: T2306673005

PWS ID (From Page 1): _____

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	0.0210	04/14/2023	11:09	E84589
1017	Chloride	250	mg/L	18.00		EPA 300.0	2	04/04/2023	20:30	E84589
1022	Copper	1	mg/L	0.005	U	EPA 200.7	0.0050	04/14/2023	11:09	E84589
1025	Fluoride	2	mg/L	0.40	U	EPA 300.0	0.40	04/04/2023	20:30	E84589
1028	Iron	0.3	mg/L	0.11		EPA 200.7	0.0067	04/14/2023	11:09	E84589
1032	Manganese	0.05	mg/L	0.0051	I	EPA 200.7	0.0050	04/14/2023	11:09	E84589
1050	Silver	0.1	mg/L	0.008	U	EPA 200.7	0.0080	04/14/2023	11:09	E84589
1055	Sulfate	250	mg/L	38.00		EPA 300.0	2	04/04/2023	20:30	E84589
1095	Zinc	5	mg/L	0.05	U	EPA 200.7	0.05	04/14/2023	11:09	E84589
1905	Color	15	CU	4.30	U	SM 2120 B	4.30	04/05/2023	08:12	E84589
1920	Odor	3	TON	1.00	U	SM 2150 B	1	04/04/2023	15:36	E84589
1925	pH (field pH from page 1)	6.5 - 8.5		7.95	Q	SM 4500H+B	0.10	04/06/2023	13:20	E84589
1930	Total Dissolved Solids	500	mg/L	320.00		SM 2540 C	10	04/05/2023	12:00	E84589
2905	Foaming Agents	0.5	mg/L	0.068	I	SM 5540 C	0.04	04/05/2023	12:00	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: Summertree PWS I.D. #: _____

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

Address: _____

City: _____ ZIP Code: _____

Phone #: _____ Fax #: _____ E-Mail Address: _____

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: T2306673006 Sample Date: 04/04/2023 Sample Time: 08:40 AM PM (Circle One)

Sample Location (be specific): 6 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

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: 06/30/2023

ATTACH CURRENT DOH ANALYTE SHEET*

Address: 9610 Princess Palm Avenue. Tampa, FL 33619 Phone #: 813-630-9616

Were any analyses subcontracted Yes No If yes, please provide DOH certification number(s): E82001

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 04/04/2023

PWS ID: (From Page 1): _____ Sample Number (From Page 1): T2306673006 Lab Assigned Report # Or Job ID: T2306673

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 checked="" 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 | | | | | |

LAB CERTIFICATION

I, Brandy Devilbiss, Project Manager I, 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 (NELAC).

Signature:  Date: 04/18/2023

* 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 "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 (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: T2306673006

PWS ID (From Page 1): _____

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	0.0210	04/14/2023	11:11	E84589
1017	Chloride	250	mg/L	18.00		EPA 300.0	2	04/04/2023	20:46	E84589
1022	Copper	1	mg/L	0.009	I	EPA 200.7	0.0050	04/14/2023	11:11	E84589
1025	Fluoride	2	mg/L	0.40	U	EPA 300.0	0.40	04/04/2023	20:46	E84589
1028	Iron	0.3	mg/L	0.14		EPA 200.7	0.0067	04/14/2023	11:11	E84589
1032	Manganese	0.05	mg/L	0.0067	I	EPA 200.7	0.0050	04/14/2023	11:11	E84589
1050	Silver	0.1	mg/L	0.008	U	EPA 200.7	0.0080	04/14/2023	11:11	E84589
1055	Sulfate	250	mg/L	38.00		EPA 300.0	2	04/04/2023	20:46	E84589
1095	Zinc	5	mg/L	0.12		EPA 200.7	0.05	04/14/2023	11:11	E84589
1905	Color	15	CU	4.30	U	SM 2120 B	4.30	04/05/2023	08:12	E84589
1920	Odor	3	TON	1.00	U	SM 2150 B	1	04/04/2023	15:36	E84589
1925	pH (field pH from page 1)	6.5 - 8.5		8.04	Q	SM 4500H+B	0.10	04/06/2023	13:20	E84589
1930	Total Dissolved Solids	500	mg/L	300.00		SM 2540 C	10	04/05/2023	12:00	E84589
2905	Foaming Agents	0.5	mg/L	0.072	I	SM 5540 C	0.04	04/05/2023	12:00	E82001

