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Viera/Melbourne  
Vero Beach

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

**May 8, 2024**  
**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.

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: Sean Twomey (via email)



Advanced Environmental Laboratories, Inc  
9610 Princess Palm Ave Tampa, FL 33619  
Payments: P.O. Box 551580 Jacksonville, FL 32255-1580  
Phone: (813) 630-9616  
Fax: (813) 630-4327

**FINAL - REVISION**

**Workorder:** Summertree (T2407690)

May 03, 2024

Jeff Becker  
Utilities Inc.  
2448 Arcadia Rd  
Holiday, FL 34690

RE: Workorder: T2407690 Summertree

Dear Jeff Becker:

Enclosed are the analytical results for sample(s) received by the laboratory on Tuesday April 2, 2024. Results reported herein conform to the most current NELAC standards, where applicable, unless otherwise narrated in the body of the report. The analytical results for the samples contained in this report were submitted for analysis as outlined by the Chain of Custody and results pertain only to these samples.

If you have any questions concerning this report, please feel free to contact me.

Sincerely,

Brandy Devilbiss, Project Manager I  
BDevilbiss@aellab.com

**Certificate of Analysis**

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**FINAL - REVISION**

**Workorder:** Summertree (T2407690)

**Sample Summary**

| Lab ID      | Sample ID         | Matrix | Method     | Date Collected   | Date Received    | Analytes Reported | Basis |
|-------------|-------------------|--------|------------|------------------|------------------|-------------------|-------|
| T2407690001 | 11619 English Elm | DW     | EPA 200.7  | 04/02/2024 07:55 | 04/02/2024 17:05 | 6                 | NA    |
| T2407690001 | 11619 English Elm | DW     | EPA 300.0  | 04/02/2024 07:55 | 04/02/2024 17:05 | 3                 | NA    |
| T2407690001 | 11619 English Elm | DW     | SM 2120 B  | 04/02/2024 07:55 | 04/02/2024 17:05 | 1                 | NA    |
| T2407690001 | 11619 English Elm | DW     | SM 2150 B  | 04/02/2024 07:55 | 04/02/2024 17:05 | 1                 | NA    |
| T2407690001 | 11619 English Elm | DW     | SM 2540 C  | 04/02/2024 07:55 | 04/02/2024 17:05 | 1                 | NA    |
| T2407690001 | 11619 English Elm | DW     | SM 4500H+B | 04/02/2024 07:55 | 04/02/2024 17:05 | 1                 | NA    |
| T2407690001 | 11619 English Elm | DW     | SM 5540 C  | 04/02/2024 07:55 | 04/02/2024 17:05 | 1                 | NA    |
| T2407690002 | 11704 Rose Tree   | DW     | EPA 200.7  | 04/02/2024 07:35 | 04/02/2024 17:05 | 6                 | NA    |
| T2407690002 | 11704 Rose Tree   | DW     | EPA 300.0  | 04/02/2024 07:35 | 04/02/2024 17:05 | 3                 | NA    |
| T2407690002 | 11704 Rose Tree   | DW     | SM 2120 B  | 04/02/2024 07:35 | 04/02/2024 17:05 | 1                 | NA    |
| T2407690002 | 11704 Rose Tree   | DW     | SM 2150 B  | 04/02/2024 07:35 | 04/02/2024 17:05 | 1                 | NA    |
| T2407690002 | 11704 Rose Tree   | DW     | SM 2540 C  | 04/02/2024 07:35 | 04/02/2024 17:05 | 1                 | NA    |
| T2407690002 | 11704 Rose Tree   | DW     | SM 4500H+B | 04/02/2024 07:35 | 04/02/2024 17:05 | 1                 | NA    |
| T2407690002 | 11704 Rose Tree   | DW     | SM 5540 C  | 04/02/2024 07:35 | 04/02/2024 17:05 | 1                 | NA    |
| T2407690003 | 11436 Golf Rd     | DW     | EPA 200.7  | 04/02/2024 07:10 | 04/02/2024 17:05 | 6                 | NA    |
| T2407690003 | 11436 Golf Rd     | DW     | EPA 300.0  | 04/02/2024 07:10 | 04/02/2024 17:05 | 3                 | NA    |
| T2407690003 | 11436 Golf Rd     | DW     | SM 2120 B  | 04/02/2024 07:10 | 04/02/2024 17:05 | 1                 | NA    |
| T2407690003 | 11436 Golf Rd     | DW     | SM 2150 B  | 04/02/2024 07:10 | 04/02/2024 17:05 | 1                 | NA    |
| T2407690003 | 11436 Golf Rd     | DW     | SM 2540 C  | 04/02/2024 07:10 | 04/02/2024 17:05 | 1                 | NA    |
| T2407690003 | 11436 Golf Rd     | DW     | SM 4500H+B | 04/02/2024 07:10 | 04/02/2024 17:05 | 1                 | NA    |
| T2407690003 | 11436 Golf Rd     | DW     | SM 5540 C  | 04/02/2024 07:10 | 04/02/2024 17:05 | 1                 | NA    |
| T2407690004 | 11800 Ivywood     | DW     | EPA 200.7  | 04/02/2024 08:10 | 04/02/2024 17:05 | 6                 | NA    |
| T2407690004 | 11800 Ivywood     | DW     | EPA 300.0  | 04/02/2024 08:10 | 04/02/2024 17:05 | 3                 | NA    |
| T2407690004 | 11800 Ivywood     | DW     | SM 2120 B  | 04/02/2024 08:10 | 04/02/2024 17:05 | 1                 | NA    |
| T2407690004 | 11800 Ivywood     | DW     | SM 2150 B  | 04/02/2024 08:10 | 04/02/2024 17:05 | 1                 | NA    |
| T2407690004 | 11800 Ivywood     | DW     | SM 2540 C  | 04/02/2024 08:10 | 04/02/2024 17:05 | 1                 | NA    |
| T2407690004 | 11800 Ivywood     | DW     | SM 4500H+B | 04/02/2024 08:10 | 04/02/2024 17:05 | 1                 | NA    |
| T2407690004 | 11800 Ivywood     | DW     | SM 5540 C  | 04/02/2024 08:10 | 04/02/2024 17:05 | 1                 | NA    |
| T2407690005 | 11219 Merganser   | DW     | EPA 200.7  | 04/02/2024 08:30 | 04/02/2024 17:05 | 6                 | NA    |
| T2407690005 | 11219 Merganser   | DW     | EPA 300.0  | 04/02/2024 08:30 | 04/02/2024 17:05 | 3                 | NA    |
| T2407690005 | 11219 Merganser   | DW     | SM 2120 B  | 04/02/2024 08:30 | 04/02/2024 17:05 | 1                 | NA    |
| T2407690005 | 11219 Merganser   | DW     | SM 2150 B  | 04/02/2024 08:30 | 04/02/2024 17:05 | 1                 | NA    |
| T2407690005 | 11219 Merganser   | DW     | SM 2540 C  | 04/02/2024 08:30 | 04/02/2024 17:05 | 1                 | NA    |
| T2407690005 | 11219 Merganser   | DW     | SM 4500H+B | 04/02/2024 08:30 | 04/02/2024 17:05 | 1                 | NA    |
| T2407690005 | 11219 Merganser   | DW     | SM 5540 C  | 04/02/2024 08:30 | 04/02/2024 17:05 | 1                 | NA    |

Friday, May 3, 2024 10:51:47 AM  
 Dates and times are displayed using (-04:00)  
 Page 2 of 30

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NELAP Accredited E84589



**FINAL - REVISION**

**Workorder:** Summertree (T2407690)

**Sample Summary**

| Lab ID      | Sample ID      | Matrix | Method     | Date Collected   | Date Received    | Analytes Reported | Basis |
|-------------|----------------|--------|------------|------------------|------------------|-------------------|-------|
| T2407690006 | 11001 Kiskadee | DW     | EPA 200.7  | 04/02/2024 08:45 | 04/02/2024 17:05 | 6                 | NA    |
| T2407690006 | 11001 Kiskadee | DW     | EPA 300.0  | 04/02/2024 08:45 | 04/02/2024 17:05 | 3                 | NA    |
| T2407690006 | 11001 Kiskadee | DW     | SM 2120 B  | 04/02/2024 08:45 | 04/02/2024 17:05 | 1                 | NA    |
| T2407690006 | 11001 Kiskadee | DW     | SM 2150 B  | 04/02/2024 08:45 | 04/02/2024 17:05 | 1                 | NA    |
| T2407690006 | 11001 Kiskadee | DW     | SM 2540 C  | 04/02/2024 08:45 | 04/02/2024 17:05 | 1                 | NA    |
| T2407690006 | 11001 Kiskadee | DW     | SM 4500H+B | 04/02/2024 08:45 | 04/02/2024 17:05 | 1                 | NA    |
| T2407690006 | 11001 Kiskadee | DW     | SM 5540 C  | 04/02/2024 08:45 | 04/02/2024 17:05 | 1                 | NA    |

**Certificate of Analysis**

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**FINAL - REVISION**

**Workorder:** Summertree (T2407690)

**Workorder Summary**

**Method Comments**

COLR-SM-W

**Batch Comments**

**WCAI/29004 - IC,E300.0,Water**

The matrix spike recovery of Chloride and Sulfate for T2407610002 was outside control criteria. Recoveries in the Laboratory Control Sample (LCS), and %RPD were acceptable, which indicates the analytical batch was in control. No further corrective action was required.

**WCAI/29063 - IC,E300.0,Water**

The analysis of T2405161001 and T2405161003 was performed past the recommended holding time. An internal laboratory failure occurred which resulted in the missed holding time. Efforts were made to analyze the sample as soon as the error was identified. The data is qualified to indicate the holding time violation.

The matrix spike recovery of Sulfate for T2407855028 was outside control criteria. Recoveries in the Laboratory Control Sample (LCS), and %RPD were acceptable, which indicates the analytical batch was in control. No further corrective action was required.

**WCAI/29516 - TDS,SM2540C**

The re-analysis of T2407690002 was performed past the recommended holding time. An internal laboratory failure occurred which resulted in the missed holding time. Efforts were made to analyze the sample as soon as the error was identified. The data is qualified to indicate the holding time violation.

**Certificate of Analysis**

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**FINAL - REVISION**

**Workorder:** Summertree (T2407690)

**QC Results Qualifiers**

**Parameter Qualifiers**

- U The compound was analyzed for but not detected.
- I The reported value is between the laboratory method detection limit and the laboratory practical quantitation limit.
- Q Missed Hold Time

**Lab Qualifiers**

- G DOH Certification #E82001 (FL NELAC) AEL-Gainesville
- T DOH Certification #E84589 (FL NELAC) AEL-Tampa



# 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: T2407690001 Sample Date: 04/02/2024 Sample Time: 07:55  AM  PM (Circle One)

Sample Location (be specific): 11619 English Elm Location Code: \_\_\_\_\_

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: 06/30/2024

**ATTACH CURRENT DOH ANALYTE SHEET\***

Address: 9610 Princess Palm Ave, 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: 04/02/2024

PWS ID: (From Page 1): \_\_\_\_\_ Sample Number (From Page 1): T2407690001 Lab Assigned Report # Or Job ID: T2407690

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: 05/03/2024

\* 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

INORGANIC CONTAMINANTS  
62-550.310(1)

Report Number / Job ID: T2407690001

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 # |
|-----------|-------------|-----|-------|-----------------|------------|-------------------|---------|---------------|---------------|-------------------------|
| 1025      | Fluoride    | 4   | mg/L  | 0.40            | U          | EPA 300.0         | 0.40    | 04/10/2024    | 22:01         | E84589                  |

\*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: T2407690001

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         | 0.021   | 04/11/2024    | 09:46         | E84589                  |
| 1017      | Chloride                  | 250       | mg/L  | 22              |            | EPA 300.0         | 2.0     | 04/10/2024    | 22:01         | E84589                  |
| 1022      | Copper                    | 1         | mg/L  | 0.010           | I          | EPA 200.7         | 0.0050  | 04/11/2024    | 09:46         | E84589                  |
| 1025      | Fluoride                  | 2         | mg/L  | 0.40            | U          | EPA 300.0         | 0.40    | 04/10/2024    | 22:01         | E84589                  |
| 1028      | Iron                      | 0.3       | mg/L  | 0.040           | I          | EPA 200.7         | 0.0067  | 04/11/2024    | 09:46         | E84589                  |
| 1032      | Manganese                 | 0.05      | mg/L  | 0.0050          | U          | EPA 200.7         | 0.0050  | 04/11/2024    | 09:46         | E84589                  |
| 1050      | Silver                    | 0.1       | mg/L  | 0.0080          | U          | EPA 200.7         | 0.0080  | 04/11/2024    | 09:46         | E84589                  |
| 1055      | Sulfate                   | 250       | mg/L  | 64              |            | EPA 300.0         | 2.0     | 04/10/2024    | 22:01         | E84589                  |
| 1095      | Zinc                      | 5         | mg/L  | 0.050           | U          | EPA 200.7         | 0.050   | 04/11/2024    | 09:46         | E84589                  |
| 1905      | Color                     | 15        | CU    | 4.3             | U          | SM 2120 B         | 4.3     | 04/03/2024    | 10:00         | E84589                  |
| 1920      | Odor                      | 3         | TON   | 1.0             | U          | SM 2150 B         | 1.0     | 04/02/2024    | 17:20         | E84589                  |
| 1925      | pH (field pH from page 1) | 6.5 - 8.5 |       | 7.89            | Q          | SM 4500H+B        |         | 04/05/2024    | 15:32         | E84589                  |
| 1930      | Total Dissolved Solids    | 500       | mg/L  | 290             |            | SM 2540 C         | 10      | 04/05/2024    | 14:00         | E84589                  |
| 2905      | Foaming Agents            | 0.5       | mg/L  | 0.090           | I          | SM 5540 C         | 0.040   | 04/03/2024    | 09:00         | 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: T2407690002 Sample Date: 04/02/2024 Sample Time: 07:35 AM PM (Circle One)

Sample Location (be specific): 11704 Rose Tree Location Code: \_\_\_\_\_

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: 06/30/2024

**ATTACH CURRENT DOH ANALYTE SHEET\***

Address: 9610 Princess Palm Ave, 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: 04/02/2024

PWS ID: (From Page 1): \_\_\_\_\_ Sample Number (From Page 1): T2407690002 Lab Assigned Report # Or Job ID: T2407690

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: 05/03/2024

\* 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

INORGANIC CONTAMINANTS  
62-550.310(1)

Report Number / Job ID: T2407690002

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 # |
|-----------|-------------|-----|-------|-----------------|------------|-------------------|---------|---------------|---------------|-------------------------|
| 1025      | Fluoride    | 4   | mg/L  | 0.40            | U          | EPA 300.0         | 0.40    | 04/10/2024    | 22:17         | E84589                  |

\*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: T2407690002

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         | 0.021   | 04/11/2024    | 09:49         | E84589                  |
| 1017      | Chloride                  | 250       | mg/L  | 22              |            | EPA 300.0         | 2.0     | 04/10/2024    | 22:17         | E84589                  |
| 1022      | Copper                    | 1         | mg/L  | 0.024           |            | EPA 200.7         | 0.0050  | 04/11/2024    | 09:49         | E84589                  |
| 1025      | Fluoride                  | 2         | mg/L  | 0.40            | U          | EPA 300.0         | 0.40    | 04/10/2024    | 22:17         | E84589                  |
| 1028      | Iron                      | 0.3       | mg/L  | 0.038           | I          | EPA 200.7         | 0.0067  | 04/11/2024    | 09:49         | E84589                  |
| 1032      | Manganese                 | 0.05      | mg/L  | 0.0050          | U          | EPA 200.7         | 0.0050  | 04/11/2024    | 09:49         | E84589                  |
| 1050      | Silver                    | 0.1       | mg/L  | 0.0080          | U          | EPA 200.7         | 0.0080  | 04/11/2024    | 09:49         | E84589                  |
| 1055      | Sulfate                   | 250       | mg/L  | 64              |            | EPA 300.0         | 2.0     | 04/10/2024    | 22:17         | E84589                  |
| 1095      | Zinc                      | 5         | mg/L  | 0.065           | I          | EPA 200.7         | 0.050   | 04/11/2024    | 09:49         | E84589                  |
| 1905      | Color                     | 15        | CU    | 4.3             | U          | SM 2120 B         | 4.3     | 04/03/2024    | 10:00         | E84589                  |
| 1920      | Odor                      | 3         | TON   | 1.0             | U          | SM 2150 B         | 1.0     | 04/02/2024    | 17:20         | E84589                  |
| 1925      | pH (field pH from page 1) | 6.5 - 8.5 |       | 7.95            | Q          | SM 4500H+B        |         | 04/05/2024    | 15:32         | E84589                  |
| 1930      | Total Dissolved Solids    | 500       | mg/L  | 320             | Q          | SM 2540 C         | 10      | 04/29/2024    | 14:00         | E84589                  |
| 2905      | Foaming Agents            | 0.5       | mg/L  | 0.041           | I          | SM 5540 C         | 0.040   | 04/03/2024    | 09:00         | 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: T2407690003 Sample Date: 04/02/2024 Sample Time: 07:10 AM PM (Circle One)

Sample Location (be specific): 11436 Golf Rd Location Code: \_\_\_\_\_

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: 06/30/2024

**ATTACH CURRENT DOH ANALYTE SHEET\***

Address: 9610 Princess Palm Ave, 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: 04/02/2024

PWS ID: (From Page 1): \_\_\_\_\_ Sample Number (From Page 1): T2407690003 Lab Assigned Report # Or Job ID: T2407690

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: 05/03/2024

\* 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

INORGANIC CONTAMINANTS  
62-550.310(1)

Report Number / Job ID: T2407690003

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 # |
|-----------|-------------|-----|-------|-----------------|------------|-------------------|---------|---------------|---------------|-------------------------|
| 1025      | Fluoride    | 4   | mg/L  | 0.40            | U          | EPA 300.0         | 0.40    | 04/11/2024    | 11:15         | E84589                  |

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

SECONDARY CONTAMINANTS  
62-550.320

Report Number / Job ID: T2407690003

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         | 0.021   | 04/11/2024    | 09:51         | E84589                  |
| 1017      | Chloride                  | 250       | mg/L  | 24              |            | EPA 300.0         | 2.0     | 04/11/2024    | 11:15         | E84589                  |
| 1022      | Copper                    | 1         | mg/L  | 0.0050          | U          | EPA 200.7         | 0.0050  | 04/11/2024    | 09:51         | E84589                  |
| 1025      | Fluoride                  | 2         | mg/L  | 0.40            | U          | EPA 300.0         | 0.40    | 04/11/2024    | 11:15         | E84589                  |
| 1028      | Iron                      | 0.3       | mg/L  | 0.11            |            | EPA 200.7         | 0.0067  | 04/11/2024    | 09:51         | E84589                  |
| 1032      | Manganese                 | 0.05      | mg/L  | 0.0050          | U          | EPA 200.7         | 0.0050  | 04/11/2024    | 09:51         | E84589                  |
| 1050      | Silver                    | 0.1       | mg/L  | 0.0080          | U          | EPA 200.7         | 0.0080  | 04/11/2024    | 09:51         | E84589                  |
| 1055      | Sulfate                   | 250       | mg/L  | 74              |            | EPA 300.0         | 2.0     | 04/11/2024    | 11:15         | E84589                  |
| 1095      | Zinc                      | 5         | mg/L  | 0.050           | U          | EPA 200.7         | 0.050   | 04/11/2024    | 09:51         | E84589                  |
| 1905      | Color                     | 15        | CU    | 4.3             | U          | SM 2120 B         | 4.3     | 04/03/2024    | 10:00         | E84589                  |
| 1920      | Odor                      | 3         | TON   | 1.0             | U          | SM 2150 B         | 1.0     | 04/02/2024    | 17:20         | E84589                  |
| 1925      | pH (field pH from page 1) | 6.5 - 8.5 |       | 7.50            | Q          | SM 4500H+B        |         | 04/05/2024    | 15:32         | E84589                  |
| 1930      | Total Dissolved Solids    | 500       | mg/L  | 40              |            | SM 2540 C         | 10      | 04/05/2024    | 14:00         | E84589                  |
| 2905      | Foaming Agents            | 0.5       | mg/L  | 0.041           | I          | SM 5540 C         | 0.040   | 04/03/2024    | 09:00         | 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: T2407690004 Sample Date: 04/02/2024 Sample Time: 08:10  AM  PM (Circle One)

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

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: 06/30/2024

**ATTACH CURRENT DOH ANALYTE SHEET\***

Address: 9610 Princess Palm Ave, 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: 04/02/2024

PWS ID: (From Page 1): \_\_\_\_\_ Sample Number (From Page 1): T2407690004 Lab Assigned Report # Or Job ID: T2407690


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: 05/03/2024

\* 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

INORGANIC CONTAMINANTS  
62-550.310(1)

Report Number / Job ID: T2407690004

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 # |
|-----------|-------------|-----|-------|-----------------|------------|-------------------|---------|---------------|---------------|-------------------------|
| 1025      | Fluoride    | 4   | mg/L  | 0.40            | U          | EPA 300.0         | 0.40    | 04/11/2024    | 11:31         | E84589                  |

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

SECONDARY CONTAMINANTS  
62-550.320

Report Number / Job ID: T2407690004

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         | 0.021   | 04/11/2024    | 09:53         | E84589                  |
| 1017      | Chloride                  | 250       | mg/L  | 23              |            | EPA 300.0         | 2.0     | 04/11/2024    | 11:31         | E84589                  |
| 1022      | Copper                    | 1         | mg/L  | 0.015           |            | EPA 200.7         | 0.0050  | 04/11/2024    | 09:53         | E84589                  |
| 1025      | Fluoride                  | 2         | mg/L  | 0.40            | U          | EPA 300.0         | 0.40    | 04/11/2024    | 11:31         | E84589                  |
| 1028      | Iron                      | 0.3       | mg/L  | 0.030           | I          | EPA 200.7         | 0.0067  | 04/11/2024    | 09:53         | E84589                  |
| 1032      | Manganese                 | 0.05      | mg/L  | 0.0050          | U          | EPA 200.7         | 0.0050  | 04/11/2024    | 09:53         | E84589                  |
| 1050      | Silver                    | 0.1       | mg/L  | 0.0080          | U          | EPA 200.7         | 0.0080  | 04/11/2024    | 09:53         | E84589                  |
| 1055      | Sulfate                   | 250       | mg/L  | 110             |            | EPA 300.0         | 2.0     | 04/11/2024    | 11:31         | E84589                  |
| 1095      | Zinc                      | 5         | mg/L  | 0.050           | U          | EPA 200.7         | 0.050   | 04/11/2024    | 09:53         | E84589                  |
| 1905      | Color                     | 15        | CU    | 4.3             | U          | SM 2120 B         | 4.3     | 04/03/2024    | 10:00         | E84589                  |
| 1920      | Odor                      | 3         | TON   | 1.0             | U          | SM 2150 B         | 1.0     | 04/02/2024    | 17:20         | E84589                  |
| 1925      | pH (field pH from page 1) | 6.5 - 8.5 |       | 7.93            | Q          | SM 4500H+B        |         | 04/05/2024    | 15:32         | E84589                  |
| 1930      | Total Dissolved Solids    | 500       | mg/L  | 450             |            | SM 2540 C         | 10      | 04/05/2024    | 14:00         | E84589                  |
| 2905      | Foaming Agents            | 0.5       | mg/L  | 0.085           | I          | SM 5540 C         | 0.040   | 04/03/2024    | 09:00         | 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: T2407690005 Sample Date: 04/02/2024 Sample Time: 08:30  AM  PM (Circle One)

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

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: 06/30/2024

**ATTACH CURRENT DOH ANALYTE SHEET\***

Address: 9610 Princess Palm Ave, 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: 04/02/2024

PWS ID: (From Page 1): \_\_\_\_\_ Sample Number (From Page 1): T2407690005 Lab Assigned Report # Or Job ID: T2407690

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: 05/03/2024

\* 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

INORGANIC CONTAMINANTS  
62-550.310(1)

Report Number / Job ID: T2407690005

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 # |
|-----------|-------------|-----|-------|-----------------|------------|-------------------|---------|---------------|---------------|-------------------------|
| 1025      | Fluoride    | 4   | mg/L  | 0.40            | U          | EPA 300.0         | 0.40    | 04/11/2024    | 11:46         | E84589                  |

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

SECONDARY CONTAMINANTS  
62-550.320

Report Number / Job ID: T2407690005

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         | 0.021   | 04/11/2024    | 09:56         | E84589                  |
| 1017      | Chloride                  | 250       | mg/L  | 24              |            | EPA 300.0         | 2.0     | 04/11/2024    | 11:46         | E84589                  |
| 1022      | Copper                    | 1         | mg/L  | 0.0050          | I          | EPA 200.7         | 0.0050  | 04/11/2024    | 09:56         | E84589                  |
| 1025      | Fluoride                  | 2         | mg/L  | 0.40            | U          | EPA 300.0         | 0.40    | 04/11/2024    | 11:46         | E84589                  |
| 1028      | Iron                      | 0.3       | mg/L  | 0.020           | I          | EPA 200.7         | 0.0067  | 04/11/2024    | 09:56         | E84589                  |
| 1032      | Manganese                 | 0.05      | mg/L  | 0.0050          | U          | EPA 200.7         | 0.0050  | 04/11/2024    | 09:56         | E84589                  |
| 1050      | Silver                    | 0.1       | mg/L  | 0.0080          | U          | EPA 200.7         | 0.0080  | 04/11/2024    | 09:56         | E84589                  |
| 1055      | Sulfate                   | 250       | mg/L  | 69              |            | EPA 300.0         | 2.0     | 04/11/2024    | 11:46         | E84589                  |
| 1095      | Zinc                      | 5         | mg/L  | 0.050           | U          | EPA 200.7         | 0.050   | 04/11/2024    | 09:56         | E84589                  |
| 1905      | Color                     | 15        | CU    | 4.3             | U          | SM 2120 B         | 4.3     | 04/03/2024    | 10:00         | E84589                  |
| 1920      | Odor                      | 3         | TON   | 1.0             | U          | SM 2150 B         | 1.0     | 04/02/2024    | 17:20         | E84589                  |
| 1925      | pH (field pH from page 1) | 6.5 - 8.5 |       | 7.57            | Q          | SM 4500H+B        |         | 04/05/2024    | 15:32         | E84589                  |
| 1930      | Total Dissolved Solids    | 500       | mg/L  | 320             |            | SM 2540 C         | 10      | 04/05/2024    | 14:00         | E84589                  |
| 2905      | Foaming Agents            | 0.5       | mg/L  | 0.040           | U          | SM 5540 C         | 0.040   | 04/03/2024    | 09:00         | 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: T2407690006 Sample Date: 04/02/2024 Sample Time: 08:45  AM  PM (Circle One)

Sample Location (be specific): 11001 Kiskadee Location Code: \_\_\_\_\_

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: 06/30/2024

**ATTACH CURRENT DOH ANALYTE SHEET\***

Address: 9610 Princess Palm Ave, 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: 04/02/2024

PWS ID: (From Page 1): \_\_\_\_\_ Sample Number (From Page 1): T2407690006 Lab Assigned Report # Or Job ID: T2407690


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: 05/03/2024

\* 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**

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**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

INORGANIC CONTAMINANTS  
62-550.310(1)

Report Number / Job ID: T2407690006

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 # |
|-----------|-------------|-----|-------|-----------------|------------|-------------------|---------|---------------|---------------|-------------------------|
| 1025      | Fluoride    | 4   | mg/L  | 0.40            | U          | EPA 300.0         | 0.40    | 04/11/2024    | 12:02         | E84589                  |

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

SECONDARY CONTAMINANTS  
62-550.320

Report Number / Job ID: T2407690006

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         | 0.021   | 04/11/2024    | 10:03         | E84589                  |
| 1017      | Chloride                  | 250       | mg/L  | 23              |            | EPA 300.0         | 2.0     | 04/11/2024    | 12:02         | E84589                  |
| 1022      | Copper                    | 1         | mg/L  | 0.0099          | I          | EPA 200.7         | 0.0050  | 04/11/2024    | 10:03         | E84589                  |
| 1025      | Fluoride                  | 2         | mg/L  | 0.40            | U          | EPA 300.0         | 0.40    | 04/11/2024    | 12:02         | E84589                  |
| 1028      | Iron                      | 0.3       | mg/L  | 0.064           | I          | EPA 200.7         | 0.0067  | 04/11/2024    | 10:03         | E84589                  |
| 1032      | Manganese                 | 0.05      | mg/L  | 0.0050          | U          | EPA 200.7         | 0.0050  | 04/11/2024    | 10:03         | E84589                  |
| 1050      | Silver                    | 0.1       | mg/L  | 0.0080          | U          | EPA 200.7         | 0.0080  | 04/11/2024    | 10:03         | E84589                  |
| 1055      | Sulfate                   | 250       | mg/L  | 65              |            | EPA 300.0         | 2.0     | 04/11/2024    | 12:02         | E84589                  |
| 1095      | Zinc                      | 5         | mg/L  | 0.082           | I          | EPA 200.7         | 0.050   | 04/11/2024    | 10:03         | E84589                  |
| 1905      | Color                     | 15        | CU    | 4.3             | U          | SM 2120 B         | 4.3     | 04/03/2024    | 10:00         | E84589                  |
| 1920      | Odor                      | 3         | TON   | 1.0             | U          | SM 2150 B         | 1.0     | 04/02/2024    | 17:20         | E84589                  |
| 1925      | pH (field pH from page 1) | 6.5 - 8.5 |       | 7.96            | Q          | SM 4500H+B        |         | 04/05/2024    | 15:32         | E84589                  |
| 1930      | Total Dissolved Solids    | 500       | mg/L  | 300             |            | SM 2540 C         | 10      | 04/05/2024    | 14:00         | E84589                  |
| 2905      | Foaming Agents            | 0.5       | mg/L  | 0.061           | I          | SM 5540 C         | 0.040   | 04/03/2024    | 15:30         | E82001                  |

