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MARTIN FRIEDMAN
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May 2, 2025
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, which is being filed on behalf of Sunshine Water Services Company.

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

Workorder: Summertree (T2508626)

April 25, 2025

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

RE: Workorder: T2508626 Summertree

Dear Jeff Becker:

Enclosed are the analytical results for sample(s) received by the laboratory on Wednesday April 9, 2025. 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

This report shall not be reproduced, except in full,
without the written consent of Advanced Environmental Laboratories, Inc.





FINAL

Workorder: Summertree (T2508626)

Sample Summary

Lab ID	Sample ID	Matrix	Method	Date Collected	Date Received	Analytes Reported	Basis
T2508626001	11619 English Elem	DW	EPA 200.7	04/09/2025 08:15	04/09/2025 12:30	6	NA
T2508626001	11619 English Elem	DW	EPA 300.0	04/09/2025 08:15	04/09/2025 12:30	3	NA
T2508626001	11619 English Elem	DW	SM 2120 B-2011 (PtCo)	04/09/2025 08:15	04/09/2025 12:30	2	NA
T2508626001	11619 English Elem	DW	SM 2150 B	04/09/2025 08:15	04/09/2025 12:30	1	NA
T2508626001	11619 English Elem	DW	SM 2540 C-2015	04/09/2025 08:15	04/09/2025 12:30	1	NA
T2508626001	11619 English Elem	DW	SM 4500 H+B-2011	04/09/2025 08:15	04/09/2025 12:30	1	NA
T2508626001	11619 English Elem	DW	SM 5540 C	04/09/2025 08:15	04/09/2025 12:30	1	NA
T2508626002	11704 Rose Tree	DW	EPA 200.7	04/09/2025 08:00	04/09/2025 12:30	6	NA
T2508626002	11704 Rose Tree	DW	EPA 300.0	04/09/2025 08:00	04/09/2025 12:30	3	NA
T2508626002	11704 Rose Tree	DW	SM 2120 B-2011 (PtCo)	04/09/2025 08:00	04/09/2025 12:30	2	NA
T2508626002	11704 Rose Tree	DW	SM 2150 B	04/09/2025 08:00	04/09/2025 12:30	1	NA
T2508626002	11704 Rose Tree	DW	SM 2540 C-2015	04/09/2025 08:00	04/09/2025 12:30	1	NA
T2508626002	11704 Rose Tree	DW	SM 4500 H+B-2011	04/09/2025 08:00	04/09/2025 12:30	1	NA
T2508626002	11704 Rose Tree	DW	SM 5540 C	04/09/2025 08:00	04/09/2025 12:30	1	NA
T2508626003	11436 Golf Rd	DW	EPA 200.7	04/09/2025 07:10	04/09/2025 12:30	6	NA
T2508626003	11436 Golf Rd	DW	EPA 300.0	04/09/2025 07:10	04/09/2025 12:30	3	NA
T2508626003	11436 Golf Rd	DW	SM 2120 B-2011 (PtCo)	04/09/2025 07:10	04/09/2025 12:30	2	NA
T2508626003	11436 Golf Rd	DW	SM 2150 B	04/09/2025 07:10	04/09/2025 12:30	1	NA
T2508626003	11436 Golf Rd	DW	SM 2540 C-2015	04/09/2025 07:10	04/09/2025 12:30	1	NA
T2508626003	11436 Golf Rd	DW	SM 4500 H+B-2011	04/09/2025 07:10	04/09/2025 12:30	1	NA
T2508626003	11436 Golf Rd	DW	SM 5540 C	04/09/2025 07:10	04/09/2025 12:30	1	NA
T2508626004	11800 Ivywood	DW	EPA 200.7	04/09/2025 08:25	04/09/2025 12:30	6	NA
T2508626004	11800 Ivywood	DW	EPA 300.0	04/09/2025 08:25	04/09/2025 12:30	3	NA
T2508626004	11800 Ivywood	DW	SM 2120 B-2011 (PtCo)	04/09/2025 08:25	04/09/2025 12:30	2	NA
T2508626004	11800 Ivywood	DW	SM 2150 B	04/09/2025 08:25	04/09/2025 12:30	1	NA
T2508626004	11800 Ivywood	DW	SM 2540 C-2015	04/09/2025 08:25	04/09/2025 12:30	1	NA
T2508626004	11800 Ivywood	DW	SM 4500 H+B-2011	04/09/2025 08:25	04/09/2025 12:30	1	NA
T2508626004	11800 Ivywood	DW	SM 5540 C	04/09/2025 08:25	04/09/2025 12:30	1	NA
T2508626005	11219 Merganser	DW	EPA 200.7	04/09/2025 07:40	04/09/2025 12:30	6	NA
T2508626005	11219 Merganser	DW	EPA 300.0	04/09/2025 07:40	04/09/2025 12:30	3	NA
T2508626005	11219 Merganser	DW	SM 2120 B-2011 (PtCo)	04/09/2025 07:40	04/09/2025 12:30	2	NA
T2508626005	11219 Merganser	DW	SM 2150 B	04/09/2025 07:40	04/09/2025 12:30	1	NA
T2508626005	11219 Merganser	DW	SM 2540 C-2015	04/09/2025 07:40	04/09/2025 12:30	1	NA
T2508626005	11219 Merganser	DW	SM 4500 H+B-2011	04/09/2025 07:40	04/09/2025 12:30	1	NA
T2508626005	11219 Merganser	DW	SM 5540 C	04/09/2025 07:40	04/09/2025 12:30	1	NA

Friday, April 25, 2025 11:02:40 AM
 Dates and times are displayed using (-04:00)
 Page 2 of 35

Certificate of Analysis

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NELAP Accredited E84589



FINAL

Workorder: Summertree (T2508626)

Sample Summary

Lab ID	Sample ID	Matrix	Method	Date Collected	Date Received	Analytes Reported	Basis
T2508626006	11001 Kiskadee	DW	EPA 200.7	04/09/2025 07:30	04/09/2025 12:30	6	NA
T2508626006	11001 Kiskadee	DW	EPA 300.0	04/09/2025 07:30	04/09/2025 12:30	3	NA
T2508626006	11001 Kiskadee	DW	SM 2120 B-2011 (PtCo)	04/09/2025 07:30	04/09/2025 12:30	2	NA
T2508626006	11001 Kiskadee	DW	SM 2150 B	04/09/2025 07:30	04/09/2025 12:30	1	NA
T2508626006	11001 Kiskadee	DW	SM 2540 C-2015	04/09/2025 07:30	04/09/2025 12:30	1	NA
T2508626006	11001 Kiskadee	DW	SM 4500 H+B-2011	04/09/2025 07:30	04/09/2025 12:30	1	NA
T2508626006	11001 Kiskadee	DW	SM 5540 C	04/09/2025 07:30	04/09/2025 12:30	1	NA

Certificate of Analysis

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FINAL

Workorder: Summertree (T2508626)

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
- M DOH Certification #E82535 (FL NELAC) AEL-Miami
- 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: _____ 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: T2508626001 Sample Date: 04/09/2025 Sample Time: 08:15 AM PM (Circle One)

Sample Location (be specific): 11619 English Elem 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: 06/30/2025

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): E82535,E82001

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 04/09/2025

PWS ID: (From Page 1): _____ Sample Number (From Page 1): T2508626001 Lab Assigned Report # Or Job ID: T2508626

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: 04/25/2025

* 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: T2508626001

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	04/14/2025	18:07	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: T2508626001

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	0.043	I	EPA 200.7	0.024	04/21/2025	13:24	E82535
1017	Chloride	250	mg/L	30		EPA 300.0	2.0	04/14/2025	18:07	E84589
1022	Copper	1	mg/L	0.14		EPA 200.7	0.0050	04/21/2025	13:24	E82535
1025	Fluoride	2	mg/L	0.40	U	EPA 300.0	0.40	04/14/2025	18:07	E84589
1028	Iron	0.3	mg/L	0.038	U	EPA 200.7	0.038	04/21/2025	13:24	E82535
1032	Manganese	0.05	mg/L	0.0050	U	EPA 200.7	0.0050	04/21/2025	13:24	E82535
1050	Silver	0.1	mg/L	0.0080	U	EPA 200.7	0.0080	04/21/2025	13:24	E82535
1055	Sulfate	250	mg/L	68		EPA 300.0	2.0	04/14/2025	18:07	E84589
1095	Zinc	5	mg/L	0.050	U	EPA 200.7	0.050	04/21/2025	13:24	E82535
1905	Color	15	CU	4.3	U	SM 2120 B-2011	4.3	04/10/2025	10:30	E84589
1920	Odor	3	TON	1.0	U	SM 2150 B	1.0	04/09/2025	15:30	E84589
1925	pH (field pH from page 1)	6.5 - 8.5		7.67	Q	SM 4500 H+B-20		04/10/2025	13:22	E84589
1930	Total Dissolved Solids	500	mg/L	290		SM 2540 C-2015	10	04/15/2025	09:30	E84589
2905	Foaming Agents	0.5	mg/L	0.040	U	SM 5540 C	0.040	04/10/2025	09:50	E82001

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

OTHER CONTAMINANTS

Report Number / Job ID: T2508626001

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 #
	pH for Color Analysis	N/A	SU	7.85		SM 2120 B-201		04/10/2025	10:30	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

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

System Name: _____ 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: T2508626002 Sample Date: 04/09/2025 Sample Time: 08:00 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: _____

*Results must be reported with appropriate qualifiers in accordance with Florida Administration Code Rule 62-160, Table1. 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: 06/30/2025

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): E82535,E82001

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 04/09/2025

PWS ID: (From Page 1): _____ Sample Number (From Page 1): T2508626002 Lab Assigned Report # Or Job ID: T2508626

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: 04/25/2025

* 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: T2508626002

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	04/20/2025	22:23	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: T2508626002

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	0.024	U	EPA 200.7	0.024	04/21/2025	13:29	E82535
1017	Chloride	250	mg/L	30		EPA 300.0	2.0	04/20/2025	22:23	E84589
1022	Copper	1	mg/L	0.012		EPA 200.7	0.0050	04/21/2025	13:29	E82535
1025	Fluoride	2	mg/L	0.40	U	EPA 300.0	0.40	04/20/2025	22:23	E84589
1028	Iron	0.3	mg/L	0.038	U	EPA 200.7	0.038	04/21/2025	13:29	E82535
1032	Manganese	0.05	mg/L	0.0050	U	EPA 200.7	0.0050	04/21/2025	13:29	E82535
1050	Silver	0.1	mg/L	0.0080	U	EPA 200.7	0.0080	04/21/2025	13:29	E82535
1055	Sulfate	250	mg/L	67		EPA 300.0	2.0	04/20/2025	22:23	E84589
1095	Zinc	5	mg/L	0.057	I	EPA 200.7	0.050	04/21/2025	13:29	E82535
1905	Color	15	CU	4.3	U	SM 2120 B-2011	4.3	04/10/2025	10:30	E84589
1920	Odor	3	TON	1.0	U	SM 2150 B	1.0	04/09/2025	15:30	E84589
1925	pH (field pH from page 1)	6.5 - 8.5		7.89	Q	SM 4500 H+B-20		04/10/2025	13:22	E84589
1930	Total Dissolved Solids	500	mg/L	320		SM 2540 C-2015	10	04/15/2025	09:30	E84589
2905	Foaming Agents	0.5	mg/L	0.040	U	SM 5540 C	0.040	04/10/2025	09:50	E82001

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

OTHER CONTAMINANTS

Report Number / Job ID: T2508626002

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 #
	pH for Color Analysis	N/A	SU	9.07		SM 2120 B-201		04/10/2025	10:30	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**

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

System Name: _____ 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: T2508626003 Sample Date: 04/09/2025 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: 06/30/2025

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): E82535,E82001

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 04/09/2025

PWS ID: (From Page 1): _____ Sample Number (From Page 1): T2508626003 Lab Assigned Report # Or Job ID: T2508626

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: 04/25/2025

* 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: T2508626003

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	04/20/2025	21:49	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: T2508626003

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	0.024	I	EPA 200.7	0.024	04/21/2025	13:33	E82535
1017	Chloride	250	mg/L	30		EPA 300.0	2.0	04/20/2025	21:49	E84589
1022	Copper	1	mg/L	0.011		EPA 200.7	0.0050	04/21/2025	13:33	E82535
1025	Fluoride	2	mg/L	0.40	U	EPA 300.0	0.40	04/20/2025	21:49	E84589
1028	Iron	0.3	mg/L	0.038	U	EPA 200.7	0.038	04/21/2025	13:33	E82535
1032	Manganese	0.05	mg/L	0.0050	U	EPA 200.7	0.0050	04/21/2025	13:33	E82535
1050	Silver	0.1	mg/L	0.0080	U	EPA 200.7	0.0080	04/21/2025	13:33	E82535
1055	Sulfate	250	mg/L	66		EPA 300.0	2.0	04/20/2025	21:49	E84589
1095	Zinc	5	mg/L	0.053	I	EPA 200.7	0.050	04/21/2025	13:33	E82535
1905	Color	15	CU	4.3	U	SM 2120 B-2011	4.3	04/10/2025	10:30	E84589
1920	Odor	3	TON	1.0	U	SM 2150 B	1.0	04/09/2025	15:30	E84589
1925	pH (field pH from page 1)	6.5 - 8.5		7.92	Q	SM 4500 H+B-20		04/10/2025	13:22	E84589
1930	Total Dissolved Solids	500	mg/L	340		SM 2540 C-2015	10	04/15/2025	09:30	E84589
2905	Foaming Agents	0.5	mg/L	0.040	U	SM 5540 C	0.040	04/10/2025	09:50	E82001

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

OTHER CONTAMINANTS

Report Number / Job ID: T2508626003

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 #
	pH for Color Analysis	N/A	SU	7.99		SM 2120 B-201		04/10/2025	10:30	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

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

System Name: _____ 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: T2508626004 Sample Date: 04/09/2025 Sample Time: 08:25 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: 06/30/2025

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): E82535,E82001

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 04/09/2025

PWS ID: (From Page 1): _____ Sample Number (From Page 1): T2508626004 Lab Assigned Report # Or Job ID: T2508626

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

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

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: 04/25/2025

* 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: T2508626004

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	04/20/2025	22:40	E84589

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

SECONDARY CONTAMINANTS
62-550.320

Report Number / Job ID: T2508626004

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	0.024	U	EPA 200.7	0.024	04/21/2025	13:37	E82535
1017	Chloride	250	mg/L	30		EPA 300.0	2.0	04/20/2025	22:40	E84589
1022	Copper	1	mg/L	0.0050	U	EPA 200.7	0.0050	04/21/2025	13:37	E82535
1025	Fluoride	2	mg/L	0.40	U	EPA 300.0	0.40	04/20/2025	22:40	E84589
1028	Iron	0.3	mg/L	0.038	U	EPA 200.7	0.038	04/21/2025	13:37	E82535
1032	Manganese	0.05	mg/L	0.0050	U	EPA 200.7	0.0050	04/21/2025	13:37	E82535
1050	Silver	0.1	mg/L	0.0080	U	EPA 200.7	0.0080	04/21/2025	13:37	E82535
1055	Sulfate	250	mg/L	66		EPA 300.0	2.0	04/20/2025	22:40	E84589
1095	Zinc	5	mg/L	0.050	U	EPA 200.7	0.050	04/21/2025	13:37	E82535
1905	Color	15	CU	4.3	U	SM 2120 B-2011	4.3	04/10/2025	10:30	E84589
1920	Odor	3	TON	1.0	U	SM 2150 B	1.0	04/09/2025	15:30	E84589
1925	pH (field pH from page 1)	6.5 - 8.5		7.85	Q	SM 4500 H+B-20		04/10/2025	13:22	E84589
1930	Total Dissolved Solids	500	mg/L	320		SM 2540 C-2015	10	04/15/2025	09:30	E84589
2905	Foaming Agents	0.5	mg/L	0.040	U	SM 5540 C	0.040	04/10/2025	09:50	E82001

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

OTHER CONTAMINANTS

Report Number / Job ID: T2508626004

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 #
	pH for Color Analysis	N/A	SU	8.03		SM 2120 B-201		04/10/2025	10:30	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

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

System Name: _____ 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: T2508626005 Sample Date: 04/09/2025 Sample Time: 07:40 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: 06/30/2025

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): E82535,E82001

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 04/09/2025

PWS ID: (From Page 1): _____ Sample Number (From Page 1): T2508626005 Lab Assigned Report # Or Job ID: T2508626

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: 04/25/2025

* 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: T2508626005

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	04/20/2025	22:57	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: T2508626005

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	0.024	U	EPA 200.7	0.024	04/21/2025	13:42	E82535
1017	Chloride	250	mg/L	30		EPA 300.0	2.0	04/20/2025	22:57	E84589
1022	Copper	1	mg/L	0.0050	U	EPA 200.7	0.0050	04/21/2025	13:42	E82535
1025	Fluoride	2	mg/L	0.40	U	EPA 300.0	0.40	04/20/2025	22:57	E84589
1028	Iron	0.3	mg/L	0.038	U	EPA 200.7	0.038	04/21/2025	13:42	E82535
1032	Manganese	0.05	mg/L	0.0050	U	EPA 200.7	0.0050	04/21/2025	13:42	E82535
1050	Silver	0.1	mg/L	0.0080	U	EPA 200.7	0.0080	04/21/2025	13:42	E82535
1055	Sulfate	250	mg/L	67		EPA 300.0	2.0	04/20/2025	22:57	E84589
1095	Zinc	5	mg/L	0.050	U	EPA 200.7	0.050	04/21/2025	13:42	E82535
1905	Color	15	CU	4.3	U	SM 2120 B-2011	4.3	04/10/2025	10:30	E84589
1920	Odor	3	TON	1.0	U	SM 2150 B	1.0	04/09/2025	15:30	E84589
1925	pH (field pH from page 1)	6.5 - 8.5		7.82	Q	SM 4500 H+B-20		04/10/2025	13:22	E84589
1930	Total Dissolved Solids	500	mg/L	280		SM 2540 C-2015	10	04/15/2025	09:30	E84589
2905	Foaming Agents	0.5	mg/L	0.040	U	SM 5540 C	0.040	04/10/2025	09:50	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

OTHER CONTAMINANTS

Report Number / Job ID: T2508626005

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 #
	pH for Color Analysis	N/A	SU	8.02		SM 2120 B-201		04/10/2025	10:30	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**

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

System Name: _____ 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: T2508626006 Sample Date: 04/09/2025 Sample Time: 07:30 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: 06/30/2025

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): E82535,E82001

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 04/09/2025

PWS ID: (From Page 1): _____ Sample Number (From Page 1): T2508626006 Lab Assigned Report # Or Job ID: T2508626

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: 04/25/2025

* 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: T2508626006

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	04/20/2025	22:06	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: T2508626006

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	0.024	U	EPA 200.7	0.024	04/21/2025	13:46	E82535
1017	Chloride	250	mg/L	30		EPA 300.0	2.0	04/20/2025	22:06	E84589
1022	Copper	1	mg/L	0.0069	I	EPA 200.7	0.0050	04/21/2025	13:46	E82535
1025	Fluoride	2	mg/L	0.40	U	EPA 300.0	0.40	04/20/2025	22:06	E84589
1028	Iron	0.3	mg/L	0.038	U	EPA 200.7	0.038	04/21/2025	13:46	E82535
1032	Manganese	0.05	mg/L	0.0050	U	EPA 200.7	0.0050	04/21/2025	13:46	E82535
1050	Silver	0.1	mg/L	0.0080	U	EPA 200.7	0.0080	04/21/2025	13:46	E82535
1055	Sulfate	250	mg/L	66		EPA 300.0	2.0	04/20/2025	22:06	E84589
1095	Zinc	5	mg/L	0.12		EPA 200.7	0.050	04/21/2025	13:46	E82535
1905	Color	15	CU	4.3	U	SM 2120 B-2011	4.3	04/10/2025	10:30	E84589
1920	Odor	3	TON	1.0	U	SM 2150 B	1.0	04/09/2025	15:30	E84589
1925	pH (field pH from page 1)	6.5 - 8.5		7.92	Q	SM 4500 H+B-20		04/10/2025	13:22	E84589
1930	Total Dissolved Solids	500	mg/L	300		SM 2540 C-2015	10	04/15/2025	09:30	E84589
2905	Foaming Agents	0.5	mg/L	0.040	U	SM 5540 C	0.040	04/10/2025	09:50	E82001

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

OTHER CONTAMINANTS

Report Number / Job ID: T2508626006

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 #
	pH for Color Analysis	N/A	SU	8.13		SM 2120 B-201		04/10/2025	10:30	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.

