# ORIGINAL



#### Southwest District 13051 N Telecom Parkway Tampa, FL 33637

# State Of Florida Reduced Monitoring Application Questionnaire For Synthetic Organic Contaminants

Date:	3-31-06
PWS N	Name: Culonial MANUR
PWSI	D Number: 651-6355
Florida	a Unique Well ID Number (FLUWID):
	Has the public water system completed and complied with the provisions of a t, state sanctioned sanitary survey?  Yes [ ] No [ ]
	Date of last sanitary survey: OCT 2005
<del>-2</del> )	Have any previous monitoring results been above detection limits for any regulated Synthetic Organic Contaminant?  Yes [ ] No [ ]  (Attach copy of recent Synthetic Organic Contaminant results)
3)	Do recent nitrate results exceed 5 milligrams per liter?  Yes [ No [ ]  (Attach copy of most recent nitrate results)
4)	Have any regulated Synthetic Organic Contaminants been used, manufactured, stored, or spilled within 500 meters (~1640 ft.) of your well head?  Yes [ ] No [X ]
	If yes, attach an explanation of event and/or situation. Include a list of regulated Synthetic Organic Contaminants associated with each event or situation.
	DOCUMENT NUMBER-DATE
	Icylie77018 DEC 22 8

PWS_NUMBER NAME	SYSTEM_TYPE	SAMPLE_TYPE SAME	PLE_DATE CONTAM_GF	RICODE_DESC	CONTAM_ RESUL	_TS UNIT_	C STATUS
6510355 COLONIAL MANOR	С	D	9/18/2003 SOC	HEPTACHLOR	2065	0 UG/L	Α
6510355 COLONIAL MANOR	C	D	9/18/2003 SOC	HEPTACHLOR EPOXIDE	2067	0 UG/L	Α
6510355 COLONIAL MANOR	С	D	8/4/2003 SOC	ENDRIN	2005	0 UG/L	Α
6510355 COLONIAL MANOR	C	D	8/4/2003 SOC	GLYPHOSATE	2034	0 UG/L	Α
6510355 COLONIAL MANOR	C	D	8/4/2003 SOC	ATRAZINE	2050	0 UG/L	Α
6510355 COLONIAL MANOR	C	D	8/4/2003 SOC	CARBOFURAN	2046	0 UG/L	Α
6510355 COLONIAL MANOR	С	D	8/4/2003 SOC	HEXACHLOROCYCLOPENTADIENE	2042	0 UG/L	Α
6510355 COLONIAL MANOR	C	D	8/4/2003 SOC	DINOSEB	2041	0 UG/L	Α
6510355 COLONIAL MANOR		D	8/4/2003 SOC	PICLORAM	2040	0 UG/L	Α
6510355 COLONIAL MANOR	С	D	8/4/2003 SOC	DI(2-ETHYLHEXYL)PHTHALATE	2039	0 UG/L	Α
6510355 COLONIAL MANOR	С	D	8/4/2003 SOC	SIMAZINE	2037	0 UG/L	Α
6510355 COLONIAL MANOR	С	D	8/4/2003 SOC	OXAMYL (VYDATE)	2036	0 UG/L	Α
6510355 COLONIAL MANOR	С	D	8/4/2003 SOC	DI(2-ETHYLHEXYL)ADIPATE	2035	0 UG/L	Α
6510355 COLONIAL MANOR	C	D	8/4/2003 SOC	CHLORDANE	2959	0 UG/L	Α
6510355 COLONIAL MANOR	С	D	8/4/2003 SOC	ETHYLENE DIBROMIDE	2946	0 UG/L	Α
6510355 COLONIAL MANOR	С	D	8/4/2003 SOC	DIBROMOCHLOROPROPANE	2931	0 UG/L	Α
6510355 COLONIAL MANOR	С	D	8/4/2003 SOC	POLYCHLORINATED BIPHENYL (PCB)	2383	0 UG/L	Α
6510355 COLONIAL MANOR	С	D	8/4/2003 SOC	PENTACHLOROPHENOL	2326	0 UG/L	Α
6510355 COLONIAL MANOR	С	D	8/4/2003 SOC	BENZO(A)PYRENE	2306	0 UG/L	Α
6510355 COLONIAL MANOR	С	D	8/4/2003 SOC	HEXACHLOROBENZENE	2274	0 UG/L	Α
6510355 COLONIAL MANOR	С	D	8/4/2003 SOC	2 4 5-TP (Silvex)	2110	0 UG/L	Α
6510355 COLONIAL MANOR	С	D	8/4/2003 SOC	2 4-D	2105	0 UG/L	Α
6510355 COLONIAL MANOR	C	D	8/4/2003 SOC	HEPTACHLOR EPOXIDE	2067	0 UG/L	Α
6510355 COLONIAL MANOR	С	D	8/4/2003 SOC	HEPTACHLOR	2065	0 UG/L	Α
6510355 COLONIAL MANOR	С	D	8/4/2003 SOC	ALACHLOR (LASSO)	2051	0 UG/L	Α
6510355 COLONIAL MANOR		D	8/4/2003 SOC	ENDOTHALL	2033	0 UG/L	Α
6510355 COLONIAL MANOR	-	D	8/4/2003 SOC	LINDANE	2010	0 UG/L	Α
6510355 COLONIAL MANOR	C	D	8/4/2003 SOC	TOXAPHENE	2020	0 UG/L	Α
6510355 COLONIAL MANOR	C	D	8/4/2003 SOC	DALAPON	2031	0 UG/L	Α
6510355 COLONIAL MANOR		D	8/4/2003 SOC	DIQUAT	2032	0 UG/L	
6510355 COLONIAL MANOR	C I	D	8/4/2003 SOC	METHOXYCLOR	2015	0 UG/L	
6510355 COLONIAL MANOR		D	8/4/2003 SOC	ENDRIN	2005	0 UG/L	
6510355 COLONIAL MANOR		D	8/4/2003 SOC	METHOXYCLOR	2015	0 UG/L	
6510355 COLONIAL MANOR			8/4/2003 SOC	DALAPON	2031	0 UG/L	
6510355 COLONIAL MANOR		)	8/4/2003 SOC	ENDOTHALL	2033	0 UG/L	
6510355 COLONIAL MANOR		)	8/4/2003 SOC	DI(2-ETHYLHEXYL)ADIPATE	2035	0 UG/L	
6510355 COLONIAL MANOR		)	8/4/2003 SOC	SIMAZINE	2037	0 UG/L	
6510355 COLONIAL MANOR		)	8/4/2003 SOC	PICLORAM	2040	0 UG/L	
6510355 COLONIAL MANOR		)	8/4/2003 SOC	CHLORDANE		0 UG/L	
6510355 COLONIAL MANOR (	-	)	8/4/2003 SOC	ETHYLENE DIBROMIDE		0 UG/L	
6510355 COLONIAL MANOR (	C (	)	8/4/2003 SOC	DIBROMOCHLOROPROPANE	2931	0 UG/L	Α

6510355 COLONIAL MANOR C	Ð	8/4/2003 SOC	POLYCHLORINATED BIPHENYL (PCB)	2383	0 UG/L	Α
6510355 COLONIAL MANOR C	D	8/4/2003 SOC	PENTACHLOROPHENOL	2326	0 UG/L	Α
6510355 COLONIAL MANOR C	D	8/4/2003 SOC	BENZO(A)PYRENE	2306	0 UG/L	Α
6510355 COLONIAL MANOR C	D	8/4/2003 SOC	HEXACHLOROBENZENE	2274	0 UG/L	Α
6510355 COLONIAL MANOR C	D	8/4/2003 SOC	2 4 5-TP (Silvex)	2110	0 UG/L	Α
6510355 COLONIAL MANOR C	D	8/4/2003 SOC	2 4-D	2105	0 UG/L	Α
6510355 COLONIAL MANOR C	D	8/4/2003 SOC	HEPTACHLOR EPOXIDE	2067	0 UG/L	Α
6510355 COLONIAL MANOR C	D	8/4/2003 SOC	HEPTACHLOR	2065	0 UG/L	Α
6510355 COLONIAL MANOR C	D	8/4/2003 SOC	ALACHLOR (LASSO)	2051	0 UG/L	Α
6510355 COLONIAL MANOR C	D	8/4/2003 SOC	ATRAZINE	2050	0 UG/L	Α
6510355 COLONIAL MANOR C	D	8/4/2003 SOC	CARBOFURAN	2046	0 UG/L	Α
6510355 COLONIAL MANOR C	D	8/4/2003 SOC	HEXACHLOROCYCLOPENTADIENE	2042	0 UG/L	Α
6510355 COLONIAL MANOR C	D	8/4/2003 SOC	DINOSEB	2041	0 UG/L	Α
6510355 COLONIAL MANOR C	D	8/4/2003 SOC	DI(2-ETHYLHEXYL)PHTHALATE	2039	0 UG/L	Α
6510355 COLONIAL MANOR C	D	8/4/2003 SOC	OXAMYL (VYDATE)	2036	0 UG/L	Α
6510355 COLONIAL MANOR C	D	8/4/2003 SOC	GLYPHOSATE	2034	0 UG/L	Α
6510355 COLONIAL MANOR C	D	8/4/2003 SOC	DIQUAT	2032	0 UG/L	Α
6510355 COLONIAL MANOR C	D	8/4/2003 SOC	TOXAPHENE	2020	0 UG/L	Α
6510355 COLONIAL MANOR C	D	8/4/2003 SOC	LINDANE	2010	0 UG/L	Α
6510355 COLONIAL MANOR C	D	8/4/2003 SOC	ENDRIN	2005	0 UG/L	Α
6510355 COLONIAL MANOR C	D	8/4/2003 SOC	LINDANE	2010	0 UG/L	Α
6510355 COLONIAL MANOR C	D	8/4/2003 SOC	TOXAPHENE	2020	0 UG/L	Α
6510355 COLONIAL MANOR C	D	8/4/2003 SOC	DIQUAT	2032	0 UG/L	Α
6510355 COLONIAL MANOR C	D	8/4/2003 SOC	GLYPHOSATE	2034	0 UG/L	Α
6510355 COLONIAL MANOR C	D	8/4/2003 SOC	ATRAZINE -	2050	0 UG/L	Α
6510355 COLONIAL MANOR C	D	8/4/2003 SOC	CARBOFURAN	2046	0 UG/L	Α
6510355 COLONIAL MANOR C	D	8/4/2003 SOC	HEXACHLOROCYCLOPENTADIENE	2042	0 UG/L	Α
6510355 COLONIAL MANOR C	D	8/4/2003 SOC	DINOSEB	2041	0 UG/L	Α
6510355 COLONIAL MANOR C	D	8/4/2003 SOC	PICLORAM	2040	0 UG/L	Α
6510355 COLONIAL MANOR C	D	8/4/2003 SOC	DI(2-ETHYLHEXYL)PHTHALATE	2039	0 UG/L	Α
6510355 COLONIAL MANOR C	D	8/4/2003 SOC	SIMAZINE	2037	0 UG/L	Α
6510355 COLONIAL MANOR C	D	8/4/2003 SOC	OXAMYL (VYDATE)	2036	0 UG/L	Α
6510355 COLONIAL MANOR C	D	8/4/2003 SOC	DI(2-ETHYLHEXYL)ADIPATE	2035	0 UG/L	Α
6510355 COLONIAL MANOR C	D	8/4/2003 SOC	CHLORDANE	2959	0 UG/L	Α
6510355 COLONIAL MANOR C	D	8/4/2003 SOC	ETHYLENE DIBROMIDE	2946	0 UG/L	Α
6510355 COLONIAL MANOR C	D	8/4/2003 SOC	DIBROMOCHLOROPROPANE	2931	0 UG/L	Α
6510355 COLONIAL MANOR C	D	8/4/2003 SOC	POLYCHLORINATED BIPHENYL (PCB)	2383	0 UG/L	Α
6510355 COLONIAL MANOR C	D	8/4/2003 SOC	PENTACHLOROPHENOL	2326	0 UG/L	Α
6510355 COLONIAL MANOR C	D	8/4/2003 SOC	BENZO(A)PYRENE	2306		Α
6510355 COLONIAL MANOR C	D	8/4/2003 SOC	HEXACHLOROBENZENE	2274	0 UG/L	Α
6510355 COLONIAL MANOR C	D	8/4/2003 SOC	2 4 5-TP (Silvex)	2110	0 UG/L	Α
6510355 COLONIAL MANOR C	D	8/4/2003 SOC	2 4-D	2105	0 UG/L	Α

6510355 COLONIAL MANOR C	D	8/4/2003 SOC	HEPTACHLOR EPOXIDE	2067	0 UG/L A
6510355 COLONIAL MANOR C	D	8/4/2003 SOC	HEPTACHLOR	2065	0 UG/L A
6510355 COLONIAL MANOR C	D	8/4/2003 SOC	ALACHLOR (LASSO)	2051	0 UG/L A
6510355 COLONIAL MANOR C	D	8/4/2003 SOC	ENDOTHALL	2033	0 UG/L A
6510355 COLONIAL MANOR C	D	8/4/2003 SOC	DALAPON	2031	0 UG/L A
6510355 COLONIAL MANOR C	D	8/4/2003 SOC	METHOXYCLOR	2015	0 UG/L A

PWS_NUMBER 1	NAME	SYSTEM_'SAMPLE_'	SAMPLE_DATE	CODE_DE	RESULTS UNIT OF	F_ S
6510355 (	COLONIAL		12/21/2005		6.7 MG/L	ACTIV
6510355 (	COLONIAL	C D	12/21/2005	NITRITE	0 MG/L	ACTIVE
6510355 (	COLONIAL	C D	11/22/2005	NITRATE	10 MG/L	ACTIVE
6510355 (	COLONIAL	C D	11/22/2005	NITRATE	7.1 MG/L	ACTIVE
6510355 (	COLONIAL	C D	11/22/2005	NITRITE	0 MG/L	ACTIVE
6510355 (	COLONIAL	C D	11/22/2005	NITRITE	0 MG/L	ACTIVE
6510355 (	COLONIAL	C D	10/31/2005	NITRATE	7.6 MG/L	ACTIVE
6510355 (	COLONIAL	C D	10/31/2005	NITRATE	7.6 MG/L	ACTIVE
6510355 (	COLONIAL	C D	10/31/2005	NITRITE	0 MG/L	ACTIVE
6510355 (	COLONIAL	C D	10/31/2005	NITRITE	0 MG/L	ACTIVE
6510355 (	COLONIAL	C D	9/12/2005	NITRATE	9.29 MG/L	ACTIVE
6510355 (	COLONIAL	C D	9/12/2005	NITRATE	8.96 MG/L	ACTIVE
6510355 (	COLONIAL	C D	9/1/2005	NITRATE	10.6 MG/L	ACTIVE
6510355 C	COLONIAL	C D	9/1/2005	NITRATE	10.3 MG/L	ACTIVE
6510355 C	COLONIAL	C D	8/29/2005	NITRATE	11 MG/L	ACTIVE
6510355 C	COLONIAL	D D	8/29/2005	NITRATE	11 MG/L	ACTIVE
6510355 C	COLONIAL	C D	8/29/2005	NITRATE	10 MG/L	ACTIVE
6510355 C	COLONIAL	D D	8/29/2005	NITRATE	10 MG/L	ACTIVE
6510355 C			8/29/2005		9.4 MG/L	ACTIVE
6510355 C	COLONIAL	D D	8/29/2005	NITRATE	9.4 MG/L	ACTIVE
6510355 C	COLONIAL	D D	8/29/2005	NITRATE	7.9 MG/L	ACTIVE
6510355 C	COLONIAL	D D	8/29/2005	NITRATE	7.9 MG/L	ACTIVE
6510355 C	COLONIAL	D D	8/29/2005	NITRITE	0 MG/L	ACTIVE
6510355 C	COLONIAL	D D	8/29/2005	NITRITE	0 MG/L	ACTIVE
6510355 C	COLONIAL	D D	8/29/2005	NITRITE	0 MG/L	ACTIVE
6510355 C	COLONIAL	D D	8/29/2005	NITRITE	0 MG/L	ACTIVE
6510355 C	COLONIAL	D D	8/29/2005	NITRITE	0 MG/L	ACTIVE
6510355 C	COLONIAL	D D	8/29/2005	NITRITE	0 MG/L	ACTIVE
6510355 C			8/29/2005	NITRITE	0 MG/L	ACTIVE
6510355 C			8/29/2005		0 MG/L	ACTIVE
6510355 C			6/9/2005		8.95 MG/L	ACTIVE
6510355 C			6/9/2005		8.84 MG/L	ACTIVE
6510355 C			6/9/2005		6.98 MG/L	ACTIVE
6510355 C			6/9/2005		6.71 MG/L	ACTIVE
6510355 C			3/3/2005		9.35 MG/L	ACTIVE
6510355 C			3/3/2005		8.55 MG/L	ACTIVE

6510355 COLONIALC	D	3/3/2005 NITRATE	8.24 MG/L	ACTIVE
6510355 COLONIALC	D	3/3/2005 NITRATE	5.84 MG/L	ACTIVE
6510355 COLONIALC	D	1/4/2005 NITRATE	11 MG/L	ACTIVE
6510355 COLONIALC	D	1/4/2005 NITRATE	8.7 MG/L	ACTIVE
6510355 COLONIALC	D	1/4/2005 NITRATE	8.2 MG/L	ACTIVE
6510355 COLONIALC	D	1/4/2005 NITRATE	8.2 MG/L	ACTIVE
6510355 COLONIALC	D	1/4/2005 NITRITE	0.041 MG/L	ACTIVE
6510355 COLONIALC	D	1/4/2005 NITRITE	0 MG/L	ACTIVE
6510355 COLONIALC	D	1/4/2005 NITRITE	0 MG/L	ACTIVE
6510355 COLONIALC	D	1/4/2005 NITRITE	0 MG/L	ACTIVE

### (5)

# Reduced Monitoring Review Area Sketch

PWS ID:

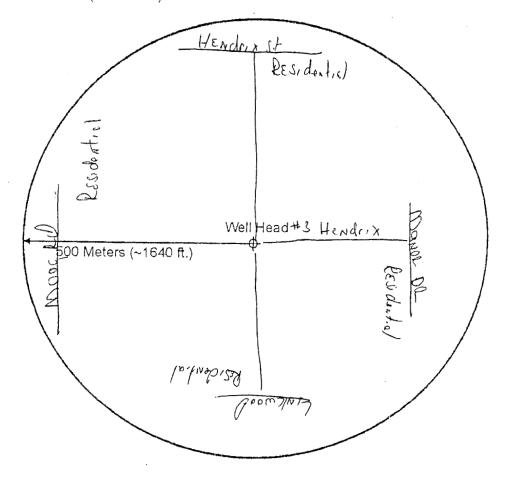
PWS Name:

Florida Unique Well ID (FLUWID):

Instructions: Identify, Sketch & Number Each Contaminant Source Then CompleteThe "Contaminant Use Inventory" Form (Section 6, Page 3)

Review Area Radius 500 Meters (~1640 ft.)

No Scale Required





F

include all pertinent local, county, state and federal highways, roads or rail lines.

# (5) Reduced Monitoring Review Area Sketch

PWS ID:

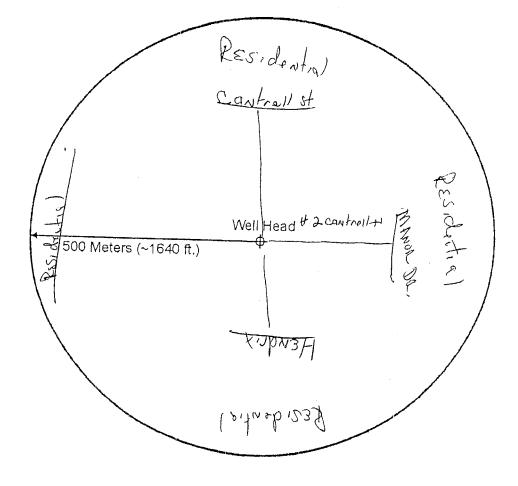
PWS Name:

Florida Unique Well ID (FLUWID):

Instructions: Identify, Sketch & Number Each Contaminant Source Then CompleteThe "Contaminant Use Inventory" Form (Section 6, Page 3)

Review Area Radius 500 Meters (~1640 ft.)

No Scale Required





Include all pertinent local, county, state and federal highways, roads or rail lines.

5

# Reduced Monitoring Review Area Sketch

PWS ID:

PWS Name:

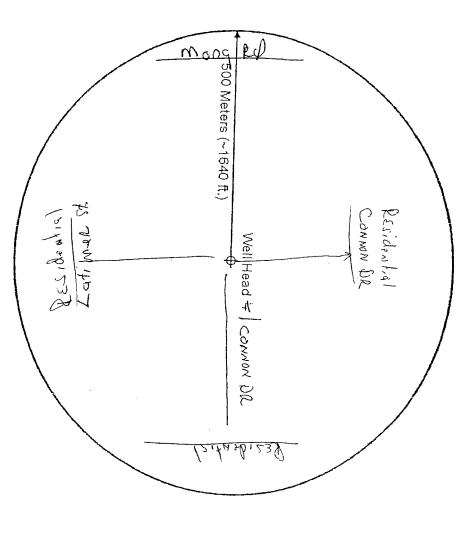
.

Florida Unique Well ID (FLUWID):

Instructions: Identify, Sketch & Number Each Contaminant Source Then CompleteThe "Contaminant Use Inventory" Form (Section 6, Page 3)

Review Area Radius 500 Meters (~1640 ft.)

No Scale Required





Include all pertinent local, county, state and federal highways, roads or rail lines.

## (5)

# Reduced Monitoring Review Area Sketch

PWS ID:

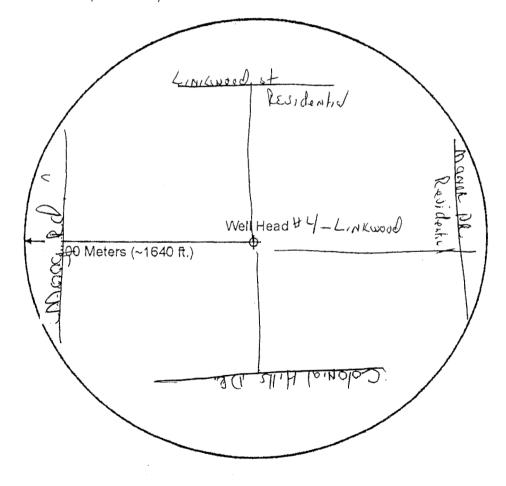
PWS Name:

Florida Unique Well ID (FLUWID):

Instructions: Identify, Sketch & Number Each Contaminant Source Then CompleteThe "Contaminant Use Inventory" Form (Section 6, Page 3)

Review Area Radius 500 Meters (~1640 ft.)

No Scale Required





include all pertinent local, county, state and federal highways, roads or rail lines.

#### (6) CONTAMINANT USE INVENTORY

For each source identified (sketched) in Section (5) of this questionnaire, indicate contaminant use, manufacture, storage or spillage by recording the source number(s) from Section (5) in the column titled "SOURCE" adjacent to the contaminant of concern. Separate multiple sources with commas.

#### REGULATED SYNTHETIC ORGANIC CONTAMINANTS

CONTAMINANT	ID#	CAS#	SOURCE

2,3,7,8-TCDD (Dioxin)	2063	1746-01-6	
2,4_D	2105	94-75-7	
2,4,5-TP (Silvex)	2110	93-72-1	
Alachlor	2051	15972-60-8	
Atrazine	2050	1912-24-9	
Benzo(a)pyrene	2306	50-32-8	
Carbofuran	2046	1563-66-2	
Chlordane	2959	57-74-9	
Dalapon	2031	75-99-0	
Di(2-ethylhexyl)adipate	2035	103-23-1	
Di(2-ethylhexyl)phthalate	2039	117-81-7	
Dibromochloropropane (DBCP)	2931	96-12-8	
Dinoseb	2041	88-85-7	
Diquat	2032	85-00-7	
Endothall	2033	145-73-3	
Endrin	2005	72-20-8	
Ethylene dibromide (EDB)	2946	106-93-4	
Glyphosate	2034	1071-83-6	
Heptachlor	2065	76-44-8	
Heptachlor epoxide	2067	1024-57-3	
Hexachlorobenzene	2274	118-74-1	
Hexachlorocyclopentadiene	2042	77-47-4	
Lindane	2010	58-89-9	
Methoxychlor	2015	72-43-5	
Oxamyl (vydate)	2036	23135-22-0	
Pentachlorophenol	2326	87-86-5	
Picloram	2040	1918-02-1	
Polychlorinated biphenyl (PCB)	2383	1336-36-3	
Simazine	2037	122-34-9	
Toxaphene	2020	8001-35-2	

# TYPICAL SOURCES of SYNTHETIC ORGANIC CONTAMINANTS

(Not a comprehensive list)

Commercial, agricultural or horticultural areas
Seed & feed sales and storage areas
Recreational areas (Golf courses, campgrounds, parks...)
Communication or Railroad storage and maintenance yards
Pesticide manufacturer, storage, spill or transport site
Super Fund site
Landfill or dump
Drainage wells
Wood preserving facility
Military base (Industrial area)
Chemical manufacturer, storage, spill or transport site
Petroleum distribution or bulk storage facilities.
Any industry using or generating PCBs
Gas Stations
Dry Cleaners

I certify that the information provided is true and accurate to the best of my knowledge.

Owners Signature: \_

Print Name: \_

3-71-01



# FILE COPY

Report No.:

Date Sampled:

Date Received:

Date Reported:

9610 Princess Palm Avenue Tampa, Florida 33619 (813) 630-9616 FAX (813) 630-4327

T066523

06/14/2006

6/14/06 13:45

07/26/2006

Client:

**US Water Services** 

Project Name:

Colonial Manor

Project Number:

PWS ID#:

6510355

Attention:

Melisa Rotteveel

Phone Number: 7278488292

Approved By

Address:

4939 Cross Bayou Blvd.

New Port Richey, FI 34652

#### **Project Description**

The analytical results for the samples contained in this report were submitted for analysis as outlined by the Chain of Custody.

> Project Name: Colonial Manor

> > Tammie Heslin, Project Manager

If there are any questions involving this report, the above named should be contacted.

THIS REPORT SHALL NOT BE REPRODUCED, EXCEPT IN FULL, WITHOUT THE WRITTEN APPROVAL OF THE LABORATORY.

Advanced Environmental Laboratories certifies that the test results in this report meet all requirements of the NELAC standards, unless notated otherwise in the body of the report.

Total Number of Pages =



#### Advanced Environmental Laboratories, Inc.

Analytical Report

Client: US Water Services

Project Name: Colonial Manor

Matrix: Drinking Water

PWS ID#: 6510355

Client Sample ID: Well #2

Site: WTP

Sample Number: T066523-01

Report No.: T066523

Date/Time Sampled: 06/14/06 10:45

Date/Time Received: 6/14/06 13:45

Sampled By: Terry Henry

Shipping Method: Client drop off

Synthetic Organics

Contam ID	Contam Name	MCL	Units	Analysis Results	Qualifier	Analytical Method	Lab MDL	RDL	Analysis Date	Analysis Time	DOH Lab Cert. #
2005	Endrin	2.0	ug/L	0.0016	U	E508	0.0016	0.010	06/29/2006	13:18	E82574
2010	Lindane	0.20	ug/L	0.0033	U	E508	0.0033	0.020	06/29/2006	13:18	E82574
2015	Methoxychlor	40	ug/L	0.011	υ	E508	0.011	0.10	06/29/2006	13:18	E82574
2020	Toxaphene	3.0	ug/L	0.091	U	E508	0.091	1.0	06/29/2006	13:18	E82574
2031	Dalapon	200	ug/L	0.86	U,Q	E515.3	0.86	1.0	07/07/2006	14:56	E82574
2032	Diquat	20	ug/L	2.5	U	E549.2	2.5	0	06/28/2006	08:00	E82574
2033	Endothall	100	ug/L	4.8	υ	E548.1	4.8	9.0	06/22/2006	17:16	E82574
2035	Bis(2-ethylhexyl) Adipate	400	ug/L	0.27	U	E525.2	0.27	0.60	07/10/2006	20:31	E82574
2036	Oxamyl (Vydate)	200	ug/L	0.61	U	E531.1	0.61	0	07/08/2006	08:00	E82574
2037	Simazine	4.0	ug/L	0.19	U	E525.2	0.19	0.070	07/10/2006	20:31	E82574
2039	Bis(2-ethylhexyl)phthalate	6.0	ug/L	0.77	U	E525.2	0.77	0.60	07/10/2006	20:31	E82574
2040	Picloram	500	ug/L	0.47	U,Q	E515.3	0.47	0.10	07/07/2006	14:56	E82574
2041	Dinoseb	7.0	ug/L	0.64	U , Q	E515.3	0.64	0.20	07/07/2006	14:56	E82574
2042	Hexachlorocyclopentadiene	50	ug/L	0.015	U	E508	0.015	0.10	06/29/2006	13:18	E82574
2046	Carbofuran	40	ug/L	1.1	U	E531.1	1.1	0	07/08/2006	08:00	E82574
2050	Atrazine	3.0	ug/L	0.16	υ	E525.2	0.16	0.10	07/10/2006	20:31	E82574
2051	Alachlor	2.0	ug/L	0.26	U	E525.2	0.26	0.20	07/10/2006	20:31	E82574
2065	Heptachlor	0.40	ug/L	0.0063	U	E508	0.0063	0.040	06/29/2006	13:18	E82574
2067	Heptachlor Epoxide	0.20	ug/L	0.0028	U	E508	0.0028	0.020	06/29/2006	13:18	E82574
2105	2,4-D	70	ug/L	1.7	'U , Q	E515.3	1.7	0.10	07/07/2006	14:56	E82574
2110	2,4,5-TP (Silvex)	50	ug/L	0.080	U , Q	E515.3	0.080	0.20	07/07/2006	14:56	E82574
2274	Hexachlorobenzene	1.0	ug/L	0.0027	υ	E508	0.0027	0.10	06/29/2006	13:18	E82574
2306	Benzo(a)pyrene	0.20	ug/L	0.096	U	E525.2	0.096	0.020	07/10/2006	20:31	E82574
2326	Pentachlorophenol	1.0	ug/L	0.24	U , Q	E515.3	0.24	0.040	07/07/2006	14:56	E82574
2383	PCB screen as Arochlors	0.50	ug/L	0.11	U	E508	0.11	0.10	06/29/2006	13:18	E82574
2931	1,2-Dibromo-3-chloropropan	0.20	ug/L	0.0034	U	E504.1	0.0034	0	06/27/2006	14:53	E82574
2946	Ethylene Dibromide	0.020	ug/L	0.0069	U	E504.1	0.0069	0	06/27/2006	14:53	E82574
2959	Chlordane	2.0	ug/L	0.048	U	E508	0.048	0.20	06/29/2006	13:18	E82574

Q Sample held beyond the acceptable hold time.

MDL Method Reporting Limit

For all Results qualified with an I, the PQL is defined to be 4 times the MDL



U The compound was analyzed for but not detected.

#### SYNTHETIC ORGANICS

62.550.310(4)(b)

LAB ASSIGNED SAMPLE NUMBER: 263026/060623-009 LAB ASSIGNED JOB ID: ADV\_ENVLAB-060623-002 PWS ID (From Page 1): 6510355

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier	Analytical Method	Lab MDL	RDL	Extraction Date	Analysis Date	Analysis Time	DOH Lab Certification
2005	Endrin	2	µg/l_	1100011		EPA 505	0.0017	0.01				E12700
2010	Lindanc	0.2	др/Е			EPA 505	0.0011	0.02				E12700
2015	Methoxychlor	40	μg/l.		1	EPA 505	0.015	0.1				E12700
2020	Toxaphene	3	μg/L			EPA 505	0.27	1				E12700
2031	Dalapon	200	μg/L		<del> </del>	EPA 515.3	0.40	1				E12700
2032	Diquat	20	μg/L			EPA 549.2	1.7	0.4				E12700
2033	Endothall	100	μg/L		<del> </del>	EPA 548.1	1.5	9				E12700
2034	Glyphosate	700	μg/L	12	U	EPA 547	12	6	N/A	7-JUL-2006	12:32	E12700
2035	Di(2-ethylhexyl)adipate	400	μg/L			EPA 525.2	2.0	0.6				E12700
2036	Oxamyl (Vydate)	200	μg/L			EPA 531.1	0.18	2				E12700
2037	Simazine	4	μg/L			EPA 505	0.22	0.07				E12700
2039	Di(2-ethylhexyl)phthalate	6	µg/L		† <del></del>	EPA 525.2	2.0	0.6	_			E12700
2039	Picloram	500	μg/L	***************************************		EPA 515.3	0.18	0.1				E12700
2040	Dinoseb	7	μg/L			EPA 515.3	0.18	0.2				E12700
	Hexachlorocyclopentadiene	50	μg/L			EPA 505	0.012	0.1				E12700
2042	Carbofuran	40	µg/L			EPA 531.1	0.23	0.9				E12700
2046		3	μg/l.			EPA 505	0.30	0.1				E12700
2050	Atrazine	2	μ <u>υ</u> . μ <u>υ</u> /L			EPA 505	0.012	0.2				E12700
2051	Alachlor	0.03	ng/L		<del></del>	2,,,,,,,,,,						E12700
2063	2,3,7,8-TCCD (Dioxin)	0.03	με/L			EPA 505	0.012	0.04				E12700
2065	Heptachlor	0.4	+			EPA 505	0.0021	0.02				E12700
2067	Heptachlor Epoxide	70	μg/L μg/L		· · · · · · · · · · · · · · · · · · ·	EPA 515.3	0.083	0.1				E12700
2105	2,4-D	50	<del></del>		<del> </del>	EPA 515.3	0.020	0.2				E12700
2110	2,4,5-TP (Silvex)	30	μg/L		<del> </del>	EPA 505	0.0059	0.1				E12700
2274	Hexachlorobenzene	0.2	μg/L		<del></del>	EPA 525.2	0.095	0.02				E12700
2306	Вепхо(а)рутепе	0.2	µg/L	-		EPA 515.3	0.030	0.04				E12700
2326	Pentachlorophenol	1 -	με/L		<del> </del>	EPA 505	0.030	0.1				E12700
2383	Polychlorinated Biphenyls	0.5	hg/L			EPA 504.1	0.0029	0.02				E12700
2931	Dibromochloropropane	0.2	μg/L		<del>                                     </del>		0.0029	0.02		<del> </del>		E12700
2946	Ethylene Dibromide (EDB)	0.02	μę/L			EPA 504.1		0.01		<del> </del>		E12700
2959	Chlordane	2	μg/L		L	EPA 505	0.28	1 0.2	L			1

NOTE: Effective January 1, 2004, results indicating non-detection with a reported lab MDL > 50% of the MCL will not be accepted for compliance with 62-550.310(4)(b)



System Name: COLOWIAC MF System Type (check one): GCommunity	Nontransient Noncommunity	#: 6 5 1 0 3 5 5
Address:		
City:	State:	ZIP Code:
Phone #:		
E-Mail Address:	·	
SAMPLE INFORMATION (to be completed		Tis(0/08.72.
Sample Number: Welc 2	Location Code (if kn	own): TO (16523
Sample Date: 6-14-06		AM PM (Circle O
Sample Location (be specific):		100
Disinfectant Residual (Required when reporting	results for trihalomethanes and haloacetic acids):	1.28 mg/L Field pH:
Sample Type (Check Only One)	Roscopial for So	mple (Check all that apply)
Distribution	Routine Compliance (with 62-550)	Quarterly (Which Quarter?
Entry Point (to Distribution)	Confirmation of MCL Exceedance*	Special (not for compliance with 62-550
Plant Tap (not for compliance with 62-550)	Composite of Multiple Sites**	Violation Resolution
Raw (at well or intake)	Clearance (permitting)	Replacement (of Invalidated Sample)
Max Residence Time	Other:	
Ave Residence Time	Sampling Procedure Used or Other Co	
Near First Customer		
*See 62-550.500(6) for requirer NOTE: See 62-550.512(3) for a for nitrate or nitrite MCL	additional requirements attac	62-550.550(4) for requirements and h a results page for each site.
Sampler's Name: JEZLY HER	164	
Sampler's Phone #: 727 243 45	Sampler's Fax #:	727 848.7701
Sampler's E-Mail Address:		
CERTIFICATION (to be completed by	y sampler)	
1 TEVENTES HEVER		
1, TEXENCE HENKY (Print Name)	,	(Print Title)
	ove public water system and sam	ple collection information is
complete and correct.		

Reporting Format 62-550.730 Effective January 1995, Revised January 2004 019 P. 4.

by lab - Please type or print legibly)			
cksonville Florida Certification #: E12700			
Certification Expiration Date: 06/30/06			
Phone #: (904) 791-1525			
Date Sample(s) Received: 21-JUN-2006			
Sample Number (From Page 1): WELL #2			
Lab Assigned Sample Number: 263026/060623-009			
er 62-550, F.A.C. (check all that apply):			
Volatile Organics <u>Disinfection Byproducts</u>			
All 21 Trihalomethanes			
Partial Haloacetic Acids			
☐ Bromate			
Radionuclides			
Single Sample			
Qtrly Composite Secondaries			
☐ All 14			
Partial			
RACTED LAB			
FICATION			
Quality Assurance Officer , (Print Title)			
correct and unless noted meet all requirements of the National			
Date: gudg 31,300k			
and current Analyte Sheet for the attached analysis results will result in rejection of the nple, and may result in notification of the DOH Bureau of Laboratory Services.			
or DOH)			
Sample Analysis Info Satisfactory: 🔲 Yes 🔲 No			
bove) Revised Report Requested (circle or highlight group(s) above)			
Detection(s) Incomplete Report			
ocation Unsatisfactory Analysis Unsatisfactory			
Date Notified:			
ficial:			



	ORY CERTIFICATION		(to be complete	d by lab - Please type or p	print legibly)					
	Advanced Environm		22	Clarida	Cadification #: E94590					
Address:	9610 Princess Palm	r er	)a	Florida Certification #: E84589  Certification Expiration Date: 06/30/2007						
Addiess.	Tampa, Florida 336	* * *		Cermication						
	Tampa, Florida 550				phone #: (813) 630-9616					
ANALYSIS	INFORMATION (to	be completed by la	ab							
PWS ID (f	rom page 1): 651035	55		Date Sample	(s) Received: 06/14/2006 13:45:0					
Lab Assign	ned Report Number o	or Job ID T066523		Sample Number (I	From page 1) T066523-01					
Group(s) A	nalyzed Results atta	ached for complian	ice with chapter	62-550, F.A.C. (check all	that appl					
ı	norganics	Synthetic Orga	anics	Volatile Organics	Disinfection Byproducts					
	; All 17	All 30		All 21	Tríha					
	Partial	✓ All Except I	Dioxin	Partial	Haloaceti					
	Nitrate	Partial		Radionuclides	Bromate					
	Nitrite  Asbestos Only	Dioxin Only	/	Single Samp	Chlorite					
	,			Qtrly Composite**	Secondaries					
					All 14 Partial					
Were any	analyses subcontrac	ted? Yes	No		1 51 (10)					
If yes, plea	ise provide DOH cen	tification number (	E82574	E12700						
ATTACH D	OOH ANALYTE SHE	ET FOR EACH SU	IBCONTRACTE	D LAB						
			CERTIFIE	CATION						
I, Tammie	Heslin (Print Name)	, Project Manaç	ger							
	SY CERTIFY that all and invironmental Labora			t and unless noted meet a LAC).	all requirements of the					
Signaturé		* LL		Date:	-11.26/06					
analysis re	o provide a valid and esults will result in rej esult in notification of	ection of the repor	t, possible enfor	cement against the public	Analyte Sheet for the attached water system for failure to sample,					
** Please p	orovide radiological s	ample dates locat	tions for each qu	uarter.						
COMPLIA	NCE DETERMINATI	O (to be complete	ed by DEP or D	OH)						
Sample Co	ollection Info Satisfac	ctory Yes	No	Sample Analysis Info	Satisfactory: Yes No					
Replace	ment Sample(s) Reque	sted (circle or highligh	it group(s) above)	Revised Report Req	uested (circle or highlight group(s) above)					
Additio	nal Monitoring Requi	red (circle or highli	ight group(s) ab	ove)						
Reason(s)	MCL(s) Exceed	led	Detectio	n(s)	Incomplete Report					
	Missing Analyte Other:	e Sheet(s)		Unsatisfactory	Analysis Unsatisfactory					
Person No				5	· · · · · · · · · · · · · · · · · · ·					
Comments	•	• • •		Dat	e Notified:					
Date Revie		g = 0.000 t	DEP/DOH	Reviewing Official:						



# DATA QUALIFIER CODES (From 62-160, Table 1)

These codes shall be used by laboratories when reporting data values that either meet the specified description outlined below or do not meet the quality control criteria of the laboratory:

The following codes are acceptable for use with results submitted for compliance with 62-550 and 62-555

SYMBOL	MEANING
В	Results based upon colony counts outside the acceptable range. This code applies to microbiological tests and specifically to membrane filter counts. This code is to be used if the colony count is generated from a plate in which the total number of coliform colonies is outside the method indicated ideal range. This code is not to be used if a 100 mL sample has been filtered and the colony count is less than the lower value of the ideal range.
I	The reported value is between the laboratory method detection limit and the laboratory practical quantitation limit.
К	Off-scale low. Actual value is known to be less than the value given. This code shall be used if:  1. The value is less than the lowest calibration standard and the calibration curve is known to be non-linear; or  2. The value is known to be less than the reported value based on sample size, dilution or some other variable.
	This code shall not be used to report values that are less than the laboratory practical quantitation limit or laboratory method detection limit.
L	Off-scale high. Actual value is known to be greater than value given. To be used when the concentration of the analyte is above the acceptable level for quantitation (exceeds the linear range or highest calibration standard) and the calibration curve is known to exhibit negative deflection.
М	When reporting chemical analyses: presence of material is verified but not quantified; the actual value is less than the value given. The reported value shall be the laboratory practical quantitation limit. This code shall be used if the level is too low to permit accurate quantification, but the estimated concentration is greater than the method detection limit. If the value is less than the method detection limit use "T" below.
!	Data deviate from historically established concentration ranges. This code shall be used <b>only</b> if the laboratory has knowledge of the specific sampling event. The code shall be added by the organization collecting samples if it applies.
U	Indicates that the compound was analyzed for but not detected. This symbol shall be used to indicate that the specified component was not detected. The value associated with the qualifier shall be the laboratory method detection limit.
V	Indicates that the analyte was detected in both the sample and the associated method blank. Note: the value in the blank shall not be subtracted from the associated samples.
D	Measurement was made in the field (i.e., in situ). This applies to any value (except pH, specific conductance, dissolved oxygen, temperature, total residual chlorine, transparency, or salinity) that was obtained under field conditions using approved analytical methods. If the parameter code specifies a field measurement (e.g., "Field pH"), this code is not required. This code shall be used only if the laboratory has knowledge of the specific sampling event. The code shall be added by the organization collecting samples if it applies.
E	Indicates that extra samples were taken at composite stations. This code shall be used only if the laboratory has knowledge of the specific sampling event. The code shall be added by the organization collecting samples if it applies.



The following codes may or may not be acceptable for use with results submitted for compliance with 62-550 and 62-555, depending on the parameter(s) and/or the circumstances. Results with these codes will be evaluated on a case by case basis.

SYMBOL	MEANING
J	Estimated value; value may not be accurate. This code shall be used in the following instances:
	1. Surrogate recovery limits have been exceeded;
į	2. No known quality control criteria exist for the component;
	3. The reported value failed to meet the established quality control criteria for either precision or accuracy;
	4. The sample matrix interfered with the ability to make any accurate determination; or
	5. The data are questionable because of improper laboratory or field protocols (e.g., composite sample was collected instead of grab sample).
	Note: a "J" value shall be accompanied by written justification for its use.  A "J" value shall not be used if another code applies (e.g., K, L, M, T, V, Y, I).
Q	Sample held beyond the accepted holding time. This code shall be used if the value derived from a sample that was prepared or analyzed after the approved holding time restrictions for sample preparation or analysis.
R	Significant rain in the past 48 hours. (Significant rain typically involves rain in excess of ½ inch within the past 48 hours.) This code shall be used when the rainfall might contribute to a lower than normal value.
Y	The laboratory analysis was from an improperly preserved sample. The data may not be accurate.

	The following codes are not acceptable for use with results submitted for compliance with 62-550 and 62-555.
SYMBOL	MEANING
A	Value reported is the arithmetic mean (average) of two or more determinations. This code shall be used if the results of two or more discrete and separate samples are averaged. These samples shall have been processed and analyzed (e.g., laboratory replicate samples, field duplicates, etc.) independently. Do not use this code if the data are the result of replicate analysis on the same sample aliquot, extract or digestate. Do not use this code if the data replicate values shall be reported as individual analyses.
F	When reporting species: F indicates female sex.
Н	Value based on field kit determination; results may not be accurate. This code shall be used if a field screening test (i.e., field gas chromatographic data, immunoassay, vendor-supplied field kit, etc.) was used to generate the value and the field kit or method has not been recognized by the Department as equivalent to laboratory methods.
N	Presumptive evidence of material. This qualifier shall be used if:  1. The component has been tentatively identified based on mass spectral library search; or  2. There is an indication that the analyte is present, but quality control requirements for confirmation were not met (i.e., presence of analyte was not confirmed by alternative procedures).
0	Sampled, but analysis lost or not performed.
Т	Value reported is less than the laboratory method detection limit. The value is reported for informational purposes only and shall not be used in statistical analysis.
Z	Too many colonies were present (TNTC); the numeric value represents the filtration value.
?	Data are rejected and should not be used. Some or all of the quality control data for the analyte were outside criteria, and the presence or absence of the analyte cannot be determined from the data.
*	Not reported due to interference.

#### DATA QUALIFIER JUSTIFICATION

Glyphosate, which is analyzed by EPA Method 547 uses a longer holding time of 30 days because the laboratory is choosing to freeze the sample as indicated in the method to allow for a holding time of up to 18 months. This is found in Section 8 of EPA Method 547, item number 3.





Advanced Environmental Labs 9610 Princess Falm Ave. Tampa, FL 33619

te/Time Rovd: 6/14/06 1345 Log-In request number: 700653										
Received by:	Received by: Completed by: AU									
poler/Shipping Information:										
urier:   AEL   Client D UPS D Pony Express D FedEx D AES D ASAP D Other (describe):										
pe: ☑ Cooler □ Box □ Other (describe)										
oler temperature:	ldentify the cooler ar	nd document the ten	nperature biank or ic	e water measur	emer	rt				
Copler ID										
Temp (°C)	0°C.									
Temp taken from	D Sample Bottle	D Sample Bottle D Cooler	☐ Sample Bottle ☐ Coolet	D Sample Bottle D Cooler		D Sample D Coolet	Bottle			
	12 fk gun	D IR gum	D IR gum	□ IR gum		□ IR gun				
Temp measured with	D Thermometer (enter ID):	D Thermoneer (ener ID):	D Themsomeur (enter ID):	D Thermometer (s	nici	ID):	जान्यम् (काम्ब			
y discrepancies sho	ould be explained in		ction bėlow.		1					
		CHECKLIST			YES	S NO	NA			
1. Were custody se	als on shipping contai	ner(s) intact?								
2. Were custody p	apers properly include	d with samples?								
3. Were custody pa	apers properly filled or	it (ink, signed, match	labels)?							
4. Did all bottles a	rrive in good condition	ı (mirrok <del>a</del> n)?								
5. Were all bottle l	abels complete (sampl	e #, date, signed, anal	ysis, preservatives)?							
	abels agree with the cl									
	ttles used for the tests									
	mple preservation tech		e label?							
	ccived within holding									
10. Were all VOA v			?			<u> </u>				
11. Were there air b	<u>-</u>				1	<u> </u>				
	direct contact with w		one: DNO ICE DB	LUE ICE			<del>                                     </del>			
13. Was fine cooler to			0.004 1 1 11	7)						
14. Were sample pHs checked and recorded by Sample control? (VOA checked by analysts)										
15. Were the sample containers provided by AEL?										
16. Were samples accepted into the laboratory?  17. Was it necessary to split samples into other botties?										
17. Was II lieuessary	m shur samhies into c	omer nomes;			<u> </u>	1				
mments:			·							

#### Chain-of-Custody for AEL Tampa to AEL Jax

AEL Tampa 9610 Princess Palm Avenue Tampa, FL 33619

813-630-9616 Fax 813-630-4327 Contact Person: Michael Cammarata

Project #: T066523

CustomerName: US Water Services

Collector: Terry Henry

AEL Jax 6601 Southpoint Parkway Jacksonville, FL 32216 904-363-9350 Fax 904-363-9354 Contact Person: Sean Hyde

	Check	if	Rush

Lab Code	Client Sample ID	Test	Matrix	Collect Date	/ Time	Receive Date	Due Date	# Bottles	Bottle Type (Pres.)
T066523-01	Well #2	62-550 508 Pests (J)	Drinking Water	6/14/2006	10:45	6/14/06 13:45	6/21/2006		1L Amber glass
T066523-01	Well #2	62-550 531.1 SOCs (J)	Drinking Water	6/14/2006	10:45	6/14/06 13:45	6/28/2006		
T066523-01	Well #2	62-550 Herbicides (J)-515.3	Drinking Water	6/14/2006	10:45	6/14/06 13:45	6/28/2006		40mL Vial
T066523-01	Well #2	62-550 SVOCs (J)-525.2	Drinking Water	6/14/2006	10:45	6/14/06 13:45	6/28/2006		1L Amber glass
T066523-01	Well #2	62-550 SVOCs (J)-548.1	Drinking Water	6/14/2006	10:45	6/14/06 13:45	6/21/2006		1L Amber glass
T066523-01	Well #2	Diquat	Drinking Water	6/14/2006	10:45	6/14/06 13:45	6/21/2006		1L Amber glass
T066523-01	Well #2	Ethylene Dibromide (EDB)	Drinking Water	6/14/2006	10:45	6/14/06 13:45	6/28/2006		40mL VOC vial

Shipping Relinquisher: AEL Courier

Shipping Receiver: AEL Courier

Jacksonville Receiver:

#### Advanced Environmental Laboratories, Inc.

#### CHAIN OF CUSTODY RECORD

LAB NUMBER: 70(65)3

	Jacksonville:	6601 Southpoint Parkway, Jacksonville, FL 32216 • (904) 363-9350 Fax (904) 363-9354
a	Tampa:	9610 Princess Palm Avenue, Tampa, FL 33619 • (813) 630-9616 Fax (813) 630-4327

☐ Gainesville: 2106 NW 67th Place, Suite 7, Gainesville, FL 32653 • (352) 367-1500 Fax (352) 367-0050
☐ Orlando: 528 S. North Lake Blvd., Suite 1016, Altamonte Springs, FL 32701 • (407) 937-1594 Fax (407)

Page of

CLIENT NAME:	TIT Lake BIVO., Suite 1016, Altamonte		1554 1 8x (401) 551-1551				
5	PROJECT			BOTTLE SIZE			
US WATER CORP	CoL	UNIAL MAN	or wedi #2	& TYPE			
ADDRESS: 4939 CLUSS B	ALOU BLUD P.O. NUME	BER / PROJECT NUMBI	ER:	AR			
NEW PORT RICHLY, PL	3965 Z PROJECT	LOCATION:		N E A Q		1 1 1 1	В
ADDRESS: 4939 Chiss B. NEW POLT LICHLY, FL PHONE: FAX: 72,	7 848-7701			L U Y I S R		1 1 1	N U
CONTACT: MECISIA	SAMPLED	BY:		I E S D			M B F
TURN AROUND TIME: R	REMARKS / SPECIAL INSTRU	JCTIONS:				1 1 1 1 -	R
☐ STANDARD							
-					2		
□ RUSH					• .)		
WW= waste water SW=surface water GW	/=ground water DW≈drinking wa	aler OIL A=air	SO=soil SL=sludgi	Preserv			_
			1.10				
SAMPLE ID SAMPLE DE			MATRIX NO.				
WELL #2	(-	mposite DATE T	5 Du 14				
Tanana.							-
$\sim$				4.3			
$I = Ice   H = (HCI)   S = (H_2SO_4)   N = (HI)$	•	neinquisn		Time	Received	by: Date Tim	
Shipment Method Isample ist. Out: / // War Mer	Cooler.#	1 Tung!	Long 6-140	, 13.45	M. Markel	- 6/14/0C 13:	4
	TOT X	3					$\dashv$
Ret: / // And Park Tip Bl		4		<del>  </del>			



# FILE COPY

Report No.:

Date Sampled:

Date Received:

Date Reported:

9610 Princess Palm Avenue Tampa, Florida 33619 (813) 630-9616 FAX (813) 630-4327

T066524

06/14/2006

6/14/06 13:45

07/26/2006

Client:

US Water Services

Project Name:

Colonial Manor

Project Number:

PWS ID#:

6510355

Attention:

Melisa Rotteveel

Phone Number:

7278488292

Approved By:

Address:

4939 Cross Bayou Blvd.

New Port Richey, FI 34652

**Project Description** 

The analytical results for the samples contained in this report were submitted for analysis as outlined by the Chain of Custody.

Project Name:

Colonial Manor

Tammie Heslin, Project Manager

If there are any questions involving this report, the above named should be contacted.

THIS REPORT SHALL NOT BE REPRODUCED, EXCEPT IN FULL, WITHOUT THE WRITTEN APPROVAL OF THE LABORATORY.

Advanced Environmental Laboratories certifies that the test results in this report meet all requirements of the NELAC standards, unless notated otherwise in the body of the report.

Total Number of Pages =

P.1

#### Advanced Environmental Laboratories, Inc.

Analytical Report

Client: US Water Services

Project Name: Colonial Manor

Matrix: Drinking Water

PWS ID#: 6510355

Client Sample ID: Well #3

Site: WTP

Sample Number: T066524-01

Report No.: T066524

Date/Time Sampled: 06/14/06 11:35

Date/Time Received: 6/14/06 13:45

Sampled By: Terry Henry

Shipping Method: Client drop off

Synthetic Organics

Contam ID	Contam Name	MCL	Units	Analysis Results	Qualifier	Analytical Method	Lab MDL	RDL	Analysis Date	Analysis Time	DOH Lab Cert. #
2005	Endrin	2.0	ug/L	0.0016	U	E508	0.0016	0.010	06/29/2006	13:18	E82574
2010	Lindane	0.20	ug/L	0.0033	U	E508	0.0033	0.020	06/29/2006	13:18	E82574
2015	Methoxychlor	40	ug/L	0.011	U	E508	0.011	0.10	06/29/2006	13:18	E82574
2020	Toxaphene	3.0	ug/L	0.091	U	E508	0.091	1.0	06/29/2006	13:18	E82574
2031	Dalapon	200	ug/L	0.86	U , Q	E515.3	0.86	1.0	07/07/2006	14:56	E82574
2032	Diquat	20	ug/L	2.5	U	E549.2	2.5	0	06/28/2006	08:00	E82574
2033	Endothall	100	ug/L	4.8	U	E548.1	4.8	9.0	06/22/2006	17:16	E82574
2035	Bis(2-ethylhexyl) Adipate	400	ug/L	0.27	U	E525.2	0.27	0.60	07/10/2006	20:31	E82574
2036	Oxamyl (Vydate)	200	ug/L	0.61	U	E531.1	0.61	0	07/08/2006	08:00	E82574
2037	Simazine	4.0	ug/L	0.19	U	E525.2	0.19	0.070	07/10/2006	20:31	E82574
2039	Bis(2-ethylhexyl)phthalate	6.0	ug/L	0.77	U	E525.2	0.77	0.60	07/10/2006	20:31	E82574
2040	Picloram	500	ug/L	0.47	U,Q	E515.3	0.47	0.10	07/07/2006	14:56	E82574
2041	Dinoseb	7.0	ug/L	0.64	U,Q	E515.3	0.64	0.20	07/07/2006	14:56	E82574
2042 .	Hexachlorocyclopentadiene	50	ug/L	0.015	U	E508	0.015	0.10	06/29/2006	13:18	E82574
2046	Carbofuran	40	ug/L	1.1	U	E531.1	1.1	0	07/08/2006	08:00	E82574
2050	Atrazine	3.0	ug/L	0.16	U	E525.2	0.16	0.10	07/10/2006	20:31	E82574
2051	Alachior	2.0	ug/L	0.26	U	E525.2	0.26	0.20	07/10/2006	20:31	E82574
2065	Heptachlor	0.40	ug/L	0.0063	U	E508	0.0063	0.040	06/29/2006	13:18	E82574
2067	Heptachlor Epoxide	0.20	ug/L	0.0028	U	E508	0.0028	0.020	06/29/2006	13:18	E82574
2105	2,4-D	70	ug/L	1.7	U , Q	E515.3	1.7	0.10	07/07/2006	14:56	E82574
2110	2,4,5-TP (Silvex)	50	ug/L	0.080	U,Q	E515.3	0.080	0.20	07/07/2006	14:56	E82574
2274	Hexachlorobenzene	1.0	ug/L	0.0027	U	E508	0.0027	0.10	06/29/2006	13:18	E82574
2306	Benzo(a)pyrene	0.20	ug/L	0.096	U	E525.2	0.096	0.020	07/10/2006	20:31	E82574
2326	Pentachlorophenol	1.0	ug/L	0.24	U , Q	E515.3	0.24	0.040	07/07/2006	14:56	E82574
2383	PCB screen as Arochlors	0.50	ug/L	0.11	U	£508	0.11	0.10	06/29/2006	13:18	E82574
2931	1,2-Dibromo-3-chloropropan	0.20	ug/L	0.0034	U	E504.1	0.0034	0	06/27/2006	07:07	E82574
2946	Ethylene Dibromide	0.020	ug/L	0.0069	U	£504.1	0.0069	0	06/27/2006	07:07	E82574
2959	Chlordane	2.0	ug/L	0.048	U	E508	0.048	0.20	06/29/2006	13:18	E82574

Q Sample held beyond the acceptable hold time.

MDL Method Reporting Limit

For all Results qualified with an I, the PQL is defined to be 4 times the MDL

U The compound was analyzed for but not detected.

SYNTHETIC ORGANICS

62.550.310(4)(b)

LAB ASSIGNED SAMPLE NUMBER: 263027/060623-010 LAB ASSIGNED JOB ID: ADV\_ENVLAB-060623-002

PWS ID (From Page 1): 6510355

Contam	Contam Name	MCL.	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	RDL	Extraction Date	Analysis Date	Analysis Time	DOH Lab Certification
2005	Endrin	2	µg/L			EPA 505	0.0017	0.01				E12700
2010	Lindane	0.2	μg/L			EPA 505	0.0011	0.02				E12700
2015	Methoxychlor	40	μg/L			EPA 505	0.015	0.1				E12700
2020	Toxaphene	3	µg/L			EPA 505	0.27	I				E12700
2031	Dalapon	200	μg/L			EPA 515.3	0.40	1				E12700
2032	Diquat	20	μg/L			EPA 549.2	1.7	0.4				E12700
2033	Endothall	100	µg/L			EPA 548.1	1.5	9				E12700
2034	Glyphosate	700	μg/L	12	U	EPA 547	12	6	N/A	7-JUL-2006	12:41	E12700
2035	Di(2-ethylhexyl)adipate	400	μg/L			EPA 525.2	2.0	0.6				E12700
2036	Oxamyl (Vydate)	200	μg/L			EPA 531.1	0.18	2				E12700
2037	Simazine	4	μg/L			EPA 505	0.22	0.07				E12700
2039	Di(2-ethylhexyl)phthalate	6	μg/L			EPA 525.2	2.0	0.6				E12700
2040	Pictoram	500	μg/L			EPA 515.3	0.18	0.1				E12700
2041	Dinoseb	7	μg/L			EPA 515.3	0.18	0.2				E12700
2042	Hexachlorocyclopentadiene	50	μg/L			EPA 505	0.012	0.1				E12700
2046	Carbofuran	40	μg/L			EPA 531.1	0.23	0.9				E12700
2050	Atrazine	3	μg/L			EPA 505	0.30	0.1				E12700
2051	Atachlor	2	μg/L			EPA 505	0.012	0.2				E12700
2063	2,3,7,8-TCCD (Dioxin)	0.03	ng/L									E12700
2065	Heptachlor	0.4	μg/L			EPA 505	0.012	0.04				E12700
2067	Heptachlor Epoxide	0.2	μg/L			EPA 505	0.0021	0.02				E12700
2105	2,4-D	70	μg/L			EPA 515.3	0.083	0.1				E12700
2110	2,4,5-TP (Silvex)	50	μg/L			EPA 515.3	0.020	0.2				E12700
2274	Hexachlorobenzene	1	μg/L			EPA 505	0.0059	0.1				E12700
2306	Benzo(a)pyrene	0.2	µg/L	,7101		EPA 525.2	0.095	0.02				E12700
2326	Pentachlorophenol	1	µg/L			EPA 515.3	0.030	0.04				E12700
2383	Polychlorinated Biphenyls	0,5	μg/L			EPA 505	0.13	0.1				E12700
2931	Dibromochloropropane	0.2	μg/L			EPA 504.1	0.0029	0.02				E12700
2946	Ethylene Dibromide (EDB)	0.02	μg/l.			EPA 504.1	0.0030	0.01				E12700
2959	Chlordane	2	μg/L			EPA 505	0.28	0.2				E12700



NOTE: Effective January 1, 2004, results indicating non-detection with a reported lab MDL > 50% of the MCL will not be accepted for compliance with 62-550.310(4)(b)

PUBLIC WATER SYSTEM INFORMATIO	N (to be completed by sampler - Please type	e or print legibly)
System Name: Coloniac M.	ANOL PWS I.D	#:6510355
	Nontransient Noncommunity	
Address:		Translett Worldomming
City:	State:	ZIP Code:
Phone #:		
E-Mail Address:		
SAMPLE INFORMATION (to be completed		
Sample Number: <u>LLEZCH 3</u>	Location Code (if kn	10wn): 1000504-0
Sample Date: 6-14-06		AM PM (Circle One)
Sample Location (be specific):		
Disinfectant Residual (Required when reporting	results for trihalomethanes and haloacetic acids)	mg/L Field pH:
	•	
Sample Type (Check Only One)		mple (Check all that apply)
Distribution	Aoutine Compliance (with 62-550)	Quarterly (Which Quarter?
Entry Point (to Distribution)	Confirmation of MCL Exceedance*	Special (not for compliance with 62-550)
Plant Tap (not for compliance with 62-550)	☐Composite of Multiple Sites**	
Raw (at weil or intake)	Clearance (permitting)	Replacement (of Invalidated Sample)
Max Residence Time	Other:	
Ave Residence Time	Sampling Procedure Used or Other Co	omments:
Near First Customer		
'See 62-550.500(6) for requiren NOTE: See 62-550.512(3) for a for nitrate or nitrite MCL	dditional requirements attact	62-550.550(4) for requirements and har results page for each site.
Sampler's Name: TEXRY HE	-NKY	
Sampler's Phone #: 727 243 - 93	Sampler's Fav #	727-848-7701
Sampler's E-Mail Address:		
CERTIFICATION (to be completed by	sampler)	
1, 1ERENCE SENKY (Print Name)		
•		(Print Title)
do HEREBY CERTIFY that the about complete and correct.	ove public water system and sam	ple collection information is
Signature: Quence 14	ency	Date: 674-06

Reporting Format 62-550.730 Effective January 1995, Revised January 2004 P.4 -

CERTIFICATION	INFORMATION (to be comple	eted by lab – Please type or pr	rint legibly)							
ATTACH CURRENT	DOH ANALYTE SHEET									
Lab Name: FL	DOH – Bureau of Laboratories -	- Jacksonville F	lorida Certification #: E12700							
Address: 1217 No	orth Pearl Street	Certificat	ion Expiration Date: 06/30/06							
Jackson	ville, Florida 32202	Phone #:	Phone #: (904) 791-1525							
ANALYSIS INFORMA	ATION (to be completed by lab)	Date Sample(s) Received:	21-JUN-2006							
PWS ID (From Page 1):		** * *	age 1): WELL #3/T066524-04							
	ADV_ENVLAB-060623-002		mber: 263027/060623-010							
Group(s) Analyzed & R	esults attached for compliance with Ch	• .								
Inorganics	Synthetic Organics	Volatile Organics	Disinfection Byproducts							
☐ All 17	☐ All 30	☐ All 21	Trihalomethanes							
Partial	All Except Dioxin	Partial	Haloacetic Acids							
☐ Nitrate	☐ Partial		Bromate							
☐ Nitrite	Dioxin Only	Radionuclides	Chlorite							
_	_ 2.onm omy	Single Sample	Chiorne							
		Qtrly Composite**	<u>Secondaries</u>							
All 17 Partial Nitrate Nitrite Asbestos Only  Vere any analyses subcontracte f yes, please provide DOH cert ATTACH DOH ANALYTE S  Dorcas Harper, (Print Name) O HEREBY CERTIFY that invironmental Laboratory Accr		☐ Quiy Composite								
			All 14							
Wasaanuanalunaanka	12 D V D V		Partial							
		NAD YOARD 1 YD,								
ATTACH DOH ANAL										
	CERT	TIFICATION								
I, Dorcas Harper, (Print Name)		Quality Assurance Office (Print Title)	cer,							
	Y that all attached analytical data a ry Accreditation Conference (NELAC		meet all requirements of the National							
Signature:	Dereas Ha	ABLA	Date: Cylly 21,2006							
report, possible enforceme	and current Florida DOH lab certification numbers against the public water system for failure to all sample dates & locations for each quarter.	per and current Analyte Sheet for the att sample, and may result in notification o	ached analysis results will result in rejection of the of the DOH Bureau of Laboratory Services.							
COMPLIANCE DETE	RMINATION (to be completed by D	EP or DOH)								
Sample Collection Info	Satisfactory: 🔲 Yes 🗌 No	Sample Analys	is Info Satisfactory: 🗌 Yes 📗 No							
Replacement Sam	ple(s) Requested (circle or highlight group(	(s) above) Revised Report	Requested (circle or highlight group(s) above)							
Reason(s): MCL(s	) Exceeded	Detection(s)	Incomplete Report							
<u>=</u>	g Analyte Sheet(s)	Location Unsatisfactory	Analysis Unsatisfactory							
		· ·	•							
			ate Notified:							
	DEPOOL Devision									
Date Reviewed:	DEP/DOH Reviewing	Official:								
Reporting format 62-550 730  Effective January 1995, Revised January	2004 P	age 2 of 6								

LABORATORY C		INFORMATION (t	to be complet	ed by lab - Ple	ease type or p	rint legibly)					
	ntal Labs - Tampa		Florida Certification # E84589								
Address: 9610 Tamp	venue	***	Certification Expiration Date: 06/30/2007  phone #: (813) 630-9616								
ANALYSIS INFOR	RMATION (to be	completed by lab	,								
PWS ID (from pa		. ,		Date Sample(s) Received: 06/14/2006 13:45:0							
Lab Assigned Rep	Job ID T066524		Sample Number (From page 1) T066524-01								
Group(s) Analyze	d Results attack	hed for compliance	e with chapter	r 62-550, F.A.C	C. (check all t	hat appl					
Inorgan	nics	Synthetic Organ	nics	Volatile Orga	anics	Disinfection Byp	oducts				
All 1	17	All 30		All 21		Triha					
: Part	ial	✓ All Except Di	oxin	Partial		Haloaceti					
Nitra	ate	Partial		Radionuclide	es	Bromate					
Nitri		Dioxin Only		Single Sa	ame	Chlorite					
Asb	estos Only			Qtrly Cor	•	Secondaries					
						All 14					
10/		10 (13) 24	Ma	•		Partial					
Were any analyse		******	: No								
If yes, please prov	vide DOH certific	cation number E8	32574	E12700							
ATTACH DOH AN	NALYTE SHEET	FOR EACH SUB	CONTRACT	ED LAB							
			CERTIF	ICATION							
I, Tammie Heslin (Print N		, Project Manage	г								
do HEREBY CER National Environn	RTIFY that all atta mental Laborator	ached analytical d y Accreditation Co	ata are corre onference (NE	ct and unless r ELAC).	noted meet al	I requirements of the					
Signature:	SPY	Ll	-		Date:	MILUIO					
analysis results w	vill result in reject	urrent Florida DOH tion of the report, p se DOH Bureau of	possible enfo	rcement again	nd a current A est the public	nalyte Sheet for the water system for failt	attached ire to sample,				
		nple dates locatio	ns for each q	uarter.							
		(to be completed	by DEP or D	ЮН)		***************************************					
Sample Collection	n Info Satisfactor	ry 🖺 Yes 📋	No		nalysis Info S						
Replacement Sa	ample(s) Requested	d (circle or highlight o	group(s) above)	Revise	ed Report Requ	ested (circle or highlight	group(s) above)				
Additional Mor	nitoring Required	d (circle or highligh	nt group(s) at	oove)							
Reason(s): M	ICL(s) Exceeded	ł	Detection	on(e)		Incomplete Re	eport .				
M	lissing Analyte S other:			n Unsatisfactor		Analysis Unsa	itisfactory				
Person Notified:	* * * * * * * * * * * * * * * * * * * *					Notified:					
Comments	6.0 4.0 1 10.0 mass					** "	en en en en en en en				
Date Reviewed:		# · · · · = · · · · · · · · · · · · · ·	DEP/DOH	Reviewing Of	ficial:		THE PART OF THE PART OF				



# DATA QUALIFIER CODES (From 62-160, Table 1)

These codes shall be used by laboratories when reporting data values that either meet the specified description outlined below or do not meet the quality control criteria of the laboratory:

The following codes are acceptable for use with results submitted for compliance with 62-550 and 62-555

SYMBOL	MEANING
В	Results based upon colony counts outside the acceptable range. This code applies to microbiological tests and specifically to membrane filter counts. This code is to be used if the colony count is generated from a plate in which the total number of coliform colonies is outside the method indicated ideal range. This code is not to be used if a 100 mL sample has been filtered and the colony count is less than the lower value of the ideal range.
I	The reported value is between the laboratory method detection limit and the laboratory practical quantitation limit.
K	Off-scale low. Actual value is known to be less than the value given. This code shall be used if:  1. The value is less than the lowest calibration standard and the calibration curve is known to be non-linear; or  2. The value is known to be less than the reported value based on sample size, dilution or some other variable.
	This code shall not be used to report values that are less than the laboratory practical quantitation limit or laboratory method detection limit.
L	Off-scale high. Actual value is known to be greater than value given. To be used when the concentration of the analyte is above the acceptable level for quantitation (exceeds the linear range or highest calibration standard) and the calibration curve is known to exhibit negative deflection.
М	When reporting chemical analyses: presence of material is verified but not quantified; the actual value is less than the value given. The reported value shall be the laboratory practical quantitation limit. This code shall be used if the level is too low to permit accurate quantification, but the estimated concentration is greater than the method detection limit. If the value is less than the method detection limit use "T" below.
!	Data deviate from historically established concentration ranges. This code shall be used only if the laboratory has knowledge of the specific sampling event. The code shall be added by the organization collecting samples if it applies.
U	Indicates that the compound was analyzed for but not detected. This symbol shall be used to indicate that the specified component was not detected. The value associated with the qualifier shall be the laboratory method detection limit.
V	Indicates that the analyte was detected in both the sample and the associated method blank. Note: the value in the blank shall not be subtracted from the associated samples.
D	Measurement was made in the field (i.e., in situ). This applies to any value (except pH, specific conductance, dissolved oxygen, temperature, total residual chlorine, transparency, or salinity) that was obtained under field conditions using approved analytical methods. If the parameter code specifies a field measurement (e.g., "Field pH"), this code is not required. This code shall be used only if the laboratory has knowledge of the specific sampling event. The code shall be added by the organization collecting samples if it applies. The code shall be added by the organization collecting samples if it applies.
E	Indicates that extra samples were taken at composite stations. This code shall be used only if the laboratory has knowledge of the specific sampling event. The code shall be added by the organization collecting samples if it applies.



The following codes may or may not be acceptable for use with results submitted for compliance with 62-550 and 62-555, depending on the parameter(s) and/or the circumstances. Results with these codes will be evaluated on a case by case basis.

SYMBOL	MEANING
J	Estimated value; value may not be accurate. This code shall be used in the following instances:
	1. Surrogate recovery limits have been exceeded;
	2. No known quality control criteria exist for the component;
}	3. The reported value failed to meet the established quality control criteria for either precision or accuracy;
1	4. The sample matrix interfered with the ability to make any accurate determination; or
	<ol><li>The data are questionable because of improper laboratory or field protocols (e.g., composite sample was collected instead of grab sample).</li></ol>
	Note: a "J" value shall be accompanied by written justification for its use.  A "J" value shall not be used if another code applies (e.g., K, L, M, T, V, Y, I).
Q	Sample held beyond the accepted holding time. This code shall be used if the value derived from a sample that was prepared or analyzed after the approved holding time restrictions for sample preparation or analysis.
R	Significant rain in the past 48 hours. (Significant rain typically involves rain in excess of ½ inch within the past 48 hours.) This code shall be used when the rainfall might contribute to a lower than normal value.
Y	The laboratory analysis was from an improperly preserved sample. The data may not be accurate.

	The following codes are not acceptable for use with results submitted for compliance with 62-550 and 62-555.
SYMBOL	MEANING
A	Value reported is the arithmetic mean (average) of two or more determinations. This code shall be used if the results of two or more discrete and separate samples are averaged. These samples shall have been processed and analyzed (e.g., laboratory replicate samples, field duplicates, etc.) independently. Do not use this code if the data are the result of replicate analysis on the same sample aliquot, extract or digestate. Do not use this code if the data replicate values shall be reported as individual analyses.
F	When reporting species: F indicates female sex.
Н	Value based on field kit determination; results may not be accurate. This code shall be used if a field screening test (i.e., field gas chromatographic data, immunoassay, vendor-supplied field kit, etc.) was used to generate the value and the field kit or method has not been recognized by the Department as equivalent to laboratory methods.
N	Presumptive evidence of material. This qualifier shall be used if:  1. The component has been tentatively identified based on mass spectral library search; or  2. There is an indication that the analyte is present, but quality control requirements for confirmation were not met (i.e., presence of analyte was not confirmed by alternative procedures).
0	Sampled, but analysis lost or not performed.
Т	Value reported is less than the laboratory method detection limit. The value is reported for informational purposes only and shall not be used in statistical analysis.
Z	Too many colonies were present (TNTC); the numeric value represents the filtration value.
?	Data are rejected and should not be used. Some or all of the quality control data for the analyte were outside criteria, and the presence or absence of the analyte cannot be determined from the data.
*	Not reported due to interference.

#### DATA QUALIFIER JUSTIFICATION

Glyphosate, which is analyzed by EPA Method 547 uses a longer holding time of 30 days because the laboratory is choosing to freeze the sample as indicated in the method to allow for a holding time of up to 18 months. This is found in Section 8 of EPA Method 547, item number 3.



#### Chain-of-Custody for AEL Tampa to AEL Jax

AEL Tampa 9610 Princess Palm Avenue Tampa, FL 33619

813-630-9616 Fax 813-630-4327 Contact Person: Michael Cammarata

Project #: T066524

CustomerName: US Water Services

Collector: Terry Henry

AEL Jax 6601 Southpoint Parkway Jacksonville, FL 32216 904-363-9350 Fax 904-363-9354 Contact Person: Sean Hyde

Check	if	Rush

Lab Code	Client Sample ID	Test	Matrix	Collect Date	/ Time	Receive Date	Due Date	# Bottles	Bottle Type	(Pres.)
T066524-01	Well #3	62-550 508 Pests (J)	Drinking Water	6/14/2006	11:35	6/14/06 13:45	6/21/2006		1L Amber glass	
T066524-01	Well #3	62-550 531.1 SOCs (J)	Drinking Water	6/14/2006	11:35	6/14/06 13:45	6/28/2006			
T066524-01	Well #3	62-550 Herbicides (J)-515.3	Drinking Water	6/14/2006	11:35	6/14/06 13:45	6/28/2006		40mL Vial	
T066524-01	Well #3	62-550 SVOCs (J)-525.2	Drinking Water	6/14/2006	11:35	6/14/06 13:45	6/28/2006		1L Amber glass	
T066524-01	Well #3	62-550 SVOCs (J)-548.1	Drinking Water	6/14/2006	11:35	6/14/06 13:45	6/21/2006		1L Amber glass	
T066524-01	Well #3	Diquat	Drinking Water	6/14/2006	11:35	6/14/06 13:45	6/21/2006		1L Amber glass	
T066524-01	Well #3	Ethylene Dibromide (EDB)	Drinking Water	6/14/2006	11:35	6/14/06 13:45	6/28/2006	<del> </del>	40mL VOC vial	

Tampa Relinquisher:

Shipping Relinquisher: AEL Courier

Shipping Receiver: AEL Courier

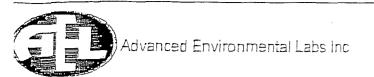
Jacksonville Receiver:

\_\_\_\_\_

ato/Time:

5/15/06

8:45



Advanced Environmental Labs 9610 Princess Palm Ave. Tampa, FL 33619

te/Time Rovd: 1	14100 13	15 Log	3-in request number	r: 7041	e5	24				
			<b>A</b>							
poler/Shipping	Information:									
urier: 🗖 AEL ,🗗 C	lient D UPS D Por	ny Express □ FedE	x DAES DASAP	☐ Other (descri	ibe): _	· · · · · · · · · · · · · · · · · · ·				
De Fi Copier D. Bo	x DiOther (describe	· 1								
					_					
oler temperature:	identify the cooler a	nd document the ter	mperature blank or it	ce water measur	emen	t 				
Cooler ID										
Temp (°C)	0 2									
Temp taken from	D Sample Bottle	D Sample Bottle	D Sample Buttle	☐ Sample Bottle			Bottle			
TOTAL MARKET		·		·						
Temp measured	D Thermometer (enter	D Thermoneter (enter	D Thermometer (enter		mw	_				
with	ID):	ID):	ID):	ID):	·	ID):				
/ discrepancies sho	ould be explained in		ction bėlow.			1				
		CHECKLIST			YES	NO	NA			
<ol> <li>Were custody se</li> </ol>	als on shipping contai	mer(s) iniact?								
<ol><li>Were custody pa</li></ol>	tpen properly include	d with samples?								
<ol> <li>Were custody pa</li> </ol>	spens properly filled or	# (ink, signed, march	labels)?							
4. Did all bottles at	rive in good candition	ı (unbroksn)?			_					
			iysis, preservatives)?		منسر					
<ol> <li>Did the sample is</li> </ol>	abels agree with the cl	zain of custody?								
<ol><li>Were correct bot</li></ol>	tles used for the tests	indicated?			_					
3. Were proper san	ple preservation tech	niques indicated on th	e label?							
					_					
			?							
			one: 🗆 NO ICE 🗆 B	LUE ICE						
	4. Were sample pHs checked and recorded by Sample control? (VOA checked by analysts)									
7. Was it necessary i	to split samples into o	ther bottles?								
Dier/Shipping Information:  Dier: AEL PClient DUPS Deny Express DedEx DAES DASAP Dother (describe):  Dier temperature: Identify the cooler and document the temperature blank or ice water measurement  Cooler ID  Temp (°C)  Cooler DESample Bottle  Dooler DESample Bottle										
aments:										
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#### Advanced Environmental Laboratories, Inc.

#### CHAIN OF CUSTODY RECORD

☐ Jacksonville: 6601 Southpoint Parkway, Jacksonville, FL 32216 • (904) 363-9350 Fax (904) 363-9354
☐ Tampa: 9610 Princess Palm Avenue, Tampa, FL 33619 • (813) 630-9616 Fax (913) 630-9617

☐ Tampa: 9610 Princess Palm Avenue, Tampa, FL 33619 • (813) 630-9616 Fax (813) 630-4327
☐ Gainesville: 2106 NW 67th Place, Suite 7, Gainesville, FL 32653 • (352) 367-1500 Fax (352) 367-0050

LAB NUMBER: 7066524

☐ Orlando: 528 S. North Lake Bl	vd., Suite 1016, Altamor	ite Springs	332) 367-1300 P s, FL 32701 • (40	ax (352) 367-00 )7) 937-1594 Fe	)50 x (407) 937	-1597			Pag	ge	of _	
CLIENT NAME:	PROJEC	T NAM	F:				BOTTLE SIZE					
US WATER COXP.	Cox	2001	AC M	ANON	_		& TYPE					ļ
ADDRESS: 4739 CKOSC BACKLE	RI P.O. NUI	MBER /	PROJECT N	IUMBER:								
CLS WATER COKP.  ADDRESS: 4739 CROSS BAYOU  VEW PORT RICHEY FL. 369  PHONE: FAX: 727-848  CONTACT:	PROJEC	T LOCA	ATION:				A R N E A Q L U Y I					A B N
CONTACT: MEZISA	SAMPLE	ED BY:					S R I E S D					M B E
	S / SPECIAL INST	RUCTIC	NS:		<del></del>			~			Ì	R
I STANDARD						:		S08				
RUSH												
VW= waste water SW=surface water GW=ground w	vater DW=drinking	water	OIL A	air SO=	soil S	L∍sludge	Preserv					
SAMPLE ID SAMPLE DESCRIPT	ION	Grab Composite	SAM DATE	PLING TIME	MATRI	X NO. CONT.						
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= ice $H = (HCI)$ $S = (H_2SO_4)$ $N = (HNO_3)$ 1		ne)	Reli	nquished by:		Date	Time	Re	ceived by:	- 1	Date	Time
Shipment Method Sample Kitti Goole Out: / / Vig. 188 D/T_	90.#	- 1	Zun	Hong	_	6-1486	13.45	KMar		Q//	4/0	13:4
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Ret: / / Via Via Via	0	3					·					



# FILE COPY

9610 Princess Palm Avenue Tampa, Florida 33619 (813) 630-9616 FAX (813) 630-4327

Client:

**US Water Services** 

**Project Name:** 

Colonial Manor

Project Number:

PWS ID#:

6510355

Attention:

Melisa Rotteveel

**Phone Number**: 7278488292

Address:

4939 Cross Bayou Blvd.

New Port Richey, FI 34652

Report No.:

T065238

Date Sampled:

05/10/2006

Date Received:

5/10/06 15:40

Date Reported:

06/08/2006

#### **Project Description**

The analytical results for the samples contained in this report were submitted for analysis as outlined by the Chain of Custody.

Project Name:

Colonial Manor

Approved By:

Meltsea LaMigne, Project Menagar

If there are any questions involving this report, the above named should be contacted.

THIS REPORT SHALL NOT BE REPRODUCED, EXCEPT IN FULL, WITHOUT THE WRITTEN APPROVAL OF THE LABORATORY.

Advanced Environmental Laboratories certifies that the test results in this report meet all requirements of the NELAC standards, unless notated otherwise in the body of the report.

Total Number of Pages = 9

Analytical Report

Client: US Water Services

Report No.: T065238

Project Name: Colonial Manor

Date/Time Sampled: 05/10/06 11:30

Matrix: Drinking Water

Date/Time Received: 5/10/06 15:40

PWS ID#: 6510355

Client Sample ID:

Site: Well #3

Sampled By: Terry Henry

Sample Number: T065238-01

Shipping Method: Client drop off

### Inorganic Contaminants

Contam ID	Contam Name	MCL	Units	Analysis Results	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Cert. #
1005	Arsenic	0.010	mg/L	0.0038		E200.7	0.0038	05/16/2006	10:11	E82574
1010	Barium	2.0	mg/L	0.033		E200.7	0.00067	05/16/2006	10:11	E82574
1015	Cadmium	0.0050	mg/L	0.00020	i	E200.7	0.000051	05/16/2006	10:11	E82574
1020	Chromium	0.10	mg/L	0.00030	U	E200.7	0.00030	05/16/2006	10:11	E82574
1024	Cyanide	0.20	mg/L	0.0049	U	SM4500CN-E	0.0049	05/13/2006	16:00	E84589
1025	Fluoride	4.0	mg/L	0.36		E300.0	0.061	05/11/2006	09:13	E84589
1030	Lead	0.015	mg/L	0.0012	υ	SM3113B	0.0012	05/16/2006	11:21	E82574
1035	Mercury	0.0020	mg/L	0.000071	i	E245.1	0.000020	05/14/2006	15:31	E82574
1036	Nickel	0.10	mg/L	0.0016	U	E200.7	0.0016	05/16/2006	10:11	E82574
1040	Nitrate (as N)	10	mg/L	5.1		E300.0	0.027	05/11/2006	09:13	E84589
1041	Nitrite (as N)	1.0	mg/L	0.034	U	E300.0	0.034	05/11/2006	09:13	E84589
1045	Selenium	0.050	mg/L	0.0040		SM3113B	0.00074	05/24/2006	10:54	E82574
1052	Sodium	160	mg/L	140		E200.7	0.019	05/16/2006	10:11	E82574
1074	Antimony	0.0060	mg/L	0.0026	IJ	SM3113B	0.0026	06/01/2006	09:45	E82574
1075	Beryllium	0.0040	mg/L	0.000019	i,V	E200.7	0.000017	05/16/2006	10:11	E82574
1085	Thallium	0.0020	mg/L	0.0012	υ	E200.9	0.0012	06/02/2006	10:05	E82574

i The reported value is between the laboratory method detection limit and the laboratory practical quantitation limit.

U The compound was analyzed for but not detected.

V Indicates that the analyte was detected in both the sample and the associated method blank.

MDL Method Reporting Limit

For all Results qualified with an I, the PQL is defined to be 4 times the MDL

### Analytical Report

Client: US Water Services

Report No.: T065238

Project Name: Colonial Manor

Date/Time Sampled: 05/10/06

Matrix: Drinking Water

Date/Time Received: 5/10/06 15:40

11:30

PWS ID#: 6510355

Client Sample ID:

Site: Well #3

Sampled By: Terry Henry

Sample Number: T065238-01

Shipping Method: Client drop off

### Secondary DW Standards

Contam ID	Contam Name	MCL	Units	Analysis Results	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis _Time	DOH Lab Cert. #
1002	Aluminum	0.20	mg/L	0.021	υ	E200.7	0.021	05/16/2006	10:11	E82574
1017	Total Chlorides	250	mg/L	300		E300.0	6.5	05/23/2006	09:43	E84589
1022	· Copper	1.0	mg/L	0.0028	í	E200.7	0.00096	05/16/2006	10:11	E82574
1025	Fluoride	2.0	mg/L	0.36		E300.0	0.061	05/11/2006	09:13	E84589
1028	Iron	0.30	mg/L	0.011	U	E200.7	0.011	05/16/2006	10:11	E82574
1032	Manganese	0.050	mg/L	0.00097	i, V	E200.7	0.00025	05/16/2006	10:11	E82574
1050	Silver	0.10	mg/L	0.00060	U	E200.7	0.00060	05/16/2006	10:11	E82574
1055	Sulfate (as SO4)	250	mg/L	65		E300.0	1.4	05/11/2006	09:13	E84589
1095	Zinc	5.0	mg/L	0.040		E200.7	0.0016	05/16/2006	10:11	E82574
1905	Color	15	olor Uni	5.0	U	SM2120B	5.0	05/11/2006	14:00	E84589
1920	Odor	3.0	TON	1.0	υ	SM2150B	1.0	05/11/2006	10:00	E84589
1925	pH	6.5-8.5	pH Units	7.30	, a	E150.1	1.0	05/11/2006	09:10	E84589
1930	Total Dissolved Solids	500	mg/L	1100		E160.1	10	05/16/2006	12:00	E84589
2905	MBAS, as LAS, mol. wt. 340	0.50	mg/L	0.035	U	E425.1	0.035	05/11/2006	08:20	E84589

i The reported value is between the taboratory method detection limit and the taboratory practical quantitation limit.

MDL Method Reporting Limit

For all Results qualified with an I, the PQL is defined to be 4 times the MDL

Q Sample held beyond the acceptable hold time.

U The compound was analyzed for but not detected.

V Indicates that the analyte was detected in both the sample and the associated method blank.

Analytical Report

Client: US Water Services

Report No.: T065238

Project Name: Colonial Manor

Date/Time Sampled: 05/10/06 11:30

Matrix: Drinking Water

Date/Time Received: 5/10/06 15:40

PWS ID#: 6510355

Client Sample ID:

Site: Well #3

Sampled By: Terry Henry

Sample Number: T065238-01

Shipping Method: Client drop off

### Volatile Organics

Contam ID	Contam Name	MCL	Units	Analysis Results	Qualifier	Analytical Method	Lab MDL	RDL	Analysis Date	Analysis Time	DOH Lab Cert.#
2378	1,2,4-Trichlorobenzene	70	ug/L	0.20	υ	E502.2	0.20	1.0	05/12/2006	14:53	E82574
2380	Cis-1,2-dichloroethene	70	ug/L	0.20	U	E502.2	0.20	1.0	05/12/2006	14:53	E82574
2955	Xylenes (Total)	10000	ug/L	0.50	U	E502.2	0.50	1.0	05/12/2006	14:53	E82574
2964	Methylene Chloride	5.0	ug/L	0.44	U	E502.2	0.44	1.0	05/12/2006	14:53	E82574
2968	1,2-Dichlorobenzene	600	ug/L	0.26	U	E502.2	0.26	1.0	05/12/2006	14:53	E82574
2969	1,4-Dichlorobenzene	75	ug/L	0.11	U	E502.2	0.11	1.0	05/12/2006	14:53	E82574
2976	Vinyl Chloride	1.0	ug/L	0.29	U	E502.2	0.29	1.0	05/12/2006	14:53	E82574
2977	1,1-Dichloroethene	7.0	ug/L	0.21	U	E502.2	0.21	1.0	05/12/2006	14:53	E82574
2979	Trans-1.2-dichloroethene	100	ug/L	0.27	U	E502.2	0.27	1.0	05/12/2006	14:53	E82574
2980	1,2-Dichloroethane	3.0	ug/L	0.22	U	E502.2	0.22	1.0	05/12/2006	14:53	E82574
2981	1,1,1-Trichloroethane	200	ug/L	0.33	U	E502.2	0.33	1.0	05/12/2006	14:53	E82574
2982	Carbon Tetrachloride	3.0	ug/L	0.31	U	E502.2	0.31	1.0	05/12/2006	14:53	E82574
2983	1,2-Dichloropropane	5.0	ug/L	0.22	U	E502.2	0.22	1.0	05/12/2006	14:53	E82574
2984	Trichloroethene	3.0	ug/L	0.28	υ	E502.2	0.28	1.0	05/12/2006	14:53	E82574
2985	1,1,2-Trichloroethane	5.0	ug/L	0.32	U	E502.2	0.32	1.0	05/12/2006	14:53	E82574
2987	Tetrachloroethene	3.0	ug/L	0.31	U	E502.2	0.31	1.0	05/12/2006	14:53	E82574
2989	Chlorobenzene	100	ug/L	0.18	U	E502.2	0.18	1.0	05/12/2006	14:53	E82574
2990	Benzene	1.0	_	0.21	U	E502.2	0.21	1.0	05/12/2006	14:53	E82574
2991	Toluene	1000	ug/L	0.10	U	E502.2	0.10	1.0	05/12/2006	14:53	E82574
2992	Ethylbenzene	700	ug/L	0.15	U	E502.2	0.15	1.0	05/12/2006	14:53	E82574
2996	Styrene	100	-	0.14	U	E502.2	0.14	1.0	05/12/2006		E82574

U The compound was analyzed for but not detected.

MDL Method Reporting Limit

For all Results qualified with an I, the PQL is defined to be 4 times the MDL

System Name: <u>COLONIAL MAK</u> System Type (check one): BCommunity Address: HENDRIX SIKE	■Nontransient Noncommunity	Transient Noncommunity
City:		
Phone #:		
E-Mail Address:		
SAMPLE INFORMATION (to be completed		
Sample Number: LLCC #3 To	6 S 238-01 Location Code (if kn	own):
Sample Date: 5-10-06	Sample Time: //	(30 AM) PM (Circle 0
Sample Location (be specific):		
Disinfectant Residual (Required when reporting	results for tribalomethanes and haloacetic acids):	mg/L Field pH:
Sample Type (Check Only One)	Reason(s) for Sa	mple (Check all that apply)
Distribution	Routine Compliance (with 62-550)	Quarterly (Which Quarter?
ZEntry Point (lo Distribution)	Confirmation of MCL Exceedance*	Special (not for compliance with 62-55
Plant Tap (not for compliance with 62-550)	Composite of Multiple Sites**	☐Violation Resolution
Raw (at well or intake)	Clearance (permitting)	Replacement (of Invalidated Sample)
Max Residence Time	Other:	
Ave Residence Time	Sampling Procedure Used or Other Co	omments:
☐Near First Customer		
*See 62-550.500(6) for require. NOTE: See 62-550.512(3) for for nitrate or nitrite MCI	additional requirements attac	62-550.550(4) for requirements and ha results page for each site.
Sampler's Name: TERRY HENR	×	
Sampler's Phone #: 727 243 - 4		727 848-7701
Sampler's E-Mail Address:		
	y sampler)	
CERTIFICATION (to be completed by		
	•	
		(Print Title)
, TELENCE HENRY (Print Name)	oove public water system and sam	

	ORY CERTIFICATION CURRENT DOH ANALY	•	mpleted by lab - Please type or p	orint legibly)					
LabName:	Advanced Environmer	ital Labs - Tampa	Florida	Certification #: E84589					
Address:	9610 Princess Palm A	venue	Certification E	xpiration Date: 06/30/2006					
	Tampa, Florida 33619			phone #: (813) 630-9616					
ANALYSIS	S INFORMATION (to be	completed by lab							
PWS ID (	from page 1): 6510355		Date Sample	(s) Received 05/10/2006 15:40:0					
Lab Assigr	ned Report Number or	lob ID T065238	Sample Number (F	From page 1) T065238-01					
Group(s) A	analyzed Results attach	ned for compliance with ch	hapter 62-550, F.A.C. (check all that appl						
[ [ [ ] Were any	All 1 Partial Nitrate Nitrite Asbestos Onl analyses subcontracted		Volatile Organics  ☑ All 2 ☐ Partial  Radionuclides ☐ Single Sam ☐ Qtrly Composite**	Disinfection Byproducts  Trih Haloaceti Bromate Chlorite Secondaries  All 1 Partial					
ATTACH I	OOH ANALYTE SHEET	FOR EACH SUBCONTR	RACTED LAB						
		CEI	RTIFICATION						
do HEREE	(Print Name) BY CERTIFY that all att	, Project Manager ached analytical data are y Accreditation Conference	correct and unless noted meet a ce (NELAC).	all requirements of the					
Signature	mer L	· .	Date: 6	18126					
analysis re and may r	esults will result in reject esult in notification of the	urrent Florida DOH lab ce	rtification number and a current as enforcement against the public tory Services.	Analyte Sheet for the attached water system for failure to sample,					
COMPLIA	NCE DETERMINATIO	(to be completed by DEI	P or DOH						
Replace		ry M Yes 🐼 No d (circle or highlight group(s) : d (circle or highlight group		Satisfactory: Yes No No Nouested (circle or highlight group(s) above)					
Reason(s	):   MCL(s) Exceeded  Missing Analyte S  Other		etection(s) ocation Unsatisfactory	Incomplete Repor					
Person Ne	otified:	·	Dat Dat	e Notified					
Comment	s								
Date Revi	iewed:	DEP	P/DOH Reviewing Official						



II D.

Advanced Environmental Labs 9610 Princess Palm Ave. Tampa, FL 33619

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			T T		T		
Cooler ID	-+						
Temp (°C)							
Temp taken from	☐ Sample Bottle ☐ Cooler	☐ Sample Bottle ☐ Cooler	☐ Sample Bottle ☐ Cooler	☐ Sample Bottle ☐ Cooler		☐ Sample ☐ Cooler	Bottle
	-BiK gun	□ IR gum	DIR gun	D IR gun		🗆 IR gun	
Temp measured with	☐ Thermometer (enter ID):	☐ Thermometer (enter ID):	D Thermometer (enter ID):	D):	(ट्याटा	□ Tnermo ID):	imeter (eni
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1. Were custody s	eals on shipping conta	CHECKLIST			YES	NO	NA
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4. Did all bottles a	rrive in good conditio	n (unbroken)?			-		
		le #, date, signed, ana	lysis, preservatives)?		1		
	labels agree with the o					ļ	ļ
	ottles used for the tests		1 1 10		1		
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	pubbles present in the		··		+	1	1
		et ice? If "No," check	k one: □NO ICE □B	LUE ICE	1		1
	temperature less than					-	
14. Were sample pl	Hs checked and record	ed by Sample control?	? (VOA checked by an	alysts)			1
	e containers provided				1-		
	accepted into the labora					<u> </u>	
17. Was it necessar	y to split samples into	other bottles?					
					<u> </u>		

### Chain-of-Custody for AEL Tampa to AEL Jax

AEL Tampa 9610 Princess Palm Avenue Tampa, FL 33619 813-630-9616 Fax 813-630-4327

Contact Person: Michael Cammarata

Project #: T065238

CustomerName: US Water Services

Collector: Terry Henry

AEL Jax 6601 Southpoint Parkway Jacksonville, FL 32216 904-363-9350 Fax 904-363-9354 Contact Person: Sean Hyde

	1		
I .	Check	if	Duch
1	CHECK	11	Rusii

Lab Code	Client Sample ID	Test	Matrix	Collect Date	/ Time	Receive Date	Due Date	# Bottles	Bottle Type (Pres.)
T065238-01		62-550 Metals ICP (Primary) DW	Drinking Water	5/10/2006	11:30	5/10/06 15:40	5/24/2006		1L Poly
T065238-01		62-550 Metals ICP (Secondary) DW	Drinking Water	5/10/2006	11:30	5/10/06 15:40	5/24/2006		1L Poly
T065238-01		62-550 VOCs DW	Drinking Water	5/10/2006	11:30	5/10/06 15:40	5/24/2006		40mL VOC Vial
T065238-01		Hg (DW)	Drinking Water	5/10/2006	11:30	5/10/06 15:40	5/24/2006		500mL Poly (HNO3)
T065238-01		Pb (DW)	Drinking Water	5/10/2006	11:30	5/10/06 15:40	5/24/2006		500mL Poly (HNO3)
T065238-01		Sb (DW)	Drinking Water	5/10/2006	11:30	5/10/06 15:40	5/24/2006		500mL Poly (HNO3)
T065238-01		Se (DW)	Drinking Water	5/10/2006	11:30	5/10/06 15:40	5/24/2006		500mL Poly (HNO3)
T065238-01		TI (DW)	Drinking Water	5/10/2006	11:30	5/10/06 15:40	5/24/2006		500mL Poly (HNO3)

Tampa Relinquisher:

Shipping Relinquisher: AEL Courier

Shipping Receiver: AEL Courier

Jacksonville Receiver:

Date/Time:

late/Time:

-17-06

8:25

HUYUNGGU

Environmental Laboratories, Inc.

☐ Jacksonville: 6601 Southpoint Parkway, Jacksonville, FL 32216 • (904) 363-9350 Fax (904) 363-9354

9610 Princess Palm Avenue, Tampa, FL 33619 (813) 630-9616 Fax (813) 630-4327

Gainesville: 2106 NW 67th Place, Suite 7, Gainesville, FL 32653 • (352) 367-1500 Fax (352) 367-0050

LAB NUMBER: 1

Orlando: 528 S. North Lake Blvd., Suite 1	016. Altamonte Springs, FL 32701 • (407) 937-1594 Fax (407) 937-1597			1 age	0,
CLIENT NAME:	PROJECT NAME:  BOT SIZ & TYP				
US WATER  ADDRESS: 4939 CROSS BAYOU BU  NEW PORT RICHEY FL 34652  PHONE:  FAX: 727-848-77-1	P.O. NUMBER / PROJECT NUMBER:				
NEW PORT RICHEY FL 34652	PROJECT LOCATION:	E O			A B
PHONE: FAX: 727 -848-7711	Y I S F	R			N
CONTACT:	SAMPLED BY:	D	14		B E
TURN AROUND TIME: REMARKS / SPEC	CIAL INSTRUCTIONS:	1 1	7 7		R
□ STANDARD		00,	Kim Ary X SezonDALLO		
O RUSH		2	Se 2		
WW= waste water SW=surface water GW=ground water E	OW=drinking water OIL A=air SO=soil SL=sludge Prese	serv			
SAMPLE ID SAMPLE DESCRIPTION	Grab SAMPLING MATRIX NO. CONT.				
COLONIAL MANON WELL HIS					-01
		**************************************			
= Ice $H = (HCI)$ $S = (H_2SO_4)$ $N = (HNO_3)$ $T = (Sodium contracts)$	1.0	ne	Received by	Date 5 10 0	Jime
Shiphaenus (Mothoda) (Sample Kit Cooler #	1 Deng/Jeny 5/10/04/15!	140 K	.m	- >/10/0	0 17.
Ret: Va. 2 Tip: Bl. D/T	3				
Retr. Para Para Para Para Para Para Para Pa	4		اه د داد ده د	0104	

CHAIR OF COCIODA HECCHE

PUBLIC WATER SYSTEM INFORMATION	(to be completed by sampler - Please type	e or print legibly)
System Name: COLONIAL MAR		
System Type (check one): Community	Nontransient Noncommunity	Transient Noncommunity
Address: HENDRIX STREET	T	
City:	State:	ZIP Code:
Phone #:	Fax #:	
E-Mail Address:		
SAMPLE INFORMATION (to be completed to		
Sample Number: 4 200 3	Location Code (if kn	nown):
Sample Date: 5-10-06		1:30 AM PM (Circle One)
Sample Location (be specific):		
Disinfectant Residual (Required when reporting	results for trihalomethanes and haloacetic acids)	: mg/L Field pH:
Sample Type (Check Only One)	Reason(s) for Sa	ample (Check all that apply)
Distribution	Routine Compliance (with 62-550)	Quarterly (Which Quarter?)
Entry Point (to Distribution)	Confirmation of MCL Exceedance*	Special (not for compliance with 62-550)
Plant Tap (not for compliance with 62-550)	Composite of Multiple Sites**	
Raw (at well or intake)	Clearance (permitting)	Replacement (of Invalidated Sample)
Max Residence Time	Other:	
☐Ave Residence Time	Sampling Procedure Used or Other C	comments:
☐Near First Customer		
*See 62-550.500(6) for requirer NOTE: See 62-550.512(3) for a for nitrate or nitrite MCL	additional requirements attac	62-550.550(4) for requirements and characteristics are sults page for each site.
Sampler's Name: TERRY HENRY	/	
Sampler's Phone #: 737 243 - 4		727 248-7701
Sampler's E-Mail Address:		
,		
CERTIFICATION (to be completed by	y sampler)	
Print Name)		(Print Title)
do HEREBY CERTIFY that the ab complete and correct.		
Signature: Decence 140	neg	Date: <u>5-/0-66</u>

### Hovanceo CHAIN OF COSTODY RECORD Environmental Laboratories, Inc.

LAB NUMBER: 1065238

☐ Jacksonville: 6601 Southpoint Parkway, Jacksonville, FL 32216 · (904) 363-9350 Fax (904) 363-9354 O Tampa: 9610 Princess Palm Avenue, Tampa, FL 33619 · (813) 630-9616 Fax (813) 630-4327

Gainesville: 2106 NW 67th Place, Suite 7, Gainesville, FL 32653 (352) 367-1500 Fax (352) 367-0050 Orlando:

528 S. North Lake Blvd., Suite 1016, Altamonte Springs, FL 32701 • (407) 937-1594 Fax (407) 937-1597

Page \_\_\_\_\_ of \_\_\_\_

CLIENT NAME:		PROJECT NA	ME:	· · · · · · · · · · · · · · · · · · ·	,,,,		BOTTLE SIZE						
US WATER							& TYPE		[				
ADDRESS: 4939 CROS	BAYOU BL	P.O. NUMBER	/ PROJECT	NUMBER:	***************************************		A A						
ADDRESS: 4939 CROSS NEW PORT REHEY PHONE:	FL 34652	PROJECT LO	CATION:				N E Q U						L A B
PHONE:	FAX: 100 -848-7741						YI						N
CONTACT:		SAMPLED BY:					SD			7			м
TURN AROUND TIME:	REMARKS / SPEC								-in	7			R
□ STANDARD								5,5	37	104			
© RUSH								Voc	KIM Ary	Sezon04x			
		***							1/2	3			
WW= waste water SW=surface water	GW≖ground water DV	V=drinking water	OIL A	=air SO <sub>≈</sub>	soil S	L=sludge	Preserv						
SAMPLE ID SAMPL	E DESCRIPTION	Grab Composit	e SAM	PLING TIME	MATRIX	NO. CONT.							
COLONIAL MAN	you Well 4 3	G	B-60-06		DW	7							-01
										-			
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				· · · · · · · · · · · · · · · · · · ·									
= Ice H = (HCI) S = (H <sub>2</sub> SO <sub>4</sub> ) N :	= (HNO <sub>3</sub> ) T = (Sodium	Tηiosulfate)	Rolin	quished by:	<u>L</u>	Date	T:						
Shipment Manuel Method : Sample Kil	Cooler#	1		Leny	5	Date 0 V	Time 15141	> X	- Rec	ceived by:	- 51	Date	Time
Out. / Was As 188	D/T	2	0			F-1-F-							
Ret Was Mip Bl.		3 4											
		. 4				!							L



# FILE COPY

9610 Princess Palm Avenue . Tampa, Florida 33619 (813) 630-9616 FAX (813) 630-4327

Client:

**US Water Services** 

Colonial Manor

Project Name:

Project Number:

PWS ID#:

6510355

Attention:

Melisa Rotteveel

Phone Number: 7278488292

Address:

4939 Cross Bayou Blvd.

New Port Richey, FI 34652

Report No.:

T065239

Date Sampled:

05/10/2006

Date Received:

5/10/06 15:40

Date Reported:

06/08/2006

### **Project Description**

The analytical results for the samples contained in this report were submitted for analysis as outlined by the Chain of Custody.

**Project Name:** 

Colonial Manor

Approved By: ~~

### Melissa LaVigne, Projeci Manager

If there are any questions involving this report, the above named should be contacted.

THIS REPORT SHALL NOT BE REPRODUCED, EXCEPT IN FULL, WITHOUT THE WRITTEN APPROVAL OF THE LABORATORY.

Advanced Environmental Laboratories certifies that the test results in this report meet all requirements of the NELAC standards, unless notated otherwise in the body of the report.

Total Number of Pages = 9

Analytical Report

Client: US Water Services

Project Name: Colonial Manor

Matrix: Drinking Water

PWS ID#: 6510355

Client Sample ID:

Site: Well #2

Site. Well #2

Sample Number: T065239-01

Report No.: T065239

Date/Time Sampled: 05/10/06

Date/Time Received: 5/10/06 15:40

Sampled By: Terry Henry

Shipping Method: Client drop off

Inorganic Contaminants

Contam ID	Contam Name	MCL	Units	Analysis Results	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Cert. #
1005	Arsenic	0.010	mg/L	0.0038		E200.7	0.0038	05/16/2006	10:11	E82574
1010	Barium	2.0	mg/L	0.027		E200.7	0.00067	05/16/2006	10:11	E82574
1015	Cadmium	0.0050	mg/L	0.00016	1	E200 7	0.000051	05/16/2006	10:11	E82574
1020	Chromium	0.10	mg/L	0.00030	U	E200.7	0.00030	05/16/2006	10:11	E82574
1024	Cyanide	0.20	mg/L	0.0049	U	SM4500CN-E	0.0049	05/13/2006	16:00	E84589
1025	Fluoride	4.0	mg/L	0.38		E300.0	0.061	05/11/2006	09:13	E84589
1030	Lead	0.015	mg/L	0.0012	U	SM3113B	0.0012	05/16/2006	11:21	E82574
1035	Mercury	0.0020	mg/L	0.000040	i	E245 1	0.000020	05/14/2006	15:31	E82574
1036	Nickel	0.10	mg/L	0.0016	U	E200.7	0.0016	05/16/2006	10:11	E82574
1040	Nitrate (as N)	10	mg/L	7.0		E300.0	0.027	05/11/2006	09:13	E84589
1041	Nitrite (as N)	1.0	mg/L	0.034	U	E300 0	0.034	05/11/2006	09:13	E84589
1045	Selenium	0.050	mg/L	0.0026	i	SM3113B	0.00074	05/24/2006	10:54	E82574
1052	Sodium	160	mg/L	63		E200.7	0.019	05/16/2006	10:11	E82574
1074	Antimony	0.0060	mg/L	0.0026	U	SM3113B	0.0026	06/01/2006	09:45	E82574
1075	Beryllium	0.0040	mg/L	0.000017	υ	E200.7	0.000017	05/16/2006	10:11	E82574
1085	Thallium	0.0020	mg/L	0.0012	U	E200.9	0.0012	06/02/2006	10:05	E82574

The reported value is between the laboratory method detection limit and the laboratory practical quantitation limit.

The compound was analyzed for but not detected.

MDL Method Reporting Limit

For all Results qualified with an I, the PQL is defined to be 4 times the MDL

Analytical Report

Client: US Water Services

Report No.: T065239

Project Name: Colonial Manor

Date/Time Sampled: 05/10/06 11 00

Matrix: Drinking Water

Date/Time Received: 5/10/06 15:40

PWS ID#: 6510355

Client Sample ID:

Site: Well #2

Sampled By: Terry Henry

Sample Number: T065239-01

Shipping Method: Client drop off

### Secondary DW Standards

Contam ID	Contam Name	MCL	Units	Analysis Results	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Cert. #
1002	Aluminum	0.20	mg/L	0.027	1	E200.7	0.021	05/16/2006	10:11	E82574
1017	Total Chlorides	250	mg/L	130		E300.0	1.3	05/11/2006	09:13	E84589
1022	· Copper	1.0	mg/L	0.00096	U	E200.7	86000.0	05/16/2006	10:11	E82574
1025	Fluoride	2.0	mg/L	0.38		E300 0	0.061	05/11/2006	09:13	E84589
1028	Iron	0.30	mg/L	8800.0		E200.7	0.011	05/16/2006	10:11	E82574
1032	Manganese	0.050	mg/L	0.00034	i . V	E200.7	0.00025	05/16/2006	10:11	E82574
1050	Silver	0.10	mg/L	0.00060	U	E200.7	0.00060	05/16/2006	10:11	E82574
1055	Sulfate (as SO4)	250	mg/L	33		E300.0	1.4	05/11/2006	09:13	E84589
1095	Zinc	5.0	mg/L	0.028		E200.7	0.0016	05/16/2006	10:11	E82574
1905	Color	150	olor Uni	5.0	U	SM2120B	5.0	05/11/2006	14:00	E84589
1920	Odor	3.0	TON	1.0	U	SM2150B	1.0	05/11/2006	10:00	E84589
1925	рН	6.5-8.5	pH Units	7.43	, Q	E150.1	1.0	05/11/2006	09:10	E84589
1930	Total Dissolved Solids	500	mg/L	520		E160.1	10	05/16/2006	12:00	E84589
2905	MBAS, as LAS, mol. wt. 340	0.50	mg/L	0.035	U	E425.1	0.035	05/11/2006	08:20	E84589

i The reported value is between the laboratory method detection limit and the laboratory practical quantitation limit

MDL Method Reporting Limit

For all Results qualified with an I, the PQL is defined to be 4 times the MDL

Q Sample held beyond the acceptable hold time.

U The compound was analyzed for but not detected.

Indicates that the analyte was detected in both the sample and the associated method blank.

Analytical Report

Client: US Water Services

Report No.: T065239

Project Name: Colonial Manor

Date/Time Sampled: 05/10/06 11:00

Matrix: Drinking Water

Site: Well #2

Date/Time Received: 5/10/06 15:40

PWS ID#: 6510355

Client Sample ID:

Sampled By: Terry Henry

Sample Number: T065239-01

Shipping Method: Client drop off

Volatile Organics

Contam ID	Contam Name	MCL	Units	Analysis Results	Qualifier	Analytical Method	Lab MDL	RDL	Analysis Date	Analysis Time	DOH Lab Cert. #
2378	1,2,4-Trichlorobenzene	70	υg/L	0.20	U	E502.2	0.20	1,0	05/12/2006	14:53	E82574
2380	Cis-1,2-dichloroethene	70	ug/L	0.20	U	E502.2	0.20	1.0	05/12/2006	14:53	E82574
2955	Xylenes (Total)	10000	ug/L	0.50	U	E502.2	0.50	1.0	05/12/2006	14:53	E82574
2964	Methylene Chloride	5.0	ug/L	0.44	U	E502.2	0.44	1.0	05/12/2006	14:53	E82574
2968	1,2-Dichlorobenzene	600	ug/L	0.26	υ	E502.2	0.26	1.0	05/12/2006	14:53	E82574
2969	1,4-Dichlorobenzene	75	ug/L	0.11	U	E502.2	0.11	1.0	05/12/2006	14:53	E82574
2976	Vinyl Chloride	1.0	ug/L	0.29	U	E502.2	0.29	1.0	05/12/2006	14:53	E82574
2977	1,1-Dichtoroethene	7.0	ug/L	0.21	U	E502.2	0.21	1.0	05/12/2006	14:53	E82574
2979	Trans-1,2-dichloroethene	100	ug/L	0.27	U	E502.2	0.27	1.0	05/12/2006	14:53	E82574
2980	1,2-Dichloroethane	3.0	ug/L	0.22	U	E502.2	0.22	1.0	05/12/2006	14:53	E82574
2981	1,1,1-Trichloroethane	200	ug/L	0.33	υ	E502.2	0.33	1.0	05/12/2006	14:53	E82574
2982	Carbon Tetrachloride	3.0	ug/L	0.31	U	E502.2	0.31	1.0	05/12/2006	14:53	E82574
2983	1,2-Dichloropropane	5.0	υg/L	0.22	υ	E502.2	0.22	1.0	05/12/2006	14:53	E82574
2984	Trichloroethene	3.0	ug/L	0.28	ប	E502.2	0.28	1.0	05/12/2006	14:53	E82574
2985	1,1,2-Trichloroethane	5.0	ug/L	0.32	υ	E502.2	0.32	1.0	05/12/2006	14:53	E82574
2987	Tetrachloroethene	3.0	ug/L	0.31	U	E502.2	0.31	1.0	05/12/2006	14:53	E82574
2989	Chlorobenzene	100	ug/L	0.18	U	E502.2	0.18	1.0	05/12/2006	14:53	E82574
2990	Benzene	1.0	ug/L	0.21	U .	E502.2	0.21	1.0	05/12/2006	14:53	E82574
2991	Toluene	1000	ug/L	0.10	U	E502.2	0.10	1.0	05/12/2006	14:53	E82574
2992	Ethylbenzene	700	ug/L	0.15	υ	E502.2	0.15	1.0	05/12/2006	14:53	E82574
2996	Styrene	100	ug/L	0.14	U	E502.2	0.14	1.0	05/12/2006	14:53	E82574

U The compound was analyzed for but not detected.

MDL Method Reporting Limit

For all Results qualified with an I, the PQL is defined to be 4 times the MDL

System Name: <u>COLONIAL MAN</u> System Type (check one): [Community Address: <u>CANTREC</u> <u>SIXC</u>	Nontransient Noncommunity	Transient Noncommunity
City:	State:	ZIP Code:
	Fax #:	
SAMPLE INFORMATION (to be completed Sample Number: WEZL "2 )D		lown):
Sample Date: 5-/2-06	Sample Time: 📈	/-cu AM PM (Circle Or
Sample Location (be specific):		
Disinfectant Residual (Required when reporting	results for trihalomethanes and haloacetic acids)	: mg/L Field pH:
Sample Type (Check Only One)	Reason(s) for Sa	imple (Check all that apply)
Distribution	Aoutine Compliance (with 62-550)	Quarterly (Which Quarter?
Entry Point (to Distribution)	Confirmation of MCL Exceedance*	Special (not for compliance with 62-550
Plant Tap (not for compliance with 62-550)	Composite of Multiple Sites**	☐Violation Resolution
Raw (at well or intake)	Clearance (permitting)	Replacement (of Invalidated Sample)
Max Residence Time	Other:	
☐Ave Residence Time	Sampling Procedure Used or Other Co	
'See 62-550.500(6) for requirer NOTE: See 62-550.512(3) for a for nitrate or nitrite MCt	additional requirements attac	62-550.550(4) for requirements and har results page for each site.
Sampler's Name: JERRY He	= NR UP	
Sampler's Phone #: 725-243-	45 70 Sampler's Fax #:	727-848-7701
Sampler's E-Mail Address:		
CERTIFICATION (to be completed b		
1, IEKENCE HENRY (Print Name)	1	(D: , T')
( · ····· · · · · · · · · · · · · · · ·	oove public water system and sam	(Print Title) uple collection information is
Signature: <u>Verner Hon</u>	y	Date: <u>5-70-06</u>

# Florida Department of Environmental Protection Safe Drinking Water Program Laboratory Reporting Format LABORATORY CERTIFICATION INFORMATION (to be completed by left 20)

	ORY CERTIFICATION : URRENT DOH ANALY		o be complete	ed by lab - Please type o	r print legibly)
_abName:	Advanced Environmen	tal Labs - Tampa		Florid	a Certification #: E84589
Address:	9610 Princess Palm A	venue		Certification	Expiration Date: 06/30/2006
	Tampa, Florida 33619	A	* *** * *		phone #: (813) 630-9616
ANALYSIS	INFORMATION (to be	completed by lab	)		
PWS ID (	from page 1): 6510355			Date Samp	le(s) Received 05/10/2006 15:40:0
Lab Assigr	ned Report Number or J	ob ID T065239		Sample Number	(From page 1) T065239-01
Group(s) A	Analyzed Results attach	ed for complianc	e with chapter	62-550, F.A.C. (check a	II that appl
	Inorganics	Synthetic Organ	nics	Volatile Organics	Disinfection Byproducts
6	✓ All 1	[] All 30		✓ All 2	Trib
Ī	Partial	All Except D	ioxi	Partial	☐ Haloaceti
Ī	Nitrate	Partial		Radionuclides	Bromate
Ī	Nitrite	Dioxin Onl			Chlorite
]	Asbestos Onl			Single Sam	_
`				Qtrly Composite**	Secondaries
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Mara anu	analyses subcontracted	l? <b>∨</b> Yes [	] No		Partial
-	•		-		
t yes, ple	ase provide DOH certific	cation number E	82574		
ATTACH	DOH ANALYTE SHEET	FOR EACH SUE	BCONTRACTE	ED LAB	
			CERTIFI	CATION	
l, Melissa	a LaVigne (Print Name)	, Project Manage	er		
	BY CERTIFY that all att Environmental Laborator			ct and unless noted mee ELAC).	t all requirements of the
Signatur	mai zv	~ .		Date: (	- 10401
Signatur	el / CO			Date: (	01810
analysis r	to provide a valid and c results will result in reject result in notification of the	tion of the report,	, possible enfo	rcement against the pub	nt Analyte Sheet for the attached lic water system for failure to sample
** Please	provide radiological sar	nple dates Jocati	ons for each q	uarter.	
COMPLI	ANCE DETERMINATIO	(to be complete	d by DEP or D	ЮН	
Sample (	Collection Info Satisfacto	ory 🖺 Yes 🏿	No	Sample Analysis Inf	o Satisfactory: 腹 Yes · 堡 No
	cement Sample(s) Requeste	, <u> </u>	_	•	requested (circle or highlight group(s) above
_	ional Monitoring Require			<del>_</del>	, J. J. J. J. L. P. (0) 0200
Reason/s	s): 🛍 MCL(s) Exceede	4	· · · ·	, ,	
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Commer	nts	· · · · · · · · · · · · · · · · · · ·			
Date Rev	viewed:		DEP/DOH	Reviewing Official	



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Advanced Environmental Labs 9610 Princess Palm Ave. Tampa, FL 33619

Date/Time Rovd: S	110106 1	540 Log	-In request number	: 104	25	239	<i>r</i>
Received by:	·	m	Completed by			Al	(
Cooler/Shipping I	nformation:						
Courier: 🛛 AEL 🗗 Ci	ient D UPS D Por	ny Express 🗆 Fed5	X DAES DASAP	□ Other (descr	ibe): _		
Type: 2 Cooler D Box	x □ Other (describe	:)					
Cooler temperature:	Identify the cooler a	and document the te	mperature blank or id	e water measu	remen	t	
Cooler ID							
Temp (°C)	DI						
	☐ Sample Bottle	☐ Sample Bottle	☐ Sample Bottle	☐ Sample Bottle		□ Sample	Bottle
Temp taken from		Cooler Cooler	□ Coolet	D Cooler		D Cooler	
Temp measured	☐ IR gum ☐ Thermometer (enter	D IR gun D Thermometer (enter	D Thermometer (enter	☐ IR gun ☐ Thermometer (	-mr-r	D IR gun	meter (enter
with	ID):	D):	ID):	ID):		ID):	more (mire)
1. Were custody s	eals on shipping cont						
Any discrepancies sho	<u>'</u>						
1 777		CHECKLIST			YES	NO	NA
	papers properly includ				<u> </u>		+
		out (ink, signed, mate	h labels\?		1	1	+
	arrive in good condition		11 14UCIS):		1		
		ple #, date, signed, an	nirmic prengratives)?	<del></del>	1	-	
<del></del>	labels agree with the		arysis, preservatives).			-	
<u> </u>	ottles used for the test				1		
		Imiques indicated on	the label?		1		
<u> </u>	received within holding		HIC MOOF.		+	<del> </del>	+
		presence of air bubble	·s?		<del>                                     </del>	-}	<del>                                     </del>
11. Were there air					1	+	
1			ck one: 🗆 NO ICE 🗆 E	LUE ICE	1		+
13. Was the cooler					-	_	1
14. Were sample p	Hs checked and recor	ded by Sample contro	1? (VOA checked by a	nalysts)	1		
15. Were the samp	le containers provided	I by AEL?			-		
16. Were samples	accepted into the labor	гатогу?			T —	1	
17. Was it necessar	ry to split samples into	o other bottles?				1-	
						ĺ	
Commontai							
Comments:		<del></del>					
			·				

### Chain-of-Custody for AEL Tampa to AEL Jax

AEL Tampa 9610 Princess Palm Avenue Tampa, FL 33619 813-630-9616 Fax 813-630-4327

Contact Person: Michael Cammarata

Project #: T065239

CustomerName: US Water Services

Collector: Terry Henry

AEL Jax 6601 Southpoint Parkway Jacksonville, FL 32216 904-363-9350 Fax 904-363-9354 Contact Person: Sean Hyde

	Check	if	Rush
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Lab Code	Client Sample ID	Test	Matrix	Collect Date	/ Time	Receive Date	Due Date	# Bottles	Bottle Type (Pres.)
T065239-01		62-550 Metals ICP (Primary) DW	Drinking Water	5/10/2006	11:00	5/10/06 15:40	5/24/2006		1L Poly
T065239-01		62-550 Metals ICP (Secondary) DW	Drinking Water	5/10/2006	11:00	5/10/06 15:40	5/24/2006		1L Poly
T065239-01		62-550 VOCs DW	Drinking Water	5/10/2006	11:00	5/10/06 15:40	5/24/2006	-	40mL VOC VIal
T065239-01		Hg (DW)	Drinking Water	5/10/2006	11:00	5/10/06 15:40	5/24/2006		500mL Poly (HNO3)
T065239-01		Pb (DW)	Drinking Water	5/10/2006	11:00	5/10/06 15:40	5/24/2006		500mL Poly (HNO3)
T065239-01		Sb (DW)	Drinking Water	5/10/2006	11:00	5/10/06 15:40	5/24/2006		500mL Poly (HNO3)
T065239-01		Se (DW)	Drinking Water	5/10/2006	11:00	5/10/06 15:40	5/24/2006		500mL Poly (HNO3)
T065239-01		TI (DW)	Drinking Water	5/10/2006	11:00	5/10/06 15:40	5/24/2006		500mL Poly (HNO3)

Tampa Relinquisher:

Shipping Relinquisher: AEL Courier

Shipping Receiver: AEL Courier

Jacksonville Receiver:

Date/Time:

rater i ime.

Date/Time:

1-12-06

8:25

novoneco Environmental Laboratories, Inc.

Щ | Jacksonville | 6601 Soutinpoint Parkway, Jacksonville, FL 32216 • (904) 363-9350 Fax (904) 363-9354

☐ Tampa: 9610 Princess Palm Avenue, Tampa. FL 33619 (813) 630-9616 Fax (813) 630-4327

Gainesville: 2106 NW 67th Place, Suite 7, Gainesville, FL 32653 • (352) 367-1500 Fax (352) 367-0050

LAB NUMBER: 7065239

	1016, Allamonte Springs,	FL 32701 · (407) 937-1594 Fax	x (407) 937-1597					·	
CLIENT NAME:	PROJECT NAME	:		BOTTLE					
IS WATER				SIZE &					
ADDRESS: 4939 CROSS BAYOU  NEW PORT LICHEY FL 34652  PHONE: FAX:	L DO VILINADED / C	PROJECT NUMBER:		TYPE					
AUDHESS: 4939 CROSS BALOU	P.O. NUMBER / P	HOJECT NUMBER:		A R	<u> </u>				
1 . 0 0 1 2111.53	PROJECT LOCAT	TION:		N E A Q					Ā
NEW PORT KICHEY 12 39652				LU					8
PHONE: / FAX: 721848-7761				Y I S A					N
CONTACT:	SAMPLED BY:			I E S D					М В
						į	, 3		E
TURN AROUND TIME: REMARKS / SPE	CIAL INSTRUCTION	NS:					2		A
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© STANDARD						26	SECOND		
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ù RUSH					1	03			
				1		1	M		
WW= waste water SW=surface water GW=ground water	DW∍drinking water = (	OIL A=air SO=so	sil SL=sludge	Preserv					
VVVI wasie water SVV = surface water GVV = ground water			,						
SAMPLE ID SAMPLE DESCRIPTION	Grab Composite	SAMPLING DATE TIME	MATRIX NO.	34					
				17					
WELL " IL COLONIAL M	ANOX G	5-10-06 11:00	DW 7						701
				10.50	}				
	<del></del>						+		
				- 3					
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= Ice $H = (HCI)$ $S = (H2SO4)$ $N = (HNO3)$ $T = (Sodiu$	ım Thiosulfate)	Relinquished by:	Date	Time	<b>,</b>	Red	ceived by:	Date / Date	e, Time
Shipment Method: Sample Kit Cooler #	1 7	Lug Henry	5/10/04	154	U	Kil	$\gamma$	5//0	194 156
Out: / / Wia: , YRB / D/T	2	0 0				<b>J</b>		ľ	
	3								
Ret: / Via Via D					~				
					L		revised 8/0		

PUBLIC WATER SYSTEM INFORMATION  System Name: Coloural Man		
System Name: CD2801AC MITAN  System Type (check one): Community  Address: CANTREZ STRE	Nontransient Noncommunity	Transient Noncommunity
City:	State:	ZIP Code:
Phone #:	Fax #:	
E-Mail Address:	·	
SAMPLE INFORMATION (to be completed	by sampler)	
Sample Number: WELL *2	Location Code (if known	own):
Sample Date: 5-/2-06	Sample Time:	AM PM (Cucle One
Sample Location (be specific):		
Disinfectant Residual (Required when reporting	results for trihalomethanes and haloacetic acids):	mg/L Field pH:
Sample Type (Check Only One)	Reason(s) for Sa	mple (Check all that apply)
Distribution	Proutine Compliance (with 62-550)	Quarterly (Which Quarter?
Entry Point (to Distribution)	Confirmation of MCL Exceedance*	Special (not for compliance with 62-550)
· Plant Tap (not for compliance with 62-550)	Composite of Multiple Sites**	☐Violation Resolution
Raw (at well or intake)	Clearance (permitting)	Replacement (of Invalidated Sample)
Max Residence Time	Other:	
Ave Residence Time	Sampling Procedure Used or Other Co	omments:
Near First Customer		
*See 62-550.500(6) for requirer NOTE: See 62-550.512(3) for a for nitrate or nitrite MCL	additional requirements attac . exceedances.	52-550.550(4) for requirements and haresults page for each site.
Sampler's Name: TERRY HE		
Sampler's Phone #: 725 - 243 -	9570 Sampler's Fax #:	727-848-7701
Sampler's E-Mail Address:		·
CERTIFICATION (to be completed b		
1, IEKENCE HENEY (Print Name)	,,	(Print Title)
(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	ove public water system and sam	, ,
Signature: <u>Verener Hon</u>	y	Date: 5-10-06

# CHAIN OF COSTODI DECORD

LAB NUMBER: -

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Environmental Laboratories, Inc.

Jacksonville	6601 Southpoint Parkway, Jacksonville, FL 32216 (904) 363-9350 Fax (904) 363-9354
Jacksonville	6601 Southpoint Parkway, Jacksonville, FL 33216 (904) 363-9350 Fax (813) 630-9354
Jacksonville	6601 Southpoint Parkway, Jacksonville, FL 33216 (904) 363-9350 Fax (813) 630-9354
Jacksonville	6601 Southpoint Parkway, Jacksonville, FL 33216 (904) 363-9350 Fax (813) 630-9354
Jacksonville	6601 Southpoint Parkway, Jacksonville, FL 33216 (904) 363-9350 Fax (904) 363-9354
Jacksonville	6601 Southpoint Parkway, Jacksonville, FL 33216 (904) 363-9350 Fax (904) 363-9354
Jacksonville	6601 Southpoint Parkway, Jacksonville, FL 33216 (904) 363-9350 Fax (904) 363-9354
Jacksonville	6601 Southpoint Parkway, Jacksonville, FL 32216 (904) 363-9350 Fax (904) 363-9354
Jacksonville	6601 Southpoint Parkway, Jacksonville, FL 32619 (913) 630-9618 Fax (813) 630-9618 Fax

	vorin Lake Bivd., Suite 1016, Allamonte Springs, FL 32701 · (407) 937-1594 Fax (407) 937-1597	vv 6/11 Fiace, some /, Garnesville, FL 32653 * (352) 36/-1500 Fax (352) 36/-0050
--	---	--

Preserv
Voc PRIME SECON
<u></u>
3dA1

PUBLIC WATER SYSTEM INFORMATIO		
System Name: COLONIAC MI	ANOR PWS I.D.	#: 6516355
System Type (check one):	/ Nontransient Noncommunity	Transient Noncommunity
City:	State:	ZIP Code:
Phone #:	Fax #:	
E-Mail Address:		
SAMPLE INFORMATION (to be completed	by sampler)	
Sample Number: Wece 2	- , ,	nown):
Sample Date: 6-14-06		AM PM (Circle One)
Sample Location (be specific):		Aldr FIVI (Circle One)
Disinfectant Residual (Required when reporting	results for trihalomethanes and haloacetic acids)	: 1.28 mg/L Field pH:
Sample Type (Cheek Ook One)		
Sample Type (Check Only One)		ample (Check all that apply)
Distribution	Anoutine Compliance (with 62-550)	Quarterly (Which Quarter?
Entry Point (to Distribution)	Confirmation of MCL Exceedance	Special (not for compliance with 62-550)
Plant Tap (not for compliance with 62-550)	Composite of Multiple Sites**	☐Violation Resolution
Raw (at well or intake)	Clearance (permitting)	Replacement (of Invalidated Sample)
☐Near First Customer	Sampling Procedure Used or Other Co	omments:
'See 62-550.500(6) for require		20.550.650.41
NOTE: See 62-550.512(3) for for nitrate or nitrite MCI	additional requirements attac	62-550.550(4) for requirements and the character is the character of the character is the character of the character is a character of the cha
Sampler's Name: 1000 HE	V.C.G	
Sampler's Phone #: 727 243 45		727 848-7701
Sampler's E-Mail Address:		
CERTIFICATION (to be completed b	ov campled	
1, TEXENTE HENKY (Print Name)	, 	
	vove public water system and sam	(Print Title) upple collection information is
Signature: Luence 1.	lenicy	Date: 6-14-06

### UNAOUFEN Environmental Laboratories, Inc.

### OUNIN OL COSIODI UECOUD

LAB NUMBER: 706523

☐ Jacksonville: 6601 Southpoint Parkway, Jacksonville, FL 32216 • (904) 363-9350 Fax (904) 363-9354 9610 Princess Palm Avenue, Tampa, FL 33619 • (813) 630-9616 Fax (813) 630-4327 ☐ Tampa:

Gainesville: 2106 NW 67th Place, Suite 7, Gainesville, FL 32653 • (352) 367-1500 Fax (352) 367-0050

Orlando: 528 S. North Lake Blvd., Suite 1016, Altamonte Springs, FL 32701 • (407) 937-1594 Fax (407) 937-1597

			' '					
CLIENT NAME:	PROJECT I			1	OTTLE SIZE			
US WATER CORP	CoLa	on/AL M	ANDE WICE	1,100	& TYPE			
ADDRESS: 4939 CKUSS BALL	P.O. NUMBE	ER / PROJECT NU	MBER:		A R			
NEW PORT PULLER F/ 3	PROJECT L	LOCATION:			N E			A
CIS WATER CORP  ADDRESS: 4939 CLUSS BAYO  NEW PORT LICHEY, FL 3  PHONE: FAX: 727 8	148-7208			'	_ U / I S R			N
CONTACT: MECISIA	SAMPLED	BY:			S D			M B E
TURN AROUND TIME: REMA	RKS / SPECIAL INSTRU	CTIONS:						R
□ STANDARD					50C3			
□ RUSH								
WW= waste water SW=surface water GW=group	nd water DW=drinking wate	er <b>OIL A</b> =air	SO=soil S	SL≃sludge Pi	eserv			
SAMPLE ID SAMPLE DESCR		rab SAMPL posite DATE	ING MATRI	× NO. CONT.				
WELL #2	(	DATE DATE	195 DW	14				
				<u> </u>				
= ice $H = (HCI)$ $S = (H2SO4) N = (HNO3)$	T = (Sodium Thiosulfate)	Polinau	ished by:	Date T	ime /	, Received by:	, Date	Time
	00 07  12  00 00 00 00 00 00 00 00 00 00 00 00 0	1 / Kung	1	6-1400 1	ime	Makul	6/14/11	13:4
Die Vie Vie Vie Vie Vie Vie Vie Vie Vie V		2						
Republic Via Co. Value of the Co. Value		3						-
ecoived on ice: Dives Dino OC Disent	□ received	4	1			revised 8/0	1	

PUBLIC WATER SYSTEM INFORMATION	(to be completed by sampler - Please type	or print legibly)
System Name: COLONIAC MA	PWS I.D.	#:6510355
System Type (check one):	Nontransient Noncommunity	Transient Noncommunity
Address:		
City:	Stale:	ZIP Code:
Phone #:	Fax #:	
E-Mail Address:		
SAMPLE INFORMATION (to be completed by	by sampler)	DWTI):  AM PM (Circle One)
Sample Number: <u>LEZEF 3</u>	Location Code (if kno	own):
Sample Date: <u>6-14-06</u>	Sample Time: //-	(AM) PM (Circle One)
Sample Location (be specific):		
Disinfectant Residual (Required when reporting	results for trihalomethanes and haloacetic acids):	mg/L Field pH:
Sample Type (Check Only One)	Reason(s) for Sa	mple (Check all that apply)
□ Distribution	Aoutine Compliance (with 62-550)	Quarterly (Which Quarter?)
Entry Point (to Distribution)	☐Confirmation of MCL Exceedance*	Special (not for compliance with 62-550)
Plant Tap (not for compliance with 62-550)	Composite of Multiple Sites**	☐Violation Resolution
Raw (at well or intake)	Clearance (permitting)	Replacement (of Invalidated Sample)
☐Max Residence Time	Other:	
Ave Residence Time	Sampling Procedure Used or Other Co	omments:
Near First Customer		
*See 62-550.500(6) for requiren NOTE: See 62-550.512(3) for a for nitrate or nitrite MCL	dditional requirements attac	62-550.550(4) for requirements and the character are sults page for each site.
Sampler's Name: 15km Ho	NKY	
Sampler's Phone #: 727 243 - &		727-848-7701
Sampler's E-Mail Address:		
CERTIFICATION (to be completed b	y sampler)	
I LENIENCE HENRY		•
(Print Name)	,,,,,	(Print Title)
out Heneby centimit that the ab	ove public water system and san	nple collection information is
Signature: Quence 14	lenny	Date: 679-06

Orlando:

### CHAIN OF CUSTODY RECORD

LAB NUMBER: 706(524

Jacksonville: 6601 Southpoint Parkway, Jacksonville, FL 32216 • (904) 363-9350 Fax (904) 363-9354
 Tampa: 9610 Princess Palm Avenue, Tampa, FL 33619 • (813) 630-9616 Fax (813) 630-4327

☐ Gainesville: 2106 NW 67th Place, Suite 7, Gainesville, FL 32653 · (352) 367-1500 Fax (352) 367-0050

528 S. North Lake Blvd., Suite 1016, Altamonte Springs, FL 32701 • (407) 937-1594 Fax (407) 937-1597

Page of

CLIENT NAME:	PROJECT NAME:	BOTTLE SIZE & TYPE			
ADDRESS: 47.39 CROSS BACK	P.O. NUMBER / PROJECT NUMBER:	AR	-		
NEW PORT RICHEY FL. 364	COLONIAC MANON.  BLOD P.O. NUMBER / PROJECT NUMBER:  PROJECT LOCATION:  75-2  PROJECT LOCATION:	N E A Q L U Y I			A B
727-848	- 770/	S R I E			U
CONTACT: MEZISA	SAMPLED BY:	S D			В
	7 SPECIAL INSTRUCTIONS:		Ja		R
□ STANDARD			306		
□ RUSH					
WW= waste water SW=surface water GW=ground wa	ter DW=drinking water OIL A=air SO=soil SL=slu	udge Preserv			
SAMPLE ID SAMPLE DESCRIPTION	ON Grab SAMPLING MATRIX CO	10. DNT.			
WETC #3	G 6-14-06 11:35 Dw 14	STATE OF THE PARTY	/		
		1,11			
= Ice $H = (HCI)$ $S = (H_2SO_4)$ $N = (HNO_3)$ $T =$		te Time		Received by:	, Date Time
Shipment Method W Sample Kit Cooler.	1 Zeng Hong 6/1	46 13:45	Kh	Received by:	13:4
Shipment Method Sample Kit Cooler.  Out Shipment Was RBS D/T  Plant Cooler.  This B.	3				
Section And Administration of the Administra			<u> </u>		

# FILE COPY



9610 Princess Palm Avenue Tampa, Florida 33619 (813) 630-9616 FAX (813) 630-4327

T068243

07/26/2006

7/26/06 14:15

08/10/2006

Report No.:

Date Sampled:

Date Received:

Date Reported:

Client:

**US Water Services** 

Project Name:

Colonial Manor

Project Number:

PWS ID#:

6510355

Attention:

Melisa Rotteveel

Phone Number: 7278488292

Address:

4939 Cross Bayou Blvd.

New Port Richey, FI 34652

**Project Description** 

The analytical results for the samples contained in this report were submitted for analysis as outlined by the Chain of Custody.

Project Name:

Colonial Manor

Approved By: (

- Melissa LaVigne Project Manager

If there are any questions involving this report, the above named should be contacted.

THIS REPORT SHALL NOT BE REPRODUCED, EXCEPT IN FULL, WITHOUT THE WRITTEN APPROVAL OF THE LABORATORY.

Advanced Environmental Laboratories certifies that the test results in this report meet all requirements of the INLLAC Standards, unless notated otherwise in the body of the report.

Total Number of Pages =



Analytical Report

Client: US Water Services

Report No.: T068243

Project Name: Colonial Manor

Date/Time Sampled: 07/26/06

Matrix: Drinking Water

Date/Time Received: 7/26/06 14:15

PWS ID#: 6510355

Client Sample ID: Well #2

Sampled By: Terry Henry

Site: WTP

Sample Number: T068243-01

Shipping Method: Client drop off

Sу	7710	renc	Org	ailics

Contam ID	Contam Name	MCL	Units	Analysis Results	Qualifier	Analytical Method	Lab MDL	RDL	Analysis Date	Analysis Time	DOH Lab Cert. #
2031	Dalapon	200	ug/L	0.86	U	E515.3	0.86	1.0	08/06/2006	10:31	E82574
2040	Picloram	500	ug/L	0.47	U	E515.3	0.47	0.10	08/06/2006	10:31	E82574
2041	Dinoseb	7.0	ug/L	0.64	U	E515.3	0.64	0.20	08/06/2006	10:31	E82574
2105	2,4-0	70	ug/L	1.7	U	E515.3	1.7	0.10	08/06/2006	10:31	E82574
2110	2,4,5-TP (Silvex)	50	ug/L	0.080	U	E515.3	0.080	0.20	08/06/2006	10:31	E82574
2326	Pentachlorophenol	1.0	ug/L	0.24	U	E515.3	0.24	0.040	08/06/2006	10:31	E82574

U The compound was analyzed for but not detected.

MDL Method Reporting Limit

For all Results qualified with an I, the PQL is defined to be 4 times the MDL

System Name: Cohoniac M		
System Type (check one): UCommunity Address: Cannon Dure		
City: NEW PORT RILITEY	State: FL	ZIP Code:
Phone #:		
E-Mail Address:		
SAMPLE INFORMATION (to be completed	by sampler)	4.0.24.3.2.1
Sample Number: CokoNIAL MANOR	C WELL Location Code (if kn	1008): 1008)
Sample Date: <u>7-27-67</u>	Sample Time:	10:00 (M) PM (Circle
Sample Location (be specific):		
Disinfectant Residual (Required when reporting		: -7/ mg/L Field pH;
Sample Type (Check Only One)	Reason(s) for Sa	imple (Check all that apply)
Distribution	Routine Compliance (with 62-550)	Quarterly (Which Quarter?
Entry Point (to Distribution)	Confirmation of MCL Exceedance*	Special (not for compliance with 62-5
Plant Tap (not for compliance with 62-550)	Composite of Multiple Sites**	☐Violation Resolution
Raw (at well or intake)	Clearance (permitting)	Replacement (of Invalidated Sampl
Max Residence Time	Other:	
☐Ave Residence Time	Sampling Procedure Used or Other Co	omments:
Near First Customer		
*See 62-550.500(6) for requirer NOTE: See 62-550.512(3) for a for nitrate or nitrite MCL	additional requirements attacl	62-550.550(4) for requirements and har results page for each site.
Sampler's Name: IENEWEE ,	HENRY	
Sampler's Phone #: 727 - 243 - 45		727. 848 7201
Sampler's E-Mail Address:		
CERTIFICATION (to be completed by	y sampler)	
1 JEANANA SKANA		
1, IENENCE HENRY (Print Name)		(Print Title)
do HEREBY CERTIFY that the abounded.		, ,
Signature: Dugme /	12 .	Date: <u>7-27-</u> 57

Reporting Format 62-550.730 Effective January 1995, Revised January 2004

LABORAT	ORY CERTIFICATION I	NFORMATION (to	be complete	ed by lab - Please type or p	print legibly)					
ATTACH C	CURRENT DOH ANALY	TE SHEET*								
LabName:	Advanced Environmen	tal Labs - Tampa		Florida	Certification #: E84589					
Address:	9610 Princess Palm A	venue		Certification Expiration Date: 06/30/2007						
-	Tampa, Florida 33619				phone #: (813) 630-9616					
ANALYSIS	S INFORMATION (to be	completed by lab								
PWS ID (	from page 1): 6510355			Date Sample	e(s) Received 07/26/2006 14:15:0					
Lab Assigi	ned Report Number or J	ob ID T068243		Sample Number (	From page 1) T068243-01					
Group(s)	Analyzed Results attach	ed for compliance	with chapter	62-550, F.A.C. (check all	that appl					
	Inorganics	Synthetic Organic	s	Volatile Organics	Disinfection Byproducts					
[	Ail 1	All 30		All 2	Trih					
[	Partial	All Except Dio:	xi	Partial	Haloaceti					
Ī	Nitrate	Partial		Radionuclides	Bromate					
(	Nitrite	Dioxin Onl			Chlorite					
	Asbestos Onl			Single Sam	Secondaries					
· ·				Qtrly Composite**						
					∐ All 1					
Were any	analyses subcontracted	? <b>▼</b> Yes □	No		Partial					
·	ase provide DOH certific									
•	·									
ATTACH	DOH ANALYTE SHEET	FOR EACH SUBC								
			CERTIF	ICATION						
i, Melissa	a LaVigne	, Project Manager		,						
	(Print Name)									
	BY CERTIFY that all att Environmental Laborator	•		ct and unless noted meet ELAC).	all requirements of the					
Signatur	e: ~ ~ ~ ~ ~ ~			Date:	7/10/06					
analysis		tion of the report, p	ossible enfo	rcement against the public	Analyte Sheet for the attached c water system for failure to sample,					
** Please	e provide radiological sar	mple dates Jocation	ns for each o	quarter.						
COMPLI	ANCE DETERMINATIO	(to be completed	by DEP or (	ООН						
Sample (	Collection Info Satisfacto	ory 🖺 Yes 🗐	No	Sample Analysis Info	Satisfactory: 📝 Yes 🔝 No					
Repla	cement Sample(s) Requeste	ed (circle or highlight g	roup(s) above	Revised Report Rec	quested (circle or highlight group(s) above)					
Addit	ional Monitoring Require	d (circle or highligh	t group(s) a	bove)						
Reason(	s): 図 MCL(s) Exceede	н	Dotooti	on/s)	Incomplete Pages					
, , , , ,	Missing Analyte   Other		點 Detection	n Unsatisfactory	☑ Incomplete Repor ☑ Analysis Unsatisfactory					
FCISUIII				N <sub>2</sub>	te Notified					
Comme										
Date Re	viewed:		DEP/DO	Reviewing Official	***************************************					



### Chain-of-Custody for AEL Tampa to AEL Jax

AEL Tampa 9610 Princess Palm Avenue Tampa, FL 33619 813-630-9616 Fax 813-630-4327

Contact Person: Michael Cammarata

Project #: T068243

CustomerName: US Water Services

Collector: Terry Henry

AEL Jax 6601 Southpoint Parkway Jacksonville, F. 32216 904-363-9350 fax 904-363-9354 Contact Persor: Sean Hyde

Cleck if Rush

Lab Code	Client Sample ID	Test	Matrix	Collect Date	/ Time	Receive Date	Due Date	# Bottles	Botte Type	(Pres.)
T068243-01	Well #2	62-550 Herbicides (J)-515.3	Drinking Water	7/26/2006	10:00	7/26/06 14:15	8/9/2006		40mL Val	

Shipping Relinquisher: AEL Courier

Shipping Receiver: AEL Courier

Jacksonville Receiver:





Advanced Environmental Labs 9610 Princess Palm Ave. Tampa, FL 33619

ate/Time Rovd:	126/06 14	15 Log	-In request number	: 70G	82	43		
Received by:	Jo	5-2	Completed by	r:	X	4		
poler/Shipping			••					
ourier: 🗆 AEL 🔟 Cl	lient DUPS DPor	ıv Express 🛭 FedE	x DAES DASAP	□ Other (desc	ribe):			
pe: Deooler D.Box			•		,			
,	•							
oler temperature:	Identify the cooler at	nd document the ter	mperature blank or ic	e water measu	rement	t 		
Cooler ID								
Temp (°C)	0 %							
	D Sample Bottle	☐ Sample Bottle	☐ Sample Bottle	☐ Sample Bottle		D Sample	Bottle	
Temp taken from	Er Cooler  Dir gm	□ Cooler □ IR gum	D Cooles D IR gum	☐ Cooler ☐ IR gun		D Cooler D R gm		
Temp measured	D Thermometer (enter	D Thermometer (enter	D Thermometer (enter	D Thermometer (	enter	D Thermo	meter (enter	
with	ID):	ID):	ID):	( ID):		ID):		
her information								
y discrepancies sho	ould be explained in t	the "Comments" sec	ction below.					
		CHECKLIST			YES	NO	NA	
1. Were custody se	als on shipping comai					1		
	mers properly include				-	1		
	pers properly filled or		labels)?					
	rive in good condition					-		
	abels complete (sampl	<u> </u>	vsis, preservatives)?					
	abels agree with the ch							
	tiles used for the tests :							
3. Were proper sain	ple preservation tech	niques indicated on the	e label?		_			
	ceived within holding				_	1.		
O. Were all VOA vi			,		_			
	ibbles present in the V					-		
			one: DNO ICE DBI	UE ICE				
3. Was the cooler to	imperature less than 6'	°C?						
			(VOA checked by ana	lysts)				
	containers provided b					İ		
5. Were samples ac	cepted into the laborat	ory?						
7 Mas it seeses	7 Who it accessory to aplit samples into other bottles!							
ıments:								
				· · · · · · · · · · · · · · · · · · ·			.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	

### CHAIN OF CUSTODY RECORD

LAB NUMBER:	1/	1,800	3
LAD NOMBER.	10	3027	)

□ Jacksonville: 6601 Southpoint Parkway, Jacksonville, FL 32216 • (904) 363-9350 Fax (904) 363-9354 9610 Princess Palm Avenue, Tampa, Ft. 33619 • (813) 630-9616 Fax (813) 630-4327

4

U Gainesville: 2106 NW 67th Place, Suite 7, Gainesville, FL 32653 • (352) 367-1500 Fax (352) 367-0050 \_\_ of \_\_\_ □ Orlando: 528 S. North Lake Blvd., Suite 1016, Altamonte Springs, FL 32701 • (407) 937-1594 Fax (407) 937-1597 CLIENT NAME: PROJECT NAME: BOTTLE SIZE ADDRESS: 4939 CROSS BAYER BLUD PO. NUMBER / PROJECT NUMBER:

ALD PORT RICHET A 34652
PHONE: 727. FAX: 4701 TYPE A R NE A Q В Lυ YΙ SB U SAMPLED BY: TERRY HERKY 1 F CONTACT: S D REMARKS / SPECIAL INSTRUCTIONS TURN AROUND TIME: ☐ STANDARD © RUSH \_\_\_\_\_ WW= waste water SW=surface water GW=ground water DW=drinking water OIL A=air SO=soil SL=sludge Grab SAMPLING SAMPLE ID SAMPLE DESCRIPTION Composite DATE CONT TIME 10:00 pm DW 22 H = (HCI) S = (H<sub>2</sub>SO<sub>4</sub>) N = (HNO<sub>3</sub>) T = (Sodium Thiosulfate)Date Time Relinquished by: Date Received by: 7/27/06 Sample Kit Cooler #\_ Shipment Out: / ./ 2 3

# FILE COPY



9610 Princess Palm Avenue Tampa, Florida 33619 (813) 630-9616 FAX (813) 630-4327

T068244

07/26/2006

7/26/06 14:15

08/10/2006

Report No.:

Date Sampled:

Date Received:

Date Reported:

Client:

**US Water Services** 

Project Name:

Colonial Manor

Project Number:

PWS ID#:

6510355

Attention:

Melisa Rotteveel

Phone Number: 7278488292

Address:

4939 Cross Bayou Blvd.

New Port Richey, FI 34652

### **Project Description**

The analytical results for the samples contained in this report were submitted for analysis as outlined by the Chain of Custody.

Project Name:

Colonial Manor

If there are any questions involving this report, the above named should be contacted.

THIS REPORT SHALL NOT BE REPRODUCED, EXCEPT IN FULL, WITHOUT THE WRITTEN APPROVAL OF THE LABORATORY.

Advanced Environmental Laboratories certifies that the test results in this report meet all requirements of the NELAC standards, unless notated otherwise in the body of the report.

Total Number of Pages = 7

Analytical Report

Client: US Water Services

Report No.: T068244

Project Name: Colonial Manor

Date/Time Sampled: 07/26/06 1

Matrix: Drinking Water

Date/Time Received: 7/26/06 14:15

PWS ID#: 6510355

Client Sample ID: Well #3

Sampled By: Terry Henry

Site: WTP

Sample Number: T068244-01

Shipping Method: Client drop off

### Synthetic Organics

Contam ID	Contam Name	MCL	Units	Analysis Results	Qualifier	Analytical Method	Lab MDL	RDL	Analysis Date	Analysis Time	DOH Lab Cert.#
2031	Dalapon	200	ug/L	0.86	U	E515.3	0.86	1.0	08/06/2006	10:31	E82574
2040	Picloram	500	ug/L	0.47	U	E515.3	0.47	0.10	08/06/2006	10:31	E82574
2041	Dinoseb	7.0	ug/L	0.64	U	E515.3	0.64	0.20	08/06/2006	10:31	E82574
2105	2,4-D	70	ug/L	1.7	U	E515.3	1.7	0.10	08/06/2006	10:31	E82574
2110	2,4,5-TP (Silvex)	50	ug/L	0.080	U	E515.3	0.080	0.20	08/06/2006	10:31	E82574
2326	Pentachlorophenol	1.0	ug/L	0.24	U	E515.3	0.24	0.040	08/06/2006	10:31	E82574

U The compound was analyzed for but not detected.

MDL Method Reporting Limit

For all Results qualified with an I, the PQL is defined to be 4 times the MDL

System Name: Colowiac Mar System Type (check one): Deommunity	Nontransient Noncommunity	Transient Noncommunity			
Address: HENDLIN ST.					
Cinc NATO POST PULLER	Q. 1. 51	710.0			
City: NEW PORT RICHEY	State: 92	ZIP Code:			
Phone #:E-Mail Address:					
SAMPLE INFORMATION (to be completed	by annual a				
Sample Number: Were #3	-10-	i nown):			
Sample Date:  Sample Location (be specific):   Poc	Sample Time: 🟒	D: 15 (AM) PM (Circle (			
Disinfectant Residual (Required when reporting		115			
Distribution of the policy of	gresults for thhalomethanes and haloacetic acids)	: <u>/- / 5</u> mg/L Field pH:			
Sample Type (Check Only One)	Reason(s) for Sa	ample (Check all that apply)			
Distribution	Routine Compliance (with 62-550) Quarterly (Which Quarter?				
Entry Point (to Distribution)	Confirmation of MCL Exceedance* Special (not for compliance with 62-550)				
Plant Tap (not for compliance with 62-550)	Composite of Multiple Sites**  Uiolation Resolution				
Raw (at well or intake)	Clearance (permitting)  Greplacement (of Invalidated Sample				
Max Residence Time	Other:				
☐Ave Residence Time	Sampling Procedure Used or Other Comments:				
□Near First Customer         ■ Near First Customer					
*See 62-550.500(6) for required NOTE: See 62-550.512(3) for a for nitrate or nitrite MCI	additional requirements attac	62-550.550(4) for requirements and har results page for each site.			
Sampler's Name: 1EXENCC /	HENRY				
Sampler's Phone #: 727 243 43		727 - 848 - 7701			
Sampler's E-Mail Address:					
CERTIFICATION (to be completed b	y sampler)				
1 TELEVIN HOUSE					
(Print Name)	,	(Print Title)			
do HEREBY CERTIFY that the ab					
Signature: Durence He	•				
Signature's Johnson L. L.		Date: フ~2ノ~0ら			

	ORY CERTIFICATION CURRENT DOH ANALY		o be complet	ed by lab - Please type	or print legibly)	
LabName:	e: Advanced Environmental Labs - Tampa			Florida Certification #: E84589		
Address:	9610 Princess Palm Avenue			Certification Expiration Date: 06/30/2007		
•	Tampa, Florida 33619				phone #: (813) 630-9616	
ANALYSIS	SINFORMATION (to be	completed by lab	•		and a second contract of the c	
PWS ID (	from page 1): 6510355			Date Sam	ple(s) Received 07/26/2006 14:15:0	
Lab Assigned Report Number or Job ID T068244				Sample Number (From page 1) T068244-01		
•	•		e with chapte	- r 62-550, F.A.C. (check		
	Inorganics					
		Synthetic Organ		Volatile Organics	Disinfection Byproducts	
ſ	All 1	∐ All 30		All 2	∐ Trih	
Į.	Partial	All Except Di	OXI	Partial	☐ Haloaceti	
Į	Nitrate	✓ Partial		Radionuclides	Bromate	
ſ	Nitrite	Dioxin Onl		Single Sam	Chlorite	
l	Asbestos Onl			Qtrly Composite**	Secondaries	
					☐ All 1	
					☐ Partial	
Were any	analyses subcontracted	d? 🔽 Yes 🗌	] No			
If yes, plea	ase provide DOH certific	cation number E8	32574			
ATTACH	DOH ANALYTE SHEET	FOR EACH SUE	CONTRACT	ED LAB	or of the second	
			CERTIF	ICATION		
. Maliana		Desired Manage				
	LaVigne (Print Name)	, Project Manage	<u></u>	·		
	BY CERTIFY that all att Environmental Laborator				et all requirements of the	
Signature	e:	<u> </u>		Date:	8/11/06_	
analysis r	to provide a valid and cresults will result in rejectivesuit in notification of the	tion of the report,	possible enfo	progression or against the pu	ent Analyte Sheet for the attached blic water system for failure to sample,	
** Please	provide radiological sar	nple dates .locatio	ons for each	quarter.		
COMPLIA	ANCE DETERMINATIO	(to be complete	d by DEP or I	ООН		
Sample (	Collection Info Satisfacto	nv □ Yes □	] No	Sample Analysis In	ofo Satisfactory: The	
	cement Sample(s) Requeste		-	-	, 🗀 😘 🗅	
			• ,		Requested (circle or highlight group(s) above)	
Additi	onal Monitoring Require	d (circle or highlig	jht group(s) a	bove)		
Reason(s	s): 🔄 MCL(s) Exceede	d	Detecti	on(s)		
	Missing Analyte			on Unsatisfactory		
	Sil Other		E LOCATIO	in onsausiactory	Analysis Unsatisfactory	
Person N	lotified:				Data North 1	
Commer	nte			_	Date Notified	
Date Rev		er commence and a second second second second		H Reviewing Official		
Date IVE			ULFIDUI	Treviewing Official	_	



Advanced Environmental Labs 9610 Princess Palm Ave. Tampa, FL 33619

ate/Time Rovd:	7/26/06 1	475 Log	-In request number	· 700	980	144	1	
Received by:		$\mathcal{M}$	Completed by	r:	5	All		
ooler/Shipping								
purier: 🗆 AEL 🔎 🖰		ny Express 🗖 FedE	x 🗆 AES 🗀 ASAP	☐ Other (desc	ribe):			
rpe: Decooler D Bo								
			<u> </u>					
oler temperature.	Identify the cooler a	ind document the ter	mperature blank or ic	e water measu	ırement			
Cooler ID								
Temp (°C)	02							
Temp taken from	Sample Bottle	☐ Sample Bottle ☐ Cooler	☐ Sample Bottle ☐ Cooler	☐ Sample Bottle ☐ Cooler		D Sample	Bottle	
	DIR gum	D IR gum	☐ IR gun	☐ Coolei		D Cooler D IR gum		
Temp measured with	☐ Thermometer (enter ID):	D Thermometer (enter ID):	D Thermometer (enter ID):	D Thennometer (ID):	`	D Th <del>erma</del> ID):	ווובובו (כזו	ш
	<u> </u>	1	1 2).	1 -2 /-	<del></del>			=
ther Information								
y discrepancies sho	ould be explained in	the "Comments" see	ction below.					
		CHECKLIST			YES	NO	NA	} .
1. Were custody sa	eals on shipping conta	iner(s) intact?			1	<del> </del>		
2. Were custody p	apens properly include	ed with samples?				1	ļ	1
3. Were custody p	apers properly filled o	ut (ink, signed, match	labels)?					
4. Did all bottles a	mive in good condition	n (unbroken)?						
5. Were all bottle l	abela complete (samp	le #, date, signed, anal	ysis, preservatives)?					
6. Did the sample !	labels agree with the c	hain of custody?						
7. Were correct bo	tiles used for the tests	indicated?						
8. Were proper sar	uple preservation tech	niques indicated on the	e label?		_			
9. Were samples re	ceived within holding	times?			_	-		
10. Were all VOA v	ials checked for the pr	esence of air bubbles?	)		_			
11. Were there air b	ubbles present in the V	/OA vials?				-		
12. Were samples in	direct contact with w	et ice? If "No," check	one: 🗆 NO ICE 🗆 BI	UE ICE				
3. Was the cooler to	emperature less than 6	PC?		·				
4. Were sample pH	s checked and records	ed by Sample control?	(VOA checked by ana	lysts)				 
5. Were the sample	containers provided h	y AEL?						
_	cepted into the labora							
7. Was it necessary	to split samples into o	other bottles?				_		
nments:								
			· · · · · · · · · · · · · · · · · · ·	<u></u>				_
· ·								

# Chain-of-Custody for AEL Tampa to AEL Jax

Drinking Water 7/26/2006 10:10 7/26/		T068244-01
Matrix Collect Date / Time Rece		
	US Water Services Terry Henry	CustomerName Collector
	T068244	Project#
	3-630-4327 ael Cammarata	813-630-9616 Fax 813-630-4327 Contact Person: Michael Cammarata
	venue	AEL Tampa 9610 Princess Palm Avenue
Receive Date 7/26/06 14:15	Matrix Collect Date Drinking Water 7/26/2006	ervices  ID Test Matrix  62-550 Herbicides (J)-515.3 Drinking Water

#### HOVANCEO Environmental Laboratorios Inc. CHAIN OF CUSTODY RECORD

LAB NUMBER: 70:824

	AMANINGILOL	LAUVIACUTIES, TIIC.
J	Jacksonville:	6601 Southpoint Parkway, Jacksonville, FL 32216 • (904) 363-9350 Fax (904) 363-9354
L	Tampa:	9610 Princess Palm Avenue, Tampa, FL 33619 • (813) 630-9616 Fax (813) 630-4327
L	Gainesville:	2106 NW 67th Place, Suite 7, Gainesville, FL 32653 • (352) 367-1500 Fax (352) 367-0050
_	Orlando:	528 S. North Lake Blvd. Suite 1016. Alternate Co. 1007 1007 1007 1007 1007

	1		
Para	- 1	Ωf	

G Officials.	526 S. NOTH LAKE BIVO., Suite 1016.	Altamonte Springs, FL 32701 • (407)	937-1594 Fax (407) 93	7-1597				raje		- 01 — —
CLIENT NAME:		ROJECT NAME:			BOTTLE					<del>                                     </del>
ADDRESS: 4939 CKUS	Pack C	POLONIAL MAN	on when	1/2	SIZE & TYPE					
ADDRESS: 4939 CKUS	s BAYOY BLOOPE	D. NUMBER / PROJECT NUI	MBER:							
NEW PORT RICHE- PHONE: 727  CONTACT: ROBYN  TURN AROUND TIME:	FAX: 5 77 1	ROJECT LOCATION:			A R N E A Q L U Y I					L A B
CONTACT: ROBERT	98-7707 SA	MPLED BY:		i	S R I E S D					MUM
TURN AROUND TIME:	REMARKS / SPECIAL	MPLED BY: / EXKY INSTRUCTIONS:	HENLY			m				B E R
ŭ STANDARD		,				5.				
© RUSH						57				
WW= waste water SW=surface water	GW=ground water DW=dr	inking water OIL A=air	SO=soil S	L≃sludge	Preserv					
	LE DESCRIPTION	Grab SAMPLI Composite DATE	NG MATRIX	NO. CONT.					1	
WETCH	OBLANIAC 3 MANGE		710 Dw	3		1				-0/
				1 10	S. 100					
				1 100						
				1	State of the state				-	
								_		
Ice $H = (HCI)$ $S = (H_2SO_4)$ N	= (HNO <sub>3</sub> ) T = (Sodium Thio	sulfate)			1000					
Shipment Method Sample Rut: / / Via:	Cooler #D/T	Relinquis		Date Columbia	Time ///	K	Received	d by:	Date 20/0/	Time 14:15
et: / / Val Trip ell.	D/T	3								
reived on ice: U ves U no OC	I sent I received	4					·			



9610 Princess Palm Avenue Tampa, Florida 33619 (813) 630-9616 FAX (813) 630-4327

T064702

04/27/2006

4/27/06 15:00

04/30/2006

Report No.:

Date Sampled:

Date Received:

Date Reported:

Client:

**US Water Services** 

Project Name:

Colonial Manor

Project Number:

PWS ID#:

6510355

Attention:

Melisa Rotteveel

Phone Number: 7278488292

Address:

4939 Cross Bayou Blvd.

New Port Richey, FI 34652

#### **Project Description**

The analytical results for the samples contained in this report were submitted for analysis as outlined by the Chain of Custody.

Project Name:

Colonial Manor

Approved By:

#### Mieliael Cammenata, Laboratory Manager

If there are any questions involving this report, the above named should be contacted.

THIS REPORT SHALL NOT BE REPRODUCED, EXCEPT IN FULL, WITHOUT THE WRITTEN APPROVAL OF THE LABORATORY.

Advanced Environmental Laboratories certifies that the test results in this report meet all requirements of the NELAC standards, unless notated otherwise in the body of the report.

Total Number of Pages =

Analytical Report

Client: US Water Services

Project Name: Colonial Manor

Matrix: Drinking Water

PWS ID#: 6510355

Client Sample ID: Well #1

Site: Connon Dr

Sample Number: T064702-01

Report No.: T064702

Date/Time Sampled: 04/27/06

Date/Time Received: 4/27/06 15:00

Sampled By: Terry Henry

Shipping Method: Client drop off

#### Inorganic Contaminants

Contam ID	Contam Name	MCL	Units	Analysis Results	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Cert. #
1040	Nitrate (as N)	10	mg/L	5.8		SM4500NO3-F	0.14	04/28/2006	14:58	E84589
1041	Nitrite (as N)	1.0	mg/L	0.26	i	SM4500NO3-F	0.17	04/28/2006	14:58	E84589

The reported value is between the laboratory method detection limit and the laboratory practical quantitation limit. MDL Method Reporting Limit

For all Results qualified with an I, the PQL is defined to be 4 times the MDL

Analytical Report

Client: US Water Services

Project Name: Colonial Manor

Matrix: Drinking Water

PWS ID#: 6510355

Client Sample ID: Well #2

Site: Cantrell St

Sample Number: T064702-02

Report No.: T064702

Date/Time Sampled: 04/27/06

ter rime Sampled. 04/27/00 10.

Date/Time Received: 4/27/06 15:00

Sampled By: Terry Henry

Shipping Method: Client drop off

Inorganic Contaminants

Contam ID	Contam Name	MCL	Units	Analysis Results	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Cert. #
1040	Nitrate (as N)	10	mg/L	7.6		SM4500NO3-F	0.14	04/28/2006	14:58	E84589
1041	Nitrite (as N)	1.0	mg/L	0.25	i	SM4500NO3-F	0.17	04/28/2006	14:58	E84589

i The reported value is between the taboratory method detection limit and the laboratory practical quantitation limit. MDL Method Reporting Limit

Analytical Report

Client: US Water Services

Project Name: Colonial Manor

Matrix: Drinking Water

PWS ID#: 6510355

Client Sample ID: Well #3

Site: Hendrix St

Sample Number: T064702-03

Report No.: T064702

10:30

Date/Time Sampled: 04/27/06

Date/Time Received: 4/27/06 15:00

Sampled By: Terry Henry

Shipping Method: Client drop off

#### Inorganic Contaminants

Contam ID	Contam Name	MCL	Units	Analysis Results	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Cert. #
1040	Nitrate (as N)	10	mg/L	4.6		SM4500NO3-F	0.14	04/28/200	5 14:58	E84589
1041	Nitrite (as N)	1.0	mg/L	0.14		SM4500NO3-F	0.17	04/28/200	3 14:58	E84589

The reported value is between the laboratory method detection limit and the laboratory practical quantitation limit.

MDL Method Reporting Limit

Analytical Report

Client: US Water Services

Report No.: T064702 Project Name: Colonial Manor Date/Time Sampled: 04/27/06

Matrix: Drinking Water

Date/Time Received: 4/27/06 15:00 PWS ID#: 6510355

Client Sample ID: Well #4

Sampled By: Terry Henry Site: Linkwood Ln

Shipping Method: Client drop off Sample Number: T064702-04

Inorganic Contaminants

Contam ID	Contam Name	MCL	Units	Analysis Results	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Cert. #
1040 1041	Nitrate (as N) Nitrite (as N)	10 1.0	mg/L ma/L	13	i	SM4500NO3-F SM4500NO3-F	0.68	04/28/2006 04/28/2006	14:58 14:58	E84589 E84589

The reported value is between the laboratory method detection limit and the laboratory practical quantitation limit.

MDL Method Reporting Limit

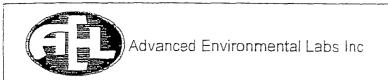
## Florida Department of Environmental Protection Safe Drinking Water Program Laboratory Reporting Format

PUBLIC WATER SYSTEM INFORMATION	(to be comple	ated by sampler - Please type	or print legibly)	
System Name: <u>Colonial ma</u>	10N	tility PWS I.D.	#. 6 5 1	0355
System Type (check one): Community	□No	ntransient Noncommunity	Transient	Noncommunity
Address:ROOC_RO				
City: 101,09		State: 도C	_ ZIP Code:	
Phone #:		Fax #		
E-Mail Address:				
	į			
SAMPLE INFORMATION (to be completed if	by sampler)			•
Sample Number:		Location Code (If kn	own):	· .
Sample Date: 41127106		Sample Time: 10	:00 -1/00 FA	M PM (Circle One)
Sample Location (be specific): UEII	C# 1+	3 L1		
Disinfectant Residual (Required when reporting	, ,	methanes and haloacetic acids):	mg/L	Field pH:
•			_	
Sample Type (Check Only One)		Reason(s) for Sa	mple (Check all that so	oky)
Distribution	☑Routine 0	ompliance (with 62-550)		Quarter? 2000)
☑Entry Point (to Distribution)	☐Confirma	tion of MCL Exceedance*	Special (not for co	mpliance with 62-550)
Plant Tap (not for compliance with 62-550)	□Composit	e of Multiple Sites**	☐Violation Resolu	ition
☐Raw (at well or intake)	Clearanc	(p <del>a</del> mitting)	Replacement (d	Invalidated Sample)
☐Max Residence Time	Other: _			
☐Ave Residence Time	Sampling P	l Ipcedure Used or Other Co	emments: Gra	b- Matrate/Mitr
☐Near First Customer				MITT
*See 62-550,500(6) for requirem NOTE: See 62-550,512(3) for action nitrate or nitrite MCL.	dditional require	1	2-550.550(4) for requinal results page for each	
Sampler's Name: TERR	13/4			
Sampler's Phone #:	)	Sampler's Fax #:		
Sampler's E-Mail Address:		<u> </u>		
<u>.</u>				The same of the sa
CERTIFICATION (to be completed by	sampler)	1		
1. TERRY HENT	- 5	, Ope	(Print Title)	:
do HEREBY CERTIFY that the abo complete and correct.		1		
Signature:			Date: 4	27-06
			- 700	/

Reporting Former 52-550,730 Effective January 1995, Revised January 2004

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

ATTACH CURRENT DOH ANA		oleted by lab - Please type o	r print legibly)
LabName: Advanced Environm	ental Labs - Tampa	Florid	a Certification #: E84589
Address: 9610 Princess Palm	Avenue	Certification	Expiration Date: 06/30/2006
Tampa, Florida 336	19		phone #: (813) 630-9616
ANALYSIS INFORMATION (to	se completed by lab		
PWS ID (from page 1): 651035	5	·	le(s) Received 04/27/2006 15:00:0
Lab Assigned Report Number o	r Job ID T064702	Sample Number	(From page 1) T064702-01 - 54
Group(s) Analyzed Results atta	ched for compliance with cha	pter 62-550, F.A.C. (check a	II that appl
Inorganics  All 1 Partial Nitrate Nitrite Asbestos Onl  Were any analyses subcontract If yes, please provide DOH cert	ification number	Volatile Organics  All 2 Partial Radionuclides Single Sam Qtrly Composite**	Disinfection Byproducts  Trih Haloaceti Bromate Chlorite Secondaries All 1 Partial
ATTACH DOH ANALYTE SHE	ET FOR EACH SUBCONTRA	CTED LAB	
	CERT	TIFICATION	
I, Michael Cammarata (Print Name) do HEREBY CERTIFY that all a National Environmental Labora	ttached analytical data are co	orrect and unless noted meet (NELAC).	t all requirements of the .
Signature:		Date:	1/30/6
<ul> <li>Failure to provide a valid and analysis results will result in rej and may result in notification of</li> <li>Please provide radiological s</li> </ul>	ection of the report, possible e the DOH Bureau of Laborato	enforcement against the publicy Services.	t Analyte Sheet for the attached lic water system for failure to sample,
COMPLIANCE DETERMINATI	O (to be completed by DEP	or DOH	
Additional Monitoring Requi	sted (circle or highlight group(s) ab	) above)	equested (circle or highlight group(s) above)
Reason(s): MCL(s) Exceed Missing Analyte Other		ection(s) ation Unsatisfactory	<ul><li>Incomplete Repor</li><li>Analysis Unsatisfactory</li></ul>
Person Notified:			ate Notified
Comments			
Date Reviewed:	DEP/C	OH Reviewing Official	



Kit ID:

Advanced Environmental Labs 9610 Princess Palm Ave. Tampa, FL 33619

Date/Time Rcvd:	1/27/00 1	5700 1	Log-In request numb Completed	per: 70(	e4-	702	
Received by:	<i>p</i>	M	Completed	by:	کر	H	
Cooler/Shipping							
		ny Everena 🗖 E		D. C. Other /deep	را مرانم		
Courier: AEL ZO					ribe): _		
Type: □ Cooler □ Bo	ox 🗖 Other (describe	•)				<del></del> ·	
Cooler temperature:	: Identify the cooler a	nd document the	e temperature blank o	r ice water measu	ıremer	nt	
Cooler ID							
Temp (°C)	0.3						
Temp taken from	☐ Sample Bottle ☐ Cooler	Sample Bottle  Cooler	☐ Sample Bottle ☐ Cooler	☐ Sample Bottle ☐ Cooler		Sample Cooler	Bottle
Temp measured with		☐ IR gun ☐ Thermometer (er ID):	ITR gun Thermometer (ent ID):	er IR gun Thermometer ( ID):	(enter	☐ IR gun ☐ Thermo ID):	meter (enter
Other Information Any discrepancies sh	<del></del>		" section below.		1 777	1 110	
		CHECKLIST			YES	NO	NA
	seals on shipping conta						
	papers properly include papers properly filled o		orah lahalas?		,		
	arrive in good condition		atch labels):		1	-	+
			analysis, preservatives	)?	<del>                                     </del>		
	labels agree with the		, , , , , , , , , , , , , , , , , , , ,	,-		_	
7. Were correct b	oottles used for the tests	s indicated?		· <del></del>			
8. Were proper sa	ample preservation tech	nniques indicated	on the label?				
	received within holdin						
	vials checked for the p		obles?				
<del></del>	bubbles present in the						
		<del></del>	check one: DNO ICE	BLUE ICE	Γ_		
	r temperature less than		10 (1704 1) 11	1			<del>                                     </del>
			ntrol? (VOA checked by	anaiysts)	-	_	
	ole containers provided accepted into the labor				+		
	ry to split samples into					+	
12	a, to spar samples into	one bottles:			<del> </del>		
Comments:							

LAB NUMBER: 16CY 702
100970
Page of
Page O C
AR
A R N E A O L U Y I S R I E S D
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XX
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07
A: / Received

Jacksonville: 6601 Southpoint Parkway, Jacksonville, FL 32216 • (904) 363-9350 Fax (904) 363-9354 9610 Princess Palm Avenue, Tampa, FL 33619 • (813) 630-9616 Fax (813) 630-4327 ☐ Gainesville: 2106 NW 67th Place, Suite 7, Gainesville, FL 32606 • (352) 367-1500 Fax (352) 367-0050 Orlando: 528 S. North Lake Blvd., Suite 1016, Altarnonte Springs, FL 32701 • (407) 937-1594 Fax (407) 937-1597 CLIENT NAME: U.S. Water Services Corporation New Port Richey, Florida 34652 COLORIAL MOHOL C Phone (727) 848-8292 PROJECT LOCATION: CONTACT: SAMPLEDBY TURN AROUND TIME: REMARKS / SPECIAL INSTRUCTIONS O STANDARD O RUSH WW=waste water SW=surface water GW=ground water DW=drinking water SAMPLE ID OIL A=air SAMPLE DESCRIPTION SO≈soll SL=sludge Grab SAMPLING Composite DATE 1 # 112al MATRIX NO. LOHNON DA CONT 4-27-06/1000 WEIIAT Cantulist DO. WEILH3 HENDRIX 1427-061 10:15 427.06 10:30 w911 Hc/ 4-27-06/11:00 Relinquished by: Date Time Received by: 4-226 Date Time

## 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: Colonial Ma	nor Utility PWSID. # 8 5 1 0 3 5 5
System Type (check one): Community	
Address:	
City:	State: ZIP Code:
Phone #:	·
E-Mail Address:	:
SAMPLE INFORMATION (to be completed	by sampler)
Sample Number T062000	
Sample Date: 2/22/66	· /
Sample Location (be specific): Rain	
	g results for trinalomethanes and haloacetic acids): mg/L Field pH:
Sample Type (Oneck Only One)	Reason(s) for Sample (Check all that apply)
	Routine Compliance (with 52-550) Quarterly (Which Quarter?)
☐ Entry Point (to Distribution)	Confirmation of MCL Exceedance* Special (not for compliance with 62-550)
Plant Tap (not for compliance with 62-550)	
Raw (at well or intake)	☐Clearance (permitting) ☐Replacement (of invalidated Sample)
☐Max Residence Time	Other
☐Ave Residence Time	Sampling Procedure Used or Other Comments:
☐Near First Customer	
*See 62-550.500(6) for require NOTE: See 62-550.512(3) for for nitrate or nitrite MCI Sampler's Name:	additional requirements attach a results page for each site.
Sampler's Phone #:	Sampier's Fax #:
Sampler's E-Mail Address:	Campio o Lax
CERTIFICATION (to be completed by	oy sampler)
1, Ken Martin	
(Print Name)	(Print Title)
do HEREBY CERTIFY that the ab complete and correct.	ove public water system and sample collection information is
Signature:	Date:
	Q 2

1.3

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

	ORY CERTIFICATION I CURRENT DOH ANALY		o be complete	ed by lab - Please type	or print legibly)			
LabName:	Advanced Environmen	tal Labs - Tampa		Flor	ida Certification #: E84589			
Address:	9610 Princess Palm A	venue		Certification Expiration Date: 06/30/2005				
	Tampa, Florida 33619				phone #: (813) 630-9616			
ANALYSIS	INFORMATION (to be	completed by lab						
PWS ID (	from page 1): 6510355			Date Sam	ple(s) Received 02/22/2006 14:30:0			
Lab Assign	ned Report Number or J	ob ID T062000		Sample Numb	er (From page 1) T062000-01			
Group(s) A	analyzed Results attach	ed for compliance	with chapter	62-550, F.A.C. (check	all that appl			
Were any	Inorganics  All 1 Partial Nitrate Nitrite Asbestos Onl  analyses subcontracted ase provide DOH certific	cation number	oxi ] No	Volatile Organics  All 2 Partial Radionuclides Single Sam Qtrly Composite**	☐ All 1 ☑ Partial			
ATTACIT	DON ANALYTE SHEET	FOR LACH SUB						
			CERTIFI	CATION				
I, Tammie	e Heslin (Print Name)	, Project Manage	r					
National E	Environmental Laborator	y Accreditation Co	onference (NE	LAC).  Date:	et all requirements of the			
analysis r	to provide a valid and cu esults will result in rejec result in notification of th	tion of the report,	possible enfo	rcement against the pu	ent Analyte Sheet for the attached blic water system for failure to sample,			
** Please	provide radiological san	nple dates Jocatio	ons for each q	uarter.				
COMPLIA	ANCE DETERMINATIO	(to be completed	by DEP or D	ОН				
Sample C	Collection Info Satisfacto	ry 🗌 Yes 🗌	] No	Sample Analysis Ir	nfo Satisfactory: Yes No			
Replac	ement Sample(s) Requeste	d (circle or highlight	group(s) above)	Revised Report	Requested (circle or highlight group(s) above)			
Additi	onal Monitoring Require	d (circle or highlig	ht group(s) at	oove)				
Reason(s	MCL(s) Exceeded Missing Analyte S Other		Detection Location	on(s) n Unsatisfactory	<ul><li>Incomplete Repor</li><li>Analysis Unsatisfactory</li></ul>			
Person N	lotified:				Date Notified			
Commen	its			,				
Date Rev	viewed:		DEP/DOH	Reviewing Official				



Analytical Report

Client: US Water Services

Report No.: T062000

Project Name: Colonial Manor

Date/Time Sampled: 02/22/06

Matrix: Drinking Water

Date/Time Received: 2/22/06 14:30

PWS ID#: 6510355

Client Sample ID: Raw Well #3 Hendrix St.

Sampled By: Ken Martin

Site: Holiday

Sample Number: T062000-01

Shipping Method: Client drop off 

Secondary DW Standards

Contam ID	Contam Name	MCL	Units	Analysis Results	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Cert, #
1930	Total Dissolved Solids	500	mg/L	670		E160.1	10	02/26/2006	10:00	E84589

MDL Method Reporting Limit

9610 Princess Palm Avenue Tampa, Florida 33619 (813) 630-9616 FAX (813) 630-4327

T062000

02/22/2006

2/22/06 14:30

02/28/2006

Report No.:

Date Sampled:

Date Received:

Date Reported:

Client:

**US Water Services** 

Project Name:

Colonial Manor

Project Number:

PWS ID#:

6510355

Attention:

Melisa Rotteveel

Phone Number:

7278488292

Address:

4939 Cross Bayou Bivd.

New Port Richey, FI 34652

#### **Project Description**

The analytical results for the samples contained in this report were submitted for analysis as outlined by the Chain of Custody.

Project Name:

Colonial Manor

Approved By:

Tammie Heslin, Project Manager

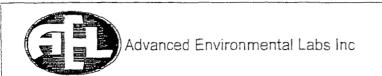
If there are any questions involving this report, the above named should be contacted.

THIS REPORT SHALL NOT BE REPRODUCED, EXCEPT IN FULL, WITHOUT THE WRITTEN APPROVAL OF THE LABORATORY.

Advanced Environmental Laboratories certifies that the test results in this report meet all requirements of the NELAC standards, unless notated otherwise in the body of the report.

Total Number of Pages =

PI



Advanced Environmental Labs 9610 Princess Palm Ave. Tampa, FL 33619

Date/Time Rcvd:	123/06/14	BD Log	-In request number:	10	0)60	<b>DÓC</b>	)	
Received by:		Jh	Completed by:			44	-	
Cooler/Shipping I								
Courier: 🗆 AEL 🗗 Cl	ient 🗆 UPS 🗖 Por	y Express  FedE	x □AES □ASAP [	☐ Other (descri	be):			
Type: 🗆 Cooler 🗖 Bo>	<ul> <li>✓ Other (describe</li> </ul>	)						
Cooler temperature:	Identify the cooler a	nd document the ter	mperature blank or ic	e water measur	rement			
Cooler ID								
Temp (°C)	Oi							
Temp taken from	☐ Sample Bottle ☐ Cooler	☐ Sample Bottle ☐ Cooler	☐ Sample Bottle ☐ Cooler	☐ Sample Bottle ☐ Cooler		□ Sample l □ Cooler	Bottle	
Town money and	ZIR gum	□ IR gum	□ IR gum	□ IR gun		□ IR gun		
Temp measured with	☐ Thermometer (enter ID):	☐ Thermometer (enter ID):	Thermometer (enter D):	☐ Thermometer (e ID):		⊔ Thermor ID):	meter (enter	
		CHECKLIST			YES	NO	NA	
1. Were custody se	eals on shipping conta	iner(s) intact?						
	apers properly include							
		out (ink, signed, match	h labels)?					
	urive in good condition					ļ		
			alysis, preservatives)?			ļ		
	labels agree with the					<del> </del>		
	ottles used for the test		1 11 10		-			
		hniques indicated on t	the label?		-	<del> </del>		
	received within holdin				-	-		
	bubbles present in the	oresence of air bubble	S!		-	<del> </del>		
			ck one: □ NO ICE □ B	I LIE ICE	<del></del>			
	temperature less than		CR OIL. LIVE 165 LI	202102	+-	+		
<u></u>			ol? (VOA checked by an	alysts)		1		
	le containers provided							
	16. Were samples accepted into the laboratory?							
17. Was it necessary to split samples into other bottles?								
Comments:								
Comments.								
Kit ID:			0.2					

- · ··--

O Tampa:

Jacksonville: 6601 Southpoint Parkway, Jacksonville, FL 32216 • (904) 363-9350 Fax (904) 363-9354 9610 Princess Palm Avenue, Tampa, FL 33619 • (813) 630-9616 Fax (813) 630-4327

D Galnesville: 2106 NW 67th Place, Suite 7, Galnesville, FL 32606 • (352) 367-1500 Fax (352) 367-0050 Criando: 528 S. North Lake Bivd., Suite 1016, Allamonte Springs, FL 32701 • (407) 937-1594 Fax (407) 937-1597

CLIENT NAME: 528 S. North Lake E	PROJECT NAME:    Page
U.S. Water Services Corpora: ADDRES 4939 Cross Bayou Boulevan New Port Richey, Florida 346 PHONE: Phone (727) 848-8292	PROJECT LOCATION:  BOTTLE SIZE & PROJECT NUMBER:  A R
CONTACT: PHONE: 11016 (727) 848-8292	- 120.0c
TURN AROUND TIME: REMARKS	SAMPLED BY:  Control of the second of the se
D STANDARD  D RUSH	
SAMPLE ID SAMPLE DESCRIPTIO	N Grab SAMPLING MATRIX NO.
Daw we11#1 He.	DATE TIME WOUTH CONT.
H = (HCI) S = (H <sub>2</sub> SO <sub>4</sub> ) N = (HNO <sub>3</sub> ) T = (S IMBERT Method) Sample Kir Cooler :- INB D/T AB D/T	Relinquished by: Date Time Received by: Date Time 2
Wile: Indpiel of g	3 4

9610 Princess Palm Avenue Tampa, Florida 33619 (813) 630-9616 FAX (813) 630-4327

T067398

07/06/2006

7/6/06 13:10

07/17/2006

Report No.:

Date Sampled:

Date Received:

Date Reported:

Client:

**US Water Services** 

Project Name:

Colonial Manor

**Project Number:** 

PWS ID#:

6510355

Attention:

Melisa Rotteveel

Phone Number: 7278488292

Address:

4939 Cross Bayou Blvd.

New Port Richey, FI 34652

#### **Project Description**

The analytical results for the samples contained in this report were submitted for analysis as outlined by the Chain of Custody.

Project Name: Colonial Manor

Approved By:

Tammie Heslin, Project Manager

If there are any questions involving this report, the above named should be contacted.

THIS REPORT SHALL NOT BE REPRODUCED, EXCEPT IN FULL, WITHOUT THE WRITTEN APPROVAL OF THE LABORATORY.

Advanced Environmental Laboratories certifies that the test results in this report meet all requirements of the NELAC standards, unless notated otherwise in the body of the report.

Total Number of Pages = /

Analytical Report

Client: US Water Services

Project Name: Colonial Manor

Report No.: T067398

10:45

Date/Time Sampled: 07/06/06

Date/Time Received: 7/6/06 13:10

Matrix: Drinking Water PWS ID#: 6510355

Client Sample ID: Raw Well #1

Site: Cannon Dr

Sampled By: Ken Martin

Shipping Method: Client drop off

Sample Number: T067398-01

Secondary DW Standards

Contam ID	Contam Name	MCL	Units	Analysis Results	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Cert.#
1017	Total Chlorides	250	mg/L	220		SM4500CL-E	6.5	07/19/2006	11:33	E84589
1055	Sulfate (as SO4)	250	mg/L	60		E375.4	1.4	07/14/2006	13:05	E84589
1930	Total Dissolved Solids	500	mg/L	770		E160.1	10	07/13/2006	08:30	E84589

MDL Method Reporting Limit

Analytical Report

Client: US Water Services

Project Name: Colonial Manor

Matrix: Drinking Water

PWS ID#: 6510355

Client Sample ID: Raw Well #2

Site: Cantrell St

Sample Number: T067398-02

Secondary DW Standards

Report No.: T067398

10:55

Date/Time Sampled: 07/06/06

Date/Time Received: 7/6/06 13:10

Sampled By: Ken Martin

Shipping Method: Client drop off

Contam ID	Contam Name	MCL	Units	Analysis Results	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Cert. #
1017	Total Chlorides	250	mg/L	47		SM4500CL-E	1.3	07/10/2006	10:17	E84589
1055	Sulfate (as SO4)	250	mg/L	23		E375.4	1.4	07/14/2006	13:05	E84589
1930	Total Dissolved Solids	500	mg/L	350		E160.1	10	07/13/2006	08:30	E84589

MDL. Method Reporting Limit For all Results qualified with an I, the PQL is defined to be 4 times the MDL.

Analytical Report

Client: US Water Services

Project Name: Colonial Manor

Matrix: Drinking Water

PWS ID#: 6510355

Client Sample ID: Raw Well #3

Site: Hendrix St

Sample Number: T067398-03

Secondary DW Standards

Report No.: T067398

Date/Time Sampled: 07/06/06

11:00

Date/Time Received: 7/6/06 13:10

Sampled By: Ken Martin

Shipping Method: Client drop off

Contam ID	Contam Name	MCL	Units	Analysis Results	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Cert. #
1017	Total Chlorides	250	mg/L	210		SM4500CL-E	6.5	07/19/2006	11:33	E84589
1055	Sulfate (as SO4)	250	mg/L	60		E375.4	1.4	07/14/2006	13:05	E84589
1930	Total Dissolved Solids	500	mg/L	750		E160.1	10	07/13/2006	08:30	E84589

MDL Method Reporting Limit

Analytical Report

Client: US Water Services

Project Name: Colonial Manor

Matrix: Drinking Water

PWS ID#: 6510355

Client Sample ID: Raw Well #4

Site: Linkwood Ln

Sample Number: T067398-04

Secondary DW Standards

Report No.: T067398

Date/Time Sampled: 07/06/06 11:15

Date/Time Received: 7/6/06 13:10

Sampled By: Ken Martin

Shipping Method: Client drop off

Contam ID	Contam Name	MCL	Units	Analysis Results	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Cert. #
1017	Total Chlorides	250	mg/L	83		SM4500CL-E	1.3	07/10/2006	10:17	E84589
1055	Sulfate (as SO4)	250	mg/L	53		E375.4	1.4	07/14/2006	13:05	E84589
1930	Total Dissolved Solids	500	mg/L	530		E160.1	10	07/13/2006	08:30	E84589

MDL Method Reporting Limit For all Results qualified with an I, the PQL is defined to be 4 times the MDL



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

PUBLIC WATER SYSTEM INFORMATION	(to be completed by sampler - Please type of	or print legibly)		
System Name: Colonial/	Millo PWS I.D. #	:6510355		
System Type (check one): Community	☐Nontransient Noncommunity	Transient Noncommunity		
Address:		<u> </u>		
City:	State:	ZIP Code:		
Phone #:				
E-Mail Address:				
SAMPLE INFORMATION (to be completed by Sample Number: 1000000000000000000000000000000000000	Location Code (if known Sample Time:	AM) PM (Circle One)		
Sample Type (Check Only One)	Reason(s) for San	nple (Check all that apply)		
Distribution	Routine Compliance (with 62-550)	Quarterly (Which Quarter?)		
Entry Point (to Distribution)	Confirmation of MCL Exceedance*	Special (not for compliance with 62-550)		
Plant Tap (not for compliance with 62-550)	Composite of Multiple Sites**	☐Violation Resolution		
Raw (at well or intake)	Clearance (permitting)	Replacement (of Invalidated Sample)		
Max Residence Time	Other:			
☐Ave Residence Time	Sampling Procedure Used or Other Co	mments:		
☐Near First Customer				
*See 62-550.500(6) for requirem NOTE: See 62-550.512(3) for a for nitrate or nitrite MCL Sampler's Name:	dditional requirements attach	2-550.550(4) for requirements and a results page for each site.		
Sampler's Phone #:	Sampler's Fax #: _			
Sampler's E-Mail Address:				
CERTIFICATION (to be completed by	y sampler)			
(Print Name)		(Print Title)		
do HEREBY CERTIFY that the about complete and correct.	ove public water system and samp	ole collection information is		
Signature:		Date:		

Reporting Format 62-550,730 Effective January 1995, Revised January 2004

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

	ORY CERTIFICATION CURRENT DOH ANAL	•	pe completed by lab - F	Please type o	r print legibly)
LabName:	Advanced Environme	ental Labs - Tampa	·	Floric	la Certification #: E84589
Address:	9610 Princess Palm	Avenue	i ing	Certification	Expiration Date: 06/30/2007
	Tampa, Florida 3361	9			phone #: (813) 630-9616
ANALYSIS	S INFORMATION (to b	e completed by lab			
		,		Data Cama	Ja/a) Danairrad, 07/06/2006 12:10:0
•	from page 1): 651035 ned Report Number or		So	•	le(s) Received: 07/06/2006 13:10:0
-	Analyzed Results atta			•	
	Inorganics	Synthetic Organics		irganics	Disinfection Byproducts
į	All 17	All 30	All 21		Triha
į	Partial	All Except Dioxi	n Partial		Haloaceti
	Nitrate	Partial	Radionuc	lides	Bromate
	Nitrite	Dioxin Only	Single	Samp	Chlorite
	Asbestos Only			Composite**	Secondaries
					All 14
					✓ Partial
Were any	analyses subcontract	ed? Yes 🗸 N	10		
If yes, plea	ase provide DOH certi	fication number	e e e e e e e e e e e e e e e e e e e		
ATTACH I	DOH ANALYTE SHEE	T FOR EACH SUBC	ONTRACTED LAB		
			CERTIFICATION		
I, Tammi	e Heslin (Print Name)	, Project Manager		,	
	BY CERTIFY that all a Environmental Laborat			ss noted mee	t all requirements of the
Signatur	2: Y	ldm		Date:	4/3:/00
analysis r	to provide a valid and esults will result in reje result in notification of	ection of the report, po	ssible enforcement ag	and a currer ainst the pub	at Analyte Sheet for the attached lic water system for failure to sample,
** Please	provide radiological sa	ample dates Jocations	for each quarter.		
COMPLIA	ANCE DETERMINATION	O (to be completed b	y DEP or DOH)		
Sample C	Collection Info Satisfac	tory Yes N	o Sample	e Analysis Info	o Satisfactory: Yes No
Replac	ement Sample(s) Reques	ited (circle or highlight gro	up(s) above) Re	vised Report R	equested (circle or highlight group(s) above)
Additio	onal Monitoring Requi	red (circle or highlight	group(s) above)		
Reason(s	s): MCL(s) Exceed	ed	Detection(s)		Incomplete Report
·	Missing Analyte		Location Unsatisfac	ctory	Analysis Unsatisfactory
Person N	lotified:			n	ate Notified:
Commen	ts			J	
Date Rev	riewed:	•	DEP/DOH Reviewing	Official:	



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

PUBLIC WATER SYSTEM INFORMATION	(to be completed by sampler - Please type of	or print legibly)
System Name: Colonial/	<u>10100</u> pws i.d. #	6510355
System Type (check one): Community	☐Nontransient Noncommunity	☐Transient Noncommunity
Address:		
City:	State:	ZIP Code:
Phone #:	Fax #:	
E-Mail Address:		
SAMPLE INFORMATION (to be completed b	y sampler)	*
Sample Number: 1007 548	Location Code (if known	wn):
Sample Date:		OSS (AM )PM (Circle One)
Sample Location (be specific):	well # a car	trell st
Disinfectant Residual (Required when reporting r	results for trihalomethanes and haloacetic acids):	mg/L Field pH:
	•	J
Sample Type (Check Only One)	Reason(s) for San	nple (Check all that apply)
Distribution		Quarterly (Which Quarter?)
Entry Point (to Distribution)	Confirmation of MCL Exceedance*	Special (not for compliance with 62-550)
Plant Tap (not for compliance with 62-550)	Composite of Multiple Sites**	□Violation Resolution
Raw (at well or intake)	Clearance (permitting)	Replacement (of Invalidated Sample)
Max Residence Time	Other:	
Ave Residence Time	Sampling Procedure Used or Other Co	mments:
□Near First Customer		
*See 62-550.500(6) for requirement NOTE: See 62-550.512(3) for action for nitrate or nitrate MCL of	dditional requirements attach	2-550.550(4) for requirements and a results page for each site.
Sampler's Name: Hen I Mo	rtin	
Sampler's Phone #:	Sampler's Fax #: _	
Sampler's E-Mail Address:		
CERTIFICATION (to be completed by	sampler)	
1, hen Marie	<u> </u>	(Print Title)
do HEREBY CERTIFY that the abo complete and correct.		
Signature:		Date:



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

LabName: Advanced Environmental Labs - Tampa   Florida Certification #: £84589   Address: 9810 Princess Palm Avenue   Certification Expiration Date: 06/30/2007   Tampa, Florida 33619   phone #: (813) 630-9616   ANALYSIS INFORMATION (to be completed by lab   PWS ID (from page 1): 6510355   Date Sample(s) Received: 07/06/2006 13:10:0   Lab Assigned Report Number or Job ID 1067398   Sample Number (From page 1): 1067398-02   Group(s) Analyzed Results attached for compliance with chapter 62-550, F.A.C. (check all that appl   Imorganics   Synthetic Organics   Volatile Organics   Disinfection Byproducts   All 17   All 30   All 21   Triha   Intritae   Partial   Radonucides   Bromate   Nitritae   Ploxin Only   Single Samp   Qtrly Composite*   Secondaries   Nitrite   Dioxin Only   Single Samp   Qtrly Composite*   All 14   Were any analyses subcontracted?   Yes   No   If yes, please provide DOH certification number   ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB   CERTIFICATION   I, Tammie Heslin   Project Manager   (Piint Namo)   Date:   J.		ORY CERTIFICATION CURRENT DOH ANALY	,	e completed by lab	- Please type o	or print legibly)				
Tampa, Florida 33519 phone # (813) 630-9616  ANALYSIS INFORMATION (to be completed by lab  PWS ID (from page 1): 6510355 Date Sample(s) Received: 97/05/2006 13:10:0  Lab Assigned Report Number or Job ID T067398 Sample Number (From page 1) T067398-02  Group(s) Analyzed Results attached for compliance with chapter 62-550, F.A.C. (check all that appl  Inorganics Synthetic Organics Volatile Organics Disinfection Byproducts  All 17 All 30 All 21 Tha  Partial All Except Dioxin Partial Haloacesi  Nitrate Partial Radionuclides Bromate  Nitrate Dioxin Only Single Samp Chlorite  Asbestos Only Quity Composite* Secondaries  Quity Composite* Secondaries  All 14 Partial  Were any analyses subcontracted? Yes No  If yes, please provide DOH certification number  ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB  CERTIFICATION  1. Tammie Heslin Project Manager  (Pintr Name)  And HERBEY CERTIFY that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Libboratory Accreditation Conference (NELAC).  Signature Date: Jaj Jobs  * 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 norification of the DOH Bursou of Laboratory Services.  ** Please provide radiological sample dates locations for each quarter.  COMPLIANCE DETERMINATIO (to be completed by DEP or DOH)  Sample Collection Info Satisfactory Yes No Sample Analysis Info Satisfactory: Yes No Revised Report Requested (circle or highlight group(s) above)  Additional Monitoring Required (circle or highlight group(s) above)  Reason(s): MCL(s) Exceeded Detection(s) Incomplete Report Analysis Unsatisfactory  Other:  Person Notified: Date Notified:	LabName:	Advanced Environmer	ntal Labs - Tampa		Florida Certification #: E84589					
ANALYSIS INFORMATION (to be completed by lab  PWS ID (from page 1): 6510355  Lab Assigned Report Number or Job ID T067398  Sample Number (From page 1) T067398-02  Group(s) Analyzed Results attached for compliance with chapter 62-550, F.A.C. (check all that appl  Inorganics  Synthetic Organics  Volatile Organics  Disinfection Byproducts  All 17  All 30  All 21  Triha  Partial  All Except Dioxin  Nitrate  Partial  Nitrite  Dioxin Only  Asbestos Only  Gtrly Composite*  All 14  Pertial  All Except Dioxin Only  Asbestos Only  Gtrly Composite*  All 14  Pertial  Were any analyses subcontracted? Yes   No  If yes, please provide DOH certification number  ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB  CERTIFICATION  I, Tammie Heslin  Project Manager  (Print Name)  Date:  Ballure 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 PoDH Bureau of Laboratory Services.  Please provide radiological sample dates locations for each quarter.  COMPLIANCE DETERMINATIO (to be completed by DEP or DOH)  Sample Collection Info Satisfactory  Yes No  Revised Report Requested (circle or highlight group(s) above)  Additional Monitoring Required (circle or highlight group(s) above)  Resson(s):  MCL(s) Exceeded  Missing Analyte Sheet(s)  Comments  Date Notified:  Date Notified:	Address:	9610 Princess Palm A	venue	0	Certification Expiration Date: 06/30/2007					
PWS ID (from page 1): 6510355  Lab Assigned Report Number or Job ID T067398  Sample Number (From page 1): 1067398-02  Group(s) Analyzed Results attached for compliance with chapter 62-550, F.A.C. (check all that appl  Inorganics  Synthetic Organics  Volatile Organics  Disinfection Byproducts  All 17  All 30  All 21  Triha  Partial  All Except Dioxin  Nitrate  Partial  Nitrite  Dioxin Only  Asbestos Only  Asbestos Only  Grify Composite*  All 14  Partial  All 14  Partial  Nitrite  Partial  Note any analyses subcontracted?  Yes No  If yes, please provide DOH certification number  ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB  CERTIFICATION  I, Tammie Heslin  (Print Name)  do HEREBY CERTIFY that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).  Signature  Date: 7/3, / C/C  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 Jocations for each quarter.  COMPLIANCE DETERMINATIO (to be completed by DEP or DOH)  Sample Collection Info Satisfactory  Yes No Sample Analysis Info Satisfactory: Yes No Replacement Sample(s) Requested (circle or highlight group(s) above)  Revised Report Requested (circle or highlight group(s) above)  Revised Report Requested (circle or highlight group(s) above)  Revised Report Requested (circle or highlight group(s) above)  Additional Monitoring Required (circle or highlight group(s) above)  Revised Report Requested (circle or highlight group(s) above)  Analysis Unsatisfactory  Other:  Person Notified:  Date Notified:		Tampa, Florida 33619				phone #	(813) 630-9616			
Lab Assigned Report Number or Job ID T067398  Group(s) Analyzed Results attached for compliance with chapter 62-550, F.A.C. (check all that appl  Inorganics Synthetic Organics Volatile Organics Disinfection Byproducts  All 17 All 30 All 21 Trina  Partial All Except Dioxin Partial Haloacetl  Nitrate Partial Radionuclides Bromate  Nitrite Dioxin Only Single Samp  Qtrly Composite** Secondaries  All 14  Were any analyses subcontracted? Yes ✓ No  If yes, please provide DOH certification number  ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB  CERTIFICATION  I, Tammie Heslin Project Manager  (Print Name)  do HEREBY CERTIFY that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).  Signature Date: → → → → → → → → → → → → → → → → → → →	ANALYSIS	S INFORMATION (to be	completed by lab							
Inorganics   Synthetic Organics   Volatile Organics   Disinfection Byproducts	PWS ID	(from page 1): 6510355			Date Sam	ple(s) Received:	07/06/2006 13:10:0			
Inorganics Synthetic Organics Volatile Organics Disinfection Byproducts  All 17 All 30 All 21 Triha Partial All Except Dioxin Partial Haloaceti Nitrate Partial Radionuclides Bromate Nitrate Dioxin Only Single Samp Chlorite Asbestos Only Christ Asbestos Only Christ Asbestos Only Single Samp Chlorite Single Samp Chlorite Secondaries All 14 Partial  Were any analyses subcontracted? Yes No If yes, please provide DOH certification number  ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB CERTIFICATION  I, Tammie Heslin Project Manager (Print Name)  do HEREBY CERTIFY that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).  Signature  Date: 1/3; / C.C.  * 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.  COMPLIANCE DETERMINATIO (to be completed by DEP or DOH)  Sample Collection Info Satisfactory Yes No Sample Analysis Info Satisfactory: Yes No Replacement Sample(s) Requested (circle or highlight group(s) above)  Additional Monitoring Required (circle or highlight group(s) above)  Reason(s): MCL(s) Exceeded Detection(s) Incomplete Report Analysis Unsatisfactory Other:  Person Notified: Date Notified:  Date Notified:	Lab Assig	ned Report Number or J	lob ID T067398		Sample Numbe	er (From page 1)	T067398-02			
All 17 All 30 All 21 Triha Partial All Except Dioxin Partial Haloaceti Nitrate Partial Radionuclides Bromate Nitrite Dioxin Only Single Samp Qtrly Composite**    Single Samp   Qtrly Composite**   Secondaries	Group(s)	Analyzed Results attach	ned for compliance wi	th chapter 62-550,	F.A.C. (check	all that appl	•			
Partial Nitrate Partial Radionuclides Bromate Chlorite Single Samp Qury Composite* Asbestos Only Clrly Composite* Asbestos Only Clrly Composite* Asbestos Only Clrly Composite* Asbestos Only Clrly Composite* Asbestos Only Secondaries All 14 Partial  Were any analyses subcontracted? Yes No If yes, please provide DOH certification number  ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB  CERTIFICATION  I. Tammie Heslin Project Manager (Print Name)  do HEREBY CERTIFY that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).  Signature  Date: 1/3,/04  * 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 PoDH Bureau of Laboratory Services.  ** Please provide radiological sample dates locations for each quarter.  COMPLIANCE DETERMINATIO (to be completed by DEP or DOH)  Sample Collection Info Satisfactory Yes No Sample Analysis Info Satisfactory: Yes No Replacement Sample(s) Required (circle or highlight group(s) above)  Additional Monitoring Required (circle or highlight group(s) above)  Reason(s): MCL(s) Exceeded Missing Analyte Sheet(s) Date Notified:  Date Notified:  Date Notified:		Inorganics	Synthetic Organics	Volatile	e Organics	Disinfecti	on Byproducts			
Nitrate Nitrite Dioxin Only Asbestos Only  Register For Each Subcontracted? Yes ✓ No  If yes, please provide DOH certification number  ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB  CERTIFICATION  I, Tammie Heslin Project Manager (Print Name)  do HEREBY CERTIFY that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).  Signature Date: 7/3, / OCC  *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 DOH Bureau of Laboratory Services.  **Please provide radiological sample dates locations for each quarter.  COMPLIANCE DETERMINATIO (to be completed by DEP or DOH)  Sample Collection Info Satisfactory Yes No Sample Analysis Info Satisfactory: Yes No Replacement Sample(s) Requested (circle or highlight group(s) above)  Additional Monitoring Required (circle or highlight group(s) above)  Reason(s): MCL(s) Exceeded Detection(s) Incomplete Report Analysis Unsatisfactory Other:  Person Notified: Date Notified:  Date Notified:  Date Notified:  Date Notified:		All 17	All 30	All	21	Triha				
Nitrite Dioxin Only Single Samp Chlorite Secondaries Qurly Composite** Asbestos Only Single Samp Qurly Composite** All 14  Vere any analyses subcontracted? Yes No  If yes, please provide DOH certification number  ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB  CERTIFICATION  I, Tammie Heslin Project Manager  (Print Name)  do HEREBY CERTIFY that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).  Signature  Date: 7/3,/// Fallure 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 Jocations for each quarter.  COMPLIANCE DETERMINATIO (to be completed by DEP or DOH)  Sample Collection Info Satisfactory Yes No Sample Analysis Info Satisfactory: Yes No Replacement Sample(s) Requested (circle or highlight group(s) above)  Additional Monitoring Required (circle or highlight group(s) above)  Revised Report Requested (circle or highlight group(s) above)  Reason(s): MCL(s) Exceeded Detection(s) Incomplete Report Analysis Unsatisfactory Other:  Person Notified: Date Notified:  Comments		Partial	All Except Dioxir	n Par	rtial	Haloa	ceti			
Nitrite Asbestos Only Single Samp Qtrly Composite** Secondaries All 14  Vere any analyses subcontracted? Yes No  If yes, please provide DOH certification number  ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB  CERTIFICATION  I. Tammie Heslin Project Manager (Pint Name)  do HEREBY CERTIFY that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).  Signature Date: 7/3, / CC  * 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.  COMPLIANCE DETERMINATIO (to be completed by DEP or DOH)  Sample Collection Info Satisfactory Yes No Sample Analysis Info Satisfactory: Yes No Replacement Sample(s) Requested (circle or highlight group(s) above)  Additional Monitoring Required (circle or highlight group(s) above)  Reason(s): MCL(s) Exceeded Detection(s) Incomplete Report Analysis Unsatisfactory Other:  Person Notified: Date Notified:  Date Notified:		Nitrate	Partial	Radior	nuclides	Broma	ate			
Asbestos Unly  Qtrly Composite** Secondaries All 14  Partial  Were any analyses subcontracted? Yes No  If yes, please provide DOH certification number  ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB  CERTIFICATION  I, Tammie Heslin Project Manager (Print Name)  do HEREBY CERTIFY that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).  Signature  Date: 7/3,/CC  * 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.  COMPLIANCE DETERMINATIO (to be completed by DEP or DOH)  Sample Collection Info Satisfactory Yes No Sample Analysis Info Satisfactory: Yes No Replacement Sample(s) Requested (circle or highlight group(s) above)  Additional Monitoring Required (circle or highlight group(s) above)  MCL(s) Exceeded Detection(s) Incomplete Report Analysis Unsatisfactory Other:  Person Notified: Date Notified:  Comments		Nitrite	Dioxin Only			Chlori	te			
Were any analyses subcontracted? Yes V No  If yes, please provide DOH certification number  ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB  CERTIFICATION  I, Tammie Heslin		Asbestos Only			-	Seconda	ries			
Were any analyses subcontracted? Yes No  If yes, please provide DOH certification number  ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB  CERTIFICATION  I. Tammie Heslin				, j Qii	ly Composite					
Were any analyses subcontracted? Yes No  If yes, please provide DOH certification number  ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB  CERTIFICATION  I, Tammie Heslin , Project Manager (Print Name)  do HEREBY CERTIFY that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).  Signature Date: 3, OCC  * 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 Jocations for each quarter.  COMPLIANCE DETERMINATIO (to be completed by DEP or DOH)  Sample Collection Info Satisfactory Yes No Sample Analysis Info Satisfactory: Yes No Replacement Sample(s) Requested (circle or highlight group(s) above)  Additional Monitoring Required (circle or highlight group(s) above)  Reason(s): MCL(s) Exceeded Detection(s) Incomplete Report Analysis Unsatisfactory Other:  Person Notified: Date Notified:  Comments										
CERTIFICATION  I., Tammie Heslin	Were any	analyses subcontracted	d? Yes 🔽 N	0		e, i aitia	,			
CERTIFICATION  I. Tammie Heslin	If yes, ple	ase provide DOH certific	cation number							
I, Tammie Heslin Project Manager (Print Name)  do HEREBY CERTIFY that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).  Signature Date: 1/3, / O.C.  * 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 Ilocations for each quarter.  COMPLIANCE DETERMINATIO (to be completed by DEP or DOH)  Sample Collection Info Satisfactory Yes No Sample Analysis Info Satisfactory: Yes No Replacement Sample(s) Requested (circle or highlight group(s) above)  Additional Monitoring Required (circle or highlight group(s) above)  Reason(s): MCL(s) Exceeded Detection(s) Incomplete Report Missing Analyte Sheet(s) Location Unsatisfactory Analysis Unsatisfactory Other:  Person Notified: Date Notified:  Comments	ATTACH	DOH ANALYTE SHEET	FOR EACH SUBCO	NTRACTED LAB						
(Print Name)  do HEREBY CERTIFY that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).  Signature  Date: 7/3, / Out  * 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.  COMPLIANCE DETERMINATIO (to be completed by DEP or DOH)  Sample Collection Info Satisfactory Yes No Sample Analysis Info Satisfactory: Yes No Replacement Sample(s) Requested (circle or highlight group(s) above)  Additional Monitoring Required (circle or highlight group(s) above)  Reason(s): MCL(s) Exceeded Detection(s) Incomplete Report Analysis Unsatisfactory Other:  Person Notified: Date Notified:  Comments				CERTIFICATIO	N					
Signature:  * 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.  **COMPLIANCE DETERMINATIO** (to be completed by DEP or DOH)  **Sample Collection Info Satisfactory** Yes** No** Sample Analysis Info Satisfactory: Yes** No** Replacement Sample(s) Requested (circle or highlight group(s) above)** Revised Report Requested (circle or highlight group(s) above)** Additional Monitoring Required (circle or highlight group(s) above)** Incomplete Report Analysis Unsatisfactory** Other:  **Please provide radiological sample dates locations for each quarter.**  **Please provide radiological sample dates locations for each quarter.**  **Please provide radiological sample dates locations for each quarter.**  **Please provide radiological sample dates locations for each quarter.**  **Please provide radiological sample dates locations for each quarter.**  **Please provide radiological sample dates locations for each quarter.**  **Please provide radiological sample dates locations for each quarter.**  **Please provide radiological sample dates locations for each quarter.**  **Please provide radiological sample dates locations for each quarter.**  **Please provide radiological sample dates locations for each quarter.**  **Please provide radiological sample dates locations for each quarter.**  **Please provide radiological sample dates locations for each quarter.**  **Please provide radiological sample dates locations for each quarter.**  **Please provide radiological sample dates locations for each quarter.**  **Please provide radiological sample dates locations for each quarter.**  **Please provide radiological sample dates locations for each quarter.**  **Please provide radiological sa		(Print Name)	·	are correct and ur	nless noted me	et all requirement	s of the			
<ul> <li>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.</li> <li>Please provide radiological sample dates locations for each quarter.</li> <li>COMPLIANCE DETERMINATIO (to be completed by DEP or DOH)</li> <li>Sample Collection Info Satisfactory Yes No Sample Analysis Info Satisfactory: Yes No Replacement Sample(s) Requested (circle or highlight group(s) above)</li> <li>Additional Monitoring Required (circle or highlight group(s) above)</li> <li>Reason(s): MCL(s) Exceeded Detection(s) Incomplete Report Analysis Unsatisfactory Other:</li> <li>Person Notified: Date Notified:</li> <li>Comments</li> </ul>	National I	Environmental Laborator	ry Accreditation Confe	erence (NELAC).						
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.  **COMPLIANCE DETERMINATIO** (to be completed by DEP or DOH)  Sample Collection Info Satisfactory Yes No Sample Analysis Info Satisfactory: Yes No Replacement Sample(s) Requested (circle or highlight group(s) above)  Additional Monitoring Required (circle or highlight group(s) above)  Reason(s): MCL(s) Exceeded Detection(s) Incomplete Report Missing Analyte Sheet(s) Location Unsatisfactory Analysis Unsatisfactory  Other:  Person Notified: Date Notified:	Signatur	e All			Date:	7/3,/0	$\mathcal{O}(\mathcal{O}_{\mathbb{R}^n})$			
COMPLIANCE DETERMINATIO (to be completed by DEP or DOH)  Sample Collection Info Satisfactory Yes No Sample Analysis Info Satisfactory: Yes No Replacement Sample(s) Requested (circle or highlight group(s) above)  Additional Monitoring Required (circle or highlight group(s) above)  Reason(s): MCL(s) Exceeded Detection(s) Incomplete Report Missing Analyte Sheet(s) Location Unsatisfactory Analysis Unsatisfactory Other:  Person Notified: Date Notified:  Comments	analysis r	results will result in rejec	tion of the report, pos	sible enforcement	against the pul					
COMPLIANCE DETERMINATIO (to be completed by DEP or DOH)  Sample Collection Info Satisfactory Yes No Sample Analysis Info Satisfactory: Yes No Replacement Sample(s) Requested (circle or highlight group(s) above)  Additional Monitoring Required (circle or highlight group(s) above)  Reason(s): MCL(s) Exceeded Detection(s) Incomplete Report Analysis Unsatisfactory Other:  Person Notified: Date Notified:  Comments	** Please	, -	•	•						
Replacement Sample(s) Requested (circle or highlight group(s) above)  Additional Monitoring Required (circle or highlight group(s) above)  Reason(s): MCL(s) Exceeded Detection(s) Incomplete Report Missing Analyte Sheet(s) Location Unsatisfactory Analysis Unsatisfactory Other:  Person Notified: Date Notified:  Comments	COMPLI		***		I ' '		• · · · · · • · · · · · · · · · · · · ·			
Additional Monitoring Required (circle or highlight group(s) above)  Reason(s): MCL(s) Exceeded Detection(s) Incomplete Report Missing Analyte Sheet(s) Location Unsatisfactory Other:  Person Notified: Date Notified:	Sample (	Collection Info Satisfacto	ory Yes No	Sam	nple Analysis In	fo Satisfactory:	Yes No			
Reason(s): MCL(s) Exceeded Detection(s) Incomplete Report Missing Analyte Sheet(s) Location Unsatisfactory Other:  Person Notified: Date Notified:  Comments	Replac	cement Sample(s) Requeste	ed (circle or highlight grou	p(s) above)	Revised Report F	Requested (circle or	highlight group(s) above)			
Missing Analyte Sheet(s) Other:  Person Notified:  Comments  Detection(s) Location Unsatisfactory  Analysis Unsatisfactory  Date Notified:	Additi	onal Monitoring Require	d (circle or highlight g	roup(s) above)						
Missing Analyte Sheet(s) Other:  Person Notified:  Comments  Location Unsatisfactory  Analysis Unsatisfactory  Date Notified:	Reason(s	s): MCL(s) Exceeded	d "	Detection(s)		Incom	plete Report			
Comments			Sheet(s)	• •	sfactory		•			
Comments	Person N	Notified:				Date Notified:	· · · · · · · · · · · · · · · · · · ·			
Date Reviewed: DEP/DOH Reviewing Official:	Commer	nts ,								
Date Neviction.	Date Rev	viewed:		DEP/DOH Review	ing Official:					



## 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: Colonial/	M170 PWS I.D. # 65/0355
System Type (check one): Community  Address:	☐ Nontransient Noncommunity ☐ Transient Noncommunity
710070001	
City:	State: ZIP Code:
Phone #:	
E-Mail Address:	
SAMPLE INFORMATION (to be completed to	by sampler)
Sample Number: 100787	Location Code (if known):
Sample Date: 1/6 LO C	Sample Time:
Sample Location (be specific): Kaw	well # 3 Hendrix
Disinfectant Residual (Required when reporting	results for trihalomethanes and haloacetic acids): mg/L Field pH:
•	
Sample Type (Check Only One)	Reason(s) for Sample (Check all that apply)
Distribution	Routine Compliance (with 62-550) Quarterly (Which Quarter?
Entry Point (to Distribution)	☐Confirmation of MCL Exceedance* ☐Special (not for compliance with 62-550)
Plant Tap (not for compliance with 62-550)	☐Composite of Multiple Sites** ☐Violation Resolution
Raw (at well or intake)	Clearance (permitting) Replacement (of Invalidated Sample)
Max Residence Time	Other:
Ave Residence Time	Sampling Procedure Used or Other Comments:
☐Near First Customer	
*See 62-550.500(6) for requirem NOTE: See 62-550.512(3) for a for nitrate or nitrite MCL	dditional requirements attach a results page for each site.
Sampler's Name:	
	Sampler's Fax #:
Sampler's E-Mail Address:	
CERTIFICATION (to be completed by	y sampler)
1, ben Martin	(Print Title)
(Print Name) do HEREBY CERTIFY that the abo complete and correct.	(Print Title)  ove public water system and sample collection information is
Signature:	Date:

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

	ORY CERTIFICATIO CURRENT DOH ANA		N (to be compl	eted by lab - Please type o	or print legibly)				
LabName:	Advanced Environm	ental Labs - Tar	npa	Florida Certification #: E84589					
Address:	9610 Princess Palm	Avenue		Certification Expiration Date: 06/30/2007					
	Tampa, Florida 336	19			phone #: (813) 630-9616				
ANALYSIS	INFORMATION (to	oe completed by	lab						
PWS ID (	from page 1): 651035	5		Date Sam	ole(s) Received: 07/06/2006 13:10:0				
Lab Assigr	ned Report Number o	r Job ID T06739	98	Sample Numbe	r (From page 1) T067398-03				
Group(s) A	nalyzed Results atta	ched for compli	ance with chap	ter 62-550, F.A.C. (check a	all that appl				
!	All 17 Partial Nitrate Nitrite Asbestos Only	Synthetic Or All 30 All Excep Partial Dioxin Or	ot Dioxin	Volatile Organics  All 21 Partial Radionuclides  Single Samp Qtrly Composite**	Disinfection Byproducts  Triha Haloaceti Bromate Chlorite Secondaries  All 14				
If yes, ple	analyses subcontrac ase provide DOH cert DOH ANALYTE SHE	ification number	SUBCONTRAC						
			CERT	IFICATION					
I, Tammie	e Heslin (Print Name)	, Project Man	ager						
	BY CERTIFY that all Environmental Labora			rect and unless noted mee NELAC).	et all requirements of the				
Signature	a: ( )	UL		Date:	7/3/06				
analysis r		ection of the rep	ort, possible er	forcement against the pub	nt Analyte Sheet for the attached lic water system for failure to sample,				
** Please	provide radiological s	ample dates .loc	cations for eacl	•					
COMPLIA	ANCE DETERMINAT	O (to be compl	eted by DEP o						
Sample C	Collection Info Satisfa	ctory Yes	. No	Sample Analysis In	fo Satisfactory: Yes No				
Replac	ement Sample(s) Reque	sted (circle or high)	light group(s) abo	ve) Revised Report F	Requested (circle or highlight group(s) above)				
Additi	onal Monitoring Requ	red (circle or hig	jhlight group(s)	above)					
Reason(s	MCL(s) Exceed Missing Analyt Other:		•	ction(s) ion Unsatisfactory	Incomplete Report Analysis Unsatisfactory				
Person N	lotified:				Date Notified:				
Commen	ts								
Data Pay	iowod:		DEDID	OH Paviewing Official					



## 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: Colonial/	May 10 PWS I.D.	#: 6510355
System Type (check one): Community	☐Nontransient Noncommunity	Transient Noncommunity
Address:		
City:	State:	ZIP Code:
Phone #:		
E-Mail Address:		
SAMPLE INFORMATION (to be completed.)	by sampler) (	•
Sample Number: 1507 512	Location Code (if kno	own):
Sample Date: 1/6 LO D	Sample Time:	AM PM (Circle One)
Sample Location (be specific):	UR HAY LINK	wood
Disinfectant Residual (Required when reporting	results for tribalomethanes and haloacetic acids):	mg/L Field pH:
Dien neetan ( regained mie. respensing	, , , , , , , , , , , , , , , , , , , ,	
Sample Type (Check Only One)	Reason(s) for Sa	mple (Check all that apply)
Distribution	Routine Compliance (with 62-550)	Quarterly (Which Quarter?)
Entry Point (to Distribution)	Confirmation of MCL Exceedance*	Special (not for compliance with 62-550)
Plant Tap (not for compliance with 62-550)	Composite of Multiple Sites**	□Violation Resolution
Raw (at well or intake)	Clearance (permitting)	Replacement (of Invalidated Sample)
☐ Max Residence Time	Other:	
Ave Residence Time	Sampling Procedure Used or Other Co	omments:
□ Near First Customer	Camping ( ) 2000012 Cood of Callet O	
*See 62-550.500(6) for requiren	pents and restrictions **See f	62-550.550(4) for requirements and
NOTE: See 62-550.512(3) for a	dditional requirements attac	h a results page for each site.
for nitrate or nitrite MCL	exceedances.	
Sampler's Name: \( \frac{1}{2} \)	2111	
Sampler's Phone #:	Sampler's Fax #:	
Sampler's E-Mail Address:		
CERTIFICATION (to be completed by		
CERTIFICATION (to be completed by	y sampler)	
1 Len Martin		
(Print Name)		(Print Title)
do HEREBY CERTIFY that the about complete and correct.	ove public water system and sam	ple collection information is
Signature:		Date:
Signature:		

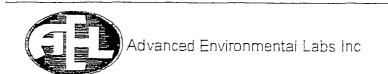
Reporting Format 62-550,730 Effective January 1995, 'Revised' January 2004



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

	ORY CERTIFICATION CURRENT DOH ANALY	,	be completed t	oy lab - Please type	or print legibly)				
LabName:	Advanced Environmen	ntal Labs - Tampa		Flor	ida Certification #: E84589				
Address:	9610 Princess Palm A	venue		Certification Expiration Date: 06/30/2007					
	Tampa, Florida 33619	)		phone #: (813) 630-9616					
ANALYSIS	S INFORMATION (to be	completed by lab							
PWS ID (	from page 1): 6510355			Date Sam	ple(s) Received: 07/06/2006 13:10:0				
Lab Assig	ned Report Number or .	Job ID T067398		Sample Number	er (From page 1) T067398-04				
Group(s)	Analyzed Results attac	hed for compliance v	with chapter 62	-550, F.A.C. (check	all that appl				
	Inorganics All 17 Partial Nitrate Nitrite Asbestos Only	Synthetic Organic All 30 All Except Diox Partial Dioxin Only	kin	olatile Organics All 21 Partial dadionuclides Single Samp Qtrly Composite**	Disinfection Byproducts  Triha Haloaceti Bromate Chlorite Secondaries All 14 Partial				
,	analyses subcontracted		No						
	ase provide DOH certifi		ONTRACTER						
ATTACH	DOH ANALYTE SHEET	FOR EACH SUBC							
			CERTIFICA	ATION					
I, Tammi	e Heslin (Print Name)	, Project Manager							
	BY CERTIFY that all at Environmental Laborato				et all requirements of the				
Signatur	e: \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\			Date:	413,100				
analysis r and may	results will result in reject result in notification of t	ction of the report, po he DOH Bureau of L	ossible enforce aboratory Serv	ment against the purices.	ent Analyte Sheet for the attached blic water system for failure to sample,				
** Please	provide radiological sa	mple dates location	s for each quar	ter.					
COMPLIA	ANCE DETERMINATIO	(to be completed t	by DEP or DOF	<del>i</del> )					
•	Collection Info Satisfacto	•	No (a) al	Sample Analysis Ir					
'	cement Sample(s) Requeste				Requested (circle or highlight group(s) above)				
	onal Monitoring Require			•					
Reason(s	MCL(s) Exceede Missing Analyte Other:		Detection(s Location U	s) nsatisfactory	Incomplete Report Analysis Unsatisfactory				
Person N	lotified:				Date Notified:				
Commer	its								
Data Pay	iouad:		חבמיחטש פי	wiowing Official:					





Advanced Environmental Labs 9610 Princess Palm Ave. Tampa, FL 33619

Date/Time Rcvd:	Date/Time Rovd: 7/6/6/6/370 Log-In request number: 7067398								
Received by: Completed by:									
Cooler/Shipping I	Information:			J					
Courier:   AEL Client DUPS Deny Express Deny									
Type: Cooler 🗆 Box					· <del>-</del>				
•						<del></del>			
Cooler temperature:	Identify the cooler a	nd document the ten	nperature blank or ic	e water measu	remen	l 			
Cooler ID									
Temp (°C)	0								
Temp taken from	Sample Bottle Cooler	Sample Bottle  Cooler	☐ Sample Bottle ☐ Cooler	Sample Bottle  Cooler		D Sample:	Bottle		
	13 IR gun	DIR gun	□ IR gum	□ IR gum		☐ IR gun			
Temp measured with	☐ Thermometer (enter ID):	☐ Thermometer (enter ID):	D Thermometer (enter ID):	Thermometer (e		ID):	meter (enter		
Any discrepancies sho		CHECKLIST			YES	NO	NA		
				*******	YES	NO	NA		
	eals on shipping conta	• /			<u> </u>	1/	V		
	apers properly include	<del></del>	·	····	L	1			
		ut (ink, signed, match	labels)?		ļ <u>"</u>	1			
	rrive in good condition					1			
	<u> </u>	le #, date, signed, anal	ysis, preservatives)?		/_/	1			
	labels agree with the c								
	ottles used for the tests		1 1 10	<del></del> -					
		niques indicated on th	e label!		-	7	1		
<del></del>	eceived within holding				<u> </u>	<del> </del>			
		resence of air bubbles			ļ	-			
11. Were there air b	<del> </del>			TITE ICTE	<u> </u>	1			
12. Were samples in direct contact with wet ice? If "No," check one: □ NO ICE □ BLUE ICE									
13. Was the cooler temperature less than 6°C?  14. Were sample pHs checked and recorded by Sample control? (VOA checked by analysts)									
<u> </u>			(VOA checked by an	<u> </u>	<del>                                     </del>	+			
15. Were the sample containers provided by AEL?  16. Were samples accepted into the laboratory?									
17. Was it necessary to split samples into other bottles?									
17. 1123 11 110003341 )	17. Was it hoodsally to spin samples into other bottles.								
				<del></del>	<u> </u>	_!			
Comments:									

☐ Jacksonville: 6601 Southpoint Parkway, Jacksonville, FL 32216 • (904) 363-9350 Fax (904) 363-9354

☐ Tampa: 9610 Princess Palm Avenue, Tampa, FL 33216 • (904) 363-9350 Fax (904) 363-9354
☐ Gainesville: 2106 NW 67th Place, Suite 7, Gainesville, FL 32606 • (352) 367-1500 Fax (352) 367-0050
☐ Orlando: 528 S. North Lake Blid. Suite 1010 All:

LAB NUMBER: [

CLIENT NAME: 528 S. North Lake Blvd., Suite	Gainesville, FL 32606 • (352) 367-1500 Fax (352) 367-0050 e 1016, Altamonte Springs, FL 32701 • (407) 937-1594 Fax (407) 937-1597 PROJECT NAME:	Page	of
U.S. Water Services Corporation ADDRES 4939 Cross Bayou Boulevard New Port Richey, Florida 34652 PHONE: Phone (727) 848-8292  CONTACT: REMARKS/SPECTURN AROUND TIME: REMARKS/SPECTURN AROU	PHOJECT NAME:  Colonal Manor Will.  PO. NUMBER / PROJECT NUMBER:  PROJECT LOCATION:  A R N E A Q L U Y I S R I E S D  CIAL INSTRUCTIONS:		L A B N U M B E R
SAMPLE ID  SAMPLE DESCRIPTION  Raw wall # Connors  Raw wall # Conn	W=drinking water OIL A=air SO=soil SL=sludge Preserv  Grab Composite SAMPLING MATRIX NO. CONT.  DATE TIME MATRIX NO. CONT.  1047 Dw   X X X		01
Fice H = (HCI) S = (H <sub>2</sub> SO <sub>4</sub> ) N = (HNO <sub>3</sub> ) T = (Sodium Tollar in the standard	Thiosulfate)  Relinquished by:  Date Time Received by:  2  3  4	Date	Time Too 181



# PASCO COUNTY, FLORIDA

**ENVIRONMENTAL LABORATORY** 8864 GOVERNMENT DRIVE **NEW PORT RICHEY, FL 34654** PHONE 727-847-8902

**DHRS E44123 CONTACTS: GLORIA KRUEGER BILL WARGO** 

#### REPORT OF ANALYSES

U.S. Water Services Corp.

P.O. Box 398

New Port Richey, FI 34652

Melisa Rotteveel

TIME RECEIVED

SAMPLE NUMBER AA70984 DATE SAMPLED DATE RECEIVED

7/11/2006 11:55

SAMPLE ID COLONIAL MANOR WELL #2

7/11/2006 SAMPLER KEN MARTIN DELIVERED BY KM

Date: 7/19/2006

SAMPLE MATRIX DW TIME SAMPLED 10:30 RECEIVED BY TR SAMPLE TYPE

Grab

	ANALYSIS							
ANALYSIS	METHOD	DATE	TIME	BY	RESULT	QUAL.	UNIT	DET. LIMIT
Total Dissolved Solids Chloride	SM2540C SM4500CLE	7/13/2006 7/11/2006	16:00 16:02	AS CE <b>M</b>	564 44		mg/L mg/L	26.3 0.45

ANALYSIS COMMENTS:

All calulations are on wet weight basis

LABORATORY DIRECTOR

landia E. Thulken

THIS DOCUMENT MEETS NELAC STANDARDS **NELAC Certification # E44123** 



# FILE COPY

Report No.:

Date Sampled:

Date Received:

Date Reported:

9610 Princess Palm Avenue Tampa, Florida 33619 (813) 630-9616 FAX (813) 630-4327

T066324

06/08/2006

6/8/06 12:15

06/29/2006

Client:

**US Water Services** 

Project Name:

Colonial Manor

Project Number:

PWS ID#:

6510355

Approved B

Attention:

Melisa Rotteveel

Phone Number: 7278488292

Address:

4939 Cross Bayou Blvd.

New Port Richey, FI 34652

**Project Description** 

The analytical results for the samples contained in this report were submitted for analysis as outlined by the Chain of Custody.

Project Name:

Colonial Manor

Tammie Heslin, Project Manager

If there are any questions involving this report, the above named should be contacted.

THIS REPORT SHALL NOT BE REPRODUCED, EXCEPT IN FULL, WITHOUT THE WRITTEN APPROVAL OF THE LABORATORY.

Advanced Environmental Laboratories certifies that the test results in this report meet all requirements of the NELAC standards, unless notated otherwise in the body of the report.

Total Number of Pages =

Analytical Report

Client: US Water Services

Report No.: T066324

Project Name: Colonial Manor

Date/Time Sampled: 06/08/06 10:30

Matrix: Drinking Water

Date/Time Received: 6/8/06 12:15

PWS ID#: 6510355

Client Sample ID: Raw Well #1

Sampled By: Ken Martin

Site: Cannon Dr Sample Number: T066324-01

Shipping Method: Client drop off

Secondary DW Standards

Contam ID	Contam Name	MCL	Units	Analysis Results	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Cert.#
1017	Total Chlorides	250	mg/L	68		SM4500CL-E	1.3	06/14/2006	14:42	E84589
1055	Sulfate (as SO4)	250	mg/L	31		E375.4	1.4	06/16/2006	15:40	E84589
1930	Total Dissolved Solids	500	mg/L	340		E160.1	10	06/10/2006	16:00	E84589

MDL Method Reporting Limit

Analytical Report

Client: US Water Services

Project Name: Colonial Manor

Matrix: Drinking Water

PWS ID#: 6510355

Client Sample ID: Raw Well #2

Site: Cantrell St

Sample Number: T066324-02

Report No.: T066324

Date/Time Sampled: 06/08/06

10:35

Date/Time Received: 6/8/06 12:15

Sampled By: Ken Martin

Shipping Method: Client drop off

Secondary DW Standards

Contam ID	Contam Name	MCL	Units	Analysis Results	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Cert. #
1017	Total Chlorides	250	mg/L	42		SM4500CL-E	1.3	06/14/2006	14:42	E84589
1055	Sulfate (as SO4)	250	mg/L	18		E375.4	1.4	06/16/2006	15:40	E84589
1930	Total Dissolved Solids	500	mg/L	340		E160.1	10	06/10/2006	16:00	E84589

MDL Method Reporting Limit
For all Results qualified with an I, the PQL is defined to be 4 times the MDL



Analytical Report

Client: US Water Services

Project Name: Colonial Manor

Matrix: Drinking Water

PWS ID#: 6510355

Client Sample ID: Raw Well #3

Site: Hendrix St

Sample Number: T066324-03

Report No.: T066324

Date/Time Sampled: 06/08/06 10:40

Date/Time Received: 6/8/06 12:15

Sampled By: Ken Martin

Shipping Method: Client drop off

Secondary DW Standards

Contam ID	Contam Name	MCL	Units	Analysis Results	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Cert. #
1017	Total Chlorides	250	mg/L	410		SM4500CL-E	6.5	06/14/2006	14:42	E84589
1055	Sulfate (as SO4)	250	mg/L	67		E375.4	1.4	06/16/2006	15:40	E84589
1930	Total Dissolved Solids	500	mg/L	1200		E160.1	10	06/10/2006	16:00	E84589

MDL Method Reporting Limit

Analytical Report

Client: US Water Services

Project Name: Colonial Manor

Matrix: Drinking Water

PWS ID#: 6510355

Client Sample ID: Raw Well #4

Site: Linkwood Ln

Sample Number: T066324-04

Report No.: T066324

Date/Time Sampled: 06/08/06 10:55

Date/Time Received: 6/8/06 12:15

Sampled By: Ken Martin

Shipping Method: Client drop off

Secondary DW Standards

Contam ID	Contam Name	MCL	Units	Analysis Results	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Cert. #
1017	Total Chlorides	250	mg/L	99		SM4500CL-E	1.3	06/14/2006	14:42	E84589
1055	Sulfate (as SO4)	250	mg/L	45		E375.4	1.4	06/16/2006	15:40	E84589
1930	Total Dissolved Solids	500	mg/L	370		E160.1	10	06/10/2006	16:00	E84589

MDL Method Reporting Limit



#### 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)
Address:  City:  State:  ZIP Code:  Fax #:  E-Mail Address:  SAMPLE INFORMATION (to be completed by sampler)  Sample Number:  Sample Number:  Sample Date:  Sample Location Code (if known):  Sample Date:  Sample Location (be specific):  Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic adds):  mg/L  Field pH:  Sample Type (Check Only One)  Reason(s) for Sample (Check all that acoly)  Distribution  Routine Compliance (with 62-550)   Quarterly (Which Quarter?  Dentry Point (to Distribution)   Confirmation of MCL Exceedance*   Special (not for compliance with 62-550)  Plant Tap (not for compliance with 62-550)   Composite of Multiple Sites**   Wiolation Resolution  Raw (at well or intake)   Clearance (permitting)   Replacement (of Invalidated Sample)  Max Residence Time   Sampling Procedure Used or Other Comments:  Near First Customer  "See 62-550.500(6) for requirements and restrictions.  NOTE: See 62-550.512(3) for additional requirements for nitrate or nitrite MCL exceegances.  Sampler's Raw!  Sampler's Pax #:  Sampler's Fax #:  Sampler's E-Mail Address:  CERTIFICATION (to be completed by sampler)  (Print Nafile) (Print Title)  do HEREBY CERTIFY that the above public water system and sample collection information is complete and correct.	System Name: Colonial	Manac PWS I.D.	#: 6510355
State:   ZIP Code:   Phone #:   Fax #:   Fax #:   E-Mail Address:   Fax #:   Fax #:     Fax #:     Fax #:     Fax #:     Fax #:     Fax #:     Fax #:     Fax #:     Fax #:     Fax #:     Fax #:     Fax #:     Fax #:     Fax #:     Fax #:     Fax #:   Fax #:     Fax #:     Fax #:     Fax #:     Fax #:     Fax #:   Fax #:     Fax #:     Fax #:     Fax #:     Fax #:   Fax #:     Fax #:	System Type (check one): Community	☐Nontransient Noncommunity	Transient Noncommunity
City:	Address:		
Phone #: Fax #:  E-Mail Address:  SAMPLE INFORMATION (to be completed by sampler)  Sample Number:			
E-Mail Address:  Sample Number:	City:	State:	ZIP Code:
Sample Number:	Phone #:	Fax #:	
Sample Number:	E-Mail Address:		
Sample Type (Check Only One)    Reason(s) for Sample (Check all that apply)   Distribution	Sample Number: 100030 Sample Date: 1000	Location Code (if kn) Sample Time: (	
Distribution	Disinfectant Residual (Required when reporting	results for trihalomethanes and haloacetic acids):	mg/L Field pH:
Entry Point (to Distribution)	Sample Type (Check Only One)	Reason(s) for Sa	mple (Check all that apply)
Plant Tap (not for compliance with 62-550)   Composite of Multiple Sites**   Violation Resolution   Raw (at well or intake)   Clearance (permitting)   Replacement (of Invalidated Sample)   Max Residence Time   Other:   Ave Residence Time   Sampling Procedure Used or Other Comments:   Near First Customer   See 62-550.500(6) for requirements and restrictions. NOTE: See 62-550.512(3) for additional requirements for nitrate or	Distribution	Routine Compliance (with 62-550)	Quarterly (Which Quarter?)
Raw (at well or intake)	Entry Point (to Distribution)	Confirmation of MCL Exceedance*	Special (not for compliance with 62-550)
Max Residence Time	Plant Tap (not for compliance with 62-550)	☐Composite of Multiple Sites**	☐Violation Resolution
Ave Residence Time  Sampling Procedure Used or Other Comments:  Near First Customer  See 62-550.500(6) for requirements and restrictions. NOTE: See 62-550.512(3) for additional requirements for nitrate or nitrate MCL exceedances.  Sampler's Name:  Sampler's Phone #:  Sampler's E-Mail Address:  CERTIFICATION (to be completed by sampler)  I, (Print Name)  (Print Title)  do HEREBY CERTIFY that the above public water system and sample collection information is complete and correct.	Raw (at well or intake)	Clearance (permitting)	Replacement (of invalidated Sample)
Near First Customer  *See 62-550.500(6) for requirements and restrictions. NOTE: See 62-550.512(3) for additional requirements attach a results page for each site.  Sampler's Name:  Sampler's Phone #:  Sampler's E-Mail Address:  CERTIFICATION (to be completed by sampler)  I, (Print Name)  (Print Title)  do HEREBY CERTIFY that the above public water system and sample collection information is complete and correct.	☐Max Residence Time	Other:	
*See 62-550.500(6) for requirements and restrictions.  NOTE: See 62-550.512(3) for additional requirements for nitrate or nitrite MCL exceedances.  Sampler's Name:  Sampler's Phone #:  Sampler's E-Mail Address:  CERTIFICATION (to be completed by sampler)  (Print Name)  (Print Title)  do HEREBY CERTIFY that the above public water system and sample collection information is complete and correct.	Ave Residence Time	Sampling Procedure Used or Other Co	omments:
NOTE: See 62-550.512(3) for additional requirements for nitrate or nitrite MCL exceedances.  Sampler's Name:  Sampler's Phone #:  Sampler's E-Mail Address:  CERTIFICATION (to be completed by sampler)  I, (Print Name)  (Print Title)  do HEREBY CERTIFY that the above public water system and sample collection information is complete and correct.	☐Near First Customer		<u> </u>
CERTIFICATION (to be completed by sampler)  I, (Print Name) (Print Title)  do HEREBY CERTIFY that the above public water system and sample collection information is complete and correct.	NOTE: See 62-550.512(3) for a for nitrate or nitrite MCL	dditional requirements attacl	
CERTIFICATION (to be completed by sampler)  I, (Print Name) (Print Title)  do HEREBY CERTIFY that the above public water system and sample collection information is complete and correct.	Sampler's Phone #:	Sampler's Fax #:	
(Print Name)  (Print Title)  do HEREBY CERTIFY that the above public water system and sample collection information is complete and correct.			
do HEREBY CERTIFY that the above public water system and sample collection information is complete and correct.	CERTIFICATION (to be completed by		
do HEREBY CERTIFY that the above public water system and sample collection information is complete and correct.	1, hen Martin		
Signature: Date:			
	Signature:		Date:

Reporting Format 62-550,730 Effective January 1995, 'Revised' January 2004



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

	ORY CERTIFICATION CURRENT DOH ANAL		be complete	ed by lab - Please type	or print legibly)
LabName:	Advanced Environme	ntal Labs - Tampa		Flor	ida Certification #: E84589
Address:	9610 Princess Palm	Avenue		Certificatio	in Expiration Date: 06/30/2006
	Tampa, Florida 33619	9			phone #: (813) 630-9616
ANALYSIS	S INFORMATION (to be	e completed by lab			
PWS ID (	from page 1): 6510355	5		Date Sam	ple(s) Received: 06/08/2006 12:15:0
Lab Assigi	ned Report Number or	Job ID T066324		Sample Numbe	er (From page 1) T066324-01-04
Group(s) A	Analyzed Results attac	ched for compliance	with chapter	62-550, F.A.C. (check	all that appl
	Inorganics	Synthetic Organic	cs	Volatile Organics	Disinfection Byproducts
	All 17	All 30		All 21	Triha
i	Partial	All Except Dio	xin	Partial	Haloaceti
	Nitrate	Partial		Radionuclides	Bromate
	Nitrite Dioxin Only Asbestos Only				Chlorite
-				Single Samp	Secondaries
Aspestos Only				Otrly Composite**	The state of the s
					All 14
Were any	analyses subcontracte	d? Yes	No		Partial
If yes, plea	ase provide DOH certifi	ication number			
ATTACH	DOH ANALYTE SHEE	T FOR EACH SUBC	ONTRACTE	D LAB	
			CERTIFI	CATION	
I, Tammi	e Heslin (Print Name)	, Project Manager			
do HEREI National E	BY CERTIFY that all at Environmental Laborato	tached analytical da ory Accreditation Cor	ta are correct nference (NE	ct and unless noted med	et all requirements of the
Signature	DA I	ILL	~_	Date:	6/29/06
analysis r	to provide a valid and o esults will result in reje result in notification of t	ction of the report, po	ossible enfo	rcement against the put	nt Analyte Sheet for the attached plic water system for failure to sample,
** Please	provide radiological sa	mple dates location	s for each q	uarter.	
COMPLIA	ANCE DETERMINATIO	) (to be completed t	by DEP or D	OH)	
Sample C	Collection Info Satisfacto	ory Yes	No	Sample Analysis In	fo Satisfactory: Yes 11 No
Replac	ement Sample(s) Request	ed (circle or highlight gr	oup(s) above)	Revised Report F	Requested (circle or highlight group(s) above)
Additio	onal Monitoring Require	ed (circle or highlight	group(s) ab	ove)	
Reason(s	): MCL(s) Exceede	ed	Detectio	n(s)	Incomplete Report
	Missing Analyte	Sheet(s)		Unsatisfactory	Analysis Unsatisfactory
	Other:				
Person N	otified:				Date Notified:
Commen	ts			•	
Date Rev	iewed:		DEP/DOH	Reviewing Official:	





Advanced Environmental Labs 9610 Princess Palm Ave. Tampa, FL 33619

:e/Time Rovd: 6806	1215	_ Lag-l	in request number	:	)()(	130	14			
Received by:	M	_	Completed by				UL			
oler/Shipping Information:										
urier:   AEL   Delient   UPS	Ponv Express	) FedEx	D AES D ASAP	□ Other (desci	ribe):					
be: Dicooler DiBox DiOther (desc			•		, _					
oler temperature: Identify the cool	er and document	the tem	iperature blank or ic	e water meast	remen	t ———	<del> </del>			
Capler ID										
Temp (°C)										
Temp taken from Cooler	☐ Sample Bottl	le l	D Sample Bottle	Sample Bottle     Cooler		D Sampie	Bottle			
Z IR guin	D Cooler D IR gun		D Cooler D IR gam	D IR gum	-	D IR gum				
Temp measured D Thermometer (cr	ner D Thermomete	ය (සාස	D Thermometer (enter	☐ Thermometer (	=गाटा	☐ Thenno	क्राञ्चल (टा	ш		
with D): D): D): D):										
ther Information:			•							
y discrepancies should be explaine	d in the "Commer	nts" sec	tion bélow.							
					T =====	1 270	1	٦		
CHECKLIST YES NO NA										
1. Were custody seals on shipping of		<del></del>			<del></del>		<u> </u>	+		
2. Were custody papers properly inc						1	<u> </u>	1		
3. Were custody papers properly fil		, march l	labels)?			_	1			
4. Did all bottles arrive in good con	dition (unbroken)?					_				
5. Were all bottle labels complete (s	ample #, date, sign	ed, analy	ysis, preservatives)?			-				
6. Did the sample labels agree with	the chain of custody	у?				.				
7. Were correct bottles used for the	tests indicated?					-		j		
8. Were proper sample preservation	techniques indicate	ed on the	label?					] .		
9. Were samples received within ho	ding times?							1		
10. Were all VOA vials checked for t	he presence of air t	bubbles?			T					
11. Were there air bubbles present in	the VOA vials?				T					
12. Were samples in direct contact w	th wet ice? If "No.	," check	one: 🗆 NO ICE 🗆 B	LUE ICE		-1				
13. Was the cooler temperature less t	oan 6°C?				1-			1		
14. Were sample pHs checked and re	corded by Sample s	control?	(VOA checked by an	alysts)			-	1		
115. Were the sample containers provi	ded by AEL?				Time	-1		ĺ		
16. Were samples accepted into the la	iboratory?				T			l		
17. Was it necessary to split samples	into other bottles?		**************************************	^	1	Ī		İ		
								Į		
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mments:						<del></del>				
			4 0,							

#### CHAIN OF CUSTOUT RECORD

LAR NIIMRER: 1711 / 2 )4

J	Jacksonville:	6601 Southpoint Parkway, Jacksonville, FL 32216 • (904) 363-9350 Fax (904) 363-9354
	Tampa:	9610 Princess Palm Avenue, Tampa, FL 33619 • (813) 630-9616 Fax (813) 630-4327
J	Gainesville:	2106 NW 67th Place, Suite 7, Gainesville, FL 32653 • (352) 367-1500 Fax (352) 367-0050

TAR NOMBER:	10	0	652	7.	
				7	

☐ Gainesville: 2106 N	W 67th Place, Suite 7, Gainesville, F North Lake Blvd., Suite 1016, Altamo	FL 32653 · (352) 367-	1500 Fax (352) 367-00	50 k (407) 937-1597		,		Page	0	f
CLIENT NAME:	PROJE C.	ECT NAME: olohial I JMBER / PROJE			BOTTLE SIZE & TYPE	SOOM				
MEDRESS: CROSS BOM PHONE:	3400	ECT LOCATION:		A R N E A Q L U Y I S R					L A B N U	
CONTACT:	SAMPL	LED BY:		I E S D					M B E	
TURN AROUND TIME:								000		A
	GW=ground water	ng water OIL	A=air SO=s	oil <b>SL</b> =sludg	e Preserv					
	DESCRIPTION		SAMPLING	MATRIX NO.						
Pan w11#1		G (48)	1035	1 1		X	$\lambda$ $\lambda$			101
Raw wallt	3 HENDRIS		,040			X	1 X			-03
Kaw will	HY LINKOW		1055			<u>Y</u>	* X			701
shipment Method Sample Kit Out: / / Via: Sample Kit Net: / / Via: Trip Bl.	(HNO <sub>3</sub> ) T = (Sodium Thiosuling Cooler #	2 3	Relinquished by:	Date	Time	TK.	Rece	ived by:	Date	Time 12'./
, , ,	<u> </u>	4			J	.L				



# FILE COPY

9610 Princess Palm Avenue Tampa, Florida 33619 (813) 630-9616 FAX (813) 630-4327

T068404

07/31/2006

7/31/06 15:15

08/24/2006

Report No.:

Date Sampled:

Date Received:

Date Reported:

Client:

**US Water Services** 

Project Name:

Colonial Manor

**Project Number:** 

PWS ID#:

6510355

Approved B

Attention:

Melisa Rotteveel

Phone Number: 7278488292

Address:

4939 Cross Bayou Blvd.

New Port Richey, FI 34652

#### **Project Description**

The analytical results for the samples contained in this report were submitted for analysis as outlined by the Chain of Custody.

Project Name:

Colonial Manor

Tammie Heslin, Project Manager

If there are any questions involving this report, the above named should be contacted.

THIS REPORT SHALL NOT BE REPRODUCED, EXCEPT IN FULL, WITHOUT THE WRITTEN APPROVAL OF THE LABORATORY.

Advanced Environmental Laboratories certifies that the test results in this report meet all requirements of the NELAC standards, unless notated otherwise in the body of the report.

Total Number of Pages =

Analytical Report

Client: US Water Services

Project Name: Colonial Manor

Matrix: Drinking Water

PWS ID#: 6510355

Client Sample ID: Well #1 Connon Dr.

Site: Holiday

Sample Number: T068404-01

Report No.: T068404

Date/Time Sampled: 07/31/06 11:45

Date/Time Received: 7/31/06 15:15

Sampled By: Ken Martin

Shipping Method: Client drop off

Miscellaneous Analytes

Contam ID	Contam Name	MCL	Units	Analysis Results	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Cert. #
	Total Organic Carbon		mg/L	2.3		SM5310B	0.47	08/01/2006	09:15	E84589
	Total Hardness (as CaCO3)		mg/L	240		SM2340C	5.0	08/09/2006	11:00	E84589
	Total Alkalinity (as CaCO3)		mg/L	26		SM2320B	5.0	08/09/2006	10:00	E84589

MDL Method Reporting Limit

Analytical Report

Client: US Water Services

Report No.: T068404

Project Name: Colonial Manor

Date/Time Sampled: 07/31/06 11:45

Matrix: Drinking Water

Date/Time Received: 7/31/06 15:15

PWS ID#: 6510355

Client Sample ID: Well #1 Connon Dr.

Sampled By: Ken Martin

Site: Holiday

Shipping Method: Client drop off

Sample Number: T068404-01

Total Metals

Contam ID	Contam Name	MCL	Units	Analysis Results	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis _Time	DOH Lab Cert. #
	Magnesium Potassium Calcium	1.0	mg/L mg/L mg/L	9.7 3.3 82		E200.7 E200.7 E200.7	0.012 0.029 0.019	08/17/2006 08/17/2006 08/17/2006	10:01 10:01 10:01	E82574 E82574 E82574

MDL Method Reporting Limit

Analytical Report

Client: US Water Services

Project Name: Colonial Manor

Matrix: Drinking Water

PWS ID#: 6510355

Client Sample ID: Well #4 Linkwood Dr.

Site: Holiday

Sample Number: T068404-02

Miscellaneous Analytes

Report No.: T068404

Date/Time Sampled: 07/31/06 12:45

Date/Time Received: 7/31/06 15:15

Sampled By: Ken Martin

Shipping Method: Client drop off

Contam II	D Contam Name	MCL	Units	Analysis Results	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis <u>Time</u>	DOH Lab Cert. #
	Total Organic Carbon		mg/L	0.63		SM5310B	0.47	08/01/2006	09:15	E84589
	Total Hardness (as CaCO3)		mg/L	310		SM2340C	5.0	08/09/2006	11:00	E84589
	Total Alkalinity (as CaCO3)		mg/L	170		SM2320B	5.0	08/09/2006	10:00	E84589
	,		J							

MDL Method Reporting Limit For all Results qualified with an I, the PQL is defined to be 4 times the MDL

Analytical Report

Client: US Water Services

Project Name: Colonial Manor

Matrix: Drinking Water

PWS ID#: 6510355

Client Sample ID: Well #4 Linkwood Dr.

Site: Holiday

Sample Number: T068404-02

indifficer.

Total Metals

Report No.: T068404

Date/Time Sampled: 07/31/06 12:45

Date/Time Received: 7/31/06 15:15

Sampled By: Ken Martin

Shipping Method: Client drop off

Contam ID	Contam Name	MCL	Units	Analysis Results	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Cert. #
	Magnesium		mg/L	15		E200.7	0.012	08/17/2006	10:01	E82574
	Potassium	1.0	mg/L	3.3		E200.7	0.029	08/17/2006	10:01	E82574
	Calcium		ma/l	100		F200.7	0.040	0014712000	10.01	E00574

MDL Method Reporting Limit

For all Results qualified with an I, the PQL is defined to be 4 times the MDL

p.5



Advanced Environmental Labs 9610 Princess Palm Ave. Tampa, FL 33619

te/Time Rovd:	13106	515 L	og-In request numb	er: 7 <i>0</i>	<u>ح تي ز</u>	70	۲.
Received by:		Im	Completed b			All	
poler/Shipping	information:		* .				
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	·						
oler temperature:	Identify the cooler a	nd document the t	temperature blank or	ice water meas	uremen	t 	
Cooler ID							
Temp (°C)	02			İ			
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11. Were there air b					<del></del>		
			eck one: 🗆 NO ICE 🗆 I	BLUE ICE	-	1	
13. Was the cooler to	emperature less than (	5°C?			1 -	-	
4. Were sample pH	s checked and records	ed by Sample contro	ol? (VÓA checked by a	nalysts)			
.5. Were the sample	comziners provided l	oy. AEL?			T-		
6. Were samples an	cepted into the labora	tory?			<u> </u>		
7. Was it necessary	to split samples into	other bottles?			<u> </u>		
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nments:							
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#### Chain-of-Custody for AEL Tampa to AEL Jax

AEL Tampa 9610 Princess Palm Avenue Tampa, FL 33619

813-630-9616 Fax 813-630-4327 Contact Person: Michael Cammarata

Project #: T068404

CustomerName: US Water Services

Collector: Ken Martin

AEL Jax 6601 Southpoint Parkway Jacksonville, FL 32216 904-363-9350 Fax 904-363-9354 Contact Person: Sean Hyde

cif Rush	Check	
----------	-------	--

_	Lab Code	Client Sample ID	Test	Matrix	Collect Date	/ Time	Receive Date	Due Date	# Bottles	Bottle Type (Pres.)
_	T068404-01	Well #1 Connon Dr.	Ca	Drinking Water	7/31/2006	11:45	7/31/06 15:15	8/14/2006		500mL Poly (HNO3)
	T068404-01	Well #1 Connon Dr.	K (DW)	Drinking Water	7/31/2006	11:45	7/31/06 15:15	8/14/2006		500mL Poly (HNO3)
	T068404-01	Well #1 Connon Dr.	Mg	Drinking Water	7/31/2006	11:45	7/31/06 15:15	8/14/2006	<del></del>	500mL Poly (HNO3)
\ 	T068404-02	Well #4 Linkwood Dr.	Ca	Drinking Water	7/31/2006	12:45	7/31/06 15:15	8/14/2006		500mL Poly (HNO3)
	T068404-02	Well #4 Linkwood Dr.	K (DW)	Drinking Water	7/31/2006	12:45	7/31/06 15:15	8/14/2006		500mL Poly (HNO3)
7	T068404-02	Well #4 Linkwood Dr.	Mg	Drinking Water	7/31/2006	12:45	7/31/06 15:15	8/14/2006		500mL Poly (HNO3)

Tampa Relinguisher:

Shipping Relinquisher: AEL Courier

Shipping Receiver: AEL Courier

Jacksonville Receiver:

Date/Time

Date/Time

12/06

8:00

#### HUVONCEU Environmental Laboratories, Inc.

#### CHAIN OF COSTODI DECOUD

LAB NUMBER:

	Jacksonville:	6601 Southpoint Parkway, Jacksonville, FL 32216 • (904) 363-9350 Fax (904) 363-9354
า	Tampa	9610 Princess Palm Avenue, Tampa, FL 33619 • (813) 630-9616 Fax (813) 630-4327

☐ Tampa: 9610 Princess Palm Avenue, Tampa, FL 33619 • (813) 650-9616 Fax (616) 650-762.
☐ Gainesville: 2106 NW 67th Place, Suite 7, Gainesville, FL 32606 • (352) 367-1500 Fax (352) 367-0050

	28 S. North Lake Blvd., Suite 1016, Altar			7) 937-1394 Fa	(407) 557-1	397	To 0 77 1 5				T	1 1			
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# FILE COPY

9610 Princess Palm Avenue Tampa, Florida 33619 (813) 630-9616 FAX (813) 630-4327

Client:

**US Water Services** 

Project Name:

Colonial Manor

Project Number:

PWS ID#:

6510355

Attention:

Melisa Rotteveel

Phone Number:

7278488292

Approved By

Address:

4939 Cross Bayou Blvd.

New Port Richey, FI 34652

Report No.:

T068404

Date Sampled:

07/31/2006

Date Received:

7/31/06 15:15

Date Reported:

08/24/2006

#### **Project Description**

The analytical results for the samples contained in this report were submitted for analysis as outlined by the Chain of Custody.

Project Name:

Colonial Manor

Tammie Heslin, Project Manager

If there are any questions involving this report, the above named should be contacted.

THIS REPORT SHALL NOT BE REPRODUCED, EXCEPT IN FULL, WITHOUT THE WRITTEN APPROVAL OF THE LABORATORY.

Advanced Environmental Laboratories certifies that the test results in this report meet all requirements of the NELAC standards, unless notated otherwise in the body of the report.

Total Number of Pages =

P.1

Analytical Report

Client: US Water Services

Water Services Report No.: T068404

Project Name: Colonial Manor

Matrix: Drinking Water

Date/Time Received: 7/31/06 15:15

11:45

DOH Lab

Cert.#

Date/Time Sampled: 07/31/06

PWS ID#: 6510355

Client Sample ID: Well #1 Connon Dr.

Sampled By: Ken Martin

Site: Holiday

Shipping Method: Client drop off

Sample Number: T068404-01

Miscellaneous Analytes Analysis Results Analysis Analysis Contam ID Contam Name MCL Qualifier Units Analytical Method Lab MDL Date Time Total Organic Carbon mg/L 2.3 SM5310B 0.47 08/01/2006 09:15

E84589 mg/L Total Hardness (as CaCO3) 240 SM2340C 5.0 08/09/2006 11:00 E84589 Total Alkalinity (as CaCO3) mg/L 26 SM2320B 5.0 08/09/2006 10:00 E84589

MDL Method Reporting Limit

Analytical Report

Client: US Water Services

Project Name: Colonial Manor

Matrix: Drinking Water

PWS ID#: 6510355

Client Sample ID: Well #1 Connon Dr.

Site: Holiday

Sample Number: T068404-01

Report No.: T068404

Date/Time Sampled: 07/31/06

Date/Time Received: 7/31/06 15:15

Sampled By: Ken Martin

Shipping Method: Client drop off

Total Metals

Contam ID	Contam Name	MCL	Units	Analysis Results	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Cert. #
	Magnesium		mg/L	9.7		E200.7	0.012	08/17/2006	10:01	E82574
	Potassium	1.0	mg/L	3.3		E200.7	0.029	08/17/2006	10:01	E82574
	Calcium		mg/L	82		E200.7	0.019	08/17/2006	10:01	E82574

MDL Method Reporting Limit For all Results qualified with an I, the PQL is defined to be 4 times the MDL

Analytical Report

Client: US Water Services

Project Name: Colonial Manor

Matrix: Drinking Water

PWS ID#: 6510355

Client Sample ID: Well #4 Linkwood Dr.

Site: Holiday

Sample Number: T068404-02

Miscellaneous Analytes

Report No.: T068404

Date/Time Sampled: 07/31/06

12:45

Date/Time Received: 7/31/06 15:15

Sampled By: Ken Martin

Shipping Method: Client drop off

Contam ID	Contam Name	MCL	Units	Analysis Results	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Cert.#
	Total Organic Carbon		mg/L	0.63		SM5310B	0.47	08/01/2006	09:15	E84589
	Total Hardness (as CaCO3)		mg/L	310		SM2340C	5.0	08/09/2006	11:00	E84589
	Total Alkalinity (as CaCO3)		mg/L	170		SM2320B	5.0	08/09/2006	10:00	E84589

MDL Method Reporting Limit

Analytical Report

Client: US Water Services

Project Name: Colonial Manor

Date/Time Sampled: 07/31/06

Report No.: T068404

12:45

Matrix: Drinking Water

Date/Time Received: 7/31/06 15:15

PWS ID#: 6510355

Client Sample ID: Well #4 Linkwood Dr.

Sampled By: Ken Martin

Site: Holiday

Sample Number: T068404-02

Shipping Method: Client drop off

Total Metals

Contam ID	Contam Name	MCL	Units	Analysis Results	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Cert. #
	Magnesìum		mg/L	15		E200.7	0.012	08/17/2006	10:01	E82574
	Potassium	1.0	mg/L	3.3		E200.7	0.029	08/17/2006	10:01	E82574
	Calcium		mg/L	100		E200.7	0.019	08/17/2006	10:01	E82574

MDL Method Reporting Limit





Advanced Environmental Labs 9610 Princess Paim Ave. Tampa, FL 33619

te/Time Rovd:	13/06/1	5/5 Log	-In request number Completed by	: <u>TU</u>	<u>.</u> 2	40	4
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pe: D Cooler D Box	x LI Omer (describe)	)					
oler temperature:	Identify the cooler as	nd document the ter	mperature blank or ic	e water measu	rement	<u>.                                    </u>	
Cooler ID							
Temp (°C)	0%						
Temp taken from	□ Sample Bottle	Sample Bottle     Cooler	D Sample Bottle D Cooler	☐ Sample Bottle ☐ Cooler		D Sample D Cooler	Bottle
Temp measured	DRgm	DRgm	'D IR gun	D IR. gun		D IR gun	
with	D Thermometer (enter ID):	D Thermometer (enter D):	D Themometer (enter D):	D Thempometer (i		ID):	meter (enter
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ther Information y discrepancies sho		the "Comments" see	otion holow				
y discrepancies site	ould be explained in	THE COMMENTS SEC	Short Delow.				
		CHECKLIST			YES	NO	NA
1. Were custody se	eals on shipping conta	iner(s) intact?					1
2. Were custody p	apers properly include	d with samples?					
3. Were custody p	apers properly filled o	ut (ink, signed, match	labels)?				
4. Did all bottles a	rrive in good condition	n (unbroken)?			-		
5. Were all bottle l	abels complete (samp	le #, date, signed, anal	ysis, preservatives)?		-		
6. Did the sample l	labels agree with the ci	ham of custody?			_		
7. Were correct bo	ttles used for the tests	indicated?			-	<u> </u>	
8. Were proper sar	uple preservation tech	niques indicated on th	= label?				<u>i</u>
9. Were samples re	eceived wifhin holding	times?			/	j -	
10. Were all VOA v	rials checked for the pr	resence of an bubbles'	?	· · · · · · · · · · · · · · · · · · ·			
11. Were there air b	ubbles present in the 7	VOA viais?					
12. Were samples in	direct contact with w	et ice? If "No," check	one: 🗆 NO ICE 🗆 BI	LUE ICE	1		
13. Was the cooler to	emperature less than 6	5°C?	-				
14. Were sample pH	is checked and records	ed by Sample commol?	(VOA checked by ana	alysts)		İ	
15. Were the sample	comainers provided i	oy. AEL?					
16. Were samples ac	ecepted into the labora	tory?			—	İ	
<ol><li>Was it necessary</li></ol>	r to split samples into o	other bottles?					
nments:							
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				<del></del>			
		Market and the second of the s	210				

#### Chain-of-Custody for AEL Tampa to AEL Jax

AEL Tampa 9610 Princess Palm Avenue Tampa, FL 33619 813-630-9616 Fax 813-630-4327

Project #: T068404

Contact Person: Michael Cammarata

CustomerName: US Water Services

Collector: Ken Martin

AEL Jax 6601 Southpoint Parkway Jacksonville, FL 32216 904-363-9350 Fax 904-363-9354 Contact Person: Sean Hyde

	Check	if	Rush

	Lab Code	Client Sample ID	Test	Matrix	Collect Date	/ Time	Receive Date	Due Date	# Bottles	Bottle Type (Pres.)
-	T068404-01	Well #1 Connon Dr.	Са	Drinking Water	7/31/2006	11:45	7/31/06 15:15	8/14/2006		500mL Poly (HNO3)
	T068404-01	Well #1 Connon Dr.	K (DW)	Drinking Water	7/31/2006	11:45	7/31/06 15:15	8/14/2006		500mL Poly (HNO3)
	T068404-01	Well #1 Connon Dr.	Mg	Drinking Water	7/31/2006	11:45	7/31/06 15:15	8/14/2006		500mL Poly (HNO3)
ر	T068404-02	Well #4 Linkwood Dr.	Ca	Drinking Water	7/31/2006	12:45	7/31/06 15:15	8/14/2006		500mL Poly (HNO3)
	T068404-02	Well #4 Linkwood Dr.	K (DW)	Drinking Water	7/31/2006	12:45	7/31/06 15:15	8/14/2006		500mL Poly (HNO3)
7	T068404-02	Well #4 Linkwood Dr.	Mg	Drinking Water	7/31/2006	12:45	7/31/06 15:15	8/14/2006		500mL Poly (HNO3)

Shipping Relinquisher: AEL Courier

Shipping Receiver: AEL Courier

Jacksonville Receiver:

CHAIN OF COSTODI HECCHE

LAB NUMBER: 1048404	
---------------------	--

☐ Tampa:

Jacksonville: 6601 Southpoint Parkway, Jacksonville, FL 32216 • (904) 363-9350 Fax (904) 363-9354

9610 Princess Palm Avenue, Tampa, FL 33619 • (813) 630-9616 Fax (813) 630-4327

2106 NW 67th Place, Suite 7, Gainesville, FL 32606 • (352) 367-1500 Fax (352) 367-0050 Gainesville: 528 S. North Lake Blvd., Suite 1016, Altamonte Springs, FL 32701 • (407) 937-1594 Fax (407) 937-1597 Or'ando:

Page \_\_\_\_\_ of \_\_\_\_

CLIENT NAME:		PROJECT NAME:									700 C	)# C. t	JM000		
US water SEqu	بالعن	Colonial Manor						30				1 7	000		ļ
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🗅 RUSH								7 ofe	0	Š	0	1	16/al Hordness		
WW=waste water SW=surface water	r GW=ground water [	<b>DW</b> =drinking water	OIL A=air	SO=soil	SL:	≂sludge	Preserv						-		
SAMPLE ID SAM	MPLE DESCRIPTION	Grab Composite	SAMPL DATE	NG TIME	MATRIX	NO. CONT.									
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#### TRANSMISSION VERIFICATION REPORT

: 09/14/2006 01:40

NAME : US WATER SERVICES FAX : 7278487701 TEL : 7278488292 SER.# : 000A6J690504

DATE, TIME FAX NO./NAME DURATION PAGE(S) RESULT MODE

09/14 01:38 18136327671 00:02:05 09 STANDARD ECM





DATE: September 14, 2006 PAGES: 9 CO: FDEP - Tampa TO: Gerald Foster - Drinking Water Section

FAX #: 813-632-7671

FROM: ROBIN HIGGINS (727) 848-8292 EXT. #203

\*\*\*\* PLEASE DELIVER IMMEDIATELY - THANK YOU! \*\*\*\*

RE: Colonial Manor - High Potassium



DATE: September 14, 2006 PAGES: 9

CO: FDEP – Tampa

TO: Gerald Foster - Drinking Water Section

FAX #: 813-632-7671

FROM: ROBIN HIGGINS (727) 848-8292 EXT. #203

\*\*\*\* PLEASE DELIVER IMMEDIATELY - THANK YOU! \*\*\*\*

RE: Colonial Manor - High Potassium

Mr. Foster,

I have some results for high potassium for Colonial, just wanted to check and make sure if I needed to do anything with this, a notice etc. Please if you wouldn't mind taking a moment to let me know, I just don't want to be in any sort of violation.

Thank you,
Robin Higgins

4939 CROSS BAYOU BOULEVARD \* NEW PORT RICHEY, FL \* 34652 TEL: (727) 848-8292 \* FAX (727) 848-7701 \* TOLL FREE (866) 753-8292



## FILE COPY

9610 Princess Palm Avenue Tampa, Florida 33619 (813) 630-9616 FAX (813) 630-4327

Client:

**US Water Services** 

Project Name:

Colonial Manor

Project Number:

PWS ID#:

6510355

Attention:

Melisa Rotteveel

Phone Number: 7278488292

Address:

4939 Cross Bayou Blvd.

New Port Richey, FI 34652

Report No.:

T068864

Date Sampled:

08/09/2006

Date Received:

8/9/06 14:35

Date Reported:

08/18/2006

**Project Description** 

The analytical results for the samples contained in this report were submitted for analysis as outlined by the Chain of Custody.

Project Name:

Colonial Manor

Tammie Heslin, Project Manager

If there are any questions involving this report, the above named should be contacted.

THIS REPORT SHALL NOT BE REPRODUCED, EXCEPT IN FULL, WITHOUT THE WRITTEN APPROVAL OF THE LABORATORY.

Advanced Environmental Laboratories certifies that the test results in this report meet all requirements of the NELAC standards, unless notated otherwise in the body of the report.

Total Number of Pages =

Analytical Report

Client: US Water Services

Report No.: T068864

Project Name: Colonial Manor

Date/Time Sampled: 08/09/06 1

Matrix: Drinking Water

Date/Time Received: 8/9/06 14:35

PWS ID#: 6510355

Client Sample ID: Well #1

Sampled By:

Site: Connon Dr

Shipping Method: Client drop off

Sample Number: T068864-01

Inorganic Contaminants

Contam ID	Contam Name	MCL	Units	Analysis Results	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Cert. #
1040	Nitrate (as N)	10	mg/L	10		SM4500NO3-F	0.27	08/10/2006	11:52	E84589
1041	Nitrite (as N)	1.0	mg/L	0.34		SM4500NO3-F	0.034	08/10/2006	11:52	E84589

U The compound was analyzed for but not detected

MDL Method Reporting Limit

Analytical Report

Client: US Water Services

Report No.: T068864

Project Name: Colonial Manor

Date/Time Sampled: 08/09/06 11:55

Matrix: Drinking Water

Date/Time Received: 8/9/06 14:35

PWS ID#: 6510355

Client Sample ID: Well #2

Sampled By:

Site: Cantrell St

Shipping Method: Client drop off

Sample Number: T068864-02

#### Inorganic Contaminants

Contam ID	Contam Name	MCL	Units	Analysis Results	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Cert. #
1040	Nitrate (as N)	10	mg/L	5.0		SM4500NO3-F	0.14	08/10/2006	11:52	E84589
1041	Nitrite (as N)	1.0	mg/L	0.17		SM4500NO3-F	0.34	08/10/2006	11:52	E84589

U The compound was analyzed for but not detected.

MDL Method Reporting Limit



Analytical Report

Client: US Water Services

Report No.: T068864

12:10

Project Name: Colonial Manor .

Date/Time Sampled: 08/09/06

Matrix: Drinking Water

Date/Time Received: 8/9/06 14:35

PWS ID#: 6510355 Client Sample ID: Well #3

Sampled By:

Site: Hendrix St

Shipping Method: Client drop off

Sample Number: T068864-03

Inorgan	nic Contaminants									
Contam ID	Contam Name	MCL	Units	Analysis Results	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis <u>Time</u>	DOH Lab Cert. #
1040	Nitrate (as N)	10	mg/L	6.2		SM4500NO3-F	0.14	08/10/2006	11:52	E84589
1041	Nitrite (as N)	1.0	mg/L	0.17	U	SM4500NO3-F	0.17	08/10/2006	11:52	E84589

U The compound was analyzed for but not detected.

MDL Method Reporting Limit

Analytical Report

Client: US Water Services

Report No.: T068864

12:30

Project Name: Colonial Manor

Date/Time Sampled: 08/09/06

Matrix: Drinking Water

Date/Time Received: 8/9/06 14:35

PWS ID#: 6510355

Client Sample ID: Well #4

Sampled By:

Site: Linkwood Ln

Shipping Method: Client drop off

Sample Number: T068864-04

Inorganic Contaminants

Contam ID	Contam Name	MCL	Units	Analysis Results	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab _Cert. #
1040	Nitrate (as N)	10	mg/L	(17)		SM4500NO3-F	0.27	08/10/2006	11:52	E84589
1041	Nitrite (as N)	1.0	mg/L	0.34	U	SM4500NO3-F	0.34	08/10/2006	11:52	E84589

U The compound was analyzed for but not detected.

MDL Method Reporting Limit



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

PUBLIC WATER SYSTEM INFORMATION	N (to be completed by sampler — Please type or print legibly)
System Name: Colonial ma	anor white PWS I.D. #: 65 103 17
	Nontransient Noncommunity
	State: ÇC ZIP Code:
Phone #:	Fax #:
E-Mail Address:	
SAMPLE INFORMATION (to be completed Sample Number: 000000000000000000000000000000000000	Location Code (if known):  Sample Time: AM PM (Circle One)
Sample Type (Check Only One)	Reason(s) for Sample (Check all that apply)
Distribution	☑Routine Compliance (with 62-550) ☑Quarterly (Which Quarter? ユャリ
ZEntry Point (to Distribution)	Confirmation of MCL Exceedance* Special (not for compliance with 62-550)
Plant Tap (not for compliance with 62-550)	Composite of Multiple Sites**    Violation Resolution
Raw (at well or intake)	Clearance (permitting) Replacement (of Invalidated Sample)
☐Max Residence Time	Other:
☐Ave Residence Time	Sampling Procedure Used or Other Comments:
	Gmb
"See 62-550.500(6) for required NOTE: See 62-550.512(3) for a for nitrate or nitrite MCL	additional requirements attach a results page for each site.
Sampler's Name: KS N MC	et, d
Sampler's Phone #:	Sampler's Fax #:
Sampler's E-Mail Address:	
CERTIFICATION (to be completed b	y sampler) Martin, Operation
(Print Name) do HEREBY CERTIFY that the ab complete and correct.	√ (Print Title)  ove public water system and sample collection information is
Signature:	Date: \$19/05

Reporting Format 62-550.730 Effective January 1995, Revised January 2004

Page 1 of 9

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

ATTACH C	CURRENT DOH ANALY	TE SHEET*							
LabName:	Advanced Environmen	ntal Labs - Tampa	Florida Certification #: E84589						
Address:	9610 Princess Palm A		Certification Expiration Date: 06/30/2007						
-	Tampa, Florida 33619	)	phone #: (813) 630-9616						
ANALYSIS	S INFORMATION (to be	e completed by lab							
PWS ID (	from page 1): 6510355	·	Date Sample	s) Received: 08/09/2006 14:35:0					
Lab Assign	ned Report Number or	Job ID T068864	Sample Number (F	rom page 1) T068864-01					
Group(s)	Analyzed Results attac	hed for compliance with ch	apter 62-550, F.A.C. (check all t	hat appl					
	Inorganics	Synthetic Organics	Volatile Organics	Disinfection Byproducts					
	All 17	All 30	All 21	Triha					
	Partial	All Except Dioxin	Partial	Haloaceti					
	✓ Nitrate	Partial	Radionuclides	Bromate					
	✓ Nitrite	Dioxin Only	Single Samp	Chlorite					
	Asbestos Only		Qtrly Composite**	Secondaries					
			: Quity Composite	All 14					
				Partial					
Were any	analyses subcontracte	ed? ☐ Yes 🗹 No							
If yes, ple	ease provide DOH certif	ication number							
ATTACH	DOH ANALYTE SHEE	T FOR EACH SUBCONTR	RACTED LAB						
		CEI	RTIFICATION						
1 Tamm	ie Heslin	, Project Manager							
, , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(Print Name)	_,	· ·						
		ttached analytical data are bry Accreditation Conference	correct and unless noted meet a ce (NELAC).	all requirements of the					
Signatur	e All	lli.	Date:	8/18/06					
analysis	results will result in reje			Analyte Sheet for the attached water system for failure to sample,					
** Please	e provide radiological sa	ample dates Jocations for e	each quarter.						
COMPL	IANCE DETERMINATION	O (to be completed by DE	P or DOH)						
Sample	Collection Info Satisfact	tory Yes No	Sample Analysis Info	Satisfactory: 🗀 Yes 🛄 No					
•		ted (circle or highlight group(s)		uested (circle or highlight group(s) above					
Addi	tional Monitoring Requir	ed (circle or highlight group	o(s) above)						
	(s): MCL(s) Exceed		etection(s)	Incomplete Descri					
, readon,	Missing Analyte Other:	Sheet(s)	ocation Unsatisfactory	<ul><li>Incomplete Report</li><li>Analysis Unsatisfactory</li></ul>					
Person	Notified:			te Notified:					
Comme			<del></del> -						
Data Pa			P/DOH Reviewing Official:						



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

PUBLIC WATER SYSTEM INFORMATIO	N (to be completed by sampler - Please type or print legibly)
System Name: Colonial mo	anor coldy PWSI.D. #: 6510355
System Type (check one): Community	
City: 401.05	State: ÇL ZIP Code:
	Fax #:
E-Mail Address:	
SAMPLE INFORMATION (to be completed	by sampler)
Sample Number: 003000	Location Code (if known):
Sample Date: 8/9/6/	
Sample Location (be specific): \( \subseteq \subseteq \subseteq \)	· · · · · · · · · · · · · · · · · · ·
	g results for trihalomethanes and haloacetic acids):mg/L Field pH:
Sample Type (Check Only One)	Reason(s) for Sample (Check all that apply)
Distribution	Routine Compliance (with 62-550)
☑Entry Point (to Distribution)	Confirmation of MCL Exceedance* Special (not for compliance with 62-550)
Plant Tap (not for compliance with 62-550)	Composite of Multiple Sites**    Violation Resolution
Raw (at well or intake)	Clearance (permitting) Replacement (of Invalidated Sample)
Max Residence Time	Other:
☐Ave Residence Time	Sampling Procedure Used or Other Comments:
	Grab
*See 62-550.500(6) for required NOTE: See 62-550.512(3) for for nitrate or nitrite MCI	additional requirements attach a results page for each site.
Sampler's Name: Kan Ma	24,2
Sampler's Phone #:	
CERTIFICATION (to be completed b	y sampler)
1, SEMNETH.	Martin, Operator
,	ove public water system and sample collection information is
Signature:	Date: @19/04

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

LABORAT	ORY CERTIFICATION	INFORMATION (	to be complet	ed by lab - Please type o	or print legibly)				
ATTACH (	CURRENT DOH ANAL)	TE SHEET*							
LabName:	Advanced Environme	ntal Labs - Tampa	<b>a</b>	Flori	da Certification #: E84589				
Address:	9610 Princess Palm A	Avenue		Certification Expiration Date: 06/30/2007					
	Tampa, Florida 33619	)			phone #: (813) 630-9616				
ANALYSI	S INFORMATION (to be	e completed by lat	o						
PWS ID	(from page 1): 6510355			Date Sam	ple(s) Received: 08/09/2006 14:35:0				
Lab Assig	ned Report Number or	Job ID T068864		Sample Numbe	er (From page 1) T068864-02				
Group(s)	Analyzed Results attac	hed for complianc	e with chapte	er 62-550, F.A.C. (check a	all that appl				
	Inorganics	Synthetic Organ	nics	Volatile Organics	Disinfection Byproducts				
	All 17	All 30		All 21	Triha				
	 Partial	All Except D	)ioxin	Partial	Haloaceti				
	✓ Nitrate	Partial		Radionuclides	Bromate				
	✓ Nitrite	Dioxin Only			Chlorite				
	Asbestos Only			Single Samp					
	,			Qtrly Composite**	Secondaries				
					All 14				
Were an	y analyses subcontracte	ed? TYes	√. No		Partial				
	ease provide DOH certif		<b></b>						
ATTACH	DOH ANALYTE SHEE	– T FOR EACH SUI	BCONTRACT	ED LAB	<del></del>				
			CERTIF	FICATION					
1, Tamm	nie Heslin (Print Name)	, Project Manag	<u>er</u>	,					
	EBY CERTIFY that all a Environmental Laborato				et all requirements of the				
National	Environmental Caborate	5 Accreditation C	zonierence (iv	IELAC).	1,01.1				
Signatu	rec	idlu		Date:	8118100				
analysis	e to provide a valid and or results will result in reje result in notification of	ction of the report	, possible enf	orcement against the put	nt Analyte Sheet for the attached blic water system for failure to sample,				
** Pleas	e provide radiological sa	mple dates Jocati	ions for each	quarter.					
COMPL	IANCE DETERMINATION	) (to be complete	ed by DEP or	DOH)					
Sample	Collection Info Satisfact	tory Tyes	No	Sample Analysis In	fo Satisfactory: Yes No				
Repla	acement Sample(s) Reques	ted (circle or highligh	t group(s) abov	e) Revised Report f	Requested (circle or highlight group(s) above)				
Addi	itional Monitoring Requir	ed (circle or highli	ght group(s) a						
Reason	(s): MCL(s) Exceed	ed	Detect	ion/s)	Incomplete Report				
	Missing Analyte	Sheet(s)	Location	on Unsatisfactory	Analysis Unsatisfactory				
Person	Notified:				Data Natified:				
Comme	~				Date Notified:				
	eviewed:		DEP/DO	H Reviewing Official:					
2410111					· · · · · · · · · · · · · · · · · · ·				



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

PUBLIC WATER SYSTEM INFORMATIO	N (to be completed by sampler - Please type or print legibly)
System Name: Colonist m	anose intity PWSI.D. #: 6510355
System Type (check one): Community	Nontransient Noncommunity Transient Noncommunity
Address: Voca V()	
City: 401.00g	State: C ZIP Code:
	Fax #:
Sample Number: (L) Sample Date: (L) Sample Location (be specific): (L) Sample Location	Location Code (if known):  Sample Time: 12 17 PM (Circle One)
•	
DISTITLECTANT MESIGNAI (Required when reporting	g results for trihalomethanes and haloacetic acids): mg/L Field pH:
Sample Type (Check Only One)	Reason(s) for Sample (Check all that apply)
Distribution	☑Routine Compliance (with 62-550)
☑Entry Point (to Distribution)	Confirmation of MCL Exceedance* Special (not for compliance with 62-550)
Plant Tap (not for compliance with 62-550)	Composite of Multiple Sites**  Uviolation Resolution
☐Raw (at well or intake)	Clearance (permitting)  Replacement (of Invalidated Sample)
Max Residence Time	Other:
☐Ave Residence Time	Sampling Procedure Used or Other Comments:
Near First Customer	Gmb
*See 62-550.500(6) for require NOTE: See 62-550.512(3) for for nitrate or nitrite MCI	ments and restrictions.  **See 62-550.550(4) for requirements and attach a results page for each site.
Sampler's Name: KEN WG	et, d
Sampler's Phone #:	Sampler's Fax #:
Sampler's E-Mail Address:	
CERTIFICATION (to be completed b	
(Fill Name)	ove public water system and sample collection information is
Signature:	Date: <u>\$ (9/0</u>

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

	ORY CERTIFICATION CURRENT DOH ANAL		oleted by lab - Please type or p	rint legibly)				
	Advanced Environme		Florida Certification #: E84589					
Address:	9610 Princess Palm							
Address.	Tampa, Florida 3361		Certification Expiration Date: 06/30/2007					
-	Tampa, Fiorida 3301			phone #: (813) 630-9616				
ANALYSIS	S INFORMATION (to b	e completed by lab						
PWS ID (	(from page 1): <u>651035</u> 5	5	Date Sample(	s) Received: 08/09/2006 14:35:0				
Lab Assig	ned Report Number or	Job ID T068864	Sample Number (F	From page 1) T068864-03				
Group(s)	Analyzed Results attac	ched for compliance with cha	pter 62-550, F.A.C. (check all t	hat appl				
	Inorganics	Synthetic Organics	Volatile Organics	Disinfection Byproducts				
	All 17	All 30	All 21	Triha				
	Partial	All Except Dioxin	Partial	Haloaceti				
	✓ Nitrate	Partial	Radionuclides	Bromate				
	Nitrite	Dioxin Only	Single Samp	Chlorite				
	Asbestos Only		Qtrly Composite**	Secondaries				
			_ , ,	☐ All 14				
				i Partial				
•	analyses subcontract							
If yes, ple	ease provide DOH certi	fication number						
ATTACH	DOH ANALYTE SHEE	ET FOR EACH SUBCONTRA	ACTED LAB					
		CER	TIFICATION					
I, Tamm	ie Heslin	, Project Manager	,					
*	(Print Name)							
			orrect and unless noted meet a	Il requirements of the				
National	Environmental Laboral	tory Accreditation Conference	e (NELAC).	-1011				
Signatui	re:	2 Llm	Date:	81(8/00				
analysis	results will result in rej	ection of the report, possible		Analyte Sheet for the attached water system for failure to sample,				
•		f the DOH Bureau of Laborato	•					
Please	e provide radiological s	ample dates Jocations for ea	ich quarter.					
COMPL	IANCE DETERMINATI	O (to be completed by DEP	or DOH)					
Sample	Collection Info Satisfac	ctory Tyes No	Sample Analysis Info S	Satisfactory: Yes No				
Repla	acement Sample(s) Reque	sted (circle or highlight group(s) a	bove) Revised Report Req	uested (circle or highlight group(s) above)				
Addi	tional Monitoring Requi	ired (circle or highlight group(	s) above)					
Reason	(s): MCL(s) Exceed Missing Analyt Other:		tection(s) cation Unsatisfactory	Incomplete Report Analysis Unsatisfactory				
Person	Notified:		_	e Notified:				
Comme	nts							
Date Re	eviewed:		DOH Reviewing Official:					



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

PUBLIC WATER SYSTEM INFORMATION	V (to be completed by sampler – Please type or print legibly)
System Name: Colonist mo	anose white pws 1.D. #: 6510355
	Nontransient Noncommunity Transient Noncommunity
, ,	,
City: 401.0g.	State: ÇC ZIP Code:
Phone #:	Fax #:
E-Mail Address:	
SAMPLE INFORMATION (to be completed	by sampler)
Sample Number: 15000	
	Sample Time: 12-20 AM, PM (Circle One)
Sample Location (be specific): Q E \	#C/ L. NK wow
•	gresults for trihalomethanes and haloacetic acids): mg/L Field pH:
Dioministrative and the second	,
Sample Type (Check Only One)	Reason(s) for Sample (Check all that apply)
Distribution	XRoutine Compliance (with 62-550) Quarterly (Which Quarter?
☑Entry Point (to Distribution)	Confirmation of MCL Exceedance* Special (not for compliance with 62-550)
Plant Tap (not for compliance with 62-550)	Composite of Multiple Sites**    Violation Resolution
Raw (at well or intake)	Clearance (permitting) Replacement (of Invalidated Sample)
Max Residence Time	Other:
☐Ave Residence Time	Sampling Procedure Used or Other Comments:
☐Near First Customer	Gmb
*See 62-550.500(6) for require: NOTE: See 62-550.512(3) for for nitrate or nitrite MCI	ments and restrictions. See 62-550.550(4) for requirements and attach a results page for each site.
Sampler's Name: KEN MC	et, N
	Sampler's Fax #:
Sampler's E-Mail Address:	
CERTIFICATION (to be completed b	y sampler)
Kanaga T	Mast. Disporter
(Print Name)	Martin, Operatori (Print Title)
	ove public water system and sample collection information is
complete and correct.	,
Cignoture	
Signature:	Date: ( ) ( ) ( )

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

LABORATORY CERTIFICATION	NINFORMATION (to be com	pleted by lab - Please type or p	print legibly)			
ATTACH CURRENT DOH ANAL		, , , , , , , , , , , , , , , , , , ,	<i>3</i>			
LabName: Advanced Environme	ental Labs - Tampa	Florida Certification #: E84589				
Address: 9610 Princess Palm	Avenue	Certification Expiration Date: 06/30/2007				
Tampa, Florida 3361	19		phone #: (813) 630-9616			
ANALYSIS INFORMATION (to b	pe completed by lab					
PWS ID (from page 1): 651035	5	Date Sample	e(s) Received: 08/09/2006 14:35:0			
Lab Assigned Report Number of	r Job ID T068864	Sample Number (	From page 1) T068864-04			
Group(s) Analyzed Results atta	ched for compliance with cha	opter 62-550, F.A.C. (check all	that appl			
Inorganics  ☐ All 17 ☐ Partial ☑ Nitrate ☑ Nitrite ☐ Asbestos Only	Synthetic Organics All 30 All Except Dioxin Partial Dioxin Only	Volatile Organics All 21 Partial Radionuclides Single Samp Qtrly Composite**	Disinfection Byproducts Triha Haloaceti Bromate Chlorite Secondaries All 14			
Were any analyses subcontract If yes, please provide DOH cert ATTACH DOH ANALYTE SHE	ification number	ACTED LAB				
	CER	TIFICATION				
(Print Name)  do HEREBY CERTIFY that all a National Environmental Labora  Signature:  Failure to provide a valid and analysis results will result in rej	tory Accreditation Conference	e (NELAC).  Date:  ification number and a current	3/18/06			
and may result in notification of			o water system for familie to sample,			
"Please provide radiological s	ample dates Jocations for ea	ich quarter.				
COMPLIANCE DETERMINAT	IO (to be completed by DEP	or DOH)				
Sample Collection Info Satisfac		Sample Analysis Info	Satisfactory: Yes No No Quested (circle or highlight group(s) above)			
Additional Monitoring Requ	ired (circle or highlight group(	s) above)				
Reason(s): MCL(s) Exceed Missing Analyt Other:	ded Det	ection(s) ation Unsatisfactory	Incomplete Report Analysis Unsatisfactory			
			te Notified:			
Date Reviewed:	חבם/	DOH Paviawing Official:				





Advanced Environmental Labs 9610 Princess Palm Ave. Tampa, FL 33619

e/Time Rovd:	3/9/06 14	135 Log	-ln request numbe	r: 7068	38	(d4			
Received by:		N	Completed by	y:	<u>Y</u>	H			
oler/Shipping l									
urier: D AEL D-CI		v Express D FedE	x DAES DASAP	☐ Other (descr	ribel:				
			X 11 / C3 11 / C3 11	2 01101 (0000)	.20,				
pe: Depoler DBm									
oler temperature:	Identify the cooler a	nd document the ter	mperature blank or i	ce water measu	remen	ıt 			
Cooler ID					1				
Temp (°C)	0-								
Temp taken from	O Sample Bottle	☐ Sample Bottle	D Sample Bottle	□ Sample Bottle		D Sample	Bottle		
	-D Cooler -UR gum	☐ Cooler ☐ IR. gum	Cooler  D IR gum	D Cooler D IR gun		D IR gun			
Temp measured	D Thermometer (enter	D Thermometer (enter	D Thermometer (enter	D Thermometer (	enter		ometer (en	.TET	
with	ID):	ID):	ID):	√ ID):		ID):			
	y discrepancies should be explained in the "Comments" section below.    CHECKLIST   YES   NO   NA								
		CHECKLIST			YES	NO NO	NA		
	eals on snipping conta						$\perp$ _	_	
	apers properly include				1-	-	<del> </del>	4	
<u> </u>	<del></del>	ut (ink, signed, match	labels)?		-		<del> </del>	4	
	urive in good condition				1 -		<u> </u>	4	
	labels agree with the c	le #, date, signed, and	uysis, preservatives):		-	<u> </u>	<del>                                     </del>	-	
	ottles used for the tests				<del> </del>		<u> </u>	-	
		miques indicated on the	he lahel?		<del>  _</del>		<del> </del>	1	
	actived within holding				1-	<u>-                                    </u>	1	1	
10. Were all VOA					<u> </u>			1	
11. Were there air i						İ	1	1	
12. Were samples in	n direct contact with w	retice? If "No," chec	k one: 🗆 NO ICE 🗆 I	BLUE ICE	<u> </u>		İ	7	
13. Was the cooler	temperature less than	5°C?			Ī	-	1		
14. Were sample pl	14. Were sample pHs checked and recorded by Sample comrol? (VOA checked by analysts)								
15. Were the sample containers provided by AEL?									
16. Were samples accepted into the laboratory?								ł	
17. Was it necessary to split samples into other bottles?								ĺ	
	<u> </u>				<u>!</u>	_!		Ē	
mments:									

#### CHAIN OF CUSTODY RECORD

LAB NUMBER: 1068864

		Lavoraconies, inc.
a	Jacksonville:	6601 Southpoint Parkway, Jacksonville, FL 32216 • (904) 363-9350 Fax (904) 363-9354
	Tampa:	9610 Princess Palm Avenue, Tampa, FL 33619 (813) 630-9616 Fax (813) 630-4327
_		

Gainesville 2106 NW 67th Place, Suite 7, Gainesville, FL 32653 • (352) 367-1500 Fax (352) 367-0050

Orlando 528 S, North Lake Blvd., Suite 1016, Altamonte Springs, FL 32701 • (407) 937-1594 Fax (407) 937-1597

Page \_\_\_\_\_ of \_\_\_\_

☐ Orlando. 528 S. North Lake Blvd., Suite	1016, Altamonte Springs, Ft. 32701 • (407) 937-1594 Fax (407) 937-1597						
CLIENT NAME:	PROJECT NAME:	BOTTLE	1 1				
1 2 2 1 2 2 2 2 2 1 1 2 2 1 2 1 2 1 2 1	Colonis Manua satilità	& TYPE	2	2			
ADDRESS:	P.O. NUMBER / PROJECT NUMBER:		d	d			_
	PROJECT LOCATION:	ARNE					L A
PHONE: POST 2. Chi	PROJECT LOCATION.	A Q L U					В
PHONE: FAX:		Y I S R					N
CONTACT:	SAMPLED BY:	SD					M B E
TURN AROUND TIME: REMARKS / SPE	CIAL INSTRUCTIONS:		w	7			R
L STANDARD			3 1207.1	N. + 5. 4.			
u RUSH			Z				
WW= waste water SW=surface water GW=ground water	DW=drinking water OIL A=air SO=soil SL=sludge	Preserv					
SAMPLE ID SAMPLE DESCRIPTION	Grab SAMPLING MATRIX NO. CONT.						
DENETIA   CONNON DC	Co 8/9/06/1141 Dw 1		X	χ			10
WEIJH 2 canter)	1151		X	X			(0)
Weits Hendrix	19-10		X	X			703
WEIL DE LINK WORD	12-30	de fine	× `	>			-04
		N. S.				_	-
= Ice $H = (HCI)$ $S = (H_2SO_4)$ $N = (HNO_3)$ $T = (Sodiu$		770	·i/	Received	d by:	Date	Time
Shipment Method Sample Kit Cooler #	1 2 86/06	15	8 X	, Made	lle &	9/16	19-2
Out: / / VIa:	2		-			-	
Ret: / / Ria: 9 ( Trip to	3					-	
Harry Co	4			rev	risad 8/01		





9610 Princess Palm Avenue Tampa, Florida 33619 (813) 630-9616 FAX (813) 630-4327

Client:

**US Water Services** 

Project Name:

Colonial Manor

Project Number:

PWS ID#:

6510355

Attention:

Malissa Roteveel

Phone Number: 7278488292

Address:

4939 Cross Bayou Blvd.

New Port Richey, Ft 34652

Report No.:

T0611604

Date Sampled:

10/11/2006

Date Received:

10/11/06 15:00

Date Reported:

10/27/2006

**Project Description** 

The analytical results for the samples contained in this report were submitted for analysis as outlined by the Chain of Custody.

Project Name:

Colonial Manor

Approved By:

Tamme Heshn Plajech Manager

If there are any questions involving this report, the above named should be contacted.

THIS REPORT SHALL NOT BE REPRODUCED, EXCEPT IN FULL, WITHOUT THE WRITTEN APPROVAL OF THE LABORATORY.

Advanced Environmental Laboratories certifies that the test results in this report meet all requirements of the NELAC standards, unless notated otherwise in the body of the report.

Total Number of Pages =  $\lambda$ 

Analytical Report

Client: US Water Services

Project Name: Colonial Manor

Matrix: Drinking Water

PWS ID#: 6510355

Client Sample ID: Well #1 Raw

Site: Colonial Manor

Sample Number: T0611604-01

Report No.: T0611604

Date/Time Sampled: 10/11/06 11:05

Date/Time Received: 10/11/06 15:00

Sampled By:

Shipping Method: Client drop off

Inorganic Contaminants

Contam ID	Contam Name	MCL	Units	Analysis Results	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Cert.#
1040	Nitrate (as N)	10	mg/L	6.4		SM4500NO3-F	0.14	10/12/2006	14:46	E84589
1041	Nitrite (as N)	1.0	mg/L	0.034	U	SM4500NO3-F	0.034	10/12/2006	14:46	E84589

U The compound was analyzed for but not detected.

MDL Method Reporting Limit

#### Analytical Report

Client: US Water Services

Report No.: T0611604

Project Name: Colonial Manor

Date/Time Sampled: 10/11/06 10:30

Matrix: Drinking Water

Date/Time Received: 10/11/06 15:00

PWS ID#: 6510355

Client Sample ID: Well #2 POE

Sampled By:

Site: Colonial Manor

Shipping Method: Client drop off

Sample Number: T0611604-02

Inorgani	ic Contaminants									
Contam ID	Contam Name	MCL	Units	Analysis Results	Qualifier	Analytical Method	Lab MDL	Anatysis Date	Analysis Time	DOH Lab Cert.#
1040	Nitrate (as N)	10	mg/L	12	1	SM4500NO3-F	0.14	10/12/2006	14:46	E84589
1041	Nitrite (as N)	1.0	mg/L	0.034	U	SM4500NO3-F	0.034	10/12/2006	14:46	E84589

U The compound was analyzed for but not detected.

MDL Method Reporting Limit

#### Analytical Report

Client: US Water Services

Project Name: Colonial Manor

Matrix: Drinking Water

PWS ID#: 6510355

Client Sample ID: Well #3 POE

Site: Colonial Manor

Sample Number: T0611604-03

Report No.: T0611604

Date/Time Sampled: 10/11/06

10:40

Date/Time Received: 10/11/06 15:00

Sampled By:

Shipping Method: Client drop off

Inorgan.	ir (	ີດກ	tam	ina	nte
morgani	,,	-011	taiii.	II/a	1115

Contam ID	Contam Name	MCL	Units	Analysis Results	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Cert. #
1040	Nitrate (as N)	10	mg/L	9.4		SM4500NO3-F	0.14	10/12/2006	14:46	E84589
1041	Nitrite (as N)	1.0	mg/L	0.034	U	SM4500NO3-F	0.034	10/12/2006	14:46	E84589

U The compound was analyzed for but not detected.

MDL Method Reporting Limit

Analytical Report

Client: US Water Services

Project Name: Colonial Manor

Matrix: Drinking Water

PWS ID#: 6510355

Client Sample ID: Well #4 Raw

Site: Colonial Manor

Sample Number: T0611604-04

Report No.: T0611604

Date/Time Sampled: 10/11/06

Date/Time Received: 10/11/06 15:00

Sampled By:

Shipping Method: Client drop off

Inorganic Contaminants

Contam ID	Contam Name	MCL	Units	Analysis Results	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Cert. #
1040	Nitrate (as N)	10	mg/L	12		SM4500NO3-F	0.14	10/12/2006	14:46	E84589
1041	Nitrite (as N)	1.0	mg/L	0.034	U	SM4500NO3-F	0.034	10/12/2006	14:46	E84589

U The compound was analyzed for but not detected.

MDL Method Reporting Limit

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

System Name: CohoNIAL		L				
System Type (check one): Dommunit Address: 1606 RA	y Nontransient Noncommunity	Transient Noncommunity				
City: HOLIPAY	State: 7-2	ZIP Code:				
Phone #:						
5 x 2 x 2 x 2 x						
SAMPLE INFORMATION (to be completed Sample Number: 150 1100						
		0				
Sample Date: 98/1/06	Sample Time: //	AM PM (Circle				
Sample Location (be specific): WETL	a) KAW					
Disinfectant Residual (Required when reporting	g results for trihalomethanes and haloacetic acids)	mg/L Field pH: 2				
Sample Type (Check Only One)	Reason(s) for Sa	imple (Check all that apply)				
Distribution	Houtine Compliance (with 62-550) Quarterly (Which Quarter? _					
Entry Point (to Distribution)	Confirmation of MCL Exceedance Special (not for compliance					
Plant Tap (not for compliance with 62-550)	Composite of Multiple Sites**					
PRaw (at well or intake)	Clearance (permitting) Replacement (of Invalidated Samp					
Max Residence Time	Other.					
☐Ave Residence Time	Sampling Procedure Used or Other Co	omments:				
☐Near First Customer	WELL NOT ACTIVE	-				
*See 62-550.500(6) for requirer NOTE: See 62-550.512(3) for a for nitrate or nitrite MCL	additional requirements attack	(2-550.550(4) for requirements and na results page for each site.				
The state of the s	HUNKY					
Sampler's Name: 15RENCG						
Sampler's Name: 1575-2593 - 5	570 Sampler's Fax #:	727 - 848-776/				
		727 - 848-770/				
Sampler's Phone #: 727 - 243 - 4		727 - 848 - 770/				
Sampler's Phone #: 727 - 243 - 4		727 - 848-776/				
Sampler's Phone #: 727 - 24:3 - 54 Sampler's E-Mail Address:  CERTIFICATION (to be completed by	r sampler)					
Sampler's Phone #: 721 - 24:3 - 5 Sampler's E-Mail Address:  CERTIFICATION (to be completed by	r sampler)					
Sampler's Phone #: 727 - 24:3 - 5 Sampler's E-Mail Address:	r sampler)	CNATOR (Print Title)				

Date Reviewed:

#### 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) ATTACH CURRENT DOH ANALYTE SHEET\* LabName: Advanced Environmental Labs - Tampa Florida Certification #: E84589 Address: 9610 Princess Palm Avenue Certification Expiration Date: 06/30/2007 Tampa, Florida 33619 phone #: (813) 630-9616 ANALYSIS INFORMATION (to be completed by lab PWS ID (from page 1): 6510355 Date Sample(s) Received: 10/11/2006 15:00:0 Lab Assigned Report Number or Job ID T0611604 Sample Number (From page 1) T0611604-01 Group(s) Analyzed Results attached for compliance with chapter 62-550, F.A.C. (check all that appl Inorganics Synthetic Organics Volatile Organics Disinfection Byproducts [ All 17 All 30 ☐ All 21 Triha Partial All Except Dioxin Haloaceti Partial ✓ Nitrate Partial Bromate Radionuclides ✓ Nitrite Dioxin Only Chlorite Single Samp Asbestos Only Secondaries Qtrly Composite\*\* ☐ All 14 Partial If yes, please provide DOH certification number ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB CERTIFICATION I, Tammie Hestin Project Manager (Print Name) do HEREBY CERTIFY that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC). 10/27/06 Signature: \* 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 Jocations for each quarter. COMPLIANCE DETERMINATIO (to be completed by DEP or DOH) Sample Collection Info Satisfactory R Yes No Sample Analysis Info Satisfactory: 園 Yes 園 No Replacement Sample(s) Requested (circle or highlight group(s) above) Revised Report Requested (circle or highlight group(s) above) Additional Monitoring Required (circle or highlight group(s) above) Reason(s): MCL(s) Exceeded ■ Incomplete Report 蓬 Detection(s) Image: Missing Analyte Sheet(s) 置 Location Unsatisfactory 圍 Analysis Unsatisfactory 圖 Other. Person Notified; Date Notified: Comments



DEP/DOH Reviewing Official:

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

PUBLIC WATER SYSTEM INFORMATION	ON (to be completed by sampler - Please typ	e or print legibly)		
System Name: COLONIAC /	MANON PWS I.D	.#: 6510355		
System Type (check one):    Gommunit	y Nontransient Noncommunity	Transient Noncommunity		
Address: MOOG RO				
City. HOLIDAY	State: FL	ZIP Code:		
,	Fax #:			
E-Mail Address:				
SAMPLE INFORMATION (to be completed	t by sampler)			
Sample Number: TOGU (00	1 N 2	nown):		
Sample Date: 10/1/06				
Sample Location (be specific): Weth	2 PSE	The folice one		
Disinfectant Residual (Required when reporting		125 man Field all 7 6		
Distriction of the policy with the policy	gresons for uniabilitienanes and hadacetic acids)	. 12 mg/L Field pm. 12. 2		
Sample Type (Check Only One)	Reason(s) for Sa	imple (Check all that apply)		
Distribution	Proutine Compliance (with 62-550)	Quarterly (Which Quarter?		
Entry Point (to Distribution)	Confirmation of MCL Exceedance	Special (not for compliance with 62-550)		
Plant Tap (not for compliance with 62-550)	Composite of Multiple Sites**	☐Violation Resolution		
Raw (at well or intake)	Clearance (permitting)	Replacement (of Invalidated Sample)		
Max Residence Time	Other:			
☐ Ave Residence Time		omments:		
■Near First Customer				
*See 62-550.500(6) for requirer NOTE: See 62-550.512(3) for a for nitrate or nitrite MCL	additional requirements attack	52-550.550(4) for requirements and na results page for each site.		
Sampler's Name: IERENCE /4	Lenay			
Sampler's Phone #: 727-243 - 43	<i>'</i>	127 848-7701		
Sampler's E-Mail Address:				
•				
CERTIFICATION (to be completed by	/ sampler)			
1, TEXENCE HEN (Print Name)	Ken O	Per ATON		
(Print Name)	,	(Print Title)		
do HEREBY CERTIFY that the aboundable and correct.	ove public water system and samp	ole collection information is		
Signature: Duena H	<del></del>	Date: 12/11/66		

#### 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) ATTACH CURRENT DOH ANALYTE SHEET\* LabName: Advanced Environmental Labs - Tampa Florida Certification #: E84589 Address: 9610 Princess Palm Avenue Certification Expiration Date: 06/30/2007 Tampa, Florida 33619 phone #: (813) 630-9616 ANALYSIS INFORMATION (to be completed by lab PWS ID (from page 1): 6510355 Date Sample(s) Received: 10/11/2006 15:00:0 Lab Assigned Report Number or Job ID T0611604 Sample Number (From page 1) T0611604-02 Group(s) Analyzed Results attached for compliance with chapter 62-550, F.A.C. (check all that appl Inorganics Synthetic Organics Volatile Organics Disinfection Byproducts All 17 All 30 ☐ All 21 Triha Partial All Except Dioxin Partial Haloaceti ✓ Nitrate Partial ☐ Bromate Radionuclides ✓ Nitrite Dioxin Only Chlorite Single Samp Asbestos Only Secondaries Qtrly Composite\*\* ☐ All 14 Partial Were any analyses subcontracted? ☐ Yes ✓ No If yes, please provide DOH certification number ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB CERTIFICATION I, Tammie Heslin Project Manager (Print Name) do HEREBY CERTIFY that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Acceptitation Conference (NELAC). Date: \* 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. COMPLIANCE DETERMINATIO (to be completed by DEP or DOH) Sample Collection Info Satisfactory Yes No 🙀 Replacement Sample(s) Requested (circle or highlight group(s) above) 🔠 Revised Report Requested (circle or highlight group(s) above) Additional Monitoring Required (circle or highlight group(s) above) Reason(s): Exceeded ■ Detection(s) 家 Incomplete Report Missing Analyte Sheet(s) 国 Location Unsatisfactory Analysis Unsatisfactory 靈 Other. Person Notified: Date Notified. Comments DEP/DOH Reviewing Official: Date Reviewed:



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

System Name: COLO WIAL	·	
System Type (check one): Community		
Address: MOG RD.		
City. Holy DAY	State: Ku	ZIP Code:
Phone #:		
E-Mail Address:		
SAMPLE INFORMATION (to be completed	d by semalest	
Sample Number: TO UNIO	(1)~()~	
Sample Date: 10/1//06		- A
Sample Location (be specific): WELL	Sample Time: 10	D=90 (Circle C
		135
Disinfectant Residual (Required when reporting	g results for trinalomethanes and haloacetic acids):	mg/L Field pH: /-
Sample Type (Check Only One)	Reason(s) for Sa	mple (Check all that apply)
Distribution	ARoutine Compliance (with 62-550)	Quarterly (Which Quarter?
Entry Point (to Distribution)	Confirmation of MCL Exceedance	Special (not for compliance with 62-550
Plant Tap (not for compliance with 62-550)	Composite of Multiple Sites**	☐Violation Resolution
Raw (at well or intake)	Clearance (permitting)	Replacement (of Invalidated Sample)
Max Residence Time	Other:	
☐Ave Residence Time	Sampling Procedure Used or Other Co	omments:
☐Near First Customer		
*See 62-550.500(6) for require NOTE: See 62-550.512(3) for for nitrate or nitrite MCI	additional requirements attach	2-550.550(4) for requirements and a results page for each site.
Sampler's Name: IERENCO	Henry	
Sampler's Phone #: 727 - 243 - 46	Sampler's Fax #: 2	727-848-7201
Sampler's E-Mail Address:		
CERTIFICATION (to be completed by	y sampler)	
1 TELENE Mense	<i>∽</i>	en not a
1, IEKENKE HENRY (Print Name)	,,	(Print Title)
do HEREBY CERTIFY that the abordomplete and correct.	ove public water system and samp	ole collection information is
·	. 7	/
Signature: June	1 Ltm	Date: 10/11/16

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

LABORATORY CERTIFICATION INFOR		eted by lab - Please type or p	print legibly)			
ATTACH CURRENT DOH ANALYTE SH	EET.					
LabName: Advanced Environmental Lab	os - Tampa	Florida Certification #: E84589				
Address: 9610 Princess Palm Avenue		Certification E	xpiration Date: 06/30/2007			
Tampa, Florida 33619			phone #: (813) 630-9616			
ANALYSIS INFORMATION (to be compl	eted by lab					
PWS ID (from page 1): 6510355		Date Sample(	(s) Received: 10/11/2006 15:00:0			
Lab Assigned Report Number or Job ID	T0611604	Sample Number (From page 1) T0611604-03				
Group(s) Analyzed Results attached for	compliance with chapte	— er 62-550, F.A.C. (check all t	hat appl			
Inorganics Synth	netic Organics	Volatile Organics	Disinfection Byproducts			
	II 30	All 21	Triha			
= ==	I Except Dioxin	Partial	Haloaceti			
	artial		Bromate			
= -	ioxin Only	Radionuclides	☐ Chlorite			
Asbestos Only	Oxiii Oniy	Single Samp				
Asbestos Only		Qtrly Composite**	Secondaries			
			☐ All 14			
Were any analyses subcontracted?	]Yes <b>∏</b> No		Partial			
	- <b>-</b>	•				
If yes, please provide DOH certification n			<u> </u>			
ATTACH DOH ANALYTE SHEET FOR E	EACH SUBCONTRACT	ED LAB				
	CERTIF	FICATION				
I, Tammie Heslin , Proje	ct Manager					
(Print Name)						
do HEREBY CERTIFY that all attached a National Environmental Laboratory Accre			I requirements of the			
10 1	1		10/27/06			
Signature:		Date:	10/2 7/08			
* Failure to provide a valid and current F analysis results will result in rejection of t and may result in notification of the DOH	he report, possible enfo	proement against the public v				
** Please provide radiological sample dat	ŕ					
COMPLIANCE DETERMINATIO (to be	completed by DEP or I	DOH)				
Sample Collection Info Satisfactory	Yes 🗟 No	Sample Analysis Info Sa	atisfactory: 蚕 Yes 瓕 No			
Replacement Sample(s) Requested (circle	<u></u>		ested (circle or highlight group(s) above)			
Additional Monitoring Required (circle						
Reason(s):   MCL(s) Exceeded		•	Tippomplete Reset			
<b>=</b>	屋 Detection	• •	incomplete Report			
<ul><li>Missing Analyte Sheet(s)</li><li>Other:</li></ul>	图 Focatio	n Unsatisfactory	Analysis Unsatisfactory			
Person Notified:		Date	Notified:			
Comments						
Date Reviewed:	DEP/DOH	Reviewing Official:				

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

	MANOR PWS I.D. #: 6510355
System Type (check one): GCommunit Address: 1906 K2	y
City. Holiony	State:
	Fax #: <u>121 - 848-7701</u>
SAMPLE INFORMATION (to be completed	t b∳ sampler)
Sample Number: 100 1100	Location Code (if known):
Sample Date: 10/1//66	Sample Time: // AM PM (Circle O
Sample Location (be specific): WELL	MY RAW.
	g results for trihalomethanes and haloacetic acids): mg/L Field pH: 7-5
, oquid	ing to the same and the management across the same across the
Sample Type (Check Only One)	Reason(s) for Sample (Check all that apply)
Distribution	Proutine Compliance (with 62-550) Quarterly (Which Quarter?
Entry Point (to Distribution)	☐ Confirmation of MCL Exceedance* ☐ Special (not for compliance with 62-550
Plant Tap (not for compliance with 62-550)	Composite of Multiple Sites**  [Violation Resolution]
PRaw (at well or intake)	Clearance (permitting) - Replacement (of Invalidated Sample)
Max Residence Time	Other:
☐Ave Residence Time	Sampling Procedure Used or Other Comments:
Near First Customer	WELL NOT ALTIVE
"See 62-550.500(6) for requiren NOTE: See 62-550.512(3) for a for nitrate or nitrite MCL	rients and restrictions.  **See 62-550,550(4) for requirements and attach a results page for each site.
Sampler's Name: 127tncc	Henry
,	4570 Sampler's Fax #: 727-843-45-70
Sampler's E-Mail Address:	
CERTIFICATION (to be completed by	sampler)
1, IERENCE / HEWAL	(Print Title)
(Print Name)	(Print Title)
do HEREBY CERTIFY that the about complete and correct.	ove public water system and sample collection information is
complete and confect.	

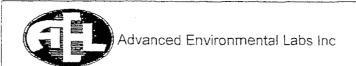
Reporting Format 62-550.730 Effective January 1995, Revised January 2004

Page 1 of 9

Date Reviewed:

#### 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) ATTACH CURRENT DOH ANALYTE SHEET\* LabName: Advanced Environmental Labs - Tampa Florida Certification #: E84589 Address: 9610 Princess Palm Avenue Certification Expiration Date: 06/30/2007 Tampa, Florida 33619 phone #: (813) 630-9616 ANALYSIS INFORMATION (to be completed by lab PWS ID (from page 1): 6510355 Date Sample(s) Received: 10/11/2006 15:00:0 Lab Assigned Report Number or Job ID T0611604 Sample Number (From page 1) T0611604-04 Group(s) Analyzed Results attached for compliance with chapter 62-550, F.A.C. (check all that appl Synthetic Organics Volatile Organics Disinfection Byproducts All 17 [ ] All 30 All 21 Triha Partial All Except Dioxin Partial Haloaceti Partial ✓ Nitrate Bromate Radionuclides ✓ Nitrite Dioxin Only Chlorite Single Samp Asbestos Only Secondaries Qtrly Composite\*\* ☐ All 14 Partial Were any analyses subcontracted? Yes V No If yes, please provide DOH certification number ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB CERTIFICATION 1. Tammie Heslin (Print Name) do HEREBY CERTIFY that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC). Date: Signature: < \* 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 Jocations for each quarter. COMPLIANCE DETERMINATIO (to be completed by DEP or DOH) Sample Collection Info Satisfactory Z Yes No Replacement Sample(s) Requested (circle or highlight group(s) above) B Revised Report Requested (circle or highlight group(s) above) Additional Monitoring Required (circle or highlight group(s) above) Reason(s): Exceeded □ Detection(s) Incomplete Report Missing Analyte Sheet(s) 属 Location Unsatisfactory ■ Analysis Unsatisfactory Person Notified Date Notified: Comments DEP/DOH Reviewing Official:





Advanced Environmental Labs 6601 Southpoint Parkway Jacksonville, FL 32216

Client:	S Water (on	ρ	Project name	: (,0)0UIC	N IL	MYOC	
		Log	-In request number	: Tallin	<i>PD</i> 0		
Received by:			Completed by		-		
Cooler/Shipping	Information:						
Courier: 🗆 AEL 💆 C	lient 🗆 UPS 🗆 Blue	e Streak 🗆 FedEx	☐ Other (describe):				
Type: ∰ Cooler □ Bo:							
Cooler temperature:					uremer	nt	
Cooler ID					1	(7-1)	
Temp (°C)	D						
Temp taken from	☐ Temp blank  Sample bottle	☐ Temp blank ☐ Sample bottle	☐ Temp blank ☐ Sample bottle	☐ Temp blank ☐ Sample bottle		☐ Temp b☐ Sample	
Temp measured with	Fix gun I Thermometer (enter ID);	☐ IR gun ☐ Thermometer (ID):	(enter	☐ IR gun ☐ Thermo ID):	ometer (enter		
Other Information Any "NO" responses o	r discrepancies sho	CHECKLIST	ne "Comments" sect	ion below.	YES	NO	NA NA
<ol> <li>Were custody seals on shipping container(s) intact?</li> <li>Were custody papers properly included with samples?</li> </ol>						+	1
			labels)?		1		
<ul><li>3. Were custody papers properly filled out (ink, signed, match labels)?</li><li>4. Did all bottles arrive in good condition (unbroken)?</li></ul>							
	abels complete (samp		ysis, preservatives)?		V		
	labels agree with the c				V		
	ttles used for the tests  nple preservation tech		a lobal?		1		
			140612		1		
9. Were samples received within holding times?  10. Were all VOA vials checked for the presence of air bubbles?							1
11. Were there air bubbles present in the VOA vials?							
12. Were samples in direct contact with wet ice? If "No," check one: □ NO ICE □ BLUE ICE							
13. Was the cooler temperature less than 6°C?  14. Were sample pHs checked and recorded by Sample control?							
	mples are checked by						1
	containers provided b				1	1	
16. Were samples ac	ccepted into the labora	tory?			V		
Comments:							
			3				

# From:ADVANCED ENVIRONMENTAL LABS

#### Lavadeed Environmental Laboratories, Inc.

#### CHAIN OF CUSTODY RECORD

☐ Jacksonville: 6601 Southpoint Parkway, Jacksonville, FL 32216 • (904) 363-9350 Fax (904) 363-9354

☐ Tampa: 9610 Princess Palm Avenue, Tampa, FL 33619 • (813) 630-9616 Fax (813) 630-4327

[7] Sajneville: 2106 NW 67th Place Suite 7 Gaineville El 32653 ( /352) 367-1500 Fay (352) 367-0060

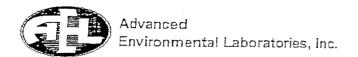
ч	damesvine.	2100 NW 07(11 Flace, Suite 7, Gaillesville, FL 32033 · (332) 307-1300 Fax (332) 307-0030
	Orlando:	528 S. North Lake Blvd., Suite 1016, Altamonte Springs, FL 32701 • (407) 937-1594 Fax (407) 937-159

i	LAR NUMBER
	LAB NUMBER:-TOW 1/1004
	1001100

Page

of

	☐ Orlando: 528 S.	North Lake Blvd., Suite 10	116, Altamonte Springs	FL 32701 • (40	07) 937-1594 Fa	x (407) 937-1	597								
CLIENT NAME:			PROJECT NAM					BOTTLE SIZE							į
45	WATER C	ORP-	Coto	NIAL	MA	NOW		& TYPE				}			İ
ADDRESS:	39 Choss	BAYOU BLU	P.O. NUMBER /	PROJECT N	IUMBER:			AR						L	
Now Por	WATER C 39 CROSS TRABILY, PA 727	- 34652	PROJECT LOCA	ATION:	:			N E A Q L U						A	- 1
PHONE:	727	X: 848-7201						Y I S R	ì					N	
CONTACT:	MEL		SAMPLED BY:					I E S D	3	1				B E	
TURN AROUND		REMARKS / SPEC	IAL INSTRUCTIO	NS:					4	12				H	
☐ STANDARD									1/2	13					
□ RUSH									0	1					
W ROOM										6					
WW= waste water	SW=surface water	GW=ground water D	W=drinking water	OIL A	=air SO=	soil SL	_=sludge	Preserv			İ				
SAMPLE ID	SAMPLE	DESCRIPTION	Grab Composite	SAM	IPLING TIME	MATRIX	NO.					the state of the s			
	WOLL ~	1 Box L	gal G	DATE /0/11/26	15:05	DW	1		~	V				-01	
	WECCHZ	P60-	G	14/1/06	10:30	DW	1			2				-6	5
	WETC #3 WETC #4.	POE	6	11/11/06	1600	DW	1		1	W				-0.	3
	WELL MY	RAW	, TAN G	10/11/06	11:01	Das	1		/	/				-0'	4
			E						1						
		- MATERIA													
I = Ice H = (HC	$S = (H_2SO_4)  N$	= (HNO <sub>3</sub> ) T = (Sodic	ım Thiosulfate)	Reli	inquished by:		Date	Time	, B		leceived	by:	Dat		
%Shlprijentr Out	Mellijae kaninjiekki Sela	, "Сбојек# <u>— «</u> Оп		Dary	1	0	Yalac		A	(B)	era		Idul	De 15:0	<u>Q</u>
	AB exce	улсы Біталі (1	2						-						
Reit / 1/4 V	ar <u>ess</u> (Tipel)		3 4												



9610 Princess Paim Avenue Tampa, Fiorida 33619 (813) 630-9616 FAX (813) 630-4327

# **Fax**

Ta: Melisa	From: Cannie
Fax:	Pages: (G
Phone:	Date: [1/0/00
Re: Totalloof	cc:
☐ Urgent ☐ For Review	☐ Piezse Comment ☐ Piezse Reply ☐ Piezse Recycle

f you do not receive this transmission in full or if you have any questions regarding this fax, 'lease contact us at (813) 630-9616.

all attached sheets are preserved by the client's rights of confidentiality and are to be directed the addressee only.

#### SOUTHWEST FLORIDA WATER MANAGEMENT DISTRICT WATER USE GENERAL PERMIT NO. 203677.04

**EXPIRATION DATE:** January 7, 2009

PERMIT ISSUE DATE: January 7, 1999

THE PERMITTEE IS RESPONSIBLE FOR APPLYING FOR A RENEWAL OF THIS PERMIT PRIOR TO THE EXPIRATION DATE WHETHER OR NOT THE PERMITTEE RECEIVES PRIOR NOTIFICATION BY MAIL. FAILURE TO DO SO AND CONTINUED USE OF WATER AFTER EXPIRATION DATE IS A VIOLATION OF DISTRICT RULES AND MAY RESULT IN A MONETARY PENALTY AND/OR LOSS OF WATER. APPLICATION FOR RENEWAL PRIOR TO THE EXPIRATION DATE IS SUBJECT TO DISTRICT EVALUATION AND APPROVAL.

This permit, issued under the provision of Chapter 373, Florida Statutes and Florida Administrative Code 40D-2, authorizes the Permittee to withdraw the quantities outlined herein, and may require various activities to be performed by the Permittee as outlined by the Special Conditions. This permit, subject to all terms and conditions, meets all District permitting criteria.

PROJECT NAME:

Colonial Manor Subdivision

**GRANTED TO:** 

Floraline Properties, Inc. Post Office Box 5017 Largo, FL 34649

TOTAL QUANTITIES AUTHORIZED UNDER THIS PERMIT (in gpd)

AVERAGE:

195,000

PEAK MONTHLY:

293,000

Peak Monthly Use Average

Public Supply:

195,000 gpd

293,000 gpd

See Withdrawal Table for quantities permitted for each withdrawal point.

PROPERTY LOCATION:

Pasco County, approximately 1 mile southwest of the City of Elfers, 1/2

mile east of US Highway 19.

TYPE OF APPLICATION:

New (Expired)

WATER USE CAUTION AREA:

Northern Tampa Bay

APPLICATION FILED:

November 10, 1998

ACRES:

1.2 Owned

161.2 Serviced

APPLICATION AMENDED:

N/A



Permittee: Floraline Properties, Inc.

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WATER USE: PUBLIC SUPPLY

#### SERVICE AREA NAME

Colonial Manor

**POPULATION** 

PER CAPITA

**USE TYPE** 

SERVED

RATE

Residential Single Family Fire Fighting/Testing

Total Public Supply

2,097

Gross = 93 gpd/person

I.D. NO. PERMITTEE/ <u>DISTRICT</u>	DIAM. (IN.)	DEPTH TTL./CSD.	<u>USE</u>		DAY PEAK ONTHLY	Horas March 1
1 / 1	8	125 / UNK	PS	62,000	93,000	70
2/2	8	140 / UNK	PS	35,500	53,500	
3/3	8	145 / UNK	PS	35,500 ( ) 62,000 ( )	93,000	•
4 / 4	8	130 / UNK	PS	35,500- <sup>0,©</sup>	53,500	
5/5	12	180 / UNK	PS	62,000	93,000	Standby
DS-Dublic Suppl				<u> </u>	354000	,

PS=Public Supply

DISTRICT LD. NO.	SECTION/TOWNSHIP/RANGE	LOCATION LAT./LONG.
I	19/26/16	281242.00/824416.00
2	19/26/16	281237.00/824414.00
3	19/26/16	281235.94/824400.03
4	19/26/16	281240.90/824354.99
5	20/26/16	281229.00/824350.00

#### SPECIAL CONDITIONS:

All conditions referring to approval by the Regulation Department Director, Resource Regulation, shall refer to the Director, Brooksville Regulation Department, Resource Regulation.

1. All reports required by the permit shall be submitted to the District on or before the tenth day of the month following data collection and shall be addressed to:

Permit Data Section, Records and Data Department Southwest Florida Water Management District 2379 Broad Street Brooksville, Florida 34609-6899

Permittee:

Floraline Properties, Inc.

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#### Exhibit "A" WATER USE PERMIT CONDITIONS

#### STANDARD CONDITIONS

- 1. If any of the statements in the application and in the supporting data are found to be untrue and inaccurate, or if the Permittee fails to comply with all of the provisions of Chapter 373, F.S., Chapter 40D, or the conditions set forth herein, the Governing Board shall revoke this permit in accordance with Rule 40D-2.341, following notice and hearing.
- 2. This permit is issued based on information provided by the Permittee demonstrating that the use of water is reasonable and beneficial, consistent with the public interest, and will not interfere with any existing legal use of water. If, during the term of the permit, it is determined by the District that the use is not reasonable and beneficial, in the public interest, or does impact an existing legal use of water, the Governing Board shall modify this permit or shall revoke this permit following notice and hearing.
- 3. The Permittee shall not deviate from any of the terms or conditions of this permit without written approval by the District.
- 4. In the event the District declares that a Water Shortage exists pursuant to Chapter 40D-21, the District shall alter, modify, or declare inactive all or parts of this permit as necessary to address the water shortage.
- 5. The District shall collect water samples from any withdrawal point listed in the permit or shall require the Permittee to submit water samples when the District determines there is a potential for adverse impacts to water quality.
- 6. The Permittee shall provide access to an authorized District representative to enter the property at any reasonable time to inspect the facility and make environmental or hydrologic assessments. The Permittee shall either accompany District staff onto the property or make provision for access onto the property.
- 7. Issuance of this permit does not exempt the Permittee from any other District permitting requirements.
- 8. The Permittee shall cease or reduce surface water withdrawal as directed by the District if water levels in lakes fall below applicable minimum water level established in Chapter 40D-8 or rates of flow in streams fall below the minimum levels established in Chapter 40D-8.
- 9. The Permittee shall cease or reduce withdrawal as directed by the District if water levels in aquifers fall below the minimum levels established by the Governing Board.
- 10. The Permittee shall practice water conservation to increase the efficiency of transport, application, and use, as well as to decrease waste and to minimize runoff from the property. At such time as the Governing Board adopts specific conservation requirements for the Permittee's water use classification, this permit shall be subject to those requirements upon notice and after a reasonable period for compliance.

Permittee: Floraline Properties, Inc.

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- 11. The District may establish special regulations for Water Use Caution Areas. At such time as the Governing Board adopts such provisions, this permit shall be subject to them upon notice and after a reasonable period for compliance.
- 12. The Permittee shall mitigate, to the satisfaction of the District, any adverse impact to existing legal uses caused by withdrawals. When adverse impacts occur or are imminent, the District shall require the Permittee to mitigate the impacts. Adverse impacts include:
  - a. A reduction in water levels which impairs the ability of a well to produce water;
  - b. Significant reduction in levels or flows in water bodies such as lakes, impoundments, wetlands, springs, streams or other watercourses; or
  - c. Significant inducement of natural or manmade contaminants into a water supply or into a usable portion of any aquifer or water body.
- 13. The Permittee shall mitigate to the satisfaction of the District any adverse impact to environmental features or offsite land uses as a result of withdrawals. When adverse impacts occur or are imminent, the District shall require the Permittee to mitigate the impacts. Adverse impacts include the following:
  - a. Significant reduction in levels or flows in water bodies such as lakes, impoundments, wetlands, springs, streams, or other watercourses;
  - b. Sinkholes or subsidence caused by reduction in water levels;
  - c. Damage to crops and other vegetation causing financial harm to the owner; and
  - d. Damage to the habitat of endangered or threatened species.
- 14. When necessary to analyze impacts to the water resource or existing users, the District shall require the Permittee to install flow metering or other measuring devices to record withdrawal quantities and submit the data to the District.
- 15. A District identification tag shall be prominently displayed at each withdrawal point by permanently affixing the tag to the withdrawal facility.
- 16. The Permittee shall notify the District within 30 days of the sale or conveyance of permitted water withdrawal facilities or the land on which the facilities are located.
- 17. All permits issued pursuant to these Rules are contingent upon continued ownership or legal control of all property on which pumps, wells, diversions or other water withdrawal facilities are located.

Permittee: Floraline Properties, Inc.

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By April 1 of each year for the preceding period of October 1 through September 30, the Permittee shall submit a report detailing:

a. The population served;

- b. Significant deducted uses, the associated quantity, and conservation measures applied to these uses;
- c. Total withdrawals;
- d. Treatment losses.
- e. Environmental mitigation quantities.
- f. Sources and quantities of incoming and outgoing transfers of water and wholesale purchases and sales of water, with quantities determined at the supplier's departure point.
- g. Documentation of reuse and desalination credits, if taken.

If for some reason, the Permittee does not achieve the specified per capita rate, the report shall document why the rate and requirements were not achievable, measures taken to attempt meeting them, and a plan to bring the permit into compliance. This report is subject to District approval. If the report is not approved, the Permittee is in violation of the Water Use Permit.

The District will evaluate information submitted by Permittees who do not achieve these requirements to determine whether the lack of achievement is justifiable and a variance is warranted. Permittees may justify lack of achievement by documenting unusual water needs, such as larger-than-average lot sizes with greater water irrigation needs than normal-sized lots. However, even with such documented justification, phased reductions in water use shall be required unless the District determines that water usage was reasonable under the circumstances reported and that further reductions are not feasible. For such Permittees, on a case-by-case basis, individual water conservation requirements may be developed for each management period. Per capita rate requirements may be adjusted upward or downward through rulemaking and will become requirements.

- 6. The Permittee shall conduct water audits of the water distribution system during each management period. A water audit may include the following activities: detection of unauthorized uses and authorized unmetered uses, correction of under-registration of meters, determination of fire flow use, and leak detection/repair. Water audits which identify a greater than 12 percent unaccounted for water shall include a schedule for remedial action, followed by appropriate actions. Audits shall be completed and reports documenting the results of the audit shall be submitted as an element of the report required in the per capita condition to the Permit Data Section, Records and Data Department, by April 1, 2004. Water audit reports shall include a schedule for remedial action if needed.
- 7. By April 1 of each year, the Permittee shall submit a residential water use report for the preceding period of October 1, through September 30, detailing:
  - a. The number of single family dwelling units served and their total water use.
  - b. The number of multi-family dwelling units served and their total water use.
  - c. The number of mobile homes served and their total water use.

Where separate indoor and outdoor meters exist, residential water use quantities shall include both the





Permit No.:

203677.04

Permittee:

Floraline Properties, Inc.

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Where separate indoor and outdoor meters exist, residential water use quantities shall include both the indoor and outdoor water uses associated with the dwelling units, including irrigation water.

- 8. By January 1 of each year for the preceding period of October 1 through September 30, the Permittee shall submit a report detailing:
  - a. Quantity of total reclaimed water provided by the Permittee for reuse on both a total annual average daily and monthly basis;
  - b. For all individual customer reuse connections with line sizes of 4 inches or greater, list:
    - 1. account name and address;
    - 2. location of connection(s) by latitude longitude;
    - 3. line size;
    - 4. meter (yes or no); and
    - 5. metered quantities, if metered.

#### STANDARD CONDITIONS:

1. The Permittee shall comply with the Standard Conditions attached hereto, incorporated herein by reference as Exhibit "A" and made a part hereof.

4

Authorized Signature

SOUTHWEST FLORIDA WATER MANAGEMENT DISTRICT

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## BEFORE THE STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION

C 55 MS S 0 MS C 0 (4)

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION IN THE OFFICE OF THE SOUTHWEST DISTRICT

Complainant,

VS.

OGC FILE No. 05-2698

COLONIAL MANOR UTILITY CO.,

Respondent,	Res	pond	ent,
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# FIRST AMENDED NOTICE OF VIOLATION ORDERS FOR CORRECTIVE ACTION AND ADMINISTRATIVE PENALTY ASSESSMENT

TO: Colonial Manor Utility Co. c/o Victoria Penick, Registered Agent 5525 Berkley Rd. New Port Richey, FL 34652

Certified Mail Number 7006 0810 0005 2598 2722

Pursuant to the authority of Section 403.121(2), Florida Statutes ("Fla. Stat.") the State of Florida Department of Environmental Protection ("Department") gives notice to Colonial Manor Utility Co. ("Respondent") of the following findings of fact and conclusions of law with respect to violations of Chapter 403, Fla. Stat.

### FINDINGS OF FACTS PARAGRAPHS APPLICABLE TO ALL COUNTS

1. The Department is the administrative agency of the State of Florida having the power and duty to protect Florida's air and water resources and to administer and enforce the provisions of Chapter 403, Fla. Stat., and the rules promulgated thereunder in Florida Administrative Code ("Fla. Admin. Code") Title 62.

- 2. Respondent is the owner of a community water system serving approximately 2,500 persons, PWS No. 651-0355, located at Colonial Manor Subdivision, Mog Road, Pasco County, Florida, Latitude 28 degrees 12 minutes 22 inches North, Longitude 82 degrees 43 minutes 56 inches West ("System").
- 3. The System consists of four approved drinking water wells ("Wells No. 1, 2, 3, and 4"), each equipped with dedicated chlorinator and hydropneumatic storage tank, and with an approximate combined capacity of 1.2 million gallons per day.
- 4. The System serves at least 15 service connections used by year-round residents or regularly serves at least 25 year-round residents.
- 5. Rule 62-550.310, Fla. Admin. Code, provides that all public water systems shall not exceed the primary inorganic nitrate maximum contaminant level of 10 milligrams per liter ("mg/l").
- 6. Wells No. 1 and 4 exceeded the maximum contaminant level for nitrate.

  Respondent issued public notification to its customers that the System exceeded the maximum contaminant level for nitrate and took Wells No. 1 and 4 out of service.
- 7. Well No. 2 exceeded the maximum contaminant level for nitrate. Respondent issued public notification to its customers that the System exceeded the maximum contaminant level for nitrate, but did not take Well No. 2 out of service.
- 8. The System is currently supplying drinking water using Wells No. 2 and 3 only. A review of historic monitoring results of Well No. 3 indicates that, since August 2003, nitrate concentrations exceeding 9 mg/l, but less than 10mg/l, have been reported five times for Well No. 2 and five times for Well No. 3.
  - 9. During a Department inspection of the System on October 12, 2005, the

Department observed that a fifth well ("Well No. 5") was not physically connected to the System's water distribution network.

- 10. A Department inspection on December 15, 2005 showed that Well No. 5 had been physically connected to the System's water distribution network.
- 11. The Department has not issued a permit authorizing construction to Well No. 5 and has not authorized the use of Well No. 5.
- 12. The Department has not received monthly, annual, or triennial sampling results from Well No. 5 since 1992.

# COUNT I - WELL NO. 2 EXCEEDANCE OF NITRATE MAXIMUM CONTAMINANT LEVEL

- 13. Respondent sampled Well No. 2 on October 11, 2006 for nitrate. The analysis result was 12.0 mg/l.
- 14. Respondent took a nitrate confirmation sample on October 30, 2006. The analysis result was 9.94 mg/1.

# COUNT II - WELL NO. 1 EXCEEDANCE OF NITRATE MAXIMUM CONTAMINANT LEVEL

- 15. Respondent sampled Well No. 1 on August 29, 2005 for nitrate. The analysis result was 10.8 mg/l.
- 16. Respondent took a nitrate confirmation sample on September 1, 2005. The analysis result was 10.3 mg/1.

# COUNT III - WELL NO. 4 EXCEEDANCE OF NITRATE MAXIMUM CONTAMINANT LEVEL

- 17. Respondent sampled Well No. 4 on August 29, 2005 for nitrate. The analysis result was 10.4 mg/1.
  - 18. Respondent took a nitrate confirmation sample on September 1, 2005. The

analysis result was 10.6 mg/l.

# COUNT IV - WELL NO. 1 EXCEEDANCE OF NITRATE MAXIMUM CONTAMINANT LEVEL

19. Respondent sampled Well No. 1 on November 8, 2004 for nitrate. The analysis result was 10.6 mg/l.

## COUNT V - ALTERATION OR CONSTRUCTION TO WELL NO. 5 WITHOUT A PERMIT

20. Alteration or construction on connecting piping from unapproved Well No. 5 to the System's distribution system occurred on or before December 12, 2005 without a Department permit or clearance letter.

#### COUNT VI - COSTS AND EXPENSES

21. The Department has incurred expenses to date while investigating this matter in the amount of not less than \$2,000.00.

#### CONCLUSIONS OF LAW

The Department has evaluated the Findings of Fact with regard to the requirements of Chapter 403, Fla. Stat. and Fla. Admin. Code Title 62. Based on the foregoing facts the Department has made the following conclusions of law:

- 22. Respondent is a "person" as defined in Section 403.852(5), Fla. Stat.
- 23. Respondent is the owner of the water system and is a "supplier of water" as defined in Section 403.852(8), Fla. Stat.
- 24. Respondent's water system is a "public water system" and is a "community water system" as defined in Sections 403.852(2) and (3), Fla. Stat., respectively. The water system draws water from the Floridan Aquifer and thus is also a "ground water system," as that term is used in Fla. Admin. Code Chapters 62-550 and 62-555.

- 25. The Department is imposing an administrative penalty of less than or equal to \$10,000.00 in this Notice of Violation as calculated in accordance with Section 403.121, Fla. Stat.
- 26. The facts in Count I constitute a violation of Rule 62-550.310, Fla. Admin. Code, which requires that all public water systems not exceed the primary inorganic nitrate maximum contaminant level of 10 mg/l. Rule 62-550.512(3)(a), Fla. Admin. Code, provides that compliance shall be determined based on the average of the initial and confirmation samples. The facts also constitute a violation of Section 403.161, Fla. Stat., which makes it a violation to fail to comply with Department rules.
- 27. The violation in Count I requires an assessment of an administrative penalty of \$4,000.00 under Section 403.121(3)(a), Fla. Stat., calculated as follows: \$2,000.00 for exceeding a maximum contaminant level, plus \$1,000.00 because the maximum contaminant level that was exceeded is a primary inorganic, plus \$1,000.00 because the maximum contaminant level violation occurred at a community water system.
- 28. The facts in Count II constitute a violation of Rule 62-550.310, Fla. Admin. Code, which requires that all public water systems not exceed the primary inorganic nitrate maximum contaminant level of 10 mg/l. Rule 62-550.512(3)(a), Fla. Admin. Code, provides that compliance shall be determined based on the average of the initial and confirmation samples. The facts also constitute a violation of Section 403.161, Fla. Stat., which makes it a violation to fail to comply with Department rules.
- 29. The violation in Count II requires an assessment of an administrative penalty of \$4,000.00 under Section 403.121(3)(a), Fla. Stat., calculated as follows: \$2,000.00 for exceeding the maximum contaminant level, plus \$1,000.00 because the maximum contaminant level that

was exceeded is a primary inorganic, plus \$1,000.00 because the maximum contaminant level violation occurred at a community water system.

- 30. The facts in Count III constitute a violation of Rule 62-550.310, Fla. Admin. Code, which requires that all public water systems not exceed the primary inorganic nitrate maximum contaminant level of 10 mg/l. Rule 62-550.512(3)(a), Fla. Admin. Code, provides that compliance shall be determined based on the average of the initial and confirmation samples. The facts also constitute a violation of Section 403.161, Fla. Stat., which makes it a violation to fail to comply with Department rules.
- 31. The violation in Count III requires an assessment of an administrative penalty of \$4,000.00 under Section 403.121(3)(a), Fla. Stat., calculated as follows: \$2,000.00 for exceeding the maximum contaminant level, plus \$1,000.00 because the maximum contaminant level that was exceeded is a primary inorganic, plus \$1,000.00 because the maximum contaminant level violation occurred at a community water system.
- 32. The facts in Count IV constitute a violation of Rule 62-550.310, Fla. Admin. Code, which requires that all public water systems not exceed the primary inorganic nitrate maximum contaminant level of 10 mg/l. The facts also constitute a violation of Section 403.161, Fla. Stat., which makes it a violation to fail to comply with Department rules.
- 33. The violation in Count IV requires an assessment of an administrative penalty of \$4,000.00 under Section 403.121(3)(a), Fla. Stat., calculated as follows: \$2,000.00 for exceeding the maximum contaminant level, plus \$1,000.00 because the maximum contaminant level that was exceeded is a primary inorganic, plus \$1,000.00 because the maximum contaminant level violation occurred at a community water system.
  - 34. The facts in Count V constitute a violation of Rule 62-555.520, Fla. Admin. Code,

which requires a construction permit from the Department prior to construction or alteration of any public water system component. The facts also constitute a violation of Section 403.161, Fla. Stat., which makes it a violation to fail to comply with Department rules.

- 35. The violation in Count V requires an assessment of an administrative penalty of \$3,000.00 under Section 403.121(4)(c), Fla. Stat.
- 36. The Department cannot impose penalties in excess of \$10,000.00 in a Notice of Violation. The total administrative penalty is therefore capped at \$10,000.00.
- 37. The costs and expenses related in Count VI are reasonable costs and expenses incurred by the State while investigating this matter, which are recoverable pursuant to Section 403.141(1) Fla. Stat.

#### ORDERS FOR CORRECTIVE ACTION

The Department has alleged that the activities related in the Findings of Fact constitute violations of Florida law. The Orders for Corrective Action state what you, Respondent, must do in order to correct and redress the violations alleged in this Notice.

The Department will adopt the Orders for Corrective Action as part of its Final Order in this case unless Respondent either files a timely petition for a formal hearing or informal proceeding, pursuant to Section 403.121(2)(c), Fla. Stat., or files written notice with the Department opting out of this administrative process, pursuant to 403.121(2)(c), Fla. Stat. (See Notice of Rights). If Respondent fails to comply with the corrective actions ordered by the Final Order, the Department is authorized to file suit seeking judicial enforcement of the Department's Order pursuant to Sections 120.69, 403.121 and 403.131, Fla. Stat.

Pursuant to the authority of Sections 403.061(8) and 403.121, Fla. Stat., the Department proposes to adopt in its Final Order in this case the following specific corrective actions that will

redress the alleged violations:

- 38. Respondent shall forthwith comply with all Department rules related to community water systems. Respondent shall correct and redress all violations in the time periods required below and shall comply with all applicable rules in Fla. Admin. Code Chapters 62-550 and 62-555. All documents, reports, and test results that are required to be submitted to the Department shall be submitted to: Gwen Shofner, P.E., Department of Environmental Protection, Southwest District, 13051 N. Telecom Parkway, Temple Terrace, FL 33637-0926.
- 39. Within 60 days of the effective date of this Order, Respondent shall submit a permit application and plans signed and sealed by a professional engineer to reduce the levels of nitrate in Wells No. 1, 2, and 4 to below the maximum contaminant level.
- 40. Within 90 days from issuance of a Department Construction permit, Respondent shall have completed the permitted work authorized in the Department permit to reduce the level of nitrate in the System to below the maximum contaminant level.
- 41. Respondent shall not distribute any water from Wells No. 1 and 4 to the water distribution network of the System until it receives the following:
  - (a) a construction permit pursuant to Rule 62-555.520, Fla. Admin. Code, and
  - (b) a clearance letter pursuant to Rule 62-555.345, Fla. Admin. Code, to place Wells No. 1, and 4 into service.
- 42. In the event nitrate maximum contaminant levels exceed 10 mg/l in Well No. 3, Well No. 3 shall be removed from service and the existing interconnect to Pasco County Utilities shall be activated to supply water to the System until the requirements in paragraphs 39 and 40 above are completed to reduce the levels of nitrate to below the maximum contaminant level.
  - 43. Within 180 days of the effective date of this Order, Respondent's System shall be

in compliance with all Department nitrate standards and the requirements of this Order or the System shall be connected to Pasco County's Public Water System, with all the System's wells physically disconnected and removed from service.

- 44. Respondent shall not distribute any water from Well No. 5 to the System until it receives the following:
  - (a) a construction permit pursuant to Rule 62-555.520, Fla. Admin. Code, and
  - (b) a clearance letter, pursuant to Rule 62-555.345, Fla. Admin. Code, to place Well No. 5 into service.
- 45. Within 30 days of the effective date of this Order, Respondent shall pay \$10,000.00 to the Department for the administrative penalties imposed above. Payment shall be made by cashier's check or money order payable to the "State of Florida Department of Environmental Protection" and shall include thereon the notations "OGC Case No. 05-2698" and "Ecosystem Management and Restoration Trust Fund." The payment shall be sent to Florida Department of Environmental Protection, Southwest District, 13051 N. Telecom Parkway, Temple Terrace, FL 33637-0926.
- 46. In addition to the administrative penalties, within 30 days of the effective date of this Order, Respondent shall pay \$2,000.00 to the Department for costs and expenses. Payment shall be made by cashier's check or money order payable to the "State of Florida Department of Environmental Protection" and shall include thereon the notations "OGC Case No. 05-2698" and "Ecosystem Management and Restoration Trust Fund." The payment shall be sent to Florida Department of Environmental Protection, Southwest District, 13051 N. Telecom Parkway, Temple Terrace, FL 33637-0926.

#### NOTICE OF RIGHTS

Respondent's rights to negotiate, litigate or transfer this action are set forth below.

#### Right to Negotiate

47. This matter may be resolved if the Department and Respondent enter into a Consent Order, in accordance with Section 120.57(4), Fla. Stat., upon such terms and conditions as may be mutually agreeable.

#### Right to Request a Hearing

- 48. Respondent has the right to a formal administrative hearing pursuant to Sections 120.569, 120.57(1) and 403.121(2), Fla. Stat., if Respondent disputes issues of material fact raised by this First Amended Notice of Violation and Orders for Corrective Action ("Notice"). At a formal hearing, Respondent will have the opportunity to be represented by counsel, to present evidence and argument on all issues involved, and to conduct cross-examination and submit rebuttal evidence.
- 49. Respondent has the right to an informal administrative proceeding pursuant to Sections 120.569 and 120.57(2), Fla. Stat., if Respondent does not dispute issues of material fact raised by this Notice. If an informal proceeding is held, Respondent will have the opportunity to be represented by counsel, to present to the agency written or oral evidence in opposition to the Department's proposed action, or to present a written statement challenging the grounds upon which the Department is justifying its proposed action.
- 50. If Respondent desires a formal hearing or an informal proceeding, Respondent must file a written responsive pleading entitled "Petition for Administrative Proceeding" within 20 days of receipt of this Notice. The petition must be in the form required by Fla. Admin. Code Rule 62-110.106 and by Fla. Admin. Code Rules 28-106.201 or 28-106.301. A petition is filed

when it is received by the Department's Office of General Counsel, 3900 Commonwealth Boulevard, MS-35, Tallahassee, Florida 32399-3000.

#### Right to Mediation

- 51. If Respondent timely files a petition challenging the Notice, the Respondent has the right to mediate the issues raised in the Notice. If requested, a mediator will be appointed to assist the Department and Respondent to reach a resolution of some or all of the issues. The mediator is chosen from a list of mediators provided by the Florida Conflict Resolution Consortium ("FCRC"). The FCRC will provide up to 8 hours of free mediation services to the Respondent. A mediator cannot require the parties to settle the case. If mediation is unsuccessful, both parties retain their full rights to litigate the issues before an administrative law judge. The Respondent must select the mediator and notify the FCRC within 15 days of receipt of the list of mediators. The mediation process does not interrupt the time frames of the administrative proceedings and the mediation must be completed at least 15 days before the date of the final hearing.
- 52. The written request to appoint a mediator must be made within 10 days after receipt of the Initial Order from the administrative law judge appointed to hear the case. The request must be received by the Florida Conflict Resolution Consortium, Shaw Building, Suite 132, 2031 E. Paul Dirac Drive, Tallahassee, FL 32310, 850-644-6320, <u>flacrc@fsu.edu</u>. Once the request is timely received, the FCRC will provide the parties with a list of mediators and the necessary information.

#### Right to Opt Out of the Administrative Proceeding

53. If Respondent does not wish to contest the issues before an administrative law judge, Respondent may file a notice with the Department opting out of the administrative

process. Respondent must file its written opt out notice within 20 days after service of the Notice. The written notice to opt out is filed when it is received by the Department's Office of General Counsel, 3900 Commonwealth Boulevard, MS 35, Tallahassee, Florida 32399-3000.

54. Once the Respondent opts out of the administrative process, the Department may sue the Respondent for injunctive relief, damages, costs and expenses and civil penalties. If the Respondent opts out of the administrative process, the Department may ask the judge to assess civil penalties in excess of the amounts in this Notice up to \$5,000.00 per day per violation. The election to opt out of the administrative process is permanent and once the election is made the administrative process cannot be restarted.

#### Waivers

- 55. Respondent will waive the right to a formal hearing or an informal proceeding if either:
  - a. a petition for a formal hearing or informal proceeding is not filed with the Department within 20 days of receipt of this Notice, or
  - b. a notice opting out of the administrative proceeding is not filed with the Department within 20 days of receipt of this Notice.

These time limits maybe varied only by written consent of the Department.

#### General Provisions

56. The findings of fact and conclusions of law of this Notice together with the Orders for Corrective Action will be adopted by the Department in a Final Order if Respondent fails to timely file a petition for a formal hearing or informal proceeding, pursuant to Section 403.121, Fla. Stat. A Final Order will constitute a full and final adjudication of the matters alleged in this Notice.

- 57. If Respondent fails to comply with the Final Order, the Department is authorized to file suit in circuit court seeking a mandatory injunction to compel compliance with the Order, pursuant to Sections 120.69, 403.121 and 403.131, 403.860, Fla. Stat. The Department may also seek to recover damages, all costs of litigation including reasonable attorney's fees and expert witness fees, and civil penalties of not more than \$5,000.00 per day for each day that Respondent has failed to comply with the Final Order.
- 58. Copies of Department rules referenced in this Notice may be examined at any Department Office or may be obtained by written request to the District Office.

DATED this day of Wormbrel, 2006

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION

Deboran A. Getzoff

District Director Southwest District

Copies furnished to:

Lea Crandall, Agency Clerk, Mail Station 35

# US WATER SERVICES, CORPORATION

FA	CSIMILE TRANSMITTAL SHEET					
TO: Davis Supply	FROM: Melisa Rotteveel					
COMPANY:	DATE: 12/18/2006					
FAX NUMBER: 727-849-3660	total no. of pages including cover:					
PHONE NUMBER:	SENDER'S REFERENCE NUMBER:					
RE: Colonial Manor	YOUR REFERENCE NUMBER:					
□ urgent ☑ for review	☐ PLEASE COMMENT ☐ PLEASE REPLY ☐ PLEASE RECYCLE					
NOTES/COMMENTS:						

Could you please generate a report stating the amount of chlorine supplied to Colonial Manor Utilities for 2005 & 2006. The more information this report reflects the better – such as, date delivered, quantity delivered, amount per gallon.

Any assistance which you could provide with the above is greatly appreciated.

#### TRANSMISSION VERIFICATION REPORT

TIME : 12/18/2006 02:24 NAME : US WATER SERVICES FAX : 7278487701 TEL : 7278488292 TIME NAME

TEL : 7278488292 SER.# : 000A6J690504

DATE, TIME FAX NO./NAME DURATION PAGE(S) RESULT

12/18 02:24 8493660 00:00:20 01 OK STANDARD ECM

# US WATER SERVICES, CORPORATION

FA	CSIMILE TRANSMITTAL SHEET					
ro: Davis Supply	<sup>FROM:</sup> Melisa Rotteveel					
COMPANY:	DATE: 12/18/2006					
FAX NUMBER: 727-849 <b>-</b> 3660	total no. of pages including cover:					
PHONE NUMBER:	SENDER'S REFERENCE NUMBER:					
RE: Colonial Manor	YOUR REFERENCE NUMBER:					
□ urgent ☑ for review	☐ PLEASE COMMENT ☐ PLEASE REPLY ☐ PLEASE RECYCLE					
NOTES/COMMENTS:						

Could you please generate a report stating the amount of chlorine supplied to Colonial Manor Utilities for 2005 & 2006. The more information this report reflects the better - such as, date delivered, quantity delivered, amount per gallon.

Any assistance which you could provide with the above is greatly appreciated.

# Davis Supply, Inc.

6012 Pine Hill Road Port Richey, Florida 34668 727-849-5947 727-849-3660 Dsiflapr@aol.com

Send to: US Water	From: David
Attention: Melisa Rotteveel	Date: December 19, 2006
Office Location:	Office Location: Port Richey, Florida
Fax Number: 727-848-7701	Phone Number: 727-849-5947

Total pages, including cover: 01

#### Comments:

Melisa,

Here is the information you requested about Colonial Manor.

### **COLONIAL MANOR REPORT**

Colonial Hill	s #1
07/15/05	77
Subtotal	7 <b>7</b>
Colonial Hill 01/06/05 02/03/05 03/03/05 04/28/05 06/17/05 08/13/05 10/04/05 11/18/05 12/02/05 01/27/06 03/21/06 05/05/06 06/13/06 07/14/06 08/15/06 10/13/06 11/10/06 Subtotal	0 0 19 34 47 40 30 51 0 38 58 69 38 25 44 50 46 53 642
01/06/05	114
02/03/05	59
03/03/05	0
05/20/05	137
09/13/05	107
12/27/05	151
04/21/06	128
07/14/06	141
09/15/06	54
10/13/06	49
11/14/06	25
Subtotal	<b>965</b>
01/06/05 02/03/05 03/03/05 03/31/05 04/28/05 05/26/05 06/17/05 08/13/05 09/13/05 Subtotal	27 25 22 0 30 10 67 12 8 0 <b>201</b>

\$1.30 per gallon

TOTAL

1895

#### TRANSMISSIC / VERIFICATION REPORT

TIME NAME

: 12/07/2006 23:31 : US WATER SERVICES : 7278487701 : 7278488292

FAX

TEL : 7278488292 SER.# : 000A6J690504

DATE,TIME FAX NO./NAME DURAȚION PAGE(S) RESULT MODE

12/07 23:24 18136327671 00:07:06 18 STANDARD ECM





DATE: December 8, 2006 PAGES: 18 CO: FDEP - Tampa TO: Drinking Water Section FAX #: 813-632-7671

FROM: ROBIN HIGGINS (727) 848-8292 EXT. #203

\*\*\*\* PLEASE DELIVER IMMEDIATELY - THANK YOU! \*\*\*\*

Colonial Manor Mor for the month of November 2006. Originals are in the mail.



DATE: December 8, 2006 PAGES: 18

CO: FDEP – Tampa

TO: Drinking Water Section

FAX #: 813-632-7671

FROM: <u>ROBIN HIGGINS</u> (727) 848-8292 EXT. #203

\*\*\*\* PLEASE DELIVER IMMEDIATELY - THANK YOU! \*\*\*\*

Colonial Manor Mor for the month of November 2006. Originals are in the mail.

Thank you,
Robin Higgins

#### Robin Higgins

From: Tammie Heslin [theslin@aellab.com]

**Sent:** Friday, October 27, 2006 12:12 PM

To: Robin Higgins
Cc: Melisa Rotteveel

Subject: Colonial Manor Sampled 10/11/06 (T0611604)

#### Robin,

I just wanted to let you know that there were a couple of Drinking Water Nitrate failures. I have listed the failures below:

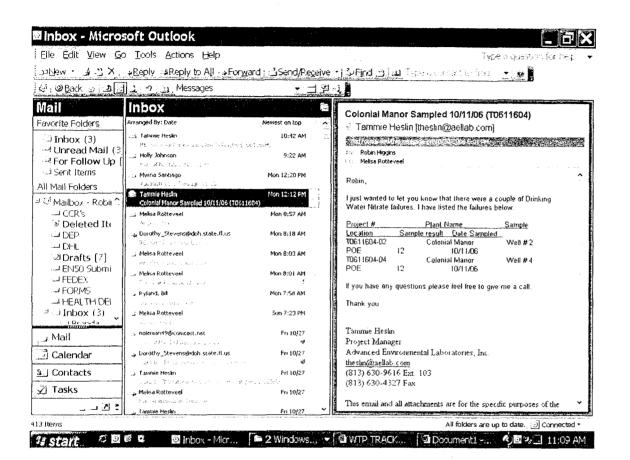
Project #Plant NameSample LocationSample resultDate SampledT0611604-02Colonial ManorWell # 2 POE1210/11/06T0611604-04Colonial ManorWell # 4 POE1210/11/06

If you have any questions please feel free to give me a call.

Thank you

Tammie Heslin Project Manager Advanced Environmental Laboratories, Inc. theslin@aellab.com (813) 630-9616 Ext. 103 (813) 630-4327 Fax

This email and all attachments are for the specific purposes of the addressed recipient(s) only. If you receive this transmission in error, please return it to the sender and delete it.



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#### PWS CERTIFICATION OF DELIVERY OF PUBLIC NOTICE

INSTRUCTIONS: The supplier of water, within ten days of completion of each public notification requirement pursuant to Part IV of Chapter 62-560, Florida Administrative Code, shall submit to the appropriate Department of Environmental Protection District Office or Approved County Health Department a completed DEP Form 62-555.900(22), Certification of Delivery of Public Notice, and include with the form a representative copy of each type of notice distributed, published, posted, and made available to the persons served by the system, and the media. All information provided on this form shall be typed or printed in ink.

I. General Information		
Public Water System (PWS) Name: Colonial Manor		
PWS ID: 6510355		
PWS Type: Community Non-Transient Non-	-Community Transient Non-C	Community
PWS Owner: Colonial Manor Utilities Inc.		
Contact Person: Melisa Rotteveel	Contact Person's Title	e: Fl. Operations Service Manager
Contact Person's Mailing Address: P. O. Box 398		
City: New Port Richey	State: Fl	Zip Code: 34652
Contact Person's Telephone Number: 727-848-8292	Contact Person's Fax	Number:
Contact Person's E-Mail Address:		
II. Certification		
For Violation/Situation: Nitrate		
Date of Occurrence: September 2005		
Consultation Date:		
Delivery Methods: Radio/TV Mail Nev	vspaper	sting Other(describe)
Delivery Date/s:   10/10/2006		
I am duly authorized to sign this form on behalf of the p	ouhlic water system identified in Pa	rt I of this form I certify that the
information provided on this form is correct to the best		
accordance with the delivery, content, and format require		
	Robin Higgins	Compliance Coordin.
Signature and Date )	Printed or Typed Name	Title

#### Melisa Rotteveel

From: Watson, Edward [Edward.Watson@dep.state.fl.us]

**Sent:** Friday, October 06, 2006 1:40 PM

To: Melisa Rotteveel
Cc: Screnock, Peter

Subject: RE: Colonial Manor Nitrate

Melisa,

The submitted notice is acceptable to the Department for distribution.

Sincerely,

Edward Watson
Drinking Water Section
Department of Environmental Protection
(813) 632-7600 Ext. 319

----Original Message----

From: Melisa Rotteveel [mailto:MRotteveel@uswatercorp.com]

Sent: Friday, October 06, 2006 12:55 PM

To: Screnock, Peter

Cc: Mo Kader; Watson, Edward; Gary Deremer

Subject: Colonial Manor Nitrate

Please see the attached public notice prepared for Colonial Manor Utilities. Upon your review, please let me know if the attached is acceptable to the Department, and can be mailed.

Respectfully,

Melisa Rotteveel
Project Manager
US Water Services
866-753-8292 ext. 207
mrotteveel@uswatercorp.com

**FFFECTIVE IMMEDIATELY** 

DO NOT GIVE THE WATER TO INFANTS UNDER 6 MONTHS OLD OR USE IT TO MAKE INFANT FORMULA

This notice comes as a follow-up to a notice given in September 2005, to inform consumers that Well #1 & 4 at Colonial Manor continue to show elevated results for Nitrate levels when tested in August 2006.

However, Wells #1 & Well #4 remain off, and have not been in service since September 2005. The Utility is currently working with the Department of Environmental Protection Compliance & Permitting to implement treatment options to remove Nitrate in the drinking water wells. These wells will NOT be placed into service until the nitrate problem is corrected and only after authorization by the Florida Department of Environmental Protection.

#### What does this mean?

The United States Environmental Protection Agency (EPA) sets drinking water standards and has determined that nitrate poses an acute health concern at certain levels of exposure. Nitrate is used in fertilizer and is found in sewage and wastes from human and/or farm animals and generally gets into drinking water from those activities. Excessive levels of nitrate in drinking water have caused serious illness and sometimes death in infants under six months of age. The serious illness in infants is caused because nitrate is converted to nitrite in the body. Nitrite interferes with the oxygen carrying capacity of the child's blood. This is an acute disease in that symptoms can develop rapidly in infants. In most cases, health deteriorates over a period of days. Symptoms include shortness of breath and blueness of the skin. Clearly, expert medical advice should be sought immediately if these symptoms occur. The purpose of this notice is to encourage parents and other responsible parties to provide infants with an alternate source of drinking water. Local and state health authorities are the best source for information concerning alternate sources of drinking water for infants. EPA has set the drinking water standard at 10 parts per million (ppm) for nitrate to protect against the risk of these adverse effects. EPA has also set a drinking water standard for nitrite at 1 ppm. To allow for the fact that the toxicity of nitrate and nitrite are additive. EPA has also established a standard for the sum of nitrate and nitrite at 10 ppm. Drinking water that meets the EPA standard is associated with little to none of this risk and is considered safe with respect to nitrate.

**Do not boil the water**. Boiling, freezing, filtering, or letting water stand does not reduce the nitrate level. In fact, boiling water can make the nitrates more concentrated. Water, juice, and formula for children under six months of age should not be prepared with tap water. Bottled water or some other water low in nitrates should be used.

Continue to use bottled water for infants until further notice. Adults and children older than six months can drink tap water. However, if you are pregnant or have specific health concerns, you may wish to consult a doctor.

#### What is the water system doing?

#### The two wells which yielded the elevated Nitrate results remain off.

Currently the utility monitors for Nitrate in your drinking water on a quarterly basis.

We will inform you when the nitrate problem has been corrected. For more information, please contact Melisa Rotteveel of US Water Services Corporation at 727-848-8292 ext. 207.

Please share this information with all other people who drink this water, especially those who may not have received this notice directly (for example, people in apartments. nursing homes, schools, and businesses). You can do this notice in a public place or distributing copies by hand or mail.

#### TRANSMISSION VERIFICATION REPORT

: 10/26/2006 21:26 : US WATER SERVICES : 7278487701 : 7278488292 TIME NAME

FAX TEL SER.# : 000A6J690504

DATE,TIME FAX NO./NAME DURATION PAGE(S) RESULT

10/26 21:25 18136327671 00:00:38 02 OK STANDARD





DATE: October 27, 2006 PAGES: 2

CO: FDEP - Tampa

TO: Drinking Water Section - Ed Watson

FAX #: 813-632-7671

FROM: ROBIN HIGGINS (727) 848-8292 EXT. #203

\*\*\*\* PLEASE DELIVER IMMEDIATELY - THANK YOU! \*\*\*\*

Colonial Manor Certification of Delivery for Nitrates.



DATE: October 27, 2006 PAGES: 2

CO: FDEP – Tampa

TO: Drinking Water Section – Ed Watson

FAX #: 813-632-7671

FROM: ROBIN HIGGINS (727) 848-8292 EXT. #203

\*\*\*\* PLEASE DELIVER IMMEDIATELY - THANK YOU! \*\*\*\*

Colonial Manor Certification of Delivery for Nitrates.

Thank you, Robin Higgins

# FILE COPY

### PWS CERTIFICATION OF DELIVERY OF PUBLIC NOTICE

INSTRUCTIONS: The supplier of water, within ten days of completion of each public notification requirement pursuant to Part IV of Chapter 62-560, Florida Administrative Code, shall submit to the appropriate Department of Environmental Protection District Office or Approved County Health Department a completed DEP Form 62-555.900(22), Certification of Delivery of Public Notice, and include with the form a representative copy of each type of notice distributed, published, posted, and made available to the persons served by the system, and the media. All information provided on this form shall be typed or printed in ink.

I. General Informa	tion							
Public Water Syster		: Colonial Man	or					
PWS ID: 6510355								
PWS Type: 🛛	Community [	Non-Transie	nt Non-Community	Transient	Non-Commu	nity		
PWS Owner: Colon	ial Manor Utili	ties Inc.						
Contact Person: Me	lisa Rotteveel			Contact Person	's Title: Fl. C	Operations Service Manager		
Contact Person's Ma	ailing Address:	P. O. Box 398						
City: New Port Rich				State: Fl		Zip Code: 34652		
Contact Person's T		<u>er: 727-848-82</u>	.92	Contact Person	i's Fax Numl	ber:		
Contact Person's E-	Mail Address:							
II. Certification					· · · ·			
For Violation/Situat	tion: Nitrate			·				
Date of Occurrence	: September 20	05						
Consultation Date:						·		
Delivery Methods:	☐Radio/TV	⊠Mail	Newspaper [	] Hand Delivery	Posting	Other(describe)		
Delivery Date/s:		7/20/ 06						
Lam duly authoriz	ed to sign this t	orm on helialf	of the public water	system identified	l in Part I of	this form. I certify that the		
						as been provided to consumers i		
						, Florida Administrative Code.		
7 11	- ,	-	-					
	gguns	7-20-0						
Signature and Date	U()		r Typed Name	Typed Name Title				

EFFECTIVE IMMEDIATELY

This notice comes as a follow-up to a notice given in September 2005, to inform consumers that Well #4 at Colonial Manor continues to show elevated results for Nitrate levels when tested in April 2006.

However, Wells #1 & Well #4 remain off, and have not been in service since September 2005. The Utility is currently working with the Department of Environmental Protection Compliance & Permitting to implement treatment options to remove Nitrate in the drinking water wells. These wells will NOT be placed into service until the nitrate problem is corrected and only after authorization by the Florida Department of Environmental Protection. Therefore, the following health advisory is not applicable at this time and is provided for information purposes only.

The United States Environmental Protection Agency (EPA) sets drinking water standards and has determined that nitrate poses an acute health concern at certain levels of exposure. Nitrate is used in fertilizer and is found in sewage and wastes from human and/or farm animals and generally gets into drinking water from those activities. Excessive levels of nitrate in drinking water have caused serious illness and sometimes death in infants under six months of age. The serious illness in infants is caused because nitrate is converted to nitrite in the body. Nitrite interferes with the oxygen carrying capacity of the child's blood. This is an acute disease in that symptoms can develop rapidly in infants. In most cases, health deteriorates over a period of days. Symptoms include shortness of breath and blueness of the skin, Clearly, expert medical advice should be sought immediately if these symptoms occur. Local and state health authorities are the best source for information concerning alternate sources of drinking water for infants. EPA has set the drinking water standard at 10 parts per million (ppm) for nitrate to protect against the risk of these adverse effects. EPA has also set a drinking water standard for nitrite at 1 ppm. To allow for the fact that the toxicity of nitrate and nitrite are additive. EPA has also established a standard for the sum of nitrate and nitrite at 10 ppm. Drinking water that meets the EPA standard is associated with little to none of this risk and is considered safe with respect to nitrate.

#### What is your water system doing?

The two wells (# 1 & # 4) which yielded the elevated Nitrate results remain off.

The two wells (# 2 & # 3) that supply the water to your system comply with the Nitrate standard and therefore, there is no cause for alarm.

Currently the utility monitors for Nitrate in your drinking water on a quarterly basis.

We will inform you when the nitrate problem in wells # 1 and # 4 has been corrected. For more information, please contact Melisa Rotteveel of US Water Services Corporation at 727-848-8292 ext. 207.

Please share this information with all other people who drink this water, especially those who may not have received this notice directly (for example, people in apartments, nursing homes, schools, and businesses). You can do this notice in a public place or distributing copies by hand or mail.

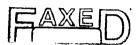
#### TRANSMISSION VERIFICATION REPORT

: 07/20/2006 15:52 : US WATER SERVICES : 7278487701 : 7278488292 TIME NAME

FAX 000A6J690504

DATE, TIME FAX NO./NAME DURATION PAGE(S) RESULT MODE

07/20 15:51 18136327671 00:01:00 03 OK STANDARD ECM





DATE: July 20, 2006 PAGES: 3

CO: FDEP - Tampa

TO: Drinking Water Section - Ed Watson

FAX#: 813-632-7671

FROM: ROBIN HIGGINS (727) 848-8292 EXT. #203

\*\*\*\* PLEASE DELIVER IMMEDIATELY - THANK YOU! \*\*\*\*

Re: Colonial Manor Nitrate Certification of Delivery and Notice.



DATE: July 20, 2006

PAGES: 3

CO: FDEP – Tampa

TO: Drinking Water Section - Ed Watson

FAX #: 813-632-7671

FROM: ROBIN HIGGINS (727) 848-8292 EXT. #203

\*\*\*\* PLEASE DELIVER IMMEDIATELY – THANK YOU! \*\*\*\*

Re: Colonial Manor Nitrate Certification of Delivery and Notice.

I Email the Cert to you Also.

Thank you,
Robin Higgins

#### **Robin Higgins**

From: Watson, Edward [Edward.Watson@dep.state.fl.us]

Sent: Wednesday, July 19, 2006 10:13 AM

To: Robin Higgins

Subject: RE: Colonial Manor Notice for Nitrate

Ms. Robin Higgins
Operations Compliance Coordinator
US Water Services

Ms. Higgins,

The Department has reviewed the Public Notice submitted for the Colonial Manor Nitrate situation and has no concerns at this time with the format or language of the notice.

Please call or e-mail with any questions.

Sincerely,

Edward Watson Drinking Water Section Department of Environmental Protection (813) 632-7600 Ext. 319

----Original Message----

From: Robin Higgins [mailto:RHiggins@uswatercorp.com]

Sent: Friday, July 07, 2006 4:58 PM

To: Watson, Edward

Subject: Colonial Manor Notice for Nitrate

Sorry Ed here is the attachment

Thank You,

Robin Kiggins

U.S. Water Services
Operations Compliance Coordinator

Ph: 866-753-8292 Ext 203 Fax: 727-848-7701

rhiggins@uswatercorp.com

**EFFECTIVE IMMEDIATELY** 

This notice comes as a follow-up to a notice given in September 2005, to inform consumers that Well #4 at Colonial Manor continues to show elevated results for Nitrate levels when tested in April 2006.

However, Wells #1 & Well #4 remain off, and have not been in service since September 2005. The Utility is currently working with the Department of Environmental Protection Compliance & Permitting to implement treatment options to remove Nitrate in the drinking water wells. These wells will NOT be placed into service until the nitrate problem is corrected and only after authorization by the Florida Department of Environmental Protection. Therefore, the following health advisory is not applicable at this time and is provided for information purposes only.

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What is the water system doing?

The two wells which yielded the elevated Nitrate results remain off.

The two wells (#2 & #3) that supply the water to your system comply with the Nitrate standard and therefore, there is no cause for alarm.

Currently the utility monitors for Nitrate in your drinking water on a quarterly basis.

We will inform you when the nitrate problem in wells # 1 and # 4 has been corrected. For more information, please contact Melisa Rotteveel of US Water Services Corporation at 727-848-8292 ext. 207.

Please share this information with all other people who drink this water, especially those who may not have received this notice directly (for example, people in apartments, nursing homes, schools, and businesses). You can do this notice in a public place or distributing copies by hand or mail.

**EFFECTIVE IMMEDIATELY** 

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MOT GIVE THE WATER TO (NEANTS LINDER 6 MONTHS OILD OR USE IT TO MAKE INPANT FORMU

This notice comes as a follow-up to a notice given in September 2005, to inform consumers that Well #4 at Colonial Manor continues to show elevated results for Nitrate levels when tested in April 2006.

However, Wells #1 & Well #4 remain off, and have not been in service since September 2005. The Utility is currently working with the Department of Environmental Protection Compliance & Permitting to implement treatment options to remove Nitrate in the drinking water wells. These wells will NOT be placed into service until the nitrate problem is corrected and only after authorization by the Florida Department of Environmental Protection. Therefore the What does this mean?

The United States Environmental Protection Agency (EPA) sets drinking water standards and has determined that nitrate poses an acute health concern at certain levels of exposure. Nitrate is used in fertilizer and is found in sewage and wastes from human and/or farm animals and generally gets into drinking water from those activities. Excessive levels of nitrate in drinking water have caused serious illness and sometimes death in infants under six months of age. The serious illness in infants is caused because nitrate is converted to nitrite in the body. Nitrite interferes with the oxygen carrying capacity of the child's blood. This is an acute disease in that symptoms can develop rapidly in infants. In most cases, health deteriorates over a period of days. Symptoms include shortness of breath and blueness of the skin. Clearly, expert medical advice should be sought immediately if these symptoms occur. The purpose of this notice is to encourage parents and other responsible parties to provide infants with an alternate source of drinking water. Local and state health authorities are the best source for information concerning alternate sources of drinking water for infants. EPA has set the drinking water standard at 10 parts per million (ppm) for nitrate to protect against the risk of these adverse effects. EPA has also set a drinking water standard for nitrite at 1 ppm. To allow for the fact that the toxicity of nitrate and nitrite are additive, EPA has also established a standard for the sum of nitrate and nitrite at 10 ppm. Drinking water that meets the EPA standard is associated with little to none of this risk and is considered safe with respect to nitrate.

Do not boil the water. Boiling, freezing, filtering, or letting water stand does not reduce the nitrate level. In fact, bailing water can make the nitrates more concentrated. Water juice and formula for children under six months of age should not be prepared with tap water. Bottled water or same other water lowin nitrates should be used.

Continue to use bottled water for infants until further notice. Adults and chirdren order than six months can dripk tap water However if you are pregnant or have specific health concerns, you may wish to consult a doctor.

What is the water system doing?

The two wells which yielded the elevated Nitrate results remain off.

Currently the utility monitors for Nitrate in your drinking water on a quarterly basis.

We will inform you when the nitrate problem has been corrected. For more information, please contact Melisa Rotteveel of US Water Services Corporation at 727-848-8292 ext. 207.

Please share this information with all other people who drink this water, especially those who may not have received this notice directly (for example, people in apartments, nursing homes, schools, and businesses). You can do this notice in a public place of distributing copies by hand or mail.

The two wells (#2 & 3) the supply the to your system Comply with the nitrate standard

### Robin Higgins

From:

Melisa Rotteveel [mrotteveel@uswatercorp.com]

Sent:

Thursday, June 08, 2006 8:03 AM

To:

noleman49@comcast.net

Cc:

Robin Higgins

Subject: RE: FW: Chems

I know that we are working on waiver's for SOC's. But every small community system must sample for secondary's and that was not in your sampling the first time around all we sampled for was voc, primaries. We need to sample each of the system's sampled for voc's and primaries for secondary's

From: noleman49@comcast.net [mailto:noleman49@comcast.net]

Sents Wednesday, June 07, 2006 7:54 PM

To: Melisa Rotteveel

Cer rhiggino@uowatercorp.com Subject: Re: FW: Chems

Some of them have clearances. Will have Robin check out who still needs to be done.

----- Original message -----From: "Melisa Rotteveel" <mrotteveel@uswatercorp.com> > Ray are we scheduling to sample the secondaries at all of these facilities? > ----Original Message----> From: Neumann, Kimberly [mailto:Kimberly.Neumann@dep.state.fl.us] > Sent: Tuesday, May 16, 2006 8:15 AM > To: Robin Higgins (E-mail); Melisa Rotteveel (E-mail) > Subject: Chems > Robin & Melisa, > We have received a large group of chems from your systems, which included > analyses for Primary Inorganics and VOCs for the small communities. I was > just wondering why the Secondary Contaminants were not also sampled and > analyzed for? > Kim Neumann > Florida Department of Environmental Protection Environmental Specialist > Potable Water Secti on > Ph: 904-807-3322

7/10/2006 \* Empiled RAY 7-18-06



# Department of Environmental Protection

Southwest District

Jeb Bush
Governor

Southwest District
13051 North Telecom Parkway
Temple Terrace, FL 33637-0926
Telephone: 813-632-7600

Colleen M. Castille Secretary

May 25, 2006

Mr. Gary Deremer, U.S. Water Corporation 4939 Cross Bayou Boulevard New Port Richey, FL 34652

Re: Reduced Monitoring Application for Synthetic Organic Contaminants

Colonial Manor, PWS-ID No. 651-0355 Virginia City, PWS-ID No. 651-1907 Westwood S/D, PWS-ID No. 651-1953

Pasco County

Dear Mr. Deremer:

This letter is written in response to the questionnaires about reduced monitoring of Synthetic Organic Contaminants (SOC's) for the above-referenced public drinking water systems, which were received by the Department on April 28, 2006.

The Department has received the questionnaires, and after review has determined the referenced public drinking water systems do not meet the requirements for a waiver from monitoring of SOC's, pursuant to Rule 62-560.540, Florida Administrative Code (F.A.C.).

Sampling for SOC's will be required from the referenced public water systems by December 31, 2006, per Rule 62-550.516, F.A.C.

If you have any questions, please contact me at (813) 632-7600, extension 319.

Sincerely,

Edward Watson

Environmental Specialist III Drinking Water Section

EW/dm<sup>c</sup>

Dixie/ Waived

Andote / Waived 9-26-06

AH .

"More Protection, Less Process"

Printed on recycled paper.

#### TRANSMISSION VERIFICATION REPORT

TIME : 09/18/2006 22:58 NAME : US WATER SERVICES FAX : 7278487701

FAX : 7278487701 TEL : 7278488292 SER.# : 000A6J690504

DATE, TIME FAX NO./NAME DURATION PAGE(S) RESULT MODE 09/18 22:57 18136327671 00:01:04 04 OK STANDARD ECM





DATE: September 19, 2006 PAGES: 4

CO: FDEP – Tampa

TO: Pete Screnock - Drinking Water Section

FROM: ROBIN HIGGINS (727) 848-8292 EXT. #203

\*\*\*\* PLEASE DELIVER IMMEDIATELY - THANK YOU! \*\*\*\*

RE: Lead & Copper Results from 2005 Colonial Manor

FAX #: 813-632-7671



DATE: September 19, 2006 PAGES: 4

CO: FDEP - Tampa

TO: Pete Screnock - Drinking Water Section

FAX #: 813-632-7671

FROM: <u>ROBIN HIGGINS</u> (727) 848-8292 EXT. #203

\*\*\*\* PLEASE DELIVER IMMEDIATELY - THANK YOU! \*\*\*\*

RE: Lead & Copper Results from 2005 Colonial Manor

Thank you,
Robin Higgins

### Lead and Copper Tap Sample Analysis And Result Ranking Report Format

System Name:

Colonial Manor

Date Submitted to Lab

09/01/2005 16:10:0

PWS-ID

6510355

Analysis Date

09/13/2005

Laboratory Name

Advanced Environmental Laboratories - Jacksonville

Report Date

09/21/2005

Lab ID

E82574

Lab Analysis Method

E200.7

Contact Person

Tammie Heslin

Lead or Copper

Copper

Phone

(813) 630-9616

Method Detection Limit

0.00096

90th Percentile Value

0.685

		LOCATION		CLI	ENT SAMPLE	DATE	COPPER	AEL LAB
Α	RANK	NO	TIER	1D	SITE	SITE	(mg/L)	QUAL. ID
	1			2	4847 Manor	08/16/2005	0.025	T058831-02
	2	!		4	3648 Blayton	08/16/2005	0.030	T058831-04
	3	i		3	5110 Stardale	08/16/2005	0.031	T058831-03
	4			5	3523 Hendrix	08/16/2005	0.042	T058831-05
	5			1	3427 Bed Ford	08/16/2005	0.53	T058831-01
	6			6	5027 Polar	08/16/2005	0.84	T058831-06

SIGNATURE OF AUTHORIZED LABORATORY REPRESENTATIVE

NAME (Please Print)

Tammie Heslin

TITLE

Project Manager

### Lead and Copper Tap Sample Analysis And Result Ranking Report Format

System Name:

Colonial Manor

Date Submitted to Lab

09/01/2005 16:10:0

PWS-ID

6510355

Analysis Date

09/09/2005

Laboratory Name

Advanced Environmental Laboratories - Tampa

Report Date

09/21/2005

Lab ID

Phone

E84589

Lab Analysis Method

SM3113B

Contact Person

Tammie Heslin

Lead or Copper

Lead

(813) 630-9616

Method Detection Limit

0.0013

13) 030-3010

90th Percentile Value

0.00345

	T	LOC	ATION	CL	ENT SAMPLE	DATE	Lead		AEL LAB
Α	RANK	NO	TIER	ID	SITE	SITE	(mg/L)	QUAL.	ID
	1			2	4847 Manor	08/16/2005	0.0013	U	T058831-02
	1			3	5110 Stardale	08/16/2005	0.0013	U	T058831-03
	1			4	3648 Blayton	08/16/2005	0.0013	U	T058831-04
	4	1		1	3427 Bed Ford	08/16/2005	0.0014	i	T058831-01
	5			5 .	3523 Hendrix	08/16/2005	0.0027	i	T058831-05
	6		<b>-</b>	6	5027 Polar	08/16/2/2005	0.0042	<u></u>	T058831-06

#### SIGNATURE OF AUTHORIZED LABORATORY REPRESENTATIVE

NAME (Please Print)

Tammie Heslin

TITLE

Project Manager

The reported value is between the laboratory method detection limit and the laboratory practical quantitation limit.

U The compound was analyzed for but not detected.

#### Advanced Environmental Lahoratories Inc.

#### CHAIN OF CUSTODY RECORD.

LAB NUMBER: 7058831

	Ladoracories, inc.
Jacksonville:	6601 Southpoint Parkway, Jacksonville, FL 32216 • (904) 363-9350 Fax (904) 363-9354
Tampa:	9610 Princess Palm Avenue, Tampa, FL 33619 • (813) 630-9616 Fax (813) 630-4327

☐ Tampa: 9610 Princess Palm Avenue, Tampa, FL 33619 • (813) 630-9616 Fax (813) 630-4327
☐ Gainesville: 2106 NW 67th Place, Suite 7, Gainesville, FL 32604 (352) 367-1500 Fax (352) 367-050

Page \_\_\_\_\_ of \_\_\_\_\_\_\_

	Orlando: 528	S. North Lake Blvd., Suite 1016,			) 937-1594 Fax	(407) 937-1	1397						
CLIENT NAME:		P	PROJECT NAME:				BOTTLE SIZE						
45	Water		Colonial Marox					& TYPE					
ADDRESS:	F.L.	P.	O. NUMBER /	PROJECT N	UMBER:								_   _
OIV	TILC.	0	ROJECT LOCA	TION				AR					Ā
			HOJECT LOCA	ATION.				A Q L U					В
PHONE:	F	FAX:						Y I S R I E					N U M
CONTACT:		S	SAMPLED Y:	ma Al	Kamu	2)		SD	į				B E R
TURN AROUND	TIME:	REMARKS / SPECIA											
☐ STANDARD									7				
RUSH		_							P6 6				
WW = waste water	SW=surface water	GW = ground water DW	=drinking water	OIL A	air SO=	soil S	<b>L</b> =sludge	Preserv					
SAMPLE ID	SAMPL	E DESCRIPTION	Grab Composite	SAM! DATE	PLING TIME	MATRIX	NO. CONT.						(
	3421	1 Bed Ford	G <sup>v</sup>	81605	655	DW	1		1				-01
	l	Marior	G <sup>2</sup>	8.16-05		DW	)	1.	V.				-02
		Tardale	6	8-16-05		Dk/	)		V				-03
			G	816.05		DW/	1		<i>i</i> /				-04
	3522	Blayton Hendrix	G'	8-16-05		DW	1		V				-05
		Polar	6		,	DW	1		1/				-06
	- O o ( )	10/a.R.		8-16-05	7.00	DW	l						
			X										
= Ice H = (HCI	$S = (H_2SO_4)  1$	N = (HNO <sub>3</sub> ) T = (Sodium	Thiosulfate)	Relin	quished by:		Date	Time		Received		Date	Time
Shipment	Method Sample F	(it Cooler #	1	D) All	Yamuro		9.105		1	8/2	7	9/1/5	
Out: / / Via	a: RB	D/T D/T	2	/\/.//	a nuc q		7,00						
	AB	D/T	3										
Ret: / / Via	a: Trip Bl.	a a	4										
		T cont D receive	1 1							revis	sed 8/01		ــــــــــــــــــــــــــــــــــــــ

Mr. Gary Deremer 4939 Cross Bayou Blvd. New Port Richey, FL 34652

Re: 2006 Chemical Monitoring for Community Systems

Colonial Manor

PWS-ID No. 651-0355

Pasco County

Dear Mr. Deremer:

This letter is to advise you of chemical monitoring due for the above-referenced water system in 2006. Please be advised, this excludes any other chemical monitoring as a result of previous Department directive. The following is a list of contaminant analyses due, in our office, before December 31, 2006:

- 1. Inorganics
- 2. Volatile Organic Contaminants
- 3. \*Pesticide/PCB's First quarter sample must be taken prior to March 31, 2006
- 4. Lead/Copper Reduced monitoring sample during June-September 2006
- \*\*Disinfection Byproducts Trihalomethanes and Haloacetic Acids 5 July -September 2006
- 6. Secondaries
- \*A sample will not be required if the system sampled in 2002 or 2003 and the Department receives and approves the enclosed "Reduced Monitoring Application Questionnaire for Pesticides & Polychlorinated Biphenyls" no later than March 31, 2006.
- \*\*Ground water systems, serving less than 10,000 people, are required to take one sample per treatment plant, in accordance with their approved DBP sampling plan, during the third quarter of 2006.

Ground water systems shall take a minimum of one sample, at every entry point to the distribution system, that is representative of each source after treatment (hereafter called a sampling point). The system shall take each sample at the same sampling point, unless conditions make another sampling point more representative of each source or treatment plant.

TH

Mr. Gary Deremer Colonial Manor PWS-ID No. 651-0355 Page 2 of 2

If a contaminant is detected or an exceedance of the maximum contaminant level results upon analysis, you have the option to submit a confirmation sample. To receive credit for a confirmation sample, it must be obtained within 14 days of the sample date in accordance with Rule 62-550.500(6), Florida Administrative Code (F.A.C.).

All chemical results not submitted in proper DEP format, along with the analytic sheet(s) from the laboratory(s) who performed the analysis, will not receive credit and may result in a monitoring violation. Please be advised, pursuant to Rule 62-550.730(1)(a), F.A.C., analyses results shall be submitted, to the Department, no later than ten days following the end of the monitoring period, or the first ten days following the month in which the sample results are received, whichever time is shortest.

Pursuant to Rule 62-550.824, Florida Administrative Code, your community water system will also be required to prepare and provide, to your customers, an annual Consumer Confidence Report (CCR). This report must be delivered, to both customers and the Department, by July 1, 2006. If you would like the Department to review a draft of your CCR, the draft must be received in our office no later than April 30, 2006.

If you have any questions, please contact me at (813) 632-7600, extension 318.

Sincerely,

Peter Screnock Environmental Specialist Drinking Water Section

PS/dm<sup>c</sup>

Enclosure

cc: Ken Martin, Operator

#### Screnock, Peter

From:

Screnock, Peter

Sent:

Monday, June 12, 2006 10:36 AM

To:

'MRotteveel@uswatercorp.com'

Subject: Colonial Manor 5-10-06 Voc, Ino, Sec results

Contacts: Melisa Rotteveel

#### Melisa-

Mor submittal had a cover sheet and chain of custody but no results were included for Colonial manor Well 2 & Well 3:

- 1. Volatile Organic Contaminants
- 2. Inorganics
- 3. Secondary

Resubmit for credit.

## Peter Screnock

Peter Screnock, ESII Drinking Water Section **DEP SW District** 13051 N Telecom Pkwy Temple Terrace, FL 33637 Phone (813) 632-7600 Ext. 318 Fax (813) 632-7671 Field cell phone (813) 376-9569 e-mail peter.screnock@dep.state.fl.us

Please Note: Florida has a very broad public records law. Most written communications to or from state officials regarding state business are public records available to the public and media upon request. Your e-mail communications may therefore be subject to public disclosure.

X only send to showed they were pulled.

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

PUBLIC WATER SYSTEM INFORMATION	N (to be completed by sampler - Please type	e or print legibly)
System Name: COLOWIAL MAN	Jan WEZC#2 PWS I.D.	#: 6510355
System Type (check one): Community		
Address: CANTREZ STRE	•	-
City:	State:	ZIP Code:
Phone #:	Fax #:	3.2 p. 1.32
E-Mail Address:		
		KT - 11.9 20081
SAMPLE INFORMATION (to be completed	by sampler)	
Sample Number: WEU *2	Location Code (if kn	own):
Sample Date: 5-/2-06	Sample Time: //	/ PM (Circle One)
Sample Location (be specific):		
Disinfectant Residual (Required when reporting	results for trihalomethanes and haloacetic acids):	: mg/L Field pH:
Sample Type (Check Only One)	Reason(s) for Sa	mple (Check all that apply)
Distribution	Routine Compliance (with 62-550)	Quarterly (Which Quarter?
Entry Point (to Distribution)	Confirmation of MCL Exceedance*	Special (not for compliance with 62-550)
Plant Tap (not for compliance with 62-550)	☐Composite of Multiple Sites**	☐Violation Resolution
Raw (at well or intake)	Clearance (permitting)	Replacement (of Invalidated Sample)
☐Max Residence Time	Other:	
☐Ave Residence Time	Sampling Procedure Used or Other Co	omments:
☐Near First Customer		
*See 62-550.500(6) for requirem NOTE: See 62-550.512(3) for ac for nitrate or nitrite MCL	dditional requirements attach	32-550.550(4) for requirements and name aresults page for each site.
Sampler's Name: TERRY HE	NR CA	
Sampler's Phone #: 725-243-9	Sampler's Fax #:	727-848-7701
Sampler's E-Mail Address:		
CERTIFICATION (to be completed by	sampler)	
1 / / / / / / / / / / / / / / / / / / /		
1, IEKENIC HENRY (Print Name)	, , , , , , , , , , , , , , , , , , , ,	(Print Title)
do HEREBY CERTIFY that the abo	ve public water system and samp	,
complete and contest.		
Signature: Deren Hong		Date: 5-10-06

PUBLIC WATER SYSTEM INFORMATIO	${\sf N}$ (to be completed by sampler – Please type	e or print legibly)
System Name: COLONIAL MAR	JOC PWS I.D.	#: 6 5 / 0 3 5 5
System Type (check one): BCommunity Address: HENDRIX STREET	Nontransient Noncommunity	Transient Noncommunity
City:	State:	ZIP Code:
Phone #:		<u> </u>
E-Mail Address:		17: 11 9 2000
SAMPLE INFORMATION (to be completed	by sampler)	·
Sample Number: 422 3	Location Code (if kn	own):
Sample Date: 5-10-06		(Circle One)
Sample Location (be specific):		
Disinfectant Residual (Required when reporting	results (or trihalomethanes and haloacetic acids)	: mg/L Field pH:
Sample Type (Check Only One)	Reason(s) for Sa	imple (Check all that apply)
Distribution	Routine Compliance (with 62-550)	Quarterly (Which Quarter?)
Entry Point (to Distribution)	Confirmation of MCL Exceedance*	Special (not for compliance with 62-550)
Plant Tap (not for compliance with 62-550)	Composite of Multiple Sites**	
Raw (at well or intake)	Clearance (permitting)	Replacement (of Invalidated Sample)
☐Max Residence Time	Other:	
☐Ave Residence Time	Sampling Procedure Used or Other Co	omments:
*See 62-550.500(6) for requirer NOTE: See 62-550.512(3) for a for nitrate or nitrite MCL	additional requirements attac	62-550.550(4) for requirements and ha results page for each site.
Sampler's Name: TERRY HENRY	<u> </u>	
Sampler's Phone #: 727 243 - 4	Sampler's Fax #:	727 848-7701
Sampler's E-Mail Address:		
CERTIFICATION (to be completed b	y sampler)	
1, TENENCE HENRY (Print Name)	, , , , , , , , , , , , , , , , , , , ,	
		(Print Title)
do HEREBY CERTIFY that the ab complete and correct.	ove public water system and sam	iple collection information is
Signature: Decence Ho	neg	Date: <u>5-/0-66</u>

#### UUAQIIFEN Environmental Laboratories, Inc.

#### CHAIN OF COSTODY RECORD

LAB NUMBER: -

☐ Jacksonville: 6601 Southpoint Parkway, Jacksonville, FL 32216 • (904) 363-9350 Fax (904) 363-9354

9610 Princess Palm Avenue, Tampa, FL 33619 · (813) 630-9616 Fax (813) 630-4327 ☐ Tampa: CI Gainesville: 2106 NW 67th Place, Suite 7, Gainesville, FL 32653 • (352) 367-1500 Fax (352) 367-0050

528 S. North Lake Blvd., Suite 1016, Altamonte Springs, FL 32701 · (407) 937-1594 Fax (407) 937-1597 Orlando:

Page \_\_\_\_\_ of \_\_\_\_

CLIENT NAME:	PROJECT NAME:	BOTTLE SIZE &						
ADDRESS: 4939 Cross BALOU	P.O. NUMBER / PROJECT NUMBER:	TYPE A R						
AS WATER ADDRESS: 4939 CROSS BAYOU  NEW PORT LICHEY FL 34652  PHONE: FAX: 808 3711	PROJECT LOCATION:	N E A Q L U Y I			K	: A 9	7,331	B
727 848-7701 CONTACT:	SAMPLED BY:	S R I E S D			,			M B E
TURN AROUND TIME: REMARKS / SPI	ECIAL INSTRUCTIONS:		\$,	5 73	JAKUE'S			R
□ RUSH			100	Pains	SECON			
WW= waste water SW=surface water GW=ground water	DW=drinking water OIL A=air SO=soil SL=sludge	Preserv						
SAMPLE ID SAMPLE DESCRIPTION	Grab SAMPLING MATRIX NO. CONT							
WELL # JE COLONIAL X	9ANOR G 5-10-06 /1:02 DW 7							Tost
	lium Thiosulfate) Relinquished by: , Daţe	Time			eceived by	y:	اا ba/ ر	ite, Time
Shipment Methods Sample Kit Cooler # Out: //:// Via RB D/T D/T Ret: // // Via Via C C D/T	1 2eg Henz 5/10/Vl	150	10	K,	h		5//	0/46/5

#### novanceo Environmental Laboratories, Inc.

#### CHAIN OF COSTODY RECORD

LAB NUMBER: 1065238

Jacksonville:	6601 Southpoint Parkway, Jacksonville, FL 32216 • (904) 363-9350 Fax (904) 363-9354
	9610 Princess Palm Avenue, Tampa. FL 33619 • (813) 630-9616 Fax (813) 630-4327

Gainesville: 2106 NW 67th Place, Suite 7, Gainesville, FL 32653 • (352) 367-1500 Fax (352) 367-0050
Grlando: 528 S. North Lake Blvd., Suite 1016, Allamonte Springs, FL 32701 • (407) 937-1594 Fax (407) 937-1597

Page of

CLIENT NAME	:	PRC	JECT NAN	ΛE:				BOTTLE SIZE							
US W.	ATER							TYPE					1		
ADDRESS:	939 Cross	PAYOU BUD PRO 1 34652 X: 5-848-7721	NUMBER /	PROJECT	IUMBER:			A R				_		29	
NEW POX	TRICHES FI	34/052 PRC	JECT LOC	ATION:				N E A Q L U					g	20041	A B
PHONE:	FA	X: 2-848-7721						Y I S R						6960	N
CONTACT:		SAN	IPLED BY:					SD			7,				M B E
TURN AROUN	D TIME:	REMARKS / SPECIAL II	NSTRUCTI	ONS:						3	7				Я
🗆 STANDARD									615	47	500				
								`	10	KIM AR	50,				
□ RUSH										1x	SE				
WW= waste water	SW=surface water	GW=ground water DW=dri	nking water	OIL A	=air SO≔se	oil SI	L=sludge	Preserv							
SAMPLE ID	SAMPLE	DESCRIPTION	Grab Composit		PLING TIME	MATRIX	NO. CONT.	AV2.5							
	C-1. July Man	or Well " 3	C	5-60-06		DW	7								101
	COLONIAL VAAR	or were		3 700 15	// -										
						<u></u>	ļ								
I = Ice H = (HC	   S = (H <sub>2</sub> SO <sub>4</sub> ) N =	= (HNO3) T = (Sodium Thic	osulfate)	Reli	nguished by:		Date	Time		l l	eceived	bv:		 ₁ Date	Time
Shipment:	Method: \Sample Kit	Cooler #	2	any.	Henry	5	10/04	1510	10	K.h	<b>A</b>		5)	Date	Jime JS / L/
Lacardia	IS SALTON		4									sed 8/01			
		Traconiad Traconiad									LEMA	SPO RADI			



9610 Princess Palm Avenue Tampa, Florida 33619 (813) 630-9616 FAX (813) 630-4327

Client:

**US Water Services** 

Project Name:

Colonial Manor

**Project Number:** 

PWS ID#:

6510355

Attention:

Melisa Rotteveel

Phone Number: 7278488292

Address:

4939 Cross Bayou Blvd.

New Port Richey, FI 34652

Report No.:

T064702

Date Sampled:

04/27/2006

Date Received:

4/27/06 15:00

Date Reported:

04/30/2006

#### **Project Description**

The analytical results for the samples contained in this report were submitted for analysis as outlined by the Chain of Custody.

Project Name: Colonial Manor

Approved By:

#### Midiael Camparata, Labordory Nanager

If there are any questions involving this report, the above named should be contacted.

THIS REPORT SHALL NOT BE REPRODUCED, EXCEPT IN FULL, WITHOUT THE WRITTEN APPROVAL OF THE LABORATORY.

Advanced Environmental Laboratories certifies that the test results in this report meet all requirements of the NELAC standards, unless notated otherwise in the body of the report.

Total Number of Pages =



# Department of Environmental Protection

Jeb Bush Governor Southwest District 13051 North Telecom Parkway Temple Terrace, FL 33637-0926 Telephone: 813-632-7600

Colleen M. Castille Secretary

May 25, 2006

Mr. Gary Deremer U.S. Water Corporation 4939 Cross Bayou Boulevard New Port Richey, FL 34652

Re:

Reduced Monitoring Application for Synthetic Organic Contaminants

Colonial Manor, PWS-ID No. 651-0355 Virginia City, PWS-ID No. 651-1907 Westwood S/D, PWS-ID No. 651-1953

Pasco County

Dear Mr. Deremer:

This letter is written in response to the questionnaires about reduced monitoring of Synthetic Organic Contaminants (SOC's) for the above-referenced public drinking water systems, which were received by the Department on April 28, 2006.

The Department has received the questionnaires, and after review has determined the referenced public drinking water systems do not meet the requirements for a waiver from monitoring of SOC's, pursuant to Rule 62-560.540, Florida Administrative Code (F.A.C.).

Sampling for SOC's will be required from the referenced public water systems by December 31, 2006, per Rule 62-550.516, F.A.C.

If you have any questions, please contact me at (813) 632-7600, extension 319.

Sincerely,

**Edward Watson** 

Environmental Specialist III Drinking Water Section

EW/dm<sup>c</sup>

cc: Ken Martin

2.



Water and Wastewater Utility Operations, Maintenance, Engineering, Management March 20, 2006 Via Facsimile & US Mail

Ms. Gwen L. Shofner, P.E., Program Manager Drinking Water Program Florida Department of Environmental Protection Southwest District 13051 North Telecom Parkway Temple Terrace, FL 33637-0926

> RE: Warning Letter No. WN06-02-PWS-51-SWD Colonial Manor; PWS-ID No.651-0355 Pasco County

Dear Ms. Shofner:

This is a follow-up to our letter of February 24, 2006, to explain the status of Well #5 and the circumstances surrounding the Department's observation that alteration or construction on piping from the well may have occurred without a valid Construction Permit from the Department. The Department's Warning Letter further states that "Well #5 is an unapproved source of water, which may have been introduced into the drinking water system"

Colonial Manor Utility Company (the "Company") became owner of the above-referenced public water system on January 20, 2004. The system consists of five water supply wells, including Well #5 which was part of the system and was always "connected" as one of the five wells in the system. Since no water from the well was introduced into the distribution system, routine sampling was not performed. The monthly reports submitted to the Department reflected the fact that the well was always considered part of the system and could be commissioned into service at any time, subject to prior approval from the Department. Now that Wells #1 & #4 are not currently in use, the Company wants to use Well #5 as a source of water to the distribution system due to the good quality of water in the well including low levels of nitrates. It temporarily disconnected the well from the water system and began flushing it for several months and collecting samples for analysis of nitrates, chlorides, sodium and coliforms. At this stage, the Company contacted the Department to seek approval for using the well as a source of water to the distribution system. Department's inspection of the water system was performed on December 12, 2005, and the Warning Letter, stating that water from the well may have been introduced into the drinking water system, was sent on January 9, 2006.

In response to your observation that unauthorized alteration or construction of piping may have occurred, we wish to state that, as part of routine maintenance, the Company performed several repairs to the system, including replacement of corroded valves and fittings, flow meter, and sealing the hydro pneumatic tank for leaks. (Please note that the monthly reports submitted to the



4939 Cross Bayou Boulevard • New Port Richey, FL 34652

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Department reflect no or "0" flow from Well #5 and the new flow meter will attest to this). Based on Department's regulations (Chapter 62-555, F.A.C), the Company has not performed any work that requires a Department's Construction Permit or prior notification to the Department.

We hope we have addressed your concerns satisfactorily and look forward to working with you to provide our customers a safe supply of water that meets all regulatory requirements.

Your continued cooperation in resolving this matter is most appreciated.

Sincerely,

Mohammed Kader, P.E.

Engineering Services Director

U.S. Water Services Corporation

moud Kakn

MK/mkt

Cc: Deborah A. Getzoff Esq.
Craig McArthur, FDEP
Ed Watson, FDEP
Peter Screnock, FDEP
Gary Deremer, US Water
Melissa Rotteveel, US Water
G. J. Thabaraj, Ph.D., US Water

DRAFT
For your review and
feedback MO

March 20, 2006 Via Facsimile & US Mail

Ms. Gwen L. Shofner, P.E., Program Manager Drinking Water Program Florida Department of Environmental Protection Southwest District 13051 North Telecom Parkway Temple Terrace, FL 33637-0926

> RE: Warning Letter No. WN06-02-PWS-51-SWD Colonial Manor; PWS-ID No.651-0355 Pasco County

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Your continued cooperation in resolving this matter is most appreciated.

Sincerely,

# DRAFT

Mohammed Kader, P.E. Engineering Services Director U.S. Water Services Corporation

#### MK/mkt

Cc: Deborah A. Getzoff Esq.
Craig McArthur, FDEP
Ed Watson, FDEP
Peter Screnock, FDEP
Gary Deremer, Colonial Manor
Melissa Rotteveel, US Water
Gary Deremer, Colonial Manor



## Southwest District 13051 N Telecom Parkway Tampa, FL 33637

# State Of Florida Reduced Monitoring Application Questionnaire For Synthetic Organic Contaminants

Name:
ID Number:
a Unique Well ID Number (FLUWID):
Has the public water system completed and complied with the provisions of a nt, state sanctioned sanitary survey?  Yes [ ] No [ ]
Date of last sanitary survey:
Have any previous monitoring results been above detection limits for any regulated Synthetic Organic Contaminant? Yes [ ] No [ ] (Attach copy of recent Synthetic Organic Contaminant results)
Do recent nitrate results exceed 5 milligrams per liter?  Yes [ ] No [ ]  (Attach copy of most recent nitrate results)
Have any regulated Synthetic Organic Contaminants been used, manufactured, stored, or spilled within 500 meters (~1640 ft.) of your well head?  Yes [ ] No [ ]  If yes, attach an explanation of event and/or situation. Include a list of regulated Synthetic Organic Contaminants associated with each event or situation.

# (5)

# Reduced Monitoring Review Area Sketch

PWS ID:

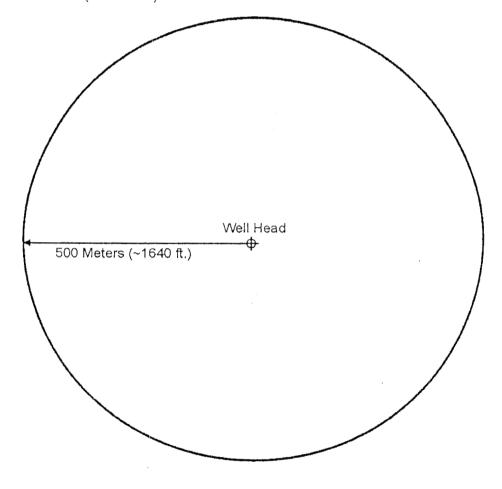
PWS Name:

Florida Unique Well ID (FLUWID):

Instructions: Identify, Sketch & Number Each Contaminant Source Then CompleteThe "Contaminant Use Inventory" Form (Section 6, Page 3)

Review Area Radius 500 Meters (~1640 ft.)

No Scale Required





Include all pertinent local, county, state and federal highways, roads or rail lines.



# Department of Environmental Protection

Jeb Bush Governor Southwest District 13051 North Telecom Parkway Temple Terrace, FL 33637-0926 Telephone: 813-632-7600

Colleen M. Castille Secretary

March 9, 2006

Mr. Gary Deremer 4939 Cross Bayou Boulevard New Port Richey, FL 34652

Re:

2006 Chemical Monitoring for Community Systems

Colonial Manor

PWS-ID No. 651-0355

Pasco County

Dear Mr. Deremer:

This letter is to advise you of chemical monitoring due for the above-referenced water system in 2006. Please be advised, this excludes any other chemical monitoring as a result of previous Department directive. The following is a list of contaminant analyses due, in our office, before December 31, 2006:

- 1. Inorganics
- 2. Volatile Organic Contaminants
- 3. \*Pesticide/PCB's First quarter sample must be taken prior to March 31, 2006
- 4. Lead/Copper Reduced monitoring sample during June-September 2006
- 5. \*\*Disinfection Byproducts Trihalomethanes and Haloacetic Acids 5 July September 2006
- 6. Secondaries
- \*A sample will not be required if the system sampled in 2002 or 2003 and the Department receives and approves the enclosed "Reduced Monitoring Application Questionnaire for Pesticides & Polychlorinated Biphenyls" no later than March 31, 2006.
- \*\*Ground water systems, serving less than 10,000 people, are required to take one sample per treatment plant, in accordance with their approved DBP sampling plan, during the third quarter of 2006.

Ground water systems shall take a minimum of one sample, at every entry point to the distribution system, that is representative of each source after treatment (hereafter called a sampling point). The system shall take each sample at the same sampling point, unless conditions make another sampling point more representative of each source or treatment plant.



Mr. Gary Deremer Colonial Manor PWS-ID No. 651-0355 Page 2 of 2

If a contaminant is detected or an exceedance of the maximum contaminant level results upon analysis, you have the option to submit a confirmation sample. To receive credit for a confirmation sample, it must be obtained within 14 days of the sample date in accordance with Rule 62-550.500(6), Florida Administrative Code (F.A.C.).

All chemical results not submitted in proper DEP format, along with the analytic sheet(s) from the laboratory(s) who performed the analysis, will not receive credit and may result in a monitoring violation. Please be advised, pursuant to Rule 62-550.730(1)(a), F.A.C., analyses results shall be submitted, to the Department, no later than ten days following the end of the monitoring period, or the first ten days following the month in which the sample results are received, whichever time is shortest.

Pursuant to Rule 62-550.824, Florida Administrative Code, your community water system will also be required to prepare and provide, to your customers, an annual Consumer Confidence Report (CCR). This report must be delivered, to both customers and the Department, by July 1, 2006. If you would like the Department to review a draft of your CCR, the draft must be received in our office no later than April 30, 2006.

If you have any questions, please contact me at (813) 632-7600, extension 318.

Sincerely,

Peter Screnock

Environmental Specialist Drinking Water Section

PS/dm<sup>c</sup>

Enclosure

cc: Ken Martin, Operator



Malison

Water and Wastewater Utility Operations, Maintenance, Engineering, Management

February 7, 2006

Ms. Gwen L. Shofner, P.E.
Program Manager
Drinking Water Program
Florida Department of Environmental Protection
Southwest District
13051 North Telecom Parkway
Temple Terrace, FL 33637-0926

RE: Warning Letter No. WN06-02-PWS-51-SWD Colonial Manor; PWS-ID No.651-0355 Pasco County

Dear Ms. Shofner:

This is in partial response to the above-referenced Warning Letter, dated January 9, 2006, which was transmitted to us via facsimile on February 1, 2006.

As a follow-up to our meeting with you and other staff of the Drinking Water Program on February 3, 2006, I would like to assure you, on behalf of Colonial Manor, that Well No. 5 will not be used as a source of water for the Utility's distribution system without specific prior authorization from your Agency.

We are in the process of collecting information to address the other issues raised in your letter and will respond to them within thirty (30) days, as agreed.

Your continued cooperation is appreciated.

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Sincerely,

Mohammed Kader, P.E. Engineering Services Director U.S. Water Services Corporation

GD/gdt

Cc: Deborah A. Getzoff Esq.
Craig McArthur, FDEP
Ed Watson, FDEP
Peter Screnock, FDEP
Gary Deremer, Colonial Manor
Melissa Rotteveel, US Water



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# Department of Environmental Protection

Jeb Bush Governor Southwest District 13051 North Telecom Parkway Temple Terrace, FL 33637-0926 Telephone: 813-632-7600

Colleen M. Castille Secretary

March 9, 2006

Mr. Gary Deremer 4939 Cross Bayou Boulevard New Port Richey, FL 34652

Re:

2006 Chemical Monitoring for Community Systems

Colonial Manor

PWS-ID No. 651-0355

Pasco County

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\* See Attached 1. Inorganics

Volatile Organic Contaminants

\*Pesticide/PCB's - First quarter sample must be taken prior to March 31, 2006

4. Lead/Copper - Reduced monitoring sample during June-September 2006

- 5. \*\*Disinfection Byproducts Trihalomethanes and Haloacetic Acids 5 July September 2006
- 6. Secondaries

\*A sample will not be required if the system sampled in 2002 or 2003 and the Department receives and approves the enclosed "Reduced Monitoring Application Questionnaire for Pesticides & Polychlorinated Biphenyls" no later than March 31, 2006.

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-2

Mr. Gary Deremer Colonial Manor PWS-ID No. 651-0355 Page 2 of 2

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If you have any questions, please contact me at (813) 632-7600, extension 318.

Sincerely,

Peter Screnock

Environmental Specialist Drinking Water Section

PS/dm<sup>c</sup>

Enclosure

cc: Ken Martin, Operator



## Southwest District 13051 N Telecom Parkway Tampa, FL 33637

# State Of Florida Reduced Monitoring Application Questionnaire For Synthetic Organic Contaminants

3-26-06
Name: Coppiel Manur
ID Number: 651-0355
a Unique Well ID Number (FLUWID):
Has the public water system completed and complied with the provisions of a state sanctioned sanitary survey?  Yes [ ] No [ ]
Date of last sanitary survey: 10/05
Have any previous monitoring results been above detection limits for any regulated Synthetic Organic Contaminant? Yes [ /] No [ ] (Attach copy of recent Synthetic Organic Contaminant results)
Do recent nitrate results exceed 5 milligrams per liter?  Yes [ \( \) No [ ]  (Attach copy of most recent nitrate results)
Have any regulated Synthetic Organic Contaminants been used, manufactured, stored, or spilled within 500 meters (~1640 ft.) of your well head?  Yes [ ] No [ ~]
If yes, attach an explanation of event and/or situation. Include a list of regulated Synthetic Organic Contaminants associated with each event or situation.

PWS_NUNNAME	SAMPLE_I CONTAM	CODE_DESC HEPTACHLOR HEPTACHLOR EPOXIDE ENDRIN GLYPHOSATE ATRAZINE CARBOFURAN	CONTAM_F	RESULTS UNIT_OF_STATUS
6510355 COLONIAL MANOR W.	9/18/2003 SOC	HEPTACHLOR	2065	0 UG/L A
6510355 COLONIAL MANOR W.	9/18/2003 SOC	HEPTACHLOR EPOXIDE	2067	0 UG/L A
6510355 COLONIAL MANOR W.	8/4/2003 SOC	ENDRIN	2005	0 UG/L A
6510355 COLONIAL MANOR W.	8/4/2003 SOC	GLYPHOSATE	2034	0 UG/L A
6510355 COLONIAL MANOR W.	8/4/2003 SOC	ATRAZINE	2050	0 UG/L A
6510355 COLONIAL MANOR W.	8/4/2003 SOC	CARBOFURAN	2046	0 UG/L A
6510355 COLONIAL MANOR W.	8/4/2003 SOC	HEXACHLOROCYCLOPENTADIENE DINOSEB	2042	0 UG/L A
6510355 COLONIAL MANOR W.	8/4/2003 SOC	DINOSEB		0 UG/L A
6510355 COLONIAL MANOR W.	8/4/2003 SOC	PICLORAM	2040	0.110//
6510355 COLONIAL MANOR W.	8/4/2003 SOC	DI(2-ETHYLHEXYL)PHTHALATE SIMAZINE OXAMYL (VYDATE) DI(2-ETHYLHEXYL)ADIPATE CHLORDANE	2039	0 UG/L A
6510355 COLONIAL MANOR W.	8/4/2003 SOC	SIMAZINE	2037	0 UG/L A
6510355 COLONIAL MANOR W.	8/4/2003 SOC	OXAMYL (VYDATE)	2036	0 UG/L A
6510355 COLONIAL MANOR W.	8/4/2003 SOC	DI(2-ETHYLHEXYL)ADIPATE	2035	0 UG/L A
6510355 COLONIAL MANOR W.	8/4/2003 SOC			
6510355 COLONIAL MANOR W.	8/4/2003 SOC	ETHYLENE DIBROMIDE	2946	0 UG/L A
6510355 COLONIAL MANOR W.	8/4/2003 SOC	DIBROMOCHLOROPROPANE	2931	0 UG/L A
6510355 COLONIAL MANOR W.	8/4/2003 SOC	POLYCHLORINATED BIPHENYL (PCB)	2383	0 UG/L A
6510355 COLONIAL MANOR W.	8/4/2003 SOC	PENTACHLOROPHENOL	2326	0 UG/L A
6510355 COLONIAL MANOR W.	8/4/2003 SOC	PENTACHLOROPHENOL BENZO(A)PYRENE HEXACHLOROBENZENE 2 4 5-TP (Silvex) 2 4-D	2306	0 UG/L A
6510355 COLONIAL MANOR W.	8/4/2003 SOC	HEXACHLOROBENZENE	2274	0 UG/L A
6510355 COLONIAL MANOR W.	8/4/2003 SOC	2 4 5-TP (Silvex)	2110	0 UG/L A
6510355 COLONIAL MANOR W.	8/4/2003 SOC	2 4-D	2105	0 UG/L A
6510355 COLONIAL MANOR W.	8/4/2003 SOC	HEPTACHLOR EPOXIDE	2067	0 UG/L A
6510355 COLONIAL MANOR W.	8/4/2003 SQC	HEPTACHLOR	2065	0 UG/L A
6510355 COLONIAL MANOR W.	8/4/2003 SOC	ALACHLOR (LASSO)	2051	0 UG/L A
6510355 COLONIAL MANOR W.	8/4/2003 SOC	ENDOTHALL	2033	0 UG/L A
6510355 COLONIAL MANOR W.	8/4/2003 SOC	LINDANE	2010	0 UG/L A
6510355 COLONIAL MANOR W.	8/4/2003 SOC	TOXAPHENE	2020	0 UG/L A
6510355 COLONIAL MANOR W.	8/4/2003 SOC	DALAPON	2031	0 UG/L A
6510355 COLONIAL MANOR W.	8/4/2003 SOC	DIQUAT	2032	0 UG/L A
6510355 COLONIAL MANOR W.	8/4/2003 SOC	METHOXYCLOR	2015	0 UG/L A
6510355 COLONIAL MANOR W.	8/4/2003 SOC	ENDRIN	2005	0 UG/L A
6510355 COLONIAL MANOR W.	8/4/2003 SOC	METHOXYCLOR	2015	0 UG/L A
6510355 COLONIAL MANOR W.	8/4/2003 SOC	2 4-D HEPTACHLOR EPOXIDE HEPTACHLOR ALACHLOR (LASSO) ENDOTHALL LINDANE TOXAPHENE DALAPON DIQUAT METHOXYCLOR ENDRIN METHOXYCLOR DALAPON ENDOTHALL DI(2-ETHYLHEXYL)ADIPATE	2031	
6510355 COLONIAL MANOR W.	8/4/2003 SOC	ENDOTHALL	2033	0 UG/L A
6510355 COLONIAL MANOR W.	8/4/2003 SOC	DI(2-ETHYLHEXYL)ADIPATE	2035	0 UG/L A

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6510355 COLONIAL MANOR W.	8/4/2003 SOC	SIMAZINE	2037	0 UG/L	Α
6510355 COLONIAL MANOR W.		PICLORAM	2040	0 UG/L	Α
6510355 COLONIAL MANOR W.	8/4/2003 SOC	CHLORDANE	2959	0 UG/L	Α
6510355 COLONIAL MANOR W.	8/4/2003 SOC	ETHYLENE DIBROMIDE	2946	0 UG/L	Α
6510355 COLONIAL MANOR W.		DIBROMOCHLOROPROPANE	2931	0 UG/L	Α
6510355 COLONIAL MANOR W.		POLYCHLORINATED BIPHENYL (PCB)	2383	0 UG/L	Α
6510355 COLONIAL MANOR W.	8/4/2003 SOC	PENTACHLOROPHENOL	2326	0 UG/L	Α
6510355 COLONIAL MANOR W.	8/4/2003 SOC	BENZO(A)PYRENE	2306	0 UG/L	Α
6510355 COLONIAL MANOR W.		HEXACHLOROBENZENE	2274	0 UG/L	Α
6510355 COLONIAL MANOR W.		2 4 5-TP (Silvex)	2110	0 UG/L	Α
6510355 COLONIAL MANOR W.		2 4-D	2105	0 UG/L	Α
6510355 COLONIAL MANOR W.		HEPTACHLOR EPOXIDE	2067	0 UG/L	Α
6510355 COLONIAL MANOR W.	8/4/2003 SOC	HEPTACHLOR	2065	0 UG/L	Α
6510355 COLONIAL MANOR W.	8/4/2003 SOC	ALACHLOR (LASSO)	2051	0 UG/L	Α
6510355 COLONIAL MANOR W.	8/4/2003 SOC	ATRAZINE	2050	0 UG/L	Α
6510355 COLONIAL MANOR W.	8/4/2003 SOC	CARBOFURAN	2046	0 UG/L	Α
6510355 COLONIAL MANOR W.	8/4/2003 SOC	HEXACHLOROCYCLOPENTADIENE	2042	0 UG/L	Α
6510355 COLONIAL MANOR W.	8/4/2003 SOC	DINOSEB	2041	0 UG/L	Α
6510355 COLONIAL MANOR W.	8/4/2003 SOC	DI(2-ETHYLHEXYL)PHTHALATE	2039	0 UG/L	Α
6510355 COLONIAL MANOR W.	8/4/2003 SOC	OXAMYL (VYDATE)	2036	0 UG/L	Α
6510355 COLONIAL MANOR W.	8/4/2003 SOC	GLYPHOSATE	2034	0 UG/L	Α
6510355 COLONIAL MANOR W.	8/4/2003 SOC	DIQUAT	2032	0 UG/L	Α
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6510355 COLONIAL MANOR W.	8/4/2003 SOC	LINDANE	2010	0 UG/L	Α
6510355 COLONIAL MANOR W.	8/4/2003 SOC	ENDRIN	2005	0 UG/L	Α
6510355 COLONIAL MANOR W.	8/4/2003 SOC	LINDANE	2010	0 UG/L	Α
6510355 COLONIAL MANOR W.	8/4/2003 SOC	TOXAPHENE	2020	0 UG/L	Α
6510355 COLONIAL MANOR W.	8/4/2003 SOC	DIQUAT	2032	0 UG/L	Α
6510355 COLONIAL MANOR W.	8/4/2003 SOC	GLYPHOSATE	2034	0 UG/L	Α
6510355 COLONIAL MANOR W.	8/4/2003 SOC	ATRAZINE	2050	0 UG/L	Α
6510355 COLONIAL MANOR W.	8/4/2003 SOC	CARBOFURAN	2046	0 UG/L	Α
6510355 COLONIAL MANOR W.	8/4/2003 SOC	HEXACHLOROCYCLOPENTADIENE	2042	0 UG/L	Α
6510355 COLONIAL MANOR W.	8/4/2003 SOC	DINOSEB	2041	0 UG/L	Α
6510355 COLONIAL MANOR W.	8/4/2003 SOC	PICLORAM	2040	0 UG/L	Α
6510355 COLONIAL MANOR W.	8/4/2003 SOC	DI(2-ETHYLHEXYL)PHTHALATE	2039	0 UG/L	Α
6510355 COLONIAL MANOR W.	8/4/2003 SOC	SIMAZINE	2037	0 UG/L	Α
6510355 COLONIAL MANOR W.	8/4/2003 SOC	OXAMYL (VYDATE)	2036	0 UG/L	Α

6510355 COLONIAL MANOR W.	8/4/2003 SOC	DI(2-ETHYLHEXYL)ADIPATE	2035	0 UG/L	Α	
6510355 COLONIAL MANOR W.	8/4/2003 SOC	CHLORDANE	2959	0 UG/L	Α	
6510355 COLONIAL MANOR W.	8/4/2003 SOC	ETHYLENE DIBROMIDE	2946	0 UG/L	Α	
6510355 COLONIAL MANOR W.	8/4/2003 SOC	DIBROMOCHLOROPROPANE	2931	0 UG/L	Α	
6510355 COLONIAL MANOR W.	8/4/2003 SOC	POLYCHLORINATED BIPHENYL (PCB)	2383	0 UG/L	Α	
6510355 COLONIAL MANOR W.	8/4/2003 SOC	PENTACHLOROPHENOL	2326	0 UG/L	Α	
6510355 COLONIAL MANOR W.	8/4/2003 SOC	BENZO(A)PYRENE	2306	0 UG/L	Α	
6510355 COLONIAL MANOR W.	8/4/2003 SOC	HEXACHLOROBENZENE	2274	0 UG/L	Α	
6510355 COLONIAL MANOR W.	8/4/2003 SOC	2 4 5-TP (Silvex)	2110	0 UG/L	Α	
6510355 COLONIAL MANOR W.	8/4/2003 SOC	2 4-D	2105	0 UG/L	Α	
6510355 COLONIAL MANOR W.	8/4/2003 SOC	HEPTACHLOR EPOXIDE	2067	0 UG/L	Α	
6510355 COLONIAL MANOR W.	8/4/2003 SOC	HEPTACHLOR	2065	0 UG/L	Α	
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6510355 COLONIAL MANOR W.	8/4/2003 SOC	METHOXYCLOR	2015	0 UG/L	Α	

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6510355 COLONIAL MANOR WATER SYSTEM	С	D	1/4/2005 NITRATE	11 MG/L	ACTIVE
6510355 COLONIAL MANOR WATER SYSTEM	С	D	1/4/2005 NITRATE	8.7 MG/L	ACTIVE
6510355 COLONIAL MANOR WATER SYSTEM	С	D	1/4/2005 NITRATE	8.2 MG/L	ACTIVE
6510355 COLONIAL MANOR WATER SYSTEM	С	D	1/4/2005 NITRATE	8.2 MG/L	ACTIVE
6510355 COLONIAL MANOR WATER SYSTEM	С	D	1/4/2005 NITRITE	0.041 MG/L	ACTIVE
6510355 COLONIAL MANOR WATER SYSTEM	С	D	1/4/2005 NITRITE	0 MG/L	ACTIVE
6510355 COLONIAL MANOR WATER SYSTEM	С	D	1/4/2005 NITRITE	0 MG/L	ACTIVE
6510355 COLONIAL MANOR WATER SYSTEM	С	D	1/4/2005 NITRITE	0 MG/L	ACTIVE

Reduced Monitoring Review Area Sketch

PWS ID:

(5)

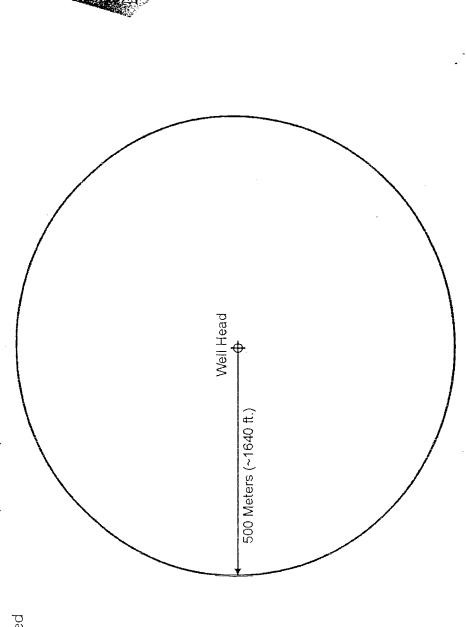
PWS Name:

Florida Unique Well ID (FLUWID):

Instructions: Identify, Sketch & Number Each Contaminant Source Then Complete The "Contaminant Use Inventory" Form (Section 6, Page 3)

Review Area Radius 500 Meters (~1640 ft.)

No Scale Required



Include all pertinent local, county, state and federal highways, roads or rail lines.

#### (6) CONTAMINANT USE INVENTORY

For each source identified (sketched) in Section (5) of this questionnaire, indicate contaminant use, manufacture, storage or spillage by recording the source number(s) from Section (5) in the column titled "SOURCE" adjacent to the contaminant of concern. Separate multiple sources with commas.

#### REGULATED SYNTHETIC ORGANIC CONTAMINANTS

	CONTAMINANT	ID#	CAS#	SOURCE
--	-------------	-----	------	--------

		<del></del>
2,3,7,8-TCDD (Dioxin)	2063	1746-01-6
2,4_D	2105	94-75-7
2,4,5-TP (Silvex)	2110	93-72-1
Alachlor	2051	15972-60-8
Atrazine	2050	1912-24-9
Benzo(a)pyrene	2306	50-32-8
Carbofuran	2046	1563-66-2
Chlordane	2959	57-74-9
Dalapon	2031	75-99-0
Di(2-ethylhexyl)adipate	2035	103-23-1
Di(2-ethylhexyl)phthalate	2039	117-81-7
Dibromochloropropane (DBCP)	2931	96-12-8
Dinoseb	2041	88-85-7
Diquat	2032	85-00-7
Endothall	2033	145-73-3
Endrin	2005	72-20-8
Ethylene dibromide (EDB)	2946	106-93-4
Glyphosate	2034	1071-83-6
Heptachlor	2065	76-44-8
Heptachlor epoxide	2067	1024-57-3
Hexachlorobenzene	2274	118-74-1
Hexachlorocyclopentadiene	2042	77-47-4
Lindane	2010	58-89-9
Methoxychlor	2015	72-43-5
Oxamyl (vydate)	2036	23135-22-0
Pentachlorophenol	2326	87-86-5
Picloram	2040	1918-02-1
Polychlorinated biphenyl (PCB)	2383	1336-36-3
Simazine	2037	122-34-9
Toxaphene	2020	8001-35-2

# TYPICAL SOURCES of SYNTHETIC ORGANIC CONTAMINANTS

(Not a comprehensive list)

Commercial, agricultural or horticultural areas
Seed & feed sales and storage areas
Recreational areas (Golf courses, campgrounds, parks...)
Communication or Railroad storage and maintenance yards
Pesticide manufacturer, storage, spill or transport site
Super Fund site
Landfill or dump
Drainage wells
Wood preserving facility
Military base (Industrial area)
Chemical manufacturer, storage, spill or transport site
Petroleum distribution or bulk storage facilities.
Any industry using or generating PCBs
Gas Stations
Dry Cleaners

I certify that the	informat	ion/proy	µided is true
and accurate to	the best	of my ki	nowledge.

Owners Signature:	<u> </u>
Print Name:	and the second

Date: <u>3 0 8 9 6 \_\_\_\_\_</u>



# FAX TRANSMITTAL SHEET May 22, 2006 DATE

TO: Elizabeth Worsdell U.S. Water

TOTAL PAGES: 1
INCLUDING COVER LETTER

PHONE:

Fax: <u>(727)</u> 848-7701

REF. <u>Nitrate/Nitrite Results Wells 1,2,3, & 4</u>

Colonial Manor 6510355

Pasco County

Message: <u>Due to the extremely small font used by advanced Environmental Labs the Nitrate/Nitrite Results that were faxed (5-19-06) for Colonial Manor 651-0355 Wells 1,2,3, & 4 are unreadable (blurred).</u>

Please send hard copy so result figures can be determined. Call with questions.

Peter Screnock, ESII, Drinking Water Section DEP - Southwest District

13051 N Telecom Parkway

Temple Terrace, FL 33637

e-mail: Peter.Screnock@dep.state.fl.us

Phone: 813-632-7600Ext, 318

Fax: 813-632-7671

Please Note: Florida has a very broad public records law. Most written communications to or from state officials regarding state business are public records available to the public and media upon request. Your e-mail is communications may therefore be subject to public disclosure.

#### TRANSMISSION VERIFICATION REPORT

TIME : 05/19/2006 17:11 NAME : US WATER SERVICES FAX : 7278487701 TEL : 7278488292 SER.# : 000A6J690504

DATE,TIME FAX NO./NAME DURATION PAGE(S) RESULT MODE

05/19 17:10 18136327662 00:01:00 05 OK STANDARD ECM

# US WATER SERVICES, CORPORATION

ro: Pete Screnock	вгом: Elizabeth Worsdell				
COMPANY: FDEP	DATE: 5/19/06				
FAX NUMBER: (813)632-7662	total no. of pages including cover:				
PHONE NUMBER:	SENDER'S REFERENCE NUMBER:				
RE: Colonial Manor	YOUR REFERENCE NUMBER:				
Uurgent   For review	☐ PLEASE COMMENT ☐ PLEASE REPLY ☐ PLEASE RECYCLE				

Wells 1 & 4 are off and have been off since September 2005. Is there any Andrew Control and Andrew Control of the And

Mr. Gary Deremer 4939 Cross Bayou Blvd. New Port Richey, FL 34652

Re:

2006 Chemical Monitoring for Community Systems

Colonial Manor

PWS-ID No. 651-0355

Pasco County

Dear Mr. Deremer:

This letter is to advise you of chemical monitoring due for the above-referenced water system in 2006. Please be advised, this excludes any other chemical monitoring as a result of previous Department directive. The following is a list of contaminant analyses due, in our office, before December 31, 2006:

- 1. Inorganics
- 2. Volatile Organic Contaminants
- 3. \*Pesticide/PCB's First quarter sample must be taken prior to March 31, 2006
- Lead/Copper Reduced monitoring sample during June-September 2006
- 5. \*\*Disinfection Byproducts Trihalomethanes and Haloacetic Acids 5 July September 2006
- 6. Secondaries
- \*A sample will not be required if the system sampled in 2002 or 2003 and the Department receives and approves the enclosed "Reduced Monitoring Application Questionnaire for Pesticides & Polychlorinated Biphenyls" no later than March 31, 2006.
- \*\*Ground water systems, serving less than 10,000 people, are required to take one sample per treatment plant, in accordance with their approved DBP sampling plan, during the third quarter of 2006.

Ground water systems shall take a minimum of one sample, at every entry point to the distribution system, that is representative of each source after treatment (hereafter called a sampling point). The system shall take each sample at the same sampling point, unless conditions make another sampling point more representative of each source or treatment plant.

Mr. Gary Deremer Colonial Manor PWS-ID No. 651-0355 Page 2 of 2

If a contaminant is detected or an exceedance of the maximum contaminant level results upon analysis, you have the option to submit a confirmation sample. To receive credit for a confirmation sample, it must be obtained within 14 days of the sample date in accordance with Rule 62-550.500(6), Florida Administrative Code (F.A.C.).

All chemical results not submitted in proper DEP format, along with the analytic sheet(s) from the laboratory(s) who performed the analysis, will not receive credit and may result in a monitoring violation. Please be advised, pursuant to Rule 62-550.730(1)(a), F.A.C., analyses results shall be submitted, to the Department, no later than ten days following the end of the monitoring period, or the first ten days following the month in which the sample results are received, whichever time is shortest.

Pursuant to Rule 62-550.824, Florida Administrative Code, your community water system will also be required to prepare and provide, to your customers, an annual Consumer Confidence Report (CCR). This report must be delivered, to both customers and the Department, by July 1, 2006. If you would like the Department to review a draft of your CCR, the draft must be received in our office no later than April 30, 2006.

If you have any questions, please contact me at (813) 632-7600, extension 318.

Sincerely,

Peter Screnock Environmental Specialist Drinking Water Section

PS/dm<sup>c</sup>

Enclosure

cc: Ken Martin, Operator

# US WATER SERVICES, CORPORATION

FACSIMI	LE TRANSMITTAL SHEET					
Pete Screnock	вюм: Elizabeth Worsdell					
COMPANY: FDEP	5/19/06 5 22/0 C					
FAX NUMBER: (813)632-7662	TOTAL NO. OF PAGES INCLUDING COVER:					
PHONE NUMBER:	SENDER'S REFERENCE NUMBER:					
RE. Colonial Manor	YOUR REFERENCE NUMBER: CON CONT.					
☐ URGENT ☐ FOR REVIEW ☐ PLI	dase comment [] please reply [] please of [] to					
NOTES/COMMENTS:	DOMA					
Wells 1 & 4 are off and have bee further sampling that needs to b	n off since September 2005. Is there any see done?					
Thank you,						
Elizabeth Worsdell						

PUBLIC WATER SYSTEM INFORMA	TION (to be completed by sampler - Please	type or print legibly)
System Name: Colonis W	DAME ( L. L. L. PING )	D#6510355
System Name. CSTONIET	· · · · · · · · · · · · · · · · · · ·	.D. #.
System Type (check one):	nity	ity Transient Noncommunity
Address: Moos 10		
04 12 0 C	Chatas Cl	7ID Code:
City: 401. Oac  Phone #:	Fay #	ZIF COUC.
SAMPLE INFORMATION (to be complete	ed by sampler)	
Sample Number:	Location Code (# k	ломп):
Sample Date: \\\\)\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	Sample Time: 90	OO-1600 AM PM (Circle One)
Sample Number:  Sample Date: \( \) \	roman +2 Cantrelly, +3 He	MONIX and Hel LINKWOOD
Disinfectant Residual (Required when reporting	g results for trihalomethanes and haloacetic acids):	mg/L Field pH:
	•	•
Sample Type (Check Only One)	Reason(s) for Sa	mple (Check all that apply)
☐ Distribution	☑Routine Compliance (with 62-550)	Quarterly (Which Quarter?   6+
Entry Point (to Distribution)	☐Confirmation of MCL Exceedance*	
Plant Tap (not for compliance with 62-550)	Composite of Multiple Sites**	☐Violation Resolution
☑Raw (at well or intake)	Clearance (permitting)	Replacement (of Invalidated Sample)
☐Max Residence Time	Other:	·
☐Ave Residence Time	Sampling Procedure Used or Other Co	mments:
☐Near First Customer	Grab-Noz	
*See 62-550.500(6) for require NOTE: See 62-550.512(3) for for nitrate or nitrite MC	additional requirements attach L exceedances.	2-550.550(4) for requirements and a results page for each site.
Sampler's Name: KENNETK T. Y	Naction	
Sampler's Phone #: <u>つみつ-ユーリューロー</u>		
Sampler's E-Mail Address:		
CERTIFICATION (to be completed by	y sampler)	
VE WAS TO SOL		- Deochal
1. KENNERT. Maetin (Print Name)		(Print Title)
do HEREBY CERTIFY that the abo	ove public water system and sample	,
complete and correct.		
		1 1 5 7 7
Signature:		Date: 1 31 06

LABORATORY CERTIFICATION INFORMATION (to be	e completed by lab Please type or print legibly)			
ATTACH CURRENT DOH ANALYTE SHEET*	•			
Lab Name: PASCO COUNTY ENVIRONMENTAL LAB	Florida Certification #: E 44123			
Address: 8864 Government Drive	Certification Expiration Date: 06/30/06			
New Port Richey, FL 34654	Phone #: 727-847-8902			
ANALYSIS INFORMATION (to be completed by lab)	Date Sample(s) Received: 131/04			
PWS ID (From Page 1): 6510355	Sample Number (From Page 1):			
Lab Assigned Report Number or Job ID: AA 635	•			
Group(s) Analyzed & Results attached for compliance wit				
Inorganics       Synthetic Organics         □All 17       □All 30         □Partial       □All Except Dioxin         ☑Nitrate       □Partial         □Nitrite       □Dioxin Only         □Asbestos Only	Volatile Organics    All 21			
Were any analyses subcontracted?  Yes  No	∏All 14 ∏Partial			
If yes, please provide DOH certification numbers:ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACT	ED LAB*			
CERT	IFICATION			
- CANDIA E. MULHERN	, Laboratory Manager			
(Print Name)	(Print Title)			
do HEREBY CERTIFY that all attached analytical data are National Environmental Laboratory Accreditation Conference				
11 -11				
Signature: Janua E. //in//				
COMPLIANCE DETERMINATION (to be completed by DEP or D	OH)			
Sample Collection Info Satisfactory:   Yes   No	Sample Analysis Info Satisfactory:   Yes   No			
Replacement Sample(s) Requested (circle or highlight group(s)	above) . [Revised Report Requested (circle or highlight group(s) above)			
☐Additional Monitoring Required (circle or highlight group(s) above)				
	etection(s)			
Person Notified:	·			
Comments:				
Date Reviewed: DEP/DOH Re	viewing Official:			

Reporting Formet 32-550,730 Effective service 1979 (Restrictions) of the

**INORGANIC CONTAMINANTS** 62-550.310(1)

Report Number/Job ID: AA63552

PWS ID (From Page 1): 651-0355

Cont ID	Cont Name	MCL	Units	Analysis Result	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Certification
1040	Nitrate (as N)	10	mg/L	4.79		SM 4500 NO3-F	0.02	01-Feb-06	0900	E44123

U = Compound was analyzed for but not detected.

Čandia E. Mulhern

Laboratory Manager



# PASCO COUNTY, FLORIDA

8864 GOVERNMENT DRIVE
NEW PORT RICHEY, FL 34654
PHONE 727-847-8902

DHRS E44123 CONTACTS: GLORIA KRUEGER BILL WARGO

#### REPORT OF ANALYSES

U.S. Water Services Corp.

P.O. Box 398

New Port Richey, FI 34652

Melisa Rotteveel

SAMPLE NUMBER AA63552 DATE SAMPLED 1/31/2006

DATE RECEIVED
TIME RECEIVED

1/31/2006 10:50

52 SAMPLE ID COLONIAL MANOR WELL #1

SAMPLER KEN MARTIN DELIVERED BY KM Date: 2/8/2006

SAMPLE MATRIX DW TIME SAMPLED 9:00 RECEIVED BY CF SAMPLE TYPE

Grab

ANALYSIS DET.
ANALYSIS

METHOD DATE TIME BY RESULT QUAL. UNIT LIMIT

Nitrate SM4500NO 2/1/2006 9:00 IF 4.79 mg/L 0.02

ANALYSIS COMMENTS:

All calulations are on wet weight basis

LABORATORY DIRECTOR

THIS DOCUMENT MEETS NELAC STANDARDS

NELAC Certification # E44123

Page 1 of 5

LABORATORY CERTIFICATION INFORMATION (to I	be completed by lab - Please type or print legibly)
ATTACH CURRENT DOH ANALYTE SHEET*	- · · · · · · · · · · · · · · · · · · ·
Lab Name: PASCO COUNTY ENVIRONMENTAL LAB	Florida Certification #: E 44123
Address: 8864 Government Drive	Certification Expiration Date: 06/30/06
New Port Richey, FL 34654	Phone #. 727-847-8902
ANALYSIS INFORMATION (to be completed by lab)	Date Sample(s) Received: 1/31/06
PWS ID (From Page 1): 45/0355	Sample Number (From Page 1):
Lab Assigned Report Number or Job ID: AA 635	53
Group(s) Analyzed & Results attached for compliance wi	th Chapter 62-550, F.A.C. (Check all that apply):
Inorganics    All 17	Volatile Organics    All 21
Were any analyses subcontracted? TYes Tho	☐Partial
If yes, please provide DOH certification numbers: ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRAC CERT	TED LAB*
CANDIA E. MULHERN	Laboratory Manager
(Print Name)	(Print Title)
do HEREBY CERTIFY that all attached analytical data are National Environmental Laboratory Accreditation Conference	
Signature:	Date: 27 Feb '06
Failure to provide a valid and current Florida DOH lab certifica	ation number and a current Analyte Sheet for the attached analysis and against the public water system for failure to sample, and may s.
COMPLIANCE DETERMINATION (to be completed by DEP or D	OH)
Sample Collection Info Satisfactory:   Yes   No	Sample Analysis Info Satisfactory: ☐Yes ☐No
Replacement Sample(s) Requested (circle or highlight group(s)	above) Revised Report Requested (circle or highlight group(s) above)
Additional Monitoring Required (circle or highlight group(s) above)	-
· · · · · · · · · · · · · · · · · · ·	etection(s)
Derson Notified:	•
Comments:	
Data Pariewad: DEPIDOU Pa	viouina Official:

Reporting Forest 32-250,780 Effective person (AU) Perty 4 (19) (19) (19)

**INORGANIC CONTAMINANTS** 62-550.310(1)

Report Number/Job ID: AA63553

PWS ID (From Page 1): 651-0355

Cont ID	Cont Name	MCL	Units	Analysis Result	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Certification
1040	Nitrate (as N)	10	mg/L	8.52		SM 4500 NO3-F	0.02	01-Feb-06	0900	E44123

U = Compound was analyzed for but not detected.

Candia E. Mulhern

Laboratory Manager



# PASCO COUNTY, FLORIDA

8864 GOVERNMENT DRIVE
NEW PORT RICHEY, FL 34654
PHONE 727-847-8902

DHRS E44123 CONTACTS: GLORIA KRUEGER BILL WARGO

#### REPORT OF ANALYSES

U.S. Water Services Corp. P.O. Box 398

New Port Richey, FI 34652

Melisa Rotteveel

SAMPLE NUMBER AA63553 DATE SAMPLED 1/31/2006

DATE RECEIVED 1/31/2006 TIME RECEIVED 10:50

3 SAMPLE ID COLONIAL MANOR WELL #2

SAMPLER KEN MARTIN DELIVERED BY KM Date: 2/8/2006

SAMPLE MATRIX DW TIME SAMPLED 9:15 RECEIVED BY CF SAMPLE TYPE

Grab

**ANALYSIS** DET. **ANALYSIS METHOD** DATE TIME BY RESULT QUAL. UNIT LIMIT 2/1/2006 9:00 Nitrate SM4500NO IF 8.52 ma/L 0.02

ANALYSIS COMMENTS:

All calulations are on wet weight basis

LABORATORY DIRECTOR

THIS DOCUMENT MEETS NELAC STANDARDS

**NELAC Certification # E44123** 

Page 2 of 5

LABORATORY CERTIFICATION INFORMATION (to be	completed by lab - Please type or print legibly)
ATTACH CURRENT DOH ANALYTE SHEET*	-
Lab Name: PASCO COUNTY ENVIRONMENTAL LAB	Florida Certification #: E 44123
Address: 8864 Government Drive	Certification Expiration Date: 06/30/06
New Port Richey, FL 34654	Phone #: 727-847-8902
ANALYSIS INFORMATION (to be completed by lab)	Date Sample(s) Received: 1/3 1/0 4
PWS ID (From Page 1): 65/0355	Sample Number (From Page 1):
Lab Assigned Report Number or Job ID: AR 635	<u>5</u> 4
Group(s) Analyzed & Results attached for compliance with	Chapter 62-550, F.A.C. (Check all that apply):
☐AII 17 ☐AII 30 ☐Partial ☐AII Except Dioxin ☐Partial ☐Partial	Volatile Organics    All 21   Trihalomethanes   Partial   Haloacetic Acids   Bromate   Chlorite   Single Sample   Qtrly Composite**   Secondaries
Were any analyses subcontracted? ☐Yes ☐No	□All 14 □Partial
If yes, please provide DOH certification numbers:ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTE	· .
	ICATION
CANDIA E. MULHERN (Print Name)	Laboratory Manager (Print Title)
do HEREBY CERTIFY that all attached analytical data are of National Environmental Laboratory Accreditation Conference Signature:	orrect and unless noted meet all requirements of the
Failure to provide a valid and current Florida DOH lab certification results will result in rejection of the report, possible enforcement result in notification of the DOH Bureau of Laboratory Services.  **Please provide radiological sample dates & locations for each quality.	on number and a current Analyte Sheet for the attached analysis against the public water system for failure to sample, and may
COMPLIANCE DETERMINATION (to be completed by DEP or DOH	)
Sample Collection Info Satisfactory:   Yes   No	Sample Analysis Info Satisfactory: Tes No
Replacement Sample(s) Requested (circle or highlight group(s) abo	ve) . [Revised Report Requested (circle or highlight group(s) above)
Additional Monitoring Required (circle or highlight group(s) above)	
	Ection(s)
Person Notified:	
Comments:	
Date Reviewed: DEP/DOH Reviewed	ewing Official:

Reporting Formet S2-550,720 Effective service (Rep. Pertice on the contra

9610 Princess Palm Avenue Tampa, Florida 33619 (813) 630-9616 FAX (813) 630-4327

Report No.:

Date Sampled:

Date Received:

Date Reported:

T0611482

10/09/2006

10/9/06 14:20

10/27/2006

## FILE COPY

Client:

**US Water Services** 

Project Name:

Colonial Manor

Project Number:

PWS ID#:

6510355

Attention:

Malissa Roteveel

Phone Number:

7278488292

Address:

4939 Cross Bayou Blvd.

New Port Richey, Fl 34652

#### **Project Description**

The analytical results for the samples contained in this report were submitted for analysis as outlined by the Chain of Custody.

Project Name: Colonial Manor

Approved By:

Tammie Heslin, Project Manager

If there are any questions involving this report, the above named should be contacted.

THIS REPORT SHALL NOT BE REPRODUCED, EXCEPT IN FULL, WITHOUT THE WRITTEN APPROVAL OF THE LABORATORY.

Advanced Environmental Laboratories certifies that the test results in this report meet all requirements of the NELAC standards, unless notated otherwise in the body of the report.

Total Number of Pages =



Analytical Report

Client: US Water Services

Project Name: Colonial Manor

Matrix: Drinking Water

PWS ID#: 6510355

Client Sample ID: Well #1 Connon

Site: Colonial Manor

Sample Number: T0611482-01

Secondary DW Standards

**Report No.:** T0611482

Date/Time Sampled: 10/09/06 10:55

Date/Time Received: 10/9/06 14:20

Sampled By: Terry Henry

Shipping Method: Client drop off

Contam ID	Contam Name	MCL	Units	Analysis Results	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Cert. #
1017	Total Chlorides	250	mg/L	67		E300.0	2.1	10/13/2006	00:02	E84589
1055	Sulfate (as SO4)	250	mg/L	31		E300.0	2.1	10/13/2006	00:02	E84589
1930	Total Dissolved Solids	500	mg/L	440		E160.1	10	10/11/2006	10:00	E84589

MDL Method Reporting Limit

Analytical Report

Client: US Water Services

Report No.: T0611482

Project Name: Colonial Manor

Date/Time Sampled: 10/09/06 11:05

Matrix: Drinking Water

Date/Time Received: 10/9/06 14:20

PWS ID#: 6510355

Client Sample ID: Well #2 Cantrell

Sampled By: Terry Henry

Site: Colonial Manor

Shipping Method: Client drop off

Sample Number: T0611482-02

Secondary DW Standards

Contam ID	Contam Name	MCL	Units	Analysis Results	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Cert. #
1017	Total Chlorides	250	mg/L	44		E300.0	2.1	10/13/2006	00:02	E84589
1055	Sulfate (as SO4)	250	mg/L	16		E300.0	2.1	10/13/2006	00:02	E84589
1930	Total Dissolved Solids	500	mg/L	340		E160.1	10	10/11/2006	10:00	E84589

MDL Method Reporting Limit For all Results qualified with an I, the PQL is defined to be 4 times the MDL

Analytical Report

Client: US Water Services

Project Name: Colonial Manor

Matrix: Drinking Water

PWS ID#: 6510355

Client Sample ID: Well #3 Hendrix

Site: Colonial Manor

Sample Number: T0611482-03

Report No.: T0611482

Date/Time Sampled: 10/09/06 11:40

Date/Time Received: 10/9/06 14:20

Sampled By: Terry Henry

Shipping Method: Client drop off

Secondary DW Standards

Contam ID	Contam Name	MCL	Units	Analysis Results	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Cert.#
1017	Total Chlorides	250	mg/L	100		E300.0	2.1	10/13/2006	00:02	E84589
1055	Sulfate (as SO4)	250	mg/L	30		E300.0	2.1	10/13/2006	00:02	E84589
1930	Total Dissolved Solids	500	mg/L	530		E160.1	10	10/11/2006	10:00	E84589

MDL Method Reporting Limit

Analytical Report

Client: US Water Services

Project Name: Colonial Manor

Matrix: Drinking Water

PWS ID#: 6510355

Client Sample ID: Well #4 Linkwood

Site: Colonial Manor

Sample Number: T0611482-04

**Report No.:** T0611482

Date/Time Sampled: 10/09/06 12:15

Date/Time Received: 10/9/06 14:20

Sampled By: Terry Henry

Shipping Method: Client drop off

#### Secondary DW Standards

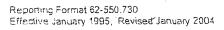
Contam ID	Contam Name	MCL	Units	Analysis Results	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Cert. #
1017	Total Chlorides	250	mg/L	120		E300.0	2.1	10/17/2006	16:25	E84589
1055	Sulfate (as SO4)	250	mg/L	41		E300.0	2.1	10/17/2006	16:25	E84589
1930	Total Dissolved Solids	500	mg/L	600		E160.1	10	10/11/2006	10:00	E84589

MDL Method Reporting Limit

For all Results qualified with an I, the PQL is defined to be 4 times the MDL

1.5

PUBLIC WATER SYSTEM INFORMATION	(to be completed by sampler - Please type	or print legibly)
System Name: <u>Colovial</u>	PWS I.D. #	# 6510355
System Type (check one): Community	☐Nontransient Noncommunity	Transient Noncommunity
Address:		
City:	State:	ZIP Code:
Phone #:	Fax #:	
E-Mail Address:		
Sample Number: 10 9 0 0 Sample Date: 10 9 0 0 Sample Location (be specific): 10 10 10 10 10 10 10 10 10 10 10 10 10	Location Code (if kno	~ (
Disinfectant Residual (Required when reporting		
Sample Type (Check Only One)	Reason(s) for Sar	nple (Check all that apply)
Distribution	Routine Compliance (with 62-550)	Quarterly (Which Quarter?)
Entry Point (to Distribution)	Confirmation of MCL Exceedance*	Special (not for compliance with 62-550)
Plant Tap (not for compliance with 62-550)	Composite of Multiple Sites**	☐Violation Resolution
Raw (at well or intake)	Clearance (permitting)	Replacement (of Invalidated Sample)
Max Residence Time	Other:	
Ave Residence Time	Sampling Procedure Used or Other Co	mments:
☐Near First Customer		
*See 62-550.500(6) for requirem NOTE: See 62-550.512(3) for action for nitrate or nitrite MCL Sampler's Name:	dditional requirements attach	2-550.550(4) for requirements and a results page for each site.
Sampler's Phone #:	Sampler's Fax #: _	
Sampler's E-Mail Address:		
CERTIFICATION (to be completed by	sampler)	
(Print Name)	,	(Print Title)
do HEREBY CERTIFY that the abc complete and correct.		
Signature:		Date:





LABORATORY CERTIFICATION INFORMATION (to be comple ATTACH CURRENT DOH ANALYTE SHEET*	eted by lab - Please type or p	rint legibly)			
LabName: Advanced Environmental Labs - Tampa Address: 9610 Princess Palm Avenue Tampa, Florida 33619	Florida Certification #: E84589  Certification Expiration Date: 06/30/2007.  phone #: (813) 630-9616				
ANALYSIS INFORMATION (to be completed by lab					
PWS ID (from page 1): 6510355	Date Sample(s) Received: 10/09/2006 14:20:0				
Lab Assigned Report Number or Job ID T0611482	Sample Number (F	From page 1) T0611482-01			
Group(s) Analyzed Results attached for compliance with chapt	pter 62-550, F.A.C. (check all that appl				
Inorganics  All 17  Partial  Nitrate  Nitrite  Asbestos Only  Synthetic Organics  All 30  All Except Dioxin  Partial  Dioxin Only	Volatile Organics  All 21 Partial  Radionuclides  Single Samp Qtrly Composite**	Disinfection Byproducts  Triha Haloaceti Bromate Chlorite Secondaries  All 14			
Were any analyses subcontracted? Yes V No		(#.) · Gillo			
If yes, please provide DOH certification number	# Nov. H. ability administrative responses to the Committee of Committ	···•			
ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRAC	TED LAB				
CERTI	FICATION				
I, Tammie Heslin Project Manager (Print Name)					
do HEREBY CERTIFY that all attached analytical data are corr National Environmental Laboratory Accreditation Conference (N					
Signature:	Date:	10/27/06			
<ul> <li>Failure to provide a valid and current Florida DOH lab certific analysis results will result in rejection of the report, possible en and may result in notification of the DOH Bureau of Laboratory</li> </ul>	forcement against the public				
** Please provide radiological sample dates _locations for each	quarter.				
COMPLIANCE DETERMINATIO (to be completed by DEP or	DOH)				
Sample Collection Info Satisfactory Tyes No		atisfactory: Yes No			
Replacement Sample(s) Requested (circle or highlight group(s) abov		rested (circle or highlight group(s) above)			
Additional Monitoring Required (circle or highlight group(s) a	above)				
Reason(s): MCL(s) Exceeded Detect Missing Analyte Sheet(s) Locati Other:	on Unsatisfactory	☐ Incomplete Report ☐ Analysis Unsatisfactory			
Person Notified:		Notified:			
Comments					
Date Reviewed: DEP/DO	H Reviewing Official:				



PUBLIC WATER SYSTEM INFORMATION	(to be completed by sampler - Please type	or print legibly)
System Name: <u>Coloyial</u>	PWS I.D.	#: 6510355
System Type (check one): Community  Address:	☐Nontransient Noncommunity	Transient Noncommunity
City:	State:	ZIP Code:
Phone #:		
E-Mail Address:		
SAMPLE INFORMATION (to be completed by Sample Number:	Location Code (if known)  Sample Time:  Cantel	AM PM (Circle One)
Sample Type (Check Only One)	Reason(s) for Sa	mple (Check all that apply)
Distribution	Routine Compliance (with 62-550)	Quarterly (Which Quarter?)
Entry Point (to Distribution)	Confirmation of MCL Exceedance*	Special (not for compliance with 62-550)
Plant Tap (not for compliance with 62-550)	Composite of Multiple Sites**	☐Violation Resolution
Raw (at well or intake)	Clearance (permitting)	Replacement (of Invalidated Sample)
Max Residence Time	Other:	
☐Ave Residence Time	Sampling Procedure Used or Other Co	omments:
☐Near First Customer		
*See 62-550.500(6) for requirem NOTE: See 62-550.512(3) for an for nitrate or nitrite MCL  Sampler's Name:	dditional requirements attach	2-550.550(4) for requirements and n a results page for each site.
Sampler's Phone #:	Sampler's Fax #:	
Sampler's E-Mail Address:		
CERTIFICATION (to be completed by	·	
,		
do HEREBY CERTIFY that the about complete and correct.	ove public water system and samp	ole collection information is
Signature:		Date:



LABORATORY CERTIFICATION ATTACH CURRENT DOH ANAL		npleted by lab - Please type or p	print legibly)			
LabName: Advanced Environme	ental Labs - Tampa	Florida Certification #: E84589				
Address: 9610 Princess Palm	Avenue	Certification Expiration Date: 06/30/2007				
Tampa, Florida 3361	9		phone #: (813) 630-9616			
ANALYSIS INFORMATION (to b	e completed by lab					
PWS ID (from page 1): 6510355	5	Date Sample	e(s) Received: 10/09/2006 14:20:0			
Lab Assigned Report Number or	Job ID T0611482	Sample Number (	From page 1) T0611482-02			
Group(s) Analyzed Results attac	ched for compliance with cha	apter 62-550, F.A.C. (check all	that appl			
Inorganics  All 17 Partial Nitrate Nitrite	Synthetic Organics All 30 All Except Dioxin Partial Dioxin Only	Volatile Organics All 21 Partial Radionuclides Single Samp	Disinfection Byproducts Triha Haloaceti Bromate Chlorite			
Asbestos Only		Qtrly Composite**	Secondaries All 14 Partial			
Were any analyses subcontracted						
If yes, please provide DOH certif		OTEN AND	<u></u>			
ATTACH DOH ANALYTE SHEE						
	CER	TIFICATION				
I, Tammie Heslin (Print Name)	, Project Manager	•				
do HEREBY CERTIFY that all at National Environmental Laborato	tached analytical data are cory ory Accreditation Conference	orrect and unless noted meet a (NELAC).				
Signature	LLLL	Date:	10192/06			
<ul> <li>Failure to provide a valid and of analysis results will result in reject and may result in notification of the</li> </ul>	ction of the report, possible e	enforcement against the public	Analyte Sheet for the attached water system for failure to sample,			
** Please provide radiological sa	mple dates locations for eac	ch quarter.				
COMPLIANCE DETERMINATION	(to be completed by DEP	or DOH)				
Sample Collection Info Satisfacto Replacement Sample(s) Requesto		Sample Analysis Info S	Satisfactory: Yes No			
Additional Monitoring Require	ed (circle or highlight group(s	above)				
Reason(s): MCL(s) Exceede Missing Analyte Other:		ection(s) ation Unsatisfactory	Incomplete Report Analysis Unsatisfactory			
Person Notified:		Date	Notified:			
Comments		erran en en en en en en en en en en en en en				
Date Reviewed:	DEP/D	OH Reviewing Official:				



PUBLIC WATER SYSTEM INFORMATION	(to be completed by sampler - Please type	or print legibly)
System Name: <u>UC OVICA</u>	Man PWS I.D.	#: 6510355
System Type (check one): Community  Address:	Nontransient Noncommunity	Transient Noncommunity
City:		ZIP Code:
Phone #:		·
E-Mail Address:		
SAMPLE INFORMATION (to be completed Sample Number: 10 9 0 0 0 Sample Date: 10 9 0 0 D Sample Location (be specific): 10 Sample Location (be specific): 10 Sample Location (Bequired when reporting the sample Location (Required when reporting the sample Location (Bequired when reporting the sa	Location Code (if known Sample Time:	AM PM (Circle One)
Sample Type (Check Only One)	Reason(s) for Sa	mple (Check all that apply)
Distribution	Routine Compliance (with 62-550)	Quarterly (Which Quarter?)
Entry Point (to Distribution)	Confirmation of MCL Exceedance*	Special (not for compliance with 62-550)
Plant Tap (not for compliance with 62-550)	Composite of Multiple Sites**	Violation Resolution
Raw (at well or intake)	Clearance (permitting)	Replacement (of Invalidated Sample)
☐Max Residence Time	Other:	
Ave Residence Time	Sampling Procedure Used or Other Co	
──Near First Customer		
*See 62-550.500(6) for requirer NOTE: See 62-550.512(3) for a for nitrate or nitrite MCL Sampler's Name:	additional requirements attach	2-550.550(4) for requirements and a results page for each site.
Sampler's Phone #:	Sampler's Fax #:	
Sampler's E-Mail Address:		
CERTIFICATION (to be completed b	y sampler)	(Print Title)
do HEREBY CERTIFY that the abcomplete and correct.		
Signature:		Date:

	ORY CERTIFICATION		o be complete	ed by lab - Please type	or print legibly)				
ATTACH C	CURRENT DOH ANALY	TE SHEET*							
LabName:	Advanced Environmen	ital Labs - Tampa		Florida Certification #: E84589					
Address:	9610 Princess Palm A	venue		Certification Expiration Date: 06/30/2007					
	Tampa, Florida 33619				phone #: (813) 630-9616				
ANALYSIS	S INFORMATION (to be	completed by lab							
PWS ID (	from page 1): 6510355			Date Sample(s) Received: 10/09/2006 14:20:0					
Lab Assigr	ned Report Number or J	ob ID T0611482			er (From page 1) T0611482-03				
Group(s) A	Analyzed Results attach	ed for compliance	e with chapter	apter 62-550, F.A.C. (check all that appl					
1	Inorganics	Synthetic Organ	ics	Volatile Organics	Disinfection Byproducts				
	All 17	[   All 30		All 21	Triha				
Ī	Partial	All Except Di	oxin	Partial	Haloaceti				
Ĩ	Nitrate	Partial			Bromate				
	Nitrite	Dioxin Only		Radionuclides	Chlorite				
í	Asbestos Only	and a second		Single Samp	1-11				
ı	_,,			Qtrly Composite**	Secondaries				
					All 14				
Were any	analyses subcontracted	? Yes ✓	. No		Partial				
	ase provide DOH certific	•							
	OOH ANALYTE SHEET		CONTRACTE	DLAB					
			CERTIFI	CATION					
I, Tammie	e Heslin (Print Name)	Project Manager							
do HEREE National E	BY CERTIFY that all atta invironmental Laborator	ached analytical di y Accreditation Co	ata are correc onference (NE	et and unless noted med LAC).	et all requirements of the				
Signature	All	llin		Date:	10/27/06				
analysis re	to provide a valid and cu esults will result in reject esult in notification of th	ion of the report, p	oossible enfor	cement against the put	ent Analyte Sheet for the attached blic water system for failure to sample,				
** Please	provide radiological sam	ple dates llocation	ns for each qu	uarter.					
COMPLIA	NCE DETERMINATIO	(to be completed	by DEP or Do	.т.и ЭН)					
Sample C	ollection Info Satisfactor	y Yes	No	Sample Analysis Inf	fo Satisfactory: Yes No				
Replace	ement Sample(s) Requested	l (circle or highlight g	roup(s) above)	Revised Report F	Requested (circle or highlight group(s) above)				
Additio	nal Monitoring Required	(circle or highligh	it group(s) abo	ove)					
Reason(s)	): 🔝 MCL(s) Exceeded		Detection	n(s)	Incomplete Report				
	Missing Analyte S			Unsatisfactory	Analysis Unsatisfactory				
	Other:								
Person No				_	Date Notified:				
Comment	•								
Date Revi				Reviewing Official:					

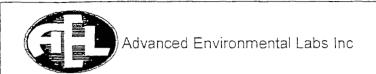


PUBLIC WATER SYSTEM INFORMATIO	N (to be completed by sampler - Please type or print legibly)
System Name: Unionial	MC171 PWS I.D. #: 6510355
System Type (check one): Community	<del>-</del>
Address:	
City:	State: ZIP Code:
Phone #:	
E-Mail Address:	
SAMPLE INFORMATION (to be completed Sample Number: 10 9 0 0 0 Sample Date: 10 9 0 0 D Sample Location (be specific): 10 Sample Location (be sp	Location Code (if known):  Sample Time: 12/5 AM PM (Circle One)  The control of t
Distribution (Negario Mich reporting	g toodia to anidomornation on management and the second of
Sample Type (Check Only One)	Reason(s) for Sample (Check all that apply)
Distribution	Routine Compliance (with 62-550) Quarterly (Which Quarter?
Entry Point (to Distribution)	Confirmation of MCL Exceedance* Special (not for compliance with 62-550)
Plant Tap (not for compliance with 62-550)	Composite of Multiple Sites**
Raw (at well or intake)	Clearance (permitting) Replacement (of Invalidated Sample)
Max Residence Time	Other:
☐Ave Residence Time	Sampling Procedure Used or Other Comments:
☐Near First Customer	
*See 62-550.500(6) for require NOTE: See 62-550.512(3) for for nitrate or nitrite MCl	additional requirements attach a results page for each site.
Sampler's Phone #:	Sampler's Fax #:
•	
CERTIFICATION (to be completed to	by sampler)
(Print Name)	(Print Title)
do HEREBY CERTIFY that the abcomplete and correct.	ove public water system and sample collection information is
Signature:	Date:



** Please provide radiological COMPLIANCE DETERMINA  Sample Collection Info Satist Replacement Sample(s) Req Additional Monitoring Red Reason(s): MCL(s) Exce Missing Anal	ATIO (to be completed by DEP factory Yes No nuested (circle or highlight group(s) abquired (circle or highlight group(s) abgeded Dete	Sample Analysis Info Spove) Revised Report Requires above) Rection(s) Rection Unsatisfactory	Satisfactory: Yes No  uested (circle or highlight group(s) above)  Incomplete Report Analysis Unsatisfactory  e Notified:		
** Please provide radiological COMPLIANCE DETERMINA  Sample Collection Info Satist Replacement Sample(s) Req Additional Monitoring Red Reason(s): MCL(s) Exce Missing Anal	factory Yes No uested (circle or highlight group(s) ab quired (circle or highlight group(s) ab edded Dete	Sample Analysis Info Spove) Revised Report Requires above) Rection(s) Rection Unsatisfactory	uested (circle or highlight group(s) above)  Incomplete Report  Analysis Unsatisfactory		
** Please provide radiologica  COMPLIANCE DETERMINA  Sample Collection Info Satist  Replacement Sample(s) Req  Additional Monitoring Rec  Reason(s): MCL(s) Exce	factory Yes No uested (circle or highlight group(s) ab quired (circle or highlight group(s) edded Dete lyte Sheet(s)	Sample Analysis Info Spove) Revised Report Requires above) ection(s) ation Unsatisfactory	uested (circle or highlight group(s) above)  Incomplete Report		
** Please provide radiologica  COMPLIANCE DETERMINA  Sample Collection Info Satist  Replacement Sample(s) Req  Additional Monitoring Rec	ATIO (to be completed by DEP factory : Yes : No uested (circle or highlight group(s) abquired (circle or highlight group(s)	Sample Analysis Info Sove) Revised Report Req			
** Please provide radiologica COMPLIANCE DETERMINA Sample Collection Info Satist Replacement Sample(s) Req	ATIO (to be completed by DEP factory Yes No nested (circle or highlight group(s) ab	Sample Analysis Info Sove) Revised Report Req			
** Please provide radiologica COMPLIANCE DETERMINA Sample Collection Info Satist	ATIO (to be completed by DEP factory Yes No	Sample Analysis Info			
** Please provide radiologica	ATIO (to be completed by DEP				
** Please provide radiologica	* * Transaction of the Control of th		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
•	•	on quarter.			
analysis results will result in	of the DOH Bureau of Laborato	enforcement against the public ory Services.	Analyte Sheet for the attached water system for failure to sample,		
Signature.	Allli	Date:			
do HEREBY CERTIFY that a	all attached analytical data are contratory Accreditation Conference				
I, Tammie Heslin (Print Name)	, Project Manager				
	CER	TIFICATION			
ATTACH DOH ANALYTE SH	HEET FOR EACH SUBCONTRA	ACTED LAB			
If yes, please provide DOH o	ertification number		C 10 '99		
Were any analyses subcontra	acted? 📋 Yes 🗸 No		(A orrigi		
			∷ All 14 <del> </del> ▼ Partial		
( Nobestos Offiy		Qtrly Composite**	Secondaries		
Nitrite  Asbestos Only	Dioxin Only	Single Samp	Chlorite		
Nitrate	Partial	Radionuclides	Bromate		
Partial	All Except Dioxin	Partial	Haloaceti		
All 17	All 30	All 21	Triha		
Inorganics	Synthetic Organics	Volatile Organics	Disinfection Byproducts		
	attached for compliance with cha	er i ma			
Lab Assigned Report Numbe		,	From page 1) T0611482-04		
PWS ID (from page 1): 6510	0355	Date Sample	e(s) Received: 10/09/2006 14:20:0		
ANALYSIS INFORMATION (	to be completed by lab		• • •		
ANIAL VOIC INTORNATION	3619		phone #: (813) 630-9616		
Tampa, Florida 3	alm Avenue	Certification Expiration Date: 06/30/2007			
Tampa, Florida 3		Florida Certification #: E84589			
Garani ( ) arini i cas	nmental Labs - Tampa	Florida	Certification #: E84589		





Advanced Environmental Labs 6601 Southpoint Parkway Jacksonville, FL 32216

Client: 📗	3 Water long	)	Project name:	: Colonial	M	anoc	
Date/Time Rcvd: 10			In request number:	: 70611482	)		
Received by: Completed by:							
Cooler/Shipping	Information:						
Courier: 🗆 AEL 🕅 CI	lient □ UPS □ Blue	e Streak □ FedEx (	□ Other (describe)				
,							
Type: Cooler Box Other (describe)  Cooler temperature: Identify the cooler and document the temperature blank or ice water measurement							
Cooler ID							
Temp (°C)	0			D.T			1 1
Temp taken from	Temp blank  Sample bottle	☐ Temp blank ☐ Sample bottle	☐ Temp blank ☐ Sample bottle	☐ Temp blank ☐ Sample bottle		☐ Temp b☐ Sample	
Temp measured with	☑ IR gun ☐ Thermometer (enter ID):	☐ IR gun☐ Thermometer (enter☐):	☐ IR gun☐ Thermometer (enter☐):	☐ IR gun ☐ Thermometer (a ID):		☐ IR gun ☐ Thermo ID):	ometer (enter
Other Information: Any "NO" responses or discrepancies should be explained in the "Comments" section below.							
		CHECKLIST	·		YES	NO	NA
	eals on shipping contai	<del></del>			<u></u>		V
	apers properly include		1-1-1-10		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	-	
	apers properly filled or rrive in good condition		labels)?		1		
	labels complete (samp		vsis preservatives)?		V	<del></del>	
	labels agree with the c		yors, preservatives).		/	+	<del>                                     </del>
	ottles used for the tests				1	<del>                                     </del>	
	nple preservation tech		e label?		1		
9. Were samples re	eceived within holding	times?			1		
10. Were all VOA v	vials checked for the pr	esence of air bubbles?	?				/
	oubbles present in the \				ļ <u>.</u>		V
			one: 🗆 NO ICE 🗆 BI	LUE ICE	1 1		
	temperature less than 6				1	<del></del>	
14. Were sample pHs checked and recorded by Sample control?							
NOTE: VOA samples are checked by laboratory analysts.  15. Were the sample containers provided by AEL?							V
16. Were samples accepted into the laboratory?							
Comments:					1	1	

9610 Princess Palm Avenue Tampa, Florida 33619 (813) 630-9616 FAX (813) 630-4327

T0611604

10/11/2006

10/11/06 15:00

10/27/2006

Report No.:

Date Sampled: Date Received:

Date Reported:

### FILE COPY

Client:

**US Water Services** 

Project Name:

Colonial Manor

Project Number:

PWS ID#:

6510355

Attention:

Malissa Roteveel

Phone Number: 7278488292

Address:

4939 Cross Bayou Blvd.

New Port Richey, Fl 34652

#### **Project Description**

The analytical results for the samples contained in this report were submitted for analysis as outlined by the Chain of Custody.

Project Name:

Colonial Manor

Approved By:

Tammie Heslin, Project Manager

If there are any questions involving this report, the above named should be contacted.

THIS REPORT SHALL NOT BE REPRODUCED, EXCEPT IN FULL, WITHOUT THE WRITTEN APPROVAL OF THE LABORATORY.

Advanced Environmental Laboratories certifies that the test results in this report meet all requirements of the NELAC standards, unless notated otherwise in the body of the report.

Analytical Report

Client: US Water Services

Report No.: T0611604

Project Name: Colonial Manor

Date/Time Sampled: 10/11/06 11:05

Matrix: Drinking Water

Date/Time Received: 10/11/06 15:00

PWS ID#: 6510355

Client Sample ID: Well #1 Raw

Sampled By:

Site: Colonial Manor

Shipping Method: Client drop off

Sample Number: T0611604-01

Inorganic Contaminants

Contam ID	Contam Name	MCL	Units	Analysis Results	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Cert.#
1040	Nitrate (as N)	10	mg/L	6.4		SM4500NO3-F	0.14	10/12/2006	14:46	E84589
1041	Nitrite (as N)	1.0	mg/L	0.034	U	SM4500NO3-F	0.034	10/12/2006	14:46	E84589

U The compound was analyzed for but not detected.

MDL Method Reporting Limit

Analytical Report

Client: US Water Services

Project Name: Colonial Manor

Matrix: Drinking Water

PWS ID#: 6510355

Client Sample ID: Well #2 POE

Site: Colonial Manor

Sample Number: T0611604-02

Sampled By:

Date/Time Sampled: 10/11/06

Date/Time Received: 10/11/06 15:00

Shipping Method: Client drop off

Report No.: T0611604

10:30

Inorganic Contaminants

Contam ID	Contam Name	MCL	Units	Analysis Results	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Cert. #
1040	Nitrate (as N)	10	mg/L	12		SM4500NO3-F	0.14	10/12/2006	14:46	E84589
1041	Nitrite (as N)	1.0	mg/L	0.034	U	SM4500NO3-F	0.034	10/12/2006	14:46	E84589

U The compound was analyzed for but not detected.

MDL Method Reporting Limit

Analytical Report

Client: US Water Services

Report No.: T0611604

Project Name: Colonial Manor

Date/Time Sampled: 10/11/06 10:40

Matrix: Drinking Water

Date/Time Received: 10/11/06 15:00

PWS ID#: 6510355

Client Sample ID: Well #3 POE

Sampled By:

Site: Colonial Manor

Shipping Method: Client drop off

Sample Number: T0611604-03

Inorganic Contaminants

Contam ID	Contam Name	MCL	Units	Analysis Results	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Cert. #_
1040	Nitrate (as N)	10	mg/L	9.4		SM4500NO3-F	0.14	10/12/2006	14:46	E84589
1041	Nitrite (as N)	1.0	mg/L	0.034	U	SM4500NO3-F	0.034	10/12/2006	14:46	E84589

U The compound was analyzed for but not detected.

MDL Method Reporting Limit

Analytical Report

Client: US Water Services

Report No.: T0611604

Project Name: Colonial Manor

Date/Time Sampled: 10/11/06

Matrix: Drinking Water

Date/Time Received: 10/11/06 15:00

PWS ID#: 6510355

Client Sample ID: Well #4 Raw

Sampled By:

Site: Colonial Manor

Shipping Method: Client drop off

Sample Number: T0611604-04

Inorganic Contaminants

g				A = =				Analysis	Analysis	DOH Lab
Contam ID	Contam Name	MCL	Units	Analysis Results	Qualifier	Analytical Method	Lab MDL	Date	Time	Cert.#
1010	N2	10	mg/L	12		SM4500NO3-F	0.14	10/12/2006	14:46	E84589
1040	Nitrate (as N)	· · · · · ·	,		L1	<del></del>		10/12/2006	14:46	E84589
1041	Nitrite (as N)	1.0	mg/L	0.034	U	SM4500NO3-F	0.034	10/12/2006	14:46	E84589

U The compound was analyzed for but not detected.

MDL Method Reporting Limit



PUBLIC WATER SYSTEM INFORMATIO	N (to be completed by sampler - Please type or print legibly)				
System Name: COLONIAL	MANOR PWSI.D. #: 65/0355				
System Type (check one):					
City: HOLIDAY	State: ZIP Code:				
Phone #:	Fax #: 727 - 848 - 720/				
E-Mail Address:					
SAMPLE INFORMATION (to be completed Sample Number: 10/11/06 Sample Date: 10/11/06 Sample Location (be specific): WCCL Disinfectant Residual (Required when reporting	Location Code (if known):  Sample Time: 16:25 (AM) PM (Circle One				
Sample Type (Check Only One)	Reason(s) for Sample (Check all that apply)				
Distribution	Proutine Compliance (with 62-550) Quarterly (Which Quarter?				
Entry Point (to Distribution)	Confirmation of MCL Exceedance Special (not for compliance with 62-550)				
Plant Tap (not for compliance with 62-550)	Composite of Multiple Sites**  Violation Resolution				
Haw (at well or intake)	Clearance (permitting)  Replacement (of Invalidated Sample)				
Max Residence Time	Other:				
Ave Residence Time	Sampling Procedure Used or Other Comments:				
□Near First Customer	WELL NOT ACTIVE				
*See 62-550.500(6) for requirer NOTE: See 62-550.512(3) for a for nitrate or nitrite MCL	ments and restrictions.  **See 62-550.550(4) for requirements and attach a results page for each site.				
Sampler's Name: TERENCE	HC-NKY				
Sampler's Phone #: 727 - 243 9	570 Sampler's Fax #: <u>727 - 848 - 720/</u>				
CERTIFICATION (to be completed by					
1, JERENCE HENRY	, OPCA A TOK (Print Title)				
	(Print Title)  ove public water system and sample collection information is				
Signature: <u>June 14</u>	Date: 10/11/26				

Reporting Format 62-550.730 Effective January 1995, Revised January 2004

Page 1 of 9

	ORY CERTIFICATION CURRENT DOH ANALY	,	e completed by lab - F	Please type or p	rint legibly)			
LabName:	Advanced Environmer	ntal Labs - Tampa		Florida Certification #: E84589				
Address:	9610 Princess Palm A	venue		Certification Expiration Date: 06/30/2007				
	Tampa, Florida 33619			phone #: (813) 630-9616				
ANALYSIS	S INFORMATION (to be	completed by lab						
PWS ID (	(from page 1): 6510355			Date Sample(	s) Received: 10/11/2006 15:00:0			
Lab Assig	ned Report Number or J	lob ID T0611604	Sa	mple Number (F	rom page 1) T0611604-01			
Group(s)	Analyzed Results attach	ned for compliance w	ith chapter 62-550, F.	A.C. (check all ti	nat appl			
Word only	Inorganics  All 17 Partial Nitrate Nitrite Asbestos Only	Synthetic Organics  All 30 All Except Dioxi Partial Dioxin Only	All 21 Radionuc Single		Disinfection Byproducts Triha Haloaceti Bromate Chlorite Secondaries All 14 Partial			
•	analyses subcontracted		0					
,	ase provide DOH certific		NITE ACTED LAD					
ATTACH	DOH ANALYTE SHEET	FOR EACH SUBCC						
			CERTIFICATION					
I, Tammi	e Heslin (Print Name)	, Project Manager						
do HERE National I	BY CERTIFY that all att Environmental Laborator	ached analytical data ry Accreditation Conf	are correct and unlesterence (NELAC).		I requirements of the $10127106$			
Signatur	e: A H			Date:	10121104			
analysis i		tion of the report, pos	ssible enforcement ag		nalyte Sheet for the attached water system for failure to sample,			
** Please	provide radiological sar	nple dates locations	for each quarter.	,				
COMPLI	ANCE DETERMINATIO	(to be completed by	DEP or DOH)					
Sample (	Collection Info Satisfacto	ory Yes N	o Sample	Analysis Info S	atisfactory: Yes No			
Replac	cement Sample(s) Requeste	d (circle or highlight grou	up(s) above) Re	vised Report Requ	ested (circle or highlight group(s) above)			
Additi	ional Monitoring Require	d (circle or highlight o	group(s) above)					
Reason(	s): MCL(s) Exceeded Missing Analyte S Other:		Detection(s) Location Unsatisfac	ctory .	Incomplete Report Analysis Unsatisfactory			
Person N	Notified:			Date	Notified:			
Commer	nts							
Date Rev	viewed:		DEP/DOH Reviewing	Official:				



System Type (check one):	PWS I.D. #: 65/0355  y Nontransient Noncommunity Transient Noncommunity
	) — International Community
Cin. 2401.000	State: 7/7 ZID Code:
	State:
	T COV II.
SAMPLE INFORMATION (to be completed	i by sampler)
Sample Number: TOQ 1100	Location Code (if known):
Sample Date: 10/1/06	
Sample Location (be specific): WECL	= 2 P11-
	g results for trihalomethanes and haloacetic acids): /25 mg/L Field pH: 7
Distriction in residual (nequired when reporting	gresons for amalometraries and haloacetic acids). 72 - mg/L 11e/d pm. 2
Sample Type (Check Only One)	Reason(s) for Sample (Check all that apply)
Distribution	Proutine Compliance (with 62-550) Quarterly (Which Quarter?
PEntry Point (to Distribution)	Confirmation of MCL Exceedance* Special (not for compliance with 62-55
Plant Tap (not for compliance with 62-550)	Composite of Multiple Sites**   Violation Resolution
Raw (at well or intake)	Clearance (permitting) Replacement (of Invalidated Sample
Max Residence Time	Other:
Ave Residence Time	Sampling Procedure Used or Other Comments:
□Near First Customer	
*See 62-550.500(6) for require NOTE: See 62-550.512(3) for for nitrate or nitrite MCI	additional requirements attach a results page for each site.
Sampler's Name: 1212-NCC- /3	1-NA
Sampler's Phone #: 727-243 - 4	·
Sampler's E-Mail Address:	
CERTIFICATION (to be completed b	y sampler)
CERTIFICATION (to be completed b	
·	
CERTIFICATION (to be completed by I, IELENCE HEX (Print Name)	

	ORY CERTIFICATIO CURRENT DOH ANA		(to be complete	d by lab - Please type	or print legibly)		
LabName:	Advanced Environm	ental Labs - Tamp	а	Flo	rida Certification #: E84589		
Address:	9610 Princess Palm	Avenue		Certification Expiration Date: 06/30/2007			
	Tampa, Florida 336	19			phone #: (813) 630-9616		
ΔΝΔΙ ΥΩΙ	S INFORMATION (to	he completed by Is	h				
	·	,	U				
	(from page 1): 651035				nple(s) Received: 10/11/2006 15:00:0		
J	ned Report Number o			·	er (From page 1) T0611604-02		
Group(s)	Analyzed Results atta	sched for complian	ce with chapter	62-550, F.A.C. (check	all that appl		
	Inorganics	Synthetic Orga	nics	Volatile Organics	Disinfection Byproducts		
	All 17	All 30		All 21	Triha		
	Partial	All Except [	Dioxin	Partial	Haloaceti		
	✓ Nitrate	Partial		Radionuclides	Bromate		
	✓ Nitrite	Dioxin Only		Single Samp	Chlorite		
	Asbestos Only			Qtrly Composite*	• Secondaries		
				attij composito	All 14		
					Partial		
Were any	analyses subcontract	ed? Yes	<b>V</b> ∶No				
If yes, ple	ase provide DOH cert	ification number					
ATTACH	DOH ANALYTE SHE	ET FOR EACH SU	BCONTRACTE	D LAB			
			CERTIFIC	CATION			
I, Tammi	e Heslin (Print Name)	, Project Manag	er				
	BY CERTIFY that all a Environmental Labora				et all requirements of the		
Signatur	e			Date:	10/27/06		
analysis i	to provide a valid and results will result in rej result in notification of	ection of the report	, possible enfor	cement against the pu	ent Analyte Sheet for the attached blic water system for failure to sample,		
** Please	provide radiological s	ample dates locat	ions for each qu	rarter.			
COMPLI	ANCE DETERMINATI	O (to be complete	ed by DEP or DO	OH)			
Sample (	Collection Info Satisfac	ctory ! Yes	· No	Sample Analysis Ir	fo Satisfactory: Yes No		
Replac	cement Sample(s) Reques	sted (circle or highligh	t group(s) above)	: Revised Report	Requested (circle or highlight group(s) above)		
Additi	onal Monitoring Requi	red (circle or highli	ght group(s) abo	ove)			
Reason(s	s):	led	Detection	2/6)	Incomplete Penert		
	Missing Analyte Other:	e Sheet(s)	Location	Unsatisfactory	<ul><li>Incomplete Report</li><li>Analysis Unsatisfactory</li></ul>		
Person N	Notified:				Date Notified:		
Commer	nte						
Data Ray				Reviewing Official			



PUBLIC WATER SYSTEM INFORMATION	N (to be completed by sampler – Please type or print legibly)
System Name: COLONIAL //	DANOR PWS I.D. #: 6 5 / 0 3 5 5
System Type (check one): Community	لت بيديا ليسبيا ليبيب لتنبي المستوية
	,,
	State: ZIP Code:
Phone #:	Fax#: 727 848.7701
E-Mail Address:	
SAMPLE INFORMATION (to be completed	hy sampler)
Sample Number: TOOHOO'	
Sample Date: 10/1/06	Sample Time: 10-40 AW PM (Circle One)
Sample Location (be specific): WELC	3 Pot
	results for trihalomethanes and haloacetic acids): 135 mg/L Field pH: 25
Sample Type (Check Only One)	Reason(s) for Sample (Check all that apply)
Distribution	AROutine Compliance (with 62-550) Quarterly (Which Quarter?
DEntry Point (to Distribution)	Confirmation of MCL Exceedance* Special (not for compliance with 62-550)
Plant Tap (not for compliance with 62-550)	Composite of Multiple Sites**    Violation Resolution
Raw (at well or intake)	Clearance (permitting) Replacement (of Invalidated Sample)
Max Residence Time	Other:
☐Ave Residence Time	Sampling Procedure Used or Other Comments:
□Near First Customer	
*See 62-550.500(6) for requirem NOTE: See 62-550.512(3) for a for nitra <u>te</u> or nitrite MCL	dditional requirements attach a results page for each site.
Sampler's Name: IEAENCE	Henry
Sampler's Phone #: 727 - 243 - 48	
Sampler's E-Mail Address:	
CERTIFICATION (to be completed by	sampler)
1 SEARCH HENRY	12 PM ATDA
(Print Name)	DPLATON (Print Title)
do HEREBY CERTIFY that the about complete and correct.	ove public water system and sample collection information is
Signature: 7	12mg Date: 10/11/16

	ORY CERTIFICATION CURRENT DOH ANALY		(to be complete	d by lab - Please ty	pe or print	legibly)		
LabName:	Advanced Environmen	ntal Labs - Tamp	а	F	Florida Cert	ification #: E84589		
Address:	9610 Princess Palm A	venue	•	Certification Expiration Date: 06/30/2007				
	Tampa, Florida 33619					phone #: (813) 630-9616	-	
ANALYSIS	S INFORMATION (to be	completed by la	b					
PWS ID (	from page 1): 6510355			Date S	amnle(s) R	Received: 10/11/2006 15:00:0	n	
	ned Report Number or	 lob ID_T0611604	<u>.</u>		, , ,	page 1) T0611604-03		
				oter 62-550, F.A.C. (check all that appl				
				•				
	Inorganics	Synthetic Orga	INICS	Volatile Organics		Disinfection Byproducts		
	All 17	. All 30	Niewie	All 21		Triha		
	⊧ Partial ✔ Nitrate	All Except D	חוצסוכ	Partial		Haloaceti		
	✓ Nitrite	Dioxin Only		Radionuclides		Bromate : Chlorite		
	Asbestos Only	[ Dioxili Olliy		, Single Samp		•		
	(			Qtrly Composit	e**	Secondaries		
						All 14		
Were any	analyses subcontracted	d? Yes				Partial		
•	ase provide DOH certifi	1,41	r u					
, .	DOH ANALYTE SHEET		BCONTRACTE	DIAB				
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		1 011 2/1011 00						
			CERTIFIC	CATION				
I, Tammi	e Heslin (Print Name)	, Project Manag	er 		1			
	BY CERTIFY that all att Environmental Laborator				meet all red	quirements of the		
	10				,	2/2/10/2		
Signatur	e:(	XII		Dat	e: <i>l</i> (	0/27106		
analysis r		tion of the report	possible enfor	cement against the		yte Sheet for the attached er system for failure to samp	le.	
** Please	provide radiological sar	nple dates locati	ions for each qu	iarter.				
COMPLIA	ANCE DETERMINATIO	(to be complete	ed by DEP or De	OH)				
Sample (	Collection Info Satisfacto	ory Tes	No	Sample Analysis	s Info Satist	factory: Yes No		
Replac	cement Sample(s) Requeste	d (circle or highlight	t group(s) above)	Revised Rep	ort Requeste	d (circle or highlight group(s) abo	ove)	
Additi	onal Monitoring Require	d (circle or highli	ght group(s) abo	ove)				
Reason(s	s): MCL(s) Exceeded	d	Detection	n(s)		[] Incomplete Report		
	Missing Analyte S Other:	Sheet(s)	Location	Unsatisfactory		Analysis Unsatisfactory		
Person N	lotified:				Date No	tified:	*	
Commer					22.07.10			
Date Rev	viewed:		DEP/DOH	Reviewing Official:				



PUBLIC WATER SYSTEM INFORMATIO	N (to be completed by sampler – Please type or print legibly)
System Name: CPOLONIAC ;	MANOR PWS I.D. #: 6510355
System Type (check one):	
City: 1+0410174	State: FL ZIP Code:
Phone #:	Fax #: 127 - 848-7701
SAMPLE INFORMATION (to be completed Sample Number:	Location Code (if known):  Sample Time: // AM PM (Circle One)
Sample Type (Check Only One)	Reason(s) for Sample (Check all that apply)
Distribution	Moutine Compliance (with 62-550) Quarterly (Which Quarter?)
Entry Point (to Distribution)	Confirmation of MCL Exceedance Special (not for compliance with 62-550)
Plant Tap (not for compliance with 62-550)	Composite of Multiple Sites**
Haw (at well or intake)	Clearance (permitting) Replacement (of Invalidated Sample)
Max Residence Time	Other:
☐Ave Residence Time	Sampling Procedure Used or Other Comments:
	WELL NOT ACTIVE
'See 62-550.500(6) for requiren NOTE: See 62-550.512(3) for a for nitrate or nitrite MCL	dditional requirements attach a results page for each site.
Sampler's Name: JERENCE	Henry
	45-70 Sampler's Fax #: 727-84:3 - 45-70
Sampler's E-Mail Address:	
CERTIFICATION (to be completed by	
I, /ELENCE / +E-WAL (Print Name)	(Print Title)
•	ove public water system and sample collection information is
Signature: Duence 14	oney Date: 10/11/06

Reporting Format 62-550.730 Effective January 1995, Revised January 2004

Page I of 9

# 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)

	CURRENT DOH ANAL		completed by lab - Pleas	se type or prii	nt legibly)		
LabName: Advanced Environmental Labs - Tampa				Florida C	ertification #: E84589		
Address:	9610 Princess Palm Avenue Tampa, Florida 33619		Се	Certification Expiration Date: 06/30/2007			
					phone #: (813) 630-9616		
ANALYSIS	S INFORMATION (to be	e completed by lab					
PWS ID (	from page 1): 6510355		Da	ate Sample(s)	Received: 10/11/2006 15:00:0		
Lab Assigned Report Number or Job ID T0611604			Sample	Sample Number (From page 1) T0611604-04			
Group(s) A	Analyzed Results attac	hed for compliance wit	h chapter 62-550, F.A.C.	(check all tha	at appl		
I	Inorganics	Synthetic Organics	Volatile Organ	ics	Disinfection Byproducts		
-	All 17     Partial     Vitrate     Nitrite     Asbestos Only	All 30 All Except Dioxin Partial Dioxin Only	All 21 Partial Radionuclides Single Sam Qtrly Comp	np	Triha Haloaceti Bromate Chlorite Secondaries All 14 Partial		
Were any	analyses subcontracte	d? Yes V No			tor. I		
If yes, plea	ase provide DOH certifi	cation number					
ATTACH [	DOH ANALYTE SHEE	FOR EACH SUBCON	TRACTED LAB				
		C	CERTIFICATION				
I, Tammie	e Heslin (Print Name)	, Project Manager					
	BY CERTIFY that all attended in the second of the second o		are correct and unless no ence (NELAC).	ted meet all r			
Signatue	· All	Llu		Date:	10/27/06		
analysis re		tion of the report, poss	ible enforcement against		alyte Sheet for the attached ater system for failure to sample,		
** Please	provide radiological sar	nple dates locations fo	or each quarter.				
COMPLIA	NCE DETERMINATIO	(to be completed by [	DEP or DOH)				
Sample C	ollection Info Satisfacto	ory Yes No	Sample Ana	lysis Info Sat	isfactory: Yes No		
Replace	ement Sample(s) Requeste	d (circle or highlight group	(s) above) Revised	Report Reques	sted (circle or highlight group(s) above)		
Additio	nal Monitoring Require	d (circle or highlight gro	oup(s) above)				
Reason(s)	MCL(s) Exceeded Missing Analyte S Other:		Detection(s) Location Unsatisfactory		Incomplete Report Analysis Unsatisfactory		
Person No	otified:			Date N	lotified:		
Comment	s						
Date Revi	ewed:	D	EP/DOH Reviewing Offic	ial:			





" --- -- ATI ONE --- AEI Ion In Checkhet Form doc (8/9/Un.

Advanced Environmental Labs 6601 Southpoint Parkway Jacksonville, FL 32216

Page !

Client: ∭	5 Water Corr	)	Project name:	- Molonia	ML	anoc		
Date/Time Rcvd:	0/11/010 15:0	Log-	In request number:					
Received by: Completed by: H								
Cooler/Shipping								
Courier:   AEL   OCI		e Streak □ FedEx [	Other (describe):					
Type: 🛱 Cooler 🗆 Box 🗆 Other (describe)  Cooler temperature: Identify the cooler and document the temperature blank or ice water measurement								
Cooler ID								
Temp (°C)	D							
Temp taken from	☐ Temp blank	☐ Temp blank	□ Temp blank	☐ Temp blank	☐ Temp blank			
	Sample bottle  OR gun	☐ Sample bottle ☐ IR gun	☐ Sample bottle ☐ IR gun	☐ IR gun		☐ Sample bottle ☐ IR gun		
Temp measured with	☐ Thermometer (enter ID):	☐ Thermometer (enter ID):	☐ Thermometer (enter ID):	☐ Thermometer (ID):	enter	│ □ Thermo □ ID):	meter (enter	
Other Information Any "NO" responses o		old be explained in the CHECKLIST	ne "Comments" secti	on below.	YES	, NO	NA	
1. Were custody se	eals on shipping contai						<b>V</b>	
	apers properly include				/			
		ut (ink, signed, match	labels)?					
	rrive in good condition		unia amaganyatiyas)?		14			
	labels agree with the c	e #, date, signed, anal-	ysis, preservatives)?		1			
<del></del>	ottles used for the tests				1			
8. Were proper sar	nple preservation tech	niques indicated on the	e label?		V			
	eceived within holding				1			
		esence of air bubbles?	) 					
11. Were there air bubbles present in the VOA vials?								
12. Were samples in direct contact with wet ice? If "No," check one: □ NO ICE □ BLUE ICE  13. Was the cooler temperature less than 6°C?					1			
14. Were sample pHs checked and recorded by Sample control?								
NOTE: VOA samples are checked by laboratory analysis.								
15. Were the sample containers provided by AEL?					1			
16. Were samples accepted into the laboratory?								
Comments:								
			1					

#### CHAIN OF CUSTODY RECORD

AB NUMBEF	1:-17	i/f o	Pag	

.avadced Environmental Laboratories, Inc.

☐ Jacksonville: 6601 Southpoint Parkway, Jacksonville, FL 32216 • (904) 363-9350 Fax (904) 363-9354

9610 Princess Palm Avenue, Tampa, FL 33619 • (813) 630-9616 Fax (813) 630-4327 '⊒ Tampa:

	7. Gainesville, FL 32653 • (352) 367-1500 Fax (352) 367-0050 ite 1016, Altamonte Springs, FL 32701 • (407) 937-1594 Fax (407) 937-1597			Page	of
CLIENT NAME:	PROJECT NAME:	BOTTLE SIZE			
US WATER CORP-	Cohonial MANON	& TYPE			
ADDRESS: 4939 Cross Barry &	P.O. NUMBER / PROJECT NUMBER:	AR			
New Port Richery 1 34652	PROJECT LOCATION:	N E A Q L U			A B
PHONE: FAX: 727 848-7201		Y I S R			N U
CONTACT: MECISA	SAMPLED BY:	SD			M   B   E
TURN AROUND TIME: REMARKS / SF	PECIAL INSTRUCTIONS:		4 12		R
🖒 STANDARD		(	7 7		
		7			
RUSH			1		
WW= waste water SW=surface water GW=ground water	DW=drinking water OIL A=air SO=soil SL=sludge	Preserv			
SAMPLE ID SAMPLE DESCRIPTION	Grab SAMPLING MATRIX NO. CONT				
WELL TA Por	10////	V	- 1		-01
10411 "2 184	G 19/1/06/0:30 DW 1	V			-67
WELL #3 POE WELL #4 BE RA	G 11/11/16 18040 DW 1				-03
Med the	-W TAIN G 10/1/06 11:01 DW ,				-64
WECK / FEE					
		-			
		-			
		-			
$I = Ice  H = (HCI)  S = (H_2SO_4)  N = (HNO_3)  T = (Sc)$	odium Thiosulfate) Relinguished by: Date	Time	Receive	d by:	Date Time
Shipment Method Sample Kit Cooler #	Relinquished by: Date		Porti		10/11/06 15:00
Out: / / Via: RBD/T	2		1, 1,0,0		
Ret: / / Via: Trip Bl.	3				
Tiet. / / Via 0	4	<u> </u>			

Pasco County Environmental Laboratory		CHAIN 0	F CUSTODY RECORD	Page of			
8864 Government Drive New Port Richey, FL 34654 (727) 847-8902 Fax: (727) 847-8112	FOR LAB USE ONLY	° C (q. Rece	FOR LAB USE ONLY LOG IN NO.				
1, Client: (Company or Individual)	Address:						
2. Report to: (if different from above)	City:	Fax: ( )					
2. Report to: (if different from above)	Address: Phone: ( )						
	City		State Zip Code	Fax: ( )			
3. Client Project Name:  Colonial Mayol  4. Sampled by: (Print)	Water Sample Codes (for Item 11)	Container Codes (for Item 14)	12. 13. Preservatives τ 14. Containers β	Preservative Codes (for Item 13)			
Kin M.	DW - Drinking Water GW - Ground Water	V - VOA vial G - Glass		H - Hydrochloric Acid			
5. Sampled by: (Signature)	SW - Surface Water P - Plastic PW - Processed Water M - Micro Bag/Cu		of Containers  Analyses Requested	M - Monochloroacetic Acid N - Nitric Acid			
6. Shipping Method:		O - Other		OH - Sodium Hydroxide S - Sulfuric Acid			
7. Sample 8. Sample 9. Description	10. 11			T - Sodium Thiosulfate			
Sample Date	Sample Comp.  Grab Water	(Codes) Leachate Soil Sludge Other	No. of Containers  Analyses Requ	For Lab Use Only LAB SAMPLE NO.			
			1 X	· · · · · · · · · · · · · · · · · · ·			
1.	1511 X D	ω)	1 x				
3.							
4.							
5.				<u> </u>			
6.							
7.							
8.							
9.							
10.	DATE	TIME	18./ A RECEIVED BY	DATE TIME			
17. RELINQUISHED BY	, ,			10/20/66 1600			
	10/30/06	1600	Who was portere				
2 Mills Tiller	410/3/bu	JU835	GH	10/30/06 08:35			
3.							
4.				PC 5/10/04a			