

Dorothy Menasco

From: Trina Collins [TCollins@RSBattorneys.com]
Sent: Friday, September 12, 2008 3:44 PM
To: Filings@psc.state.fl.us
Cc: jphoy@uiwater.com; pcflynn@uiwater.com; dswain@milianswain.com; Martin Friedman; Christian W. Marcelli; Trina Collins
Subject: Filing in Docket No.: 080249-WS; Labrador Utilities, Inc.'s Application for an Increase in Water and Wastewater Rates in Pasco County, Florida
Importance: High
Attachments: PSC Clerk (supplemental additional eng info).ltr.09-12-2008.pdf

- a. Martin S. Friedman, Esq.
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Email: mfriedman@rsbattorneys.com
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- b. Docket No.: 080249-WS; Labrador Utilities, Inc.'s Application for an Increase in Water Rates and Wastewater Rates in Pasco County, Florida - Filing 1) Response of Labrador Utilities, Inc. to the Florida Department of Environmental Protection's August 12, 2008 letter in connection with the July 29, 2008 inspection of the Forest Lakes WWTF, and 2) Chemical analyses for Forest Lakes Estates.
- c. Labrador Utilities, Inc.
- d. 49 Pages.
- e. Letter to Commission Clerk - 1 page; Response by Labrador Utilities, Inc. to the Florida Department of Environmental Protection's August 12, 2008 letter in connection with the July 29, 2008 inspection of the Forest Lakes WWTF and Chemical analyses for Forest Lake Estates - 48 pages.

9/15/2008

DOCUMENT NUMBER-DATE

08574 SEP 12 8

FPSC-COMMISSION CLERK

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(LICENSED IN NEW YORK ONLY)

September 12, 2008

E-FILING

Ann Cole, Commission Clerk
Office of Commission Clerk
Florida Public Service Commission
2540 Shumard Oak Boulevard
Tallahassee, FL 32399

RE: Docket No. 080249-WS; Labrador Utilities, Inc.'s Application for an Increase in
Water and Wastewater Rates in Pasco County, Florida
Our File No.: 30057.157

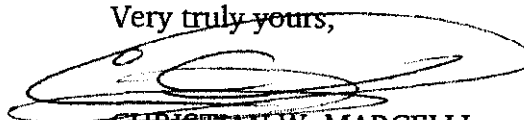
Dear Ms. Cole:

Please find the enclosed documents for filing in the above-referenced docket:

1. Response by Labrador Utilities, Inc., to the Florida Department of Environmental Protection's August 12, 2008 letter in connection with the July 29, 2008 inspection of the Forest Lakes WWTF.
2. Chemical analyses for Forest Lakes Estates.

Should you have any questions, please do not hesitate to give me a call.

Very truly yours,



CHRISTIAN W. MARCELLI
Of Counsel

CWM/tlc
Enclosures

cc: John Hoy, Chief Regulatory Officer (w/enclosures) (via e-mail)
Patrick C. Flynn, Regional Director (w/enclosures) (via e-mail)
Ms. Deborah Swain (w/enclosures) (via e-mail)

DOCUMENT NUMBER-DATE

08574 SEP 12 8

FPSC-COMMISSION CLERK



September 11, 2008

Mr. Frank L. Fulghum III
FDEP – Southwest District
Domestic Wastewater Section
13051 North Telecom Parkway
Temple Terrace, FL 33637-0926

RE: Compliance Evaluation Inspection
Forest Lake Estates WWTF
Facility ID No. FLA012801
Pasco County

Dear Mr. Fulghum:

Our office is in receipt of your letter dated August 12, 2008 in regard to the above referenced facility inspection conducted by the Department on July 29, 2008.

Corrections for items noted during the inspection are as follows. As a reference, the Department's comments are reiterated in bold with the utility response immediately following.

A review of the Discharge Monitoring Reports (DMRs) submitted from June 2007 to June 2008 revealed missing or incorrect values. On the January 2008 DMR, the Annual Average Daily Flow and the 3 Month Average Daily Flow values were incorrect. Please correct and verify all flow measurement data for all the DMRs after January 2008. On the March 2008 DMR, the values for fecal coliform maximum and fecal coliform 90% were missing.

Please see the revised DMRs from January through July 2008 in attachment "A".

The backflow prevention device should be tested annually by a certified technician. The last calibration date was on June 9, 2006. Please submit documentation of the most recent testing date.

Please see the latest backflow prevention device calibration reports in attachment "B".

Moderate rust was observed in and around clarifiers, bulkhead, rails, and support.

Both a contractor and utility personnel have removed rust, prepped and repainted rusted areas noted during the inspection.

DOCUMENT NUMBER-DATE

a Utilities, Inc. company Labrador Utilities, Inc.

200 Weathersfield Ave. • Altamonte Springs, FL 32714-4027 • P:407-869-1919 • F:407-869-6961 • www.uwater.com

08574 SEP 12 8

FPSC-COMMISSION CLERK

Mr. Frank Fulghum
Forest Lake Estates WWTF
Facility ID# FLA012801
Page Two

The automatic backwash feature for the filters was inoperable. Please indicate when this will be repaired.

A sensor was replaced, and the backwash filter placed back in service on September 4, 2008. The sand filter was initially installed as part of a prior permitted subsurface effluent injection system. The subsurface injection system was removed as an effluent disposal option with the issuance of the current operating permit. The sand filter is no longer needed to meet current permit conditions as shown by the absence of water quality exceedances since that time. Would the Department consider a modification of permit application to remove the sand filter from the current process? If so, the utility will forward an application to modify the existing operating permit to accomplish this task.

The two onsite percolation ponds were extremely overgrown and should be mowed more frequently.

Standing water in the ponds due to heavy rainfall had made maintenance of the ponds difficult. The pond areas have since dried and have been properly maintained. It should be noted that the two ponds are only to be used in extreme emergencies and have not been used by the utility for many years.

Monitoring wells MWC 01, 02, and 03 were too dry to sample for the first quarter of 2008.

The contract laboratory that obtains monitoring well samples has been directed to notify utility personnel immediately upon discovery of any dry wells. The Department will then be notified immediately, and a written report will follow.

The first quarter of 2008 qualifiers for Total Recoverable Chromium and Dissolved Sodium indicated a method blank "contamination". Please contact the lab to check sampling procedures.

The laboratory explained that the contamination was limited to the blank and did not affect sampling analysis results. The laboratory is to review sampling procedures.

The second quarter of 2008 pH value for MWC-02 was 4.66 S.U. This value is below the permitted 6.5 to 8.5 range.

The utility acknowledges the Department's comments and will monitor future results. It should be noted, however, that the effluent discharge pH has typically been well within permit limits. Depressed pH values may reflect soil conditions that are outside of control of the utility.

Mr. Frank Fulghum
Forest Lake Estates WWTF
Facility ID# FLA012801
Page Three

The second quarter of 2008 pH value of MWC-04 was 6.3 S.U. This value is below the permitted 6.5 to 8.5 range.

The utility acknowledges the Department's comments and will monitor future results. It should be noted, however, that the effluent discharge pH has typically been well within permit limits. Depressed pH values may reflect soil conditions that are outside of control of the utility.

Monitoring wells MWC-01 and 03 were too dry to sample for the second quarter of 2008.

The contract laboratory which obtains the groundwater monitor well samples has been directed to notify utility personnel immediately upon discovery of any dry wells. The Department will then be notified immediately, and a written report will follow.

Both 2008 quarters of GWMRs indicated that some of the MWC were "dry" and a representative sample could not be obtained. If another "dry" event occurs, then the permittee shall follow the permit in notifying the Department immediately, and submitting a written report within seven days detailing remedial measures taken or proposed.

The utility acknowledges the Department's comments and will provide notification as stated earlier. After investigation with our contract laboratory, please be aware that all of the groundwater monitoring wells has had standing water present at the bottom of the well casing prior to purging. In some instances, monitoring wells do not recharge sufficiently to allow for sample collection as required by sampling protocol with respect to purging the well casing and therefore, are labeled on the monitoring report as "dry". The ground water monitoring wells are functioning as intended. With a lower water table due in part to the proper application of effluent to the spray field site through rotation of the three irrigation zones, and in conjunction with dry weather through the growing season, groundwater levels appear to be depressed below the spray field. This indicates a lack of "mounding" of effluent, which is a good indicator of the proper use of the spray site for effluent disposal.

Please start sampling for Total Recoverable Sodium, PARM Code 00923, not Dissolved Sodium for future quarters. The Department will send you a revised GWMR to be used in place of the current permitted GWMR.

The laboratory has been directed to start analyzing Total Recoverable Sodium rather than Dissolved Sodium going forward.

Mr. Frank Fulghum
Forest Lake Estates WWTF
Facility ID# FLA012801
Page Four

If you should have any questions, or require further information, please do not hesitate to contact me at (407) 869-8588, ext. 234 or via email at slhaws@uiwater.com.

Sincerely,
LABRADOR UTILITIES, INC.

Scotty L. Haws
Regional Compliance & Safety Manager

EC: Patrick C. Flynn, Regional Director
Mike Wilson, Regional Manager
Lee Neal, Area Manager



Client: Labrador Utilities
Project Name: Forest Lake Estates
Project Number:
AWS ID#: 6514842
Attention: Shan Rainey
Phone Number: 4079489831
Address: P.O. Box 1206

Zephyrhills, Florida 33539

Report No.: T0613153
Date Sampled: 11/21/2006
Date Received: 11/21/06 11:10
Date Reported: 01/10/2007

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: Forest Lake Estates

Approved By:

Shan Rainey, 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 = 29

Advanced Environmental Laboratories, Inc.
Analytical Report

Client: Labrador Utilities
 Project Name: Forest Lake Estates
 Matrix: Drinking Water
 PWS ID#: 6514842
 Client Sample ID: POE
 Site: Distribution/WTP
 Sample Number: T0613153-01

Report No.: T0613153
 Date/Time Sampled: 11/21/06 06:00
 Date/Time Received: 11/21/06 11:10
 Sampled By: Shan Rainey
 Shipping Method: AEL Pick-up

Inorganic Contaminants

Contam ID	Contam Name	MCL	Units	Analysis Results	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Cert. #
005	Arsenic	0.010	mg/L	0.0010	U	E200.8	0.0010	12/11/2006	15:14	E87315
010	Barium	2.0	mg/L	0.012		E200.7	0.00067	12/06/2006	17:47	E82574
015	Cadmium	0.0050	mg/L	0.000051	U	E200.7	0.000051	12/06/2006	17:47	E82574
020	Chromium	0.10	mg/L	0.00030	U	E200.7	0.00030	12/06/2006	17:47	E82574
024	Cyanide	0.20	mg/L	0.015	i	SM4500CN-E	0.0049	12/06/2006	09:00	E84589
025	Fluoride	4.0	mg/L	0.18		E300.0	0.031	12/05/2006	08:24	E84589
030	Lead	0.015	mg/L	0.0012	U	SM3113B	0.0012	11/29/2006	10:55	E82574
035	Mercury	0.0020	mg/L	0.000020	U	E245.1	0.000020	11/28/2006	09:33	E82574
036	Nickel	0.10	mg/L	0.0016	U	E200.7	0.0016	12/06/2006	17:47	E82574
040	Nitrate (as N)	10	mg/L	0.053	i	SM4500NO3-F	0.027	11/22/2006	12:18	E84589
041	Nitrite (as N)	1.0	mg/L	0.034	U	SM4500NO3-F	0.034	11/22/2006	12:18	E84589
045	Selenium	0.050	mg/L	0.00074	U	SM3113B	0.00074	12/11/2006	17:15	E82574
052	Sodium	160	mg/L	8.1		E200.7	0.019	12/06/2006	17:47	E82574
074	Antimony	0.0060	mg/L	0.0026	U	SM3113B	0.0026	12/04/2006	11:29	E82574
075	Beryllium	0.0040	mg/L	0.000017	U	E200.7	0.000017	12/06/2006	17:47	E82574
085	Thallium	0.0020	mg/L	0.0012	U	E200.9	0.0012	12/01/2006	16:11	E82574

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

I 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.

Advanced Environmental Laboratories, Inc.

Analytical Report

Client: Labrador Utilities
Project Name: Forest Lake Estates
Matrix: Drinking Water
PWS ID#: 6514842
Client Sample ID: POE
Site: Distribution/WTP
Sample Number: T0613153-01

Report No.: T0613153
Date/Time Sampled: 11/21/06 06:00
Date/Time Received: 11/21/06 11:10

Sampled By: Shan Rainey
Shipping Method: AEL Pick-up

Secondary DW Standards

Contam ID	Contam Name	MCL	Units	Analysis Results	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Cert. #
002	Aluminum	0.20	mg/L	0.021	U	E200.7	0.021	12/06/2006	17:47	E82574
017	Total Chlorides	250	mg/L	11		E300.0	2.1	12/05/2006	08:24	E84589
022	Copper	1.0	mg/L	0.0077	V	E200.7	0.00096	12/06/2006	17:47	E82574
025	Fluoride	2.0	mg/L	0.18		E300.0	0.031	12/05/2006	08:24	E84589
028	Iron	0.30	mg/L	0.19		E200.7	0.011	12/06/2006	17:47	E82574
032	Manganese	0.050	mg/L	0.0041		E200.7	0.00025	12/06/2006	17:47	E82574
050	Silver	0.10	mg/L	0.00060	U	E200.7	0.00060	12/06/2006	17:47	E82574
055	Sulfate (as SO4)	250	mg/L	3.6	I	E300.0	2.1	12/05/2006	08:24	E84589
095	Zinc	5.0	mg/L	0.0095		E200.7	0.0016	12/06/2006	17:47	E82574
1905	Color	15	Color Units	5.0		SM2120B	5.0	11/22/2006	09:50	E84589
1920	Odor	3.0	TON	1.0	U	SM2150B	1.0	11/21/2006	14:30	E84589
1925	pH	6.5-8.5	pH Units	7.63	Q	E150.1	1.0	11/21/2006	14:30	E84589
1930	Total Dissolved Solids	500	mg/L	250		E160.1	8.0	11/28/2006	15:00	E84589
1905	MBAS, as LAS, mol. wt. 340	0.50	mg/L	0.19		E425.1	0.035	11/22/2006	07:00	E84589

- 1 The reported value is between the laboratory method detection limit and the laboratory practical quantitation limit.
- 2 Sample held beyond the acceptable hold time.
- 3 The compound was analyzed for but not detected.
- 4 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.

Advanced Environmental Laboratories, Inc.

Analytical Report

Client: Labrador Utilities

Project Name: Forest Lake Estates

Matrix: Drinking Water

PWS ID#: 6514842

Client Sample ID: POE

Site: Distribution/WTP

Sample Number: T0613153-01

Report No.: T0613153

Date/Time Sampled: 11/21/06 06:00

Date/Time Received: 11/21/06 11:10

Sampled By: Shan Rainey

Shipping Method: AEL Pick-up

Synthetic Organics

Contam ID	Contam Name	MCL	Units	Analysis Results	Qualifier	Analytical Method	Lab MDL	RDL	Analysis Date	Analysis Time	DOH Lab Cert. #
005	Endrin	2.0	ug/L	0.0016	U	E508	0.0016	0.010	11/28/2006	19:53	E82574
010	Lindane	0.20	ug/L	0.0033	U	E508	0.0033	0.020	11/28/2006	19:53	E82574
015	Methoxychlor	40	ug/L	0.011	U	E508	0.011	0.10	11/28/2006	19:53	E82574
020	Toxaphene	3.0	ug/L	0.091	U	E508	0.091	1.0	11/28/2006	19:53	E82574
031	Dalapon	200	ug/L	0.86	U	E515.3	0.86	1.0	12/01/2006	16:52	E82574
032	Diquat	20	ug/L	2.5	U	E549.2	2.5	0.40	12/05/2006	10:38	E82574
033	Endothal	100	ug/L	4.8	U	E548.1	4.8	9.0	11/30/2006	10:23	E82574
035	Bis(2-ethylhexyl) Adipate	400	ug/L	0.27	U	E525.2	0.27	0.60	11/30/2006	19:17	E82574
036	Oxamyl (Vydate)	200	ug/L	0.61	U	E531.1	0.61	2.0	11/28/2006	06:27	E82574
037	Simazine	4.0	ug/L	0.19	U	E525.2	0.19	0.070	11/30/2006	19:17	E82574
039	Bis(2-ethylhexyl)phthalate	6.0	ug/L	0.77	U	E525.2	0.77	0.60	11/30/2006	19:17	E82574
040	Picloram	500	ug/L	0.47	U	E515.3	0.47	0.10	12/01/2006	16:52	E82574
041	Dinoseb	7.0	ug/L	0.64	U	E515.3	0.64	0.20	12/01/2006	16:52	E82574
042	Hexachlorocyclopentadiene	50	ug/L	0.015	U	E508	0.015	0.10	11/28/2006	19:53	E82574
046	Carbofuran	40	ug/L	1.1	U	E531.1	1.1	0.90	11/28/2006	06:27	E82574
050	Atrazine	3.0	ug/L	0.16	U	E525.2	0.16	0.10	11/30/2006	19:17	E82574
051	Alachlor	2.0	ug/L	0.26	U	E525.2	0.26	0.20	11/30/2006	19:17	E82574
065	Heptachlor	0.40	ug/L	0.0063	U	E508	0.0063	0.040	11/28/2006	19:53	E82574
067	Heptachlor Epoxide	0.20	ug/L	0.0028	U	E508	0.0028	0.020	11/28/2006	19:53	E82574
105	2,4-D	70	ug/L	1.7	U	E515.3	1.7	0.10	12/01/2006	16:52	E82574
110	2,4,5-TP (Stivex)	50	ug/L	0.080	U	E515.3	0.080	0.20	12/01/2006	16:52	E82574
274	Hexachlorobenzene	1.0	ug/L	0.0027	U	E508	0.0027	0.10	11/28/2006	19:53	E82574
306	Benzo(a)pyrene	0.20	ug/L	0.096	U	E525.2	0.096	0.020	11/30/2006	19:17	E82574
326	Pentachlorophenol	1.0	ug/L	0.24	U	E515.3	0.24	0.040	12/01/2006	16:52	E82574
383	PCB screen as Arochlors	0.50	ug/L	0.11	U	E508	0.11	0.10	11/28/2006	19:53	E82574
931	1,2-Dibromo-3-chloropropan	0.20	ug/L	0.0082	U	E504.1	0.0082	0.020	11/29/2006	11:23	E82574
946	Ethylene Dibromide	0.020	ug/L	0.0091	U	E504.1	0.0091	0.010	11/29/2006	11:23	E82574
959	Chlordane	2.0	ug/L	0.048	U	E508	0.048	0.20	11/28/2006	19:53	E82574

The compound was analyzed for but not detected.

IDL Method Reporting Limit

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

Advanced Environmental Laboratories, Inc.

Analytical Report

Client: Labrador Utilities
 Project Name: Forest Lake Estates
 Matrix: Drinking Water
 PWS ID#: 6514842
 Client Sample ID: POE
 Site: Distribution/WTP
 Sample Number: T0613153-01

Report No.: T0613153
 Date/Time Sampled: 11/21/06 06:00
 Date/Time Received: 11/21/06 11:10
 Sampled By: Shan Rainey
 Shipping Method: AEL Pick-up

Volatile Organics

Contam ID	Contam Name	MCL	Units	Analysis Results	Qualifier	Analytical Method	Lab MDL	RDL	Analysis Date	Analysis Time	DOH Lab Cert. #
978	1,2,4-Trichlorobenzene	70	ug/L	0.20	U	E502.2	0.20	0.50	11/30/2006	01:08	E82574
980	Cis-1,2-dichloroethene	70	ug/L	0.20	U	E502.2	0.20	0.50	11/30/2006	01:08	E82574
955	* Xylenes (Total)	10000	ug/L	0.50	U	E502.2	0.50	0.50	11/30/2006	01:08	E82574
964	Methylene Chloride	5.0	ug/L	0.44	U	E502.2	0.44	0.50	11/30/2006	01:08	E82574
968	1,2-Dichlorobenzene	600	ug/L	0.26	U	E502.2	0.26	0.50	11/30/2006	01:08	E82574
969	1,4-Dichlorobenzene	75	ug/L	0.11	U	E502.2	0.11	0.50	11/30/2006	01:08	E82574
976	Vinyl Chloride	1.0	ug/L	0.29	U	E502.2	0.29	0.50	11/30/2006	01:08	E82574
977	1,1-Dichloroethene	7.0	ug/L	0.21	U	E502.2	0.21	0.50	11/30/2006	01:08	E82574
979	Trans-1,2-dichloroethene	100	ug/L	0.27	U	E502.2	0.27	0.50	11/30/2006	01:08	E82574
980	1,2-Dichloroethane	3.0	ug/L	0.22	U	E502.2	0.22	0.50	11/30/2006	01:08	E82574
981	1,1,1-Trichloroethane	200	ug/L	0.33	U	E502.2	0.33	0.50	11/30/2006	01:08	E82574
982	Carbon Tetrachloride	3.0	ug/L	0.31	U	E502.2	0.31	0.50	11/30/2006	01:08	E82574
983	1,2-Dichloropropane	5.0	ug/L	0.22	U	E502.2	0.22	0.50	11/30/2006	01:08	E82574
984	Trichloroethene	3.0	ug/L	0.28	U	E502.2	0.28	0.50	11/30/2006	01:08	E82574
985	1,1,2-Trichloroethane	5.0	ug/L	0.32	U	E502.2	0.32	0.50	11/30/2006	01:08	E82574
987	Tetrachloroethene	3.0	ug/L	0.31	U	E502.2	0.31	0.50	11/30/2006	01:08	E82574
989	Chlorobenzene	100	ug/L	0.18	U	E502.2	0.18	0.50	11/30/2006	01:08	E82574
990	Benzene	1.0	ug/L	0.21	U	E502.2	0.21	0.50	11/30/2006	01:08	E82574
991	Toluene	1000	ug/L	0.10	U	E502.2	0.10	0.50	11/30/2006	01:08	E82574
992	* Ethylbenzene	700	ug/L	0.15	U	E502.2	0.15	0.50	11/30/2006	01:08	E82574
996	Styrene	100	ug/L	0.14	U	E502.2	0.14	0.50	11/30/2006	01:08	E82574

U The compound was analyzed for but not detected.

MDL Method Reporting Limit

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



Client: Labrador, Utilities Inc. of Florida
 200 Weathersfield Ave.
 Altamonte Springs, FL 32714
 Contact: Shan Rainey
 Phone Number: (407) 948-9832
 Project Location: Forest Lake Estates
 POE

Report Number: T0613153-01
 Date Reported: 01/10/2007
 Date/Time Sampled: 11/21/06 0645
 Date/Time Received: 11/21/06 1110
 DOH Cert. No.: E84589

Sample ID #: 6514842
 Matrix: Drinking Water

RADIOCHEMICAL ANALYSIS
 62-550.310(5)
 (PWS033)

Contaminant	Contaminant Name(MCL)	Units	Analysis Result	Data Qualifier	Analytical Method	MDL	RDL	Error (+/-)	Analysis Date	Analysis Time	DOH Lab ID:
0	Gross Alpha(5.0**)	pCi/L	1.7	1.3	EPA 900.0	1.1	3	0.7	12/01/2006	N/A	E83033
0	Combined Uranium(30) (U-234,U-235, & U-238)	pCi/L	0.8	U	EPA 908.0	0.8	2	0.4	12/12/2006	N/A	E83033
0	Radium 226(3.0*)	pCi/L	0.9		EPA 903.1	0.1	1	0.2	12/11/2006	N/A	E83033
0	Radium 228(3.0*)	pCi/L	0.8	U	EPA Ra-05	0.8	1	0.5	12/11/2006	N/A	E83033

Approved by: 
 Tammie Heslin, Project Manager

Advanced Environmental Lab certifies that the test results in this report meet all requirements of Nelac standards.

above 5 pCi/l requires analysis on Radium 226, above 15 pCi/l requires analysis on Uranium.
 Radium 226 and 228 cannot exceed 3
 pCi/l - Maximum Contaminant Level
 Sample was analyzed for but not detected

Labrador

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: Forest Lake Estates PWS I.D. #: 0514842

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

Address: _____

City: _____ State: _____ ZIP Code: _____

Phone #: _____ Fax #: _____

E-Mail Address: _____

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: TD613153-01 Location Code (if known): _____

Sample Date: 11-21-04 Sample Time: 0600 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)

- Distribution
- Entry Point (to Distribution)
- Plant Tap (not for compliance with 62-550)
- Raw (at well or intake)
- Max Residence Time
- Ave Residence Time
- Near First Customer

Reason(s) for Sample (Check all that apply)

- Routine Compliance (with 62-550) Quarterly (Which Quarter? _____)
- Confirmation of MCL Exceedance* Special (not for compliance with 62-550)
- Composite of Multiple Sites** Violation Resolution
- Clearance (permitting) Replacement (of invalidated Sample)
- Other: _____

Sampling Procedure Used or Other Comments: _____

*See 62-550.500(6) for requirements and restrictions.
NOTE: See 62-550.512(3) for additional requirements for nitrate or nitrite MCL exceedances.

**See 62-550.550(4) for requirements and attach a results page for each site.

Sampler's Name: _____

Sampler's Phone #: _____ Sampler's Fax #: _____

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.

Signature: _____ Date: _____

274063

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

CERTIFICATION INFORMATION (to be completed by lab – Please type or print legibly)

ATTACH CURRENT DOH ANALYTE SHEET*

Lab Name: FL DOH – Bureau of Laboratories – Jacksonville Florida Certification #: E12700
 Address: 1217 North Pearl Street Certification Expiration Date: 06/30/07
Jacksonville, Florida 32202 Phone #: (904) 791-1525

ANALYSIS INFORMATION (to be completed by lab)

PWS ID (From Page 1):
 Lab Assigned Job ID: ADV_ENVLAB-061127-028

Date Sample(s) Received: 11/22/06
 Sample Number (From Page 1): TO613153-01
 Lab Assigned Sample Number: 274063

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

- | | | | |
|--|---|---|---|
| <p><u>Inorganics</u></p> <input type="checkbox"/> All 17
<input type="checkbox"/> Partial
<input type="checkbox"/> Nitrate
<input type="checkbox"/> Nitrite
<input type="checkbox"/> Asbestos Only | <p><u>Synthetic Organics</u></p> <input type="checkbox"/> All 30
<input type="checkbox"/> All Except Dioxin
<input checked="" type="checkbox"/> Partial
<input type="checkbox"/> Dioxin Only | <p><u>Volatile Organics</u></p> <input type="checkbox"/> All 21
<input type="checkbox"/> Partial

<p><u>Radionuclides</u></p> <input type="checkbox"/> Single Sample
<input type="checkbox"/> Qtrly Composite** | <p><u>Disinfection Byproducts</u></p> <input type="checkbox"/> Trihalomethanes
<input type="checkbox"/> Haloacetic Acids
<input type="checkbox"/> Bromate
<input type="checkbox"/> Chlorite

<p><u>Secondaries</u></p> <input type="checkbox"/> All 14
<input type="checkbox"/> Partial |
|--|---|---|---|

Were any analyses subcontracted? Yes No

If yes, please provide DOH certification Numbers:

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB*

CERTIFICATION

I, Carlton Wilson,
 (Print Name)

Quality Assurance Officer ,
 (Print Title)

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: DEC 03 2006

* Failure to Provide a valid and current Florida DOH lab certification number and 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 DETERMINATION (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)
- Reason(s): MCL(s) Exceeded Detection(s) Incomplete Report
 Missing Analyte Sheet(s) Location Unsatisfactory Analysis Unsatisfactory
 Other: _____

Person Notified: _____ Date Notified: _____

Comments: _____

Date Reviewed: _____ DEP/DOH Reviewing Official: _____

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

SYNTHETIC ORGANICS
62.550.310(4)(b)

LAB ASSIGNED SAMPLE NUMBER: 274063
LAB ASSIGNED JOB ID: ADV_ENVLAB-061127-028
PWS ID (From Page 1):

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			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	1				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	UJ3	EPA 547	12	6	NA	11/29/06	18:33	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	Picloram	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	Alachlor	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			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)

Florida Department of Environmental Protection

Safe Drinking Water Program Laboratory Reporting Format

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
B	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: <ol style="list-style-type: none"> 1. The value is less than the lowest calibration standard and the calibration curve is known to be non-linear; <li style="text-align: center;">or 2. The value is known to be less than the reported value based on sample size, dilution or some other variable. <p>This code shall not be used to report values that are less than the laboratory practical quantitation limit or laboratory method detection limit.</p>
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.
M	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.

Florida Department of Environmental Protection

Safe Drinking Water Program Laboratory Reporting Format

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	<p>Estimated value; value may not be accurate. This code shall be used in the following instances:</p> <ol style="list-style-type: none"> 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; 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). <p>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).</p>
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 indicate female sex.
H	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	<p>Presumptive evidence of material. This qualifier shall be used if:</p> <ol style="list-style-type: none"> 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).
O	Sampled, but analysis lost or not performed.
T	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.

Glyphosate was qualified with a "J3". The laboratory control spike (LCS) was recovered at 68.2%. The expected recovery of glyphosate in the LCS is 70% - 130%.



ANALYTICAL SERVICES, INC.

Environmental Monitoring & Laboratory Analysis
110 Technology Parkway Norcross, GA 30092
(770) 734-4200 FAX (770) 734-4201

Laboratory Report

Report Number **237097**

Prepared For:
Advanced Environmental Labs-Tampa
9610 Princess Palm Avenue
Tampa, FL 33619

Attention: Ms. Tammie Heslin

December 13, 2006

We appreciate the opportunity to provide the analytical support for your project. The analytical results in this report are based upon information supplied by you, the client, and are for your exclusive use. If you have any questions regarding this data package, please do not hesitate to call the Project Manager listed below.

Project Manager

Quality Assurance



ANALYTICAL SERVICES, INC.

Environmental Monitoring & Laboratory Analysis

110 Technology Parkway Norcross, GA 30092

(770) 734-4200 FAX (770) 734-4201

Laboratory Report

Advanced Environmental Labs-Tampa
9610 Princess Palm Avenue
Tampa, FL 33619

Attention: Ms. Tammie Heslin

December 13, 2006

Report No. 237097-2

Advanced Environmental Labs-Tampa

Sample Description: Drinking Water, Grab, T0613153-01, 11/21/2006, 06:00, received 11/30/2006

Analyte	Analytical Method	Preparation Method	Result	Flag	Units	PQL	MDL	CAS #	DF	Results Source ID	Batch	Preparation Date	Preparation Time	Analytical Date	Analytical Time	Total or Dissolved	MCL
Metals																	
Total Arsenic (As)	EPA 200.8	EPA 200.8	0.001	U	mg/L	0.01	0.001	7440382	1	237097-2	136076	12/11/06	0700	12/11/06	1514	T	0.01

1-1
1-1

**Single Analyte Data
Blank Results Information**

Batch Number	Analyte	Analysis Method	Preparation Method	Units	Blank Result	Matrix
136076	As	EPA 200.8		mg/L	0.001 U	AQUEOUS

Lab Control Information

Batch Number	Analyte	Analysis Method	LC % Rec.	%Recovery Range
136076	As	EPA 200.8	91	85 - 115

Matrix Spike Information

Batch Number	Analyte	Analysis Method	MS % Rec.	MSD % Rec.	MS/MSD RPD	%Recovery Range	RPD Range
136076	As	EPA 200.8	108	110	2	70 - 130	0 - 20

Unspiked Sample Duplicate Information

Batch Number	Analyte	Analysis Method	Sample 1 RPD	Sample 2 RPD	RPD Range
136076	As	EPA 200.8	0		0 - 20

Single Analyte Data
Sample Batch Information
Analysis : As

Batch # 136076**Matrix : AQUEOUS**

Sample ID	Tag	Preparation				Analysis			
		Date	Time	By	Notes	Date	Time	By	Inst
BLK136076		12/11/06	0700	MT	NEAT	12/11/06	1453	MCJ	ICPMS
LCS-136076		12/11/06	0700	MT	NEAT	12/11/06	1456	MCJ	ICPMS
237510-1MS		12/11/06	0700	MT	NEAT	12/11/06	1458	MCJ	ICPMS
237510-1MSD		12/11/06	0700	MT	NEAT	12/11/06	1501	MCJ	ICPMS
237510-1DUP1		12/11/06	0700	MT	NEAT	12/11/06	1504	MCJ	ICPMS
237510-1		12/11/06	0700	MT	NEAT	12/11/06	1506	MCJ	ICPMS
237510-2		12/11/06	0700	MT	NEAT	12/11/06	1509	MCJ	ICPMS
237097-1		12/11/06	0700	MT	NEAT	12/11/06	1511	MCJ	ICPMS
237097-2		12/11/06	0700	MT	NEAT	12/11/06	1514	MCJ	ICPMS
237097-3		12/11/06	0700	MT	NEAT	12/11/06	1517	MCJ	ICPMS
237097-4		12/11/06	0700	MT	NEAT	12/11/06	1524	MCJ	ICPMS
237097-5		12/11/06	0700	MT	NEAT	12/11/06	1527	MCJ	ICPMS
237097-6		12/11/06	0700	MT	NEAT	12/11/06	1530	MCJ	ICPMS
237097-7		12/11/06	0700	MT	NEAT	12/11/06	1532	MCJ	ICPMS
237097-8		12/11/06	0700	MT	NEAT	12/11/06	1535	MCJ	ICPMS
237097-9		12/11/06	0700	MT	NEAT	12/11/06	1538	MCJ	ICPMS
237097-10		12/11/06	0700	MT	NEAT	12/11/06	1540	MCJ	ICPMS
237097-11		12/11/06	0700	MT	NEAT	12/11/06	1543	MCJ	ICPMS
237097-12		12/11/06	0700	MT	NEAT	12/11/06	1545	MCJ	ICPMS
237097-13		12/11/06	0700	MT	NEAT	12/11/06	1548	MCJ	ICPMS
237097-14		12/11/06	0700	MT	NEAT	12/11/06	1557	MCJ	ICPMS
237097-14SD		12/11/06	0700	MT	NEAT	12/11/06	1559	MCJ	ICPMS

^^ Dilution factor: 5



ANALYTICAL SERVICES, INC.

Environmental Monitoring & Laboratory Services
110 Technology Parkway, Norcross, GA 30092
(770)734-4200 FAX (770)734-4201

SAMPLE RECEIPT VARIANCE FORM

ttn: Ms. Tammie Heslin

lient: ADVANCED ENVIRONMENTAL LABS-TAMPA FL TAMPA

roject:

ecvd : 11/30/2006

Logged By: TRP

NPDES:

Work Order: 237097

OBSERVATIONS

amples: 14

#Containers: 14

H: Labeled Preserved

Temp(C): 19

Ice: No

Custody Seal(s): Not Present

CHECKLIST ITEMS**

- | | |
|--|-----|
| 1. COC included with Samples | Yes |
| 2. Chain of Custody Complete | No |
| 3. Sample Container(s) Intact | Yes |
| 4. Sample Container(s) Match COC | Yes |
| 5. Params Designated by Client on COC | Yes |
| 6. Temperature in Compliance | Yes |
| 7. Sufficient Sample Volume for Analysis | Yes |
| 8. Zero HeadSpace Maintained for VOA Analyses | N/A |
| 9. Samples labeled preserved (if applicable) | Yes |
| 10. Samples Received within Allowable Hold Times | Yes |

Temperature by IR Gun. T

*The Times were not listed for T0613351-01-02-03-04-05-06
and T0613362-01-02-03-04.*

Status: Samples processed as received.

Arrive Via: DHL

Airbill:

Contacted:

Date:

By:

North Carolina Samples ONLY - When a laboratory receives samples which do not meet sample collection, holding time, or preservative requirements, the laboratory must notify the sample collector or client and secure another sample. If another sample cannot be secured, the original sample may be analyzed but the results reported must be qualified with the nature of the infraction(s) and the laboratory must notify the State Laboratory about the infraction(s). 17

North Carolina Administrative Code, Reference 15A NCAC 2H.0805(a)(7)(N)



Florida Radiochemistry Services, Inc.

Contact: Michael J. Naumann

5456 Hoffner Ave., Suite 201 Orlando, FL 32812

Phone: (407) 382-7733 Fax: (407)382-7744

Certification I. D. # E83033

Work Order #: 0611174

Report Date: 12/12/06

Report to:

Advanced Environmental Laboratories, Inc.

9610 Princess Palm Ave.

Tampa, FL 33619

Attention: Michael Cammarata

I do hereby affirm that this record contains no willful misrepresentations and that this information given by me is true to the best of my knowledge and belief. I further certify that the methods and quality control measures used to produce these laboratory results were implemented in accordance with the requirements of this laboratory's certification and NELAC Standards.

Signed


Michael J. Naumann - President

Date 12-12-06



Florida Radiochemistry Services, Inc.

Sample Login

Client:	Advanced Environmental Laboratories, Inc.	Date / Time Received	Work order #
Client Contact:	Michael Cammrata	11/22/06 10:47	0611174
Client P.O.			
Project I.D.	T0613153		
Lab Sample I.D.	Client Sample I.D.	Sample Date/Time	Analysis Requested
0611174-01	T0613153-01	11/21/06 06:00	Ga, Ra226, Ra228, U

Analysis Results

Gross Alpha	1.3	Radium 226	0.9
Error +/-	0.7	Error +/-	0.2
MDL	1.1	MDL	0.1
EPA Method	900.0	EPA Method	903.1
Prep Date	11/30/06	Prep Date	12/06/06
Analysis Date	12/01/06	Analysis Date	12/11/06
Analyst	MJN	Analyst	MJN
Radium 228	0.8U	Uranium	0.8U
Error +/-	0.5	Error +/-	0.4
MDL	0.8	MDL	0.8
EPA Method	Ra-05	EPA Method	908.0
Prep Date	12/06/06	Prep Date	12/11/06
Analysis Date	12/11/06	Analysis Date	12/12/06
Analyst	PJ	Analyst	MJN
Units	pCi/l	Units	pCi/l



Florida Radiochemistry Services, Inc.

QA Page

Analyte	Sample #	Date Analyzed	Sample Result	Amount Spiked	Spike Result	Spike /Dup Result	Spike % Rec.	Spike Dup % Rpd
Gross Alpha	0611170-06	12/01/06	<2.1	10.2	7.9	8.6	77	8.5
Radium 226	0611175-02	12/11/06	1.0	25.2	26.6	26.4	102	0.8
Radium 228	0611175-02	12/11/06	<0.8	7.6	8.2	8.4	108	2.4
Uranium	0611168-02	12/12/06	<0.7	11.2	9.4	8.8	84	6.6

	Quality Control	Limits
	% RPD	% Rec.
Gross Alpha	22.1	61-117
Radium 226	20.2	77-125
Radium 228	22.8	75-125
Uranium	24.9	69-120

**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: Forest Lake Estates PWS I.D. #: 6514842

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

Address: _____

City: _____ State: _____ ZIP Code: _____

Phone #: _____ Fax #: _____

E-Mail Address: _____

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: 1061353-01 Location Code (if known): _____

Sample Date: 11/21/06 Sample Time: 6043 (AM) PM (Circle One)

Sample Location (be specific): POE

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): _____ mg/L Field pH: _____

Sample Type (Check Only One)

- Distribution
- Entry Point (to Distribution)
- Plant Tap (not for compliance with 62-550)
- Raw (at well or intake)
- Max Residence Time
- Ave Residence Time
- Near First Customer

Reason(s) for Sample (Check all that apply)

- Routine Compliance (with 62-550)
- Quarterly (Which Quarter? _____)
- Confirmation of MCL Exceedance*
- Special (not for compliance with 62-550)
- Composite of Multiple Sites**
- Violation Resolution
- Clearance (permitting)
- Replacement (of Invalidated Sample)
- Other: _____

Sampling Procedure Used or Other Comments: _____

*See 62-550.500(6) for requirements and restrictions.
NOTE: See 62-550.512(3) for additional requirements
for nitrate or nitrite MCL exceedances.

**See 62-550.550(4) for requirements and
attach a results page for each site.

Sampler's Name: Shan Rainey

Sampler's Phone #: _____ Sampler's Fax #: _____

Sampler's E-Mail Address: _____

CERTIFICATION (to be completed by sampler)

I, Shan Rainey _____
(Print Name) (Print Title)

do HEREBY CERTIFY that the above public water system and sample collection information is complete and correct.

Signature: _____ Date: _____

**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
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): 6514842 Date Sample(s) Received: 11/21/2006 11:10:0
Lab Assigned Report Number or Job ID T0613153 Sample Number (From page 1) T0613153-01

Group(s) Analyzed Results attached for compliance with chapter 62-550, F.A.C. (check all that apply)

- | | | | |
|---|---|---|--|
| <u>Inorganics</u> | <u>Synthetic Organics</u> | <u>Volatile Organics</u> | <u>Disinfection Byproducts</u> |
| <input checked="" type="checkbox"/> All 17 | <input type="checkbox"/> All 30 | <input checked="" type="checkbox"/> All 21 | <input type="checkbox"/> Triha |
| <input type="checkbox"/> Partial | <input checked="" type="checkbox"/> All Except Dioxin | <input type="checkbox"/> Partial | <input type="checkbox"/> Haloaceti |
| <input checked="" type="checkbox"/> Nitrate | <input type="checkbox"/> Partial | <u>Radionuclides</u> | <input type="checkbox"/> Bromate |
| <input type="checkbox"/> Nitrite | <input type="checkbox"/> Dioxin Only | <input checked="" type="checkbox"/> Single Samp | <input type="checkbox"/> Chlorite |
| <input type="checkbox"/> Asbestos Only | | <input type="checkbox"/> Qtrly Composite** | <u>Secondaries</u> |
| | | | <input checked="" type="checkbox"/> All 14 |
| | | | <input type="checkbox"/> Partial |

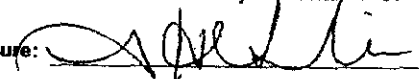
Were any analyses subcontracted? Yes No
If yes, please provide DOH certification number E82574 E83033 E87315

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: 1/10/07

* 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)
- Reason(s): MCL(s) Exceeded Detection(s) Incomplete Report
 Missing Analyte Sheet(s) Location Unsatisfactory Analysis Unsatisfactory
 Other: _____

Person Notified: _____ Date Notified: _____
Comments _____
Date Reviewed: _____ DEP/DOH Reviewing Official: _____



Advanced Environmental Labs Inc

Advanced Environmental Labs
6601 Southpoint Parkway
Jacksonville, FL 32216

Client: Labrador Utilities

Project name: FLE

Date/Time Rcvd: 11/2/06 11:10

Log-in request number: TDL013153

Received by: AR

Completed by: AR

cooler/Shipping Information:

Carrier: AEL Client UPS Blue Streak FedEx Other (describe): _____

Package: Cooler Box Other (describe) _____

Cooler temperature: Identify the cooler and document the temperature blank or ice water measurement

Cooler ID					
Temp (°C)	<u>0</u>				
Temp taken from	<input checked="" type="checkbox"/> Temp blank <input checked="" type="checkbox"/> Sample bottle	<input type="checkbox"/> Temp blank <input type="checkbox"/> Sample bottle	<input type="checkbox"/> Temp blank <input type="checkbox"/> Sample bottle	<input type="checkbox"/> Temp blank <input type="checkbox"/> Sample bottle	<input type="checkbox"/> Temp blank <input type="checkbox"/> Sample bottle
Temp measured with	<input checked="" type="checkbox"/> IR gun <input type="checkbox"/> Thermometer (enter ID):	<input type="checkbox"/> IR gun <input type="checkbox"/> Thermometer (enter ID):	<input type="checkbox"/> IR gun <input type="checkbox"/> Thermometer (enter ID):	<input type="checkbox"/> IR gun <input type="checkbox"/> Thermometer (enter ID):	<input type="checkbox"/> IR gun <input type="checkbox"/> Thermometer (enter ID):

Other Information:

Any "NO" responses or discrepancies should be explained in the "Comments" section below.

CHECKLIST

	YES	NO	NA
1. Were custody seals on shipping container(s) intact?			<input checked="" type="checkbox"/>
2. Were custody papers properly included with samples?	<input checked="" type="checkbox"/>		
3. Were custody papers properly filled out (ink, signed, match labels)?	<input checked="" type="checkbox"/>		
4. Did all bottles arrive in good condition (unbroken)?	<input checked="" type="checkbox"/>		
5. Were all bottle labels complete (sample #, date, signed, analysis, preservatives)?	<input checked="" type="checkbox"/>		
6. Did the sample labels agree with the chain of custody?	<input checked="" type="checkbox"/>		
7. Were correct bottles used for the tests indicated?	<input checked="" type="checkbox"/>		
8. Were proper sample preservation techniques indicated on the label?	<input checked="" type="checkbox"/>		
9. Were samples received within holding times?	<input checked="" type="checkbox"/>		
10. Were all VOA vials checked for the presence of air bubbles?	<input checked="" type="checkbox"/>		
11. Were there air bubbles present in the VOA vials?		<input checked="" type="checkbox"/>	
12. Were samples in direct contact with wet ice? If "No," check one: <input type="checkbox"/> NO ICE <input type="checkbox"/> BLUE ICE	<input checked="" type="checkbox"/>		
13. Was the cooler temperature less than 6°C?	<input checked="" type="checkbox"/>		
14. Were sample pHs checked and recorded by Sample control? <i>NOTE: VOA samples are checked by laboratory analysts.</i>			<input checked="" type="checkbox"/>
15. Were the sample containers provided by AEL?	<input checked="" type="checkbox"/>		
16. Were samples accepted into the laboratory?	<input checked="" type="checkbox"/>		

Comments:



Environmental Laboratories, 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
- Gainesville: 6821 SW Archer Road, Gainesville, FL 32608 • (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

LAB NUMBER: 257097

4

Page _____ of _____

CLIENT NAME: <u>AEL Tampa</u>		PROJECT NAME: _____		BOTTLE SIZE & TYPE						
ADDRESS: <u>9610 Princess Palm Ave</u>		P.O. NUMBER / PROJECT NUMBER: _____		ANALYSIS						LAB NUMBER
PHONE: <u>813-630-9616</u> FAX: _____		PROJECT LOCATION: _____								
CONTACT: <u>Jamie Neale</u>		SAMPLED BY: _____								
TURN AROUND TIME:	REMARKS / SPECIAL INSTRUCTIONS:									
<input type="checkbox"/> STANDARD	MISSING ^{NO ICE DHL} labeled parcel ^{19:00} ^{11/28/06} ^{11/30/06} Sub to ASI									
<input type="checkbox"/> RUSH _____										
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 Composite	SAMPLING		MATRIX	NO. CONT.				
			DATE	TIME						
	T0613150-01	G	11/20/06	13:50	DW	1				
<u>29</u>	T0613153-01	G	11/21/06	06:00	DW	1				
	T0613351-01-02-03-04-05-06	G	11/26/06	Various	AW	6				<u>3-8</u>
	T0613352-01-02	G	11/26/06	14:00 13:00	DW	2				<u>9-10</u>
	T0613362-01-02-03-04	G	11/27/06	Various	DW	4				<u>11-14</u>
I = Ice H = (HCl) S = (H ₂ SO ₄) N = (HNO ₃) T = (Sodium Thiosulfate)										
Relinquished by: <u>K. Mad</u>		Date: <u>11/28/06</u>		Time: <u>12:00</u>		Received by: <u>[Signature]</u>		Date: <u>11/30/06</u>		Time: <u>10:30</u>
Shipper Out	1									
	2									
	3									
	4									



Environmental Laboratories, Inc.

CHAIN OF CUSTODY RECORD

- Jacksonville: 6801 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: 6821 SW Archer Road, Gainesville, FL 32608 • (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

LAB NUMBER: _____

Page 1 of 1

CLIENT NAME: AEL-JAX		PROJECT NAME:		BOTTLE SIZE & TYPE	ANALYSES	LAB NUMBER
ADDRESS:		P.O. NUMBER / PROJECT NUMBER:				
PHONE: _____ FAX: _____		PROJECT LOCATION:				
CONTACT: PAUL WEBER		SAMPLED BY:				
TURN AROUND TIME:	REMARKS / SPECIAL INSTRUCTIONS:					
<input checked="" type="checkbox"/> STANDARD <input type="checkbox"/> RUSH _____	sub to DOH Jax Lab					

WW=waste water SW=surface water GW=ground water DW=drinking water OIL A=air SO=soil SL=sludge Preserv

25

SAMPLE ID	SAMPLE DESCRIPTION	Grab Composite	SAMPLING		MATRIX	NO. CONT.	Preserv
			DATE	TIME			
1	A064831-01	G	11/16/06	1530	DW	1	X
2	A064830-01	G	11/16/06	1500	DW	1	X
3	T0613150-01	G	11/20/06	1350	DW	1	X
4	T0613153-01	G	11/21/06	0600	DW	1	X
5	J068512-01	G	11/16/06	1430	DW	1	X
6	J068581-01	G	11/21/06	0700	DW	1	X
7	T0613101-01	G	11/18/06	0710	DW	1	X

I = Ice H = (HCl) S = (H₂SO₄) N = (HNO₃) T = (Sodium Thiosulfate)

Released by: Out: _____ Ret: _____	Relinquished by:		Date	Time	Received by:	Date	Time
	1	P. Weber	11/22/06				
	2						
	3						
4							

Received on ice yes no CC sent received

Chain-of-Custody for AEL Tampa to Florida Radioch

AEL Tampa
 9610 Princess Palm Avenue
 Tampa, FL 33619
 813-630-9616 Fax 813-630-4327
 Contact Person: Michael Cammarata

Florida Radiochemistry
 5456 Hoffner Ave., Suite 201
 Orlando, FL 32812-2517
 407-382-7733
 Contact Person: Sample Receiving

Project #: T0613153

Department: FloridaRad

Check if Rush

Lab Code	Client Sample ID	Test	Matrix	Collect Date / Time	Receive Date	Due Date	# Bottles	Bottle Type (Pres.)
T0613153-01	POE	Uranium	Drinking Water	11/21/2006 6:00	11/21/06 11:10	12/5/2006		
T0613153-01	POE	Radium 228	Drinking Water	11/21/2006 6:00	11/21/06 11:10	12/5/2006		
T0613153-01	POE	Radium 226	Drinking Water	11/21/2006 6:00	11/21/06 11:10	12/5/2006		
T0613153-01	POE	Gross Alpha	Drinking Water	11/21/2006 6:00	11/21/06 11:10	12/5/2006		

10
 00

Tampa Relinquisher: *K. Mabele*

Shipping Receiver: _____

Date/Time: 11/21/2006 1:56:20 PM

Shipping Relinquisher: _____

Florida Radiochemistry Receiver: *K Woods*

Date/Time: 11/22/06 10:47

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

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

Project #: T0613153
CustomerName: Labrador Utilities
Collector: Shan Rainey

Check if Rush

Lab Code	Client Sample ID	Test	Matrix	Collect Date / Time	Receive Date	Due Date	# Bottles	Bottle Type (Pres.)
T0613153-01	POE	62-550 508 Pests (J)	Drinking Water	11/21/2006 6:00	11/21/06 11:10	11/28/2006	_____	1L Amber glass
T0613153-01	POE	62-550 531.1 SOCs (J)	Drinking Water	11/21/2006 6:00	11/21/06 11:10	12/5/2006	_____	_____
T0613153-01	POE	62-550 Herbicides (J)-515.3	Drinking Water	11/21/2006 6:00	11/21/06 11:10	12/5/2006	_____	40mL Vial
T0613153-01	POE	62-550 Metals ICP (Primary) DW	Drinking Water	11/21/2006 6:00	11/21/06 11:10	12/5/2006	_____	1L Poly
T0613153-01	POE	62-550 Metals ICP (Secondary) DW	Drinking Water	11/21/2006 6:00	11/21/06 11:10	12/5/2006	_____	1L Poly
T0613153-01	POE	62-550 SVOCs (J)-525.2	Drinking Water	11/21/2006 6:00	11/21/06 11:10	12/5/2006	_____	1L Amber glass
T0613153-01	POE	62-550 SVOCs (J)-548.1	Drinking Water	11/21/2006 6:00	11/21/06 11:10	11/28/2006	_____	1L Amber glass
T0613153-01	POE	62-550 VOCs DW	Drinking Water	11/21/2006 6:00	11/21/06 11:10	12/5/2006	_____	40mL VOC Vial
T0613153-01	POE	Diquat	Drinking Water	11/21/2006 6:00	11/21/06 11:10	11/28/2006	_____	1L Amber glass
T0613153-01	POE	Ethylene Dibromide (EDB)	Drinking Water	11/21/2006 6:00	11/21/06 11:10	12/5/2006	_____	40mL VOC vial
T0613153-01	POE	Hg (DW)	Drinking Water	11/21/2006 6:00	11/21/06 11:10	12/5/2006	_____	500mL Poly (HNO3)
T0613153-01	POE	Pb (DW)	Drinking Water	11/21/2006 6:00	11/21/06 11:10	12/5/2006	_____	500mL Poly (HNO3)
T0613153-01	POE	Sb (DW)	Drinking Water	11/21/2006 6:00	11/21/06 11:10	12/5/2006	_____	500mL Poly (HNO3)
T0613153-01	POE	Se (DW)	Drinking Water	11/21/2006 6:00	11/21/06 11:10	12/5/2006	_____	500mL Poly (HNO3)

Tampa Relinquisher: A. Rainey

Shipping Receiver: AEL Courier

Date/Time: 11/21/06 17:00

Shipping Relinquisher: AEL Courier

Jacksonville Receiver: _____

Date/Time: _____

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

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

Project #: T0613153
CustomerName: Labrador Utilities
Collector: Shan Rainey

Check if Rush

Lab Code	Client Sample ID	Test	Matrix	Collect Date / Time	Receive Date	Due Date	# Bottles	Bottle Type (Pres.)
T0613153-01	POE	TI (DW)	Drinking Water	11/21/2006 6:00	11/21/06 11:10	12/5/2006	_____	500mL Poly (HNO3)

20

Tampa Relinquisher: *[Signature]*

Shipping Receiver: AEL Courier

Date/Time: 11/21/06 17:00

Shipping Relinquisher: AEL Courier

Jacksonville Receiver: _____

Date/Time: _____



Environmental Laboratories, 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
- 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

LAB NUMBER: 10013153

Page _____ of _____

CLIENT NAME: Labrador Utilities		PROJECT NAME: FLC		BOTTLE SIZE & TYPE	A R E A Q U I R E D	LAB NUMBER
ADDRESS: 41311 Paquette Way Zephyrhills, Florida 33540		P.O. NUMBER / PROJECT NUMBER: SR693W				
PHONE: (407) 948-9832		PROJECT LOCATION: Distribution / WTP		SOC	VOC	Primary
FAX: (813) 780-7364		CONTACT: Shan Rainey				
SAMPLED BY: Shan Rainey		TURN AROUND TIME:		REMARKS / SPECIAL INSTRUCTIONS: 62550		
<input type="checkbox"/> STANDARD <input type="checkbox"/> RUSH _____						

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 Composite	SAMPLING		MATRIX	NO. CONT.	Preserv	SOC	VOC	Primary	Secondary	Gross / rad 200/208	uranium	LAB NUMBER
			DATE	TIME										
	POE	Grab	11/21/06	0600/0645	DW			✓	✓	✓	✓	✓	✓	U

I = Ice H = (HCl) S = (H₂SO₄) N = (HNO₃) T = (Sodium Thiosulfate)

Shipment	Method	Sample Kit	Cooler #	Relinquished by:	Date	Time	Received by:	Date	Time
Out: / /	Via: _____	RB	D/T	<i>[Signature]</i>	11/21/06	0750	<i>[Signature]</i>	11/21/06	0750
Ret: / /	Via: _____	AB	D/T	<i>[Signature]</i>	11/21/06		<i>[Signature]</i>	11/21/06	11:10
		Trip Bl.							
		<input type="checkbox"/>	<input type="checkbox"/>						

Received on ice: Yes No sent received

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: Utilities, Inc. / Labrador PWS I.D.#:

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

Address: _____

City: _____ State: _____ ZIP Code: _____

Phone #: _____ Fax #: _____

E-Mail Address: _____

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: T0810613001 - 002 Location Code (if known) : _____

Sample Date: 08/12/2008 Sample Time: 09:00 AM PM (circle one)

Sample Location (be specific): THM/HAA 5633 Via Aulway

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): _____ mg/L Field pH: _____

Sample Type (Check Only One)

- Distribution
- Entry Point (to Distribution)
- Plant Tap (not for compliance with 62-550)
- Raw (at well or intake)
- Max Residence Time
- Ave Residence Time
- Near First Customer

Reason(s) for Sample (Check all that apply)

- Routine Compliance (with 62-550)
- Confirmation of MCL Exceedance *
- Composite of Multiple Sites **
- Clearance (permitting)
- Other: _____
- Quarterly (Which Quarter? _____)
- Special (not for compliance with 62-550)
- Violation Resolution
- Replacement (of Invalidated Sample)

Sampling Procedure Used or Other Comments: _____

*See 62-550.500(6) for requirements and
NOTE: See 62-550.512(3) for additional
for nitrate or nitrite MCL exceedances.

**See 62-550.550(4) for requirements and
attach a results page for each site.

Sampler's Name: Jason Wright

Sampler's Phone #: _____ Sampler's Fax #: _____

Sampler's E-Mail Address: _____

CERTIFICATION (to be completed by sampler)

I, Jason Wright _____
(Print Name) (Print Title)

do HEREBY CERTIFY that the above public water system and sample collection information is complete and correct.

Signature: _____ Date: _____

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 *

Lab Name: Advanced Environmental Laboratories, Inc Florida Certification #: E84589
 Address: 9610 Princess Palm Avenue Certification Expiration Date: 06/30/2008
Tampa, FL 33619 Phone #: (813)630-9616

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 08/12/2008

PWS ID (From Page 1): _____ Sample Number (From Page 1): T0810613001-002

Lab Assigned Report Number or Job ID: T0810613001-002

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

- | | | | |
|---|--|---|---|
| <p><u>Inorganics</u></p> <input type="checkbox"/> All 17
<input type="checkbox"/> Partial
<input type="checkbox"/> Nitrate
<input checked="" type="checkbox"/> Nitrite
<input type="checkbox"/> Asbestos Only | <p><u>Synthetic Organics</u></p> <input type="checkbox"/> All 30
<input type="checkbox"/> All Except Dioxin
<input type="checkbox"/> Partial
<input type="checkbox"/> Dioxin Only | <p><u>Volatile Organics</u></p> <input type="checkbox"/> All 21
<input type="checkbox"/> Partial

<p><u>Radionuclides</u></p> <input type="checkbox"/> Single Sample
<input type="checkbox"/> Qtrly Composite** | <p><u>Disinfection Byproducts</u></p> <input checked="" type="checkbox"/> Trihalomethanes
<input checked="" type="checkbox"/> Haloacetic Acids
<input type="checkbox"/> Bromate
<input type="checkbox"/> Chlorite

<p><u>Secondaries</u></p> <input type="checkbox"/> All 14
<input type="checkbox"/> Partial |
|---|--|---|---|

Were any analyses subcontracted? Yes No

If yes, please provide DOH certification numbers: E82574

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB *

CERTIFICATION

I, Tammie Heslin, P.M.
 (Print Name) (Print Title)

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: [Signature] Date: 8/28/08

* 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 DETERMINATION (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)

Reason(s): MCL(s) Exceeded Detection(s) Incomplete Report
 Missing Analyte Sheet(s) Location Unsatisfactory Analysis Unsatisfactory
 Other: _____

Person Notified: _____ Date Notified: _____

Comments: _____

Date Reviewed: _____ DEP/DOH Reviewing Official: _____

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

DISINFECTION BYPRODUCTS
62-550.310(3)

Report Number / Job ID: T0810613001

Disinfectant Residual (mg/L) (From Page 1): _____

PWS ID (From Page 1): _____

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifie	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Certification #
-----------	-------------	-----	-------	-----------------	----------	-------------------	---------	---------------	---------------	-------------------------

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifie	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Certification #
2450	Monochloroacetic Acid	N/A	ug/L	1.4	U	EPA 552.2	1.4	08/19/2008	19:45	E82574
2451	Dichloroacetic Acid	N/A	ug/L	12		EPA 552.2	1.2	08/19/2008	19:45	E82574
2452	Trichloroacetic Acid	N/A	ug/L	6.8		EPA 552.2	1.1	08/19/2008	19:45	E82574
2453	Bromoacetic Acid	N/A	ug/L	1.1	U	EPA 552.2	1.1	08/19/2008	19:45	E82574
2454	Dibromoacetic Acid	N/A	ug/L	0.95	U	EPA 552.2	0.95	08/19/2008	19:45	E82574
2456	Total Haloacetic Acids (HAA5)	60	ug/L	18		EPA 552.2	0.95	08/19/2008	19:45	E82574

NOTE: Do not round values. Report results to the accuracy, precision, and sensitivity of the analytical method used.

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

DISINFECTION BYPRODUCTS

62-550.310(3)

Report Number / Job ID: T0810613002

Disinfectant Residual (mg/L) (From Page 1): _____

PWS ID (From Page 1): _____

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifie	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Certification #
-----------	-------------	-----	-------	-----------------	----------	-------------------	---------	---------------	---------------	-------------------------

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifie	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Certification #
2941	Chloroform	N/A	ug/L	32		EPA 524.2	0.21	08/17/2008	03:53	E82574
2942	Bromoform	N/A	ug/L	0.44	U	EPA 524.2	0.44	08/17/2008	03:53	E82574
2943	Bromodichloromethane	N/A	ug/L	12		EPA 524.2	0.15	08/17/2008	03:53	E82574
2944	Dibromochloromethane	N/A	ug/L	3.3		EPA 524.2	0.33	08/17/2008	03:53	E82574
2950	Total Trihalomethanes	80	ug/L	47		EPA 524.2	0.15	08/17/2008	03:53	E82574

NOTE: Do not round values. Report results to the accuracy, precision, and sensitivity of the analytical method used.

Results must be reported with appropriate qualifiers in accordance with Florida Administrative Code Rule 62-150, Table 1. Results qualified with A, F, H, N, O, T, Z, P, or * are unacceptable for compliance with 62-550. Results qualified with a J, Q, R, or Y must be accompanied by written justification and will be evaluated on a case by case basis. To avoid a monitoring violation, unacceptable results must be replaced with acceptable results from samples collected during the same monitoring period.



Log-In request number: T08/0613 Completed by: ALS

* See accompanying chain of custody for client name, project name, date/time received, and received by information.

Cooler/Shipping Information:

Courier: AEL Client UPS Blue Streak FedEx Other (describe): _____

Type: Cooler Box Other (describe) _____

Cooler temperature: Identify the cooler and document the temperature blank or ice water measurement

Temp (°C)	<u>3</u>
Temp taken from	<input type="checkbox"/> Temp blank <input type="checkbox"/> Sample bottle
Temp measured with	<input checked="" type="checkbox"/> IR gun (ID: 10A) <input type="checkbox"/> Thermometer (enter ID):

Other Information:

Any "NO" responses or discrepancies should be explained in the "Comments" section below.

CHECKLIST

	YES	NO	NA
1. Were custody seals on shipping container(s) intact?			—
2. Were custody papers properly filled out and included(ink, signed, match labels)?	—		
3. Did all bottles arrive in good condition (unbroken)?	—		
4. Were all bottle labels complete (sample #, date, signed, analysis, preservatives)?	—		
5. Were correct bottles used for the tests indicated?	—		
6. Were proper sample preservation techniques indicated on the label?	—		
7. Were samples received within holding times?	—		
8. Were all VOA vials checked for the presence of air bubbles?	—		
9. Were there air bubbles present in the VOA vials?		—	
10. Were samples in direct contact with wet ice? If "No," check one: <input type="checkbox"/> NO ICE <input type="checkbox"/> BLUE ICE	—		
11. Were sample pHs checked and recorded by Sample control? Metals & Nutrients < 2.0 ; Cyanides > 12.0 ; Sulfides > 9.0 <i>NOTE: VOA samples are checked by laboratory analysts.</i>	—		
12. Were the sample containers provided by AEL?	—		
13. Were samples accepted into the laboratory?	—		

Comments:

Internal Transfer Chain of Custody



Advanced
Environmental Laboratories, Inc.

Transfer From AEL-Tampa

Circle if applicable:
(If SHORT HOLD is circled,
these samples must be
batched for receiving
immediately and managers
notified)

RUSH

Transfer To Ship Work to AEL/Jacksonville

SHORT HOLD

Chain 71986 - HBN 33086

✓	T0810590001-A	40CVOA	NH4Cl	DW	8/11/2008 14:45	8/11/2008 15:34	TMH	5522-W, 5522-W-P
Previous Location - RECEIVING								
5 ✓	T0810591001-A	40CVOA	NH4Cl	DW	8/11/2008 12:00	8/11/2008 15:34	TMH	5522-W, 5522-W-P
Previous Location - RECEIVING								
✓	T0810592001-A	40CVOA	NH4Cl	DW	8/11/2008 11:30	8/11/2008 15:34	TMH	5522-W, 5522-W-P
Previous Location - RECEIVING								
8 ✓	T0810593001-A	LP	HNO3	DW	8/11/2008 11:30	8/11/2008 15:34	TMH	1801-W, 2008-D
Previous Location - RECEIVING								
15 ✓	T0810593003-A	LP	HNO3	DW	8/11/2008 11:20	8/11/2008 15:34	TMH	1801-W, 2008-D
Previous Location - RECEIVING								
17 ✓	T0810593005-A	LP	HNO3	DW	8/11/2008 11:28	8/11/2008 15:34	TMH	1801-W, 2008-D
Previous Location - RECEIVING								
14 ✓	T0810603001-A	500P	4C	DW	8/8/2008 17:00	8/12/2008 09:25	TMH	1801-W, 2007-D
Previous Location - RECEIVING								
16 ✓	T0810608001-A	40CVOA	Na2SO4	DW	8/11/2008 14:25	8/12/2008 10:27	TMH	5242-W-THM
Previous Location - RECEIVING								
17 ✓	T0810608002-A	40CVOA	Na2SO4	DW	8/11/2008 14:50	8/12/2008 10:27	TMH	5242-W-THM
Previous Location - RECEIVING								
20 ✓	T0810613001-A	40CVOA	NH4Cl	DW	8/12/2008 09:00	8/12/2008 11:05	TMH	5522-W, 5522-W-P
Previous Location - RECEIVING								
22 ✓	T0810622001-A	LP	HNO3	DW	8/11/2008 16:10	8/12/2008 11:45	TMH	1801-W, 2008-D
Previous Location - RECEIVING								

P.L.P.

Internal Transfer Chain of Custody



Advanced Environmental Laboratories, Inc.

Transfer From AEL-Tampa

Circle if applicable:
(If SHORT HOLD is circled, these samples must be batched for receiving immediately and managers notified)

RUSH

Transfer To Ship Work to AEL/Jacksonville

SHORT HOLD

Chain 71986 - HBN 33086

T0810631001-A 32ozAGT Na2SO4 DW 8/12/2008 13:06 8/12/2008 13:58 MP E508-W, E508-W-P
Previous Location - RECEIVING

T0810631001-D 40AVOA 4C DW 8/12/2008 13:06 8/12/2008 13:58 MP 5153-W, 5153-W-P
Previous Location - RECEIVING

T0810631001-I 32ozAGT Na2SO4 DW 8/12/2008 13:06 8/12/2008 13:58 MP 5481-W, 5481-W-P
Previous Location - RECEIVING

T0810631001-N LAP Na2SO4 DW 8/12/2008 13:06 8/12/2008 13:58 MP 5492-W, 5492-W-P
Previous Location - RECEIVING

T0810632001-C 40CVOA Na2S2O4M DW 8/12/2008 12:10 8/12/2008 13:58 MP 5311-W
Previous Location - RECEIVING

T0810632001-G 32ozAGT Na2SO4 DW 8/12/2008 12:10 8/12/2008 13:58 MP 5252-W, 5252-W-P
Previous Location - RECEIVING

T0810632001-J 40CVOA Na2SO4 DW 8/12/2008 12:10 8/12/2008 13:58 MP 5041-W, 5041-W-P
Previous Location - RECEIVING

T0810634001-D LP HNO3 WA 8/12/2008 13:42 8/12/2008 14:20 MP 3010AW-P, 6010BW
Previous Location - RECEIVING

Transfers

1 *[Signature]* B/S 8/13/08 18:00 RECEIVING

3

[Signature]



Advanced Environmental Laboratories, 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
Gainesville: 6815 SW Archer Road, Gainesville, FL 32608 • (352) 377-2349 Fax (352) 395-6639
Orlando: 528 S. North Lake Blvd., Suite 1016, Altamonte Springs, FL 32701 • (407) 937-1984 Fax (407) 937-1597

CHAIN OF CUSTODY RECORD

LAB NUMBER: 10810613

Page of

CLIENT NAME: Utilities Inc. of Florida		PROJECT NAME: Labrador	
ADDRESS: 41311 Paquette Way		P.O. NUMBER / PROJECT NUMBER: 259100	
Zephyrhills FL 33540		PROJECT LOCATION:	
PHONE: 813-355-4800 FAX:			
CONTACT: Jason Whight		SAMPLED BY: Jason Whight	
TURN AROUND TIME: _____			
REMARKS / SPECIAL INSTRUCTIONS: _____			
STANDARD _____			
RUSH _____			
BOTTLE SIZE & TYPE: ARE ANALYZED			
PRESERVE: HAS TTHM			
LAB NUMBER: _____			

SAMPLE ID	SAMPLE DESCRIPTION	Grab Composite	SAMPLING		MATRIX	NO. CONT.	Date	Time	Date	Time
			DATE	TIME						
5633	VIAU Way	G	8/12/08	0900	W	3			8/12/08	0950
5633	VIAU Way	G	8/12/08	0905	W	3			8/12/08	0750

Shipment	Method	Sample Kit	Received by:	Date	Time
Out: 1	Via		Jason Whight	8/12/08	0950
Ret: 1	Via		Jason Whight	8/12/08	0750

P.8

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: Labrador Utilities PWS I.D.#:

6	5	1	4	8	4	2
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System Type (check one): Community Nontransient Noncommunity Transient Noncommunity

Address: 200 Weathersfield Ave

City: Altamonte Springs State: FL ZIP Code: 32714

Phone #: _____ Fax #: _____

E-Mail Address: _____

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: T0759383001 Location Code (if known) : _____

Sample Date: 07/17/2007 Sample Time: 11:45

AM

 PM (circle one)

Sample Location (be specific): 5633 Viau Way

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)
<input type="checkbox"/> Distribution	<input type="checkbox"/> Routine Compliance (with 62-550) <input type="checkbox"/> Quarterly (Which Quarter? _____)
<input type="checkbox"/> Entry Point (to Distribution)	<input type="checkbox"/> Confirmation of MCL Exceedance * <input type="checkbox"/> Special (not for compliance with 62-550)
<input type="checkbox"/> Plant Tap (not for compliance with 62-550)	<input type="checkbox"/> Composite of Multiple Sites ** <input type="checkbox"/> Violation Resolution
<input type="checkbox"/> Raw (at well or intake)	<input type="checkbox"/> Clearance (permitting) <input type="checkbox"/> Replacement (of Invalidated Sample)
<input type="checkbox"/> Max Residence Time	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Ave Residence Time	Sampling Procedure Used or Other Comments: _____
<input type="checkbox"/> Near First Customer	_____

*See 62-550.500(6) for requirements and
NOTE: See 62-550.512(3) for additional
for nitrate or nitrite MCL exceedances.

**See 62-550.550(4) for requirements and
attach a results page for each site.

Sampler's Name: _____

Sampler's Phone #: _____ Sampler's Fax #: _____

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.

Signature: _____ Date: _____

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 *

Lab Name: Advanced Environmental Laboratories, Inc Florida Certification #: E84589
 Address: 9610 Princess Palm Avenue Certification Expiration Date: 06/30/2008
Tampa, FL 33619 Phone #: (813)630-9616

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 07/17/2007

PWS ID (From Page 1): 6514842 Sample Number (From Page 1): T0759383001

Lab Assigned Report Number or Job ID: T0759383001

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

- | | | | |
|--|--|---|---|
| <p><u>Inorganics</u></p> <input type="checkbox"/> All 17
<input type="checkbox"/> Partial
<input type="checkbox"/> Nitrate
<input type="checkbox"/> Nitrite
<input type="checkbox"/> Asbestos Only | <p><u>Synthetic Organics</u></p> <input type="checkbox"/> All 30
<input type="checkbox"/> All Except Dioxin
<input type="checkbox"/> Partial
<input type="checkbox"/> Dioxin Only | <p><u>Volatile Organics</u></p> <input type="checkbox"/> All 21
<input type="checkbox"/> Partial
<p><u>Radionuclides</u></p> <input type="checkbox"/> Single Sample
<input type="checkbox"/> Qtrly Composite** | <p><u>Disinfection Byproducts</u></p> <input checked="" type="checkbox"/> Trihalomethanes
<input checked="" type="checkbox"/> Haloacetic Acids
<input type="checkbox"/> Bromate
<input type="checkbox"/> Chlorite
<p><u>Secondaries</u></p> <input type="checkbox"/> All 14
<input type="checkbox"/> Partial |
|--|--|---|---|

Were any analyses subcontracted? Yes No

If yes, please provide DOH certification numbers: E82574

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB *

CERTIFICATION

I, Tammie Heslin, Project Manager
(Print Name) (Print Title)

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: 08/07/2007

* 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 DETERMINATION (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)

Reason(s): MCL(s) Exceeded Detection(s) Incomplete Report
 Missing Analyte Sheet(s) Location Unsatisfactory Analysis Unsatisfactory
 Other: _____

Person Notified: _____ Date Notified: _____

Comments: _____

Date Reviewed: _____ DEP/DOH Reviewing Official: _____

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

DISINFECTION BYPRODUCTS
62-550.310(3)

Report Number / Job ID: T0759383001

Disinfectant Residual (mg/L) (From Page 1): _____

PWS ID (From Page 1): 6514842

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifie	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Certification #
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Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifie	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Certification #
2450	Monochloroacetic Acid	N/A	ug/L	1.4	U	EPA 552.2	1.4	07/28/2007	22:52	E82574
2451	Dichloroacetic Acid	N/A	ug/L	15		EPA 552.2	1.2	07/28/2007	22:52	E82574
2452	Trichloroacetic Acid	N/A	ug/L	9		EPA 552.2	1.1	07/28/2007	22:52	E82574
2453	Bromoacetic Acid	N/A	ug/L	1.1	U	EPA 552.2	1.1	07/28/2007	22:52	E82574
2454	Dibromoacetic Acid	N/A	ug/L	1.7	I	EPA 552.2	0.95	07/28/2007	22:52	E82574
2456	Total Haloacetic Acids (HAA5)	60	ug/L	25		EPA 552.2	5.7	07/28/2007	22:52	E82574

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifie	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Certification #
2941	Chloroform	N/A	ug/L	49		EPA 524.2	0.21	07/22/2007	09:35	E82574
2942	Bromoform	N/A	ug/L	0.44	U	EPA 524.2	0.44	07/22/2007	09:35	E82574
2943	Bromodichloromethane	N/A	ug/L	18		EPA 524.2	0.15	07/22/2007	09:35	E82574
2944	Dibromochloromethane	N/A	ug/L	5.9		EPA 524.2	0.33	07/22/2007	09:35	E82574
2950	Total Trihalomethanes	80	ug/L	73		EPA 524.2	1.1	07/22/2007	09:35	E82574

NOTE: Do not round values. Report results to the accuracy, precision, and sensitivity of the analytical method used. Totals for haloacetic acids and total trihalomethanes will be calculated by DEP or DOH.



Advanced Environmental Labs Inc

Advanced Environmental Labs
9610 Princess Palm Ave
Tampa, FL 33619

Client: Labrador

Project name: 651-4842

Time Recd: 7/17/07 1425

Log-In request number: AD759383

Received by: AK

Completed by: AK

Carrier/Shipping Information:

Carrier: AEL Client UPS Blue Streak FedEx Other (describe): _____

Container: Cooler Box Other (describe) _____

Carrier temperature: Identify the cooler and document the temperature blank or ice water measurement

Temp (°C)	<u>0°C</u>				
Temp taken from	<input type="checkbox"/> Temp blank <input type="checkbox"/> Sample bottle	<input type="checkbox"/> Temp blank <input type="checkbox"/> Sample bottle	<input type="checkbox"/> Temp blank <input type="checkbox"/> Sample bottle	<input type="checkbox"/> Temp blank <input type="checkbox"/> Sample bottle	<input type="checkbox"/> Temp blank <input type="checkbox"/> Sample bottle
Temp measured with	<input checked="" type="checkbox"/> IR gun (ID: 10K) <input type="checkbox"/> Thermometer (enter ID):	<input type="checkbox"/> IR gun (ID: 10K) <input type="checkbox"/> Thermometer (enter ID):	<input type="checkbox"/> IR gun (ID: 10K) <input type="checkbox"/> Thermometer (enter ID):	<input type="checkbox"/> IR gun (ID: 10K) <input type="checkbox"/> Thermometer (enter ID):	<input type="checkbox"/> IR gun (ID: 10K) <input type="checkbox"/> Thermometer (enter ID):

Other Information:

"NO" responses or discrepancies should be explained in the "Comments" section below.

CHECKLIST	YES	NO	NA
Were custody seals on shipping containers intact?			<u>1</u>
Were custody papers properly included with samples?	<u>1</u>		
Were custody papers properly filled out (ink, signed, match labels)?	<u>1</u>		
Did all bottles arrive in good condition (unbroken)?	<u>1</u>		
Were all bottle labels complete (sample #, date, signed, analysis, preservatives)?	<u>1</u>		
Did the sample labels agree with the chain of custody?	<u>1</u>		
Were correct bottles used for the tests indicated?	<u>1</u>		
Were proper sample preservation techniques indicated on the label?	<u>1</u>		
Were samples received within holding times?	<u>1</u>		
Were all VOA vials checked for the presence of air bubbles?	<u>1</u>		
Were there air bubbles present in the VOA vials?		<u>1</u>	
Were samples in direct contact with wet ice? If "No" check one: <input type="checkbox"/> NO ICE <input type="checkbox"/> BLUE ICE	<u>1</u>		
Was the cooler temperature less than 6°C?	<u>1</u>		
Were sample pHs checked and recorded by Sample control? <i>NOTE: VOA samples are checked by laboratory analysts</i>	<u>1</u>		
Were the sample containers provided by AEL?	<u>1</u>		
Were samples accepted into the laboratory?	<u>1</u>		

Comments:

PK

Internal Transfer Chain of Custody



Advanced
Environmental Laboratories, Inc.

Transfer From AEL-Tampa

Circle if applicable:
(If SHORT HOLD is circled,
these samples must be
batched for receiving
immediately and managers
notified)

RUSH

Transfer To Ship Work to AEL/Jacksonville

SHORT HOLD

Chain 19420 - HBN 8312

Container	Volume	Concentration	Matrix	Collected	Received	Lab	Utilization
Previous Location - RECEIVING							
23	T0759381006-D	32ozAGT	4C	WA	7/16/2007 11:55	7/17/2007 14:00	MLC 8270CWSIM, 8270SIMW-P
Previous Location - RECEIVING							
24	T0759381007-A	40CVOA	HCl	WA	7/16/2007 13:30	7/17/2007 14:00	MLC 8021BW, 8021BW-P
Previous Location - RECEIVING							
25	T0759381007-D	32ozAGT	4C	WA	7/16/2007 13:30	7/17/2007 14:00	MLC 8270CWSIM, 8270SIMW-P
Previous Location - RECEIVING							
27	T0759382001-A	40CVOA	Na2S2O4M	DW	7/17/2007 09:30	7/17/2007 09:30	MLC 5311-W
Previous Location - RECEIVING							
28	T0759383001-A	40CVOA	NH4Cl	DW	7/17/2007 11:45	7/17/2007 14:25	TMH 5522-W, 5522-W-P
Previous Location - RECEIVING							
27	T0759383001-D	40CVOA	Na2SO4	DW	7/17/2007 11:45	7/17/2007 14:25	TMH 5242-W-THM
Previous Location - RECEIVING							
31	T0759386001-A	32ozAGT	H2SO4	WA	7/17/2007 12:21	7/17/2007 14:45	TMH OG-1664AW
Previous Location - RECEIVING							
31	T0759387001-A	32ozAGT	H2SO4	WA	7/17/2007 10:20	7/17/2007 14:45	TMH OG-1664AW
Previous Location - RECEIVING							
29	T0759388001-A	32ozAGT	H2SO4	WA	7/17/2007 11:20	7/17/2007 14:35	TMH OG-1664AW
Previous Location - RECEIVING							
30	T0759389001-A	32ozAGT	H2SO4	WA	7/17/2007 13:18	7/17/2007 14:35	TMH OG-1664AW
Previous Location - RECEIVING							
33	T0759404002-A	40CVOA	Na2SO4	WA	7/17/2007 08:40	7/17/2007 15:15	TMH 5242-W-THM
Previous Location - RECEIVING							
34	T0759418001-A	LP	HNO3	WA	7/18/2007 09:00	7/18/2007 10:05	TMH 2007-W, 2007-W-P, 2451-W-P, HG2451AW
Previous Location - RECEIVING							
36	T0759422001-A	40CVOA	NH4Cl	DW	7/17/2007 15:00	7/18/2007 11:25	TMH 5522-W, 5522-W-P
Previous Location - RECEIVING							
35	T0759422001-D	40CVOA	Na2SO4	DW	7/17/2007 15:00	7/18/2007 11:25	TMH 5242-W-THM
Previous Location - RECEIVING							
37	T0759424001-A	LP	HNO3	DW	7/12/2007 09:30	7/18/2007 12:00	MAL 1801-W, 2008-D
Previous Location - RECEIVING							
38	T0759426001-A	40CVOA	Na2SO4	DW	7/17/2007 09:50	7/18/2007 12:00	MAL 5242-W-THM
Previous Location - RECEIVING							
39	T0759428001-A	LP	HNO3	DW	7/16/2007 20:00	7/18/2007 12:00	MAL 1801-W, 2007-D, 2008-D
Previous Location - RECEIVING							
41	T0759429001-A	40CVOA	NH4Cl	DW	7/17/2007 13:15	7/18/2007 12:00	MAL 5522-W, 5522-W-P
Previous Location - RECEIVING							
40	T0759429001-D	40CVOA	Na2SO4	DW	7/17/2007 13:15	7/18/2007 12:00	MAL 5242-W-THM
Previous Location - RECEIVING							
43	T0759430001-A	40CVOA	NH4Cl	DW	7/17/2007 12:45	7/18/2007 12:00	MAL 5522-W, 5522-W-P
Previous Location - RECEIVING							
42	T0759430001-D	40CVOA	Na2SO4	DW	7/17/2007 12:45	7/18/2007 12:00	MAL 5242-W-THM
Previous Location - RECEIVING							

P.S.

Internal Transfer Chain of Custody



Advanced Environmental Laboratories, Inc.

Transfer From AEL-Tampa

Circle if applicable:
(If SHORT HOLD is circled, these samples must be batched for receiving immediately and managers notified)

RUSH

Transfer To Ship Work to AEL/Jacksonville

SHORT HOLD

Chain 19420 - HBN 8312

Sample ID	Container	Matrix	Element	Collection Date/Time	Analysis Date/Time	Lab	Location
T0759431001-A	40CVOA	NH4Cl	DW	7/17/2007 14:40	7/18/2007 12:00	MAL	5522-W-5522-W/P
Previous Location - RECEIVING							
T0759431001-D	40CVOA	Na2SO4	DW	7/17/2007 14:40	7/18/2007 12:00	MAL	5242-W-THM
Previous Location - RECEIVING							

Transfers

Transfer #	Release By	Date/Time	Location
1	<i>[Signature]</i>	7/18/07 10:00	RECEIVING
2	<i>Casper Gray</i>	7-19-07 11:30	Jax
3			
4			

P.W.



Environmental Laboratories, 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
- 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, Altamonte Springs, FL 32701 • (407) 937-1594 Fax (407) 937-1597

LAB NUMBER: T0709383

CLIENT NAME: Labrador Utilities	PROJECT NAME: PWS-6514842
ADDRESS: 41311 Paquette Way Zephyrhills FL 33540	P.O. NUMBER / PROJECT NUMBER: JB693W
PHONE: 407-948-9832 FAX:	PROJECT LOCATION: Labrador
CONTACT: Jason Bontrager	SAMPLED BY: J. Bontrager
TURN AROUND TIME: <input checked="" type="checkbox"/> STANDARD <input type="checkbox"/> RUSH _____	REMARKS / SPECIAL INSTRUCTIONS:

BOTTLE SIZE & TYPE	vials											LAB NUMBER
ANALYSES	THM/HAA5											

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 Composite	SAMPLING		MATRIX	NO. CONT.	Preserv						
			DATE	TIME									
	5633 Viau Way	G	7/17/07	1145	DW	6	✓						001

I = Ice H = (HCl) S = (H₂SO₄) N = (HNO₃) T = (Sodium Thiosulfate)

Relinquished by:		Date	Time	Received by:		Date	Time
Jason Bontrager		7/17/07	1206	Lee [Signature]		7/17/07	1206
[Signature]		7/17/07	1425	[Signature]		7/17/07	1425