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Orlando Fort Pierce Tallahassee Tampa Viera/Melbourne

MARTIN FRIEDMAN

407-310-2077 mfriedman@deanmead.com

April 20, 2023 VIA E-FILING

Adam Teitzman, Commission Clerk Office of Commission Clerk Florida Public Service Commission 2540 Shumard Oak Boulevard Tallahassee, FL 32399

RE: Docket No. 20200139-WS; Application for an increase in water and wastewater rates in Charlotte, Highlands, Lake, Lee, Marion, Orange, Pasco, Pinellas, Polk, and Seminole Counties, by Utilities, Inc. of Florida.

Dear Mr. Teitzman:

Pursuant to PSC Order No. PSC-2021-0206-FOF-WS, attached are the results of the secondary water quality sampling that was required to be done annually in the Summertree water system. As one can see, there were no exceedances of any secondary drinking water parameters at any of the sampling locations.

Should you or Staff have any questions regarding this filing, please do not hesitate to give me a call.

Very truly yours,

/s/ Martin S. Friedman MARTIN S. FRIEDMAN

MSF/

cc: Bryce Mendenhall (via email)
Mike Wilson (via email)

A Member of ALFA International - The Global Legal Network

PUBLIC WATER SYSTEM INFORMATION (to be completed by sampler – please type or print legibly) System Name: Summertree PWS I.D. #: Community Nontransient Noncommunity System Type (check one): Transient Noncommunity Address: ZIP Code: City: Fax #: E-Mail Address: Phone #: **SAMPLE INFORMATION** (to be completed by sampler) Sample Number: T2306673001 Sample Date: 04/04/2023 Sample Time: 08:10 (Circle One) (847)498-6440 Sample Location (be specific): 1 Location Code: Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids Field pH: mg/L Sample Type (Check Only One) Reason(s) for Sample (Check all that apply) Distribution Routine Compliance with 62-550 Replacement (of Invalidated Sample) Confirmation of MCL Exceedance* Entry Point (to Distribution) Special (not for compliance with 62-550) Plant Tap (not for compliance with 62-550 Composite of Multiple Sites* Clearance (permitting) Raw (at well or intake) Other: Max Residence Time Sampling Procedure Used or Other Comments: Ave Residence Time Near First Customer *See 62-550(6) for requirements and restrictions. *See 62-550.550(4) for requirements and And 62-550.512(3) for nitrate or nitrite exceedances. attach a results page for each site. SAMPLER CERTIFICATION , do HEREBY CERTIFY (Print Name (Print Title) that the above public water system and sample collection information is complete and correct. Signature: Date: Phone # Sampler's Fax #: Certified Operator # Sampler's E-mail:

LABORATORY CERTIFICATION INFORMATION to be completed by lab – please type or print legibly)

Lab Name:Advanc	ed Environmental Laboratories, Inc.	Florida DOH Certifica	tion #: <u>E8</u>	34589 (Certification Expiration Da	te: 06/30/2023
			ATTACH C	URRENT DO	OH ANALYTE SHEET*	
Address: 9610 Pi	rincess Palm Avenue. Tampa, FL 336	619	Phone #:	813-630-9	616	
Were any analyses	s subcontracted Ves No	If yes, please provid	e DOH certific	cation numb	per(s): E82001	
			ATTACH D	OH ANALY	TE SHEET FOR EACH SUB	CONTRACTED LAB
ANALYSIS INFOR	RMATION (to be completed by lab) Da	ate Sample(s) Received:	04/04/2023	3		
PWS ID: (From Pag	ge 1): Sa	ample Number (From Page	e 1): <u>T230667</u>	73001 La	ab Assigned Report # Or .	lob ID: <u>T2306673</u>
Group(s) Analyzed	I & Results attached for compliance v	vith Chapter 62-550, F.A.	.C. (Check all tha	at apply):		
<u>Inorganics</u>	Synthetic Organics	Volatile Organics	Disinfection By	<u>products</u>	<u>Radionuclides</u>	<u>Secondaries</u>
All except Asbest	tos All 30	All 21	Trihalometh	nanes	Single Sample	✓ All 14
✓ Partial	All Except Dioxin	Partial	Haloacetic /	Acids	Qtrly Composite*	Partial
Nitrate	Partial		Chlorite			
Nitrite	Dioxin Only		Bromate			
Asbestos		LAB CERTIFI	CATION			
I,	Brandy Devilbiss	,	Proj	ject Manageı	rl	, do HEREBY CERTIFY
	(Print Name		(P	rint Title)		
that all attached anal	lytical data are correct and unless noted r	neet all requirements of the	National Envir	onmental La	boratory Accreditation Confe	erence (NELAC).
Signature:	Drandy Defillin			Date:	04/18/2023	
possible enforcen	e a valid and current Florida DOH lab certi ment against the public water system for f adiological sample dates & locations for ea	ailure to sample, and may r				
	CONFIRMATION & NOTIFICATION	IS REQUIRED WITHIN 24 HR	RS FOR NITRATI	E OR NITRITE	MCL EXCEEDANCES	
NON-I	DETECTS ARE TO BE REPORTED AS THE	MDL WITH "U" QUALIFIER.	(Non-detects rep	ported as "BD	L" or with a "<" are not acceptab	ole.)
COMPLIANCE DE	ETERMINATION (to be completed by DE	P or DOH attach notes a	s necessary)			
Sample Collection	& Analysis Satisfactory: Yes	No	Replacemen	t Sample or l	Report Requested (circle or	highlight group(s) above)
Person Notified:		Date Notified:		_ DEP/D	OOH Reviewing Official:	

SECONDARY CONTAMINANTS 62-550.320

Report Number / Job ID	: T2306673001
PWS ID (From Page 1)	

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Certification #
1002	Aluminum	0.2	mg/L	0.021	U	EPA 200.7	0.0210	04/14/2023	10:49	E84589
1017	Chloride	250	mg/L	19.00		EPA 300.0	2	04/04/2023	19:26	E84589
1022	Copper	1	mg/L	0.16		EPA 200.7	0.0050	04/14/2023	10:49	E84589
1025	Fluoride	2	mg/L	0.40	U	EPA 300.0	0.40	04/04/2023	19:26	E84589
1028	Iron	0.3	mg/L	0.045	I	EPA 200.7	0.0067	04/14/2023	10:49	E84589
1032	Manganese	0.05	mg/L	0.005	U	EPA 200.7	0.0050	04/14/2023	10:49	E84589
1050	Silver	0.1	mg/L	0.008	U	EPA 200.7	0.0080	04/14/2023	10:49	E84589
1055	Sulfate	250	mg/L	39.00		EPA 300.0	2	04/04/2023	19:26	E84589
1095	Zinc	5	mg/L	0.05	U	EPA 200.7	0.05	04/14/2023	10:49	E84589
1905	Color	15	CU	4.30	U	SM 2120 B	4.30	04/05/2023	08:12	E84589
1920	Odor	3	TON	1.00	U	SM 2150 B	1	04/04/2023	15:36	E84589
1925	pH (field pH from page 1)	6.5 - 8.5		7.65	Q	SM 4500H+B	0.10	04/06/2023	13:20	E84589
1930	Total Dissolved Solids	500	mg/L	280.00		SM 2540 C	10	04/05/2023	12:00	E84589
2905	Foaming Agents	0.5	mg/L	0.15	I	SM 5540 C	0.04	04/05/2023	12:00	E82001

PUBLIC WATER SYSTEM INFORMATION (to be completed by sampler – please type or print legibly) System Name: Summertree PWS I.D. #: Community Nontransient Noncommunity System Type (check one): Transient Noncommunity Address: ZIP Code: Fax #: E-Mail Address: Phone #: **SAMPLE INFORMATION** (to be completed by sampler) Sample Date: 04/04/2023 T2306673002 Sample Time: 07:55 (Circle One) Sample Number: Sample Location (be specific): 2 Location Code: (847)498-6440 Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids Field pH: Sample Type (Check Only One) Reason(s) for Sample (Check all that apply) Distribution Routine Compliance with 62-550 Replacement (of Invalidated Sample) Confirmation of MCL Exceedance* Entry Point (to Distribution) Special (not for compliance with 62-550) Plant Tap (not for compliance with 62-550 Composite of Multiple Sites* Clearance (permitting) Raw (at well or intake) Other: Max Residence Time Sampling Procedure Used or Other Comments: Ave Residence Time Near First Customer *See 62-550(6) for requirements and restrictions. *See 62-550.550(4) for requirements and And 62-550.512(3) for nitrate or nitrite exceedances. attach a results page for each site. SAMPLER CERTIFICATION . do HEREBY CERTIFY (Print Name (Print Title) that the above public water system and sample collection information is complete and correct. Signature: Certified Operator # Phone # Sampler's E-mail:

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LABORATORY CERTIFICATION INFORMATION to be completed by lab – please type or print legibly)

Lab Name:Advan	ced Environmental Laboratories, Inc.	Florida DOH Certificat	tion #: E84589	Certification Expiration Da	ate: 06/30/2023
			ATTACH CURRE	NT DOH ANALYTE SHEET*	
Address: 9610 F	Princess Palm Avenue. Tampa, FL 336 ²	19	Phone #: 813-	630-9616	
Were any analyse	es subcontracted Ves No	If yes, please provide	e DOH certification	number(s): E82001	
			ATTACH DOH AN	NALYTE SHEET FOR EACH SUE	SCONTRACTED LAB
ANALYSIS INFO	RMATION (to be completed by lab) Date	te Sample(s) Received:	04/04/2023		
PWS ID: (From P	age 1): Sai	mple Number (From Page	1): T2306673002	_ Lab Assigned Report # Or	Job ID: <u>T2306673</u>
Group(s) Analyze	ed & Results attached for compliance wi	th Chapter 62-550, F.A.	C. (Check all that apply	r):	
Inorganics All except Asbe	stos All 30	All 21	Disinfection Byproduc Trihalomethanes	Single Sample	Secondaries All 14
Partial	All Except Dioxin	Partial	Haloacetic Acids	Qtrly Composite*	Partial
Nitrate Nitrite	Partial Dioxin Only	L	Chlorite Bromate		
Asbestos	Dioxiii Olliy	LAD CEDILL	_		
		LAB CERTIFI	CATION		
Ι,	Brandy Devilbiss	,	Project Ma		, do HEREBY CERTIFY
	(Print Name		(Print Tit	,	
that all attached an	alytical data are correct and unless noted m Ovanda Defillion	eet all requirements of the	National Environmer	ntal Laboratory Accreditation Conf	erence (NELAC).
Signature:	Sanaz serieux		Date:	04/18/2023	
possible enforce	le a valid and current Florida DOH lab certifi ement against the public water system for fa radiological sample dates & locations for eac	ilure to sample, and may re			
	CONFIRMATION & NOTIFICATION I	S REQUIRED WITHIN 24 HR	S FOR NITRATE OR N	IITRITE MCL EXCEEDANCES	
NON	I-DETECTS ARE TO BE REPORTED AS THE M	DL WITH "U" QUALIFIER.	(Non-detects reported	as "BDL" or with a "<" are not accepta	ble.)
COMPLIANCE D	ETERMINATION(to be completed by DEF	or DOH attach notes as	s necessary)		
Sample Collection	n & Analysis Satisfactory: 🔲 Yes 🔃 I	No	Replacement Samp	ole or Report Requested (circle or	highlight group(s) above)
Person Notified:		Date Notified:		DEP/DOH Reviewing Official:	
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SECONDARY	CONTAMINANTS
62-550.320	

Report Number / Job ID:	T2306673002
PWS ID (From Page 1)	

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Certification #
1002	Aluminum	0.2	mg/L	0.021	U	EPA 200.7	0.0210	04/14/2023	10:51	E84589
1017	Chloride	250	mg/L	18.00		EPA 300.0	2	04/04/2023	19:42	E84589
1022	Copper	1	mg/L	0.014		EPA 200.7	0.0050	04/14/2023	10:51	E84589
1025	Fluoride	2	mg/L	0.40	U	EPA 300.0	0.40	04/04/2023	19:42	E84589
1028	Iron	0.3	mg/L	0.10		EPA 200.7	0.0067	04/14/2023	10:51	E84589
1032	Manganese	0.05	mg/L	0.005	U	EPA 200.7	0.0050	04/14/2023	10:51	E84589
1050	Silver	0.1	mg/L	0.008	U	EPA 200.7	0.0080	04/14/2023	10:51	E84589
1055	Sulfate	250	mg/L	38.00		EPA 300.0	2	04/04/2023	19:42	E84589
1095	Zinc	5	mg/L	0.05	U	EPA 200.7	0.05	04/14/2023	10:51	E84589
1905	Color	15	CU	4.30	U	SM 2120 B	4.30	04/05/2023	08:12	E84589
1920	Odor	3	TON	1.00	U	SM 2150 B	1	04/04/2023	15:36	E84589
1925	pH (field pH from page 1)	6.5 - 8.5		8.03	Q	SM 4500H+B	0.10	04/06/2023	13:20	E84589
1930	Total Dissolved Solids	500	mg/L	300.00		SM 2540 C	10	04/05/2023	12:00	E84589
2905	Foaming Agents	0.5	mg/L	0.072	I	SM 5540 C	0.04	04/05/2023	12:00	E82001

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

System Name: Summertree PWS I.D. #: Community Nontransient Noncommunity System Type (check one): Transient Noncommunity Address: ZIP Code: Fax #: E-Mail Address: Phone #: **SAMPLE INFORMATION** (to be completed by sampler) Sample Date: 04/04/2023 Sample Number: T2306673003 Sample Time: 07:40 (Circle One) Sample Location (be specific): 3 Location Code: (847)498-6440 Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids Field pH: Sample Type (Check Only One) Reason(s) for Sample (Check all that apply) Distribution Routine Compliance with 62-550 Replacement (of Invalidated Sample) Confirmation of MCL Exceedance* Entry Point (to Distribution) Special (not for compliance with 62-550) Plant Tap (not for compliance with 62-550 Composite of Multiple Sites* Clearance (permitting) Raw (at well or intake) Other: Max Residence Time Sampling Procedure Used or Other Comments: Ave Residence Time Near First Customer *See 62-550(6) for requirements and restrictions. *See 62-550.550(4) for requirements and And 62-550.512(3) for nitrate or nitrite exceedances. attach a results page for each site. SAMPLER CERTIFICATION . do HEREBY CERTIFY (Print Name (Print Title) that the above public water system and sample collection information is complete and correct. Signature: Certified Operator # Phone # Sampler's E-mail:

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LABORATORY CERTIFICATION INFORMATION to be completed by lab – please type or print legibly)

Effective January 1995, Revised December 2012

Lab Name: Advanced Environmental Laboratories, Inc.	Florida DOH Certifica	ation #: <u>E84589</u>	_ Certification Expiration Da	ate: 06/30/2023
		ATTACH CURRENT	DOH ANALYTE SHEET*	
Address: 9610 Princess Palm Avenue. Tampa, FL 33	3619	Phone #: 813-630	0-9616	
Were any analyses subcontracted Ves No	o If yes, please provi	de DOH certification nu	ımber(s): E82001	
		ATTACH DOH ANAI	LYTE SHEET FOR EACH SUE	SCONTRACTED LAB
ANALYSIS INFORMATION (to be completed by lab)	Date Sample(s) Received	: 04/04/2023		_
PWS ID: (From Page 1):	Sample Number (From Pag	e 1): T2306673003	Lab Assigned Report # Or	Job ID: <u>T2306673</u>
Group(s) Analyzed & Results attached for compliance	with Chapter 62-550, F.A	A.C. (Check all that apply):		
Inorganics Synthetic Organics All except Asbestos All 30 ✓ Partial All Except Dioxin Nitrate Partial Nitrite Dioxin Only	Volatile Organics All 21 Partial	Disinfection Byproducts Trihalomethanes Haloacetic Acids Chlorite Bromate	Radionuclides Single Sample Qtrly Composite*	Secondaries ✓ All 14 ☐ Partial
Asbestos	LAB CERTIF	ICATION		
I, Brandy Devilbiss	,	Project Mana	ager I	, do HEREBY CERTIFY
(Print Name		(Print Title)		
that all attached analytical data are correct and unless noted	I meet all requirements of the	e National Environmental	Laboratory Accreditation Conf	erence (NELAC).
Signature: Osandy Defillin		Date:	04/18/2023	
 Failure to provide a valid and current Florida DOH lab ce possible enforcement against the public water system for Please provide radiological sample dates & locations for 	failure to sample, and may			
CONFIRMATION & NOTIFICATION	N IS REQUIRED WITHIN 24 H	RS FOR NITRATE OR NITE	RITE MCL EXCEEDANCES	
NON-DETECTS ARE TO BE REPORTED AS THE	MDL WITH "U" QUALIFIER.	(Non-detects reported as '	"BDL" or with a "<" are not accepta	ble.)
COMPLIANCE DETERMINATION (to be completed by D	DEP or DOH attach notes a	as necessary)		
Sample Collection & Analysis Satisfactory: Yes	No	Replacement Sample	or Report Requested (circle or	highlight group(s) above)
Person Notified:	Date Notified:	DEF	P/DOH Reviewing Official:	
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SECONDARY CONTAMINANTS 62-550.320

Report Number / Job ID: T2306673003

PWS ID (From Page 1):

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Certification #
1002	Aluminum	0.2	mg/L	0.021	U	EPA 200.7	0.0210	04/14/2023	10:53	E84589
1017	Chloride	250	mg/L	19.00		EPA 300.0	2	04/04/2023	19:58	E84589
1022	Copper	1	mg/L	0.005	U	EPA 200.7	0.0050	04/14/2023	10:53	E84589
1025	Fluoride	2	mg/L	0.40	U	EPA 300.0	0.40	04/04/2023	19:58	E84589
1028	Iron	0.3	mg/L	0.065	I	EPA 200.7	0.0067	04/14/2023	10:53	E84589
1032	Manganese	0.05	mg/L	0.005	U	EPA 200.7	0.0050	04/14/2023	10:53	E84589
1050	Silver	0.1	mg/L	0.008	U	EPA 200.7	0.0080	04/14/2023	10:53	E84589
1055	Sulfate	250	mg/L	37.00		EPA 300.0	2	04/04/2023	19:58	E84589
1095	Zinc	5	mg/L	0.05	U	EPA 200.7	0.05	04/14/2023	10:53	E84589
1905	Color	15	CU	4.30	U	SM 2120 B	4.30	04/05/2023	08:12	E84589
1920	Odor	3	TON	1.00	U	SM 2150 B	1	04/04/2023	15:36	E84589
1925	pH (field pH from page 1)	6.5 - 8.5		7.78	Q	SM 4500H+B	0.10	04/06/2023	13:20	E84589
1930	Total Dissolved Solids	500	mg/L	320.00		SM 2540 C	10	04/05/2023	12:00	E84589
2905	Foaming Agents	0.5	mg/L	0.10	I	SM 5540 C	0.04	04/05/2023	12:00	E82001

PUBLIC WATER SYSTEM INFORMATION (to be completed by sampler – please type or print legibly) System Name: Summertree PWS I.D. #: Community Nontransient Noncommunity System Type (check one): Transient Noncommunity Address: ZIP Code: Fax #: E-Mail Address: Phone #: **SAMPLE INFORMATION** (to be completed by sampler) Sample Date: 04/04/2023 Sample Number: T2306673004 Sample Time: 08:25 (Circle One) Sample Location (be specific): 4 Location Code: (847)498-6440 Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids Field pH: Sample Type (Check Only One) Reason(s) for Sample (Check all that apply) Distribution Routine Compliance with 62-550 Replacement (of Invalidated Sample) Confirmation of MCL Exceedance* Entry Point (to Distribution) Special (not for compliance with 62-550) Plant Tap (not for compliance with 62-550 Composite of Multiple Sites* Clearance (permitting) Raw (at well or intake) Other: Max Residence Time Sampling Procedure Used or Other Comments: Ave Residence Time Near First Customer *See 62-550(6) for requirements and restrictions. *See 62-550.550(4) for requirements and And 62-550.512(3) for nitrate or nitrite exceedances. attach a results page for each site. SAMPLER CERTIFICATION . do HEREBY CERTIFY (Print Name (Print Title) that the above public water system and sample collection information is complete and correct. Signature: Certified Operator # Phone # Sampler's E-mail:

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LABORATORY CERTIFICATION INFORMATION to be completed by lab – please type or print legibly)

Lab Name: Advanced Er	nvironmental Laboratories, Inc.	Florida DOH Certific	cation #: E84589	Certification Expiration D	ate: 06/30/2023
			ATTACH CURRENT	DOH ANALYTE SHEET*	
Address: 9610 Princes	ss Palm Avenue. Tampa, FL 336	19	Phone #: 813-630	0-9616	
Were any analyses subo	contracted Ves No	If yes, please prov	ide DOH certification nu	ımber(s): <u>E82001</u>	
			ATTACH DOH ANAI	LYTE SHEET FOR EACH SU	BCONTRACTED LAB
ANALYSIS INFORMAT	ION (to be completed by lab) Da	ate Sample(s) Receive	d: 04/04/2023		
PWS ID: (From Page 1):	Sa	imple Number (From Pa	ge 1): T2306673004	Lab Assigned Report # Or	Job ID: <u>T2306673</u>
Group(s) Analyzed & Re	esults attached for compliance w	ith Chapter 62-550, F.	A.C. (Check all that apply):		
<u>Inorganics</u>	Synthetic Organics	/olatile Organics	<u>Disinfection Byproducts</u>	<u>Radionuclides</u>	<u>Secondaries</u>
All except Asbestos	All 30	All 21	Trihalomethanes	Single Sample	✓ All 14
✓ Partial	All Except Dioxin	Partial	Haloacetic Acids	Qtrly Composite*	Partial
Nitrate	Partial		Chlorite		
Nitrite	Dioxin Only		Bromate		
Asbestos		LAB CERTII	FICATION		
I,	Brandy Devilbiss	,	Project Mana	ger I	, do HEREBY CERTIFY
	(Print Name		(Print Title)		•
	data are correct and unless noted n	neet all requirements of th	he National Environmental	Laboratory Accreditation Con	ference (NELAC).
Signature:	sandy Defillin		Date:	04/18/2023	
possible enforcement a	id and current Florida DOH lab certi gainst the public water system for fa gical sample dates & locations for ea	ailure to sample, and may			
	CONFIRMATION & NOTIFICATION	IS REQUIRED WITHIN 24 I	HRS FOR NITRATE OR NITE	RITE MCL EXCEEDANCES	
NON-DETEC	TS ARE TO BE REPORTED AS THE N	IDL WITH "U" QUALIFIER.	. (Non-detects reported as '	BDL" or with a "<" are not accepta	able.)
COMPLIANCE DETERI	MINATION(to be completed by DE	P or DOH attach notes	as necessary)		
Sample Collection & An	alysis Satisfactory: Yes	No	Replacement Sample	or Report Requested (circle o	r highlight group(s) above)
Person Notified:		Date Notified:	DEI	P/DOH Reviewing Official:	
Daniel - Famout 60 FF0 700		D	44.504		

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SECONDARY CONTAMINANTS 62-550.320

Report Number / Job ID: T2306673004

PWS ID (From Page 1):

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Certification #
1002	Aluminum	0.2	mg/L	0.021	U	EPA 200.7	0.0210	04/14/2023	10:56	E84589
1017	Chloride	250	mg/L	18.00		EPA 300.0	2	04/04/2023	20:14	E84589
1022	Copper	1	mg/L	0.014		EPA 200.7	0.0050	04/14/2023	10:56	E84589
1025	Fluoride	2	mg/L	0.40	U	EPA 300.0	0.40	04/04/2023	20:14	E84589
1028	Iron	0.3	mg/L	0.14		EPA 200.7	0.0067	04/14/2023	10:56	E84589
1032	Manganese	0.05	mg/L	0.0064	I	EPA 200.7	0.0050	04/14/2023	10:56	E84589
1050	Silver	0.1	mg/L	0.008	U	EPA 200.7	0.0080	04/14/2023	10:56	E84589
1055	Sulfate	250	mg/L	38.00		EPA 300.0	2	04/04/2023	20:14	E84589
1095	Zinc	5	mg/L	0.05	U	EPA 200.7	0.05	04/14/2023	10:56	E84589
1905	Color	15	CU	4.30	U	SM 2120 B	4.30	04/05/2023	08:12	E84589
1920	Odor	3	TON	1.00	U	SM 2150 B	1	04/04/2023	15:36	E84589
1925	pH (field pH from page 1)	6.5 - 8.5		7.98	Q	SM 4500H+B	0.10	04/06/2023	13:20	E84589
1930	Total Dissolved Solids	500	mg/L	360.00		SM 2540 C	10	04/05/2023	12:00	E84589
2905	Foaming Agents	0.5	mg/L	0.068	I	SM 5540 C	0.04	04/05/2023	12:00	E82001

PUBLIC WATER SYSTEM INFORMATION (to be completed by sampler – please type or print legibly) System Name: Summertree PWS I.D. #: Community Nontransient Noncommunity System Type (check one): Transient Noncommunity Address: ZIP Code: Fax #: E-Mail Address: Phone #: **SAMPLE INFORMATION** (to be completed by sampler) Sample Date: 04/04/2023 Sample Number: T2306673005 Sample Time: 08:55 (Circle One) Sample Location (be specific): 5 Location Code: (847)498-6440 Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids Field pH: Sample Type (Check Only One) Reason(s) for Sample (Check all that apply) Distribution Routine Compliance with 62-550 Replacement (of Invalidated Sample) Confirmation of MCL Exceedance* Entry Point (to Distribution) Special (not for compliance with 62-550) Plant Tap (not for compliance with 62-550 Composite of Multiple Sites* Clearance (permitting) Raw (at well or intake) Other: Max Residence Time Sampling Procedure Used or Other Comments: Ave Residence Time Near First Customer *See 62-550(6) for requirements and restrictions. *See 62-550.550(4) for requirements and And 62-550.512(3) for nitrate or nitrite exceedances. attach a results page for each site. SAMPLER CERTIFICATION . do HEREBY CERTIFY (Print Name (Print Title) that the above public water system and sample collection information is complete and correct. Signature: Certified Operator # Phone # Sampler's E-mail:

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LABORATORY CERTIFICATION INFORMATION to be completed by lab – please type or print legibly)

Effective January 1995, Revised December 2012

Lab Name: Advanced Environmental Laboratories, Inc.	Florida DOH Certifica	tion #: E84589	_ Certification Expiration Da	ate: 06/30/2023
		ATTACH CURRENT	DOH ANALYTE SHEET*	
Address: 9610 Princess Palm Avenue. Tampa, FL 33	8619	Phone #: 813-630	0-9616	
Were any analyses subcontracted Ves No	o If yes, please provid	e DOH certification nu	ımber(s): <u>E82001</u>	
		ATTACH DOH ANAI	LYTE SHEET FOR EACH SUE	SCONTRACTED LAB
ANALYSIS INFORMATION (to be completed by lab)	Date Sample(s) Received:	04/04/2023		_
PWS ID: (From Page 1):	Sample Number (From Page	1): T2306673005	Lab Assigned Report # Or	Job ID: <u>T2306673</u>
Group(s) Analyzed & Results attached for compliance	with Chapter 62-550, F.A.	C. (Check all that apply):		
Inorganics Synthetic Organics All except Asbestos All 30 ✓ Partial All Except Dioxin Nitrate Partial Nitrite Dioxin Only	Volatile Organics All 21 Partial	Disinfection Byproducts Trihalomethanes Haloacetic Acids Chlorite Bromate	Radionuclides Single Sample Qtrly Composite*	Secondaries All 14 Partial
Asbestos	LAB CERTIFI	CATION		
I, Brandy Devilbiss	,	Project Mana	iger I	, do HEREBY CERTIFY
(Print Name		(Print Title)		
that all attached analytical data are correct and unless noted	meet all requirements of the	National Environmental	Laboratory Accreditation Confe	erence (NELAC).
Signature:		Date:	04/18/2023	
 Failure to provide a valid and current Florida DOH lab cer possible enforcement against the public water system for Please provide radiological sample dates & locations for example to the public water system for example dates. 	failure to sample, and may re			
CONFIRMATION & NOTIFICATIO				
NON-DETECTS ARE TO BE REPORTED AS THE	MDL WITH "U" QUALIFIER.	(Non-detects reported as	'BDL" or with a "<" are not accepta	ble.)
COMPLIANCE DETERMINATION(to be completed by D	EP or DOH attach notes as	s necessary)		
Sample Collection & Analysis Satisfactory: Yes	No	Replacement Sample	or Report Requested (circle or	highlight group(s) above)
Person Notified:	Date Notified:	DEF	P/DOH Reviewing Official:	
Reporting Format 62-550.730	Page:	18 of 24		

SECONDARY CONTAMINANTS 62-550.320

Report Number / Job ID: T2306673005

PWS ID (From Page 1):

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Certification #	
1002	Aluminum	0.2	mg/L	0.021	U	EPA 200.7	0.0210	0.0210 04/14/2023		E84589	
1017	Chloride	250	mg/L	18.00		EPA 300.0	2	04/04/2023	20:30	E84589	
1022	Copper	1	mg/L	0.005	U	EPA 200.7	0.0050	04/14/2023	11:09	E84589	
1025	Fluoride	2	mg/L	0.40	U	EPA 300.0	0.40	04/04/2023	20:30	E84589	
1028	Iron	0.3	mg/L	0.11		EPA 200.7	0.0067	04/14/2023	11:09	E84589	
1032	Manganese	0.05	mg/L	0.0051	I	EPA 200.7	0.0050	04/14/2023	11:09	E84589	
1050	Silver	0.1	mg/L	0.008	U	EPA 200.7	0.0080	04/14/2023	11:09	E84589	
1055	Sulfate	250	mg/L	38.00		EPA 300.0	2	04/04/2023	20:30	E84589	
1095	Zinc	5	mg/L	0.05	U	EPA 200.7	0.05	04/14/2023	11:09	E84589	
1905	Color	15	CU	4.30	U	SM 2120 B	4.30	04/05/2023	08:12	E84589	
1920	Odor	3	TON	1.00	U	SM 2150 B	1	04/04/2023	15:36	E84589	
1925	pH (field pH from page 1)	6.5 - 8.5		7.95	Q	SM 4500H+B	0.10	04/06/2023	13:20	E84589	
1930	Total Dissolved Solids	500	mg/L	320.00		SM 2540 C	10	04/05/2023	12:00	E84589	
2905	Foaming Agents	0.5	mg/L	0.068	I	SM 5540 C	0.04	04/05/2023	12:00	E82001	

PUBLIC WATER SYSTEM INFORMATION (to be completed by sampler – please type or print legibly) System Name: Summertree PWS I.D. #: Community Nontransient Noncommunity System Type (check one): Transient Noncommunity Address: ZIP Code: Fax #: E-Mail Address: Phone #: **SAMPLE INFORMATION** (to be completed by sampler) Sample Date: 04/04/2023 T2306673006 Sample Time: 08:40 (Circle One) Sample Number: Sample Location (be specific): 6 Location Code: (847)498-6440 Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids Field pH: Sample Type (Check Only One) Reason(s) for Sample (Check all that apply) Distribution Routine Compliance with 62-550 Replacement (of Invalidated Sample) Confirmation of MCL Exceedance* Entry Point (to Distribution) Special (not for compliance with 62-550) Plant Tap (not for compliance with 62-550 Composite of Multiple Sites* Clearance (permitting) Raw (at well or intake) Other: Max Residence Time Sampling Procedure Used or Other Comments: Ave Residence Time Near First Customer *See 62-550(6) for requirements and restrictions. *See 62-550.550(4) for requirements and And 62-550.512(3) for nitrate or nitrite exceedances. attach a results page for each site. SAMPLER CERTIFICATION . do HEREBY CERTIFY (Print Name (Print Title) that the above public water system and sample collection information is complete and correct. Signature: Certified Operator # Phone # Sampler's E-mail:

Reporting Format 62-550.730
Effective January 1995, Revised December 2012

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LABORATORY CERTIFICATION INFORMATION to be completed by lab – please type or print legibly)

Lab Name: Advanced Er	nvironmental Laboratories, Inc.	Florida DOH Certific	cation #: E84589	Certification Expiration D	ate: 06/30/2023
			ATTACH CURRENT	DOH ANALYTE SHEET*	
Address: 9610 Princes	ss Palm Avenue. Tampa, FL 336	19	Phone #: 813-630)-9616	
Were any analyses subo	contracted Ves No	If yes, please prov	ide DOH certification nu	ımber(s): <u>E82001</u>	
			ATTACH DOH ANAI	LYTE SHEET FOR EACH SU	BCONTRACTED LAB
ANALYSIS INFORMAT	ION (to be completed by lab) Da	ite Sample(s) Receive	d: 04/04/2023		
PWS ID: (From Page 1):	Sa	mple Number (From Pa	ge 1): T2306673006	Lab Assigned Report # Or	Job ID: <u>T2306673</u>
Group(s) Analyzed & Re	esults attached for compliance w	ith Chapter 62-550, F.	A.C. (Check all that apply):		
<u>Inorganics</u>	Synthetic Organics	/olatile Organics	<u>Disinfection Byproducts</u>	Radionuclides	<u>Secondaries</u>
All except Asbestos	All 30	All 21	Trihalomethanes	Single Sample	✓ All 14
✓ Partial	All Except Dioxin	Partial	Haloacetic Acids	Qtrly Composite*	Partial
Nitrate	Partial		Chlorite		
Nitrite	Dioxin Only		Bromate		
Asbestos		LAB CERTII	FICATION		
I,	Brandy Devilbiss	,	Project Mana	ger I	, do HEREBY CERTIFY
	(Print Name		(Print Title)		•
that all attached analytical	data are correct and unless noted n	neet all requirements of th	he National Environmental	Laboratory Accreditation Con	ference (NELAC).
Signature:	sandy Debildin		Date:	04/18/2023	
possible enforcement a	id and current Florida DOH lab certii gainst the public water system for fa gical sample dates & locations for ea	ailure to sample, and may			
	CONFIRMATION & NOTIFICATION	IS REQUIRED WITHIN 24 I	HRS FOR NITRATE OR NITE	RITE MCL EXCEEDANCES	
NON-DETEC	TS ARE TO BE REPORTED AS THE N	IDL WITH "U" QUALIFIER.	. (Non-detects reported as '	BDL" or with a "<" are not accepta	able.)
COMPLIANCE DETERI	MINATION(to be completed by DE	P or DOH attach notes	as necessary)		
Sample Collection & An	alysis Satisfactory: Yes	No	Replacement Sample	or Report Requested (circle o	r highlight group(s) above)
Person Notified:		Date Notified:	DEI	P/DOH Reviewing Official:	
Daniel de Company (20 550 720		D	00 - 5 0 4		

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SECONDARY	CONTAMINANTS
62-550.320	

Report Number / Job ID:	T2306673006
PWS ID (From Page 1):	

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Certification #
1002	Aluminum	0.2	mg/L	0.021	U	EPA 200.7	0.0210	04/14/2023	11:11	E84589
1017	Chloride	250	mg/L	18.00		EPA 300.0	2	04/04/2023	20:46	E84589
1022	Copper	1	mg/L	0.009	I	EPA 200.7	0.0050	04/14/2023	11:11	E84589
1025	Fluoride	2	mg/L	0.40	U	EPA 300.0	0.40	04/04/2023	20:46	E84589
1028	Iron	0.3	mg/L	0.14		EPA 200.7	0.0067	04/14/2023	11:11	E84589
1032	Manganese	0.05	mg/L	0.0067	I	EPA 200.7	0.0050	04/14/2023	11:11	E84589
1050	Silver	0.1	mg/L	0.008	U	EPA 200.7	0.0080	04/14/2023	11:11	E84589
1055	Sulfate	250	mg/L	38.00		EPA 300.0	2	04/04/2023	20:46	E84589
1095	Zinc	5	mg/L	0.12		EPA 200.7	0.05	04/14/2023	11:11	E84589
1905	Color	15	CU	4.30	U	SM 2120 B	4.30	04/05/2023	08:12	E84589
1920	Odor	3	TON	1.00	U	SM 2150 B	1	04/04/2023	15:36	E84589
1925	pH (field pH from page 1)	6.5 - 8.5		8.04	Q	SM 4500H+B	0.10	04/06/2023	13:20	E84589
1930	Total Dissolved Solids	500	mg/L	300.00		SM 2540 C	10	04/05/2023	12:00	E84589
2905	Foaming Agents	0.5	mg/L	0.072	I	SM 5540 C	0.04	04/05/2023	12:00	E82001

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2	11704 Rose Tree ci	-3.0	×	1	755)			×										002
3	11436 GOF Rd CL	-1.5	Y		740	П			8	-									003
4	11800 Ivgwood C	-2.9	×		875				X										004
5	11219 Merganser CL	-2.7	X		855				X		111111								009
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	Yes No Temp taken from samp		-	m blank .	Where re	equired, pH	checked		Temp.		ived (obser	,	U	_	mp. when		-		℃
DCN: AD-D051web Form last revised 08/07/2019 Device used for measuring Temp by unique identifier (circle IR temp gun used) J: 9A G: LT-1 (: 10A A: 3A M: 3A S: 1V F: 1A Received by: Date Time Received by: Date Time FOR DRINKING WATER USE:																			
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