

State of Florida



Public Service Commission

CAPITAL CIRCLE OFFICE CENTER • 2540 SHUMARD OAK BOULEVARD
TALLAHASSEE, FLORIDA 32399-0850

-M-E-M-O-R-A-N-D-U-M-

DATE: October 15, 2018

TO: Carlotta S. Stauffer, Commission Clerk, Office of Commission Clerk

FROM: Clayton Lewis, U.S. Engineering Specialist, Division of Engineering *CKL TB*

RE: Docket No. 20170147-WS - Application for staff-assisted rate case in Levy County by FIMC Hideaway, Inc.

Please file the attached 2018 Compliance Testing results for FIMC Hideaway in the above mentioned docket file.

Thank you.

CL/jp

Attachment

Joann Parsons

From: Clayton Lewis
Sent: Monday, October 08, 2018 1:20 PM
To: Joann Parsons
Cc: Robert Graves; Emily Knoblauch
Subject: FW: Re: Fwd: DOCKET NO. 20170147-WS
Attachments: 082018 FIMC Hideaway Prim Sec VOC Rads.pdf; 082018 FIMC Hideaway DBP.pdf

Follow Up Flag: Follow up
Flag Status: Flagged

Please file this message and the attachments in the Docket file.

Thank you

From: jandrmcbride@cox.net [<mailto:jandrmcbride@cox.net>]
Sent: Monday, October 08, 2018 10:31 AM
To: Clayton Lewis
Subject: Fwd: Re: Fwd: DOCKET NO. 20170147-WS

----- Original Message -----

From: Two Fold Water Engineering <twofoldwater@gmail.com>
To: jandrmcbride@cox.net
Date: October 8, 2018 at 8:55 AM
Subject: Re: Fwd: DOCKET NO. 20170147-WS

Happy Monday!! I've attached all of your 2018 Compliance Testing results.

Have a great day!
Lindsey

Two Fold Water Engineering, Inc.

PO Box 767

Melrose, FL 32666

Office: 352-475-2248

Fax: 352-475-5389

On 10/6/2018 7:16 AM, jandrmcbride@cox.net wrote:

----- Original Message -----

From: Clayton Lewis <CLewis@PSC.STATE.FL.US>

To: "'jandrmcbride@cox.net'" <jandrmcbride@cox.net>

Cc: Matthew Sibley <msibley@psc.state.fl.us>, Robert Graves
<RGRAVES@PSC.STATE.FL.US>

Date: October 4, 2018 at 10:05 AM

Subject: DOCKET NO. 20170147-WS

Mr. McBride,

Per the Order from Docket No. 20170147-WS,

FIMC Hideaway was:

ORDERED by the Florida Public Service Commission that the overall quality of service provided by FIMC Hideaway, Inc. shall be considered marginal until the utility can sufficiently

demonstrate that it meets the Department of Environmental Protection's secondary water standards. The utility shall file the results of its next primary and secondary water standards tests

with this Commission in this docket by **November 1, 2018**. If the results are unfavorable, our staff will bring this item to this Commission by March 1, 2019, for further action.

Has the testing been completed and will you file them by the November 1st deadline.

Thank you sir.

Clayton K. Lewis

Division of Engineering

Florida Public Service Commission

850 413-6578

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: FIMC HIDEAWAY INC PWS I.D. #

2	3	8	1	4	0	9
---	---	---	---	---	---	---

System Type (check one): Community Nontransient Noncommunity Transient Noncommunity
Address: 11496 NW 112TH PLACE OFF SR 320
City: CHIEFLAND ZIP Code: 32644
Phone #: (352)486-2828 Fax #: _____ E-Mail Address: JANDRMCBRIDE@COX.NET

SAMPLE INFORMATION (to be completed by sampler)
Sample Number: 375468DW1 Sample Date: 08/20/2018 Sample Time: 04:00 AM PM (Circle One)
Sample Location (be specific): Entry Point to Distribution n Code: Entry Point to Distribution
Disinfectant Residual (required when reporting 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 checked="" type="checkbox"/> Routine Compliance (with 62-550)	<input type="checkbox"/> Replacement (of Invalidated Sample)
<input checked="" 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"/> Clearance (permitting)
<input type="checkbox"/> Raw (at well or intake)	<input type="checkbox"/> Other: _____	
<input type="checkbox"/> Max Residence Time	<input type="checkbox"/> Sampling Procedure Used or Other Comments: _____	
<input type="checkbox"/> Avg Residence Time		
<input type="checkbox"/> Near First Customer		

* See 62-550.500(6) for requirements and restrictions And 62-550.512(3) for nitrate or nitrite exceedances. ** See 62-550.550(4) for requirements and attach a results page for each site.

SAMPLER CERTIFICATION

I, Ross Bogert, _____, do HEREBY CERTIFY
(Print Name) (Print Title)

that the above public water system and collection information is complete and correct.

Signature: _____ Date: 10/1/18
Certified Operator #: C18962 Phone #: 352-475-2248 Sampler's Fax: 352-475-5389
Sampler's E-Mail: twofoldwater@gmail.com

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

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

Lab Name: Flowers Chemical Laboratories, Inc.

Florida DOH Certification #: E83018

Certification Expiration Date: 6/30/2019

ATTACH CURRENT DOH ANALYTE SHEET*

Address: P. O. Box 150597, Altamonte Springs, FL 32715-0597

Phone #: 407-339-5984

Were any analyses subcontracted? Yes No If yes, please provide DOH certification number(s): _____

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB*

ANALYSIS INFORMATION(to be completed by lab)

Date Sample(s) Received: 08/21/18

PWS ID (From Page 1): 2381409

Sample Number (From Page 1): 375468DW1

Lab Assigned Report # or Job ID: 375468

Group(s) analyzed and results attached for compliance with Chapter 62-550, F.A.C. (check all that apply)

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

LAB CERTIFICATION

I, Jefferson S. Flowers, Technical Director, 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: 09/08/18

* Failure to provide a valid and current Florida DOH certification number and a current Analyte Sheet for the attached analysis results will result in rejection of the report and possible enforcement against the public water system for failure to sample, and may result in notification of the DOH Bureau of Laboratory Services.

** Please provide radiological sample dates & locations for each quarter.

CONFIRMATION AND NOTIFICATION IS REQUIRED WITHIN 24 HRS FOR NITRATE MCL EXCEEDANCES

NON-DETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" QUALIFIER. (Non-detects reported as "BDL" or with a "<" are not acceptable.)

Compliance Determination (to be completed by DEP or DOH - attach notes as necessary)

Sample Collection & Analysis Satisfactory Yes No _____ Replacement Sample or Report Requested (circle or highlight group(s) above)

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

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

INORGANIC CONTAMINANTS
62-550.310(1)

Report Number / Job ID: 375468DW1
PWS ID (From Page 1): 2381409

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Cert #
1038	Nitrate+Nitrite(as N)	10	mg/L	2.00	U	EPA300.0	2.00	08/21/18		E83018
1040	Nitrate (as N)	10	mg/L	2.00	U	EPA300.0	2.00	08/21/18	11:30 AM	E83018
1041	Nitrite (as N)	1	mg/L	2.00	U	EPA300.0	2.00	08/21/18	11:30 AM	E83018
1005	Arsenic	0.010	mg/L	0.00100	U	EPA200.8	0.00100	08/22/18		E83018
1010	Barium	2	mg/L	0.0104		EPA200.8	0.00200	08/22/18		E83018
1015	Cadmium	0.005	mg/L	0.00100	U	EPA200.8	0.00100	08/22/18		E83018
1020	Chromium	0.1	mg/L	0.00100	U	EPA200.8	0.00100	08/22/18		E83018
1024	Cyanide	0.2	mg/L	0.00500	U	SM4500CN-E	0.00500	08/28/18		E83018
1025	Fluoride	4	mg/L	2.00	U	EPA300.0	2.00	08/21/18		E83018
1030	Lead	0.015	mg/L	0.00100	U	EPA200.8	0.00100	08/22/18		E83018
1035	Mercury	0.002	mg/L	0.0000200	U	EPA245.1	0.0000200	08/23/18		E83018
1036	Nickel	0.1	mg/L	0.00100	U	EPA200.8	0.00100	08/22/18		E83018
1045	Selenium	0.05	mg/L	0.00200	U	EPA200.8	0.00200	08/22/18		E83018
1052	Sodium	160	mg/L	18.0		EPA200.7	0.500	08/21/18		E83018
1074	Antimony	0.006	mg/L	0.00100	U	EPA200.8	0.00100	08/22/18		E83018
1075	Beryllium	0.004	mg/L	0.000500	U	EPA200.8	0.000500	08/22/18		E83018
1085	Thallium	0.002	mg/L	0.00100	U	EPA200.8	0.00100	08/22/18		E83018

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

SECONDARY CONTAMINANTS
62-550.320

Report Number / Job ID: 375468DW1
PWS ID (From Page 1): 2381409

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Cert #
1002	Aluminum	0.2	mg/L	0.0100	U	EPA200.8	0.0100	08/22/18		E83018
1017	Chloride	250	mg/L	26.1		EPA300.0	4.00	08/21/18		E83018
1022	Copper	1	mg/L	0.00240		EPA200.8	0.00100	08/22/18		E83018
1025	Fluoride	2	mg/L	2.00	U	EPA300.0	2.00	08/21/18		E83018
1028	Iron	0.3	mg/L	0.121		EPA200.7	0.0100	08/21/18		E83018
1032	Manganese	0.05	mg/L	0.0100	U	EPA200.7	0.0100	08/21/18		E83018
1050	Silver	0.1	mg/L	0.000500	U	EPA200.8	0.000500	08/22/18		E83018
1055	Sulfate	250	mg/L	426		EPA300.0	10.0	08/21/18		E83018
1095	Zinc	5	mg/L	0.0100	U	EPA200.8	0.0100	08/22/18		E83018
1905	Color	15	CU	5.00	U	SM2120 B	5.00	08/21/18	02:03 PM	E83018
1920	Odor	3	TON@40C	1.00	U	SM2150 B	1.00	08/21/18	03:24 PM	E83018
1925	pH	6.5 -8.5	pH	7.60	Q	SM4500-H B	0.0100	08/21/18	05:17 PM	E83018
1930	Total Dissolved Solids	500	mg/L	992		SM2540 C	2.50	08/23/18		E83018
2905	Foaming Agents	0.5	mg/L	0.200	U	SM5540 C	0.200	08/21/18	11:00 AM	E83018

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

VOLATILE ORGANICS
62-550.310(2)(b)

Report Number / Job ID: 375468DW1
PWS ID (From Page 1): 2381409

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier	Analytical Method	Lab MDL	RDL	Analysis Date	Analysis Time	DOH Lab Cert #
2378	1,2,4,-trichlorobenzene	70	ug/L	0.500	U	EPA524.2	0.500	0.5	08/24/18		E83018
2380	cis-1,2-Dichloroethylene	70	ug/L	0.200	U	EPA524.2	0.200	0.5	08/24/18		E83018
2955	Xylenes	10000	ug/L	0.500	U	EPA524.2	0.500	0.5	08/24/18		E83018
2964	Dichloromethane	5	ug/L	0.500	U	EPA524.2	0.500	0.5	08/24/18		E83018
2968	o-dichlorobenzene	600	ug/L	0.500	U	EPA524.2	0.500	0.5	08/24/18		E83018
2969	Para-dichlorobenzene	75	ug/L	0.500	U	EPA524.2	0.500	0.5	08/24/18		E83018
2976	Vinyl Chloride	1	ug/L	0.500	U	EPA524.2	0.500	0.5	08/24/18		E83018
2977	1,1-Dichloroethylene	7	ug/L	0.500	U	EPA524.2	0.500	0.5	08/24/18		E83018
2979	trans-1,2-Dichloroethylene	100	ug/L	0.500	U	EPA524.2	0.500	0.5	08/24/18		E83018
2980	1,2-Dichloroethane	3	ug/L	0.500	U	EPA524.2	0.500	0.5	08/24/18		E83018
2981	1,1,1-trichloroethane	200	ug/L	0.500	U	EPA524.2	0.500	0.5	08/24/18		E83018
2982	Carbon tetrachloride	3	ug/L	0.500	U	EPA524.2	0.500	0.5	08/24/18		E83018
2983	1,2-dichloropropane	5	ug/L	0.500	U	EPA524.2	0.500	0.5	08/24/18		E83018
2984	Trichloroethylene	3	ug/L	0.500	U	EPA524.2	0.500	0.5	08/24/18		E83018
2985	1,1,2-trichloroethane	5	ug/L	0.500	U	EPA524.2	0.500	0.5	08/24/18		E83018
2987	Tetrachloroethylene	3	ug/L	0.500	U	EPA524.2	0.500	0.5	08/24/18		E83018
2989	Monochlorobenzene	100	ug/L	0.500	U	EPA524.2	0.500	0.5	08/24/18		E83018
2990	Benzene	1	ug/L	0.500	U	EPA524.2	0.500	0.5	08/24/18		E83018
2991	Toluene	1000	ug/L	0.500	U	EPA524.2	0.500	0.5	08/24/18		E83018
2992	Ethylbenzene	700	ug/L	0.500	U	EPA524.2	0.500	0.5	08/24/18		E83018
2996	Styrene	100	ug/L	0.500	U	EPA524.2	0.500	0.5	08/24/18		E83018

KNL Laboratory Services, Inc.
 2742 N. Florida Ave.
 P.O. Box 1833
 Tampa, FL 33601

Ph: (813) 229-2879 Fax: (813) 229-0002

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

RADIONUCLIDES
 62-550.310(6)

KNL Report Number/Job ID: 18.9582
 PWS ID(From Page 1):

Client ID: Flowers Chemical Laboratories 375468DW1

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier *	Analytical Method	Lab MDL	RDL	Analysis Error	Analysis Date	Analysis Time	DOH Lab Certification #
4000	Gross Alpha (excl.Uranium) **	15	pCi/L	5.9		EPA 00-02	0.8	3	1.2	8-31-18	0753	E84025
4002	Gross Alpha (incl Uranium)	***	pCi/L	5.9		EPA 00-02	0.8	3	1.2	8-31-18	0753	E84025
4006	Combined Uranium (U-234, U-235 & U-238) ****	20	pCi/L	0.3	U	EPA 908.0	0.3	.67	0.1	9-3-18	2300	E84025
		30	ug/L	0.5	U	Calc	0.5	1	0.2	Calc	Calc	E84025
4020	Radium-226	5	pCi/L	1.8		EPA 903.0	0.4	1	0.4	9-5-18	1256	E84025
4030	Radium-228		pCi/L	0.6	U	EPA Ra-05	0.6	1	0.3	9-5-18	0935	E84025

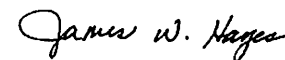
Reporting Format 62-550.730
 Effective January 1995, Revised February 2010.

- * Qualifier Codes: U – indicates that the compound was analyzed for but not detected.
 I = the reported value is between the laboratory detection limit and the laboratory practical quantitation limit.
- ** If the result exceeds 5 pCi/L, a measurement for radium-226 is required. Uranium is reported separately under Contam ID 4006.
- *** If the results exceed 5 pCi/L, a measurement for radium-226 is required. If the results exceed 15 pCi/L, a measurement for Combined Uranium must be reported separately. The DEP/DOH will subtract the U value from the Gross Alpha (ID 4002) to determine compliance with MCL for Gross Alpha (Excl.U) of 15 pCi/L. If the result for ID 4002 Gross Alpha (incl.Uranium) does not exceed 15 pCi/L, Combined Uranium need not be measured nor reported.
- **** If using Uranium testing methods ASTM D5174 or EPA 200.8 only, then Analysis Error need not be reported.

Page of

Test results meet all requirements of the NELAC standards. Contact person: Jim Hayes (813) 229-2879.

Approved by:



James W. Hayes
 Laboratory Director

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

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

Lab Name: KNL Environmental Testing Florida DOH Certification #: E84025 Certification Expiration Date: June Renewal

ATTACH CURRENT DOH ANALYTE SHEET*

Address: 3202 N. Florida Ave. Tampa, FL 33603 Phone #: 813-229-2879

Were any analyses subcontracted? Yes No If yes, please provide DOH certification number(s): _____

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB*

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 8-23-18

PWS ID (From Pg 1): _____ Sample # (From Pg 1): 375468 DW Lab Assigned Report # or Job ID: 18, 9582

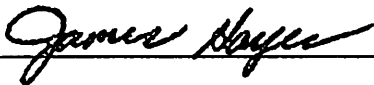
Group(s) Analyzed & Results attached for compliance with Chapter 62-550, F.A.C. (Check all that apply):

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

LAB CERTIFICATION

I, James W. Hayes, Laboratory Director, do HEREBY CERTIFY
(Print Name) (Print Title)

that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).

Signature:  Date: 9-7-18

* Failure to provide a valid and current Florida DOH lab certification number and a current Analyte Sheet for the attached analysis results will result in rejection of the report, possible enforcement against the public water system for failure to sample, and may result in notification of the DOH Bureau of Laboratory Services.
** Please provide radiological sample dates & locations for each quarter.

**CONFIRMATION & NOTIFICATION IS REQUIRED WITHIN 24 HRS FOR NITRATE OR NITRITE MCL EXCEEDANCES
NON-DETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" QUALIFIER. (Non-detects reported as "BDL" or with a "<" are not acceptable.)**

COMPLIANCE DETERMINATION (to be completed by DEP or DOH – attach notes as necessary)

Sample Collection & Analysis Satisfactory: Yes No _____ Replacement Sample or Report Requested (circle or highlight group(s) above)

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

(18.9579-82)

Check Box That Applies To Your Location

- Flowers Chemical Laboratories, Inc.**
481 Newburyport Ave.
Altamonte Springs, FL 32701
Bus: 407-339-5984
Fax: 407-260-6110
- Flowers Chemical Labs-South**
West Park Industrial Plaza
571 N.W. Mercantile Pl., Ste. 111
Port St. Lucie, FL 34986
Bus: 772-343-8006
Fax: 772-343-8089
- Flowers Chemical Labs-North**
812 S.W. Harvey Greene Dr.
Madison, FL 32340
Bus: 850-973-6878
Fax: 850-973-6878
- Flowers Chemical Labs-Keys**
3980 Overseas Highway, Ste. 103
Marathon, FL 33050
Bus: 305-743-8598
Fax: 305-743-8598



DOWNLOAD REPORTS, INVOICES AND CHAINS OF CUSTODY www.flowerslabs.com

Client KNL	Project Name	P.O. #
Address	Client Contact	FAX
Phone	FCL Project Manager	E-MAIL
Requested Due Date 10 Day Standard	OR <input type="text"/> MM <input type="text"/> DD <input type="text"/> YY	Rush Charges May Apply
Sampled By (PRINT):	Pick-Up Fee \$ <input type="text"/>	Vehicle Surcharge \$ <input type="text"/> Sampling Fee \$ <input type="text"/>

Sampler Signature	Date Sampled	PRESERVATIVES
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GW - ground water DW - drinking water WW - wastewater
 SW - surface water SO - soil/solid SL - sludge HW - waste

ITEM NO.	SAMPLE ID	DATE	TIME	MATRIX	(LAB USE ONLY) LAB NO.	PRESERVATIVES					ANALYSES REQUEST	COMMENTS	Total # Containers	
						NONE	H ₂ SO ₄	HNO ₃	HCl	Na ₂ S ₂ O ₃				
1	375400DWI	8/20/18	11:20	DW	18.9579						HS G/A	High solids conditional ss		
2	375405DWI	8/20/18	10:00	DW	18.9580						HS G/A			
3	375458DWI	8/20/18	14:00	DW	18.9581						HS G/A			
4	375468DWI	8/20/18	16:00	DW	18.9582						HS G/A			
5														
6														
7														
8														
9														
10														

Relinquished By / Affiliation	Date	Time	Accepted By / Affiliation	Date	Time	Relinquished By / Affiliation	Date	Time	Accepted By / Affiliation	Date	Time
<i>[Signature]</i>	8/20/18	12:55	K Green 11	8/20/18	12:55	K Green 11	8/23/18	10:26			
							8/23/18	10:20	KNL		

FINANCE CHARGES APPLIED TO PAST DUE INVOICES

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

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

Lab Name: Flowers Chemical Laboratories, Inc.

Florida DOH Certification #: E83018

Certification Expiration Date: 6/30/2019

ATTACH CURRENT DOH ANALYTE SHEET*

Address: P. O. Box 150597, Altamonte Springs, FL 32715-0597

Phone #: 407-339-5984

Were any analyses subcontracted? Yes No If yes, please provide DOH certification number(s): _____

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB*

ANALYSIS INFORMATION(to be completed by lab)

Date Sample(s) Received: 08/21/18

PWS ID (From Page 1): 2381409

Sample Number (From Page 1): 375503DW1

Lab Assigned Report # or Job ID: 375503

Group(s) analyzed and results attached for compliance with Chapter 62-550, F.A.C. (check all that apply)

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

LAB CERTIFICATION

I, Jefferson S. Flowers, Technical Director, 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: 08/28/18

* Failure to provide a valid and current Florida DOH certification number and a current Analyte Sheet for the attached analysis results will result in rejection of the report and possible enforcement against the public water system for failure to sample, and may result in notification of the DOH Bureau of Laboratory Services.

** Please provide radiological sample dates & locations for each quarter.

CONFIRMATION AND NOTIFICATION IS REQUIRED WITHIN 24 HRS FOR NITRATE MCL EXCEEDANCES

NON-DETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" QUALIFIER. (Non-detects reported as "BDL" or with a "<" are not acceptable.)

Compliance Determination (to be completed by DEP or DOH - attach notes as necessary)

Sample Collection & Analysis Satisfactory Yes No _____ Replacement Sample or Report Requested (circle or highlight group(s) above)

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

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

DISINFECTION BYPRODUCTS
62-550.310(3)

Report Number / Job ID: 375503DW1
Disinfectant Residual (mg/L): 1.0000000
PWS ID (From Page 1): 2381409

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Regulatory MRL**	Analysis Date	Analysis Time	DOH Lab Cert #
2450	Monochloroacetic Acid	N/A	ug/L	11.1		EPA552.3	2.00	2.0	08/23/18		E83018
2451	Dichloroacetic Acid	N/A	ug/L	6.82		EPA552.3	1.00	1.0	08/23/18		E83018
2452	Trichloroacetic Acid	N/A	ug/L	1.30		EPA552.3	0.500	1.0	08/23/18		E83018
2453	Monobromoacetic Acid	N/A	ug/L	1.00	U	EPA552.3	1.00	1.0	08/23/18		E83018
2454	Dibromoacetic Acid	N/A	ug/L	7.31		EPA552.3	0.500	1.0	08/23/18		E83018
2456	Total Haloacetic Acids (HAA5)	60	ug/L	26.5		EPA552.3	0.500	---	08/23/18		E83018

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Regulatory MRL**	Analysis Date	Analysis Time	DOH Lab Cert #
2941	Chloroform	N/A	ug/L	6.97		EPA524.2	0.500	1.0	08/27/18		E83018
2942	Bromoform	N/A	ug/L	4.44		EPA524.2	0.500	1.0	08/27/18		E83018
2943	Bromodichloromethane	N/A	ug/L	14.0		EPA524.2	0.500	1.0	08/27/18		E83018
2944	Dibromochloromethane	N/A	ug/L	15.2		EPA524.2	0.500	1.0	08/27/18		E83018
2950	Total Trihalomethanes (TTHM)	80	ug/L	40.6		EPA524.2	0.500	---	08/27/18		E83018

** Laboratories are required to adhere to the minimum reporting level (MRL) requirements of 40 CFR 141.131(b)(2)(iv)

*** Applicable to monitoring as prescribed in 40 CFR 141.132(b)(2)(i)(B) and (b)(2)(ii)

**** Laboratories that use EPA methods 317.0 Revision 2.0, 326.0 or 321.8 must meet a 1.0 ug/L MRL for bromate.

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

Check Box that Applies to your location

Flowers Chemical Laboratories, Inc.
 481 Newburyport Ave
 Altamonte Springs, FL 32701
 Bus: 407-339-5984
 Fax: 407-260-6110

Flowers Chemical Labs - South
 West Park Industrial Plaza
 571 NW Mercantile Pl., Ste 111
 Port St. Lucie, FL 34986
 Bus: 772-343-8006
 Fax: 772-343-8069

Flowers Chemical Labs - North
 812 SW Harvey Greene Dr.
 Madison, FL 32340
 Bus: 850-973-6878
 Fax: 850-973-6878

Flowers Chemical Labs - Keys
 3980 Overseas Hwy., Ste. 103
 Marathon, FL 33050
 Bus: 305-743-8598
 Fax: 305-743-8598



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Client Two Fold Water Engineering	Project Name FIMC Hideaway	PWS# 2381409
Address	Client Contact Lindsey	Fax
Phone 352-475-2248	FCL Project Manager Kathryn Nordmark	Email twofoldwater@gmail.com
Due Date 10 day standard OR		Rush Charges May Apply

Sampled by (Print) Ross A. Boyd	Pick up Fee \$	Vehicle Surcharge \$	Sampling Fee \$
Sampler Signature <i>[Signature]</i>	Date Sampled 8-20-18	Cl ⁻ 1.0 ppm Ph- 7.2 Preservatives Analyses Requested	
<input type="checkbox"/> GW-groundwater <input type="checkbox"/> SW-surface water <input type="checkbox"/> DW-drinking water <input type="checkbox"/> S-soil/solid <input type="checkbox"/> SL-sludge <input type="checkbox"/> WW-wastewater <input type="checkbox"/> HW-waste			

Item No	Sample ID	Date	Time	Matrix	(Lab use only) Lab Number	None	H2SO4	CONH	HCl	Ascorbic Acid	NH4Cl	TTHM	HAA	Comments	No. of Bottles
1	11496 NW 112th Terrace	8-20-18	15:30	DW	375503					X	X	X	X		
2					DW1										
3															
4															
5															
6															
7															
8															
9															
10															
Relinquished by/Affiliation		Date	Time	Received by/Affiliation		Date	Time	Relinquished by/Affiliation		Date	Time	Received by/Affiliation		Date	Time
		8/21	10:50	<i>[Signature]</i>		8/21	10:50	<i>[Signature]</i>		8/21	13:33	<i>[Signature]</i>		8/21	13:33 3.500