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Orlando Fort Pierce Tallahassee Tampa Viera/Melbourne

MARTIN FRIEDMAN

407-310-2077 mfriedman@deanmead.com

July 1, 2021 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. 20150269-WS; Application for limited proceeding water rate increase in Marion, Pasco, and Seminole Counties, by Utilities, Inc. of Florida.

Our Matter No. 070272

Dear Mr. Teitzman:

Pursuant to PSC Order No. PSC-2016-0505-PAA-WS, attached are the results of the sampling that was required to be done every six months after the interconnection with Pasco County. As one can see, the values of all secondary drinking water parameters at all six locations were below the maximum contaminant levels, with the exception of one exceedance of iron which may be related to the hydrant sampling point.

Pursuant to PSC Order No. PSC-2021-0206-FOF-WS, future water quality reports are due annually and will be filed in Docket No. 20200139-WS. 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: Gary Rudkin (via email)

Mike Wilson (via email)

Tables Language Tables		Advanced Environmental Laboratories, Inc	Altam	onte Sprii	ngs: 380 Nort	thlake Blvd., Ste.	1048 • Altamonte	Springs, FL 3	2701 • 407.937 Fax 904.363.9	7.1594 • Fax 40	7.937.1597		7			• Gainesville, F Miramar, FL 3		2.377.2349 • F		
SON NUMBER SECOND																				
SON NUMBER SECOND	Client Name:	F	5	Umn	nertr	ee			BOTTLE SIZE & TYPE											
TEP Facility Address	PO Number: Z52125							4	C	b 6	79	* T	2 1 () 6 9	9 0	*				
Matrix Code: WW = wastewater SW = surface water GW = ground water DW = drinking water Described in the Described on the Described Size of the Size of	Phone: 777-934-9137/40-808-7988 6511473				EQUIRE	12		1 chieu	rals	tals	050									
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Matrix Code: WW = wastewater SW = surface water GW = ground water DW = drinking		11001 Kiskadee Ci	2-1.6	*		-				1	1	1		1	1	+-				
Matrix Code: WW = wastewater SW = surface water SW = ground water DW = drinking water		11219 Merganser C	12-0.8	*	1	950	1		-		-		 							06
Matrix Code: WW = wastewater SW = surface water SW = ground water DW = drinking water																				
Received on Ice No Temp taken from sample											-	-	-	-	-			-	_	
Matrix Code: WW = wastewater SW = surface water SW = ground water DW = drinking water							1		01 = 1	das	Preserv	ration Co	de: l=i	ce H=(H(CI) S = (H2SO4) N	N = (HNO	3) T = (Sc	dium Thi	osulfate)
DCN: AD-051 Form last revised 1777776 FOR DRINKING WATER USE:	Received on Ice	Yes No Temp taken from san		er DW =	drinking wa	/ IM/hare	required ph	checked		remp. v	vhen rece	ived (obs	erved)	6	_ °C T	emp. whe	n receive	d (correcte	ed)	°C
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1 905 4 70/a 900 4 4 70/a 900 Contact Person: Phone :	1 2		10/	L	1	2	4-4-7	15	72		Contact P	erson:				PI	none :			_

Site-Address:

PUBLIC WATER SYSTEM INFORMATION (to be	e completed by sampler – Please type or print legibly)	
System Name: <u>Utilities, Inc.</u>		PWS I.D.#: 6 5 1 1 4 2 3
System Type (check one): Community	Nontransient Noncommunity Transient No	ncommunity
Address: 41311 Paquette Way		
City: Zephyrhills		ZIP Code: <u>33540</u>
Phone #: Fax #:	E-Mail Add	dress:
SAMPLE INFORMATION (to be completed by same		
	Sample Date: 04/19/2021 Sa	ample Time: 08:45 AM PM (circle one)
Sample Location (be specific): 11436 Golf Rd		Location Code (if known):
Disinfectant Residual (Required when reporting results f	or trihalomethanes and haloacetic acids): 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)
Entry Point (to Distribution)	Confirmation of MCL Exceedance * S	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 Comme	
Ave Residence Time		
Near First Customer	*See 62-550.500(6) for requirements and restrictions And 62-550.512(3) for nitrate or nitrite exceedances.	
	SAMPLER CERTIFICATION	
I.		, do HEREBY CERTIFY
(Print Name)	Print Title)	·
that the above public water system and s	ample collection information is complete ar	nd correct.
	Date:	
Certified Operator #:		Sampler's Fax #:
Sampler's E-Mail:		
Penorting Format 62-550 730		

LABORATORY CERTIFICA	ATION INFORMATION	to be completed by lab	– Please type o	print legibly)			
Lab Name: Advanced Envir	onmental Laboratories, Ir	C Florida DOH Ce	ertification #:	E84589	Certification Expiration Date: 06/30/2021			
				ATTACH C	CURRENT DOH ANALYTE *			
Address: 9610 Princess P	alm Ave Tampa, FL 3361	9 Payments:	P.O. Box	Phone #:	(813)630-9616			
Were any analyses subcon	tracted? X Yes No	If yes, please prov	ide DOH certifi	cation num	bers: <u>E82574</u>			
ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED *								
ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 04/20/2021								
PWS ID (From Page 1):6511423 Sample Number (From Page 1): Lab Assigned Report # or Job								
Group(s) Analyzed & Results attached for compliance with Chapter 62-550, F.A.C. (Check all that apply):								
Inorganics All Except Asbestos Partial Nitrate Nitrite Asbestos Only	Synthetic Organics All 30 All Except Dioxin Partial Dioxin Only	Volatile Organics All 21 Partial	Disinfection Trihalome Haloaceti Chlorite Bromate	ethanes	Radionuclides Secondaries All 14 Qtrly Composite** Partial			
Bran	dy DeVilbiss	LA	B CERTIFIC					
I, Dran	16 7. POSABNIA PARANCA (A)			PM-A	, do HEREBY CERTIFY			
	(Print Name)			(Print T	1879-7 No. 1775-77 US E. 17745 17 AV AV AV AV AVA			
that all attached analytical	data are correct and unl	ess noted meet all re	quirements of	the Nationa	al Environmental Laboratory Accreditation Conference			
Signature:	Drandy Detilli	<u> </u>	Date	5/13	3/21			
* 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 DETERMIN	(to be completed by	DEP or DOH attach note	• ,					
Sample Collection & Analys	sis satistactory: Yes		·					
Person Notified:		Date Notified:			EP/DOH Reviewing Official:			

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62-550.320

Report Number / Job ID: <u>T2106990001</u>

PWS ID (From Page 1): <u>6511423</u>

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab
1002	Aluminum	0.2	mg/L	0.021	U	EPA 200.7	0.021	05/03/2021	15:19	Certification #
1017	Chloride	250	mg/L	44		EPA 300.0	2.0	04/29/2021	03:28	E84589
1022	Copper	1	mg/L	0.0016	I	EPA 200.8	0.0010	05/05/2021	21:51	E84589
1025	Fluoride	2.0	mg/L	0.40	U	EPA 300.0	0.40	04/29/2021	03:28	E82574 E84589
1028	Iron	0.3	mg/L	0.055	I	EPA 200.7	0.0067	05/03/2021	15:19	E84589
1032	Manganese	0.05	mg/L	0.0038	I	EPA 200.8	0.0010	05/05/2021	21:51	E82574
1050	Silver	0.1	mg/L	0.00050	U	EPA 200.8	0.00050	05/05/2021	15:15	E82574
1055	Sulfate	250	mg/L	110		EPA 300.0	2.0	04/29/2021	03:28	E84589
1095	Zinc	5	mg/L	0.050	U	EPA 200.7	0.050	05/03/2021	15:19	E84589
1905	Color	15	PCU	4.3	U	SM 2120 B	4.3	04/21/2021	07:25	E84589
1930	Total Dissolved Solids	500	mg/L	380		SM 2540 C	10	04/22/2021	16:00	E84589

PUBLIC WATER SYSTEM INFORMATION (to be	completed by sampler – Please type or print legibly)							
System Name: Utilities, Inc.	PWS I.D.#: 6 5 1 4 2 3							
System Type (check one): Community	Nontransient Noncommunity Transient Noncommunity							
Address: 41311 Paquette Way								
City: Zephyrhills	ZIP Code: <u>33540</u>							
Phone #: Fax #:	E-Mail Address:							
SAMPLE INFORMATION (to be completed by samp								
	Sample Date: 04/19/2021 Sample Time: 08:10 AM PM (circle one)							
Sample Location (be specific): 11704 Rosetree Location Code (if known):								
Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): mg/L Field pH:								
Sample Type (Check Only One) Reason(s) for Sample (Check all that apply)								
Distribution	Routine Compliance with 62-550 Replacement (of Invalidated Sample)							
Entry Point (to Distribution)	Confirmation of MCL Exceedance * Special (not for compliance with 62-550)							
Plant Tap (not for compliance with 62-550)	Composite of Multiple Sites ** Clearance (permitting)							
Raw (at well or intake)	Other:							
Max Residence Time	Sampling Procedure Used or Other Comments:							
Ave Residence Time								
Near First Customer	*See 62-550.500(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							
1,	, do HEREBY CERTIFY							
(Print Name) (Print Title)								
that the above public water system and sa	ample collection information is complete and correct.							
Signature:	Date:							
Certified Operator #:	Phone #: Sampler's Fax #:							
Sampler's E-Mail:								
Penorting Format 62-550 730								

LABORATORY CERTIFICATION INFORMATION (to be completed by lab – Please type or print legibly)								
Lab Name: Advanced Environmental Laboratories, Inc Florida DOH Certification #: E8	Certification Expiration Date: 06/30/2021							
AT	TACH CURRENT DOH ANALYTE *							
Address: 9610 Princess Palm Ave Tampa, FL 33619 Payments: P.O. Box Ph	none #: _(813)630-9616							
Were any analyses subcontracted?	ion numbers: E82574							
ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED *								
ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 04/20/2021								
PWS ID (From Page 1): 6511423 Sample Number (From Page 1): T2106990002 Lab Assigned Report # or Job T2106990								
Group(s) Analyzed & Results attached for compliance with Chapter 62-550, F.A.C. (Check all that apply):								
Inorganics Synthetic Organics Volatile Organics Disinfection Byp All Except Asbestos All 30 All 21 Trihalometha X Partial All Except Dioxin Partial Haloacetic Administrate Nitrate Partial Chlorite Nitrite Dioxin Only Bromate	anes Single Sample All 14							
Brandy Devilbiss LAB CERTIFICAT								
	M-A , 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							
Signature: Dandy Defillin Date:	5/13/21							
* 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: Yes No (circle or highlight group(s) above)								
Person Notified: Date Notified:	DEP/DOH Reviewing Official:							

SECONDARY CONTAMINANTS

62-550.320

Report Number / Job ID: <u>T2106990002</u>

PWS ID (From Page 1): <u>6511423</u>

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab
1002	Aluminum	0.2	mg/L	0.021	U	EPA 200.7	0.021	05/03/2021	15:21	Certification #
1017	Chloride	250	mg/L	45		EPA 300.0	2.0	04/29/2021	03:44	E84589
1022	Copper	1	mg/L	0.0011	I	EPA 200.8	0.0010	05/05/2021	21:56	E84589 E82574
1025	Fluoride	2.0	mg/L	0.40	U	EPA 300.0	0.40	04/29/2021	03:44	E84589
1028	Iron	0.3	mg/L	0.15		EPA 200.7	0.0067	05/03/2021	15:21	E84589
1032	Manganese	0.05	mg/L	0.0063		EPA 200.8	0.0010	05/05/2021	21:56	E82574
1050	Silver	0.1	mg/L	0.00050	U	EPA 200.8	0.00050	05/05/2021	15:17	E82574
1055	Sulfate	250	mg/L	110		EPA 300.0	2.0	04/29/2021	03:44	E84589
1095	Zinc	5	mg/L	0.050	U	EPA 200.7	0.050	05/03/2021	15:21	E84589
1905	Color	15	PCU	4.3	U	SM 2120 B	4.3	04/21/2021	07:25	E84589
1930	Total Dissolved Solids	500	mg/L	400		SM 2540 C	10	04/22/2021	16:00	E84589

PUBLIC WATER SYSTEM INFORMATION (to be	e completed by sampler – Please type or print legibly)	, —, —, —, —, —, —, —, —, —, —, —, —, —,							
System Name: Utilities, Inc.	PWS I.D.#: 6 5	1 1 4 2 3							
System Type (check one): Community	Nontransient Noncommunity Transient Noncommunity								
Address: 41311 Paquette Way									
City: Zephyrhills	ZIP Code: <u>33540</u>								
Phone #: Fax #:	Phone #: Fax #: E-Mail Address:								
SAMPLE INFORMATION (to be completed by samp									
	Sample Date: <u>04/19/2021</u> Sample Time: <u>08:20</u>	AM PM (circle one)							
Sample Location (be specific): 11619 English Elm Location Code (if known):									
Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): mg/L Field pH:									
Sample Type (Check Only One) Reason(s) for Sample (Check all that apply)									
Distribution	Routine Compliance with 62-550 Replacement (of Invalidated S	Sample)							
Entry Point (to Distribution)	Confirmation of MCL Exceedance * Special (not for compliance with	• /							
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	, J								
☐ Near First Customer		0(4) for requirements and spage for each site.							
	SAMPLER CERTIFICATION								
I,	, d	o HEREBY CERTIFY							
(Print Name) (Print Title)									
that the above public water system and sa	ample collection information is complete and correct.								
Signature:	Date:								
Certified Operator #:	Phone #: Sampler's Fax #:								
Sampler's E-Mail:									
Penorting Format 62-550 730									

LABORATORY CERTIFICATION INFORMATION (to be completed by lab – Please type	or print legibly)							
Lab Name: Advanced Environmental Laboratories, Inc Florida DOH Certification	E84589 Certification Expiration Date: 06/30/2021							
	ATTACH CURRENT DOH ANALYTE *							
Address: 9610 Princess Palm Ave Tampa, FL 33619 Payments: P.O. Box	Phone #: (813)630-9616							
Were any analyses subcontracted?	tification numbers: E82574							
ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED *								
ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 04/20/2021								
PWS ID (From Page 1):6511423 Sample Number (From Page 1): Lab Assigned Report # or Job								
Group(s) Analyzed & Results attached for compliance with Chapter 62-550, F.A.C. (Check all that apply):								
All Except Asbestos All 30 All 21 Trihal								
Example Davillais LAB CERTI								
I, Brandy DeVilbiss	PM-A , 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							
Signature: Defillin De	te:5/13/21							
* 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: Yes No (circle or highlight group(s) above)								
Person Notified: Date Notified:	DEP/DOH Reviewing Official:							

SECONDARY CONTAMINANTS

Total Dissolved Solids

500

mg/L

62-550.320

1930

Report Number / Job ID: <u>T2106990003</u>

PWS ID (From Page 1): <u>6511423</u>

E84589

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab
1002	Aluminum	0.2	mg/L	0.021	U	EPA 200.7	0.021	05/03/2021	15:24	Certification #
1017	Chloride	250	mg/L	46		EPA 300.0	2.0	04/29/2021	04:00	E84589
1022	Copper	1	mg/L	0.0010	U	EPA 200.8	0.0010	05/05/2021	22:11	E84589 E82574
1025	Fluoride	2.0	mg/L	0.40	U	EPA 300.0	0.40	04/29/2021	04:00	E84589
1028	Iron	0.3	mg/L	0.029	I	EPA 200.7	0.0067	05/03/2021	15:24	E84589
1032	Manganese	0.05	mg/L	0.0026	I	EPA 200.8	0.0010	05/05/2021	22:11	E82574
1050	Silver	0.1	mg/L	0.00050	U	EPA 200.8	0.00050	05/05/2021	15:19	E82574
1055	Sulfate	250	mg/L	110		EPA 300.0	2.0	04/29/2021	04:00	E84589
1095	Zinc	5	mg/L	0.050	U	EPA 200.7	0.050	05/03/2021	15:24	E84589
1905	Color	15	PCU	4.3	U	SM 2120 B	4.3	04/21/2021	07:25	E84589

380

SM 2540 C

10

04/22/2021

16:00

PUBLIC WATER SYSTEM INFORMATION (to be	e completed by sampler – Please type or print legibly)								
System Name: <u>Utilities, Inc.</u>		PWS I.D.#:6511423							
System Type (check one): Community Nontransient Noncommunity Transient Noncommunity									
Address: 41311 Paquette Way									
City: Zephyrhills		ZIP Code: <u>33540</u>							
Phone #: Fax #: E-Mail Address:									
SAMPLE INFORMATION (to be completed by sample to be completed by sampl									
Sample Number: <u>T2106990004</u>		Sample Time: 08:30 AM PM (circle one)							
Sample Location (be specific): 11800 lvywood	Sample Location (be specific): 11800 lvywood Location Code (if known):								
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 Routine Compliance with 62-550 Confirmation of MCL Exceedance * Composite of Multiple Sites ** Other: Sampling Procedure Used or Other Comm *See 62-550.500(6) for requirements and restrictio And 62-550.512(3) for nitrate or nitrite exceedance	Replacement (of Invalidated Sample) Special (not for compliance with 62-550) Clearance (permitting) nents: **See 62-550.550(4) for requirements and							
	SAMPLER CERTIFICATION	I							
I,	,	, do HEREBY CERTIFY							
(Print Name) (Print Title)									
that the above public water system and s	ample collection information is complete	and correct.							
Signature:	Date:								
Certified Operator #:	Phone #:	Sampler's Fax #:							
Sampler's E-Mail:									
Penorting Format 62-550 730									

LABORATORY CERTIFIC	CATION INFORMATION	(to be completed by lab	– Please type o	r print legibly)	()
Lab Name: Advanced Env	ironmental Laboratories, I	nc Florida DOH Ce	ertification #:	E84589	Certification Expiration Date: 06/30/2021
				ATTACH C	CURRENT DOH ANALYTE *
Address: 9610 Princess I	Palm Ave Tampa, FL 336	19 Payments:	P.O. Box	Phone #:	(813)630-9616
Were any analyses subco	ntracted? X Yes No	o If yes, please prov	ide DOH certif	ication numl	nbers: <u>E82574</u>
			AT	TACH DOH	ANALYTE SHEET FOR EACH SUBCONTRACTED *
ANALYSIS INFORMATIO	N (to be completed by lab)	Date Sampl	e(s) Received	04/20/202	021
PWS ID (From Page 1):	6511423	_ Sample Number (From	m Page 1): <u>T21</u> 0	06990004	Lab Assigned Report # or Job T2106990
Group(s) Analyzed & Resi	ults attached for complian	ce with Chapter 62-550	0, F.A.C. (Ch	eck all that app	ply):
Inorganics All Except Asbestos Partial Nitrate Nitrite Asbestos Only	Synthetic Organics All 30 All Except Dioxin Partial Dioxin Only	Volatile Organics All 21 Partial	Disinfection Trihalomo Haloacet Chlorite Bromate	ethanes	Radionuclides Secondaries All 14 Qtrly Composite** Partial
Bran	dy DeVilbiss	LAE	CERTIFIC		
1,	(Print Name)		1	PM-A (Print Tit	, do HEREBY CERTIFY
that all attached analytical		acc noted most all rea	uiromonto of	200 20000000000000000000000000000000000	al Environmental Laboratory Accreditation Conference
	Brandy Defilli		Date:		
* Failure to provide a valid a report, possible enforceme ** Please provide radiologica	ent against the public water	system for failure to sam	l a current Anal ple, and may re	yte Sheet for esult in notific	r the attached analysis results will result in rejection of the ication of the DOH Bureau of Laboratory Services.
NON-DETECTS ARE TO	CONFIRMATION & NOTIF D BE REPORTED AS THE N				ATE OR NITRITE MCL EXCEEDANCES ported as "BDL" or with a "<" are not acceptable.)
COMPLIANCE DETERMI	NATION (to be completed b	y DEP or DOH attach note	es as necessary)		
Sample Collection & Analy	vsis Satisfactory: Yes	No Replacement	t Sample or Re	eport Reque	ested: Yes No (circle or highlight group(s) above)
Person Notified:		Date Notified:		DE	EP/DOH Reviewing Official:

SFC	ONI	DARY	(CO1	NTAT	MIN	$\Delta N \Gamma$	īS.
\circ	CINE	<i>JI</i> (-	V I / VI	V I I I W	'	_

62-550.320

Report Number / Job ID: <u>T2106990004</u>

PWS ID (From Page 1): <u>6511423</u>

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab	
1002	Aluminum	0.2	mg/L	0.021	U	EPA 200.7	0.021	05/03/2021	15:27	Certification #	
1017	Chloride	250	mg/L	45		EPA 300.0	2.0	04/29/2021	04:16	E84589	
1022	Copper	1	mg/L	0.0013	ı	EPA 200.8	0.0010	05/05/2021	22:16	E84589 E82574	
1025	Fluoride	2.0	mg/L	0.40	U	EPA 300.0	0.40	04/29/2021	04:16	E84589	
1028	Iron	0.3	mg/L	0.10	I	EPA 200.7	0.0067	05/03/2021	15:27	E84589	
1032	Manganese	0.05	mg/L	0.0061		EPA 200.8	0.0010	05/05/2021	22:16	E82574	
1050	Silver	0.1	mg/L	0.00050	U	EPA 200.8	0.00050	05/05/2021	15:21	E82574	
1055	Sulfate	250	mg/L	100		EPA 300.0	2.0	04/29/2021	04:16	E84589	
1095	Zinc	5	mg/L	0.050	U	EPA 200.7	0.050	05/03/2021	15:27	E84589	
1905	Color	15	PCU	4.3	U	SM 2120 B	4.3	04/21/2021	07:25	E84589	
1930	Total Dissolved Solids	500	mg/L	430		SM 2540 C	10	04/22/2021	16:00	E84589	

PUBLIC WATER SYSTEM INFORMATION (to be	e completed by sampler – Please type or	r print legibly)
System Name: <u>Utilities, Inc.</u>		PWS I.D.#: 6 5 1 1 4 2 3
System Type (check one): Community	Nontransient Noncommunity	Transient Noncommunity
Address: 41311 Paquette Way		
City: Zephyrhills		ZIP Code: <u>33540</u>
Phone #: Fax #:		E-Mail Address:
SAMPLE INFORMATION (to be completed by sam		
Sample Number: <u>T2106990005</u>	Sample Date: 04/19/2021	Sample Time: 09:40 AM PM (circle one)
Sample Location (be specific): 11001 Kiskadee		Location Code (if known):
Disinfectant Residual (Required when reporting results f		
Sample Type (Check Only One)	•	(s) for Sample (Check all that apply)
Distribution	Routine Compliance with 6	
Entry Point (to Distribution)	Confirmation of MCL Exce	
Plant Tap (not for compliance with 62-550)	Composite of Multiple Site	
Raw (at well or intake)	Other:	
Max Residence Time	Sampling Procedure Used or	
Ave Residence Time	Camping Procedure Cood of	
Near First Customer	*See 62-550.500(6) for requirements And 62-550.512(3) for nitrate or nitrit	
	SAMPLER CERT	TFICATION
I,	,	, do HEREBY CERTIFY
(Print Name)	·	(Print Title)
that the above public water system and s	ample collection information is	s complete and correct.
Signature:	C	Date:
Certified Operator #:	Phone #:	Sampler's Fax #:
Sampler's E-Mail:		
Deporting Format 62 FEO 720		

LABORATORY CERTIFICATION INFORMATION (to be completed by lab – Please	pe or print legibly)									
Lab Name: Advanced Environmental Laboratories, Inc Florida DOH Certification	#: E84589 Certification Expiration Date: 06/30/2021									
	ATTACH CURRENT DOH ANALYTE *									
Address: 9610 Princess Palm Ave Tampa, FL 33619 Payments: P.O. B	Phone #: (813)630-9616									
Were any analyses subcontracted? X Yes No If yes, please provide DOI	certification numbers: E82574									
	ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED *									
ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Re	ived: <u>04/20/2021</u>									
PWS ID (From Page 1):6511423 Sample Number (From Page 1):Lab Assigned Report # or Job										
Group(s) Analyzed & Results attached for compliance with Chapter 62-550, F.A.C	(Check all that apply):									
Inorganics Synthetic Organics Volatile Organics Disinfection Byproducts Radionuclides Secondaries All Except Asbestos All 30 All 21 Trihalomethanes Single Sample All 14 X Partial All Except Dioxin Partial Haloacetic Acids Qtrly Composite** Partial Nitrate Partial Chlorite Nitrite Dioxin Only Bromate										
Brandy Devillage LAB CER	TFICATION									
I, Brandy DeVilbiss	PM-A , do HEREBY CERTIFY									
(Print Name)	(Print Title)									
that all attached analytical data are correct and unless noted meet all requirement	ts of the National Environmental Laboratory Accreditation Conference									
Signature: Drandy Defilling	Date: 5/13/21									
 Failure to provide a valid and current Florida DOH lab certification number and a curreport, possible enforcement against the public water system for failure to sample, ar ** Please provide radiological sample dates & locations for each quarter. 										
CONFIRMATION & NOTIFICATION IS REQUIRED WITHIN NON-DETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" QUALIFIER.	HRS FOR NITRATE OR NITRITE MCL EXCEEDANCES (Non-detects reported as "BDL" or with a "<" are not acceptable.)									
COMPLIANCE DETERMINATION (to be completed by DEP or DOH attach notes as nec	sary)									
Sample Collection & Analysis Satisfactory: Yes No Replacement Sample	or Report Requested: Yes No (circle or highlight group(s) above)									
Person Notified: Date Notified:	DEP/DOH Reviewing Official:									

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62-550.320

 Report Number / Job ID:
 T2106990005

 PWS ID (From Page 1):
 6511423

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab
1002	Aluminum	0.2	mg/L	0.021	U	EPA 200.7	0.021	05/03/2021	15:30	Certification #
1017	Chloride	250	mg/L	45		EPA 300.0	2.0	04/29/2021	04:32	E84589
1022	Copper	1	mg/L	0.0018	I	EPA 200.8	0.0010	05/05/2021	22:21	E84589
1025	Fluoride	2.0	mg/L	0.40	U	EPA 300.0	0.40	04/29/2021	04:32	E82574 E84589
1028	Iron	0.3	mg/L	0.36		EPA 200.7	0.0067	05/03/2021	15:30	E84589
1032	Manganese	0.05	mg/L	0.017		EPA 200.8	0.0010	05/05/2021	22:21	E82574
1050	Silver	0.1	mg/L	0.00050	U	EPA 200.8	0.00050	05/05/2021	15:23	E82574
1055	Sulfate	250	mg/L	100		EPA 300.0	2.0	04/29/2021	04:32	E84589
1095	Zinc	5	mg/L	0.050	U	EPA 200.7	0.050	05/03/2021	15:30	E84589
1905	Color	15	PCU	4.3	U	SM 2120 B	4.3	04/21/2021	07:25	E84589
1930	Total Dissolved Solids	500	mg/L	380		SM 2540 C	10	04/22/2021	16:00	E84589

PUBLIC WATER SYSTEM INFORMATION (to b	e completed by sampler – Please type or print	legibly)								
System Name: Utilities, Inc.		PWS I.D.#: 6	5 1 1 4 2 3							
System Type (check one): Community	Nontransient Noncommunity Tra	Insient Noncommunity								
Address: 41311 Paquette Way	<u> </u>									
Other Zeel Alle		ZIP Code: 33540								
Phone #: Fax #:										
SAMPLE INFORMATION (to be completed by sample Number: T2106990006		Sample Time: 09:50	AM PM (circle one)							
Sample Location (be specific): 11219 Merganser		Location Code (i	if known):							
Disinfectant Residual (Required when reporting results	for trihalomethanes and haloacetic acids):	mg/L Field pH:								
Sample Type (Check Only One)	Reason(s) fo	r Sample (Check all that apply)								
Distribution	Routine Compliance with 62-550	Replacement (of Invalidated	d Sample)							
Entry Point (to Distribution)	Confirmation of MCL Exceedar	nce * Special (not for compliance v	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									
Ave Residence Time										
Near First Customer	*See 62-550.500(6) for requirements and r And 62-550.512(3) for nitrate or nitrite exc		50(4) for requirements and ults page for each site.							
	SAMPLER CERTIFIC	ATION								
I,	,	,	do HEREBY CERTIFY							
(Print Name)		(Print Title)								
that the above public water system and	sample collection information is cor	nplete and correct.								
Signature:	Date:									
Certified Operator #:	Phone #: Sampler's Fax #:									
Sampler's E-Mail:										
D (E () 00 FF0 700										

LABORATORY CERTIFICATION INFORMATION (to be completed by lab – Please type	or print legibly)									
Lab Name: Advanced Environmental Laboratories, Inc Florida DOH Certification #:	E84589 Certification Expiration Date: 06/30/2021									
	ATTACH CURRENT DOH ANALYTE *									
Address: 9610 Princess Palm Ave Tampa, FL 33619 Payments: P.O. Box	Phone #: _(813)630-9616									
Were any analyses subcontracted? \boxed{x} Yes $\boxed{\ }$ No $\boxed{\ }$ If yes, please provide DOH cert	ification numbers: E82574									
A	TTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED *									
ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 04/20/2021										
PWS ID (From Page 1): 6511423 Sample Number (From Page 1): <u>T2106990006</u> Lab Assigned Report # or Job <u>T2106990</u>										
Group(s) Analyzed & Results attached for compliance with Chapter 62-550, F.A.C. (Check all that apply):										
All Except Asbestos All 30 All 21 Trihalon										
LAB CERTIFI	ICATION									
I, Brandy DeVilbiss	PM-A , do HEREBY CERTIFY									
(Print Name)	(Print Title)									
that all attached analytical data are correct and unless noted meet all requirements of	of the National Environmental Laboratory Accreditation Conference									
Signature: Brandy Defillin Date	e: 5/13/21									
* Failure to provide a valid and current Florida DOH lab certification number and a current An report, possible enforcement against the public water system for failure to sample, and may ** Please provide radiological sample dates & locations for each quarter.	alyte Sheet for the attached analysis results will result in rejection of the result in notification of the DOH Bureau of Laboratory Services.									
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 F	Report Requested: Yes No (circle or highlight group(s) above)									
Person Notified: Date Notified:	DEP/DOH Reviewing Official:									

SECONDARY CONTAMINANTS

62-550.320

Report Number / Job ID: <u>T2106990006</u>

PWS ID (From Page 1): 6511423

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab
1002	Aluminum	0.2	mg/L	0.021	U	EPA 200.7	0.021	05/03/2021	15:33	Certification #
1017	Chloride	250	mg/L	48		EPA 300.0	2.0	04/29/2021	04:48	E84589
1022	Copper	1	mg/L	0.0015	I	EPA 200.8	0.0010	05/05/2021	22:25	E84589 E82574
1025	Fluoride	2.0	mg/L	0.40	U	EPA 300.0	0.40	04/29/2021	04:48	E84589
1028	Iron	0.3	mg/L	0.49		EPA 200.7	0.0067	05/03/2021	15:33	E84589
1032	Manganese	0.05	mg/L	0.024		EPA 200.8	0.0010	05/05/2021	22:25	E82574
1050	Silver	0.1	mg/L	0.00050	U	EPA 200.8	0.00050	05/05/2021	15:25	E82574
1055	Sulfate	250	mg/L	110		EPA 300.0	2.0	04/29/2021	04:48	E84589
1095	Zinc	5	mg/L	0.050	U	EPA 200.7	0.050	05/03/2021	15:33	E84589
1905	Color	15	PCU	4.3	U	SM 2120 B	4.3	04/21/2021	07:25	E84589
1930	Total Dissolved Solids	500	mg/L	420		SM 2540 C	10	04/22/2021	16:00	E84589

PO Number 757175 100 11/19 100		Advanced 5		Altan	nonte Spr	ings: 380 No	rthlake Blvd., Ste.	1048 • Altamonto	e Springs, FL	32701 • 407.93	37.1594 • Fax	407.937.1597						Page_		of	
Project Name		Fort Myers: 13100 Westlinks Terrace, Ste. 10 • Fort Myers, FL 33913 • 239.67																			
Project Name		Florida's Largest Laboratory	Network	Jacksonville: 6681 Southpoint Pkwy. • Jacksonville, FL 32216 • 904.363.9350																	
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TOURIST TO STATE TO THE PROBLEM AND INCOME T	Phone:	/ -	- F	FDEP Fac	cility No: ,	7.111											7 4	19	*		1 BE
Contract Tark Dack Company Contractors Contrac	777-93	4-9137/410-808	3-7988	EDED Eac	sility Address	5114	<u> </u>			UIR		1			^ \		, . 	- 1			5
Sampled By Jak Beckel Sampled By Jak Beckel Managed Time Add STANDARD RUBH ADAPT EQUIS Other SAMPLE ID SAMPLE DESCRIPTION Grab SAMPLING Comp Date Time Time Comp Date Time Date Time Date Dat	FAX:			FDEF Fac	Jilly Address					ZEQ		0									
Sampled By	Contact: Teff	Becker										Ü									
SAMPLE ID SAMPLE DESCRIPTION Grab Comp DATE TIME MATRIX NO. Preservation Count Find				Special In	structions:	ples	pulled	From	FH	[\X	12	1									\X
SAMPLE ID SAMPLE DESCRIPTION Grab Comp DATE TIME MATRIX NO. Preservation Count Find				1-211	Jedie	12	3			N A	2	0									15
1	AEL Profile #:			Паг	naPT	П ЕОШ	: Dott	ner			Z	O									X
1									NO.	Preservation											
2 1/704 Roset ree C/2 - 3.9 X 1725 3 1/604 Roset ree C/2 - 3.9 X 1725 3 1/604 Roset ree C/2 - 3.3 X 1730 3 3 3 1/604 Roset ree C/2 - 3.8 X 1/40 3 3 3 1/604 Roset ree C/2 - 3.8 X 1/40 3 3 3 3 1/604 Roset ree C/2 - 3.8 X 1/40 3 3 3 3 1/604 Roset ree C/2 - 3.8 X 1/40 3 3 3 3 3 3 3 3 3	SAMPLE ID	SAMPLE DESCI	RIPTION			DATE	TIME	MATRIX													
3		11436 Golf Rd	CL2-4	٠١	×	4/26/21	715	DW			×	×									21
3 1669 English Elm CL2-3.3 X 739 98) 4 1800 Injury and CL2-3.8 X 940 979 5 1100 Kisk adee CL2-3.9 X 800 985 6 11219 Merganser CL2-2.8 X 750 986 Matrix Code: WW = wastpwater SW = surface water GW = ground water DW = drinking water 0 = 91.4 = air S0 = soil SL = studge Preservation Code: 1 = loc H=(HCl) S = (H2SO4) N = (HNO3) T = (Sodium Thiosulfate) Surface water GW = ground water DW = drinking water 0 = 91.4 = air S0 = soil SL = studge Preservation Code: 1 = loc H=(HCl) S = (H2SO4) N = (HNO3) T = (Sodium Thiosulfate) Temp from blank Where required, pH checked Temp when received (observed) "C Temp. when received (corrected) Surface	2	11704 Rosetree	CL2-3.	9	×		725	1]										az
Hatrix Code: WW = wastawater SW = surface water GW = ground water DW = drinking water O = oil A = air SO = soil SL = sludge Preservation Code: 1 = ice H=(HCl) S = (H2SO4) N = (HNO3) T = (Sodium Th)coulifate) Received on ice Yes No Temp taken from sample Temp from blank Where required, pH checked Temp, when received (observed) Corrected) Corrected	3				×		730														36)
S 1100 K15 Kadee CLZ-3.9 X 800					SA.		440														hue
Matrix Code: WW = wastewater SW = surface water GW = ground water DW = drinking water O = oil							+								,						206
Matrix Code: WW = wastowater SW = surface water GW = ground water DW = drinking water O = oll A = air SO = soil SL = sludge Preservation Code: I = ice H=(HCI) S = (H2SO4) N = (HNO3) T = (Sodium Thiosulfate) Received on Ice Yes No Temp taken from sample Temp from blank Where required, pH checked Temp. when received (observed) CT = mp. when received (corrected) CT = mp. when received (observed) CT = mp. when received (observed) CT = mp. when received (corrected) CT = mp. when received (observed) CT = mp. when re						1		1			91	1									006
Received on Ice Yes No Temp taken from sample Device used for measuring Temp by unique identifier (circle IR temp gun used) J: 9A G: LT-1 LT-2 T: 19A A: 3A M: 3A S: 1V F: 1A Relinquished by: Date Time Received by: Date Time Supplier of Water: 1		11 21 1 Ivier garese.		0			170	<u> </u>				1									
Received on Ice Yes No Temp taken from sample Device used for measuring Temp by unique identifier (circle IR temp gun used) J: 9A G: LT-1 LT-2 T: 19A A: 3A M: 3A S: 1V F: 1A Relinquished by: Date Time Received by: Date Time Received by: Date Time Time Televised by: Date Time Received by: Date Time Received by: Date Time Time The Act Al May 1945 Yhou 1945 Yhou 1945 Supplier of Water: Supplier of Water:				,		1	-													7	
Received on Ice Yes No Temp taken from sample Device used for measuring Temp by unique identifier (circle IR temp gun used) J: 9A G: LT-1 LT-2 T: 19A A: 3A M: 3A S: 1V F: 1A Relinquished by: Date Time Received by: Date Time Supplier of Water: 1						1						-	-	-		-				,	
Received on Ice Yes No Temp taken from sample Device used for measuring Temp by unique identifier (circle IR temp gun used) J: 9A G: LT-1 LT-2 T: 19A A: 3A M: 3A S: 1V F: 1A Relinquished by: Date Time Received by: Date Time Supplier of Water: 1								2						-							
Received on Ice Yes No Temp taken from sample Device used for measuring Temp by unique identifier (circle IR temp gun used) J: 9A G: LT-1 LT-2 T: 19A A: 3A M: 3A S: 1V F: 1A Relinquished by: Date Time Received by: Date Time Received by: Date Time Time Televised by: Date Time Received by: Date Time Received by: Date Time Time The Act Al May 1945 Yhou 1945 Yhou 1945 Supplier of Water: Supplier of Water:																			,		
Received on Ice	Matrix Code: WW	/ = wastewater SW = surface water	er GW = grou	und wate	r DW = c	I drinking wat	er O = oil	A = air S	O = soil	SL = slud	ge	Preserva	ation Coc	le: I = ice	H=(HCI	I) S = (H2	2SO4) N	= (HNO3) T = (So	dium Thi	osulfate)
Device used for measuring Temp by unique identifier (circle IR temp gun used) J: 9A G: LT-1 LT-2 T: 10A A: 3A M: 3A S: 1V F: 1A Relinquished by: Date Time Received by: Date Time Mala					THE RESIDENCE OF THE PARTY OF T	m blank	Where re	equired, pH	checked		Temp. w		,	,	6						
1	DCN: AD-051 Forr	m last revised 06/19/2017	-			Devi	ce used for r	measuring T	emp by ur	nique ident							T: 10A	A: 3A	M: 3A	3: 1V	F: 1A
1	Rel	Relinquished by.								II						ID:					
3 Supplier of Water:	1 /////	1911							1							one :					
	2 0 m	2 0 m 4/26/4 1945 4/26/4/45							11								. ,	2			
	3																,			Lug.	

Altamonte Springs: 380 Northlake Blvd., Ste. 1048 • Altamonte Springs, FL 32701 • 407.937.1594 • Fax 407.937.1597

Page____ of ____

PUBLIC WATER SYSTEM INFORMATION (to be	e completed by sampler – Please type or print legibly)									
System Name: <u>Utilities, Inc.</u>		PWS I.D.#: 6 5 1 1 4 2 3								
System Type (check one): Community	Nontransient Noncommunity Transient N	Voncommunity								
Address: 41311 Paquette Way										
City: Zephyrhills		ZIP Code: <u>33540</u>								
Phone #: Fax #: E-Mail Address: <u>JWoods@uiwater.com</u>										
SAMPLE INFORMATION (to be completed by same	pler)									
Sample Number: T2107419001		Sample Time: 07:15 AM PM (circle one)								
Sample Location (be specific): 11436 Golf Rd Location Code (if known):										
Disinfectant Residual (Required when reporting results f										
Sample Type (Check Only One)	Reason(s) for Sample	· ———								
Distribution	Routine Compliance with 62-550	Replacement (of Invalidated Sample)								
Entry Point (to Distribution)	Confirmation of MCL Exceedance *	Special (not for compliance with 62-550)								
	Composite of Multiple Sites **	Clearance (permitting)								
Plant Tap (not for compliance with 62-550)		Glearance (permitting)								
Raw (at well or intake)	Other:	 _								
Max Residence Time	Sampling Procedure Used or Other Comm	nents:								
Ave Residence Time										
Near First Customer	*See 62-550.500(6) for requirements and restrictio And 62-550.512(3) for nitrate or nitrite exceedance									
	SAMPLER CERTIFICATION	I								
I,	,	, do HEREBY CERTIFY								
(Print Name)	(Print Titl	le)								
that the above public water system and s	ample collection information is complete	and correct.								
Signature:	Date:									
Certified Operator #:		Sampler's Fax #:								
Sampler's E-Mail:										
Penorting Format 62-550 730										

LABORATORY CERTIFICA	ATION INFORMATION (to be completed by lab	- Please type o	print legibly)				
Lab Name: Advanced Envir	onmental Laboratories, In	C Florida DOH Ce	ertification #:	E84589	Certification Expiration Date: 06/30/2021				
ATTACH CURRENT DOH ANALYTE *									
Address: 9610 Princess P	alm Ave Tampa, FL 3361	9 Payments:	P.O. Box	Phone #:	(813)630-9616				
Were any analyses subcontracted? x Yes No If yes, please provide DOH certification numbers:									
	ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED *								
ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 04/26/2021									
PWS ID (From Page 1):	6511423	Sample Number (From	m Page 1): <u>T210</u>	7419001	Lab Assigned Report # or Job T2107419				
Group(s) Analyzed & Resu	lts attached for compliance	e with Chapter 62-550	0, F.A.C. (Che	eck all that app	oly):				
Inorganics All Except Asbestos Partial Nitrate Nitrite Asbestos Only	Synthetic Organics All 30 All Except Dioxin Partial Dioxin Only	Volatile Organics All 21 Partial	Disinfection Trihalome Haloaceti Chlorite Bromate	ethanes	Radionuclides Single Sample Qtrly Composite** Secondaries All 14 X Partial				
		LAB	CERTIFICA	TION					
I,Br	andy DeVilbiss			PM-A	, do HEREBY CERTIFY				
	(Print Name)			(Print Title	9)				
that all attached analytical	data are correct and unles	s noted meet all requ	irements of the	e National E	Environmental Laboratory Accreditation Conference				
Signature:	Brandy Defil	lin	Date:	5/11	1/21				
* 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 DETERMIN	NATION (to be completed by	DEP or DOH attach note	es as necessary)						
Sample Collection & Analys	sis Satisfactory: Yes	No Replacement	t Sample or Re	port Reque	ested: Yes No (circle or highlight group(s) above)				
Person Notified:		Date Notified:		DE	EP/DOH Reviewing Official:				

SECONDARY CONTAMINANTS

62-550.320

Report Number / Job ID: <u>T2107419001</u>

PWS ID (From Page 1): 6511423

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Certification #
1905	Color	15	PCU	4.3	U	SM 2120 B	4.3	04/27/2021	09:44	E84589
1920	Odor	3	TON @ 40°C	1.0	U	SM 2150 B	1.0	04/26/2021	17:45	E84589
2905	Foaming Agents	0.5	mg/L	0.13	I	SM 5540 C	0.040	04/27/2021	17:15	E82001

PUBLIC WATER SYSTEM INFORMATION (to be	e completed by sampler – Please type or print legibly)
System Name: <u>Utilities, Inc.</u>	PWS I.D.#: 6 5 1 4 2 3
System Type (check one): Community	Nontransient Noncommunity Transient Noncommunity
Address: 41311 Paquette Way	
City: Zephyrhills	ZIP Code: 33540
	E-Mail Address: JWoods@uiwater.com
SAMPLE INFORMATION (to be completed by sample to be completed by sampl	
	Sample Date: 04/26/2021 Sample Time: 07:25 AM PM (circle one)
Sample Location (be specific): 11704 Rosetree	Location Code (if known):
Disinfectant Residual (Required when reporting results for	or trihalomethanes and haloacetic acids): mg/L Field pH:
Sample Type (Check Only One)	Reason(s) for Sample (Check all that apply)
Distribution	Routine Compliance with 62-550 Replacement (of Invalidated Sample)
Entry Point (to Distribution)	Confirmation of MCL Exceedance * Special (not for compliance with 62-550)
Plant Tap (not for compliance with 62-550)	Composite of Multiple Sites ** Clearance (permitting)
Raw (at well or intake)	Other:
Max Residence Time	Sampling Procedure Used or Other Comments:
Ave Residence Time	
Near First Customer	*See 62-550.500(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
1,	, do HEREBY CERTIFY
(Print Name)	(Print Title)
that the above public water system and s	ample collection information is complete and correct.
Signature:	Date:
Certified Operator #:	Phone #: Sampler's Fax #:
Sampler's E-Mail:	
Penorting Format 62-550 730	

LABORATORY CERTIFICATION INFORMATION (to be completed by lab – Please type or print legibly)									
Lab Name: Advanced Environmental Laboratories, Inc Florida DOH Certification #: E84589 Certification Expiration Date: 06/30/2021									
	ATTACH CURRENT DOH ANALYTE *								
Address: 9610 Princess P	alm Ave Tampa, FL 336	Payments:	P.O. Box	Phone #:	(813)630-9616				
Were any analyses subcor	Were any analyses subcontracted? X Yes No If yes, please provide DOH certification numbers: E82001								
			AT	TACH DOH	ANALYTE SHEET FOR EACH SUBCONTRACTED *				
ANALYSIS INFORMATION	(to be completed by lab)	Date Sample	e(s) Received	04/26/202	21				
PWS ID (From Page 1):	6511423	Sample Number (Fro	m Page 1): <u>T21</u> 0	7419002	Lab Assigned Report # or Job T2107419				
Group(s) Analyzed & Resu	lts attached for compliance	e with Chapter 62-55	0, F.A.C. (Ch	eck all that app	oly):				
Inorganics All Except Asbestos Partial Nitrate Nitrite Asbestos Only	Synthetic Organics All 30 All Except Dioxin Partial Dioxin Only	Volatile Organics All 21 Partial	Disinfection Trihalome Haloacet Chlorite Bromate	ethanes	Radionuclides Single Sample Qtrly Composite** Secondaries All 14 X Partial				
,		ΙΔR	CERTIFICA	TION					
I, Brai	ndy DeVilbiss	LAD	PM-A		, do HEREBY CERTIFY				
	(Print Name)			(Print Title					
that all attached analytical	data are correct and unles	ss noted meet all requ	irements of th	e National E	Environmental Laboratory Accreditation Conference				
Signature:	Brandy Defillin		Date:	5/11/2	21				
* 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: Yes No (circle or highlight group(s) above)									
Person Notified: Date Notified: DEP/DOH Reviewing Official:									

SECONDARY CONTAMINANTS

62-550.320

Report Number / Job ID: <u>T2107419002</u>
PWS ID (From Page 1): <u>6511423</u>

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Certification #
1905	Color	15	PCU	4.3	U	SM 2120 B	4.3	04/27/2021	09:44	E84589
1920	Odor	3	TON @ 40°C	1.0	U	SM 2150 B	1.0	04/26/2021	17:45	E84589
2905	Foaming Agents	0.5	mg/L	0.040	U	SM 5540 C	0.040	04/27/2021	17:15	E82001

PUBLIC WATER SYSTEM INFORMATION (to be	completed by sampler – Please type or print legibly)
System Name: Utilities, Inc.	PWS I.D.#: 6 5 1 4 2 3
System Type (check one): Community	Nontransient Noncommunity
Address: 41311 Paquette Way	
City: Zephyrhills	ZIP Code: 33540
Phone #: Fax #:	E-Mail Address: JWoods@uiwater.com
SAMPLE INFORMATION (to be completed by samp	
	Sample Date: 04/26/2021 Sample Time: 07:30 AM PM (circle one)
Sample Location (be specific): 11619 English Elm	Location Code (if known):
Disinfectant Residual (Required when reporting results for	or trihalomethanes and haloacetic acids): mg/L Field pH:
Sample Type (Check Only One)	Reason(s) for Sample (Check all that apply)
Distribution	Routine Compliance with 62-550 Replacement (of Invalidated Sample)
Entry Point (to Distribution)	Confirmation of MCL Exceedance * Special (not for compliance with 62-550)
Plant Tap (not for compliance with 62-550)	Composite of Multiple Sites ** Clearance (permitting)
Raw (at well or intake)	Other:
Max Residence Time	Sampling Procedure Used or Other Comments:
Ave Residence Time	
Near First Customer	*See 62-550.500(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
1,	, do HEREBY CERTIFY
(Print Name)	(Print Title)
that the above public water system and sa	ample collection information is complete and correct.
Signature:	Date:
Certified Operator #:	Phone #: Sampler's Fax #:
Sampler's E-Mail:	
Penorting Format 62-550 730	

LABORATORY CERTIFICATION INFORMATION (to be completed by	y lab – Please type o	r print legibly)					
Lab Name: Advanced Environmental Laboratories, Inc Florida DO	H Certification #:	E84589	Certification Expiration Date: 06/30/2021					
ATTACH CURRENT DOH ANALYTE *								
Address: 9610 Princess Palm Ave Tampa, FL 33619 Paymer	nts: P.O. Box	Phone #:	(813)630-9616					
Were any analyses subcontracted? x Yes No If yes, please provide DOH certification numbers: E82001								
	AT	TACH DOH	ANALYTE SHEET FOR EACH SUBCONTRACTED *					
ANALYSIS INFORMATION (to be completed by lab) Date Sa	ample(s) Received	04/26/20	21					
PWS ID (From Page 1): 6511423 Sample Number	r (From Page 1): <u>T210</u>	07419003	Lab Assigned Report # or Job T2107419					
Group(s) Analyzed & Results attached for compliance with Chapter 6.	2-550, F.A.C. (Ch	eck all that app	oly):					
Inorganics Synthetic Organics Volatile Organics All Except Asbestos All 30 All 21 Partial All Except Dioxin Partial Nitrate Partial Nitrite Dioxin Only Asbestos Only	Disinfection Trihalomo Haloacet Chlorite Bromate	ethanes ic Acids	Radionuclides Secondaries All 14 Qtrly Composite** X Partial					
	AB CERTIFICA	TION						
ı, Brandy DeVilbiss		1-A	, do HEREBY CERTIFY					
(Print Name)		(Print Title	e)					
that all attached analytical data are correct and unless noted meet all	requirements of th	e National E	Environmental Laboratory Accreditation Conference					
Signature: <u>Brandy Defillin</u>	Date:	5/11/2	21					
* 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 attack	ch notes as necessary)							
Sample Collection & Analysis Satisfactory: Yes No Replacement Sample or Report Requested: Yes No (circle or highlight group(s) above)								
Person Notified: Date Notifi	ied:	DE	EP/DOH Reviewing Official:					

SECONDARY CONTAMINANTS

62-550.320

Report Number / Job ID: <u>T2107419003</u>

PWS ID (From Page 1): <u>6511423</u>

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Certification #
1905	Color	15	PCU	4.3	U	SM 2120 B	4.3	04/27/2021	09:44	E84589
1920	Odor	3	TON @ 40°C	1.0	U	SM 2150 B	1.0	04/26/2021	17:45	E84589
2905	Foaming Agents	0.5	mg/L	0.10	ı	SM 5540 C	0.040	04/27/2021	17:15	E82001

PUBLIC WATER SYSTEM INFORMATION (to be	e completed by sampler – Please type or print legibly)							
System Name: <u>Utilities, Inc.</u>	PWS I.D.#: 6 5 1 1 4 2 3							
System Type (check one): Community Nontransient Noncommunity Transient Noncommunity								
Address: 41311 Paquette Way								
City: Zephyrhills		ZIP Code: 33540						
Phone #: Fax #:	E-Mail Ad	dress: <u>JWoods@uiwater.com</u>						
SAMPLE INFORMATION (to be completed by samp	oler)							
	Sample Date: <u>04/26/2021</u> S	Sample Time: 07:40 AM PM (circle one)						
Sample Location (be specific): 11800 lvywood		Location Code (if known):						
Disinfectant Residual (Required when reporting results for	or trihalomethanes and haloacetic acids): mg/L	Field pH:						
Sample Type (Check Only One)	Reason(s) for Sample	(Check all that apply)						
Distribution	Routine Compliance with 62-550	Replacement (of Invalidated Sample)						
Entry Point (to Distribution)		Special (not for compliance with 62-550)						
Plant Tap (not for compliance with 62-550)		Clearance (permitting)						
Raw (at well or intake)	Other:	, ,						
Max Residence Time	Sampling Procedure Used or Other Comme	ents:						
Ave Residence Time	, ,							
Near First Customer	*See 62-550.500(6) for requirements and restriction. And 62-550.512(3) for nitrate or nitrite exceedances							
	SAMPLER CERTIFICATION							
I.		, do HEREBY CERTIFY						
(Print Name)	(Print Title							
that the above public water system and s	ample collection information is complete a	and correct.						
	Date:							
Certified Operator #:	Phone #: S	Sampler's Fax #:						
Sampler's E-Mail:								
Penorting Format 62-550 730								

LABORATORY CERTIFICATION INFORMATION (to be completed by lab – P	ease type or print legibly)							
Lab Name: Advanced Environmental Laboratories, Inc Florida DOH Certification	cation #: E84589 Certification Expiration Date: 06/30/2021							
	ATTACH CURRENT DOH ANALYTE *							
Address: 9610 Princess Palm Ave Tampa, FL 33619 Payments: P.	O. Box Phone #: <u>(813)630-9616</u>							
Were any analyses subcontracted? X Yes No If yes, please provide DOH certification numbers: E82001								
	ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED *							
ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 04/26/2021								
PWS ID (From Page 1): 6511423 Sample Number (From P	age 1): <u>T2107419004</u> Lab Assigned Report # or Job <u>T2107419</u>							
Group(s) Analyzed & Results attached for compliance with Chapter 62-550, I	A.C. (Check all that apply):							
Inorganics Synthetic Organics Volatile Organics Inorganics All Except Asbestos All 30 All 21 Partial All Except Dioxin Partial Nitrate Partial Nitrite Dioxin Only Asbestos Only	isinfection Byproducts Trihalomethanes Single Sample All 14 Haloacetic Acids Chlorite Bromate							
L AB C	ERTIFICATION							
I, Brandy DeVilbiss ,	PM-A , do HEREBY CERTIFY							
(Print Name)	(Print Title)							
that all attached analytical data are correct and unless noted meet all require	ments of the National Environmental Laboratory Accreditation Conference							
Signature: Brandy Defillin	Date:5/11/21							
* 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: Yes No (circle or highlight group(s) above)								
Person Notified: Date Notified:	DEP/DOH Reviewing Official:							

SECONDARY CONTAMINANTS

62-550.320

Report Number / Job ID: <u>T2107419004</u>

PWS ID (From Page 1): <u>6511423</u>

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Certification #
1905	Color	15	PCU	4.3	U	SM 2120 B	4.3	04/27/2021	09:44	E84589
1920	Odor	3	TON @ 40°C	1.0	U	SM 2150 B	1.0	04/26/2021	17:45	E84589
2905	Foaming Agents	0.5	mg/L	0.040	U	SM 5540 C	0.040	04/27/2021	17:15	E82001

PUBLIC WATER SYSTEM INFORMATION (to be	completed by sampler – Please type or print legibly)
System Name: Utilities, Inc.	PWS I.D.#: 6 5 1 4 2 3
System Type (check one): Community	Nontransient Noncommunity
Address: 41311 Paquette Way	
City: Zephyrhills	ZIP Code: 33540
Phone #: Fax #:	E-Mail Address: JWoods@uiwater.com
SAMPLE INFORMATION (to be completed by samp	·
	Sample Date: 04/26/2021 Sample Time: 08:00 AM PM (circle one)
Sample Location (be specific): 11001 Kiskadee	Location Code (if known):
Disinfectant Residual (Required when reporting results for	or trihalomethanes and haloacetic acids): mg/L Field pH:
Sample Type (Check Only One)	Reason(s) for Sample (Check all that apply)
Distribution	Routine Compliance with 62-550 Replacement (of Invalidated Sample)
Entry Point (to Distribution)	Confirmation of MCL Exceedance * Special (not for compliance with 62-550)
Plant Tap (not for compliance with 62-550)	Composite of Multiple Sites ** Clearance (permitting)
Raw (at well or intake)	Other:
Max Residence Time	Sampling Procedure Used or Other Comments:
Ave Residence Time	
Near First Customer	*See 62-550.500(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
1,	, do HEREBY CERTIFY
(Print Name)	(Print Title)
that the above public water system and sa	ample collection information is complete and correct.
Signature:	Date:
Certified Operator #:	Phone #: Sampler's Fax #:
Sampler's E-Mail:	
Penorting Format 62-550 730	

LABORATORY CERTIFICATION INFORMATION (to be completed by lab – Please type or print legibly)									
Lab Name: Advanced Environmental Laboratories, Inc Florida DOH Certification #: E84589 Certification Expiration Date: 06/30/2021									
ATTACH CURRENT DOH ANALYTE *									
Address: 9610 Princess Palm Ave Tampa, FL 33619 Payments: P.O. Box Phone #: (813)630-9616									
Were any analyses subcontracted? X Yes No If yes, please provide DOH certification numbers: E82001									
ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED *									
ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 04/26/2021									
PWS ID (From Page 1):	6511423	Sample Number (Fro	m Page 1): <u>T21</u> 0	7419005	Lab Assigned Report # or Job T2107419				
Group(s) Analyzed & Results attached for compliance with Chapter 62-550, F.A.C. (Check all that apply):									
Inorganics Synthetic Organics Volatile Organics All Except Asbestos All 30 All 21 Partial All Except Dioxin Partial Nitrate Partial Nitrite Dioxin Only Asbestos Only			Disinfection Trihalom Haloacet Chlorite Bromate	ethanes	Radionuclides Single Sample Qtrly Composite** Radionuclides Secondaries All 14 X Partial				
		LAR	CERTIFICA	TION					
ı, Brand	y DeVilbiss	,	PM-A		, do HEREBY CERTIFY				
	(Print Name)			(Print Title)					
that all attached analytical of	data are correct and unles	ss noted meet all requ	irements of th	e National E	Environmental Laboratory Accreditation Conference				
Signature:	Brandy Detilli	~	Date:	5/11/2	21				
* 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: Yes No (circle or highlight group(s) above)									
Person Notified: Date Notified: DEP/DOH Reviewing Official:									

SECONDARY CONTAMINANTS

62-550.320

Report Number / Job ID: <u>T2107419005</u>

PWS ID (From Page 1): <u>6511423</u>

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Certification #
1905	Color	15	PCU	4.3	U	SM 2120 B	4.3	04/27/2021	09:44	E84589
1920	Odor	3	TON @ 40°C	1.0	U	SM 2150 B	1.0	04/26/2021	17:45	E84589
2905	Foaming Agents	0.5	mg/L	0.040	U	SM 5540 C	0.040	04/27/2021	17:15	E82001

PUBLIC WATER SYSTEM INFORMATION (to be	e completed by sampler – Please type or print legibly)	
System Name: <u>Utilities, Inc.</u>		PWS I.D.#: 6 5 1 1 4 2 3
System Type (check one): Community	Nontransient Noncommunity Transient N	oncommunity
Address: 41311 Paquette Way		
City: Zephyrhills		ZIP Code: 33540
Phone #: Fax #:	E-Mail Ad	ddress: JWoods@uiwater.com
SAMPLE INFORMATION (to be completed by sample to be completed by sampl		
Sample Number: T2107419006	·	Sample Time: 07:50 AM PM (circle one)
Sample Location (be specific): 11219 Merganser		Location Code (if known):
Disinfectant Residual (Required when reporting results for	or trihalomethanes and haloacetic acids): mg/l	∟ Field pH:
Sample Type (Check Only One)	Reason(s) for Sample	9 (Check all that apply)
Distribution	Routine Compliance with 62-550	Replacement (of Invalidated Sample)
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:	37
Max Residence Time	Sampling Procedure Used or Other Comm	nents:
Ave Residence Time		
Near First Customer	*See 62-550.500(6) for requirements and restriction And 62-550.512(3) for nitrate or nitrite exceedance	
	SAMPLER CERTIFICATION	I
I.		, do HEREBY CERTIFY
(Print Name)	,, (Print Title	
that the above public water system and s	ample collection information is complete	and correct.
	Date:	
Certified Operator #:	Phone #:	Sampler's Fax #:
Sampler's E-Mail:		
Penorting Format 62-550 730		

LABORATORY CERTIFICATION INFORMATION (to be completed by lab – Please type or print legibly)									
Lab Name: Advanced Environmental Laboratories, Inc Florida DOH Certification #: E84589 Certification Expiration Date: 06/30/2021									
ATTACH CURRENT DOH ANALYTE *									
Address: 9610 Princess Palm Ave Tampa, FL 33619 Payments: P.O. Box Phone #: (813)630-9616									
Were any analyses subcontracted? x Yes No If yes, please provide DOH certification numbers: E82001									
ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED *									
ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 04/26/2021									
PWS ID (From Page 1):6511423 Sample Number (From Page 1):Lab Assigned Report # or Job									
Group(s) Analyzed & Results attached for compliance with Chapter 62-550, F.A.C. (Check all that apply):									
Synthetic Organics Volatile Organics Disinfection Byproducts Radionuclides Secondaries All Except Asbestos All 30 All 21 Trihalomethanes Single Sample All 14 Partial Partial Partial Chlorite Nitrate Dioxin Only Bromate Asbestos Only									
LAB CERTIFICATION									
I,Brandy DeVilbiss, PM-A, 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									
Signature: Brandy Defillin Date: 5/11/21									
* 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: Yes No (circle or highlight group(s) above)									
Person Notified: Date Notified: DEP/DOH Reviewing Official:									

SECONDARY CONTAMINANTS

62-550.320

Report Number / Job ID: <u>T2107419006</u>

PWS ID (From Page 1): <u>6511423</u>

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Certification #
1905	Color	15	PCU	4.3	U	SM 2120 B	4.3	04/27/2021	09:44	E84589
1920	Odor	3	TON @ 40°C	1.0	U	SM 2150 B	1.0	04/26/2021	17:45	E84589
2905	Foaming Agents	0.5	mg/L	0.040	U	SM 5540 C	0.040	04/27/2021	17:15	E82001