BACTIS

DRINKING WATER BACTERIOLOGICAL SAMPLE COLLECTION AND LABORATORY REPORTING FORMAT

6601 Southpoint Pkwy. • Jacksonville, FL 32216 • 904.363.9350 • Fax 904.363.9354 • E82574
6815 SW Archer Road - Gainesville, FL 32608 - 352-377-2349 - Fax 352-395-6639 - E82001
10200 USA Today Way, Miramar, FL 33025 • 954.889-2288 • Fax 954.889.2281 • E82535
9610 Princess Palm Ave. • Tampa, FL 33619 • 813.630.9618 • Fax 813.630.4327 • E84589
528 S. North Lake Blvd., Ste. 1016 • Altamonte Springs, FL 32701 • 407.937.1594 • E53076

Write Project # or Place Project Label Here

Advanced Environmental Laboratories, Inc.

For Lab Use Only

The lab performing this analysis is checked on the above.
Lab Receipt Date & Time: 06-07-16 14:40
Analysis Date & Time: 06-07-16 14:50
Sample Acceptance Criteria:
Sample Preservation: ☑ On Ice ☐ Not On Ice 40 °C
Disinfectant Check: ☐ Not Detected ☐ ____ mg/L
This sample does not meet the following NELAC requirements:

nquish By: TOM SMITREY Date: 6-7-16 Time: 1125
eived By: Date: 6-7-16 Time:
ort Number: 1607872 Sub-Contract Lab ID:

lysis Requested: (please check all that apply)
Standard Coliform Test ☐ HPC ☐ Other:

em Name: CITY OF INVERNESS PWS I.D. 6 0 9 0 8 6 1
m Address: City:
m or Owner's Phone #: Fax #:
tor: TOM SMITREY Collector's Phone # 352-322-8146

of Supply: (check only one)
ommunity Water System ☐ Noncommunity Water System ☐ Nontransient Noncommunity Water System ☐ Limited Use System
ivate Well ☐ Swimming Pool ☐ Bottled Water ☐ Other

n for Sampling: (check only one) ☑ Routine Compliance ☐ Repeat ☐ Replacement ☐ Main Clearance ☐ Well Survey ☐ Other

be completed by collector of sample

nple nber	Sample Point (Location or Specific Address)	Collection Date	Collection Time	Sample Type[1]	Dis-infect Res'd (mg/L)	pH
1	4450 PLEASANT GROVE	6-7-16	10:20	G	3.3	
2	117 SEMINOLE ST	6-7-16	10:37	G	2.8	
3	1001 JONES	6-7-16	10:52	G	1.9	

To be completed by lab

Total Coliform Analysis Method: SM9222B
Fecal or E. coli Analysis Method:

Non Coliform	Total Coliform	Fecal or E. coli	Data Qualifier[2]	Lab Sample Number
	A			001
	A			002
	A			003

Lab Project Number at top of Form

of disinfectant residuals for routine and repeat samples
for community and nontransient noncommunity systems serving populations
including 4,900. Do not include raw or plant samples in the average.)

int Residual Analysis Method: ☑ DPD Colorimetric ☐ Other:

rforming analysis is: (please check one of below)
tified operator (# C22858) ☐ Employed by a certified lab
rvised by a cert operator (#) ☐ Employed by DEP or DOH

[2]Defined in Florida Administrative Code Rule 62-160, Table 1
All tests are performed in accordance with NELAC standards.
Date PWS Notified by lab of positive results
Date State Notified by lab of positive results
Lab Signature:
Date signed: Time:
Title:

e and Mailing Address of Person to Receive Report

DEP/DOH USE ONLY
☐ Satisfactory
☐ Incomplete Collection Information
☐ Repeat Samples Required
☐ Replacement Samples Required
Date Reviewed by DEP/DOH:
DEP/DOH Reviewing Official:

Type Codes: D = Distribution (Routine Compliance); C = Repeat or Check; R = Raw; N = Entry to Distribution; P = Plant Tap; S = Special (clearance, etc.)
hods: MF = SM9222B & D; MTF = 9221B & EC/MUG; MMO/MUG = SM9223B; HPC = SM9215B
coliforms are absent; P = coliforms are present; C = confluent growth; TNTC = too numerous to count [62-550.730 Reporting Format

DCN#: AD-D045
Effective 01/95, Revised 9/13/13

DRINKING WATER BACTERIOLOGICAL ...

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- ☐ 528 S. North Lake Blvd., Ste. 1016 · Altamonte Springs, FL 32701 · 407.937.1594 · E53076

Write Project # or Place Project Label Here

Advanced Environmental Laboratories, Inc.

For Lab Use Only

The lab performing this analysis is checked on the above.

Lab Receipt Date & Time 06-07-16 19:40

Analysis Date & Time 6/7/16 1656

Sample Acceptance Criteria:

Sample Preservation ☑ On Ice ☐ Not On Ice 4.0 °C

Disinfectant Check ☐ Not Detected ☐ ____ mg/L

This sample does not meet the following NELAC requirements:

Relinquish By: TOM SMITLEY Date: 6-7-16 Time: 1125

Received By: ____ Date: ____ Time: ____

Report Number: 11607872 Sub-Contract Lab ID: ____

Analysis Requested: (please check all that apply)

☑ Standard Coliform Test ☐ HPC ☐ Other: ____

System Name: CITY OF INVERNESS PWS I.D. 6 0 9 0 8 6 1

System Address: ____ City: ____

System or Owner's Phone #: ____ Fax #: ____

Collector: TOM SMITLEY Collector's Phone # 352-322-8440

Type of Supply: (check only one)

☑ Community Water System ☐ Noncommunity Water System ☐ Nontransient Noncommunity Water System ☐ Limited Use System

☐ Private Well ☐ Swimming Pool ☐ Bottled Water ☐ Other ____

Reason for Sampling: (check only one) ☑ Routine Compliance ☐ Repeat ☐ Replacement ☐ Main Clearance ☐ Well Survey ☐ Other

To be completed by collector of sample

Sample Number	Sample Point (Location or Specific Address)	Collection Date	Collection Time	Sample Type[1]	Dis-infect Res'd (mg/L)	pH
4	LS#19 PRITCHARD ISL.	6-7-16	11:10	G		
5	808 Hwy 41	6-7-16	1125	G		

To be completed by lab

Total Coliform Analysis Method: SM9223B

Fecal or E. coli Analysis Method:

Non Coliform	Total Coliform	Fecal or E. coli	Data Qualifier[2]	Lab Sample Number
	A			004
	A			005

Lab Project Number at top of Form

Average of disinfectant residuals for routine and repeat samples

(complete for community and nontransient noncommunity systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.)

Disinfectant Residual Analysis Method: ☑ DPD Colorimetric ☐ Other ____

Person performing analysis is: (please check one of below)

☐ A certified operator (# C22858) ☐ Employed by a certified lab

☐ Supervised by a cert operator (#) ☐ Employed by DEP or DOH

[2]Defined in Florida Administrative Code Rule 62-160, Table 1

All tests are performed in accordance with NELAC standards

Date PWS Notified by lab of positive results ____

Date State Notified by lab of positive results ____

Lab Signature: [signature]

Date signed: ____ Time: ____

Title: admin

Name and Mailing Address of Person to Receive Report

☐ Satisfactory DEP/DOH USE ONLY

☐ Incomplete Collection Information

☐ Repeat Samples Required

☐ Replacement Samples Required

Date Reviewed by DEP/DOH: ____

DEP/DOH Reviewing Official: ____

[1]DEP Sample Type Codes: D = Distribution (Routine Compliance); C = Repeat or Check; R = Raw; N = Entry to Distribution; P = Plant Tap; S = Special (clearance, etc.)

Analysis Methods: MF = SM9222B & D; MTF = 9221B & EC/MUG; MMO/MUG = SM9223B; HPC = SM9215B

Results: A = coliforms are absent; P = coliforms are present; C = confluent growth; TNTC = too numerous to count (62-550.730 Reporting Format)

DCN# AD-D045

Effective 01/95, Revised 9/13/13

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Write Project # or Place Project Label Here

Advanced Environmental Laboratories, Inc.

For Lab Use Only

The lab performing this analysis is checked on the above.
Lab Receipt Date & Time 6/9/16 15:00
Analysis Date & Time 6/9/16 18:30
Sample Acceptance Criteria:
Sample Preservation ☑ On Ice ☐ Not On Ice 4.0 °C
Disinfectant Check. ☑ Not Detected ☐ ____ mg/L
This sample does not meet the following NELAC requirements:

Relinquish By: Tom Smitley Date: 6-8-16 Time: 1614
Received By: ____ Date: ____ Time: ____
Report Number: T608049 Sub-Contract Lab ID: ____

Analysis Requested: (please check all that apply)
☑ Standard Coliform Test ☐ HPC ☐ Other: ____

System Name: CITY OF INVERNESS PWS I.D. 6 0 9 0 8 6 1
System Address: ____ City: ____
System or Owner's Phone #: ____ Fax # ____
Collector: Tom Smitzley / Angela Covell Collector's Phone # 352-322-8146

Type of Supply: (check only one)
☑ Community Water System ☐ Noncommunity Water System ☐ Nontransient Noncommunity Water System ☐ Limited Use System
☐ Private Well ☐ Swimming Pool ☐ Bottled Water ☐ Other ____

Reason for Sampling: (check only one) ☑ Routine Compliance ☐ Repeat ☐ Replacement ☐ Main Clearance ☐ Well Survey ☐ Other

To be completed by collector of sample / To be completed by lab

Total Coliform Analysis Method: SM9223B
Fecal or E. coli Analysis Method:

Sample Number	Sample Point (Location or Specific Address)	Collection Date	Collection Time	Sample Type	Dis-infect Res'd (mg/L)	pH	Non Coliform	Total Coliform	Fecal or E. coli	Data Qualifier[2]	Lab Sample Number
1	210 MONTGOMERY	6-8-16	2:52	G	2.5			A			001
2	3800 GULF TO LAKE	6-8-16	3:27	G	2.1			A			002
3	310 HUDSON	6-8-16	1552	G	2.2			A			003
4	8865 ROSEMONT	6-8-16	1558	G	1.4			A			004

Lab Project Number at top of form

Average of disinfectant residuals for routine and repeat samples (complete for community and nontransient noncommunity systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.)

Disinfectant Residual Analysis Method: ☑ DPD Colorimetric ☐ Other ____

Person performing analysis is: (please check one of below)
☑ A certified operator (# C22858, C23535 ☐ Employed by a certified lab
☐ Supervised by a cert operator (# ____ ☐ Employed by DEP or DOH

[2]Defined in Florida Administrative Code Rule 62-160, Table I
All tests are performed in accordance with NELAC standards

Date PWS Notified by lab of positive results ____
Date State Notified by lab of positive results ____
Lab Signature: ____
Date signed: 6/10/16 Time: 15:17
Title: Analyst

Name and Mailing Address of Person to Receive Report

DEP/DOH USE ONLY
☐ Satisfactory
☐ Incomplete Collection Information
☐ Repeat Samples Required
☐ Replacement Samples Required
Date Reviewed by DEP/DOH: ____
DEP/DOH Reviewing Official: ____

[1]DEP Sample Type Codes. D = Distribution (Routine Compliance), C = Repeat or Check; R = Raw; N = Entry to Distribution P = Plant Tap S = Special (clearance, etc.)
Analysis Methods: MF = SM9222B & D; MTF = 9221B & EC/MUG, MMO/MUG = SM9223B; HPC = SM9215B
Results: A = coliforms are absent P = coliforms are present C = confluent growth. TNTC = too numerous to count (62-550.730 Reporting Forms)

DCN: AD-0045
Effective 01/95, Revised 9/13

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☐ 9610 Princess Palm Ave. · Tampa, FL 33619 · 813.630.9616 · Fax 813.630.4327 · E84589
☐ 528 S. North Lake Blvd., Ste. 1016 · Altamonte Springs, FL 32701 · 407.937.1594 · E53076

Write Project # or Place Project Label Here

Advanced Environmental Laboratories, Inc.

For Lab Use Only

The lab performing this analysis is checked on the above

Lab Receipt Date & Time 06-20-16 13:30

Analysis Date & Time 06/20/16 16:46

Sample Acceptance Criteria:

Sample Preservation ☑ On Ice ☐ Not On Ice 4.0 °C

Disinfectant Check ☐ Not Detected ☐ ____ mg/L

This sample does not meet the following NELAC requirements:

Relinquish By: [signature] Date: 6-20-16 Time: 1003

Received By: ____ Date: ____ Time: ____

Report Number: 1168575 Sub-Contract Lab ID: ____

Analysis Requested: (please check all that apply)

☑ Standard Coliform Test ☐ HPC ☐ Other: ____

System Name: Woodard & Curran

PWS I.D. 6 0 9 0 8 6 1

System Address: 3900 S Florida

City Inverness

System or Owner's Phone #: (352) 428-2434

Fax #

Collector: Don Rogers

Collector's Phone # (352) 428-2434

Type of Supply: (check only one)

☑ Community Water System ☐ Noncommunity Water System ☐ Nontransient Noncommunity Water System ☐ Limited Use System
☐ Private Well ☐ Swimming Pool ☐ Bottled Water ☐ Other ____

Reason for Sampling: (check only one) ☑ Routine Compliance ☐ Repeat ☐ Replacement ☐ Main Clearance ☐ Well Survey ☐ Other

To be completed by collector of sample

Sample Number	Sample Point (Location or Specific Address)	Collection Date	Collection Time	Sample Type[1]	Dis-infect Res'd (mg/L)	pH
W 4	Well #4	6/20/16	0930	6	0	

To be completed by lab

Total Coliform Analysis Method: SM9223B

Fecal or E. coli Analysis Method:

Non Coliform	Total Coliform	Fecal or E. coli	Data Qualifier[2]	Lab Sample Number
	A			ad

Lab Project Number at top of Form

Average of disinfectant residuals for routine and repeat samples
(complete for community and nontransient noncommunity systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.)

Disinfectant Residual Analysis Method: ☑ DPD Colorimetric ☐ Other ____

Person performing analysis is: (please check one of below)

☑ A certified operator (# C23631 ☐ Employed by a certified lab
☐ Supervised by a cert operator (# ____ ☐ Employed by DEP or DOH

[2]Defined in Florida Administrative Code Rule 62-160, Table 1

All tests are performed in accordance with NELAC standards

Date PWS Notified by lab of positive results ____

Date State Notified by lab of positive results ____

Lab Signature: [signature]

Date signed: ____ Time: ____

Title: Analyst

Name and Mailing Address of Person to Receive Report

☐ Satisfactory DEP/DOH USE ONLY
☐ Incomplete Collection Information
☐ Repeat Samples Required
☐ Replacement Samples Required

Date Reviewed by DEP/DOH: ____

DEP/DOH Reviewing Official: ____

[1]DEP Sample Type Codes: D = Distribution (Routine Compliance), C = Repeat or Check, R = Raw, N = Entry to Distribution, P = Plant Tap, S = Special (clearance, etc.)

Analysis Methods: MF = SM9222B & D, MTF = 9221B & EC/MUG, MMO/MUG = SM9223B, HPC = SM9215B

Results: A = coliforms are absent; P = coliforms are present; C = confluent growth; TNTC = too numerous to count (62-550.730 Reporting Format)

DCN# AD-D045

Effective 01/95, Revised 9/13/13

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☐ 528 S. North Lake Blvd., Ste. 1016 • Altamonte Springs, FL 32701 • 407.937.1594 • E53076

Write Project # or Place Project Label Here

Advanced Environmental Laboratories, Inc.

For Lab Use Only

The lab performing this analysis is checked on the above.
Lab Receipt Date & Time 6/16/16 11:00
Analysis Date & Time 6/18/16 1215
Sample Acceptance Criteria:
Sample Preservation ☑ On Ice ☐ Not On Ice 30 °C
Disinfectant Check ☐ Not Detected ☐ ____ mg/L
This sample does not meet the following NELAC requirements:

Relinquish By: Don Rogers Date: 6-17-16 Time: ____
Received By: [signature] Date: 6/18/16 Time: 9:23
Report Number: T16045033 Sub-Contract Lab ID: ____

Analysis Requested: (please check all that apply)
☑ Standard Coliform Test ☐ HPC ☐ Other: ____

System Name: Woodard & Curran PWS I.D. 6 0 9 0 8 6 1
System Address: 3900 S Florida City: Inverness
System or Owner's Phone #: ____ Fax #: ____
Collector: Don Rogers Collector's Phone # (352) 428-2434

Type of Supply: (check only one)
☑ Community Water System ☐ Noncommunity Water System ☐ Nontransient Noncommunity Water System ☐ Limited Use System
☐ Private Well ☐ Swimming Pool ☐ Bottled Water ☐ Other ____

Reason for Sampling: (check only one) ☑ Routine Compliance ☐ Repeat ☐ Replacement ☐ Main Clearance ☐ Well Survey ☐ Other

To be completed by collector of sample

Sample Number	Sample Point (Location or Specific Address)	Collection Date	Collection Time	Sample Type	Dis-infect Res'd (mg/L)	pH
W-1	Well #9	6-17-16	1400	G	Ø	

To be completed by lab

Total Coliform Analysis Method: SM9222B
Fecal or E. coli Analysis Method:

Non Coliform	Total Coliform	Fecal or E. coli	Data Qualifier[2]	Lab Sample Number
	A			001

Lab Project Number at top of Form

Average of disinfectant residuals for routine and repeat samples
(complete for community and nontransient noncommunity systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.)

Disinfectant Residual Analysis Method: ☐ DPD Colorimetric ☐ Other: ____
Person performing analysis is: (please check one of below)
☐ A certified operator (#____ ☐ Employed by a certified lab
☑ Supervised by a cert operator (# A20065) ☐ Employed by DEP or DOH

[2]Defined in Florida Administrative Code Rule 62-160, Table 1
All tests are performed in accordance with NELAC standards
Date PWS Notified by lab of positive results: ____
Date State Notified by lab of positive results: ____
Lab Signature: [signature]
Date signed: ____ Time: ____
Title: ____

Name and Mailing Address of Person to Receive Report

DEP/DOH USE ONLY
☐ Satisfactory
☐ Incomplete Collection Information
☐ Repeat Samples Required
☐ Replacement Samples Required
Date Reviewed by DEP/DOH: ____
DEP/DOH Reviewing Official: ____

[1]DEP Sample Type Codes: D = Distribution (Routine Compliance); C = Repeat or Check; R = Raw; N = Entry to Distribution; P = Plant Tap; S = Special (clearance, etc.)
Analysis Methods: MF = SM9222B & D; MTF = 9221B & EC/MUG; MMO/MUG = SM9223B; HPC = SM9215B
Results: A = coliforms are absent; P = coliforms are present; C = confluent growth; TNTC = too numerous to count (62-550.730 Reporting Format)

DCN# AD-D045
Effective 01/95, Revised 9/13/13

THM's HAA5 #2

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: Woodard & Curran PWS I.D.#: 6 0 9 0 8 6 1

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

Address: _____

City: _____ ZIP Code: _____

Phone #: _____ Fax #: _____ E-Mail Address: _____

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: T1607852001 Sample Date: 06/07/2016 Sample Time: 11:00 AM PM (circle one)

Sample Location (be specific): LS#4 Turner Camp Rd 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 (Check all that apply)

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

Sampling Procedure Used or Other Comments: _____

*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, _____ (Print Name), _____ (Print Title), do HEREBY CERTIFY that the above public water system and sample collection information is complete and correct.

Signature: _____ Date: _____

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

Sampler's E-Mail: _____

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: Advanced Environmental Laboratories, Inc Florida DOH Certification #: E84589 Certification Expiration Date: 06/30/2016

ATTACH CURRENT DOH ANALYTE *

Address: 9610 Princess Palm Ave Tampa, FL 33619 Payments: P.O. Box Phone #: (813)630-9616

Were any analyses subcontracted? ☐ 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: 06/07/2016

PWS ID (From Page 1): _____ Sample Number (From Page 1): T1607852001 Lab Assigned Report # or Job T1607852

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
☐ Partial	☐ All Except Dioxin	☐ Partial	☒ Haloacetic Acids	☐ Qtrly Composite**	☐ Partial
☐ Nitrate	☐ Partial		☐ Chlorite		
☐ Nitrite	☐ Dioxin Only		☐ Bromate		
☐ Asbestos Only					

LAB CERTIFICATION

I, Dale Uvino (Print Name), PM (Print Title), do HEREBY CERTIFY

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

Signature: [signature] Date: 6/21/16

* 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: _____

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

DISINFECTION BYPRODUCTS
62-550.310(3)

Report Number / Job ID: T1607852001

Disinfectant Residual (mg/L)_____

PWS ID (From Page 1): _____

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Regulatory MRL**	Analysis Date	Analysis Time	DOH Lab Certification #

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Regulatory MRL**	Analysis Date	Analysis Time	DOH Lab Certification #
2450	Monochloroacetic Acid	N/A	ug/L	0.20	U	EPA 552.2	0.20	2	06/14/2016	08:10	E84589
2451	Dichloroacetic Acid	N/A	ug/L	10.36		EPA 552.2	0.81	1	06/14/2016	08:10	E84589
2452	Trichloroacetic Acid	N/A	ug/L	0.91	U	EPA 552.2	0.91	1	06/14/2016	08:10	E84589
2453	Bromoacetic Acid	N/A	ug/L	0.54	U	EPA 552.2	0.54	1	06/14/2016	08:10	E84589
2454	Dibromoacetic Acid	N/A	ug/L	0.54	U	EPA 552.2	0.54	1	06/14/2016	08:10	E84589
2456	Total Haloacetic Acids (HAA5)	60	ug/L	10.36		EPA 552.2	0.20	—	06/14/2016	08:10	E84589

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Regulatory MRL**	Analysis Date	Analysis Time	DOH Lab Certification #
2941	Chloroform	N/A	ug/L	4.35		EPA 524.2	0.31	1	06/11/2016	20:10	E84589
2942	Bromoform	N/A	ug/L	0.45	U	EPA 524.2	0.45	1	06/11/2016	20:10	E84589
2943	Bromodichloromethane	N/A	ug/L	0.49	U	EPA 524.2	0.49	1	06/11/2016	20:10	E84589
2944	Dibromochloromethane	N/A	ug/L	0.56	U	EPA 524.2	0.56	1	06/11/2016	20:10	E84589
2950	Total Trihalomethanes	80	ug/L	4.35		EPA 524.2	0.31	—	06/11/2016	20:10	E84589

** 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 µg/L MRL for bromate.

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

*Results must be reported with appropriate qualifiers in accordance with Florida Administrative Code Rule 62-160, Table 1. Results qualified with A, F, H, N, O, T, Z, ?, *, are unacceptable for compliance with 62-550. Results qualified with a J, Q, R, or Y must be accompanied by written justification and will be evaluated on a case by case basis. To avoid a monitoring violation, unacceptable results must be replaced with acceptable results from samples collected during the same monitoring period.

TTHM's HAA5's #1

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: Woodard & Curran PWS I.D.#: 6 0 9 0 8 6 1

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

Address: _____

City: _____ ZIP Code: _____

Phone #: _____ Fax #: _____ E-Mail Address: _____

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: T1607852002 Sample Date: 06/07/2016 Sample Time: 11:05 AM PM (circle one)

Sample Location (be specific): Zephyry St. Citrus Booster 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 (Check all that apply)

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

Sampling Procedure Used or Other Comments: _____

*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, _____ (Print Name), _____ (Print Title), do HEREBY CERTIFY that the above public water system and sample collection information is complete and correct.

Signature: _____ Date: _____

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

Sampler's E-Mail: _____

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

DISINFECTION BYPRODUCTS
62-550.310(3)

Report Number / Job ID: T1607852002

Disinfectant Residual (mg/L)

PWS ID (From Page 1): 6090861

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Regulatory MRL**	Analysis Date	Analysis Time	DOH Lab Certification #

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Regulatory MRL**	Analysis Date	Analysis Time	DOH Lab Certification #
2450	Monochloroacetic Acid	N/A	ug/L	0.20	U	EPA 552.2	0.20	2	06/14/2016	08:37	E84589
2451	Dichloroacetic Acid	N/A	ug/L	9.64		EPA 552.2	0.81	1	06/14/2016	08:37	E84589
2452	Trichloroacetic Acid	N/A	ug/L	0.91	U	EPA 552.2	0.91	1	06/14/2016	08:37	E84589
2453	Bromoacetic Acid	N/A	ug/L	0.54	U	EPA 552.2	0.54	1	06/14/2016	08:37	E84589
2454	Dibromoacetic Acid	N/A	ug/L	0.54	U	EPA 552.2	0.54	1	06/14/2016	08:37	E84589
2456	Total Haloacetic Acids (HAA5)	60	ug/L	9.64		EPA 552.2	0.20	---	06/14/2016	08:37	E84589

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Regulatory MRL**	Analysis Date	Analysis Time	DOH Lab Certification #
2941	Chloroform	N/A	ug/L	4.96		EPA 524.2	0.31	1	06/11/2016	20:56	E84589
2942	Bromoform	N/A	ug/L	0.45	U	EPA 524.2	0.45	1	06/11/2016	20:56	E84589
2943	Bromodichloromethane	N/A	ug/L	0.49	U	EPA 524.2	0.49	1	06/11/2016	20:56	E84589
2944	Dibromochloromethane	N/A	ug/L	0.56	U	EPA 524.2	0.56	1	06/11/2016	20:56	E84589
2950	Total Trihalomethanes	80	ug/L	4.96		EPA 524.2	0.31	---	06/11/2016	20:56	E84589

** 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 µg/L MRL for bromate.

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

*Results must be reported with appropriate qualifiers in accordance with Florida Administrative Code Rule 62-160, Table 1. Results qualified with A, F, H, N, O, T, Z, ?, *, are unacceptable for compliance with 62-550. Results qualified with a J, Q, R, or Y must be accompanied by written justification and will be evaluated on a case by case basis. To avoid a monitoring violation, unacceptable results must be replaced with acceptable results from samples collected during the same monitoring period.

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: Advanced Environmental Laboratories, Inc Florida DOH Certification #: E84589 Certification Expiration Date: 06/30/2016

ATTACH CURRENT DOH ANALYTE *

Address: 9610 Princess Palm Ave Tampa, FL 33619 Payments: P.O. Box Phone #: (813)630-9616

Were any analyses subcontracted? ☐ 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: 06/07/2016

PWS ID (From Page 1): _____ Sample Number (From Page 1): T1607852002 Lab Assigned Report # or Job T1607852

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
☐ Partial	☐ All Except Dioxin	☐ Partial	☒ Haloacetic Acids	☐ Qtrly Composite**	☐ Partial
☐ Nitrate	☐ Partial		☐ Chlorite		
☐ Nitrite	☐ Dioxin Only		☐ Bromate		
☐ Asbestos Only					

LAB CERTIFICATION

I, Dale Uvino, PM, 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: Dale Uvino Date: 6/21/16

* 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: _____