

HPC 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: T1610108001 Sample Date: 07/14/2016 Sample Time: 15:20 AM PM (circle one)

Sample Location (be specific): 301 Washington 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, _____, do HEREBY CERTIFY
(Print Name) (Print Title)

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: 07/15/2016

PWS ID (From Page 1): _____ Sample Number (From Page 1): T1610108001 Lab Assigned Report # or Job T1610108

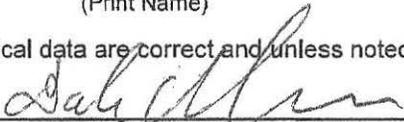
Group(s) Analyzed & Results attached for compliance with Chapter 62-550, F.A.C. (Check all that apply):

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

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:  Date: 7/29/16

* 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: _____

HPC 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: T1610108002 Sample Date: 07/14/2016 Sample Time: 16:10 AM PM (circle one)

Sample Location (be specific): 310 Hudson St 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, _____, _____, do HEREBY CERTIFY
(Print Name) (Print Title)

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: 07/15/2016

PWS ID (From Page 1): _____ Sample Number (From Page 1): T1610108002 Lab Assigned Report # or Job T1610108

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

- | | | | | | |
|--|--|----------------------------------|---|--|----------------------------------|
| <u>Inorganics</u> | <u>Synthetic Organics</u> | <u>Volatile Organics</u> | <u>Disinfection Byproducts</u> | <u>Radionuclides</u> | <u>Secondaries</u> |
| <input type="checkbox"/> All Except Asbestos | <input type="checkbox"/> All 30 | <input type="checkbox"/> All 21 | <input type="checkbox"/> Trihalomethanes | <input type="checkbox"/> Single Sample | <input type="checkbox"/> All 14 |
| <input type="checkbox"/> Partial | <input type="checkbox"/> All Except Dioxin | <input type="checkbox"/> Partial | <input type="checkbox"/> Haloacetic Acids | <input type="checkbox"/> Qtrly Composite** | <input type="checkbox"/> Partial |
| <input type="checkbox"/> Nitrate | <input type="checkbox"/> Partial | | <input type="checkbox"/> Chlorite | | |
| <input type="checkbox"/> Nitrite | <input type="checkbox"/> Dioxin Only | | <input type="checkbox"/> Bromate | | |
| <input type="checkbox"/> Asbestos 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: 7/29/16

* 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: _____

HPC 3

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: T1610005004 Sample Date: 07/14/2016 Sample Time: 10:25

| |
|----|
| AM |
|----|

 PM (circle one)

Sample Location (be specific): 117 N Seminole 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, _____, do HEREBY CERTIFY
 (Print Name) (Print Title)

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: 06/30/2017

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: 07/14/2016

PWS ID (From Page 1): _____ Sample Number (From Page 1): T1610005004 Lab Assigned Report # or Job T1610005

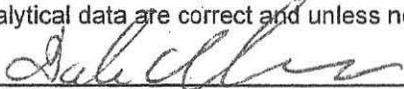
Group(s) Analyzed & Results attached for compliance with Chapter 62-550, F.A.C. (Check all that apply):

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

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:  Date: 8/4/16

* 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: _____

JAPC #4

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: T1610005003 Sample Date: 07/14/2016 Sample Time: 09:30

| |
|----|
| AM |
|----|

 PM (circle one)

Sample Location (be specific): 450 Pleasant Grove 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, _____, _____ do HEREBY CERTIFY
(Print Name) (Print Title)

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: 06/30/2017

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: 07/14/2016

PWS ID (From Page 1): _____ Sample Number (From Page 1): T1610005003 Lab Assigned Report # or Job T1610005

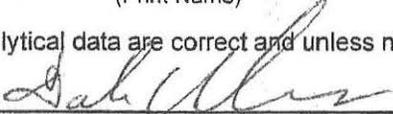
Group(s) Analyzed & Results attached for compliance with Chapter 62-550, F.A.C. (Check all that apply):

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

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:  Date: 8/4/16

* 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: _____

- 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 · 954.889-2266 · Fax 954.889.2281 · E82535
- 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.

Relinquish By: Angela Covell Date: 7/14/16 Time: 10:50
 Received By: _____ Date: _____ Time: _____
 Report Number: 7/16/2019 Sub-Contract Lab ID: _____

For Lab Use Only

The lab performing this analysis is checked on the above.

Lab Receipt Date & Time: 7/14/16 14:38
 Analysis Date & Time: 7/14/16 17:30

Sample Acceptance Criteria:
 Sample Preservation: On Ice Not On Ice 90 °C
 Disinfectant Check: Not Detected _____ mg/L

This sample does not meet the following NELAC requirements:

Analysis Requested: (please check all that apply)

- Standard Coliform Test HPC Other: _____

System Name: City of Inverness PWS I.D. 60908611
 System Address: 3900 S. FL Ave, Inverness, FL 34450 City: _____
 System or Owner's Phone #: _____ Fax #: _____
 Collector: Angela Covell Collector's Phone #: (352) 601-8489

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 |
|---------------|---|-----------------|-----------------|-------------|-------------------------|----|
| 1 | 3800 Gulf to Lake | 7/14/16 | 10:10 | DW | 2.35 | |
| 2 | Well 9 | 7/14/16 | 09:35 | DW | 2.60 | |
| 3 | Well 4 | 7/14/16 | 09:40 | DW | 3.00 | |
| 4 | 450 Pleasant Grove | 7/14/16 | 09:50 | DW | 3.14 | |
| 5 | 117 N. Seminole | 7/14/16 | 10:25 | DW | 2.80 | |

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 | | | col |
| | A | | | col2 |
| | A | | | col3 |
| | A | | | col4 |
| | A | | | col5 |

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 (# C23535) Employed by a certified lab
 Supervised by a cert operator (# _____) Employed by DEP or DOH

Name and Mailing Address of Person to Receive Report

²Defined 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

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

¹DEP 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 & E, CMUG, MMO/MUG = SM9223B, HPC = SM9215B

Results: A = coliforms are absent; P = coliforms are present; C = confluent growth; TNTC = too numerous to count 162-550 730 Reporting Format

DCN# AD-0045

Effective 01/95, Revised 9/13/13

- 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 • 954.869-2288 • Fax 954.889.2281 • E82535
- 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



Advanced Environmental Laboratories, Inc. T7610109

Relinquish By: Angela Covell Date: 7.14.16 Time: 1700
 Received By: [Signature] Date: 7/15/16 Time: 12:00
 Report Number: _____ Sub-Contract Lab ID: _____

Write Project # or Place Project Label Here

For Lab Use Only
 The lab performing this analysis is checked on the above.
 Lab Receipt Date & Time: 7/15/16 1515
 Analysis Date & Time: 7/15/16 16:45
 Sample Acceptance Criteria:
 Sample Preservation: On Ice Not On Ice 25 °C
 Disinfectant Check: Not Detected _____ mg/L
 This sample does not meet the following NELAC requirements:

Analysis Requested: (please check all that apply)
 Standard Coliform Test HPC Other: _____

System Name: City of Inverness
 System Address: 3900 S. FL Ave, Inverness, FL
 System or Owner's Phone #: _____
 Collector: Angela Covell

PWS I.D. 6090861
 City: _____
 Fax #: _____
 Collector's Phone # (352) 601-8489

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 |
|---------------|---|-----------------|-----------------|-------------|-------------------------|----|
| 4 | 310 Hudson St | 7.14.16 | 1610 | DW | 3.01 | |
| 5 | 301 Washington | 7.14.16 | 1520 | DW | 2.83 | |
| 6 | 9365 Rolling Green | 7.14.16 | 1630 | DW | 2.67 | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

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 |
| | A | | | 006 |
| | | | | |
| | | | | |
| | | | | |

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 (# C23535) Employed by a certified iac
 Supervised by a cert operator (# _____) Employed by DEP or DOH

²Defined 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 Incomplete Collection Information Repeat Samples Required Replacement Samples Required
 Date Reviewed by DEP/DOH: _____
 DEP/DOH Reviewing Official: _____

¹DEP 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-0045 Effective 01/95, Revised 9/13/13

- 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 · 954.889-2286 · Fax 954.889.2281 · E82535
- 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. T/16/0109

Relinquish By: Angela Covell Date: 7/14/16 Time: 1655
 Received By: [Signature] Date: 7/15/16 Time: 12:06
 Report Number: _____ Sub-Contract Lab ID _____

For Lab Use Only

The lab performing this analysis is checked on the above.
 Lab Receipt Date & Time: 7/15/16 1515
 Analysis Date & Time: 07/15/16 16:45

Sample Acceptance Criteria:
 Sample Preservation: On Ice Not On Ice 28 °C
 Disinfectant Check: Not Detected _____ mg/L

This sample does not meet the following NELAC requirements:

Analysis Requested: (please check all that apply)

- Standard Coliform Test HPC Other: _____

System Name: City of Inverness
 System Address: 3900 S. FL. AVE, INVERNESS, FL
 System or Owner's Phone #: _____
 Collector: Angela Covell

PWS I.D. 6090861
 City: _____
 Fax #: _____
 Collector's Phone # (352) 601-8489

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 Resid (mg/L) | pH |
|---------------|---|-----------------|-----------------|-------------|-------------------------|----|
| 1 | WRF Hwy 41 | 7.14.16 | 1645 | DW | 2.32 | |
| 2 | 210 Montgomery | 7.14.16 | 1545 | DW | 2.45 | |
| 3 | 209 E Hill St. | 7.14.16 | 1600 | DW | 2.61 | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

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 | | | W1 |
| | A | | | W2 |
| | A | | | W3 |
| | | | | |
| | | | | |
| | | | | |

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 (# C23535) Employed by a certified lab
 Supervised by a cert operator (# _____) Employed by DEP or DOH

²Defined 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 Incomplete Collection Information Repeat Samples Required Replacement Samples Required
- DEP/DOH USE ONLY

Date Reviewed by DEP/DOH: _____
 DEP/DOH Reviewing Official: _____

¹DEP 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 & ECMUG, MMOMUG = SM9223B, HPC = SM9215B

Results: A = coliforms are absent; P = coliforms are present; C = confluent growth; TNTC = too numerous to count (62-556.730 Reporting Format)

DCNR AD-0045

Effective 01/95, Revised 9/13/13