ORTho

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: T1610005005 Sample Date: 07/14/2016 Sample Time: 10:10 AM PM (circle one)

Sample Location (be specific): 3800 Gulf to Lake 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: _____

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

See page 4 for instructions.

I. General Information for the Month/Year of: June, 2016

A. Public Water System (PWS) Information

PWS Name:	City of Inverness		PWS Identification Number:	6090861	
PWS Type:	Community				
Number of Service Connections at End of Month:	4,395		Total Population Served at End of Month: 7,194		
PWS Owner:	City of Inverness				
Contact Person:	Thomas Romaelle		Contact Person's Title:	Lead Operator	
Contact Person's Mailing Address:	3900 S Florida Ave		City: Inverness	State: Fl.	Zip Code: 34450
Contact Person's Telephone Number:	352-428-2434		Contact Person's Fax Number:	352-428-2434	
Contact Person's E-Mail Address:	tromaelle@woodardcurran.com				

B. Water Treatment Plant Information

Plant Name:	City of Inverness		Plant Telephone Number:	(352) 428-2434	
Plant Address:	820 Pleasant Grove Road		City: Inverness	State: Fl.	Zip Code: 33452
Type of Water Treated by Plant:	Raw Ground Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	1,700,000				
Plant Category (per subsection 62-699.310(4), F.A.C.): IV			Plant Class (per subsection 62-699.310(4), F.A.C.):	C	

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Thomas Romaelle	A	20065	Weekdays, Weekends
Other Operators:	Donald Rogers	C	23631	Anytime, as needed
	Thomas Smitley	C	22858	Weekdays, Weekends
	Angela Covell	C	23535	Anytime as needed

II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to retain these additional operations records at the plant site for at least ten years and to make them available for review upon request.

Thomas D. Romaelle	Thomas Romaelle	20065
Signature and Date	Printed or Typed Name	License Number

MONTHLY OPERATING REPORT FOR PWSs TREATING RAW GROUNDWATER OR PURCHASED FINISHED WATER

PWS Identification Number: 6090861 | Plant Name: City of Inverness

III. Daily Data for the Month/Year of: June, 2016

Means of Achieving Four-Log Virus Inactivation/Removal: * N/A

Type of Disinfectant Residual Maintained in Distribution System: X Free Chlorine | Combine Chlorine(Chloramines) | Chlorine Dioxide

			CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										
			CT Calculations							UV Dose			
Day of the Month	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, OC	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW-sec/cm2	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1	24	1,084,000		3.30			24.00	8.02				2.67	
2	24	1,159,000		3.31			25.30	7.98				2.56	
3	24	757,000		3.34			28.60	7.94				2.86	
4	24	1,077,000		3.39			24.90	7.95				2.83	
5	24	837,000		3.22			26.70	7.99				2.50	
6	24	793,000		3.23			23.70	7.99				2.70	
7	24	1,019,000		3.38			24.00	8.04				2.57	
8	24	1,201,000		3.31			23.70	7.92				2.45	
9	24	989,000		3.37			27.40	8.02				3.13	
10	24	762,000		3.24			25.90	7.94				2.22	
11	24	841,000		3.22			25.70	7.95				2.72	
12	24	1,125,000		3.25			25.10	7.99				2.62	
13	24	827,000		3.23			27.40	7.95				1.66	
14	24	1,178,000		3.20			25.20	7.99				2.07	
15	24	1,282,000		3.54			26.70	7.85				2.62	
16	24	779,000		3.18			25.20	7.85				3.30	
17	24	984,000		3.29			25.20	7.85				2.62	
18	24	800,000		3.23			24.80	7.85				1.93	
19	24	1,050,000		2.70			23.60	7.85				3.46	
20	24	1,217,000		3.19			23.60	7.85				2.21	
21	24	1,077,000		2.73			25.60	7.29				2.38	
22	24	1,054,000		3.29			23.70	7.85				2.15	
23	24	1,108,000		3.42			23.70	7.86				2.21	
24	24	803,000		3.40			29.40	8.08				2.18	
25	24	873,000		3.25			27.70	7.72				1.68	
26	24	1,267,000		3.25			25.10	7.85				2.04	
27	24	929,000		3.18			25.20	7.85				1.81	
28	24	844,000		3.07			24.40	7.82				1.64	
29	24	1,077,000		3.27			24.90	8.00				1.75	
30	24	900,000		3.69			26.30	7.72				1.81	
	x												

Total	29,693,000
Average	989,767
Maximum	1,282,000

** Refer to the instructions for this report to determine which plants must provide this information.*

MONTHLY OPERATION REPORT FOR PWSs Practicing PO4

See page 3 for instructions

I. General Information for the Month/Year of: June, 2016

A. Public Water System (PWS) Information

PWS Name: City of Inverness	PWS Identification Number: 6090861
PWS Type: X Community Non-Transient Non-Community	Transient Non-Community Consecutive
PWS Owner: City of Inverness	
Contact Person: Thomas Romalle	Contact Person's Title: Lead Operator
Contact Person's Mailing Address: 820 Pleasant Grove Road (P	City: Inverness State: Fl. Zip Code: 34450
Contact Person's Telephone Number: 352-428-2434	Contact Person's Fax Number:
Contact Person's E-Mail Address: tromaelle@woodardcurran.com	

B. Water Treatment Plant Information

Plant Name: City of Inverness	Plant Telephone Numbe r 352-428-2434
Plant Address: 820 Pleasant Grove Road (Public Works Road)	City: Inverness State: Fl. Zip code 34450

II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that th information provided in this report is true and accurate to

Signature and Date	Printed or Typed Name	License Number
Thomas A Romaelle	Thomas Romaelle	20065

III. Check Sample Results for the Month/Year of:* June, 2016

Sample Name/Number	Sample Location	PO3 Concentration in Sample per Analysis by Authorized Representative of PWS, mg/L	PO4 Concentration in Sample per Analysis by DOH Laboratory or Laboratory Certified DOH, mg/L
POE	820 Pleasent Grove Rd.	1.49	0.40
POE	820 Pleasant Grove Rd.	1.47	0.46
POE	820 Pleasant Grove Rd.	1.14	0.42

**Complete Part III of this report only for PWSs not using a certified laboratory to perform all daily measurements of flouride concentration in the finished water from each of the PWS's treatment plants.*

Telephone No.: (770) 365-1756

MONTHLY OPERATION REPORT FOR PWS's PRACTICING PO4

PWS Identification Number:	6090861	Plant Name:	City of Inverness

IV. Daily Phosphate Data for the Month/Year of: June, 2016

Type of Fluoride Chemical Used:

Day of the Month	Hours Plant in Operation	Plant pH	Alkalinity, mg/l	Phosphate Dose, mg/L	Phosphate Concentration in Finished Water at Entry to Distribution System, mg/L
1	24	8.02	150.00	1.25	1.21
2	24	7.98	150.00	1.25	1.21
3	24	7.94	150.00	1.25	1.25
4	24	7.95	160.00	1.25	1.25
5	24	7.99	140.00	1.25	1.25
6	24	7.99	150.00	1.25	1.31
7	24	8.04	180.00	1.25	1.49
8	24	7.92	160.00	1.25	1.29
9	24	8.02	160.00	1.25	1.29
10	24	7.94	160.00	1.25	1.29
11	24	7.95	160.00	1.25	1.30
12	24	7.99	160.00	1.25	1.30
13	24	7.95	140.00	1.25	1.20
14	24	7.99	140.00	1.25	1.41
15	24	7.85	135.00	1.25	1.49
16	24	7.85	135.00	1.25	1.46
17	24	7.85	135.00	1.25	1.44
18	24	7.85	135.00	1.25	1.47
19	24	7.85	130.00	1.25	1.45
20	24	7.85	135.00	1.25	1.47
21	24	7.29	120.00	1.25	1.14
22	24	7.85	130.00	1.25	1.30
23	24	7.86	160.00	1.25	1.20
24	24	8.08	140.00	1.25	1.10
25	24	7.72	150.00	1.25	1.25
26	24	7.85	125.00	1.25	1.28
27	24	7.85	130.00	1.25	1.26
28	24	7.82	120.00	1.25	0.90
29	24	8.00	180.00	1.25	0.82
30	24	7.72	160.00	1.25	0.83
				1.25	
Total		237	4,380		
Average		8	146	1.25	1.26

Monthly Operation Report for PWS Fluoridating Water

See page 3 for instructions.

1. General Information for the Month / Year of:	June, 2016				
A. Public Water System (PWS) Information					
PWS Name: City of Inverness		PWS Identification No.: 6090861			
PWS Type: X Community	Non-Transient Non-Community	Non-Community	Consecutive		
Number of Service Connections at End of Reporting Month 4,395		Total Population Served at End of Month: 7,194			
PWS Owner: City of Inverness					
Contact Person Thomas Romaelle		Contact Person's Title: Lead Operator			
Contact Person's Mailing Address:	3900 S Florida Ave	City: Inverness	State: Florida	Zip Code: 34450	
Contact Person's E-Mail Address:	tromaelle@woodardcurran.com	Contact Person's Fax Number:			
Contact Person's Telephone Number:	352 - 428 -2434				
B. Water Treatment Plant Information					
Plant Name:	City of Inverness	Telephone No.: 352 - 428 - 2434			
Plant Address:	820 Pleasant Grove Rd. (Public Works Road)	City: Inverness	State: Florida	Zip Code: 34452	

II. STATEMENT BY LEAD/CHIEF WATER TREATMENT PLANT OPERATOR FOR THE MONTH/YEAR OF

I, the undersigned water treatment plant operator Licensed in Florida am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the Information provided in this report is true and accurate to the best of my knowledge and belief.

Signature and Date:	Thomas Romaelle Printed or Typed Name	20065 License Number

III. Check Sample Results for the Month / Year of:*	June, 2016

Sample Name / Number	Sample Location	Fluoride Concentration in Sample per Analysis by Authorized Representative of PWS, mg/L	Fluoride Concentration in Sample per Analysis by DOH Laboratory or Laboratory Certified by DOH, mg/L
Distribution System Sample 1	450 Pleasant Grove	1.59	1.30
Distribution System Sample 2	117 North Seminole Street	1.59	1.20
Distribution System Sample 3			

* Complete Part III of this report only for PWSs not using a certified laboratory to perform all daily measurements of fluoride concentration in the finished water from each of the PWS's treatment plants

DEP Form 62-555.900(5)

Effective August 28, 2003

Monthly Operation Report for PWSs Fluoridating Water

PWS Identification Number: 6090861 Plant Name: City of Inverness

V. Daily Fluoridation Data for the Month / Year of: June, 2016

Type of Fluoride Compound Used: x fluosilicic (hydrofluosilicic) acid

Commercial Purity of Fluoride Compound Used (per the chemical supplier): 23%

Day of the Month	Hours Plant in Operation	Net Quantity of Finish Water Produced, gallons	Quantity of Fluoride Chemical Fed, Pounds (or gallons for Fluosilicic Acid)	Fluoride Dose, mg/l	Fluoride Concentration in Finished Water at Entry to Distribution system, mg/L
1	24.00	1,116.000	35.00	1.05	1.56
2	24.00	1,203.000	35.00	1.05	1.41
3	24.00	783.000	35.00	1.05	1.41
4	24.00	1,222.000	35.00	1.05	1.24
5	24.00	712.000	35.00	1.05	1.25
6	24.00	823.000	35.00	1.05	1.24
7	24.00	1,007.000	35.00	1.05	1.59
8	24.00	1,171.000	35.00	1.05	1.59
9	24.00	934.000	35.00	1.05	1.49
10	24.00	743.000	35.00	1.05	1.46
11	24.00	1,052.000	35.00	1.05	1.50
12	24.00	1,186.000	35.00	1.05	1.39
13	24.00	803.000	35.00	1.05	1.46
14	24.00	1,071.000	35.00	1.05	1.61
15	24.00	1,279.000	35.00	1.05	1.59
16	24.00	852.000	35.00	1.05	1.61
17	24.00	995.000	35.00	1.05	1.60
18	24.00	818.000	35.00	1.05	1.58
19	24.00	1,064.000	35.00	1.05	1.24
20	24.00	1,275.000	35.00	1.05	1.58
21	24.00	1,070.000	35.00	1.05	0.98
22	24.00	1,099.000	35.00	1.05	0.89
23	24.00	1,122.000	35.00	1.05	0.90
24	24.00	809.000	35.00	1.05	1.20
25	24.00	886.000	35.00	1.05	0.93
26	24.00	1,323.000	35.00	1.05	1.14
27	24.00	918.000	35.00	1.05	1.18
28	24.00	890.000	35.00	1.05	0.86
29	24.00	1,078.000	35.00	1.05	1.06
30	24.00	919.000	35.00	1.05	1.09
	24.00		35.00	1.05	
Total	744.00	30223.00	1085.00	32.55	39.63
Average	24.00	1007.43	35.00	1.05	1.32

ORTHO #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: City of Inverness PWS I.D.#: 6 0 9 0 8 7 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: T1608609001 Sample Date: 06/21/2016 Sample Time: 09:40 AM PM (circle one)

Sample Location (be specific): POE 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: 06/21/2016

PWS ID (From Page 1): _____ Sample Number (From Page 1): T1608609001 Lab Assigned Report # or Job T1608609

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		OP
☐ Nitrite	☐ Dioxin Only		☐ Bromate		
☐ Asbestos Only					

LAB CERTIFICATION

I, Heidi Brooks (Print Name), _____ (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: _____ Date: 7/6/16

* 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

OTHER CONTAMINANTS

Report Number / Job ID: T1608609001

PWS ID (From Page 1): _____

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Certification #
	Orthophosphate		mg/L	0.42		EPA 365.1	0.0034	06/22/2016	14:00	E84589

*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, 2, ?, *, 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

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

System Name: City of Inverness 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: T1608609002 Sample Date: 06/21/2016 Sample Time: 09:41 AM PM (circle one)

Sample Location (be specific): POE Location Code (if known) : _____

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): _____ mg/L Field pH: 7.64

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 **
- ☐ Replacement (of Invalidated Sample)
- ☐ Special (not for compliance with 62-550)
- ☐ 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

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: 06/21/2016

PWS ID (From Page 1): _____ Sample Number (From Page 1): T1608609002 Lab Assigned Report # or Job T1608609

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		AIK
☐ Nitrite	☐ Dioxin Only		☐ Bromate		
☐ Asbestos Only					

LAB CERTIFICATION

I, Heidi Brooks, _____, 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: 7/6/16

* 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

OTHER CONTAMINANTS

Report Number / Job ID: T1608609002

PWS ID (From Page 1): _____

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Certification #
	Alkalinity, Total		mg/L	130		SM 2320B	5.0	06/27/2016	10:02	E84589

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

*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.

ORTho #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: T1608425001 Sample Date: 06/16/2016 Sample Time: 09:16 AM PM (circle one)

Sample Location (be specific): POE Location Code (if known) : _____

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): _____ mg/L Field pH: 7.48

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: 06/16/2016

PWS ID (From Page 1): _____ Sample Number (From Page 1): T1608425001 Lab Assigned Report # or Job T1608425

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, Heidi Brooks (Print Name), _____ (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: _____ Date: 6/29/16

* 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: _____

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

SECONDARY CONTAMINANTS

62-550.320

Report Number / Job ID: T1608425001

PWS ID (From Page 1): _____

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Certification #
1925	pH	6.5 - 8.5	SU	7.48	Q	SM 4500H+B	0.10	06/24/2016	14:08	E84589

*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

OTHER CONTAMINANTS

Report Number / Job ID: T1608425001

PWS ID (From Page 1): _____

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Certification #
	Alkalinity, Total		mg/L	130		SM 2320B	5.0	06/21/2016	09:57	E84589

*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, 2, *, 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

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: T1608425002 Sample Date: 06/16/2016 Sample Time: 09:16 AM PM (circle one)

Sample Location (be specific): POE 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

OTHER CONTAMINANTS

Report Number / Job ID: T1608425002

PWS ID (From Page 1): _____

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Certification #
	Orthophosphate		mg/L	0.46		EPA 365.1	0.0034	06/17/2016	10:35	E84589

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

*Results must be reported with appropriate qualifiers in accordance with Florida Administrative Code Rule 62-160, Table 1. Results qualified with A, E, H, M, O, T, Z, ?, *, are unacceptable for compliance with 62-550. Results qualified with a J, C, 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: 06/16/2016

PWS ID (From Page 1): _____ Sample Number (From Page 1): T1608425002 Lab Assigned Report # or Job T1608425

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, Heidi Brooks (Print Name), R (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: _____ Date: 6/29/16

* 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: _____

ORTHO #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: T1607853001 Sample Date: 06/07/2016 Sample Time: 10:20 AM PM (circle one)

Sample Location (be specific): POE 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): T1607853001 Lab Assigned Report # or Job T1607853

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: Dale Uvino Date: 6/22/16

* 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

OTHER CONTAMINANTS

Report Number / Job ID: T1607853001

PWS ID (From Page 1): _____

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Certification #
	Orthophosphate		mg/L	0.40		EPA 365.1	0.0034	06/08/2016	15:56	E84589

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

*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, 1, 2, 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

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: T1607853002 Sample Date: 06/07/2016 Sample Time: 10:20 AM PM (circle one)

Sample Location (be specific): POE Location Code (if known) : _____

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): _____ mg/L Field pH: 7.89

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

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): T1607853002 Lab Assigned Report # or Job T1607853

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: Dale Uvino Date: 6/22/16

* 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

SECONDARY CONTAMINANTS
62-550.320

Report Number / Job ID: T1607853002

PWS ID (From Page 1): _____

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Certification #
1925	pH	6.5 - 8.5	SU	7.89	Q	SM 4500H+B	0.10	06/14/2016	16:05	E84589

*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

OTHER CONTAMINANTS

Report Number / Job ID: T1607853002

PWS ID (From Page 1): _____

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Certification #
	Alkalinity, Total		mg/L	130		SM 2320B	5.0	06/14/2016	08:48	E84589

*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, 2, ?, *, 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: 06/30/2017

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): T1610005005 Lab Assigned Report # or Job T1610005

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: Dale Uvino 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: _____

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

OTHER CONTAMINANTS

Report Number / Job ID: T1610005005

PWS ID (From Page 1): _____

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Certification #
	Orthophosphate		mg/L	0.43		EPA 365.1	0.0060	07/13/2016	16:52	E84589

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

*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

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: T1610005006 Sample Date: 07/14/2016 Sample Time: 10:10 AM PM (circle one)

Sample Location (be specific): 3800 Gulf to Lake Location Code (if known) : _____

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): _____ mg/L Field pH: 7.89

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: 06/30/2017

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): T1610005006 Lab Assigned Report # or Job T1610005

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: 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: _____

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

SECONDARY CONTAMINANTS
62-550.320

Report Number / Job ID: T1610005006

PWS ID (From Page 1): _____

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Certification #
1925	pH	6.5 - 8.5	SU	7.89	Q	SM 4500H+B	0.10	07/22/2016	15:08	E84589

*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, O, 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

OTHER CONTAMINANTS

Report Number / Job ID: T1610005006

PWS ID (From Page 1): _____

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Certification #
	Alkalinity, Total		mg/L	130		SM 2320B	5.0	07/18/2016	21:06	E84589

*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.

ORTho

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: T1610005007 Sample Date: 07/14/2016 Sample Time: 10:00 AM PM (circle one)

Sample Location (be specific): 6011 Turner 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 **
- ☐ Replacement (of Invalidated Sample)
- ☐ Special (not for compliance with 62-550)
- ☐ 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

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): T1610005007 Lab Assigned Report # or Job T1610005

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: _____ 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: _____

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

OTHER CONTAMINANTS

Report Number / Job ID: T1610005007

PWS ID (From Page 1): _____

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Certification #
	Orthophosphate		mg/L	0.41		EPA 365.1	0.0060	07/13/2016	16:55	E84589

*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.

ORTho

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: T1610005008 Sample Date: 07/14/2016 Sample Time: 10:00 AM PM (circle one)

Sample Location (be specific): 6011 Turner Location Code (if known) : _____

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): _____ mg/L Field pH: 8.23

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: 06/30/2017

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): T1610005008 Lab Assigned Report # or Job T1610005

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: Dale Uvino 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: _____

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

SECONDARY CONTAMINANTS
62-550.320

Report Number / Job ID: T1610005008

PWS ID (From Page 1): _____

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Certification #
1925	pH	6.5 - 8.5	SU	8.23	Q	SM 4500H+B	0.10	07/22/2016	15:12	E84589

*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

OTHER CONTAMINANTS

Report Number / Job ID: T1610005008

PWS ID (From Page 1):

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Certification #
	Alkalinity, Total		mg/L	130		SM 2320B	5.0	07/18/2016	21:11	E84589

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

*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.

ORTHO

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: T1610100002 Sample Date: 07/14/2016 Sample Time: 14:30 AM PM (circle one)

Sample Location (be specific): 401 Zephyr 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 **
- ☐ Replacement (of Invalidated Sample)
- ☐ Special (not for compliance with 62-550)
- ☐ 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

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: 07/15/2016

PWS ID (From Page 1): _____ Sample Number (From Page 1): T1610100002 Lab Assigned Report # or Job T1610100

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: [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: _____

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

OTHER CONTAMINANTS

Report Number / Job ID: T1610100002

PWS ID (From Page 1): _____

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Certification #
	Orthophosphate		mg/L	0.50		EPA 365.1	0.0034	07/15/2016	14:40	E84589

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

*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

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: T1610100001 Sample Date: 07/14/2016 Sample Time: 14:30 AM PM (circle one)

Sample Location (be specific): 401 Zephyr Location Code (if known) : _____

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): _____ mg/L Field pH: 8.29

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

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: 07/15/2016

PWS ID (From Page 1): _____ Sample Number (From Page 1): T1610100001 Lab Assigned Report # or Job T1610100

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: Dale Uvino 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: _____

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

SECONDARY CONTAMINANTS
62-550.320

Report Number / Job ID: T1610100001

PWS ID (From Page 1): _____

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Certification #
1925	pH	6.5 - 8.5	SU	8.29	Q	SM 4500H+B	0.10	07/22/2016	15:14	E84589

*Results must be reported with aopropnate 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

OTHER CONTAMINANTS

Report Number / Job ID: T1610100001

PWS ID (From Page 1): _____

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Certification #
	Alkalinity, Total		mg/L	130		SM 2320B	5.0	07/18/2016	21:16	E84589

*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.