Floor 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: T1607853004 Sample Date: 06/07/2016 Sample Time: 10:35 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
- ☐ 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 62-550.650(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: 06/07/2016

PWS ID (From Page 1): _____ Sample Number (From Page 1): T1607853004 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: [signature] 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: T1607853004

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 #
1025	Fluoride	2.0	mg/L	1.3		SM 4500F-C	0.11	06/09/2016	13:09	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.

FLUOR #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: T1607853003 Sample Date: 06/07/2016 Sample Time: 10:20 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
- ☐ 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: 06/07/2016

PWS ID (From Page 1): _____ Sample Number (From Page 1): T1607853003 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: T1607853003

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 #
1025	Fluoride	2.0	mg/L	1.2		SM 4500F-C	0.11	06/09/2016	13:09	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.

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