

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: _____ PWS I.D. #: _____

System Type (check one): ☐ Community ☐ Non-transient Non-community ☐ Transient Non-community

Address: _____

City: _____ ZIP Code: _____

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

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: 35910389001 Sample Date: 9/30/2024 Sample Time: 10:09 AM PM (Circle One)

Sample Location (be specific): 113 Poinsettia Location Code: _____

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

Sample Type (Check Only One) _____

Reason(s) for Sample (Check all that apply) _____

☐ Distribution

☐ Routine Compliance with 62-550

☐ Replacement (of Invalidated Sample)

☐ Entry Point (to Distribution)

☐ Confirmation of MCL Exceedance*

☐ Special (not for compliance with 62-550)

☐ Plant Tap (not for compliance with 62-550)

☐ Confirmation of Multiple Sites**

☐ Clearance (permitting)

☐ Raw (at well or intake)

☐ Other: _____

☐ Max Residence Time

Sampling Procedure Used or Other Comments:

☐ Ave Residence Time

☐ Near First Customer

*See 62-550.500(6) for requirements and restrictions.
And 62-550.512(3) for nitrate or nitrite exceedances.

**See 62-550.550(4) for requirements and
attach a results page for each site.

SAMPLER CERTIFICATION

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: Pace Analytical Services, LLC Florida DOH Certification #: _____ Certification Expiration Date: _____

ATTACH CURRENT DOH ANALYTE SHEET*

Address: _____ Phone # _____

Were any analyses subcontracted? ☐ Yes ☒ No If yes, please provide DOH certification numbers(s): _____

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB*

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 10/3/2024

PWS ID (From Page1): _____ Sample Number (From Page1): 35910389001 Lab Assigned Report # or Job ID: 35910389001

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

Inorganics

- ☐ All Except Asbestos
☒ Partial
☐ Nitrate
☐ Nitrite
☐ Asbestos

Synthetic Organics

- ☐ All 30
☐ All Except Dioxin
☐ Partial
☐ Dioxin Only

Volatile Organics

- ☐ All 21
☐ Partial

Disinfection Byproducts

- ☐ Trihalomethanes
☐ Haloacetic Acids
☐ Chlorite
☐ Bromate

Radionuclides

- ☐ Single Sample
☐ Qtrly Composite**

Secondaries

- ☐ All 14
☒ Partial

LAB CERTIFICATION

I, Cameron Meynardie, _____, 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 (NELAC).

Signature:  Date: 10/16/2024

* 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 (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

INORGANIC CONTAMINANTS
62-550.310(1)

Report Number / Job ID: 35910389001

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 #
1040	Nitrate as N	10	mg/L							
1041	Nitrite as N	1	mg/L							
1005	Arsenic	0.010	mg/L							
1010	Barium	2	mg/L							
1015	Cadmium	0.005	mg/L							
1020	Chromium	0.1	mg/L							
1024	Cyanide	0.2	mg/L							
1025	Fluoride	4.0	mg/L							
1030	Lead	0.015	mg/L	0.0013		EPA 200.8	0.00025	10/15/2024	20:01	E83079
1035	Mercury	0.002	mg/L							
1036	Nickel	0.1	mg/L							
1045	Selenium	0.05	mg/L							
1052	Sodium	160	mg/L							
1074	Antimony	0.006	mg/L							
1075	Beryllium	0.004	mg/L							
1085	Thallium	0.002	mg/L							
1094	Asbestos	7 MFL	MFL							

Florida Department of Environmental Protection

Safe Drinking Water Program Laboratory Reporting Format

SECONDARY CONTAMINANTS
62-550.320

Report Number / Job ID: 35910389001

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 #
1002	Aluminum	0.2	mg/L							
1017	Chloride	250	mg/L							
1022	Copper	1	mg/L	0.141		EPA 200.8	0.00093	10/15/2024	20:01	E83079
1025	Fluoride	2.0	mg/L							
1028	Iron	0.3	mg/L							
1032	Manganese	0.05	mg/L							
1050	Silver	0.1	mg/L							
1055	Sulfate	250	mg/L							
1095	Zinc	5	mg/L							
1905	Color	15	CU							
1920	Odor	3	TON							
1925	pH (field pH from page 1)	6.5 - 8.5								
1930	Total Dissolved Solids	500	mg/L							
2905	Foaming Agents	0.5	mg/L							

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: _____ PWS I.D. #: _____

System Type (check one): ☐ Community ☐ Non-transient Non-community ☐ Transient Non-community

Address: _____

City: _____ ZIP Code: _____

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

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: 35910389002 Sample Date: 9/25/2024 Sample Time: 6:05 AM PM (Circle One)

Sample Location (be specific): 122 PALM Location Code: _____

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

Sample Type (Check Only One) _____

Reason(s) for Sample (Check all that apply) _____

☐ Distribution

☐ Routine Compliance with 62-550

☐ Replacement (of Invalidated Sample)

☐ Entry Point (to Distribution)

☐ Confirmation of MCL Exceedance*

☐ Special (not for compliance with 62-550)

☐ Plant Tap (not for compliance with 62-550)

☐ Confirmation of Multiple Sites**

☐ Clearance (permitting)

☐ Raw (at well or intake)

☐ Other: _____

☐ Max Residence Time

Sampling Procedure Used or Other Comments:

☐ Ave Residence Time

☐ Near First Customer

*See 62-550.500(6) for requirements and restrictions.
And 62-550.512(3) for nitrate or nitrite exceedances.

**See 62-550.550(4) for requirements and
attach a results page for each site.

SAMPLER CERTIFICATION

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: Pace Analytical Services, LLC Florida DOH Certification #: _____ Certification Expiration Date: _____

ATTACH CURRENT DOH ANALYTE SHEET*

Address: _____ Phone # _____

Were any analyses subcontracted? ☐ Yes ☒ No If yes, please provide DOH certification numbers(s): _____

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB*

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 10/3/2024

PWS ID (From Page1): _____ Sample Number (From Page1): 35910389002 Lab Assigned Report # or Job ID: 35910389002

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

Inorganics

- ☐ All Except Asbestos
☒ Partial
☐ Nitrate
☐ Nitrite
☐ Asbestos

Synthetic Organics

- ☐ All 30
☐ All Except Dioxin
☐ Partial
☐ Dioxin Only

Volatile Organics

- ☐ All 21
☐ Partial

Disinfection Byproducts

- ☐ Trihalomethanes
☐ Haloacetic Acids
☐ Chlorite
☐ Bromate

Radionuclides

- ☐ Single Sample
☐ Qtrly Composite**

Secondaries

- ☐ All 14
☒ Partial

LAB CERTIFICATION

I, Cameron Meynardie, _____, 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 (NELAC).

Signature:  Date: 10/16/2024

* 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.

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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 (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

INORGANIC CONTAMINANTS
62-550.310(1)

Report Number / Job ID: 35910389002

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 #
1040	Nitrate as N	10	mg/L							
1041	Nitrite as N	1	mg/L							
1005	Arsenic	0.010	mg/L							
1010	Barium	2	mg/L							
1015	Cadmium	0.005	mg/L							
1020	Chromium	0.1	mg/L							
1024	Cyanide	0.2	mg/L							
1025	Fluoride	4.0	mg/L							
1030	Lead	0.015	mg/L	0.00025	U	EPA 200.8	0.00025	10/15/2024	20:05	E83079
1035	Mercury	0.002	mg/L							
1036	Nickel	0.1	mg/L							
1045	Selenium	0.05	mg/L							
1052	Sodium	160	mg/L							
1074	Antimony	0.006	mg/L							
1075	Beryllium	0.004	mg/L							
1085	Thallium	0.002	mg/L							
1094	Asbestos	7 MFL	MFL							

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

SECONDARY CONTAMINANTS
62-550.320

Report Number / Job ID: 35910389002

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 #
1002	Aluminum	0.2	mg/L							
1017	Chloride	250	mg/L							
1022	Copper	1	mg/L	0.0130		EPA 200.8	0.00093	10/15/2024	20:05	E83079
1025	Fluoride	2.0	mg/L							
1028	Iron	0.3	mg/L							
1032	Manganese	0.05	mg/L							
1050	Silver	0.1	mg/L							
1055	Sulfate	250	mg/L							
1095	Zinc	5	mg/L							
1905	Color	15	CU							
1920	Odor	3	TON							
1925	pH (field pH from page 1)	6.5 - 8.5								
1930	Total Dissolved Solids	500	mg/L							
2905	Foaming Agents	0.5	mg/L							

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: _____ PWS I.D. #: _____

System Type (check one): ☐ Community ☐ Non-transient Non-community ☐ Transient Non-community

Address: _____

City: _____ ZIP Code: _____

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

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: 35910389003 Sample Date: 9/25/2024 Sample Time: 3:56 AM **PM** (Circle One)

Sample Location (be specific): 121 Grove Location Code: _____

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

Sample Type (Check Only One) _____

Reason(s) for Sample (Check all that apply) _____

☐ Distribution

☐ Routine Compliance with 62-550

☐ Replacement (of Invalidated Sample)

☐ Entry Point (to Distribution)

☐ Confirmation of MCL Exceedance*

☐ Special (not for compliance with 62-550)

☐ Plant Tap (not for compliance with 62-550)

☐ Confirmation of Multiple Sites**

☐ Clearance (permitting)

☐ Raw (at well or intake)

☐ Other: _____

☐ Max Residence Time

Sampling Procedure Used or Other Comments:

☐ Ave Residence Time

☐ Near First Customer

*See 62-550.500(6) for requirements and restrictions.
And 62-550.512(3) for nitrate or nitrite exceedances.

**See 62-550.550(4) for requirements and
attach a results page for each site.

SAMPLER CERTIFICATION

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: Pace Analytical Services, LLC Florida DOH Certification #: _____ Certification Expiration Date: _____

ATTACH CURRENT DOH ANALYTE SHEET*

Address: _____ Phone # _____

Were any analyses subcontracted? ☐ Yes ☒ No If yes, please provide DOH certification numbers(s): _____

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB*

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 10/3/2024
PWS ID (From Page1): _____ Sample Number (From Page1): 35910389003 Lab Assigned Report # or Job ID: 35910389003

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

Inorganics

- ☐ All Except Asbestos
☒ Partial
☐ Nitrate
☐ Nitrite
☐ Asbestos

Synthetic Organics

- ☐ All 30
☐ All Except Dioxin
☐ Partial
☐ Dioxin Only

Volatile Organics

- ☐ All 21
☐ Partial

Disinfection Byproducts

- ☐ Trihalomethanes
☐ Haloacetic Acids
☐ Chlorite
☐ Bromate

Radionuclides

- ☐ Single Sample
☐ Qtrly Composite**

Secondaries

- ☐ All 14
☒ Partial

LAB CERTIFICATION

I, Cameron Meynardie, _____, 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 (NELAC).

Signature:  Date: 10/16/2024

* 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 (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

INORGANIC CONTAMINANTS
62-550.310(1)

Report Number / Job ID: 35910389003

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 #
1040	Nitrate as N	10	mg/L							
1041	Nitrite as N	1	mg/L							
1005	Arsenic	0.010	mg/L							
1010	Barium	2	mg/L							
1015	Cadmium	0.005	mg/L							
1020	Chromium	0.1	mg/L							
1024	Cyanide	0.2	mg/L							
1025	Fluoride	4.0	mg/L							
1030	Lead	0.015	mg/L	0.00025	U	EPA 200.8	0.00025	10/15/2024	20:07	E83079
1035	Mercury	0.002	mg/L							
1036	Nickel	0.1	mg/L							
1045	Selenium	0.05	mg/L							
1052	Sodium	160	mg/L							
1074	Antimony	0.006	mg/L							
1075	Beryllium	0.004	mg/L							
1085	Thallium	0.002	mg/L							
1094	Asbestos	7 MFL	MFL							

Florida Department of Environmental Protection

Safe Drinking Water Program Laboratory Reporting Format

SECONDARY CONTAMINANTS
62-550.320

Report Number / Job ID: 35910389003

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 #
1002	Aluminum	0.2	mg/L							
1017	Chloride	250	mg/L							
1022	Copper	1	mg/L	0.0327		EPA 200.8	0.00093	10/15/2024	20:07	E83079
1025	Fluoride	2.0	mg/L							
1028	Iron	0.3	mg/L							
1032	Manganese	0.05	mg/L							
1050	Silver	0.1	mg/L							
1055	Sulfate	250	mg/L							
1095	Zinc	5	mg/L							
1905	Color	15	CU							
1920	Odor	3	TON							
1925	pH (field pH from page 1)	6.5 - 8.5								
1930	Total Dissolved Solids	500	mg/L							
2905	Foaming Agents	0.5	mg/L							

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: _____ PWS I.D. #: _____

System Type (check one): ☐ Community ☐ Non-transient Non-community ☐ Transient Non-community

Address: _____

City: _____ ZIP Code: _____

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

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: 35910389004 Sample Date: 9/25/2024 Sample Time: 1:32 AM **PM** (Circle One)

Sample Location (be specific): 127 Grove Location Code: _____

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

Sample Type (Check Only One) _____

Reason(s) for Sample (Check all that apply) _____

- ☐ Distribution
- ☐ 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

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

Sampling Procedure Used or Other Comments: _____

*See 62-550.500(6) for requirements and restrictions.
And 62-550.512(3) for nitrate or nitrite exceedances.

**See 62-550.550(4) for requirements and
attach a results page for each site.

SAMPLER CERTIFICATION

I, _____, _____, do HEREBY CERTIFY
(Print Name) (Print Title)

that the above public water system and sample collection information is complete and correct.

Signature: _____ Date: _____

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

Sampler's E-mail: _____

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

LABORATORY CERTIFICATION INFORMATION (to be completed by lab - please type or print legibly)

Lab Name: Pace Analytical Services, LLC Florida DOH Certification #: _____ Certification Expiration Date: _____

ATTACH CURRENT DOH ANALYTE SHEET*

Address: _____ Phone # _____

Were any analyses subcontracted? ☐ Yes ☒ No If yes, please provide DOH certification numbers(s): _____

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB*

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 10/3/2024

PWS ID (From Page1): _____ Sample Number (From Page1): 35910389004 Lab Assigned Report # or Job ID: 35910389004

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

Inorganics

- ☐ All Except Asbestos
☒ Partial
☐ Nitrate
☐ Nitrite
☐ Asbestos

Synthetic Organics

- ☐ All 30
☐ All Except Dioxin
☐ Partial
☐ Dioxin Only

Volatile Organics

- ☐ All 21
☐ Partial

Disinfection Byproducts

- ☐ Trihalomethanes
☐ Haloacetic Acids
☐ Chlorite
☐ Bromate

Radionuclides

- ☐ Single Sample
☐ Qtrly Composite**

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COMPLIANCE DETERMINATION (to be completed by DEP or DOH -- attach notes as necessary)

Sample Collection & Analysis Satisfactory: ☐ Yes ☐ No _____ Replacement Sample or Report Requested (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

INORGANIC CONTAMINANTS
62-550.310(1)

Report Number / Job ID: 35910389004

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 #
1040	Nitrate as N	10	mg/L							
1041	Nitrite as N	1	mg/L							
1005	Arsenic	0.010	mg/L							
1010	Barium	2	mg/L							
1015	Cadmium	0.005	mg/L							
1020	Chromium	0.1	mg/L							
1024	Cyanide	0.2	mg/L							
1025	Fluoride	4.0	mg/L							
1030	Lead	0.015	mg/L	0.00025	U	EPA 200.8	0.00025	10/15/2024	20:08	E83079
1035	Mercury	0.002	mg/L							
1036	Nickel	0.1	mg/L							
1045	Selenium	0.05	mg/L							
1052	Sodium	160	mg/L							
1074	Antimony	0.006	mg/L							
1075	Beryllium	0.004	mg/L							
1085	Thallium	0.002	mg/L							
1094	Asbestos	7 MFL	MFL							

Florida Department of Environmental Protection

Safe Drinking Water Program Laboratory Reporting Format

SECONDARY CONTAMINANTS
62-550.320

Report Number / Job ID: 35910389004

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 #
1002	Aluminum	0.2	mg/L							
1017	Chloride	250	mg/L							
1022	Copper	1	mg/L	0.0146		EPA 200.8	0.00093	10/15/2024	20:08	E83079
1025	Fluoride	2.0	mg/L							
1028	Iron	0.3	mg/L							
1032	Manganese	0.05	mg/L							
1050	Silver	0.1	mg/L							
1055	Sulfate	250	mg/L							
1095	Zinc	5	mg/L							
1905	Color	15	CU							
1920	Odor	3	TON							
1925	pH (field pH from page 1)	6.5 - 8.5								
1930	Total Dissolved Solids	500	mg/L							
2905	Foaming Agents	0.5	mg/L							

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: _____ PWS I.D. #: _____

System Type (check one): ☐ Community ☐ Non-transient Non-community ☐ Transient Non-community

Address: _____

City: _____ ZIP Code: _____

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

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: 35910389005 Sample Date: 9/25/2024 Sample Time: 5:35 AM PM (Circle One)

Sample Location (be specific): 113 Kaigon Location Code: _____

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

Sample Type (Check Only One) _____

Reason(s) for Sample (Check all that apply) _____

☐ Distribution

☐ Routine Compliance with 62-550

☐ Replacement (of Invalidated Sample)

☐ Entry Point (to Distribution)

☐ Confirmation of MCL Exceedance*

☐ Special (not for compliance with 62-550)

☐ Plant Tap (not for compliance with 62-550)

☐ Confirmation of Multiple Sites**

☐ Clearance (permitting)

☐ Raw (at well or intake)

☐ Other: _____

☐ Max Residence Time

Sampling Procedure Used or Other Comments:

☐ Ave Residence Time

☐ Near First Customer

*See 62-550.500(6) for requirements and restrictions.
And 62-550.512(3) for nitrate or nitrite exceedances.

**See 62-550.550(4) for requirements and
attach a results page for each site.

SAMPLER CERTIFICATION

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: Pace Analytical Services, LLC Florida DOH Certification #: _____ Certification Expiration Date: _____

ATTACH CURRENT DOH ANALYTE SHEET*

Address: _____ Phone # _____

Were any analyses subcontracted? ☐ Yes ☒ No If yes, please provide DOH certification numbers(s): _____

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB*

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 10/3/2024

PWS ID (From Page1): _____ Sample Number (From Page1): 35910389005 Lab Assigned Report # or Job ID: 35910389005

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

Inorganics

- ☐ All Except Asbestos
☒ Partial
☐ Nitrate
☐ Nitrite
☐ Asbestos

Synthetic Organics

- ☐ All 30
☐ All Except Dioxin
☐ Partial
☐ Dioxin Only

Volatile Organics

- ☐ All 21
☐ Partial

Disinfection Byproducts

- ☐ Trihalomethanes
☐ Haloacetic Acids
☐ Chlorite
☐ Bromate

Radionuclides

- ☐ Single Sample
☐ Qtrly Composite**

Secondaries

- ☐ All 14
☒ Partial

LAB CERTIFICATION

I, Cameron Meynardie, _____, 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 (NELAC).

Signature:  Date: 10/16/2024

* 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 (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

INORGANIC CONTAMINANTS
62-550.310(1)

Report Number / Job ID: 35910389005

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 #
1040	Nitrate as N	10	mg/L							
1041	Nitrite as N	1	mg/L							
1005	Arsenic	0.010	mg/L							
1010	Barium	2	mg/L							
1015	Cadmium	0.005	mg/L							
1020	Chromium	0.1	mg/L							
1024	Cyanide	0.2	mg/L							
1025	Fluoride	4.0	mg/L							
1030	Lead	0.015	mg/L	0.00025	U	EPA 200.8	0.00025	10/15/2024	20:09	E83079
1035	Mercury	0.002	mg/L							
1036	Nickel	0.1	mg/L							
1045	Selenium	0.05	mg/L							
1052	Sodium	160	mg/L							
1074	Antimony	0.006	mg/L							
1075	Beryllium	0.004	mg/L							
1085	Thallium	0.002	mg/L							
1094	Asbestos	7 MFL	MFL							

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

SECONDARY CONTAMINANTS
62-550.320

Report Number / Job ID: 35910389005

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 #
1002	Aluminum	0.2	mg/L							
1017	Chloride	250	mg/L							
1022	Copper	1	mg/L	0.0085		EPA 200.8	0.00093	10/15/2024	20:09	E83079
1025	Fluoride	2.0	mg/L							
1028	Iron	0.3	mg/L							
1032	Manganese	0.05	mg/L							
1050	Silver	0.1	mg/L							
1055	Sulfate	250	mg/L							
1095	Zinc	5	mg/L							
1905	Color	15	CU							
1920	Odor	3	TON							
1925	pH (field pH from page 1)	6.5 - 8.5								
1930	Total Dissolved Solids	500	mg/L							
2905	Foaming Agents	0.5	mg/L							

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: _____ PWS I.D. #: _____

System Type (check one): ☐ Community ☐ Non-transient Non-community ☐ Transient Non-community

Address: _____

City: _____ ZIP Code: _____

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

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: 35910389006 Sample Date: 9/25/2024 Sample Time: 10:30 AM PM (Circle One)

Sample Location (be specific): 218 Omaha Location Code: _____

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

Sample Type (Check Only One) _____

Reason(s) for Sample (Check all that apply) _____

- ☐ Distribution
- ☐ 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

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

Sampling Procedure Used or Other Comments: _____

*See 62-550.500(6) for requirements and restrictions.
And 62-550.512(3) for nitrate or nitrite exceedances.

**See 62-550.550(4) for requirements and
attach a results page for each site.

SAMPLER CERTIFICATION

I, _____, _____, do HEREBY CERTIFY
(Print Name) (Print Title)

that the above public water system and sample collection information is complete and correct.

Signature: _____ Date: _____

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

Sampler's E-mail: _____

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

LABORATORY CERTIFICATION INFORMATION (to be completed by lab - please type or print legibly)

Lab Name: Pace Analytical Services, LLC Florida DOH Certification #: _____ Certification Expiration Date: _____

ATTACH CURRENT DOH ANALYTE SHEET*

Address: _____ Phone # _____

Were any analyses subcontracted? ☐ Yes ☒ No If yes, please provide DOH certification numbers(s): _____

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB*

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 10/3/2024
PWS ID (From Page1): _____ Sample Number (From Page1): 35910389006 Lab Assigned Report # or Job ID: 35910389006

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

Inorganics

- ☐ All Except Asbestos
☒ Partial
☐ Nitrate
☐ Nitrite
☐ Asbestos

Synthetic Organics

- ☐ All 30
☐ All Except Dioxin
☐ Partial
☐ Dioxin Only

Volatile Organics

- ☐ All 21
☐ Partial

Disinfection Byproducts

- ☐ Trihalomethanes
☐ Haloacetic Acids
☐ Chlorite
☐ Bromate

Radionuclides

- ☐ Single Sample
☐ Qtrly Composite**

Secondaries

- ☐ All 14
☒ Partial

LAB CERTIFICATION

I, Cameron Meynardie, _____, 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 (NELAC).

Signature:  Date: 10/16/2024

* 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 (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

INORGANIC CONTAMINANTS
62-550.310(1)

Report Number / Job ID: 35910389006

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 #
1040	Nitrate as N	10	mg/L							
1041	Nitrite as N	1	mg/L							
1005	Arsenic	0.010	mg/L							
1010	Barium	2	mg/L							
1015	Cadmium	0.005	mg/L							
1020	Chromium	0.1	mg/L							
1024	Cyanide	0.2	mg/L							
1025	Fluoride	4.0	mg/L							
1030	Lead	0.015	mg/L	0.00076	I	EPA 200.8	0.00025	10/15/2024	20:11	E83079
1035	Mercury	0.002	mg/L							
1036	Nickel	0.1	mg/L							
1045	Selenium	0.05	mg/L							
1052	Sodium	160	mg/L							
1074	Antimony	0.006	mg/L							
1075	Beryllium	0.004	mg/L							
1085	Thallium	0.002	mg/L							
1094	Asbestos	7 MFL	MFL							

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

SECONDARY CONTAMINANTS
62-550.320

Report Number / Job ID: 35910389006

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 #
1002	Aluminum	0.2	mg/L							
1017	Chloride	250	mg/L							
1022	Copper	1	mg/L	0.0617		EPA 200.8	0.00093	10/15/2024	20:11	E83079
1025	Fluoride	2.0	mg/L							
1028	Iron	0.3	mg/L							
1032	Manganese	0.05	mg/L							
1050	Silver	0.1	mg/L							
1055	Sulfate	250	mg/L							
1095	Zinc	5	mg/L							
1905	Color	15	CU							
1920	Odor	3	TON							
1925	pH (field pH from page 1)	6.5 - 8.5								
1930	Total Dissolved Solids	500	mg/L							
2905	Foaming Agents	0.5	mg/L							

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: _____ PWS I.D. #: _____

System Type (check one): ☐ Community ☐ Non-transient Non-community ☐ Transient Non-community

Address: _____

City: _____ ZIP Code: _____

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

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: 35910389007 Sample Date: 9/25/2024 Sample Time: 6:00 AM PM (Circle One)

Sample Location (be specific): 322 GATES Location Code: _____

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

Sample Type (Check Only One) _____

Reason(s) for Sample (Check all that apply) _____

☐ Distribution

☐ Routine Compliance with 62-550

☐ Replacement (of Invalidated Sample)

☐ Entry Point (to Distribution)

☐ Confirmation of MCL Exceedance*

☐ Special (not for compliance with 62-550)

☐ Plant Tap (not for compliance with 62-550)

☐ Confirmation of Multiple Sites**

☐ Clearance (permitting)

☐ Raw (at well or intake)

☐ Other: _____

☐ Max Residence Time

Sampling Procedure Used or Other Comments:

☐ Ave Residence Time

☐ Near First Customer

*See 62-550.500(6) for requirements and restrictions.
And 62-550.512(3) for nitrate or nitrite exceedances.

**See 62-550.550(4) for requirements and
attach a results page for each site.

SAMPLER CERTIFICATION

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: Pace Analytical Services, LLC Florida DOH Certification #: _____ Certification Expiration Date: _____

ATTACH CURRENT DOH ANALYTE SHEET*

Address: _____ Phone # _____

Were any analyses subcontracted? ☐ Yes ☒ No If yes, please provide DOH certification numbers(s): _____

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB*

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 10/3/2024

PWS ID (From Page1): _____ Sample Number (From Page1): 35910389007 Lab Assigned Report # or Job ID: 35910389007

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

Inorganics

- ☐ All Except Asbestos
☒ Partial
☐ Nitrate
☐ Nitrite
☐ Asbestos

Synthetic Organics

- ☐ All 30
☐ All Except Dioxin
☐ Partial
☐ Dioxin Only

Volatile Organics

- ☐ All 21
☐ Partial

Disinfection Byproducts

- ☐ Trihalomethanes
☐ Haloacetic Acids
☐ Chlorite
☐ Bromate

Radionuclides

- ☐ Single Sample
☐ Qtrly Composite**

Secondaries

- ☐ All 14
☒ Partial

LAB CERTIFICATION

I, Cameron Meynardie, _____, 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 (NELAC).

Signature:  Date: 10/16/2024

* 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 (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

INORGANIC CONTAMINANTS
62-550.310(1)

Report Number / Job ID: 35910389007

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 #
1040	Nitrate as N	10	mg/L							
1041	Nitrite as N	1	mg/L							
1005	Arsenic	0.010	mg/L							
1010	Barium	2	mg/L							
1015	Cadmium	0.005	mg/L							
1020	Chromium	0.1	mg/L							
1024	Cyanide	0.2	mg/L							
1025	Fluoride	4.0	mg/L							
1030	Lead	0.015	mg/L	0.00038	I	EPA 200.8	0.00025	10/15/2024	20:12	E83079
1035	Mercury	0.002	mg/L							
1036	Nickel	0.1	mg/L							
1045	Selenium	0.05	mg/L							
1052	Sodium	160	mg/L							
1074	Antimony	0.006	mg/L							
1075	Beryllium	0.004	mg/L							
1085	Thallium	0.002	mg/L							
1094	Asbestos	7 MFL	MFL							

Florida Department of Environmental Protection

Safe Drinking Water Program Laboratory Reporting Format

SECONDARY CONTAMINANTS
62-550.320

Report Number / Job ID: 35910389007

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 #
1002	Aluminum	0.2	mg/L							
1017	Chloride	250	mg/L							
1022	Copper	1	mg/L	0.0724		EPA 200.8	0.00093	10/15/2024	20:12	E83079
1025	Fluoride	2.0	mg/L							
1028	Iron	0.3	mg/L							
1032	Manganese	0.05	mg/L							
1050	Silver	0.1	mg/L							
1055	Sulfate	250	mg/L							
1095	Zinc	5	mg/L							
1905	Color	15	CU							
1920	Odor	3	TON							
1925	pH (field pH from page 1)	6.5 - 8.5								
1930	Total Dissolved Solids	500	mg/L							
2905	Foaming Agents	0.5	mg/L							

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: _____ PWS I.D. #: _____

System Type (check one): ☐ Community ☐ Non-transient Non-community ☐ Transient Non-community

Address: _____

City: _____ ZIP Code: _____

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

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: 35910389008 Sample Date: 9/25/2024 Sample Time: 10:00 AM PM (Circle One)

Sample Location (be specific): 105 Sample Location Code: _____

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

Sample Type (Check Only One) _____

Reason(s) for Sample (Check all that apply) _____

☐ Distribution

☐ Routine Compliance with 62-550

☐ Replacement (of Invalidated Sample)

☐ Entry Point (to Distribution)

☐ Confirmation of MCL Exceedance*

☐ Special (not for compliance with 62-550)

☐ Plant Tap (not for compliance with 62-550)

☐ Confirmation of Multiple Sites**

☐ Clearance (permitting)

☐ Raw (at well or intake)

☐ Other: _____

☐ Max Residence Time

Sampling Procedure Used or Other Comments:

☐ Ave Residence Time

☐ Near First Customer

*See 62-550.500(6) for requirements and restrictions.
And 62-550.512(3) for nitrate or nitrite exceedances.

**See 62-550.550(4) for requirements and
attach a results page for each site.

SAMPLER CERTIFICATION

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: Pace Analytical Services, LLC Florida DOH Certification #: _____ Certification Expiration Date: _____

ATTACH CURRENT DOH ANALYTE SHEET*

Address: _____ Phone # _____

Were any analyses subcontracted? ☐ Yes ☒ No If yes, please provide DOH certification numbers(s): _____

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB*

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 10/3/2024

PWS ID (From Page1): _____ Sample Number (From Page1): 35910389008 Lab Assigned Report # or Job ID: 35910389008

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

Inorganics

- ☐ All Except Asbestos
☒ Partial
☐ Nitrate
☐ Nitrite
☐ Asbestos

Synthetic Organics

- ☐ All 30
☐ All Except Dioxin
☐ Partial
☐ Dioxin Only

Volatile Organics

- ☐ All 21
☐ Partial

Disinfection Byproducts

- ☐ Trihalomethanes
☐ Haloacetic Acids
☐ Chlorite
☐ Bromate

Radionuclides

- ☐ Single Sample
☐ Qtrly Composite**

Secondaries

- ☐ All 14
☒ Partial

LAB CERTIFICATION

I, Cameron Meynardie, _____, 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 (NELAC).

Signature:  Date: 10/16/2024

* 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 (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

INORGANIC CONTAMINANTS
62-550.310(1)

Report Number / Job ID: 35910389008

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 #
1040	Nitrate as N	10	mg/L							
1041	Nitrite as N	1	mg/L							
1005	Arsenic	0.010	mg/L							
1010	Barium	2	mg/L							
1015	Cadmium	0.005	mg/L							
1020	Chromium	0.1	mg/L							
1024	Cyanide	0.2	mg/L							
1025	Fluoride	4.0	mg/L							
1030	Lead	0.015	mg/L	0.00038	I	EPA 200.8	0.00025	10/15/2024	20:14	E83079
1035	Mercury	0.002	mg/L							
1036	Nickel	0.1	mg/L							
1045	Selenium	0.05	mg/L							
1052	Sodium	160	mg/L							
1074	Antimony	0.006	mg/L							
1075	Beryllium	0.004	mg/L							
1085	Thallium	0.002	mg/L							
1094	Asbestos	7 MFL	MFL							

Florida Department of Environmental Protection

Safe Drinking Water Program Laboratory Reporting Format

SECONDARY CONTAMINANTS
62-550.320

Report Number / Job ID: 35910389008

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 #
1002	Aluminum	0.2	mg/L							
1017	Chloride	250	mg/L							
1022	Copper	1	mg/L	0.0301		EPA 200.8	0.00093	10/15/2024	20:14	E83079
1025	Fluoride	2.0	mg/L							
1028	Iron	0.3	mg/L							
1032	Manganese	0.05	mg/L							
1050	Silver	0.1	mg/L							
1055	Sulfate	250	mg/L							
1095	Zinc	5	mg/L							
1905	Color	15	CU							
1920	Odor	3	TON							
1925	pH (field pH from page 1)	6.5 - 8.5								
1930	Total Dissolved Solids	500	mg/L							
2905	Foaming Agents	0.5	mg/L							

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: _____ PWS I.D. #: _____

System Type (check one): ☐ Community ☐ Non-transient Non-community ☐ Transient Non-community

Address: _____

City: _____ ZIP Code: _____

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

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: 35910389009 Sample Date: 9/25/2024 Sample Time: 8:15 AM PM (Circle One)

Sample Location (be specific): 526 Wimccin Location Code: _____

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

Sample Type (Check Only One) _____

Reason(s) for Sample (Check all that apply) _____

☐ Distribution

☐ Routine Compliance with 62-550

☐ Replacement (of Invalidated Sample)

☐ Entry Point (to Distribution)

☐ Confirmation of MCL Exceedance*

☐ Special (not for compliance with 62-550)

☐ Plant Tap (not for compliance with 62-550)

☐ Confirmation of Multiple Sites**

☐ Clearance (permitting)

☐ Raw (at well or intake)

☐ Other: _____

☐ Max Residence Time

Sampling Procedure Used or Other Comments:

☐ Ave Residence Time

☐ Near First Customer

*See 62-550.500(6) for requirements and restrictions.
And 62-550.512(3) for nitrate or nitrite exceedances.

**See 62-550.550(4) for requirements and
attach a results page for each site.

SAMPLER CERTIFICATION

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: Pace Analytical Services, LLC Florida DOH Certification #: _____ Certification Expiration Date: _____

ATTACH CURRENT DOH ANALYTE SHEET*

Address: _____ Phone # _____

Were any analyses subcontracted? ☐ Yes ☒ No If yes, please provide DOH certification numbers(s): _____

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB*

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 10/3/2024

PWS ID (From Page1): _____ Sample Number (From Page1): 35910389009 Lab Assigned Report # or Job ID: 35910389009

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

Inorganics

- ☐ All Except Asbestos
☒ Partial
☐ Nitrate
☐ Nitrite
☐ Asbestos

Synthetic Organics

- ☐ All 30
☐ All Except Dioxin
☐ Partial
☐ Dioxin Only

Volatile Organics

- ☐ All 21
☐ Partial

Disinfection Byproducts

- ☐ Trihalomethanes
☐ Haloacetic Acids
☐ Chlorite
☐ Bromate

Radionuclides

- ☐ Single Sample
☐ Qtrly Composite**

Secondaries

- ☐ All 14
☒ Partial

LAB CERTIFICATION

I, Cameron Meynardie, _____, 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 (NELAC).

Signature:  Date: 10/16/2024

* 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 (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

INORGANIC CONTAMINANTS
62-550.310(1)

Report Number / Job ID: 35910389009

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 #
1040	Nitrate as N	10	mg/L							
1041	Nitrite as N	1	mg/L							
1005	Arsenic	0.010	mg/L							
1010	Barium	2	mg/L							
1015	Cadmium	0.005	mg/L							
1020	Chromium	0.1	mg/L							
1024	Cyanide	0.2	mg/L							
1025	Fluoride	4.0	mg/L							
1030	Lead	0.015	mg/L	0.00080	I	EPA 200.8	0.00025	10/15/2024	20:19	E83079
1035	Mercury	0.002	mg/L							
1036	Nickel	0.1	mg/L							
1045	Selenium	0.05	mg/L							
1052	Sodium	160	mg/L							
1074	Antimony	0.006	mg/L							
1075	Beryllium	0.004	mg/L							
1085	Thallium	0.002	mg/L							
1094	Asbestos	7 MFL	MFL							

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

SECONDARY CONTAMINANTS
62-550.320

Report Number / Job ID: 35910389009

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 #
1002	Aluminum	0.2	mg/L							
1017	Chloride	250	mg/L							
1022	Copper	1	mg/L	0.0099		EPA 200.8	0.00093	10/15/2024	20:19	E83079
1025	Fluoride	2.0	mg/L							
1028	Iron	0.3	mg/L							
1032	Manganese	0.05	mg/L							
1050	Silver	0.1	mg/L							
1055	Sulfate	250	mg/L							
1095	Zinc	5	mg/L							
1905	Color	15	CU							
1920	Odor	3	TON							
1925	pH (field pH from page 1)	6.5 - 8.5								
1930	Total Dissolved Solids	500	mg/L							
2905	Foaming Agents	0.5	mg/L							

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: _____ PWS I.D. #: _____

System Type (check one): ☐ Community ☐ Non-transient Non-community ☐ Transient Non-community

Address: _____

City: _____ ZIP Code: _____

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

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: 35910389010 Sample Date: 9/25/2024 Sample Time: 7:30 AM PM (Circle One)

Sample Location (be specific): 290 GATES Location Code: _____

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

Sample Type (Check Only One) _____

Reason(s) for Sample (Check all that apply) _____

☐ Distribution

☐ Routine Compliance with 62-550

☐ Replacement (of Invalidated Sample)

☐ Entry Point (to Distribution)

☐ Confirmation of MCL Exceedance*

☐ Special (not for compliance with 62-550)

☐ Plant Tap (not for compliance with 62-550)

☐ Confirmation of Multiple Sites**

☐ Clearance (permitting)

☐ Raw (at well or intake)

☐ Other: _____

☐ Max Residence Time

Sampling Procedure Used or Other Comments:

☐ Ave Residence Time

☐ Near First Customer

*See 62-550.500(6) for requirements and restrictions.
And 62-550.512(3) for nitrate or nitrite exceedances.

**See 62-550.550(4) for requirements and
attach a results page for each site.

SAMPLER CERTIFICATION

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: Pace Analytical Services, LLC Florida DOH Certification #: _____ Certification Expiration Date: _____

ATTACH CURRENT DOH ANALYTE SHEET*

Address: _____ Phone # _____

Were any analyses subcontracted? ☐ Yes ☒ No If yes, please provide DOH certification numbers(s): _____

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB*

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 10/3/2024

PWS ID (From Page1): _____ Sample Number (From Page1): 35910389010 Lab Assigned Report # or Job ID: 35910389010

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

Inorganics

- ☐ All Except Asbestos
☒ Partial
☐ Nitrate
☐ Nitrite
☐ Asbestos

Synthetic Organics

- ☐ All 30
☐ All Except Dioxin
☐ Partial
☐ Dioxin Only

Volatile Organics

- ☐ All 21
☐ Partial

Disinfection Byproducts

- ☐ Trihalomethanes
☐ Haloacetic Acids
☐ Chlorite
☐ Bromate

Radionuclides

- ☐ Single Sample
☐ Qtrly Composite**

Secondaries

- ☐ All 14
☒ Partial

LAB CERTIFICATION

I, Cameron Meynardie, _____, 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 (NELAC).

Signature:  Date: 10/16/2024

* 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 (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

INORGANIC CONTAMINANTS
62-550.310(1)

Report Number / Job ID: 35910389010

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 #
1040	Nitrate as N	10	mg/L							
1041	Nitrite as N	1	mg/L							
1005	Arsenic	0.010	mg/L							
1010	Barium	2	mg/L							
1015	Cadmium	0.005	mg/L							
1020	Chromium	0.1	mg/L							
1024	Cyanide	0.2	mg/L							
1025	Fluoride	4.0	mg/L							
1030	Lead	0.015	mg/L	0.00036	I	EPA 200.8	0.00025	10/15/2024	20:21	E83079
1035	Mercury	0.002	mg/L							
1036	Nickel	0.1	mg/L							
1045	Selenium	0.05	mg/L							
1052	Sodium	160	mg/L							
1074	Antimony	0.006	mg/L							
1075	Beryllium	0.004	mg/L							
1085	Thallium	0.002	mg/L							
1094	Asbestos	7 MFL	MFL							

Florida Department of Environmental Protection

Safe Drinking Water Program Laboratory Reporting Format

SECONDARY CONTAMINANTS
62-550.320

Report Number / Job ID: 35910389010

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 #
1002	Aluminum	0.2	mg/L							
1017	Chloride	250	mg/L							
1022	Copper	1	mg/L	0.0106		EPA 200.8	0.00093	10/15/2024	20:21	E83079
1025	Fluoride	2.0	mg/L							
1028	Iron	0.3	mg/L							
1032	Manganese	0.05	mg/L							
1050	Silver	0.1	mg/L							
1055	Sulfate	250	mg/L							
1095	Zinc	5	mg/L							
1905	Color	15	CU							
1920	Odor	3	TON							
1925	pH (field pH from page 1)	6.5 - 8.5								
1930	Total Dissolved Solids	500	mg/L							
2905	Foaming Agents	0.5	mg/L							

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: _____ PWS I.D. #: _____

System Type (check one): ☐ Community ☐ Non-transient Non-community ☐ Transient Non-community

Address: _____

City: _____ ZIP Code: _____

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

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: 35910389011 Sample Date: 9/25/2024 Sample Time: 6:00 AM PM (Circle One)

Sample Location (be specific): 829 SR-17 Location Code: _____

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

Sample Type (Check Only One) _____

Reason(s) for Sample (Check all that apply) _____

☐ Distribution

☐ Routine Compliance with 62-550

☐ Replacement (of Invalidated Sample)

☐ Entry Point (to Distribution)

☐ Confirmation of MCL Exceedance*

☐ Special (not for compliance with 62-550)

☐ Plant Tap (not for compliance with 62-550)

☐ Confirmation of Multiple Sites**

☐ Clearance (permitting)

☐ Raw (at well or intake)

☐ Other: _____

☐ Max Residence Time

Sampling Procedure Used or Other Comments:

☐ Ave Residence Time

☐ Near First Customer

*See 62-550.500(6) for requirements and restrictions.
And 62-550.512(3) for nitrate or nitrite exceedances.

**See 62-550.550(4) for requirements and
attach a results page for each site.

SAMPLER CERTIFICATION

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: Pace Analytical Services, LLC Florida DOH Certification #: _____ Certification Expiration Date: _____

ATTACH CURRENT DOH ANALYTE SHEET*

Address: _____ Phone # _____

Were any analyses subcontracted? ☐ Yes ☒ No If yes, please provide DOH certification numbers(s): _____

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB*

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 10/3/2024

PWS ID (From Page1): _____ Sample Number (From Page1): 35910389011 Lab Assigned Report # or Job ID: 35910389011

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

Inorganics

- ☐ All Except Asbestos
☒ Partial
☐ Nitrate
☐ Nitrite
☐ Asbestos

Synthetic Organics

- ☐ All 30
☐ All Except Dioxin
☐ Partial
☐ Dioxin Only

Volatile Organics

- ☐ All 21
☐ Partial

Disinfection Byproducts

- ☐ Trihalomethanes
☐ Haloacetic Acids
☐ Chlorite
☐ Bromate

Radionuclides

- ☐ Single Sample
☐ Qtrly Composite**

Secondaries

- ☐ All 14
☒ Partial

LAB CERTIFICATION

I, Cameron Meynardie, _____, 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 (NELAC).

Signature:  Date: 10/16/2024

* 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 (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

INORGANIC CONTAMINANTS
62-550.310(1)

Report Number / Job ID: 35910389011

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 #
1040	Nitrate as N	10	mg/L							
1041	Nitrite as N	1	mg/L							
1005	Arsenic	0.010	mg/L							
1010	Barium	2	mg/L							
1015	Cadmium	0.005	mg/L							
1020	Chromium	0.1	mg/L							
1024	Cyanide	0.2	mg/L							
1025	Fluoride	4.0	mg/L							
1030	Lead	0.015	mg/L	0.00025	U	EPA 200.8	0.00025	10/15/2024	20:22	E83079
1035	Mercury	0.002	mg/L							
1036	Nickel	0.1	mg/L							
1045	Selenium	0.05	mg/L							
1052	Sodium	160	mg/L							
1074	Antimony	0.006	mg/L							
1075	Beryllium	0.004	mg/L							
1085	Thallium	0.002	mg/L							
1094	Asbestos	7 MFL	MFL							

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

SECONDARY CONTAMINANTS
62-550.320

Report Number / Job ID: 35910389011

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 #
1002	Aluminum	0.2	mg/L							
1017	Chloride	250	mg/L							
1022	Copper	1	mg/L	0.0256		EPA 200.8	0.00093	10/15/2024	20:22	E83079
1025	Fluoride	2.0	mg/L							
1028	Iron	0.3	mg/L							
1032	Manganese	0.05	mg/L							
1050	Silver	0.1	mg/L							
1055	Sulfate	250	mg/L							
1095	Zinc	5	mg/L							
1905	Color	15	CU							
1920	Odor	3	TON							
1925	pH (field pH from page 1)	6.5 - 8.5								
1930	Total Dissolved Solids	500	mg/L							
2905	Foaming Agents	0.5	mg/L							

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: _____ PWS I.D. #: _____

System Type (check one): ☐ Community ☐ Non-transient Non-community ☐ Transient Non-community

Address: _____

City: _____ ZIP Code: _____

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

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: 35910389012 Sample Date: 9/25/2024 Sample Time: 8:15 ☒ AM ☐ PM (Circle One)

Sample Location (be specific): 215 SAMPLE Location Code: _____

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

Sample Type (Check Only One) _____

Reason(s) for Sample (Check all that apply) _____

☐ Distribution

☐ Routine Compliance with 62-550

☐ Replacement (of Invalidated Sample)

☐ Entry Point (to Distribution)

☐ Confirmation of MCL Exceedance*

☐ Special (not for compliance with 62-550)

☐ Plant Tap (not for compliance with 62-550)

☐ Confirmation of Multiple Sites**

☐ Clearance (permitting)

☐ Raw (at well or intake)

☐ Other: _____

☐ Max Residence Time

Sampling Procedure Used or Other Comments:

☐ Ave Residence Time

☐ Near First Customer

*See 62-550.500(6) for requirements and restrictions.
And 62-550.512(3) for nitrate or nitrite exceedances.

**See 62-550.550(4) for requirements and
attach a results page for each site.

SAMPLER CERTIFICATION

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: Pace Analytical Services, LLC Florida DOH Certification #: _____ Certification Expiration Date: _____

ATTACH CURRENT DOH ANALYTE SHEET*

Address: _____ Phone # _____

Were any analyses subcontracted? ☐ Yes ☒ No If yes, please provide DOH certification numbers(s): _____

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB*

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 10/3/2024

PWS ID (From Page1): _____ Sample Number (From Page1): 35910389012 Lab Assigned Report # or Job ID: 35910389012

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

Inorganics

- ☐ All Except Asbestos
☒ Partial
☐ Nitrate
☐ Nitrite
☐ Asbestos

Synthetic Organics

- ☐ All 30
☐ All Except Dioxin
☐ Partial
☐ Dioxin Only

Volatile Organics

- ☐ All 21
☐ Partial

Disinfection Byproducts

- ☐ Trihalomethanes
☐ Haloacetic Acids
☐ Chlorite
☐ Bromate

Radionuclides

- ☐ Single Sample
☐ Qtrly Composite**

Secondaries

- ☐ All 14
☒ Partial

LAB CERTIFICATION

I, Cameron Meynardie, _____, 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 (NELAC).

Signature:  Date: 10/16/2024

* 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 (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

INORGANIC CONTAMINANTS
62-550.310(1)

Report Number / Job ID: 35910389012

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 #
1040	Nitrate as N	10	mg/L							
1041	Nitrite as N	1	mg/L							
1005	Arsenic	0.010	mg/L							
1010	Barium	2	mg/L							
1015	Cadmium	0.005	mg/L							
1020	Chromium	0.1	mg/L							
1024	Cyanide	0.2	mg/L							
1025	Fluoride	4.0	mg/L							
1030	Lead	0.015	mg/L	0.00025	U	EPA 200.8	0.00025	10/15/2024	20:24	E83079
1035	Mercury	0.002	mg/L							
1036	Nickel	0.1	mg/L							
1045	Selenium	0.05	mg/L							
1052	Sodium	160	mg/L							
1074	Antimony	0.006	mg/L							
1075	Beryllium	0.004	mg/L							
1085	Thallium	0.002	mg/L							
1094	Asbestos	7 MFL	MFL							

Florida Department of Environmental Protection

Safe Drinking Water Program Laboratory Reporting Format

SECONDARY CONTAMINANTS
62-550.320

Report Number / Job ID: 35910389012

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 #
1002	Aluminum	0.2	mg/L							
1017	Chloride	250	mg/L							
1022	Copper	1	mg/L	0.0091		EPA 200.8	0.00093	10/15/2024	20:24	E83079
1025	Fluoride	2.0	mg/L							
1028	Iron	0.3	mg/L							
1032	Manganese	0.05	mg/L							
1050	Silver	0.1	mg/L							
1055	Sulfate	250	mg/L							
1095	Zinc	5	mg/L							
1905	Color	15	CU							
1920	Odor	3	TON							
1925	pH (field pH from page 1)	6.5 - 8.5								
1930	Total Dissolved Solids	500	mg/L							
2905	Foaming Agents	0.5	mg/L							

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: _____ PWS I.D. #: _____

System Type (check one): ☐ Community ☐ Non-transient Non-community ☐ Transient Non-community

Address: _____

City: _____ ZIP Code: _____

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

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: 35910389013 Sample Date: 9/25/2024 Sample Time: 8:05 AM PM (Circle One)

Sample Location (be specific): 610 Cunning ham Location Code: _____

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

Sample Type (Check Only One) _____

Reason(s) for Sample (Check all that apply) _____

☐ Distribution

☐ Routine Compliance with 62-550

☐ Replacement (of Invalidated Sample)

☐ Entry Point (to Distribution)

☐ Confirmation of MCL Exceedance*

☐ Special (not for compliance with 62-550)

☐ Plant Tap (not for compliance with 62-550)

☐ Confirmation of Multiple Sites**

☐ Clearance (permitting)

☐ Raw (at well or intake)

☐ Other: _____

☐ Max Residence Time

Sampling Procedure Used or Other Comments:

☐ Ave Residence Time

☐ Near First Customer

*See 62-550.500(6) for requirements and restrictions.
And 62-550.512(3) for nitrate or nitrite exceedances.

**See 62-550.550(4) for requirements and
attach a results page for each site.

SAMPLER CERTIFICATION

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: Pace Analytical Services, LLC Florida DOH Certification #: _____ Certification Expiration Date: _____

ATTACH CURRENT DOH ANALYTE SHEET*

Address: _____ Phone # _____

Were any analyses subcontracted? ☐ Yes ☒ No If yes, please provide DOH certification numbers(s): _____

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB*

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 10/3/2024
PWS ID (From Page1): _____ Sample Number (From Page1): 35910389013 Lab Assigned Report # or Job ID: 35910389013

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

Inorganics

- ☐ All Except Asbestos
☒ Partial
☐ Nitrate
☐ Nitrite
☐ Asbestos

Synthetic Organics

- ☐ All 30
☐ All Except Dioxin
☐ Partial
☐ Dioxin Only

Volatile Organics

- ☐ All 21
☐ Partial

Disinfection Byproducts

- ☐ Trihalomethanes
☐ Haloacetic Acids
☐ Chlorite
☐ Bromate

Radionuclides

- ☐ Single Sample
☐ Qtrly Composite**

Secondaries

- ☐ All 14
☒ Partial

LAB CERTIFICATION

I, Cameron Meynardie, _____, 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 (NELAC).

Signature:  Date: 10/16/2024

* 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 (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

INORGANIC CONTAMINANTS
62-550.310(1)

Report Number / Job ID: 35910389013

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 #
1040	Nitrate as N	10	mg/L							
1041	Nitrite as N	1	mg/L							
1005	Arsenic	0.010	mg/L							
1010	Barium	2	mg/L							
1015	Cadmium	0.005	mg/L							
1020	Chromium	0.1	mg/L							
1024	Cyanide	0.2	mg/L							
1025	Fluoride	4.0	mg/L							
1030	Lead	0.015	mg/L	0.00043	I	EPA 200.8	0.00025	10/15/2024	20:25	E83079
1035	Mercury	0.002	mg/L							
1036	Nickel	0.1	mg/L							
1045	Selenium	0.05	mg/L							
1052	Sodium	160	mg/L							
1074	Antimony	0.006	mg/L							
1075	Beryllium	0.004	mg/L							
1085	Thallium	0.002	mg/L							
1094	Asbestos	7 MFL	MFL							

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

SECONDARY CONTAMINANTS
62-550.320

Report Number / Job ID: 35910389013

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 #
1002	Aluminum	0.2	mg/L							
1017	Chloride	250	mg/L							
1022	Copper	1	mg/L	0.0401		EPA 200.8	0.00093	10/15/2024	20:25	E83079
1025	Fluoride	2.0	mg/L							
1028	Iron	0.3	mg/L							
1032	Manganese	0.05	mg/L							
1050	Silver	0.1	mg/L							
1055	Sulfate	250	mg/L							
1095	Zinc	5	mg/L							
1905	Color	15	CU							
1920	Odor	3	TON							
1925	pH (field pH from page 1)	6.5 - 8.5								
1930	Total Dissolved Solids	500	mg/L							
2905	Foaming Agents	0.5	mg/L							

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: _____ PWS I.D. #: _____

System Type (check one): ☐ Community ☐ Non-transient Non-community ☐ Transient Non-community

Address: _____

City: _____ ZIP Code: _____

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

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: 35910389014 Sample Date: 9/27/2024 Sample Time: 9:30 AM PM (Circle One)

Sample Location (be specific): 510 Omaha Location Code: _____

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

Sample Type (Check Only One) _____

Reason(s) for Sample (Check all that apply) _____

☐ Distribution

☐ Routine Compliance with 62-550

☐ Replacement (of Invalidated Sample)

☐ Entry Point (to Distribution)

☐ Confirmation of MCL Exceedance*

☐ Special (not for compliance with 62-550)

☐ Plant Tap (not for compliance with 62-550)

☐ Confirmation of Multiple Sites**

☐ Clearance (permitting)

☐ Raw (at well or intake)

☐ Other: _____

☐ Max Residence Time

Sampling Procedure Used or Other Comments:

☐ Ave Residence Time

☐ Near First Customer

*See 62-550.500(6) for requirements and restrictions.
And 62-550.512(3) for nitrate or nitrite exceedances.

**See 62-550.550(4) for requirements and
attach a results page for each site.

SAMPLER CERTIFICATION

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: Pace Analytical Services, LLC Florida DOH Certification #: _____ Certification Expiration Date: _____

ATTACH CURRENT DOH ANALYTE SHEET*

Address: _____ Phone # _____

Were any analyses subcontracted? ☐ Yes ☒ No If yes, please provide DOH certification numbers(s): _____

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB*

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 10/3/2024

PWS ID (From Page1): _____ Sample Number (From Page1): 35910389014 Lab Assigned Report # or Job ID: 35910389014

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

Inorganics

- ☐ All Except Asbestos
☒ Partial
☐ Nitrate
☐ Nitrite
☐ Asbestos

Synthetic Organics

- ☐ All 30
☐ All Except Dioxin
☐ Partial
☐ Dioxin Only

Volatile Organics

- ☐ All 21
☐ Partial

Disinfection Byproducts

- ☐ Trihalomethanes
☐ Haloacetic Acids
☐ Chlorite
☐ Bromate

Radionuclides

- ☐ Single Sample
☐ Qtrly Composite**

Secondaries

- ☐ All 14
☒ Partial

LAB CERTIFICATION

I, Cameron Meynardie, _____, 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 (NELAC).

Signature:  Date: 10/16/2024

* 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 (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

INORGANIC CONTAMINANTS
62-550.310(1)

Report Number / Job ID: 35910389014

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 #
1040	Nitrate as N	10	mg/L							
1041	Nitrite as N	1	mg/L							
1005	Arsenic	0.010	mg/L							
1010	Barium	2	mg/L							
1015	Cadmium	0.005	mg/L							
1020	Chromium	0.1	mg/L							
1024	Cyanide	0.2	mg/L							
1025	Fluoride	4.0	mg/L							
1030	Lead	0.015	mg/L	0.00041	I	EPA 200.8	0.00025	10/15/2024	20:27	E83079
1035	Mercury	0.002	mg/L							
1036	Nickel	0.1	mg/L							
1045	Selenium	0.05	mg/L							
1052	Sodium	160	mg/L							
1074	Antimony	0.006	mg/L							
1075	Beryllium	0.004	mg/L							
1085	Thallium	0.002	mg/L							
1094	Asbestos	7 MFL	MFL							

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

SECONDARY CONTAMINANTS
62-550.320

Report Number / Job ID: 35910389014

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 #
1002	Aluminum	0.2	mg/L							
1017	Chloride	250	mg/L							
1022	Copper	1	mg/L	0.127		EPA 200.8	0.00093	10/15/2024	20:27	E83079
1025	Fluoride	2.0	mg/L							
1028	Iron	0.3	mg/L							
1032	Manganese	0.05	mg/L							
1050	Silver	0.1	mg/L							
1055	Sulfate	250	mg/L							
1095	Zinc	5	mg/L							
1905	Color	15	CU							
1920	Odor	3	TON							
1925	pH (field pH from page 1)	6.5 - 8.5								
1930	Total Dissolved Solids	500	mg/L							
2905	Foaming Agents	0.5	mg/L							

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: _____ PWS I.D. #: _____

System Type (check one): ☐ Community ☐ Non-transient Non-community ☐ Transient Non-community

Address: _____

City: _____ ZIP Code: _____

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

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: 35910389015 Sample Date: 9/27/2024 Sample Time: 8:43 AM PM (Circle One)

Sample Location (be specific): 205 Kelly Location Code: _____

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

Sample Type (Check Only One) _____

Reason(s) for Sample (Check all that apply) _____

☐ Distribution

☐ Routine Compliance with 62-550

☐ Replacement (of Invalidated Sample)

☐ Entry Point (to Distribution)

☐ Confirmation of MCL Exceedance*

☐ Special (not for compliance with 62-550)

☐ Plant Tap (not for compliance with 62-550)

☐ Confirmation of Multiple Sites**

☐ Clearance (permitting)

☐ Raw (at well or intake)

☐ Other: _____

☐ Max Residence Time

Sampling Procedure Used or Other Comments:

☐ Ave Residence Time

☐ Near First Customer

*See 62-550.500(6) for requirements and restrictions.
And 62-550.512(3) for nitrate or nitrite exceedances.

**See 62-550.550(4) for requirements and
attach a results page for each site.

SAMPLER CERTIFICATION

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: Pace Analytical Services, LLC Florida DOH Certification #: _____ Certification Expiration Date: _____

ATTACH CURRENT DOH ANALYTE SHEET*

Address: _____ Phone # _____

Were any analyses subcontracted? ☐ Yes ☒ No If yes, please provide DOH certification numbers(s): _____

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB*

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 10/3/2024

PWS ID (From Page1): _____ Sample Number (From Page1): 35910389015 Lab Assigned Report # or Job ID: 35910389015

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

Inorganics

- ☐ All Except Asbestos
☒ Partial
☐ Nitrate
☐ Nitrite
☐ Asbestos

Synthetic Organics

- ☐ All 30
☐ All Except Dioxin
☐ Partial
☐ Dioxin Only

Volatile Organics

- ☐ All 21
☐ Partial

Disinfection Byproducts

- ☐ Trihalomethanes
☐ Haloacetic Acids
☐ Chlorite
☐ Bromate

Radionuclides

- ☐ Single Sample
☐ Qtrly Composite**

Secondaries

- ☐ All 14
☒ Partial

LAB CERTIFICATION

I, Cameron Meynardie, _____, 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 (NELAC).

Signature:  Date: 10/16/2024

* 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 (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

INORGANIC CONTAMINANTS
62-550.310(1)

Report Number / Job ID: 35910389015

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 #
1040	Nitrate as N	10	mg/L							
1041	Nitrite as N	1	mg/L							
1005	Arsenic	0.010	mg/L							
1010	Barium	2	mg/L							
1015	Cadmium	0.005	mg/L							
1020	Chromium	0.1	mg/L							
1024	Cyanide	0.2	mg/L							
1025	Fluoride	4.0	mg/L							
1030	Lead	0.015	mg/L	0.00025	U	EPA 200.8	0.00025	10/15/2024	20:28	E83079
1035	Mercury	0.002	mg/L							
1036	Nickel	0.1	mg/L							
1045	Selenium	0.05	mg/L							
1052	Sodium	160	mg/L							
1074	Antimony	0.006	mg/L							
1075	Beryllium	0.004	mg/L							
1085	Thallium	0.002	mg/L							
1094	Asbestos	7 MFL	MFL							

Florida Department of Environmental Protection

Safe Drinking Water Program Laboratory Reporting Format

SECONDARY CONTAMINANTS
62-550.320

Report Number / Job ID: 35910389015

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 #
1002	Aluminum	0.2	mg/L							
1017	Chloride	250	mg/L							
1022	Copper	1	mg/L	0.0118		EPA 200.8	0.00093	10/15/2024	20:28	E83079
1025	Fluoride	2.0	mg/L							
1028	Iron	0.3	mg/L							
1032	Manganese	0.05	mg/L							
1050	Silver	0.1	mg/L							
1055	Sulfate	250	mg/L							
1095	Zinc	5	mg/L							
1905	Color	15	CU							
1920	Odor	3	TON							
1925	pH (field pH from page 1)	6.5 - 8.5								
1930	Total Dissolved Solids	500	mg/L							
2905	Foaming Agents	0.5	mg/L							

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: _____ PWS I.D. #: _____

System Type (check one): ☐ Community ☐ Non-transient Non-community ☐ Transient Non-community

Address: _____

City: _____ ZIP Code: _____

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

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: 35910389016 Sample Date: 9/30/2024 Sample Time: 6:00 AM PM (Circle One)

Sample Location (be specific): 122 Grove Location Code: _____

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

Sample Type (Check Only One) _____

Reason(s) for Sample (Check all that apply) _____

☐ Distribution

☐ Routine Compliance with 62-550

☐ Replacement (of Invalidated Sample)

☐ Entry Point (to Distribution)

☐ Confirmation of MCL Exceedance*

☐ Special (not for compliance with 62-550)

☐ Plant Tap (not for compliance with 62-550)

☐ Confirmation of Multiple Sites**

☐ Clearance (permitting)

☐ Raw (at well or intake)

☐ Other: _____

☐ Max Residence Time

Sampling Procedure Used or Other Comments:

☐ Ave Residence Time

☐ Near First Customer

*See 62-550.500(6) for requirements and restrictions.
And 62-550.512(3) for nitrate or nitrite exceedances.

**See 62-550.550(4) for requirements and
attach a results page for each site.

SAMPLER CERTIFICATION

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: Pace Analytical Services, LLC Florida DOH Certification #: _____ Certification Expiration Date: _____

ATTACH CURRENT DOH ANALYTE SHEET*

Address: _____ Phone # _____

Were any analyses subcontracted? ☐ Yes ☒ No If yes, please provide DOH certification numbers(s): _____

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB*

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 10/3/2024

PWS ID (From Page1): _____ Sample Number (From Page1): 35910389016 Lab Assigned Report # or Job ID: 35910389016

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

Inorganics

- ☐ All Except Asbestos
☒ Partial
☐ Nitrate
☐ Nitrite
☐ Asbestos

Synthetic Organics

- ☐ All 30
☐ All Except Dioxin
☐ Partial
☐ Dioxin Only

Volatile Organics

- ☐ All 21
☐ Partial

Disinfection Byproducts

- ☐ Trihalomethanes
☐ Haloacetic Acids
☐ Chlorite
☐ Bromate

Radionuclides

- ☐ Single Sample
☐ Qtrly Composite**

Secondaries

- ☐ All 14
☒ Partial

LAB CERTIFICATION

I, Cameron Meynardie, _____, 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 (NELAC).

Signature:  Date: 10/16/2024

* 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 (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

INORGANIC CONTAMINANTS
62-550.310(1)

Report Number / Job ID: 35910389016

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 #
1040	Nitrate as N	10	mg/L							
1041	Nitrite as N	1	mg/L							
1005	Arsenic	0.010	mg/L							
1010	Barium	2	mg/L							
1015	Cadmium	0.005	mg/L							
1020	Chromium	0.1	mg/L							
1024	Cyanide	0.2	mg/L							
1025	Fluoride	4.0	mg/L							
1030	Lead	0.015	mg/L	0.00048	I	EPA 200.8	0.00025	10/15/2024	20:29	E83079
1035	Mercury	0.002	mg/L							
1036	Nickel	0.1	mg/L							
1045	Selenium	0.05	mg/L							
1052	Sodium	160	mg/L							
1074	Antimony	0.006	mg/L							
1075	Beryllium	0.004	mg/L							
1085	Thallium	0.002	mg/L							
1094	Asbestos	7 MFL	MFL							

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

SECONDARY CONTAMINANTS
62-550.320

Report Number / Job ID: 35910389016

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 #
1002	Aluminum	0.2	mg/L							
1017	Chloride	250	mg/L							
1022	Copper	1	mg/L	0.231		EPA 200.8	0.00093	10/15/2024	20:29	E83079
1025	Fluoride	2.0	mg/L							
1028	Iron	0.3	mg/L							
1032	Manganese	0.05	mg/L							
1050	Silver	0.1	mg/L							
1055	Sulfate	250	mg/L							
1095	Zinc	5	mg/L							
1905	Color	15	CU							
1920	Odor	3	TON							
1925	pH (field pH from page 1)	6.5 - 8.5								
1930	Total Dissolved Solids	500	mg/L							
2905	Foaming Agents	0.5	mg/L							

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: _____ PWS I.D. #: _____

System Type (check one): ☐ Community ☐ Non-transient Non-community ☐ Transient Non-community

Address: _____

City: _____ ZIP Code: _____

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

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: 35910389017 Sample Date: 9/25/2024 Sample Time: 4:15 ☒ AM ☐ PM (Circle One)

Sample Location (be specific): 221 Pionsettia Location Code: _____

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

Sample Type (Check Only One) _____

Reason(s) for Sample (Check all that apply) _____

☐ Distribution

☐ Routine Compliance with 62-550

☐ Replacement (of Invalidated Sample)

☐ Entry Point (to Distribution)

☐ Confirmation of MCL Exceedance*

☐ Special (not for compliance with 62-550)

☐ Plant Tap (not for compliance with 62-550)

☐ Confirmation of Multiple Sites**

☐ Clearance (permitting)

☐ Raw (at well or intake)

☐ Other: _____

☐ Max Residence Time

Sampling Procedure Used or Other Comments:

☐ Ave Residence Time

☐ Near First Customer

*See 62-550.500(6) for requirements and restrictions.
And 62-550.512(3) for nitrate or nitrite exceedances.

**See 62-550.550(4) for requirements and
attach a results page for each site.

SAMPLER CERTIFICATION

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: Pace Analytical Services, LLC Florida DOH Certification #: _____ Certification Expiration Date: _____

ATTACH CURRENT DOH ANALYTE SHEET*

Address: _____ Phone # _____

Were any analyses subcontracted? ☐ Yes ☒ No If yes, please provide DOH certification numbers(s): _____

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB*

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 10/3/2024

PWS ID (From Page1): _____ Sample Number (From Page1): 35910389017 Lab Assigned Report # or Job ID: 35910389017

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

Inorganics

- ☐ All Except Asbestos
☒ Partial
☐ Nitrate
☐ Nitrite
☐ Asbestos

Synthetic Organics

- ☐ All 30
☐ All Except Dioxin
☐ Partial
☐ Dioxin Only

Volatile Organics

- ☐ All 21
☐ Partial

Disinfection Byproducts

- ☐ Trihalomethanes
☐ Haloacetic Acids
☐ Chlorite
☐ Bromate

Radionuclides

- ☐ Single Sample
☐ Qtrly Composite**

Secondaries

- ☐ All 14
☒ Partial

LAB CERTIFICATION

I, Cameron Meynardie, _____, 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 (NELAC).

Signature:  Date: 10/16/2024

* 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 (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

INORGANIC CONTAMINANTS
62-550.310(1)

Report Number / Job ID: 35910389017

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 #
1040	Nitrate as N	10	mg/L							
1041	Nitrite as N	1	mg/L							
1005	Arsenic	0.010	mg/L							
1010	Barium	2	mg/L							
1015	Cadmium	0.005	mg/L							
1020	Chromium	0.1	mg/L							
1024	Cyanide	0.2	mg/L							
1025	Fluoride	4.0	mg/L							
1030	Lead	0.015	mg/L	0.00025	U	EPA 200.8	0.00025	10/15/2024	20:31	E83079
1035	Mercury	0.002	mg/L							
1036	Nickel	0.1	mg/L							
1045	Selenium	0.05	mg/L							
1052	Sodium	160	mg/L							
1074	Antimony	0.006	mg/L							
1075	Beryllium	0.004	mg/L							
1085	Thallium	0.002	mg/L							
1094	Asbestos	7 MFL	MFL							

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

SECONDARY CONTAMINANTS
62-550.320

Report Number / Job ID: 35910389017

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 #
1002	Aluminum	0.2	mg/L							
1017	Chloride	250	mg/L							
1022	Copper	1	mg/L	0.0072		EPA 200.8	0.00093	10/15/2024	20:31	E83079
1025	Fluoride	2.0	mg/L							
1028	Iron	0.3	mg/L							
1032	Manganese	0.05	mg/L							
1050	Silver	0.1	mg/L							
1055	Sulfate	250	mg/L							
1095	Zinc	5	mg/L							
1905	Color	15	CU							
1920	Odor	3	TON							
1925	pH (field pH from page 1)	6.5 - 8.5								
1930	Total Dissolved Solids	500	mg/L							
2905	Foaming Agents	0.5	mg/L							

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: _____ PWS I.D. #: _____

System Type (check one): ☐ Community ☐ Non-transient Non-community ☐ Transient Non-community

Address: _____

City: _____ ZIP Code: _____

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

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: 35910389018 Sample Date: 9/30/2024 Sample Time: 6:00 AM PM (Circle One)

Sample Location (be specific): 321 Gunter Location Code: _____

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

Sample Type (Check Only One) _____

Reason(s) for Sample (Check all that apply) _____

☐ Distribution

☐ Routine Compliance with 62-550

☐ Replacement (of Invalidated Sample)

☐ Entry Point (to Distribution)

☐ Confirmation of MCL Exceedance*

☐ Special (not for compliance with 62-550)

☐ Plant Tap (not for compliance with 62-550)

☐ Confirmation of Multiple Sites**

☐ Clearance (permitting)

☐ Raw (at well or intake)

☐ Other: _____

☐ Max Residence Time

Sampling Procedure Used or Other Comments:

☐ Ave Residence Time

☐ Near First Customer

*See 62-550.500(6) for requirements and restrictions.
And 62-550.512(3) for nitrate or nitrite exceedances.

**See 62-550.550(4) for requirements and
attach a results page for each site.

SAMPLER CERTIFICATION

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: Pace Analytical Services, LLC Florida DOH Certification #: _____ Certification Expiration Date: _____

ATTACH CURRENT DOH ANALYTE SHEET*

Address: _____ Phone # _____

Were any analyses subcontracted? ☐ Yes ☒ No If yes, please provide DOH certification numbers(s): _____

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB*

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 10/3/2024

PWS ID (From Page1): _____ Sample Number (From Page1): 35910389018 Lab Assigned Report # or Job ID: 35910389018

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

Inorganics

- ☐ All Except Asbestos
☒ Partial
☐ Nitrate
☐ Nitrite
☐ Asbestos

Synthetic Organics

- ☐ All 30
☐ All Except Dioxin
☐ Partial
☐ Dioxin Only

Volatile Organics

- ☐ All 21
☐ Partial

Disinfection Byproducts

- ☐ Trihalomethanes
☐ Haloacetic Acids
☐ Chlorite
☐ Bromate

Radionuclides

- ☐ Single Sample
☐ Qtrly Composite**

Secondaries

- ☐ All 14
☒ Partial

LAB CERTIFICATION

I, Cameron Meynardie, _____, 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 (NELAC).

Signature:  Date: 10/16/2024

* 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 (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

INORGANIC CONTAMINANTS
62-550.310(1)

Report Number / Job ID: 35910389018

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 #
1040	Nitrate as N	10	mg/L							
1041	Nitrite as N	1	mg/L							
1005	Arsenic	0.010	mg/L							
1010	Barium	2	mg/L							
1015	Cadmium	0.005	mg/L							
1020	Chromium	0.1	mg/L							
1024	Cyanide	0.2	mg/L							
1025	Fluoride	4.0	mg/L							
1030	Lead	0.015	mg/L	0.00025	U	EPA 200.8	0.00025	10/15/2024	20:35	E83079
1035	Mercury	0.002	mg/L							
1036	Nickel	0.1	mg/L							
1045	Selenium	0.05	mg/L							
1052	Sodium	160	mg/L							
1074	Antimony	0.006	mg/L							
1075	Beryllium	0.004	mg/L							
1085	Thallium	0.002	mg/L							
1094	Asbestos	7 MFL	MFL							

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

SECONDARY CONTAMINANTS
62-550.320

Report Number / Job ID: 35910389018

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 #
1002	Aluminum	0.2	mg/L							
1017	Chloride	250	mg/L							
1022	Copper	1	mg/L	0.0134		EPA 200.8	0.00093	10/15/2024	20:35	E83079
1025	Fluoride	2.0	mg/L							
1028	Iron	0.3	mg/L							
1032	Manganese	0.05	mg/L							
1050	Silver	0.1	mg/L							
1055	Sulfate	250	mg/L							
1095	Zinc	5	mg/L							
1905	Color	15	CU							
1920	Odor	3	TON							
1925	pH (field pH from page 1)	6.5 - 8.5								
1930	Total Dissolved Solids	500	mg/L							
2905	Foaming Agents	0.5	mg/L							

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: _____ PWS I.D. #: _____

System Type (check one): ☐ Community ☐ Non-transient Non-community ☐ Transient Non-community

Address: _____

City: _____ ZIP Code: _____

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

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: 35910389019 Sample Date: 9/30/2024 Sample Time: 9:33 AM PM (Circle One)

Sample Location (be specific): 128 Lake Gordon Location Code: _____

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

Sample Type (Check Only One) _____

Reason(s) for Sample (Check all that apply) _____

☐ Distribution

☐ Routine Compliance with 62-550

☐ Replacement (of Invalidated Sample)

☐ Entry Point (to Distribution)

☐ Confirmation of MCL Exceedance*

☐ Special (not for compliance with 62-550)

☐ Plant Tap (not for compliance with 62-550)

☐ Confirmation of Multiple Sites**

☐ Clearance (permitting)

☐ Raw (at well or intake)

☐ Other: _____

☐ Max Residence Time

Sampling Procedure Used or Other Comments:

☐ Ave Residence Time

☐ Near First Customer

*See 62-550.500(6) for requirements and restrictions.
And 62-550.512(3) for nitrate or nitrite exceedances.

**See 62-550.550(4) for requirements and
attach a results page for each site.

SAMPLER CERTIFICATION

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: Pace Analytical Services, LLC Florida DOH Certification #: _____ Certification Expiration Date: _____

ATTACH CURRENT DOH ANALYTE SHEET*

Address: _____ Phone # _____

Were any analyses subcontracted? ☐ Yes ☒ No If yes, please provide DOH certification numbers(s): _____

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB*

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 10/3/2024

PWS ID (From Page1): _____ Sample Number (From Page1): 35910389019 Lab Assigned Report # or Job ID: 35910389019

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

Inorganics

- ☐ All Except Asbestos
☒ Partial
☐ Nitrate
☐ Nitrite
☐ Asbestos

Synthetic Organics

- ☐ All 30
☐ All Except Dioxin
☐ Partial
☐ Dioxin Only

Volatile Organics

- ☐ All 21
☐ Partial

Disinfection Byproducts

- ☐ Trihalomethanes
☐ Haloacetic Acids
☐ Chlorite
☐ Bromate

Radionuclides

- ☐ Single Sample
☐ Qtrly Composite**

Secondaries

- ☐ All 14
☒ Partial

LAB CERTIFICATION

I, Cameron Meynardie, _____, 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 (NELAC).

Signature:  Date: 10/16/2024

* 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 (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

INORGANIC CONTAMINANTS
62-550.310(1)

Report Number / Job ID: 35910389019

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 #
1040	Nitrate as N	10	mg/L							
1041	Nitrite as N	1	mg/L							
1005	Arsenic	0.010	mg/L							
1010	Barium	2	mg/L							
1015	Cadmium	0.005	mg/L							
1020	Chromium	0.1	mg/L							
1024	Cyanide	0.2	mg/L							
1025	Fluoride	4.0	mg/L							
1030	Lead	0.015	mg/L	0.00059	I	EPA 200.8	0.00025	10/15/2024	20:37	E83079
1035	Mercury	0.002	mg/L							
1036	Nickel	0.1	mg/L							
1045	Selenium	0.05	mg/L							
1052	Sodium	160	mg/L							
1074	Antimony	0.006	mg/L							
1075	Beryllium	0.004	mg/L							
1085	Thallium	0.002	mg/L							
1094	Asbestos	7 MFL	MFL							

Florida Department of Environmental Protection

Safe Drinking Water Program Laboratory Reporting Format

SECONDARY CONTAMINANTS
62-550.320

Report Number / Job ID: 35910389019

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 #
1002	Aluminum	0.2	mg/L							
1017	Chloride	250	mg/L							
1022	Copper	1	mg/L	0.0216		EPA 200.8	0.00093	10/15/2024	20:37	E83079
1025	Fluoride	2.0	mg/L							
1028	Iron	0.3	mg/L							
1032	Manganese	0.05	mg/L							
1050	Silver	0.1	mg/L							
1055	Sulfate	250	mg/L							
1095	Zinc	5	mg/L							
1905	Color	15	CU							
1920	Odor	3	TON							
1925	pH (field pH from page 1)	6.5 - 8.5								
1930	Total Dissolved Solids	500	mg/L							
2905	Foaming Agents	0.5	mg/L							

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: _____ PWS I.D. #: _____

System Type (check one): ☐ Community ☐ Non-transient Non-community ☐ Transient Non-community

Address: _____

City: _____ ZIP Code: _____

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

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: 35910389020 Sample Date: 9/29/2024 Sample Time: 11:00 ☒ AM ☐ PM (Circle One)

Sample Location (be specific): 215 Smith Ave Location Code: _____

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

Sample Type (Check Only One) _____

Reason(s) for Sample (Check all that apply) _____

☐ Distribution

☐ Routine Compliance with 62-550

☐ Replacement (of Invalidated Sample)

☐ Entry Point (to Distribution)

☐ Confirmation of MCL Exceedance*

☐ Special (not for compliance with 62-550)

☐ Plant Tap (not for compliance with 62-550)

☐ Confirmation of Multiple Sites**

☐ Clearance (permitting)

☐ Raw (at well or intake)

☐ Other: _____

☐ Max Residence Time

Sampling Procedure Used or Other Comments:

☐ Ave Residence Time

☐ Near First Customer

*See 62-550.500(6) for requirements and restrictions.
And 62-550.512(3) for nitrate or nitrite exceedances.

**See 62-550.550(4) for requirements and
attach a results page for each site.

SAMPLER CERTIFICATION

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: Pace Analytical Services, LLC Florida DOH Certification #: _____ Certification Expiration Date: _____

ATTACH CURRENT DOH ANALYTE SHEET*

Address: _____ Phone # _____

Were any analyses subcontracted? ☐ Yes ☒ No If yes, please provide DOH certification numbers(s): _____

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB*

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 10/3/2024
PWS ID (From Page1): _____ Sample Number (From Page1): 35910389020 Lab Assigned Report # or Job ID: 35910389020

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

Inorganics

- ☐ All Except Asbestos
☒ Partial
☐ Nitrate
☐ Nitrite
☐ Asbestos

Synthetic Organics

- ☐ All 30
☐ All Except Dioxin
☐ Partial
☐ Dioxin Only

Volatile Organics

- ☐ All 21
☐ Partial

Disinfection Byproducts

- ☐ Trihalomethanes
☐ Haloacetic Acids
☐ Chlorite
☐ Bromate

Radionuclides

- ☐ Single Sample
☐ Qtrly Composite**

Secondaries

- ☐ All 14
☒ Partial

LAB CERTIFICATION

I, Cameron Meynardie, _____, 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 (NELAC).

Signature:  Date: 10/16/2024

* 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 (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

INORGANIC CONTAMINANTS
62-550.310(1)

Report Number / Job ID: 35910389020

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 #
1040	Nitrate as N	10	mg/L							
1041	Nitrite as N	1	mg/L							
1005	Arsenic	0.010	mg/L							
1010	Barium	2	mg/L							
1015	Cadmium	0.005	mg/L							
1020	Chromium	0.1	mg/L							
1024	Cyanide	0.2	mg/L							
1025	Fluoride	4.0	mg/L							
1030	Lead	0.015	mg/L	0.00025	U	EPA 200.8	0.00025	10/15/2024	20:38	E83079
1035	Mercury	0.002	mg/L							
1036	Nickel	0.1	mg/L							
1045	Selenium	0.05	mg/L							
1052	Sodium	160	mg/L							
1074	Antimony	0.006	mg/L							
1075	Beryllium	0.004	mg/L							
1085	Thallium	0.002	mg/L							
1094	Asbestos	7 MFL	MFL							

Florida Department of Environmental Protection

Safe Drinking Water Program Laboratory Reporting Format

SECONDARY CONTAMINANTS
62-550.320

Report Number / Job ID: 35910389020

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 #
1002	Aluminum	0.2	mg/L							
1017	Chloride	250	mg/L							
1022	Copper	1	mg/L	0.0251		EPA 200.8	0.00093	10/15/2024	20:38	E83079
1025	Fluoride	2.0	mg/L							
1028	Iron	0.3	mg/L							
1032	Manganese	0.05	mg/L							
1050	Silver	0.1	mg/L							
1055	Sulfate	250	mg/L							
1095	Zinc	5	mg/L							
1905	Color	15	CU							
1920	Odor	3	TON							
1925	pH (field pH from page 1)	6.5 - 8.5								
1930	Total Dissolved Solids	500	mg/L							
2905	Foaming Agents	0.5	mg/L							

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: _____ PWS I.D. #: _____

System Type (check one): ☐ Community ☐ Non-transient Non-community ☐ Transient Non-community

Address: _____

City: _____ ZIP Code: _____

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

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: 35910389021 Sample Date: 10/1/2024 Sample Time: 6:10 AM PM (Circle One)

Sample Location (be specific): 72 Pionsettia Location Code: _____

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

Sample Type (Check Only One) _____

Reason(s) for Sample (Check all that apply) _____

☐ Distribution

☐ Routine Compliance with 62-550

☐ Replacement (of Invalidated Sample)

☐ Entry Point (to Distribution)

☐ Confirmation of MCL Exceedance*

☐ Special (not for compliance with 62-550)

☐ Plant Tap (not for compliance with 62-550)

☐ Confirmation of Multiple Sites**

☐ Clearance (permitting)

☐ Raw (at well or intake)

☐ Other: _____

☐ Max Residence Time

Sampling Procedure Used or Other Comments:

☐ Ave Residence Time

☐ Near First Customer

*See 62-550.500(6) for requirements and restrictions.
And 62-550.512(3) for nitrate or nitrite exceedances.

**See 62-550.550(4) for requirements and
attach a results page for each site.

SAMPLER CERTIFICATION

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: Pace Analytical Services, LLC Florida DOH Certification #: _____ Certification Expiration Date: _____

ATTACH CURRENT DOH ANALYTE SHEET*

Address: _____ Phone # _____

Were any analyses subcontracted? ☐ Yes ☒ No If yes, please provide DOH certification numbers(s): _____

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB*

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 10/3/2024

PWS ID (From Page1): _____ Sample Number (From Page1): 35910389021 Lab Assigned Report # or Job ID: 35910389021

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

Inorganics

- ☐ All Except Asbestos
☒ Partial
☐ Nitrate
☐ Nitrite
☐ Asbestos

Synthetic Organics

- ☐ All 30
☐ All Except Dioxin
☐ Partial
☐ Dioxin Only

Volatile Organics

- ☐ All 21
☐ Partial

Disinfection Byproducts

- ☐ Trihalomethanes
☐ Haloacetic Acids
☐ Chlorite
☐ Bromate

Radionuclides

- ☐ Single Sample
☐ Qtrly Composite**

Secondaries

- ☐ All 14
☒ Partial

LAB CERTIFICATION

I, Cameron Meynardie, _____, 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 (NELAC).

Signature:  Date: 10/16/2024

* 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 (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

INORGANIC CONTAMINANTS
62-550.310(1)

Report Number / Job ID: 35910389021

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 #
1040	Nitrate as N	10	mg/L							
1041	Nitrite as N	1	mg/L							
1005	Arsenic	0.010	mg/L							
1010	Barium	2	mg/L							
1015	Cadmium	0.005	mg/L							
1020	Chromium	0.1	mg/L							
1024	Cyanide	0.2	mg/L							
1025	Fluoride	4.0	mg/L							
1030	Lead	0.015	mg/L	0.00033	I	EPA 200.8	0.00025	10/15/2024	18:30	E83079
1035	Mercury	0.002	mg/L							
1036	Nickel	0.1	mg/L							
1045	Selenium	0.05	mg/L							
1052	Sodium	160	mg/L							
1074	Antimony	0.006	mg/L							
1075	Beryllium	0.004	mg/L							
1085	Thallium	0.002	mg/L							
1094	Asbestos	7 MFL	MFL							

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

SECONDARY CONTAMINANTS
62-550.320

Report Number / Job ID: 35910389021

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 #
1002	Aluminum	0.2	mg/L							
1017	Chloride	250	mg/L							
1022	Copper	1	mg/L	0.0524		EPA 200.8	0.00093	10/15/2024	18:30	E83079
1025	Fluoride	2.0	mg/L							
1028	Iron	0.3	mg/L							
1032	Manganese	0.05	mg/L							
1050	Silver	0.1	mg/L							
1055	Sulfate	250	mg/L							
1095	Zinc	5	mg/L							
1905	Color	15	CU							
1920	Odor	3	TON							
1925	pH (field pH from page 1)	6.5 - 8.5								
1930	Total Dissolved Solids	500	mg/L							
2905	Foaming Agents	0.5	mg/L							