PUBLIC WATER SYSTEM INFORMATION (to be completed by sampler - please type or print legibly) PWS I.D. #: System Name: Non-transient Non-community System Type (check one): Community Transient Non-community Phone # ______ Fax #: _____ E-Mail Address: _____ SAMPLE INFORMATION (to be completed by sampler) (AM) PM (Circle One)
 Sample Number:
 35910389001
 Sample Date:
 9/30/2024
 Sample Time:
 10:09
 Location Code: Sample Location (be specific): 113 Poinsettia Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): mg/L Field pH: Reason(s) for Sample (Check all that apply) Sample Type (Check Only One) Replacement (of Invalidated Sample) Distribution Routine Compliance with 62-550 Confirmation of MCL Exceedance* Special (not for compliance with 62-550) Entry Point (to Distribution) Plant Tap (not for compliance with 62-550) Confirmation of Multiple Sites** Clearance (permitting) Other: Raw (at well or intake) Sampling Procedure Used or Other Comments: Max Residence Time Ave Residence Time Near First Customer *See 62-550.500(6) for requirements and restrictions. **See 62-550.550(4) for requirements and And 62-550.512(3) for nitrate or nitrite exceedances. attach a results page for each site. SAMPLER CERTIFICATION , do HEREBY CERTIFY (Print Name) (Print Title) that the above public water system and sample collection information is complete and correct. Signature: Certified Operator #: Phone #: Sampler's Fax #:

Sampler's E-mail:

Lab Name: Pace Anal	ytical Services, LLC F	lorida DOH Certification #:		Certification Expiration	Date:
			ATTACH CURRENT DO	H ANALYTE SHEET*	
Address:			Phone #		
Were any analyses sub	contracted? Yes X N	lo If yes, please provide D		s(s):	
				TE SHEET FOR EACH SUBCO	
ANALYSIS INFORMAT	FION (to be completed by lab)	Date Sample(s) Red	ceived: <u>10/3/2024</u>		
PWS ID (From Page1):		Sample Number (Fro	om Page1): <u>35910389001</u>	_Lab Assigned Report # or	Job ID: <u>35910389001</u>
Group(s) Analyzed & R	esults attached for compliance	with Chapter 62-550, F.A.0	C. (Check all that apply):		
<u>Inorganics</u>	Synthetic Organics	Volatile Organics	<u>Disinfection Byproducts</u>	Radionuclides	<u>Secondaries</u>
All Except Asbestos	All 30	All 21	Trihalomethanes	Single Sample	All 14
X Partial	All Except Dioxin	Partial	Haloacetic Acids	Qtrly Composite**	X Partial
Nitrate	Partial		Chlorite	<u> </u>	_
Nitrite	Dioxin Only		Bromate		
Asbestos					
		LAB CER	RTIFICATION		
l,	Cameron Meynardie	,	Project N	Manager	, do HEREBY CERTIFY
	(Print Name)		(Print	Title)	
that all attached analytica	I data are correct and unless noted	I meet all requirements of the	National Environmental Lab	oratory Accreditation Converen	ce (NELAC).
Signature:	all the second		Date:	10/16/2024	4
		4:6: - 4:			
-	id and current Florida DOH lab cer gainst the public water system for		•	•	•
•	gical sample dates & locations for e			,	
	CONFIRMATION & NOT	IFICATION IS REQUIRED WITH	IN 24 HRS FOR NITRATE OR	NITRITE MCL EXCEEDANCES	
NO	ON-DETECTS ARE TO BE REPORTED	D AS THE MDL WITH A "U" QUA	ALIFIER. (Non-detects reporte	ed as "BDL" or with a "<" are not	acceptable.)
COMPLIANCE DETER	MINATION (to be completed by	y DEP or DOH attach no	tes as necessary)		
Sample Collection & Ar	nalysis Satisfactory: Yes	No	Replacement Samp	ble or Report Requested (circ	le or highlight group(s) above)
Person Notified:		Date Notified:	DEP/DOH Re	eviewing Official:	
eporting Format 62-550.730 ffective January 1995, Revised	d December 2012		age 2 of 4		

INORGANIC CONTAMINANTS
62-550.310(1)

Report Number	/	Job ID):	3591	0	3890	0	•
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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							

SECONDARY CONTAMINANTS 62-550.320

Report Number	/	Job ID:	359	1	03	890	0
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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							

PUBLIC WATER SYSTEM INFORMATION (to be completed by sampler - please type or print legibly) PWS I.D. #: System Name: Non-transient Non-community System Type (check one): Community Transient Non-community Phone # ______ Fax #: _____ E-Mail Address: _____ SAMPLE INFORMATION (to be completed by sampler) (AM) PM (Circle One) Sample Number: <u>35910389002</u> Sample Date: <u>9/25/2024</u> Sample Time: <u>6:05</u> Location Code: Sample Location (be specific): 122 PALM 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) Replacement (of Invalidated Sample) Distribution Routine Compliance with 62-550 Confirmation of MCL Exceedance* Special (not for compliance with 62-550) Entry Point (to Distribution) Plant Tap (not for compliance with 62-550) Confirmation of Multiple Sites** Clearance (permitting) Other: Raw (at well or intake) Sampling Procedure Used or Other Comments: Max Residence Time Ave Residence Time Near First Customer *See 62-550.500(6) for requirements and restrictions. **See 62-550.550(4) for requirements and And 62-550.512(3) for nitrate or nitrite exceedances. attach a results page for each site. SAMPLER CERTIFICATION , do HEREBY CERTIFY (Print Name) (Print Title) that the above public water system and sample collection information is complete and correct. Signature: Certified Operator #: Phone #: Sampler's Fax #:

Sampler's E-mail:

LABORATORY CERTIF	ICATION INFORMATION (to b	e completed by lab - pleas	se type or print legibly)		
Lab Name: Pace Analy	tical Services, LLC Flo	orida DOH Certification #:		Certification Expiration	Date:
			ATTACH CURRENT DO	HANALYTE SHEET*	
Address:					
Were any analyses subc	contracted? Yes X No	If yes, please provide D	OH certification numbers((s):	
			ATTACH DOH ANALYT	E SHEET FOR EACH SUBCO	NTRACTED LAB*
ANALYSIS INFORMATI	ON (to be completed by lab)	Date Sample(s) Rec	eived: <u>10/3/2024</u>		
PWS ID (From Page1):		Sample Number (Fro	m Page1): <u>35910389002</u>	_Lab Assigned Report # or	Job ID: <u>35910389002</u>
Group(s) Analyzed & Re	sults attached for compliance w	vith Chapter 62-550, F.A.C	C. (Check all that apply):		
<u>Inorganics</u>	Synthetic Organics	Volatile Organics	<u>Disinfection Byproducts</u>	Radionuclides	<u>Secondaries</u>
All Except Asbestos	All 30	All 21	Trihalomethanes	Single Sample	All 14
X Partial	All Except Dioxin	Partial	Haloacetic Acids	Qtrly Composite**	X Partial
Nitrate	Partial		Chlorite		
Nitrite	Dioxin Only		Bromate		
Asbestos					
		LAB CER	TIFICATION		
l,	Cameron Meynardie	,	Project M	1anager	, do HEREBY CERTIFY
	(Print Name)		(Print	Title)	
that all attached analytical	data are correct and unless noted r	meet all requirements of the I	National Environmental Labo	oratory Accreditation Converen	ce (NELAC).
Cianaturo	allah		Data	10/16/2024	4
Signature:	land coment Florida DOLLlah contit	C4:	Date:		
	and current Florida DOH lab certifiainst the public water system for fa		-		· · · · · · · · · · · · · · · · · · ·
	cal sample dates & locations for ea			•	
	CONFIRMATION & NOTIF	FICATION IS REQUIRED WITHI	N 24 HRS FOR NITRATE OR N	NITRITE MCL EXCEEDANCES	
NON	N-DETECTS ARE TO BE REPORTED	AS THE MDL WITH A "U" QUA	LIFIER. (Non-detects reported	d as "BDL" or with a "<" are not	acceptable.)
COMPLIANCE DETERM	MINATION (to be completed by	DEP or DOH attach not	es as necessary)		
Sample Collection & Ana	alysis Satisfactory: Yes	No	Replacement Samp	le or Report Requested (circ	le or highlight group(s) above)
Person Notified:		Date Notified:	DEP/DOH Rev	viewing Official:	
anorting Format 62-550 730					

INORGANIC CONTAMINANTS 62-550.310(1)

Report Number	/	Job	ID:	35910389002
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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							

SECONDARY CONTAMINANTS 62-550.320

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							

PUBLIC WATER SYSTEM INFORMATION (to be completed by sampler - please type or print legibly) PWS I.D. #: System Name: Non-transient Non-community System Type (check one): Community Transient Non-community Phone # ______Fax #: ______E-Mail Address: _____ SAMPLE INFORMATION (to be completed by sampler) AM (PM) (Circle One) Sample Number: 35910389003 Sample Date: 9/25/2024 Sample Time: 3:56 Location Code: _____ Sample Location (be specific): 121 Grove Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): mg/L Field pH: Reason(s) for Sample (Check all that apply) Sample Type (Check Only One) Distribution Routine Compliance with 62-550 Replacement (of Invalidated Sample) Confirmation of MCL Exceedance* Special (not for compliance with 62-550) Entry Point (to Distribution) Plant Tap (not for compliance with 62-550) Confirmation of Multiple Sites** Clearance (permitting) Other: Raw (at well or intake) Sampling Procedure Used or Other Comments: Max Residence Time Ave Residence Time Near First Customer *See 62-550.500(6) for requirements and restrictions. **See 62-550.550(4) for requirements and And 62-550.512(3) for nitrate or nitrite exceedances. attach a results page for each site. SAMPLER CERTIFICATION , do HEREBY CERTIFY (Print Name) (Print Title) that the above public water system and sample collection information is complete and correct. Signature: Certified Operator #: Phone #: Sampler's Fax #:

Sampler's E-mail:

LABORATORY CERTIF	ICATION INFORMATION (to b	e completed by lab - pleas	se type or print legibly)		
Lab Name: Pace Analy	tical Services, LLC Flo	orida DOH Certification #:		Certification Expiration	Date:
			ATTACH CURRENT DO	H ANALYTE SHEET*	
Address:					
Were any analyses subc	contracted? Yes X No	If yes, please provide De	OH certification numbers((s):	
			ATTACH DOH ANALYT	E SHEET FOR EACH SUBCO	NTRACTED LAB*
ANALYSIS INFORMATI	ON (to be completed by lab)	Date Sample(s) Rec	eived: <u>10/3/2024</u>		
PWS ID (From Page1):		Sample Number (Fro	m Page1): <u>35910389003</u>	_Lab Assigned Report # or	Job ID: <u>35910389003</u>
Group(s) Analyzed & Re	sults attached for compliance w	vith Chapter 62-550, F.A.C	C. (Check all that apply):		
<u>Inorganics</u>	Synthetic Organics	Volatile Organics	<u>Disinfection Byproducts</u>	Radionuclides	<u>Secondaries</u>
All Except Asbestos	All 30	All 21	Trihalomethanes	Single Sample	All 14
X Partial	All Except Dioxin	Partial	Haloacetic Acids	Qtrly Composite**	X Partial
Nitrate	Partial		Chlorite		
Nitrite	Dioxin Only		Bromate		
Asbestos					
		LAB CER	TIFICATION		
I,	Cameron Meynardie	,	Project M	Manager	, do HEREBY CERTIFY
	(Print Name)	_	(Print	Title)	_
that all attached analytical	data are correct and unless noted r	meet all requirements of the I	National Environmental Labo	oratory Accreditation Converen	ce (NELAC).
Oi ma atoma	allah		Data	40/40/000	4
Signature:			Date:	10/16/2024	
	l and current Florida DOH lab certif painst the public water system for fa		-		*
· · ·	cal sample dates & locations for ea			,	
	CONFIRMATION & NOTIF	FICATION IS REQUIRED WITHI	N 24 HRS FOR NITRATE OR N	NITRITE MCL EXCEEDANCES	
NOM	N-DETECTS ARE TO BE REPORTED	AS THE MDL WITH A "U" QUA	LIFIER. (Non-detects reported	d as "BDL" or with a "<" are not	acceptable.)
COMPLIANCE DETERM	MINATION (to be completed by	DEP or DOH attach not	es as necessary)		
Sample Collection & Ana	alysis Satisfactory: Yes	No	Replacement Samp	le or Report Requested (circl	le or highlight group(s) above)
Person Notified:		Date Notified:	DEP/DOH Rev	viewing Official:	
anorting Format 62-550 730					

INORGANIC	CONTAMINANTS
62-550.310(1)

Report Number /	Job	ID:	3591	0389003	3
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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							

SECONDARY CONTAMINANTS 62-550.320

Report Number	/	Job ID):	3591	03	389	00	3	
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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							

PUBLIC WATER SYSTEM INFORMATION (to be completed by sampler - please type or print legibly) PWS I.D. #: System Name: Non-transient Non-community System Type (check one): Community Transient Non-community Phone # ______Fax #: ______E-Mail Address: _____ SAMPLE INFORMATION (to be completed by sampler) AM (PM) (Circle One) Sample Number: 35910389004 Sample Date: 9/25/2024 _____Sample Time: 1:32 Location Code: Sample Location (be specific): 127 Grove Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): mg/L Field pH: Reason(s) for Sample (Check all that apply) Sample Type (Check Only One) Distribution Routine Compliance with 62-550 Replacement (of Invalidated Sample) Confirmation of MCL Exceedance* Special (not for compliance with 62-550) Entry Point (to Distribution) Plant Tap (not for compliance with 62-550) Confirmation of Multiple Sites** Clearance (permitting) Other: Raw (at well or intake) Sampling Procedure Used or Other Comments: Max Residence Time Ave Residence Time Near First Customer *See 62-550.500(6) for requirements and restrictions. **See 62-550.550(4) for requirements and And 62-550.512(3) for nitrate or nitrite exceedances. attach a results page for each site. SAMPLER CERTIFICATION , do HEREBY CERTIFY (Print Name) (Print Title) that the above public water system and sample collection information is complete and correct. Signature: Certified Operator #: Phone #: Sampler's Fax #:

Sampler's E-mail:

LA	BORATORY CERTIFICATION INFORMATION (to be	completed by lab - pleas	se type or print legibly)		
La	b Name: Pace Analytical Services, LLC Florid	da DOH Certification #:		Certification Expiration D	ate:
			ATTACH CURRENT DOH	ANALYTE SHEET*	
Ad	dress:				
We	ere any analyses subcontracted? Yes X No I	If yes, please provide DC	OH certification numbers(s)		JTD 4 075D 1 4 D#
				SHEET FOR EACH SUBCON	ITRACTED LAB*
	IALYSIS INFORMATION (to be completed by lab)	Date Sample(s) Rece			
PV	VS ID (From Page1):	Sample Number (Fror	m Page1): <u>35910389004</u> L	_ab Assigned Report # or J	ob ID: <u>35910389004</u>
Gr	oup(s) Analyzed & Results attached for compliance with	n Chapter 62-550, F.A.C	. (Check all that apply):		
Ino	<u>Synthetic Organics</u> <u>V</u>	/olatile Organics	Disinfection Byproducts	Radionuclides	<u>Secondaries</u>
	All Except Asbestos	All 21	Trihalomethanes	Single Sample	All 14
Х	Partial All Except Dioxin	Partial	Haloacetic Acids	Qtrly Composite**	X Partial
	Nitrate Partial		Chlorite		
	Nitrite Dioxin Only		Bromate		
	Asbestos				
		LAB CER	TIFICATION		
I,	Cameron Meynardie	,	Project Ma	ınager	_, do HEREBY CERTIFY
	(Print Name)		(Print Ti	tle)	
tha	at all attached analytical data are correct and unless noted me	et all requirements of the N	National Environmental Labora	atory Accreditation Converence	e (NELAC).
Sig	gnature:		Date:	10/16/2024	
	Failure to provide a valid and current Florida DOH lab certifica possible enforcement against the public water system for failtu Please provide radiological sample dates & locations for each	ure to sample, and may res		-	-
	CONFIRMATION & NOTIFICATION OF NON-DETECTS ARE TO BE REPORTED AS		N 24 HRS FOR NITRATE OR NIT LIFIER. (Non-detects reported a		cceptable.)
CC	DMPLIANCE DETERMINATION (to be completed by Di	EP or DOH attach note	es as necessary)		
Sa	ample Collection & Analysis Satisfactory: Yes	No	Replacement Sample	or Report Requested (circle	or highlight group(s) above)
	erson Notified:	Date Notified:	DEP/DOH Revie	ewing Official:	
nor	ting Format 62-550 730				

INORGANIC CONTAMINANTS 62-550.310(1)

Report	Number /	/ Job	ID:	35910389	004
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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							

SECONDARY CONTAMINANTS 62-550.320

Report Number	/	Job I	ID:	359	1	038	390	004
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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							

PUBLIC WATER SYSTEM INFORMATION (to be completed by sampler - please type or print legibly) PWS I.D. #: System Name: Non-transient Non-community System Type (check one): Community Transient Non-community Phone # ______ Fax #: _____ E-Mail Address: _____ SAMPLE INFORMATION (to be completed by sampler) (AM) PM (Circle One) Sample Number: <u>35910389005</u> Sample Date: <u>9/25/2024</u> Sample Time: <u>5:35</u> Location Code: Sample Location (be specific): 113 Kaigon Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): mg/L Field pH: Reason(s) for Sample (Check all that apply) Sample Type (Check Only One) Replacement (of Invalidated Sample) Distribution Routine Compliance with 62-550 Confirmation of MCL Exceedance* Special (not for compliance with 62-550) Entry Point (to Distribution) Plant Tap (not for compliance with 62-550) Confirmation of Multiple Sites** Clearance (permitting) Other: Raw (at well or intake) Sampling Procedure Used or Other Comments: Max Residence Time Ave Residence Time Near First Customer *See 62-550.500(6) for requirements and restrictions. **See 62-550.550(4) for requirements and And 62-550.512(3) for nitrate or nitrite exceedances. attach a results page for each site. SAMPLER CERTIFICATION , do HEREBY CERTIFY (Print Name) (Print Title) that the above public water system and sample collection information is complete and correct. Signature: Certified Operator #: Phone #: Sampler's Fax #:

Sampler's E-mail:

LABORATORY CERTIFICA	ATION INFORMATION (to b	be completed by lab - pleas	se type or print legibly)		
Lab Name: Pace Analytica	Services, LLC Flo	orida DOH Certification #:		Certification Expiration	Date:
Address:			ATTACH CURRENT DOH Phone #	I ANALYTE SHEET*	
Were any analyses subcont	racted? Yes X No	o If yes, please provide Do	OH certification numbers(s):	
				E SHEET FOR EACH SUBCO	NTRACTED LAB*
ANALYSIS INFORMATION	(to be completed by lab)	Date Sample(s) Rec	eived: <u>10/3/2024</u>		
PWS ID (From Page1):		Sample Number (Fro	m Page1): <u>35910389005</u>	_Lab Assigned Report # or	Job ID: <u>35910389005</u>
Group(s) Analyzed & Result	s attached for compliance	with Chapter 62-550, F.A.C	. (Check all that apply):		
Inorganics	Synthetic Organics	Volatile Organics	<u>Disinfection Byproducts</u>	Radionuclides	Secondaries
All Except Asbestos	All 30	All 21	Trihalomethanes	Single Sample	All 14
X Partial	All Except Dioxin	Partial	Haloacetic Acids	Qtrly Composite**	X Partial
Nitrate	Partial		Chlorite		
Nitrite	Dioxin Only		Bromate		
Asbestos					
		LAB CER	TIFICATION		
l,	Cameron Meynardie	<u>,</u>	Project M	anager	, do HEREBY CERTIFY
	(Print Name)		(Print 1	Title)	
that all attached analytical data	are correct and unless noted	meet all requirements of the N	National Environmental Labo	ratory Accreditation Converen	ice (NELAC).
Signature:	allel		Date:	10/16/2024	4
* Failure to provide a valid and		ification number and a current			
	st the public water system for f				
** Please provide radiological s	sample dates & locations for ea	ach quarter.			
		FICATION IS REQUIRED WITHI			
NON-DE	ETECTS ARE TO BE REPORTED	AS THE MDL WITH A "U" QUA	LIFIER. (Non-detects reported	l as "BDL" or with a "<" are not	acceptable.)
COMPLIANCE DETERMINA	ATION (to be completed by	DEP or DOH attach not	es as necessary)		
Sample Collection & Analys	is Satisfactory: Yes	No	Replacement Sample	e or Report Requested (circ	le or highlight group(s) above)
Person Notified:		Date Notified:	DEP/DOH Rev	viewing Official:	
eporting Format 62-550.730					

Reporting Format 62-550.730 Effective January 1995, Revised December 2012

INORGANIC CONTAMINANTS 62-550.310(1)

Report	Number /	/ Job	ID:	35910389005	,
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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							

SECONDARY CONTAMINANTS 62-550.320

Report Number	/	Job I	D:	359	1	03	89	00	15
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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							

PUBLIC WATER SYSTEM INFORMATION (to be completed by sampler - please type or print legibly) PWS I.D. #: System Name: Non-transient Non-community System Type (check one): Community Transient Non-community Phone # ______ Fax #: _____ E-Mail Address: _____ SAMPLE INFORMATION (to be completed by sampler) (AM) PM (Circle One)
 Sample Number:
 35910389006
 Sample Date:
 9/25/2024
 Sample Time:
 10:30
 Location Code: Sample Location (be specific): 218 Omaha Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): mg/L Field pH: Reason(s) for Sample (Check all that apply) Sample Type (Check Only One) Replacement (of Invalidated Sample) Distribution Routine Compliance with 62-550 Confirmation of MCL Exceedance* Special (not for compliance with 62-550) Entry Point (to Distribution) Plant Tap (not for compliance with 62-550) Confirmation of Multiple Sites** Clearance (permitting) Other: Raw (at well or intake) Sampling Procedure Used or Other Comments: Max Residence Time Ave Residence Time Near First Customer *See 62-550.500(6) for requirements and restrictions. **See 62-550.550(4) for requirements and And 62-550.512(3) for nitrate or nitrite exceedances. attach a results page for each site. SAMPLER CERTIFICATION , do HEREBY CERTIFY (Print Name) (Print Title) that the above public water system and sample collection information is complete and correct. Signature: Certified Operator #: Phone #: Sampler's Fax #:

Sampler's E-mail:

LABORATORY CE	ERTIFICATION INFORMATIO	N (to be completed by lab - plea	se type or print legibly)		
Lab Name: Pace A	Analytical Services, LLC	Florida DOH Certification #:		Certification Expiration	Date:
			ATTACH CURRENT DO	H ANALYTE SHEET*	
Address:			Phone #		
Were any analyses	subcontracted? Yes	X No If yes, please provide D	OH certification numbers	(s):	
			ATTACH DOH ANALYT	E SHEET FOR EACH SUBCO	ONTRACTED LAB*
ANALYSIS INFORI	MATION (to be completed by	lab) Date Sample(s) Rec	ceived: 10/3/2024		
PWS ID (From Page1)):	Sample Number (Fro	om Page1): <u>35910389006</u>	_Lab Assigned Report # or	Job ID: <u>35910389006</u>
Group(s) Analyzed	& Results attached for compl	iance with Chapter 62-550, F.A.0	C. (Check all that apply):		
<u>Inorganics</u>	Synthetic Organics	Volatile Organics	Disinfection Byproducts	Radionuclides	<u>Secondaries</u>
All Except Asbes	stos All 30	All 21	Trihalomethanes	Single Sample	All 14
X Partial	All Except Dio	xin Partial	Haloacetic Acids	Qtrly Composite**	X Partial
Nitrate	Partial		Chlorite		
Nitrite	Dioxin Only		Bromate		
Asbestos					
		LAB CER	RTIFICATION		
I,	Cameron Meynardie	, _	Project M	/lanager	, do HEREBY CERTIFY
	(Print Name)		(Print	Title)	
that all attached analy	ytical data are correct and unless	noted meet all requirements of the	National Environmental Labo	oratory Accreditation Converer	nce (NELAC).
Signature:	Co-Ma-		Date:	10/16/202	4
	a valid and current Florida DOH I	ab certification number and a curren			
		em for failture to sample, and may re			
** Please provide rad	liological sample dates & location	ns for each quarter.			
		& NOTIFICATION IS REQUIRED WITH			
	NON-DETECTS ARE TO BE REP	ORTED AS THE MDL WITH A "U" QUA	ALIFIER. (Non-detects reporte	d as "BDL" or with a "<" are not	: acceptable.)
COMPLIANCE DE	TERMINATION (to be comple	eted by DEP or DOH attach no	tes as necessary)		
Sample Collection 8	& Analysis Satisfactory:	Yes No	Replacement Samp	ole or Report Requested (circ	cle or highlight group(s) above)
Person Notified:		Date Notified:	DEP/DOH Re	viewing Official:	
eporting Format 62-550.7	' 30				

INORGANIC CONTAMINANTS
62-550.310(1)

Report Number	/	Job	ID:	35910	0389006
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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							

SECONDARY CONTAMINANTS 62-550.320

Report Nur	mber / .ld	oh ID:	35910	389006
16DOLL ING		יטוער.	JJJ 10	

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							

PUBLIC WATER SYSTEM INFORMATION (to be completed by sampler - please type or print legibly) PWS I.D. #: System Name: Non-transient Non-community System Type (check one): Community Transient Non-community Phone # ______Fax #: ______E-Mail Address: _____ SAMPLE INFORMATION (to be completed by sampler) (AM) PM (Circle One) Sample Number: <u>35910389007</u> Sample Date: <u>9/25/2024</u> Sample Time: <u>6:00</u> Location Code: Sample Location (be specific): 322 GATES Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): mg/L Field pH: Reason(s) for Sample (Check all that apply) Sample Type (Check Only One) Replacement (of Invalidated Sample) Distribution Routine Compliance with 62-550 Confirmation of MCL Exceedance* Special (not for compliance with 62-550) Entry Point (to Distribution) Plant Tap (not for compliance with 62-550) Confirmation of Multiple Sites** Clearance (permitting) Other: Raw (at well or intake) Sampling Procedure Used or Other Comments: Max Residence Time Ave Residence Time Near First Customer *See 62-550.500(6) for requirements and restrictions. **See 62-550.550(4) for requirements and And 62-550.512(3) for nitrate or nitrite exceedances. attach a results page for each site. SAMPLER CERTIFICATION , do HEREBY CERTIFY (Print Name) (Print Title) that the above public water system and sample collection information is complete and correct. Signature: Certified Operator #: Phone #: Sampler's Fax #: Sampler's E-mail:

LABORATORY CERTIFICA	ATION INFORMATION (to b	e completed by lab - pleas	e type or print legibly)		
Lab Name: Pace Analytica	al Services, LLC Flo	orida DOH Certification #:		Certification Expiration	Date:
Address:			Phone #	ANALYTE SHEET*	
Were any analyses subcont	tracted? Yes X No	o If yes, please provide DO	OH certification numbers(s	s):	
				SHEET FOR EACH SUBCO	NTRACTED LAB*
ANALYSIS INFORMATION	(to be completed by lab)	Date Sample(s) Rece	eived: <u>10/3/2024</u>		
PWS ID (From Page1):		Sample Number (From	m Page1): <u>35910389007</u>	Lab Assigned Report # or	Job ID: <u>35910389007</u>
Group(s) Analyzed & Result	ts attached for compliance w	vith Chapter 62-550, F.A.C	. (Check all that apply):		
<u>Inorganics</u>	Synthetic Organics	Volatile Organics	<u>Disinfection Byproducts</u>	Radionuclides	<u>Secondaries</u>
All Except Asbestos	All 30	All 21	Trihalomethanes	Single Sample	All 14
X Partial	All Except Dioxin	Partial	Haloacetic Acids	Qtrly Composite**	X Partial
Nitrate	Partial		Chlorite		
Nitrite	Dioxin Only		Bromate		
Asbestos					
		LAB CER	TIFICATION		
I,	Cameron Meynardie	,	Project Ma	anager	, do HEREBY CERTIFY
	(Print Name)		(Print T	Title)	
that all attached analytical data	a are correct and unless noted r	meet all requirements of the N	lational Environmental Labo	ratory Accreditation Converen	ice (NELAC).
Signature:	all the second		Date:	10/16/2024	4
	d current Florida DOH lab certif	fication number and a current			
	st the public water system for fa				
** Please provide radiological	sample dates & locations for ea	ach quarter.			
		FICATION IS REQUIRED WITHIN			
NON-DI	ETECTS ARE TO BE REPORTED	AS THE MDL WITH A "U" QUA	LIFIER. (Non-detects reported	I as "BDL" or with a "<" are not	acceptable.)
COMPLIANCE DETERMIN	ATION (to be completed by	DEP or DOH attach note	es as necessary)		
Sample Collection & Analys	sis Satisfactory: Yes	No	Replacement Sample	e or Report Requested (circ	le or highlight group(s) above)
Person Notified:		Date Notified:	DEP/DOH Rev	riewing Official:	
eporting Format 62-550.730					

Reporting Format 62-550.730 Effective January 1995, Revised December 2012

INORGANIC CONTAMINANTS 62-550.310(1)

Report N	Number /	Job /	ID:	3591	0389007
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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							

SECONDARY CONTAMINANTS 62-550.320

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							

PUBLIC WATER SYSTEM INFORMATION (to be completed by sampler - please type or print legibly) PWS I.D. #: System Name: Non-transient Non-community System Type (check one): Community Transient Non-community Phone # ______ Fax #: _____ E-Mail Address: _____ SAMPLE INFORMATION (to be completed by sampler) (AM) PM (Circle One) Sample Number: 35910389008 Sample Date: 9/25/2024 Sample Time: 10:00 Location Code: Sample Location (be specific): 105 Sample Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): mg/L Field pH: Reason(s) for Sample (Check all that apply) Sample Type (Check Only One) Replacement (of Invalidated Sample) Distribution Routine Compliance with 62-550 Confirmation of MCL Exceedance* Special (not for compliance with 62-550) Entry Point (to Distribution) Plant Tap (not for compliance with 62-550) Confirmation of Multiple Sites** Clearance (permitting) Other: Raw (at well or intake) Sampling Procedure Used or Other Comments: Max Residence Time Ave Residence Time Near First Customer *See 62-550.500(6) for requirements and restrictions. **See 62-550.550(4) for requirements and And 62-550.512(3) for nitrate or nitrite exceedances. attach a results page for each site. SAMPLER CERTIFICATION , do HEREBY CERTIFY (Print Name) (Print Title) that the above public water system and sample collection information is complete and correct. Signature: Certified Operator #: Phone #: Sampler's Fax #: Sampler's E-mail:

LABORATORY CERTIFICA	ATION INFORMATION (to b	e completed by lab - pleas	se type or print legibly)		
Lab Name: Pace Analytica	al Services, LLC Flo	orida DOH Certification #:		Certification Expiration	Date:
Address:			ATTACH CURRENT DOH Phone #	I ANALYTE SHEET*	
Were any analyses subconf	tracted? Yes X No	o If yes, please provide DO	OH certification numbers(s):	
				SHEET FOR EACH SUBCO	NTRACTED LAB*
ANALYSIS INFORMATION	(to be completed by lab)	Date Sample(s) Rece	eived: <u>10/3/2024</u>		
PWS ID (From Page1):		Sample Number (From	m Page1): <u>35910389008</u>	Lab Assigned Report # or	Job ID: <u>35910389008</u>
Group(s) Analyzed & Resul	ts attached for compliance w	vith Chapter 62-550, F.A.C	. (Check all that apply):		
<u>Inorganics</u>	Synthetic Organics	Volatile Organics	<u>Disinfection Byproducts</u>	Radionuclides	Secondaries
All Except Asbestos	All 30	All 21	Trihalomethanes	Single Sample	All 14
X Partial	All Except Dioxin	Partial	Haloacetic Acids	Qtrly Composite**	X Partial
Nitrate	Partial		Chlorite		
Nitrite	Dioxin Only		Bromate		
Asbestos					
		LAB CER	TIFICATION		
l,	Cameron Meynardie	,	Project M	anager	, do HEREBY CERTIFY
	(Print Name)		(Print 1	Title)	
that all attached analytical data	a are correct and unless noted r	meet all requirements of the N	National Environmental Labo	ratory Accreditation Converen	ce (NELAC).
Signature:	all		Date:	10/16/2024	1
	nd current Florida DOH lab certif	fination number and a current			
	ist the public water system for fa				
** Please provide radiological	sample dates & locations for ea	ach quarter.			
		FICATION IS REQUIRED WITHIN			
NON-DI	ETECTS ARE TO BE REPORTED	AS THE MDL WITH A "U" QUA	LIFIER. (Non-detects reported	I as "BDL" or with a "<" are not	acceptable.)
COMPLIANCE DETERMIN	IATION (to be completed by	DEP or DOH attach note	es as necessary)		
Sample Collection & Analys	sis Satisfactory: Yes	No	Replacement Sample	e or Report Requested (circ	le or highlight group(s) above)
Person Notified:		Date Notified:	DEP/DOH Rev	riewing Official:	
eporting Format 62-550,730					

Reporting Format 62-550.730 Effective January 1995, Revised December 2012

INORGANIC CONTAMINANTS 62-550.310(1)

Report Number / Jo	D: 35910389008
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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							

SECONDARY CONTAMINANTS 62-550.320

Report Number	/	Job ID):	3591	10)3	8	9(00	8
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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							

PUBLIC WATER SYSTEM INFORMATION (to be completed by sampler - please type or print legibly) PWS I.D. #: System Name: Non-transient Non-community System Type (check one): Community Transient Non-community Phone # ______ Fax #: _____ E-Mail Address: _____ SAMPLE INFORMATION (to be completed by sampler) (AM) PM (Circle One) Sample Number: 35910389009 Sample Date: 9/25/2024 Sample Time: 8:15 Location Code: Sample Location (be specific): 526 Wimccin Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): mg/L Field pH: Reason(s) for Sample (Check all that apply) Sample Type (Check Only One) Replacement (of Invalidated Sample) Distribution Routine Compliance with 62-550 Confirmation of MCL Exceedance* Special (not for compliance with 62-550) Entry Point (to Distribution) Plant Tap (not for compliance with 62-550) Confirmation of Multiple Sites** Clearance (permitting) Other: Raw (at well or intake) Sampling Procedure Used or Other Comments: Max Residence Time Ave Residence Time Near First Customer *See 62-550.500(6) for requirements and restrictions. **See 62-550.550(4) for requirements and And 62-550.512(3) for nitrate or nitrite exceedances. attach a results page for each site. SAMPLER CERTIFICATION , do HEREBY CERTIFY (Print Name) (Print Title) that the above public water system and sample collection information is complete and correct. Signature: Certified Operator #: Phone #: Sampler's Fax #: Sampler's E-mail:

LABORATORY CERTIFICA	ATION INFORMATION (to b	e completed by lab - pleas	se type or print legibly)							
Lab Name: Pace Analytica	I Services, LLC Flo	rida DOH Certification #:	on #:Certification Expiration Date:							
			ATTACH CURRENT DOH	ANALYTE SHEET*						
Address:			Phone #							
Were any analyses subconti	racted? Yes X No	If yes, please provide Do	OH certification numbers(s	s):						
			ATTACH DOH ANALYTE	SHEET FOR EACH SUBCO	NTRACTED LAB*					
ANALYSIS INFORMATION	(to be completed by lab)	Date Sample(s) Rec	eived: <u>10/3/2024</u>							
PWS ID (From Page1):		Sample Number (Fro	m Page1): <u>35910389009</u>	Lab Assigned Report # or J	lob ID: <u>35910389009</u>					
Group(s) Analyzed & Result	s attached for compliance w	rith Chapter 62-550, F.A.C	Check all that apply):							
<u>Inorganics</u>	Synthetic Organics	Volatile Organics	<u>Disinfection Byproducts</u>	Radionuclides	<u>Secondaries</u>					
All Except Asbestos	All 30	All 21	Trihalomethanes	Single Sample	All 14					
X Partial	All Except Dioxin	Partial	Haloacetic Acids	Qtrly Composite**	X Partial					
Nitrate	Partial		Chlorite							
Nitrite	Dioxin Only		Bromate							
Asbestos										
		LAB CER	TIFICATION							
I,	Cameron Meynardie	,	Project Ma	anager	, do HEREBY CERTIFY					
	(Print Name)		(Print Title)							
that all attached analytical data	are correct and unless noted n	neet all requirements of the N	National Environmental Labo	ratory Accreditation Converend	ce (NELAC).					
Cignoture	all the second		Date:	10/16/2024						
Signature:	l summert Floride DOLLIeb contit	:t:								
 Failure to provide a valid and possible enforcement agains 	it the public water system for fa			-	· ·					
** Please provide radiological s		· · · · · · · · · · · · · · · · · · ·		,						
			N 24 HRS FOR NITRATE OR N							
NON-DE	TECTS ARE TO BE REPORTED	AS THE MDL WITH A "U" QUA	LIFIER. (Non-detects reported	as "BDL" or with a "<" are not a	acceptable.)					
COMPLIANCE DETERMINA	ATION (to be completed by	DEP or DOH attach not	es as necessary)							
Sample Collection & Analys	is Satisfactory: Yes	No	Replacement Sample	e or Report Requested (circle	e or highlight group(s) above)					
Person Notified:		Date Notified:	DEP/DOH Rev	riewing Official:						
anorting Format 62-550 730										

Reporting Format 62-550.730 Effective January 1995, Revised December 2012

INORGANIC CONTAMINANTS 62-550.310(1)

Report Number / Jol	ID: 35910389009
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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							

SECONDARY CONTAMINANTS 62-550.320

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							

PUBLIC WATER SYSTEM INFORMATION (to be completed by sampler - please type or print legibly) PWS I.D. #: System Name: Non-transient Non-community System Type (check one): Community Transient Non-community Phone # ______ Fax #: _____ E-Mail Address: _____ SAMPLE INFORMATION (to be completed by sampler) (AM) PM (Circle One) Sample Number: <u>35910389010</u> Sample Date: <u>9/25/2024</u> Sample Time: <u>7:30</u> Location Code: Sample Location (be specific): 290 GATES Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): mg/L Field pH: Reason(s) for Sample (Check all that apply) Sample Type (Check Only One) Replacement (of Invalidated Sample) Distribution Routine Compliance with 62-550 Confirmation of MCL Exceedance* Special (not for compliance with 62-550) Entry Point (to Distribution) Plant Tap (not for compliance with 62-550) Confirmation of Multiple Sites** Clearance (permitting) Other: Raw (at well or intake) Sampling Procedure Used or Other Comments: Max Residence Time Ave Residence Time Near First Customer *See 62-550.500(6) for requirements and restrictions. **See 62-550.550(4) for requirements and And 62-550.512(3) for nitrate or nitrite exceedances. attach a results page for each site. SAMPLER CERTIFICATION , do HEREBY CERTIFY (Print Name) (Print Title) that the above public water system and sample collection information is complete and correct. Signature: Certified Operator #: Phone #: Sampler's Fax #:

Sampler's E-mail:

LABORATORY CE	ERTIFICATION INFORMATIO	(to be completed by lab - plea	se type or print legibly)					
Lab Name: Pace A	Analytical Services, LLC	Florida DOH Certification #:	#:Certification Expiration Date:					
			ATTACH CURRENT DOI	H ANALYTE SHEET*				
Address:			Phone #					
Were any analyses	subcontracted? Yes	X No If yes, please provide D	OH certification numbers	(s):				
			ATTACH DOH ANALYT	E SHEET FOR EACH SUBCO	ONTRACTED LAB*			
ANALYSIS INFORI	MATION (to be completed by	lab) Date Sample(s) Rec	ceived: 10/3/2024					
PWS ID (From Page1)):	Sample Number (Fro	om Page1): <u>35910389010</u>	_Lab Assigned Report # or	Job ID: <u>35910389010</u>			
Group(s) Analyzed	& Results attached for compl	iance with Chapter 62-550, F.A.C	C. (Check all that apply):					
<u>Inorganics</u>	Synthetic Organics	Volatile Organics	<u>Disinfection Byproducts</u>	Radionuclides	<u>Secondaries</u>			
All Except Asbes	stos All 30	All 21	Trihalomethanes	Single Sample	All 14			
X Partial	All Except Dio	xin Partial	Haloacetic Acids	Qtrly Composite**	X Partial			
Nitrate	Partial		Chlorite					
Nitrite	Dioxin Only		Bromate					
Asbestos								
		LAB CER	RTIFICATION					
I,	Cameron Meynardie	,	Project M	Manager	, do HEREBY CERTIFY			
	(Print Name)		(Print	Title)				
that all attached analy	ytical data are correct and unless	noted meet all requirements of the	National Environmental Labo	oratory Accreditation Converer	nce (NELAC).			
Cianatura	(La Marie)		Date	10/16/202	4			
Signature:			Date:					
		ab certification number and a currentement for failture to sample, and may re						
	liological sample dates & location			,				
	CONFIRMATION	& NOTIFICATION IS REQUIRED WITHI	IN 24 HRS FOR NITRATE OR I	NITRITE MCL EXCEEDANCES				
	NON-DETECTS ARE TO BE REP	ORTED AS THE MDL WITH A "U" QUA	ALIFIER. (Non-detects reporte	d as "BDL" or with a "<" are not	acceptable.)			
COMPLIANCE DET	TERMINATION (to be comple	eted by DEP or DOH attach not	tes as necessary)					
Sample Collection 8	& Analysis Satisfactory:	Yes No	Replacement Samp	ole or Report Requested (circ	cle or highlight group(s) above)			
Person Notified:		Date Notified:	DEP/DOH Re	viewing Official:				
eporting Format 62-550.7	'30	_						

INORGANIC CONTAMINANTS 62-550.310(1)

Report Number	· / Job	ID: 3	591038	39010
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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							

SECONDARY CONTAMINANTS 62-550.320

Report Number	/ Job II) 3591	1038901	(

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							

PUBLIC WATER SYSTEM INFORMATION (to be completed by sampler - please type or print legibly) PWS I.D. #: System Name: Non-transient Non-community System Type (check one): Community Transient Non-community Phone # ______Fax #: ______E-Mail Address: _____ SAMPLE INFORMATION (to be completed by sampler) (AM) PM (Circle One) Sample Number: <u>35910389011</u> Sample Date: <u>9/25/2024</u> Sample Time: <u>6:00</u> Location Code: Sample Location (be specific): 829 SR-17 Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): mg/L Field pH: Reason(s) for Sample (Check all that apply) Sample Type (Check Only One) Replacement (of Invalidated Sample) Distribution Routine Compliance with 62-550 Confirmation of MCL Exceedance* Special (not for compliance with 62-550) Entry Point (to Distribution) Plant Tap (not for compliance with 62-550) Confirmation of Multiple Sites** Clearance (permitting) Other: Raw (at well or intake) Sampling Procedure Used or Other Comments: Max Residence Time Ave Residence Time Near First Customer *See 62-550.500(6) for requirements and restrictions. **See 62-550.550(4) for requirements and And 62-550.512(3) for nitrate or nitrite exceedances. attach a results page for each site. SAMPLER CERTIFICATION , do HEREBY CERTIFY (Print Name) (Print Title) that the above public water system and sample collection information is complete and correct. Signature: Certified Operator #: Phone #: Sampler's Fax #:

Sampler's E-mail:

LABORATORY CERTIFICA	ATION INFORMATION (to	be completed by lab - pleas	se type or print legibly)		
Lab Name: Pace Analytica	Services, LLC FI	lorida DOH Certification #:		Certification Expiration	Date:
Address:			Phone #	I ANALYTE SHEET*	
Were any analyses subcont	racted? Yes X N	o If yes, please provide Do	OH certification numbers(s):	
				E SHEET FOR EACH SUBCO	NTRACTED LAB*
ANALYSIS INFORMATION	(to be completed by lab)	Date Sample(s) Rec	eived: <u>10/3/2024</u>		
PWS ID (From Page1):		Sample Number (Fro	m Page1): <u>35910389011</u>	_Lab Assigned Report # or	Job ID: <u>35910389011</u>
Group(s) Analyzed & Result	s attached for compliance	with Chapter 62-550, F.A.C	. (Check all that apply):		
<u>Inorganics</u>	Synthetic Organics	Volatile Organics	<u>Disinfection Byproducts</u>	Radionuclides	<u>Secondaries</u>
All Except Asbestos	All 30	All 21	Trihalomethanes	Single Sample	All 14
X Partial	All Except Dioxin	Partial	Haloacetic Acids	Qtrly Composite**	X Partial
Nitrate	Partial		Chlorite		
Nitrite	Dioxin Only		Bromate		
Asbestos					
		LAB CER	TIFICATION		
I,	Cameron Meynardie	,	Project M	lanager	, do HEREBY CERTIFY
	(Print Name)		(Print 1	Title)	
that all attached analytical data	are correct and unless noted	meet all requirements of the N	National Environmental Labo	oratory Accreditation Converen	ice (NELAC).
Signature:	Collection		Date:	10/16/2024	4
* Failure to provide a valid and	d ourrant Florida DOH lab aari	tification number and a current			
		failture to sample, and may re			
** Please provide radiological s	sample dates & locations for e	each quarter.			
		IFICATION IS REQUIRED WITHI			
NON-DE	TECTS ARE TO BE REPORTED	O AS THE MDL WITH A "U" QUA	LIFIER. (Non-detects reported	d as "BDL" or with a "<" are not	acceptable.)
COMPLIANCE DETERMINA	ATION (to be completed by	y DEP or DOH attach not	es as necessary)		
Sample Collection & Analys	is Satisfactory: Yes	No	Replacement Sampl	e or Report Requested (circ	le or highlight group(s) above)
Person Notified:		Date Notified:	DEP/DOH Rev	viewing Official:	
eporting Format 62-550,730					

Reporting Format 62-550.730 Effective January 1995, Revised December 2012

INORGANIC CONTAMINANTS
62-550.310(1)

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							

SECONDARY CONTAMINANTS 62-550.320

Report Number	/ Job ID:	3591038	39011

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							

PUBLIC WATER SYSTEM INFORMATION (to be completed by sampler - please type or print legibly) PWS I.D. #: System Name: Non-transient Non-community System Type (check one): Community Transient Non-community Phone # ______ Fax #: _____ E-Mail Address: _____ SAMPLE INFORMATION (to be completed by sampler) (AM) PM (Circle One) Sample Number: <u>35910389012</u> Sample Date: <u>9/25/2024</u> Sample Time: <u>8:15</u> Location Code: Sample Location (be specific): 215 SAMPLE Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): mg/L Field pH: Reason(s) for Sample (Check all that apply) Sample Type (Check Only One) Replacement (of Invalidated Sample) Distribution Routine Compliance with 62-550 Confirmation of MCL Exceedance* Special (not for compliance with 62-550) Entry Point (to Distribution) Plant Tap (not for compliance with 62-550) Confirmation of Multiple Sites** Clearance (permitting) Other: Raw (at well or intake) Sampling Procedure Used or Other Comments: Max Residence Time Ave Residence Time Near First Customer *See 62-550.500(6) for requirements and restrictions. **See 62-550.550(4) for requirements and And 62-550.512(3) for nitrate or nitrite exceedances. attach a results page for each site. SAMPLER CERTIFICATION , do HEREBY CERTIFY (Print Name) (Print Title) that the above public water system and sample collection information is complete and correct. Signature: Certified Operator #: Phone #: Sampler's Fax #:

Sampler's E-mail:

LABORATORY CERT	TIFICATION INFORMATION	I (to be completed by lab - plea	se type or print legibly)		
Lab Name: Pace Ana	alytical Services, LLC	Florida DOH Certification #:		Certification Expiration I	Date:
			ATTACH CURRENT DOF	ANALYTE SHEET*	
Address:			Phone #		
Were any analyses su	bcontracted? Yes	No If yes, please provide D	OH certification numbers(s):	
			ATTACH DOH ANALYTI	E SHEET FOR EACH SUBCO	NTRACTED LAB*
ANALYSIS INFORMA	ATION (to be completed by la	ab) Date Sample(s) Rec	ceived: 10/3/2024		
PWS ID (From Page1): _		Sample Number (Fro	om Page1): <u>35910389012</u>	_Lab Assigned Report # or .	Job ID: <u>35910389012</u>
Group(s) Analyzed & F	Results attached for complia	nce with Chapter 62-550, F.A.C	C. (Check all that apply):		
<u>Inorganics</u>	Synthetic Organics	Volatile Organics	Disinfection Byproducts	Radionuclides	<u>Secondaries</u>
All Except Asbestos	All 30	All 21	Trihalomethanes	Single Sample	All 14
X Partial	All Except Dioxi	n Partial	Haloacetic Acids	Qtrly Composite**	X Partial
Nitrate	Partial		Chlorite		
Nitrite	Dioxin Only		Bromate		
Asbestos					
		LAB CER	RTIFICATION		
I,	Cameron Meynardie	,	Project M	lanager	, do HEREBY CERTIFY
	(Print Name)		(Print	_	<u> </u>
that all attached analytica	al data are correct and unless r	noted meet all requirements of the	National Environmental Labo	oratory Accreditation Converen	ce (NELAC).
0.	all		Dut	40/40/000	
Signature:			Date:	10/16/2024	
		o certification number and a curren n for failture to sample, and may re			
•	ogical sample dates & locations	•		, , _ , _ , _ , _ , _ , _ , _ , _ ,	
	CONFIRMATION &	NOTIFICATION IS REQUIRED WITH	IN 24 HRS FOR NITRATE OR N	IITRITE MCL EXCEEDANCES	
N	ION-DETECTS ARE TO BE REPO	RTED AS THE MDL WITH A "U" QUA	ALIFIER. (Non-detects reported	d as "BDL" or with a "<" are not	acceptable.)
COMPLIANCE DETER	RMINATION (to be complete	ed by DEP or DOH attach not	tes as necessary)		
Sample Collection & A	Analysis Satisfactory:	Yes No	Replacement Sampl	e or Report Requested (circl	e or highlight group(s) above)
Person Notified:		Date Notified:	DEP/DOH Rev	viewing Official:	
eporting Format 62-550.730		_			

INORGANIC CONTAMINANTS
62-550.310(1)

Report Number	· / Job	ID: 3	359103	89012
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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							

SECONDARY CONTAMINANTS 62-550.320

Report Numb	er / Job II	D: 3591	0389012

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							

PUBLIC WATER SYSTEM INFORMATION (to be completed by sampler - please type or print legibly) PWS I.D. #: System Name: Non-transient Non-community System Type (check one): Community Transient Non-community Phone # ______ Fax #: _____ E-Mail Address: _____ SAMPLE INFORMATION (to be completed by sampler) (AM) PM (Circle One) Sample Number: <u>35910389013</u> Sample Date: <u>9/25/2024</u> Sample Time: <u>8:05</u> Location Code: Sample Location (be specific): 610 Cunning ham Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): mg/L Field pH: Reason(s) for Sample (Check all that apply) Sample Type (Check Only One) Replacement (of Invalidated Sample) Distribution Routine Compliance with 62-550 Confirmation of MCL Exceedance* Special (not for compliance with 62-550) Entry Point (to Distribution) Plant Tap (not for compliance with 62-550) Confirmation of Multiple Sites** Clearance (permitting) Other: Raw (at well or intake) Sampling Procedure Used or Other Comments: Max Residence Time Ave Residence Time Near First Customer *See 62-550.500(6) for requirements and restrictions. **See 62-550.550(4) for requirements and And 62-550.512(3) for nitrate or nitrite exceedances. attach a results page for each site. SAMPLER CERTIFICATION , do HEREBY CERTIFY (Print Name) (Print Title) that the above public water system and sample collection information is complete and correct. Signature: Certified Operator #: Phone #: Sampler's Fax #: Sampler's E-mail:

LA	BORATORY CERTIFICATION INFORMATION (to be o	completed by lab - pleas	e type or print legibly)						
La	b Name: Pace Analytical Services, LLC Florida	la DOH Certification #:	#:Certification Expiration Date:						
			ATTACH CURRENT DOH	ANALYTE SHEET*					
Ad	dress:								
We	ere any analyses subcontracted?	f yes, please provide DC	OH certification numbers(s)):					
			ATTACH DOH ANALYTE	SHEET FOR EACH SUBCON	ITRACTED LAB*				
A١	IALYSIS INFORMATION (to be completed by lab)	Date Sample(s) Rece	eived: <u>10/3/2024</u>						
Р۷	VS ID (From Page1):	Sample Number (Fron	m Page1): <u>35910389013</u> L	_ab Assigned Report # or Jo	ob ID: <u>35910389013</u>				
Gr	oup(s) Analyzed & Results attached for compliance with	Chapter 62-550, F.A.C.	. (Check all that apply):						
<u>Ino</u>	rganics Synthetic Organics Vo	olatile Organics	<u>Disinfection Byproducts</u>	Radionuclides	<u>Secondaries</u>				
	All Except Asbestos All 30	All 21	Trihalomethanes	Single Sample	All 14				
Х	Partial All Except Dioxin	Partial	Haloacetic Acids	Qtrly Composite**	X Partial				
	Nitrate Partial		Chlorite						
	Nitrite Dioxin Only		Bromate						
	Asbestos								
		LAB CERT	TIFICATION						
I,	Cameron Meynardie	,	Project Ma	nager	, do HEREBY CERTIFY				
	(Print Name)		(Print Ti	tle)					
tha	at all attached analytical data are correct and unless noted mee	et all requirements of the N	lational Environmental Labora	atory Accreditation Converence	e (NELAC).				
Cia	all		Date	10/16/2024					
·	gnature:		Date:						
	Failure to provide a valid and current Florida DOH lab certificat possible enforcement against the public water system for failtu			-	-				
	Please provide radiological sample dates & locations for each	· · · · · · · · · · · · · · · · · · ·		·					
			N 24 HRS FOR NITRATE OR NIT						
	NON-DETECTS ARE TO BE REPORTED AS	THE MDL WITH A "U" QUAI	LIFIER. (Non-detects reported a	as "BDL" or with a "<" are not a	cceptable.)				
CC	DMPLIANCE DETERMINATION (to be completed by DE	EP or DOH attach note	es as necessary)						
Sa	ample Collection & Analysis Satisfactory: Yes	No	Replacement Sample	or Report Requested (circle	or highlight group(s) above)				
Pe	erson Notified:	Date Notified:	DEP/DOH Revie	ewing Official:					
nor	ting Format 62-550 730								

INORGANIC CONTAMINANTS
62-550.310(1)

Report	Number .	/ Job	ID:	35910389013	3
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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							

SECONDARY CONTAMINANTS 62-550.320

Report N	Number /	II dol. \	D: 3591	0389013
VCDOLL I	NULLIDEL /	JUD 11	J. UUU I	0000010

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							

PUBLIC WATER SYSTEM INFORMATION (to be completed by sampler - please type or print legibly) PWS I.D. #: System Name: Non-transient Non-community System Type (check one): Community Transient Non-community Phone # ______Fax #: ______E-Mail Address: _____ SAMPLE INFORMATION (to be completed by sampler) (AM) PM (Circle One) Sample Number: <u>35910389014</u> Sample Date: <u>9/27/2024</u> Sample Time: <u>9:30</u> Sample Location (be specific): 510 Omaha Location Code: Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): mg/L Field pH: Reason(s) for Sample (Check all that apply) Sample Type (Check Only One) Replacement (of Invalidated Sample) Distribution Routine Compliance with 62-550 Confirmation of MCL Exceedance* Special (not for compliance with 62-550) Entry Point (to Distribution) Plant Tap (not for compliance with 62-550) Confirmation of Multiple Sites** Clearance (permitting) Other: Raw (at well or intake) Sampling Procedure Used or Other Comments: Max Residence Time Ave Residence Time Near First Customer *See 62-550.500(6) for requirements and restrictions. **See 62-550.550(4) for requirements and And 62-550.512(3) for nitrate or nitrite exceedances. attach a results page for each site. SAMPLER CERTIFICATION , do HEREBY CERTIFY (Print Name) (Print Title) that the above public water system and sample collection information is complete and correct. Signature: Certified Operator #: Phone #: Sampler's Fax #: Sampler's E-mail:

LABORATORY CERTIFICA	ATION INFORMATION (to be	completed by lab - pleas	e type or print legibly)					
Lab Name: Pace Analytica	l Services, LLC Flori	da DOH Certification #:	#:Certification Expiration Date:					
Address:			ATTACH CURRENT DOH Phone #	ANALYTE SHEET*				
Were any analyses subcont	racted? Yes X No	If yes, please provide DC	OH certification numbers(s	s):				
				SHEET FOR EACH SUBCO	NTRACTED LAB*			
ANALYSIS INFORMATION	(to be completed by lab)	Date Sample(s) Rece	eived: <u>10/3/2024</u>					
PWS ID (From Page1):		Sample Number (Fror	n Page1): <u>35910389014</u>	Lab Assigned Report # or	Job ID: <u>35910389014</u>			
Group(s) Analyzed & Result	s attached for compliance wit	th Chapter 62-550, F.A.C	. (Check all that apply):					
<u>Inorganics</u>	Synthetic Organics	Volatile Organics	Disinfection Byproducts	Radionuclides	Secondaries			
All Except Asbestos	All 30	All 21	Trihalomethanes	Single Sample	All 14			
X Partial	All Except Dioxin	Partial	Haloacetic Acids	Qtrly Composite**	X Partial			
Nitrate	Partial		Chlorite					
Nitrite	Dioxin Only		Bromate					
Asbestos								
		LAB CER	TIFICATION					
l,	Cameron Meynardie	,	Project Ma	anager	_, do HEREBY CERTIFY			
	(Print Name)		(Print T	itle)				
that all attached analytical data	a are correct and unless noted me	eet all requirements of the N	lational Environmental Labor	ratory Accreditation Converen	ce (NELAC).			
Signature:	alle		Date:	10/16/2024	1			
	d current Florida DOH lab certific	ation number and a current						
	st the public water system for fail							
** Please provide radiological	sample dates & locations for eacl	h quarter.						
			I 24 HRS FOR NITRATE OR NI					
NON-DE	ETECTS ARE TO BE REPORTED A	S THE MDL WITH A "U" QUAI	LIFIER. (Non-detects reported	as "BDL" or with a "<" are not	acceptable.)			
COMPLIANCE DETERMIN	ATION (to be completed by D	DEP or DOH attach note	es as necessary)					
Sample Collection & Analys	is Satisfactory: Yes	No	Replacement Sample	e or Report Requested (circl	e or highlight group(s) above)			
Person Notified:		Date Notified:	DEP/DOH Revi	iewing Official:				
eporting Format 62-550.730								

Reporting Format 62-550.730 Effective January 1995, Revised December 2012

INORGANIC CONTAMINANTS 62-550.310(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							

SECONDARY CONTAMINANTS 62-550.320

Report Number /	Job ID:	3591038901	4
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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							

PUBLIC WATER SYSTEM INFORMATION (to be completed by sampler - please type or print legibly) PWS I.D. #: System Name: Non-transient Non-community System Type (check one): Community Transient Non-community Phone # ______Fax #: ______E-Mail Address: _____ SAMPLE INFORMATION (to be completed by sampler) (AM) PM (Circle One) Sample Number: <u>35910389015</u> Sample Date: <u>9/27/2024</u> Sample Time: <u>8:43</u> Location Code: Sample Location (be specific): 205 Kelly Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): mg/L Field pH: Reason(s) for Sample (Check all that apply) Sample Type (Check Only One) Replacement (of Invalidated Sample) Distribution Routine Compliance with 62-550 Confirmation of MCL Exceedance* Special (not for compliance with 62-550) Entry Point (to Distribution) Plant Tap (not for compliance with 62-550) Confirmation of Multiple Sites** Clearance (permitting) Other: Raw (at well or intake) Sampling Procedure Used or Other Comments: Max Residence Time Ave Residence Time Near First Customer *See 62-550.500(6) for requirements and restrictions. **See 62-550.550(4) for requirements and And 62-550.512(3) for nitrate or nitrite exceedances. attach a results page for each site. SAMPLER CERTIFICATION , do HEREBY CERTIFY (Print Name) (Print Title) that the above public water system and sample collection information is complete and correct. Signature: Certified Operator #: Phone #: Sampler's Fax #:

Sampler's E-mail:

LABORATORY CERTIFICA	ATION INFORMATION (to b	pe completed by lab - pleas	se type or print legibly)		
Lab Name: Pace Analytica	l Services, LLC Flo	orida DOH Certification #:		Certification Expiration	Date:
Address:			ATTACH CURRENT DOH Phone #	I ANALYTE SHEET*	
Were any analyses subcont	racted? Yes X No	o If yes, please provide Do	OH certification numbers(s	s):	
				E SHEET FOR EACH SUBCO	NTRACTED LAB*
ANALYSIS INFORMATION	(to be completed by lab)	Date Sample(s) Rec	eived: _10/3/2024		
PWS ID (From Page1):		Sample Number (Fro	m Page1): <u>35910389015</u>	_Lab Assigned Report # or	Job ID: <u>35910389015</u>
Group(s) Analyzed & Result	s attached for compliance v	with Chapter 62-550, F.A.C	. (Check all that apply):		
Inorganics	Synthetic Organics	Volatile Organics	<u>Disinfection Byproducts</u>	Radionuclides	Secondaries
All Except Asbestos	All 30	All 21	Trihalomethanes	Single Sample	All 14
X Partial	All Except Dioxin	Partial	Haloacetic Acids	Qtrly Composite**	X Partial
Nitrate	Partial		Chlorite		
Nitrite	Dioxin Only		Bromate		
Asbestos					
		LAB CER	TIFICATION		
l,	Cameron Meynardie	<u>,</u> ,	Project M	anager	, do HEREBY CERTIFY
	(Print Name)		(Print T	īitle)	
that all attached analytical data	are correct and unless noted	meet all requirements of the N	National Environmental Labo	ratory Accreditation Converen	ice (NELAC).
Signature:	Collection of the second		Date:	10/16/2024	4
* Failure to provide a valid and		fication number and a current			
	st the public water system for fa				
** Please provide radiological s	sample dates & locations for ea	ach quarter.			
		FICATION IS REQUIRED WITHI			
NON-DE	ETECTS ARE TO BE REPORTED	AS THE MDL WITH A "U" QUA	LIFIER. (Non-detects reported	as "BDL" or with a "<" are not	acceptable.)
COMPLIANCE DETERMINA	ATION (to be completed by	DEP or DOH attach not	es as necessary)		
Sample Collection & Analys	is Satisfactory: Yes	No	Replacement Sample	e or Report Requested (circ	le or highlight group(s) above)
Person Notified:		Date Notified:	DEP/DOH Rev	viewing Official:	
eporting Format 62-550.730					

Reporting Format 62-550.730 Effective January 1995, Revised December 2012

INORGANIC CONTAMINANTS 62-550.310(1)

Report Number /	Job	ID:	35910389015
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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							

SECONDARY CONTAMINANTS 62-550.320

Report I	Number	/ .lob II	D: 3591	0389015
1 CDUIL		יו טטט וי	D. 000 I	0000010

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							

PUBLIC WATER SYSTEM INFORMATION (to be completed by sampler - please type or print legibly) PWS I.D. #: System Name: Non-transient Non-community System Type (check one): Community Transient Non-community Phone # ______Fax #: ______E-Mail Address: _____ SAMPLE INFORMATION (to be completed by sampler) (AM) PM (Circle One) Sample Number: <u>35910389016</u> Sample Date: <u>9/30/2024</u> Sample Time: <u>6:00</u> Location Code: Sample Location (be specific): 122 Grove Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): mg/L Field pH: Reason(s) for Sample (Check all that apply) Sample Type (Check Only One) Replacement (of Invalidated Sample) Distribution Routine Compliance with 62-550 Confirmation of MCL Exceedance* Special (not for compliance with 62-550) Entry Point (to Distribution) Plant Tap (not for compliance with 62-550) Confirmation of Multiple Sites** Clearance (permitting) Other: Raw (at well or intake) Sampling Procedure Used or Other Comments: Max Residence Time Ave Residence Time Near First Customer *See 62-550.500(6) for requirements and restrictions. **See 62-550.550(4) for requirements and And 62-550.512(3) for nitrate or nitrite exceedances. attach a results page for each site. SAMPLER CERTIFICATION , do HEREBY CERTIFY (Print Name) (Print Title) that the above public water system and sample collection information is complete and correct. Signature: Certified Operator #: Phone #: Sampler's Fax #: Sampler's E-mail:

LABORATORY CERTIFICA	ATION INFORMATION (to be o	completed by lab - pleas	e type or print legibly)		
Lab Name: Pace Analytica	I Services, LLC Florid	la DOH Certification #:		Certification Expiration [Date:
Address:			Phone #	ANALYTE SHEET*	
Were any analyses subcont	racted? Yes X No I	f yes, please provide DC	OH certification numbers(s	s):	
				SHEET FOR EACH SUBCO	NTRACTED LAB*
ANALYSIS INFORMATION	(to be completed by lab)	Date Sample(s) Rece	eived: 10/3/2024		
PWS ID (From Page1):		Sample Number (Fron	n Page1): <u>35910389016</u>	Lab Assigned Report # or .	Job ID: <u>35910389016</u>
Group(s) Analyzed & Result	s attached for compliance with	Chapter 62-550, F.A.C	(Check all that apply):		
<u>Inorganics</u>	Synthetic Organics V	olatile Organics	Disinfection Byproducts	Radionuclides	Secondaries
All Except Asbestos	All 30	All 21	Trihalomethanes	Single Sample	All 14
X Partial	All Except Dioxin	Partial	Haloacetic Acids	Qtrly Composite**	X Partial
Nitrate	Partial		Chlorite		
Nitrite	Dioxin Only		Bromate		
Asbestos					
		LAB CER	TIFICATION		
l,	Cameron Meynardie	,,	Project Ma	anager	_, do HEREBY CERTIFY
	(Print Name)		(Print T	itle)	
that all attached analytical data	are correct and unless noted me	et all requirements of the N	ational Environmental Labor	ratory Accreditation Converen	ce (NELAC).
Signature:	allel		Date:	10/16/2024	1
	d current Florida DOH lab certifica	ation number and a current			
	st the public water system for failtu				
** Please provide radiological	sample dates & locations for each	quarter.			
			I 24 HRS FOR NITRATE OR NI		
NON-DE	ETECTS ARE TO BE REPORTED AS	THE MDL WITH A "U" QUAI	LIFIER. (Non-detects reported	as "BDL" or with a "<" are not	acceptable.)
COMPLIANCE DETERMIN	ATION (to be completed by DE	EP or DOH attach note	es as necessary)		
Sample Collection & Analys	is Satisfactory: Yes	No	Replacement Sample	e or Report Requested (circl	e or highlight group(s) above)
Person Notified:		Date Notified:	DEP/DOH Revi	iewing Official:	
eporting Format 62-550.730					

Reporting Format 62-550.730 Effective January 1995, Revised December 2012

INORGANIC CONTAMINANTS
62-550.310(1)

Report	Number /	/ Job	ID:	3591038	9016
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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	ı	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							

SECONDARY CONTAMINANTS 62-550.320

Report Number	/	Job	ID:	3591	03	890	16
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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							

PUBLIC WATER SYSTEM INFORMATION (to be completed by sampler - please type or print legibly) PWS I.D. #: System Name: Non-transient Non-community System Type (check one): Community Transient Non-community Phone # ______ Fax #: _____ E-Mail Address: _____ SAMPLE INFORMATION (to be completed by sampler) (AM) PM (Circle One) Sample Number: 35910389017 Sample Date: 9/25/2024 Sample Time: 4:15 Location Code: Sample Location (be specific): 221 Pionsettia Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): mg/L Field pH: Reason(s) for Sample (Check all that apply) Sample Type (Check Only One) Replacement (of Invalidated Sample) Distribution Routine Compliance with 62-550 Confirmation of MCL Exceedance* Special (not for compliance with 62-550) Entry Point (to Distribution) Plant Tap (not for compliance with 62-550) Confirmation of Multiple Sites** Clearance (permitting) Other: Raw (at well or intake) Sampling Procedure Used or Other Comments: Max Residence Time Ave Residence Time Near First Customer *See 62-550.500(6) for requirements and restrictions. **See 62-550.550(4) for requirements and And 62-550.512(3) for nitrate or nitrite exceedances. attach a results page for each site. SAMPLER CERTIFICATION , do HEREBY CERTIFY (Print Name) (Print Title) that the above public water system and sample collection information is complete and correct. Signature: Certified Operator #: Phone #: Sampler's Fax #:

Sampler's E-mail:

LA	ABORATORY CERTIFICATION INFORMATION (to be o	completed by lab - pleas	e type or print legibly)							
La	b Name: Pace Analytical Services, LLC Florid	la DOH Certification #:		Certification Expiration D	ate:					
			ATTACH CURRENT DOH	ANALYTE SHEET*						
Ad	dress:		Phone #							
We	ere any analyses subcontracted? Yes X No If	f yes, please provide DC	OH certification numbers(s)		TD40TED 4D#					
	IAL VOIC INCORMATION (to be consoleted by leb)	Data Cample(a) Dage		SHEET FOR EACH SUBCON	TRACTED LAB					
	IALYSIS INFORMATION (to be completed by lab)	Date Sample(s) Rece	·							
	VS ID (From Page1):			_ab Assigned Report # or Jo	ob ID: <u>35910389017</u>					
Gr	oup(s) Analyzed & Results attached for compliance with	Chapter 62-550, F.A.C.	. (Check all that apply):							
Ino	organics Synthetic Organics Vi	<u>olatile Organics</u>	Disinfection Byproducts	Radionuclides	<u>Secondaries</u>					
	All Except Asbestos All 30	All 21	Trihalomethanes	Single Sample	All 14					
X	Partial All Except Dioxin	Partial	Haloacetic Acids	Qtrly Composite**	X Partial					
	Nitrate Partial		Chlorite							
	Nitrite Dioxin Only		Bromate							
	Asbestos									
		LAB CER	TIFICATION							
Ι,	Cameron Meynardie	,	Project Ma	, do HEREBY CERTIFY						
	(Print Name)		(Print Ti	tle)						
tha	at all attached analytical data are correct and unless noted med	et all requirements of the N	lational Environmental Labora	atory Accreditation Converence	e (NELAC).					
Sig	gnature:		Date:	10/16/2024						
	Failure to provide a valid and current Florida DOH lab certifica possible enforcement against the public water system for failtu Please provide radiological sample dates & locations for each	ure to sample, and may res								
	CONFIRMATION & NOTIFICATION OF NON-DETECTS ARE TO BE REPORTED AS		N 24 HRS FOR NITRATE OR NIT LIFIER. (Non-detects reported a		cceptable.)					
CC	DMPLIANCE DETERMINATION (to be completed by DE	EP or DOH attach note	es as necessary)							
Sa	ample Collection & Analysis Satisfactory: Yes	No	Replacement Sample	or Report Requested (circle	or highlight group(s) above)					
	erson Notified:	Date Notified:	DEP/DOH Revie	ewing Official:						
nor	ting Format 62-550 730									

INORGANIC CONTAMINANTS 62-550.310(1)

Report Number / 、	Job ID:	35910389017
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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							

SECONDARY CONTAMINANTS 62-550.320

Report Number / Jo	טו מכ:	35910	U389U17
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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							

PUBLIC WATER SYSTEM INFORMATION (to be completed by sampler - please type or print legibly) PWS I.D. #: System Name: Non-transient Non-community System Type (check one): Community Transient Non-community Phone # ______Fax #: ______E-Mail Address: _____ SAMPLE INFORMATION (to be completed by sampler) (AM) PM (Circle One) Sample Number: <u>35910389018</u> Sample Date: <u>9/30/2024</u> Sample Time: <u>6:00</u> Location Code: Sample Location (be specific): 321 Gunter Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): mg/L Field pH: Reason(s) for Sample (Check all that apply) Sample Type (Check Only One) Replacement (of Invalidated Sample) Distribution Routine Compliance with 62-550 Confirmation of MCL Exceedance* Special (not for compliance with 62-550) Entry Point (to Distribution) Plant Tap (not for compliance with 62-550) Confirmation of Multiple Sites** Clearance (permitting) Other: Raw (at well or intake) Sampling Procedure Used or Other Comments: Max Residence Time Ave Residence Time Near First Customer *See 62-550.500(6) for requirements and restrictions. **See 62-550.550(4) for requirements and And 62-550.512(3) for nitrate or nitrite exceedances. attach a results page for each site. SAMPLER CERTIFICATION , do HEREBY CERTIFY (Print Name) (Print Title) that the above public water system and sample collection information is complete and correct. Signature: Certified Operator #: Phone #: Sampler's Fax #:

Sampler's E-mail:

LABORATORY CERTIFICA	ATION INFORMATION (to be	e completed by lab - pleas	se type or print legibly)					
Lab Name: Pace Analytica	l Services, LLC Flor	rida DOH Certification #:		Certification Expiration I	Date:			
Address:			ATTACH CURRENT DOH Phone #	ANALYTE SHEET*				
Were any analyses subcont	racted? Yes X No	If yes, please provide DO	OH certification numbers(s	s):				
			ATTACH DOH ANALYTE	SHEET FOR EACH SUBCO	NTRACTED LAB*			
ANALYSIS INFORMATION	(to be completed by lab)	Date Sample(s) Rec	eived: _10/3/2024					
PWS ID (From Page1):		Sample Number (From	m Page1): <u>35910389018</u>	Lab Assigned Report # or	Job ID: <u>35910389018</u>			
Group(s) Analyzed & Result	ts attached for compliance wi	ith Chapter 62-550, F.A.C	. (Check all that apply):					
Inorganics	Synthetic Organics	Volatile Organics	Disinfection Byproducts	Radionuclides	Secondaries			
All Except Asbestos	All 30	All 21	Trihalomethanes	Single Sample	All 14			
X Partial	All Except Dioxin	Partial	Haloacetic Acids	Qtrly Composite**	X Partial			
Nitrate	Partial		Chlorite					
Nitrite	Dioxin Only		Bromate					
Asbestos								
		LAB CER	TIFICATION					
l,	Cameron Meynardie	,	Project Manager , do HEREBY CERTIF					
	(Print Name)		(Print Title)					
that all attached analytical data	a are correct and unless noted m	neet all requirements of the N	National Environmental Labor	ratory Accreditation Converen	ce (NELAC).			
Signature:	allah		Date:	10/16/2024	1			
	d current Florida DOH lab certific	action number and a current						
	st the public water system for fai							
** Please provide radiological	sample dates & locations for eac	ch quarter.						
		ICATION IS REQUIRED WITHI						
NON-DE	ETECTS ARE TO BE REPORTED A	AS THE MDL WITH A "U" QUA	LIFIER. (Non-detects reported	as "BDL" or with a "<" are not	acceptable.)			
COMPLIANCE DETERMIN	ATION (to be completed by [DEP or DOH attach not	es as necessary)					
Sample Collection & Analys	sis Satisfactory: Yes	No	Replacement Sample	e or Report Requested (circl	e or highlight group(s) above)			
Person Notified:		Date Notified:	DEP/DOH Rev	iewing Official:				
eporting Format 62-550,730								

INORGANIC CONTAMINANTS 62-550.310(1)

Report Number	/	Job	ID:	35910389018
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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							

SECONDARY CONTAMINANTS 62-550.320

Report Number	/ Job ID:	359103	88901	۶

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							

PUBLIC WATER SYSTEM INFORMATION (to be completed by sampler - please type or print legibly) PWS I.D. #: System Name: Non-transient Non-community System Type (check one): Community Transient Non-community Phone # ______ Fax #: _____ E-Mail Address: _____ SAMPLE INFORMATION (to be completed by sampler) (AM) PM (Circle One) Sample Number: 35910389019 Sample Date: 9/30/2024 Sample Time: 9:33 Sample Location (be specific): 128 Lake Gordon Location Code: Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): mg/L Field pH: Reason(s) for Sample (Check all that apply) Sample Type (Check Only One) Replacement (of Invalidated Sample) Distribution Routine Compliance with 62-550 Confirmation of MCL Exceedance* Special (not for compliance with 62-550) Entry Point (to Distribution) Plant Tap (not for compliance with 62-550) Confirmation of Multiple Sites** Clearance (permitting) Other: Raw (at well or intake) Sampling Procedure Used or Other Comments: Max Residence Time Ave Residence Time Near First Customer *See 62-550.500(6) for requirements and restrictions. **See 62-550.550(4) for requirements and And 62-550.512(3) for nitrate or nitrite exceedances. attach a results page for each site. SAMPLER CERTIFICATION , do HEREBY CERTIFY (Print Name) (Print Title) that the above public water system and sample collection information is complete and correct. Signature: Certified Operator #: Phone #: Sampler's Fax #: Sampler's E-mail:

LABORATORY CERTIFICATION INFORMATION (to be compl	eted by lab - please type or print legibly)
Lab Name: Pace Analytical Services, LLC Florida DO	H Certification #:Certification Expiration Date:
	ATTACH CURRENT DOH ANALYTE SHEET*
Address:	Phone #
Were any analyses subcontracted? Yes X No If yes,	please provide DOH certification numbers(s):
	ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB*
ANALYSIS INFORMATION (to be completed by lab)	te Sample(s) Received: 10/3/2024
PWS ID (From Page1):Sa	mple Number (From Page1): <u>35910389019</u> Lab Assigned Report # or Job ID: <u>35910389019</u>
Group(s) Analyzed & Results attached for compliance with Chapter 1.	oter 62-550, F.A.C. (Check all that apply):
<u>Inorganics</u> <u>Synthetic Organics</u> <u>Volatile</u>	<u>Organics</u> <u>Disinfection Byproducts</u> <u>Radionuclides</u> <u>Secondaries</u>
All Except Asbestos All 30 All	21 Trihalomethanes Single Sample All 14
X Partial All Except Dioxin Pa	rtial Haloacetic Acids Qtrly Composite** X Partial
Nitrate Partial	Chlorite
Nitrite Dioxin Only	Bromate
Asbestos	
	LAB CERTIFICATION
I, Cameron Meynardie	, Project Manager , do HEREBY CERTIF
(Print Name)	(Print Title)
that all attached analytical data are correct and unless noted meet all r	equirements of the National Environmental Laboratory Accreditation Converence (NELAC).
all	Date: 40/40/0004
Signature:	Date: 10/16/2024
·	umber and a current Analyte Sheet for the attached analysis results will result in rejection of the report, sample, and may result in notification of the DOH Bureau of Laboratory Services.
** Please provide radiological sample dates & locations for each quarte	
CONFIRMATION & NOTIFICATION	IS REQUIRED WITHIN 24 HRS FOR NITRATE OR NITRITE MCL EXCEEDANCES
NON-DETECTS ARE TO BE REPORTED AS THE M	IDL 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)

Reporting Format 62-550.730 Effective January 1995, Revised December 2012

INORGANIC CONTAMINANTS 62-550.310(1)

Report	Number /	/ Job	ID:	3591	038901	9
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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							

SECONDARY CONTAMINANTS 62-550.320

Report Number / Jol	ID:	359 <i>°</i>	10389	901	S
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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							

PUBLIC WATER SYSTEM INFORMATION (to be completed by sampler - please type or print legibly) PWS I.D. #: System Name: Non-transient Non-community System Type (check one): Community Transient Non-community Phone # ______ Fax #: _____ E-Mail Address: _____ SAMPLE INFORMATION (to be completed by sampler) (AM) PM (Circle One) Sample Number: <u>35910389020</u> Sample Date: <u>9/29/2024</u> Sample Time: <u>11:00</u> Location Code: Sample Location (be specific): 215 Smith Ave Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): mg/L Field pH: Reason(s) for Sample (Check all that apply) Sample Type (Check Only One) Replacement (of Invalidated Sample) Distribution Routine Compliance with 62-550 Confirmation of MCL Exceedance* Special (not for compliance with 62-550) Entry Point (to Distribution) Plant Tap (not for compliance with 62-550) Confirmation of Multiple Sites** Clearance (permitting) Other: Raw (at well or intake) Sampling Procedure Used or Other Comments: Max Residence Time Ave Residence Time Near First Customer *See 62-550.500(6) for requirements and restrictions. **See 62-550.550(4) for requirements and And 62-550.512(3) for nitrate or nitrite exceedances. attach a results page for each site. SAMPLER CERTIFICATION , do HEREBY CERTIFY (Print Name) (Print Title) that the above public water system and sample collection information is complete and correct. Signature: Certified Operator #: Phone #: Sampler's Fax #:

Sampler's E-mail:

LABORATORY CERTIFICA	ATION INFORMATION (to b	e completed by lab - pleas	se type or print legibly)					
Lab Name: Pace Analytica	I Services, LLC Flo	rida DOH Certification #:		Certification Expiration D)ate:			
			ATTACH CURRENT DOH	ANALYTE SHEET*				
Address:								
Were any analyses subcont	racted? Yes X No	If yes, please provide De	OH certification numbers(s	s):				
			ATTACH DOH ANALYTE	SHEET FOR EACH SUBCO	NTRACTED LAB*			
ANALYSIS INFORMATION	(to be completed by lab)	Date Sample(s) Rec	eived: 10/3/2024					
PWS ID (From Page1):		Sample Number (Fro	From Page1): <u>35910389020</u> Lab Assigned Report # or Job ID: <u>35910389020</u>					
Group(s) Analyzed & Result	s attached for compliance w	rith Chapter 62-550, F.A.C	C. (Check all that apply):					
<u>Inorganics</u>	Synthetic Organics	Volatile Organics	Disinfection Byproducts	Radionuclides	<u>Secondaries</u>			
All Except Asbestos	All 30	All 21	Trihalomethanes	Single Sample	All 14			
X Partial	All Except Dioxin	Partial	Haloacetic Acids	Qtrly Composite**	X Partial			
Nitrate	Partial		Chlorite					
Nitrite	Dioxin Only		Bromate					
Asbestos								
		LAB CER	TIFICATION					
I,	Cameron Meynardie	,	Project Manager , do HEREBY CERT					
	(Print Name)		(Print Title)					
that all attached analytical data	are correct and unless noted r	neet all requirements of the I	National Environmental Labo	ratory Accreditation Converence	ce (NELAC).			
Cignotura	all		Date:	10/16/2024				
Signature:	d account Florida DOLLIab access	:						
 Failure to provide a valid and possible enforcement agains 	st the public water system for fa			-	-			
** Please provide radiological s				,				
			N 24 HRS FOR NITRATE OR N					
NON-DE	TECTS ARE TO BE REPORTED	AS THE MDL WITH A "U" QUA	LIFIER. (Non-detects reported	as "BDL" or with a "<" are not a	acceptable.)			
COMPLIANCE DETERMIN	ATION (to be completed by	DEP or DOH attach not	es as necessary)					
Sample Collection & Analys	is Satisfactory: Yes	No	Replacement Sample	e or Report Requested (circle	e or highlight group(s) above)			
Person Notified:		Date Notified:	DEP/DOH Rev	riewing Official:				
anorting Format 62-550 730								

INORGANIC CONTAMINANTS 62-550.310(1)

Report	Number /	/ Job	ID:	35910389020	į
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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							

SECONDARY CONTAMINANTS 62-550.320

Report Number	/ .loh I	D: 3591	10389020

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							

PUBLIC WATER SYSTEM INFORMATION (to be completed by sampler - please type or print legibly) PWS I.D. #: System Name: Non-transient Non-community System Type (check one): Community Transient Non-community Phone # ______Fax #: ______E-Mail Address: _____ SAMPLE INFORMATION (to be completed by sampler) (AM) PM (Circle One) Sample Number: 35910389021 Sample Date: 10/1/2024 Sample Time: 6:10 Location Code: Sample Location (be specific): 72 Pionsettia Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): mg/L Field pH: Reason(s) for Sample (Check all that apply) Sample Type (Check Only One) Replacement (of Invalidated Sample) Distribution Routine Compliance with 62-550 Confirmation of MCL Exceedance* Special (not for compliance with 62-550) Entry Point (to Distribution) Plant Tap (not for compliance with 62-550) Confirmation of Multiple Sites** Clearance (permitting) Other: Raw (at well or intake) Sampling Procedure Used or Other Comments: Max Residence Time Ave Residence Time Near First Customer *See 62-550.500(6) for requirements and restrictions. **See 62-550.550(4) for requirements and And 62-550.512(3) for nitrate or nitrite exceedances. attach a results page for each site. SAMPLER CERTIFICATION , do HEREBY CERTIFY (Print Name) (Print Title) that the above public water system and sample collection information is complete and correct. Signature: Certified Operator #: Phone #: Sampler's Fax #: Sampler's E-mail:

Lab Name: Pace Ana	alytical Services, LLC F	lorida DOH Certification #:		Certification Expiration	Date:		
			ATTACH CURRENT DO	H ANALYTE SHEET*			
Address:			Phone #				
Were any analyses su	bcontracted? Yes X N	lo If yes, please provide D		s(s):			
				TE SHEET FOR EACH SUBCO			
ANALYSIS INFORMA	ATION (to be completed by lab)	Date Sample(s) Red	ceived: <u>10/3/2024</u>				
PWS ID (From Page1):		Sample Number (Fro	om Page1): <u>35910389021</u>	_Lab Assigned Report # or	Job ID: <u>35910389021</u>		
Group(s) Analyzed & I	Results attached for compliance	with Chapter 62-550, F.A.	C. (Check all that apply):				
<u>Inorganics</u>	Synthetic Organics	Volatile Organics	<u>Disinfection Byproducts</u>	Radionuclides	<u>Secondaries</u>		
All Except Asbestos	All 30	All 21	Trihalomethanes	Single Sample	All 14		
X Partial	All Except Dioxin	Partial	Haloacetic Acids	Qtrly Composite**	X Partial		
Nitrate	Partial		Chlorite				
Nitrite	Dioxin Only		Bromate				
Asbestos							
		LAB CEF	RTIFICATION				
I,	Cameron Meynardie	,	Project N	Manager	, do HEREBY CERTIFY		
	(Print Name)		(Print Title)				
that all attached analytic	al data are correct and unless noted	I meet all requirements of the	National Environmental Lab	oratory Accreditation Converen	ce (NELAC).		
Signature:	Collection of the second		Date:	10/16/2024	1		
		tification number and a surror					
•	alid and current Florida DOH lab cer against the public water system for		•	•	•		
•	ogical sample dates & locations for e			·			
	CONFIRMATION & NOT	IFICATION IS REQUIRED WITH	IN 24 HRS FOR NITRATE OR	NITRITE MCL EXCEEDANCES			
N	ION-DETECTS ARE TO BE REPORTE	D AS THE MDL WITH A "U" QUA	ALIFIER. (Non-detects reporte	ed as "BDL" or with a "<" are not	acceptable.)		
COMPLIANCE DETE	RMINATION (to be completed by	y DEP or DOH attach no	tes as necessary)				
Sample Collection & A	Analysis Satisfactory: Yes	No	Replacement Samp	ole or Report Requested (circ	le or highlight group(s) above)		
Person Notified:		Date Notified:	DEP/DOH Re	eviewing Official:			
eporting Format 62-550.730 ffective January 1995, Revise	ed December 2012		age 2 of 4	<u> </u>			

INORGANIC CONTAMINANTS 62-550.310(1)

Report	Number .	/ Job	ID:	35910389021
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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							

SECONDARY CONTAMINANTS 62-550.320

Report Number	/	Job I	D:	3591	10	38902
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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							