

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

**PUBLIC WATER SYSTEM INFORMATION** (to be completed by sampler - please type or print legibly)

System Name: \_\_\_\_\_ PWS I.D. #: \_\_\_\_\_  
System Type (check one):     Community                       Non-transient Non-community                       Transient Non-community  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ ZIP Code: \_\_\_\_\_  
Phone # \_\_\_\_\_ Fax #: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

**SAMPLE INFORMATION** (to be completed by sampler)

Sample Number: 35836367001      Sample Date: 10/21/2023      Sample Time: 7:45 AM PM (Circle One)  
Sample Location (be specific): 009A-#179 Hannah's Rest      Location Code: \_\_\_\_\_  
Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): \_\_\_\_\_ mg/L      Field pH: \_\_\_\_\_

**Sample Type** (Check Only One) \_\_\_\_\_

- Distribution
- Entry Point (to Distribution)
- Plant Tap (not for compliance with 62-550)
- Raw (at well or intake)
- Max Residence Time
- Ave Residence Time
- Near First Customer

**Reason(s) for Sample** (Check all that apply) \_\_\_\_\_

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

Sampling Procedure Used or Other Comments: \_\_\_\_\_

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

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

## SAMPLER CERTIFICATION

I, \_\_\_\_\_, \_\_\_\_\_, do HEREBY CERTIFY  
(Print Name) (Print Title)

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Certified Operator #: \_\_\_\_\_ Phone #: \_\_\_\_\_ Sampler's Fax #: \_\_\_\_\_

Sampler's E-mail: \_\_\_\_\_

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

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

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

**ATTACH CURRENT DOH ANALYTE SHEET\***

Address: \_\_\_\_\_ Phone # \_\_\_\_\_

Were any analyses subcontracted?  Yes  No If yes, please provide DOH certification numbers(s): \_\_\_\_\_

**ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB\***

**ANALYSIS INFORMATION** (to be completed by lab) Date Sample(s) Received: 10/23/2023

PWS ID (From Page1): \_\_\_\_\_ Sample Number (From Page1): 35836367001 Lab Assigned Report # or Job ID: 35836367001

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

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

## LAB CERTIFICATION

I, Martha Montero, \_\_\_\_\_, do HEREBY CERTIFY  
 (Print Name) (Print Title) Project Manager

that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).

Signature: *Martha Montero* Date: 10/25/2023

\* Failure to provide a valid and current Florida DOH lab certification number and a current Analyte Sheet for the attached analysis results will result in rejection of the report, possible enforcement against the public water system for failure to sample, and may result in notification of the DOH Bureau of Laboratory Services.

\*\* Please provide radiological sample dates & locations for each quarter.

**CONFIRMATION & NOTIFICATION IS REQUIRED WITHIN 24 HRS FOR NITRATE OR NITRITE MCL EXCEEDANCES  
 NON-DETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" QUALIFIER. (Non-detects reported as "BDL" or with a "<" are not acceptable.)**

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

Sample Collection & Analysis Satisfactory:  Yes  No \_\_\_\_\_ Replacement Sample or Report Requested (circle or highlight group(s) above)

Person Notified: \_\_\_\_\_ Date Notified: \_\_\_\_\_ DEP/DOH Reviewing Official: \_\_\_\_\_

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

INORGANIC CONTAMINANTS  
62-550.310(1)

Report Number / Job ID: 35836367001

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	<b>0.041</b>		EPA 200.8	0.00022	10/25/2023	10:20	E83079
1035	Mercury	0.002	mg/L							
1036	Nickel	0.1	mg/L							
1045	Selenium	0.05	mg/L							
1052	Sodium	160	mg/L							
1074	Antimony	0.006	mg/L							
1075	Beryllium	0.004	mg/L							
1085	Thallium	0.002	mg/L							
1094	Asbestos	7 MFL	MFL							

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

SECONDARY CONTAMINANTS  
62-550.320

Report Number / Job ID: 35836367001

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	0.16		EPA 200.8	0.00093	10/25/2023	10:20	E83079
1025	Fluoride	2.0	mg/L							
1028	Iron	0.3	mg/L							
1032	Manganese	0.05	mg/L							
1050	Silver	0.1	mg/L							
1055	Sulfate	250	mg/L							
1095	Zinc	5	mg/L							
1905	Color	15	CU							
1920	Odor	3	TON							
1925	pH (field pH from page 1)	6.5 - 8.5								
1930	Total Dissolved Solids	500	mg/L							
2905	Foaming Agents	0.5	mg/L							

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

**PUBLIC WATER SYSTEM INFORMATION** (to be completed by sampler - please type or print legibly)

System Name: \_\_\_\_\_ PWS I.D. #: \_\_\_\_\_  
System Type (check one):     Community                       Non-transient Non-community                       Transient Non-community  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ ZIP Code: \_\_\_\_\_  
Phone # \_\_\_\_\_ Fax #: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

**SAMPLE INFORMATION** (to be completed by sampler)

Sample Number: 35836367002      Sample Date: 10/21/2023      Sample Time: 7:58 AM PM (Circle One)  
Sample Location (be specific): 009B-#179 Hannah's Rest      Location Code: \_\_\_\_\_  
Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): \_\_\_\_\_ mg/L      Field pH: \_\_\_\_\_

**Sample Type** (Check Only One) \_\_\_\_\_

- Distribution
- Entry Point (to Distribution)
- Plant Tap (not for compliance with 62-550)
- Raw (at well or intake)
- Max Residence Time
- Ave Residence Time
- Near First Customer

**Reason(s) for Sample** (Check all that apply) \_\_\_\_\_

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

Sampling Procedure Used or Other Comments: \_\_\_\_\_

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

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

## SAMPLER CERTIFICATION

I, \_\_\_\_\_, \_\_\_\_\_, do HEREBY CERTIFY  
(Print Name) (Print Title)

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Certified Operator #: \_\_\_\_\_ Phone #: \_\_\_\_\_ Sampler's Fax #: \_\_\_\_\_

Sampler's E-mail: \_\_\_\_\_

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

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

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

**ATTACH CURRENT DOH ANALYTE SHEET\***

Address: \_\_\_\_\_ Phone # \_\_\_\_\_

Were any analyses subcontracted?  Yes  No If yes, please provide DOH certification numbers(s): \_\_\_\_\_

**ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB\***

**ANALYSIS INFORMATION** (to be completed by lab) Date Sample(s) Received: 10/23/2023

PWS ID (From Page1): \_\_\_\_\_ Sample Number (From Page1): 35836367002 Lab Assigned Report # or Job ID: 35836367002

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

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

## LAB CERTIFICATION

I, Martha Montero, \_\_\_\_\_, do HEREBY CERTIFY  
 (Print Name) (Print Title) Project Manager

that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).

Signature:  Date: 10/25/2023

\* Failure to provide a valid and current Florida DOH lab certification number and a current Analyte Sheet for the attached analysis results will result in rejection of the report, possible enforcement against the public water system for failure to sample, and may result in notification of the DOH Bureau of Laboratory Services.

\*\* Please provide radiological sample dates & locations for each quarter.

**CONFIRMATION & NOTIFICATION IS REQUIRED WITHIN 24 HRS FOR NITRATE OR NITRITE MCL EXCEEDANCES  
NON-DETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" QUALIFIER. (Non-detects reported as "BDL" or with a "<" are not acceptable.)**

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

Sample Collection & Analysis Satisfactory:  Yes  No \_\_\_\_\_ Replacement Sample or Report Requested (circle or highlight group(s) above)

Person Notified: \_\_\_\_\_ Date Notified: \_\_\_\_\_ DEP/DOH Reviewing Official: \_\_\_\_\_

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

INORGANIC CONTAMINANTS  
62-550.310(1)

Report Number / Job ID: 35836367002

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	0.00024 J	I	EPA 200.8	0.00022	10/24/2023	16:06	E83079
1035	Mercury	0.002	mg/L							
1036	Nickel	0.1	mg/L							
1045	Selenium	0.05	mg/L							
1052	Sodium	160	mg/L							
1074	Antimony	0.006	mg/L							
1075	Beryllium	0.004	mg/L							
1085	Thallium	0.002	mg/L							
1094	Asbestos	7 MFL	MFL							

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

SECONDARY CONTAMINANTS  
62-550.320

Report Number / Job ID: 35836367002

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	0.00093	U	EPA 200.8	0.00093	10/24/2023	16:06	E83079
1025	Fluoride	2.0	mg/L							
1028	Iron	0.3	mg/L							
1032	Manganese	0.05	mg/L							
1050	Silver	0.1	mg/L							
1055	Sulfate	250	mg/L							
1095	Zinc	5	mg/L							
1905	Color	15	CU							
1920	Odor	3	TON							
1925	pH (field pH from page 1)	6.5 - 8.5								
1930	Total Dissolved Solids	500	mg/L							
2905	Foaming Agents	0.5	mg/L							



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

**PUBLIC WATER SYSTEM INFORMATION** (to be completed by sampler - please type or print legibly)

System Name: \_\_\_\_\_ PWS I.D. #: \_\_\_\_\_  
 System Type (check one):  Community  Non-transient Non-community  Transient Non-community  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ ZIP Code: \_\_\_\_\_  
 Phone # \_\_\_\_\_ Fax #: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

**SAMPLE INFORMATION** (to be completed by sampler)

Sample Number: 35836367003 Sample Date: 10/21/2023 Sample Time: 8:07  AM  PM (Circle One)  
 Sample Location (be specific): 008A-#80 Hannah's Rest Location Code: \_\_\_\_\_  
 Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): \_\_\_\_\_ mg/L Field pH: \_\_\_\_\_

**Sample Type** (Check Only One) \_\_\_\_\_

- Distribution
- Entry Point (to Distribution)
- Plant Tap (not for compliance with 62-550)
- Raw (at well or intake)
- Max Residence Time
- Ave Residence Time
- Near First Customer

**Reason(s) for Sample** (Check all that apply) \_\_\_\_\_

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

Sampling Procedure Used or Other Comments: \_\_\_\_\_

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

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

## SAMPLER CERTIFICATION

I, \_\_\_\_\_, \_\_\_\_\_, do HEREBY CERTIFY  
 (Print Name) (Print Title)

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Certified Operator #: \_\_\_\_\_ Phone #: \_\_\_\_\_ Sampler's Fax #: \_\_\_\_\_

Sampler's E-mail: \_\_\_\_\_

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

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

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

**ATTACH CURRENT DOH ANALYTE SHEET\***

Address: \_\_\_\_\_ Phone # \_\_\_\_\_

Were any analyses subcontracted?  Yes  No If yes, please provide DOH certification numbers(s): \_\_\_\_\_

**ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB\***

**ANALYSIS INFORMATION** (to be completed by lab) Date Sample(s) Received: 10/23/2023

PWS ID (From Page1): \_\_\_\_\_ Sample Number (From Page1): 35836367003 Lab Assigned Report # or Job ID: 35836367003

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

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

## LAB CERTIFICATION

I, Martha Montero, Project Manager, do HEREBY CERTIFY  
(Print Name) (Print Title)

that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).

Signature:  Date: 10/25/2023

\* Failure to provide a valid and current Florida DOH lab certification number and a current Analyte Sheet for the attached analysis results will result in rejection of the report, possible enforcement against the public water system for failure to sample, and may result in notification of the DOH Bureau of Laboratory Services.

\*\* Please provide radiological sample dates & locations for each quarter.

**CONFIRMATION & NOTIFICATION IS REQUIRED WITHIN 24 HRS FOR NITRATE OR NITRITE MCL EXCEEDANCES  
NON-DETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" QUALIFIER. (Non-detects reported as "BDL" or with a "<" are not acceptable.)**

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

Sample Collection & Analysis Satisfactory:  Yes  No \_\_\_\_\_ Replacement Sample or Report Requested (circle or highlight group(s) above)

Person Notified: \_\_\_\_\_ Date Notified: \_\_\_\_\_ DEP/DOH Reviewing Official: \_\_\_\_\_

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

INORGANIC CONTAMINANTS  
62-550.310(1)

Report Number / Job ID: 35836367003

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	<b>0.16</b>		EPA 200.8	0.00022	10/24/2023	16:10	E83079
1035	Mercury	0.002	mg/L							
1036	Nickel	0.1	mg/L							
1045	Selenium	0.05	mg/L							
1052	Sodium	160	mg/L							
1074	Antimony	0.006	mg/L							
1075	Beryllium	0.004	mg/L							
1085	Thallium	0.002	mg/L							
1094	Asbestos	7 MFL	MFL							

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

SECONDARY CONTAMINANTS  
62-550.320

Report Number / Job ID: 35836367003

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	0.47		EPA 200.8	0.00093	10/24/2023	16:10	E83079
1025	Fluoride	2.0	mg/L							
1028	Iron	0.3	mg/L							
1032	Manganese	0.05	mg/L							
1050	Silver	0.1	mg/L							
1055	Sulfate	250	mg/L							
1095	Zinc	5	mg/L							
1905	Color	15	CU							
1920	Odor	3	TON							
1925	pH (field pH from page 1)	6.5 - 8.5								
1930	Total Dissolved Solids	500	mg/L							
2905	Foaming Agents	0.5	mg/L							

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

**PUBLIC WATER SYSTEM INFORMATION** (to be completed by sampler - please type or print legibly)

System Name: \_\_\_\_\_ PWS I.D. #: \_\_\_\_\_  
System Type (check one):     Community                       Non-transient Non-community                       Transient Non-community  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ ZIP Code: \_\_\_\_\_  
Phone # \_\_\_\_\_ Fax #: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

**SAMPLE INFORMATION** (to be completed by sampler)

Sample Number: 35836367004      Sample Date: 10/21/2023      Sample Time: 8:20 AM PM (Circle One)  
Sample Location (be specific): 008B-#80 Hannah's Rest      Location Code: \_\_\_\_\_  
Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): \_\_\_\_\_ mg/L      Field pH: \_\_\_\_\_

**Sample Type** (Check Only One) \_\_\_\_\_

- Distribution
- Entry Point (to Distribution)
- Plant Tap (not for compliance with 62-550)
- Raw (at well or intake)
- Max Residence Time
- Ave Residence Time
- Near First Customer

**Reason(s) for Sample** (Check all that apply) \_\_\_\_\_

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

Sampling Procedure Used or Other Comments: \_\_\_\_\_

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

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

## SAMPLER CERTIFICATION

I, \_\_\_\_\_, \_\_\_\_\_, do HEREBY CERTIFY  
(Print Name) (Print Title)

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Certified Operator #: \_\_\_\_\_ Phone #: \_\_\_\_\_ Sampler's Fax #: \_\_\_\_\_

Sampler's E-mail: \_\_\_\_\_

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

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

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

**ATTACH CURRENT DOH ANALYTE SHEET\***

Address: \_\_\_\_\_ Phone # \_\_\_\_\_

Were any analyses subcontracted?  Yes  No If yes, please provide DOH certification numbers(s): \_\_\_\_\_

**ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB\***

**ANALYSIS INFORMATION** (to be completed by lab) Date Sample(s) Received: 10/23/2023

PWS ID (From Page1): \_\_\_\_\_ Sample Number (From Page1): 35836367004 Lab Assigned Report # or Job ID: 35836367004

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

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

## LAB CERTIFICATION

I, Martha Montero, \_\_\_\_\_, do HEREBY CERTIFY  
 (Print Name) (Print Title) Project Manager

that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).

Signature:  Date: 10/25/2023

\* Failure to provide a valid and current Florida DOH lab certification number and a current Analyte Sheet for the attached analysis results will result in rejection of the report, possible enforcement against the public water system for failure to sample, and may result in notification of the DOH Bureau of Laboratory Services.

\*\* Please provide radiological sample dates & locations for each quarter.

**CONFIRMATION & NOTIFICATION IS REQUIRED WITHIN 24 HRS FOR NITRATE OR NITRITE MCL EXCEEDANCES  
NON-DETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" QUALIFIER. (Non-detects reported as "BDL" or with a "<" are not acceptable.)**

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

Sample Collection & Analysis Satisfactory:  Yes  No \_\_\_\_\_ Replacement Sample or Report Requested (circle or highlight group(s) above)

Person Notified: \_\_\_\_\_ Date Notified: \_\_\_\_\_ DEP/DOH Reviewing Official: \_\_\_\_\_

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

INORGANIC CONTAMINANTS  
62-550.310(1)

Report Number / Job ID: 35836367004

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	0.00022	U	EPA 200.8	0.00022	10/24/2023	16:11	E83079
1035	Mercury	0.002	mg/L							
1036	Nickel	0.1	mg/L							
1045	Selenium	0.05	mg/L							
1052	Sodium	160	mg/L							
1074	Antimony	0.006	mg/L							
1075	Beryllium	0.004	mg/L							
1085	Thallium	0.002	mg/L							
1094	Asbestos	7 MFL	MFL							

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

SECONDARY CONTAMINANTS  
62-550.320

Report Number / Job ID: 35836367004

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	0.0011		EPA 200.8	0.00093	10/24/2023	16:11	E83079
1025	Fluoride	2.0	mg/L							
1028	Iron	0.3	mg/L							
1032	Manganese	0.05	mg/L							
1050	Silver	0.1	mg/L							
1055	Sulfate	250	mg/L							
1095	Zinc	5	mg/L							
1905	Color	15	CU							
1920	Odor	3	TON							
1925	pH (field pH from page 1)	6.5 - 8.5								
1930	Total Dissolved Solids	500	mg/L							
2905	Foaming Agents	0.5	mg/L							



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

**PUBLIC WATER SYSTEM INFORMATION** (to be completed by sampler - please type or print legibly)

System Name: \_\_\_\_\_ PWS I.D. #: \_\_\_\_\_  
System Type (check one):     Community                       Non-transient Non-community                       Transient Non-community  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ ZIP Code: \_\_\_\_\_  
Phone # \_\_\_\_\_ Fax #: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

**SAMPLE INFORMATION** (to be completed by sampler)

Sample Number: 35836367005      Sample Date: 10/21/2023      Sample Time: 8:32 AM PM (Circle One)  
Sample Location (be specific): 010A-4C White Lady      Location Code: \_\_\_\_\_  
Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): \_\_\_\_\_ mg/L      Field pH: \_\_\_\_\_

**Sample Type** (Check Only One) \_\_\_\_\_

- Distribution
- Entry Point (to Distribution)
- Plant Tap (not for compliance with 62-550)
- Raw (at well or intake)
- Max Residence Time
- Ave Residence Time
- Near First Customer

**Reason(s) for Sample** (Check all that apply) \_\_\_\_\_

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

Sampling Procedure Used or Other Comments: \_\_\_\_\_

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

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

## SAMPLER CERTIFICATION

I, \_\_\_\_\_, \_\_\_\_\_, do HEREBY CERTIFY  
(Print Name) (Print Title)

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Certified Operator #: \_\_\_\_\_ Phone #: \_\_\_\_\_ Sampler's Fax #: \_\_\_\_\_

Sampler's E-mail: \_\_\_\_\_

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

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

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

**ATTACH CURRENT DOH ANALYTE SHEET\***

Address: \_\_\_\_\_ Phone # \_\_\_\_\_

Were any analyses subcontracted?  Yes  No If yes, please provide DOH certification numbers(s): \_\_\_\_\_

**ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB\***

**ANALYSIS INFORMATION** (to be completed by lab) Date Sample(s) Received: 10/23/2023

PWS ID (From Page1): \_\_\_\_\_ Sample Number (From Page1): 35836367005 Lab Assigned Report # or Job ID: 35836367005

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

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

## LAB CERTIFICATION

I, Martha Montero, \_\_\_\_\_, do HEREBY CERTIFY  
(Print Name) (Print Title) Project Manager

that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).

Signature:  Date: 10/25/2023

\* Failure to provide a valid and current Florida DOH lab certification number and a current Analyte Sheet for the attached analysis results will result in rejection of the report, possible enforcement against the public water system for failure to sample, and may result in notification of the DOH Bureau of Laboratory Services.

\*\* Please provide radiological sample dates & locations for each quarter.

**CONFIRMATION & NOTIFICATION IS REQUIRED WITHIN 24 HRS FOR NITRATE OR NITRITE MCL EXCEEDANCES  
NON-DETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" QUALIFIER. (Non-detects reported as "BDL" or with a "<" are not acceptable.)**

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

Sample Collection & Analysis Satisfactory:  Yes  No \_\_\_\_\_ Replacement Sample or Report Requested (circle or highlight group(s) above)

Person Notified: \_\_\_\_\_ Date Notified: \_\_\_\_\_ DEP/DOH Reviewing Official: \_\_\_\_\_

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

INORGANIC CONTAMINANTS  
62-550.310(1)

Report Number / Job ID: 35836367005

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	<b>0.11</b>		EPA 200.8	0.00022	10/24/2023	16:16	E83079
1035	Mercury	0.002	mg/L							
1036	Nickel	0.1	mg/L							
1045	Selenium	0.05	mg/L							
1052	Sodium	160	mg/L							
1074	Antimony	0.006	mg/L							
1075	Beryllium	0.004	mg/L							
1085	Thallium	0.002	mg/L							
1094	Asbestos	7 MFL	MFL							

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

SECONDARY CONTAMINANTS  
62-550.320

Report Number / Job ID: 35836367005

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	0.23		EPA 200.8	0.00093	10/24/2023	16:16	E83079
1025	Fluoride	2.0	mg/L							
1028	Iron	0.3	mg/L							
1032	Manganese	0.05	mg/L							
1050	Silver	0.1	mg/L							
1055	Sulfate	250	mg/L							
1095	Zinc	5	mg/L							
1905	Color	15	CU							
1920	Odor	3	TON							
1925	pH (field pH from page 1)	6.5 - 8.5								
1930	Total Dissolved Solids	500	mg/L							
2905	Foaming Agents	0.5	mg/L							

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

**PUBLIC WATER SYSTEM INFORMATION** (to be completed by sampler - please type or print legibly)

System Name: \_\_\_\_\_ PWS I.D. #: \_\_\_\_\_  
System Type (check one):  Community  Non-transient Non-community  Transient Non-community  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ ZIP Code: \_\_\_\_\_  
Phone # \_\_\_\_\_ Fax #: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

**SAMPLE INFORMATION** (to be completed by sampler)

Sample Number: 35836367006 Sample Date: 10/21/2023 Sample Time: 8:45  AM  PM (Circle One)  
Sample Location (be specific): 010B-4C White Lady Location Code: \_\_\_\_\_  
Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): \_\_\_\_\_ mg/L Field pH: \_\_\_\_\_

**Sample Type** (Check Only One) \_\_\_\_\_

- Distribution
- Entry Point (to Distribution)
- Plant Tap (not for compliance with 62-550)
- Raw (at well or intake)
- Max Residence Time
- Ave Residence Time
- Near First Customer

**Reason(s) for Sample** (Check all that apply) \_\_\_\_\_

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

Sampling Procedure Used or Other Comments: \_\_\_\_\_

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

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

## SAMPLER CERTIFICATION

I, \_\_\_\_\_, \_\_\_\_\_, do HEREBY CERTIFY  
(Print Name) (Print Title)

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Certified Operator #: \_\_\_\_\_ Phone #: \_\_\_\_\_ Sampler's Fax #: \_\_\_\_\_

Sampler's E-mail: \_\_\_\_\_

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

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

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

**ATTACH CURRENT DOH ANALYTE SHEET\***

Address: \_\_\_\_\_ Phone # \_\_\_\_\_

Were any analyses subcontracted?  Yes  No If yes, please provide DOH certification numbers(s): \_\_\_\_\_

**ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB\***

**ANALYSIS INFORMATION** (to be completed by lab) Date Sample(s) Received: 10/23/2023

PWS ID (From Page1): \_\_\_\_\_ Sample Number (From Page1): 35836367006 Lab Assigned Report # or Job ID: 35836367006

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

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

## LAB CERTIFICATION

I, Martha Montero, \_\_\_\_\_, do HEREBY CERTIFY  
(Print Name) (Print Title) Project Manager

that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).

Signature:  Date: 10/25/2023

\* Failure to provide a valid and current Florida DOH lab certification number and a current Analyte Sheet for the attached analysis results will result in rejection of the report, possible enforcement against the public water system for failure to sample, and may result in notification of the DOH Bureau of Laboratory Services.

\*\* Please provide radiological sample dates & locations for each quarter.

**CONFIRMATION & NOTIFICATION IS REQUIRED WITHIN 24 HRS FOR NITRATE OR NITRITE MCL EXCEEDANCES  
NON-DETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" QUALIFIER. (Non-detects reported as "BDL" or with a "<" are not acceptable.)**

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

Sample Collection & Analysis Satisfactory:  Yes  No \_\_\_\_\_ Replacement Sample or Report Requested (circle or highlight group(s) above)

Person Notified: \_\_\_\_\_ Date Notified: \_\_\_\_\_ DEP/DOH Reviewing Official: \_\_\_\_\_

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

INORGANIC CONTAMINANTS  
62-550.310(1)

Report Number / Job ID: 35836367006

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	0.00022	U	EPA 200.8	0.00022	10/24/2023	16:17	E83079
1035	Mercury	0.002	mg/L							
1036	Nickel	0.1	mg/L							
1045	Selenium	0.05	mg/L							
1052	Sodium	160	mg/L							
1074	Antimony	0.006	mg/L							
1075	Beryllium	0.004	mg/L							
1085	Thallium	0.002	mg/L							
1094	Asbestos	7 MFL	MFL							

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

SECONDARY CONTAMINANTS  
62-550.320

Report Number / Job ID: 35836367006

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	0.0011		EPA 200.8	0.00093	10/24/2023	16:17	E83079
1025	Fluoride	2.0	mg/L							
1028	Iron	0.3	mg/L							
1032	Manganese	0.05	mg/L							
1050	Silver	0.1	mg/L							
1055	Sulfate	250	mg/L							
1095	Zinc	5	mg/L							
1905	Color	15	CU							
1920	Odor	3	TON							
1925	pH (field pH from page 1)	6.5 - 8.5								
1930	Total Dissolved Solids	500	mg/L							
2905	Foaming Agents	0.5	mg/L							



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

**PUBLIC WATER SYSTEM INFORMATION** (to be completed by sampler - please type or print legibly)

System Name: \_\_\_\_\_ PWS I.D. #: \_\_\_\_\_  
System Type (check one):     Community                       Non-transient Non-community                       Transient Non-community  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ ZIP Code: \_\_\_\_\_  
Phone # \_\_\_\_\_ Fax #: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

**SAMPLE INFORMATION** (to be completed by sampler)

Sample Number: 35836367007      Sample Date: 10/21/2023      Sample Time: 8:56 AM PM (Circle One)  
Sample Location (be specific): 007A-Vet by One Love      Location Code: \_\_\_\_\_  
Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): \_\_\_\_\_ mg/L      Field pH: \_\_\_\_\_

**Sample Type** (Check Only One) \_\_\_\_\_

- Distribution
- Entry Point (to Distribution)
- Plant Tap (not for compliance with 62-550)
- Raw (at well or intake)
- Max Residence Time
- Ave Residence Time
- Near First Customer

**Reason(s) for Sample** (Check all that apply) \_\_\_\_\_

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

Sampling Procedure Used or Other Comments: \_\_\_\_\_

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

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

## SAMPLER CERTIFICATION

I, \_\_\_\_\_, \_\_\_\_\_, do HEREBY CERTIFY  
(Print Name) (Print Title)

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Certified Operator #: \_\_\_\_\_ Phone #: \_\_\_\_\_ Sampler's Fax #: \_\_\_\_\_

Sampler's E-mail: \_\_\_\_\_

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

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

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

**ATTACH CURRENT DOH ANALYTE SHEET\***

Address: \_\_\_\_\_ Phone # \_\_\_\_\_

Were any analyses subcontracted?  Yes  No If yes, please provide DOH certification numbers(s): \_\_\_\_\_

**ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB\***

**ANALYSIS INFORMATION** (to be completed by lab) Date Sample(s) Received: 10/23/2023

PWS ID (From Page1): \_\_\_\_\_ Sample Number (From Page1): 35836367007 Lab Assigned Report # or Job ID: 35836367007

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

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

## LAB CERTIFICATION

I, Martha Montero, \_\_\_\_\_, do HEREBY CERTIFY  
 (Print Name) (Print Title) Project Manager

that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).

Signature:  Date: 10/25/2023

\* Failure to provide a valid and current Florida DOH lab certification number and a current Analyte Sheet for the attached analysis results will result in rejection of the report, possible enforcement against the public water system for failure to sample, and may result in notification of the DOH Bureau of Laboratory Services.

\*\* Please provide radiological sample dates & locations for each quarter.

**CONFIRMATION & NOTIFICATION IS REQUIRED WITHIN 24 HRS FOR NITRATE OR NITRITE MCL EXCEEDANCES  
NON-DETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" QUALIFIER. (Non-detects reported as "BDL" or with a "<" are not acceptable.)**

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

Sample Collection & Analysis Satisfactory:  Yes  No \_\_\_\_\_ Replacement Sample or Report Requested (circle or highlight group(s) above)

Person Notified: \_\_\_\_\_ Date Notified: \_\_\_\_\_ DEP/DOH Reviewing Official: \_\_\_\_\_

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

INORGANIC CONTAMINANTS  
62-550.310(1)

Report Number / Job ID: 35836367007

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	<b>0.090</b>		EPA 200.8	0.00022	10/24/2023	16:19	E83079
1035	Mercury	0.002	mg/L							
1036	Nickel	0.1	mg/L							
1045	Selenium	0.05	mg/L							
1052	Sodium	160	mg/L							
1074	Antimony	0.006	mg/L							
1075	Beryllium	0.004	mg/L							
1085	Thallium	0.002	mg/L							
1094	Asbestos	7 MFL	MFL							

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

SECONDARY CONTAMINANTS  
62-550.320

Report Number / Job ID: 35836367007

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	0.65		EPA 200.8	0.00093	10/24/2023	16:19	E83079
1025	Fluoride	2.0	mg/L							
1028	Iron	0.3	mg/L							
1032	Manganese	0.05	mg/L							
1050	Silver	0.1	mg/L							
1055	Sulfate	250	mg/L							
1095	Zinc	5	mg/L							
1905	Color	15	CU							
1920	Odor	3	TON							
1925	pH (field pH from page 1)	6.5 - 8.5								
1930	Total Dissolved Solids	500	mg/L							
2905	Foaming Agents	0.5	mg/L							

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

## PUBLIC WATER SYSTEM INFORMATION (to be completed by sampler - please type or print legibly)

System Name: \_\_\_\_\_ PWS I.D. #: \_\_\_\_\_  
System Type (check one):  Community  Non-transient Non-community  Transient Non-community  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ ZIP Code: \_\_\_\_\_  
Phone # \_\_\_\_\_ Fax #: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

## SAMPLE INFORMATION (to be completed by sampler)

Sample Number: 35836367008 Sample Date: 10/21/2023 Sample Time: 9:09  AM  PM (Circle One)  
Sample Location (be specific): 007B-Vet by One Love Location Code: \_\_\_\_\_  
Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): \_\_\_\_\_ mg/L Field pH: \_\_\_\_\_

### Sample Type (Check Only One) \_\_\_\_\_

- Distribution
- Entry Point (to Distribution)
- Plant Tap (not for compliance with 62-550)
- Raw (at well or intake)
- Max Residence Time
- Ave Residence Time
- Near First Customer

### Reason(s) for Sample (Check all that apply) \_\_\_\_\_

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

Sampling Procedure Used or Other Comments: \_\_\_\_\_

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

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

## SAMPLER CERTIFICATION

I, \_\_\_\_\_, \_\_\_\_\_, do HEREBY CERTIFY  
(Print Name) (Print Title)

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Certified Operator #: \_\_\_\_\_ Phone #: \_\_\_\_\_ Sampler's Fax #: \_\_\_\_\_

Sampler's E-mail: \_\_\_\_\_

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

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

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

**ATTACH CURRENT DOH ANALYTE SHEET\***

Address: \_\_\_\_\_ Phone # \_\_\_\_\_

Were any analyses subcontracted?  Yes  No If yes, please provide DOH certification numbers(s): \_\_\_\_\_

**ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB\***

**ANALYSIS INFORMATION** (to be completed by lab) Date Sample(s) Received: 10/23/2023

PWS ID (From Page1): \_\_\_\_\_ Sample Number (From Page1): 35836367008 Lab Assigned Report # or Job ID: 35836367008

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

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

## LAB CERTIFICATION

I, Martha Montero, \_\_\_\_\_, do HEREBY CERTIFY  
 (Print Name) (Print Title) Project Manager

that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).

Signature:  Date: 10/25/2023

\* Failure to provide a valid and current Florida DOH lab certification number and a current Analyte Sheet for the attached analysis results will result in rejection of the report, possible enforcement against the public water system for failure to sample, and may result in notification of the DOH Bureau of Laboratory Services.

\*\* Please provide radiological sample dates & locations for each quarter.

**CONFIRMATION & NOTIFICATION IS REQUIRED WITHIN 24 HRS FOR NITRATE OR NITRITE MCL EXCEEDANCES  
NON-DETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" QUALIFIER. (Non-detects reported as "BDL" or with a "<" are not acceptable.)**

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

Sample Collection & Analysis Satisfactory:  Yes  No \_\_\_\_\_ Replacement Sample or Report Requested (circle or highlight group(s) above)

Person Notified: \_\_\_\_\_ Date Notified: \_\_\_\_\_ DEP/DOH Reviewing Official: \_\_\_\_\_

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

INORGANIC CONTAMINANTS  
62-550.310(1)

Report Number / Job ID: 35836367008

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	0.00022	U	EPA 200.8	0.00022	10/24/2023	16:20	E83079
1035	Mercury	0.002	mg/L							
1036	Nickel	0.1	mg/L							
1045	Selenium	0.05	mg/L							
1052	Sodium	160	mg/L							
1074	Antimony	0.006	mg/L							
1075	Beryllium	0.004	mg/L							
1085	Thallium	0.002	mg/L							
1094	Asbestos	7 MFL	MFL							

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

SECONDARY CONTAMINANTS  
62-550.320

Report Number / Job ID: 35836367008

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	0.0010		EPA 200.8	0.00093	10/24/2023	16:20	E83079
1025	Fluoride	2.0	mg/L							
1028	Iron	0.3	mg/L							
1032	Manganese	0.05	mg/L							
1050	Silver	0.1	mg/L							
1055	Sulfate	250	mg/L							
1095	Zinc	5	mg/L							
1905	Color	15	CU							
1920	Odor	3	TON							
1925	pH (field pH from page 1)	6.5 - 8.5								
1930	Total Dissolved Solids	500	mg/L							
2905	Foaming Agents	0.5	mg/L							



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

**PUBLIC WATER SYSTEM INFORMATION** (to be completed by sampler - please type or print legibly)

System Name: \_\_\_\_\_ PWS I.D. #: \_\_\_\_\_  
System Type (check one):     Community                       Non-transient Non-community                       Transient Non-community  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ ZIP Code: \_\_\_\_\_  
Phone # \_\_\_\_\_ Fax #: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

**SAMPLE INFORMATION** (to be completed by sampler)

Sample Number: 35836367009      Sample Date: 10/21/2023      Sample Time: 9:22 AM PM (Circle One)  
Sample Location (be specific): 005A-Across C.O. Markoe School      Location Code: \_\_\_\_\_  
Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): \_\_\_\_\_ mg/L      Field pH: \_\_\_\_\_

**Sample Type** (Check Only One) \_\_\_\_\_

- Distribution
- Entry Point (to Distribution)
- Plant Tap (not for compliance with 62-550)
- Raw (at well or intake)
- Max Residence Time
- Ave Residence Time
- Near First Customer

**Reason(s) for Sample** (Check all that apply) \_\_\_\_\_

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

Sampling Procedure Used or Other Comments: \_\_\_\_\_

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

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

## SAMPLER CERTIFICATION

I, \_\_\_\_\_, \_\_\_\_\_, do HEREBY CERTIFY  
(Print Name) (Print Title)

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Certified Operator #: \_\_\_\_\_ Phone #: \_\_\_\_\_ Sampler's Fax #: \_\_\_\_\_

Sampler's E-mail: \_\_\_\_\_

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

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

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

**ATTACH CURRENT DOH ANALYTE SHEET\***

Address: \_\_\_\_\_ Phone # \_\_\_\_\_

Were any analyses subcontracted?  Yes  No If yes, please provide DOH certification numbers(s): \_\_\_\_\_

**ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB\***

**ANALYSIS INFORMATION** (to be completed by lab) Date Sample(s) Received: 10/23/2023

PWS ID (From Page1): \_\_\_\_\_ Sample Number (From Page1): 35836367009 Lab Assigned Report # or Job ID: 35836367009

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

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

## LAB CERTIFICATION

I, Martha Montero, Project Manager, do HEREBY CERTIFY  
(Print Name) (Print Title)

that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).

Signature:  Date: 10/25/2023

\* Failure to provide a valid and current Florida DOH lab certification number and a current Analyte Sheet for the attached analysis results will result in rejection of the report, possible enforcement against the public water system for failure to sample, and may result in notification of the DOH Bureau of Laboratory Services.

\*\* Please provide radiological sample dates & locations for each quarter.

**CONFIRMATION & NOTIFICATION IS REQUIRED WITHIN 24 HRS FOR NITRATE OR NITRITE MCL EXCEEDANCES  
NON-DETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" QUALIFIER. (Non-detects reported as "BDL" or with a "<" are not acceptable.)**

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

Sample Collection & Analysis Satisfactory:  Yes  No \_\_\_\_\_ Replacement Sample or Report Requested (circle or highlight group(s) above)

Person Notified: \_\_\_\_\_ Date Notified: \_\_\_\_\_ DEP/DOH Reviewing Official: \_\_\_\_\_

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

INORGANIC CONTAMINANTS  
62-550.310(1)

Report Number / Job ID: 35836367009

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	<b>0.086</b>		EPA 200.8	0.00022	10/24/2023	16:21	E83079
1035	Mercury	0.002	mg/L							
1036	Nickel	0.1	mg/L							
1045	Selenium	0.05	mg/L							
1052	Sodium	160	mg/L							
1074	Antimony	0.006	mg/L							
1075	Beryllium	0.004	mg/L							
1085	Thallium	0.002	mg/L							
1094	Asbestos	7 MFL	MFL							

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

SECONDARY CONTAMINANTS  
62-550.320

Report Number / Job ID: 35836367009

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	0.49		EPA 200.8	0.00093	10/24/2023	16:21	E83079
1025	Fluoride	2.0	mg/L							
1028	Iron	0.3	mg/L							
1032	Manganese	0.05	mg/L							
1050	Silver	0.1	mg/L							
1055	Sulfate	250	mg/L							
1095	Zinc	5	mg/L							
1905	Color	15	CU							
1920	Odor	3	TON							
1925	pH (field pH from page 1)	6.5 - 8.5								
1930	Total Dissolved Solids	500	mg/L							
2905	Foaming Agents	0.5	mg/L							

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

**PUBLIC WATER SYSTEM INFORMATION** (to be completed by sampler - please type or print legibly)

System Name: \_\_\_\_\_ PWS I.D. #: \_\_\_\_\_  
System Type (check one):     Community                       Non-transient Non-community                       Transient Non-community  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ ZIP Code: \_\_\_\_\_  
Phone # \_\_\_\_\_ Fax #: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

**SAMPLE INFORMATION** (to be completed by sampler)

Sample Number: 35836367010      Sample Date: 10/21/2023      Sample Time: 9:35 AM PM (Circle One)  
Sample Location (be specific): 005B-Across C.O. Markoe School      Location Code: \_\_\_\_\_  
Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): \_\_\_\_\_ mg/L      Field pH: \_\_\_\_\_

**Sample Type** (Check Only One) \_\_\_\_\_

- Distribution
- Entry Point (to Distribution)
- Plant Tap (not for compliance with 62-550)
- Raw (at well or intake)
- Max Residence Time
- Ave Residence Time
- Near First Customer

**Reason(s) for Sample** (Check all that apply) \_\_\_\_\_

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

Sampling Procedure Used or Other Comments: \_\_\_\_\_

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

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

## SAMPLER CERTIFICATION

I, \_\_\_\_\_, \_\_\_\_\_, do HEREBY CERTIFY  
(Print Name) (Print Title)

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Certified Operator #: \_\_\_\_\_ Phone #: \_\_\_\_\_ Sampler's Fax #: \_\_\_\_\_

Sampler's E-mail: \_\_\_\_\_

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

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

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

**ATTACH CURRENT DOH ANALYTE SHEET\***

Address: \_\_\_\_\_ Phone # \_\_\_\_\_

Were any analyses subcontracted?  Yes  No If yes, please provide DOH certification numbers(s): \_\_\_\_\_

**ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB\***

**ANALYSIS INFORMATION** (to be completed by lab) Date Sample(s) Received: 10/23/2023

PWS ID (From Page1): \_\_\_\_\_ Sample Number (From Page1): 35836367010 Lab Assigned Report # or Job ID: 35836367010

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

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

## LAB CERTIFICATION

I, Martha Montero, Project Manager, do HEREBY CERTIFY  
(Print Name) (Print Title)

that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).

Signature:  Date: 10/25/2023

\* Failure to provide a valid and current Florida DOH lab certification number and a current Analyte Sheet for the attached analysis results will result in rejection of the report, possible enforcement against the public water system for failure to sample, and may result in notification of the DOH Bureau of Laboratory Services.

\*\* Please provide radiological sample dates & locations for each quarter.

**CONFIRMATION & NOTIFICATION IS REQUIRED WITHIN 24 HRS FOR NITRATE OR NITRITE MCL EXCEEDANCES  
NON-DETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" QUALIFIER. (Non-detects reported as "BDL" or with a "<" are not acceptable.)**

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

Sample Collection & Analysis Satisfactory:  Yes  No \_\_\_\_\_ Replacement Sample or Report Requested (circle or highlight group(s) above)

Person Notified: \_\_\_\_\_ Date Notified: \_\_\_\_\_ DEP/DOH Reviewing Official: \_\_\_\_\_

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

INORGANIC CONTAMINANTS  
62-550.310(1)

Report Number / Job ID: 35836367010

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	0.00022	U	EPA 200.8	0.00022	10/24/2023	16:23	E83079
1035	Mercury	0.002	mg/L							
1036	Nickel	0.1	mg/L							
1045	Selenium	0.05	mg/L							
1052	Sodium	160	mg/L							
1074	Antimony	0.006	mg/L							
1075	Beryllium	0.004	mg/L							
1085	Thallium	0.002	mg/L							
1094	Asbestos	7 MFL	MFL							

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

SECONDARY CONTAMINANTS  
62-550.320

Report Number / Job ID: 35836367010

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	0.0023		EPA 200.8	0.00093	10/24/2023	16:23	E83079
1025	Fluoride	2.0	mg/L							
1028	Iron	0.3	mg/L							
1032	Manganese	0.05	mg/L							
1050	Silver	0.1	mg/L							
1055	Sulfate	250	mg/L							
1095	Zinc	5	mg/L							
1905	Color	15	CU							
1920	Odor	3	TON							
1925	pH (field pH from page 1)	6.5 - 8.5								
1930	Total Dissolved Solids	500	mg/L							
2905	Foaming Agents	0.5	mg/L							



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

**PUBLIC WATER SYSTEM INFORMATION** (to be completed by sampler - please type or print legibly)

System Name: \_\_\_\_\_ PWS I.D. #: \_\_\_\_\_  
System Type (check one):     Community                       Non-transient Non-community                       Transient Non-community  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ ZIP Code: \_\_\_\_\_  
Phone # \_\_\_\_\_ Fax #: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

**SAMPLE INFORMATION** (to be completed by sampler)

Sample Number: 35836367011      Sample Date: 10/21/2023      Sample Time: 9:54  AM  PM (Circle One)  
Sample Location (be specific): 002A-STX Country Club      Location Code: \_\_\_\_\_  
Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): \_\_\_\_\_ mg/L      Field pH: \_\_\_\_\_

**Sample Type** (Check Only One) \_\_\_\_\_

- Distribution
- Entry Point (to Distribution)
- Plant Tap (not for compliance with 62-550)
- Raw (at well or intake)
- Max Residence Time
- Ave Residence Time
- Near First Customer

**Reason(s) for Sample** (Check all that apply) \_\_\_\_\_

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

Sampling Procedure Used or Other Comments: \_\_\_\_\_

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

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

## SAMPLER CERTIFICATION

I, \_\_\_\_\_, \_\_\_\_\_, do HEREBY CERTIFY  
(Print Name) (Print Title)

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Certified Operator #: \_\_\_\_\_ Phone #: \_\_\_\_\_ Sampler's Fax #: \_\_\_\_\_

Sampler's E-mail: \_\_\_\_\_

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

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

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

**ATTACH CURRENT DOH ANALYTE SHEET\***

Address: \_\_\_\_\_ Phone # \_\_\_\_\_

Were any analyses subcontracted?  Yes  No If yes, please provide DOH certification numbers(s): \_\_\_\_\_

**ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB\***

**ANALYSIS INFORMATION** (to be completed by lab) Date Sample(s) Received: 10/23/2023

PWS ID (From Page1): \_\_\_\_\_ Sample Number (From Page1): 35836367011 Lab Assigned Report # or Job ID: 35836367011

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

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

## LAB CERTIFICATION

I, Martha Montero, \_\_\_\_\_, do HEREBY CERTIFY  
(Print Name) (Print Title)

that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).

Signature:  Date: 10/25/2023

\* Failure to provide a valid and current Florida DOH lab certification number and a current Analyte Sheet for the attached analysis results will result in rejection of the report, possible enforcement against the public water system for failure to sample, and may result in notification of the DOH Bureau of Laboratory Services.

\*\* Please provide radiological sample dates & locations for each quarter.

**CONFIRMATION & NOTIFICATION IS REQUIRED WITHIN 24 HRS FOR NITRATE OR NITRITE MCL EXCEEDANCES  
NON-DETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" QUALIFIER. (Non-detects reported as "BDL" or with a "<" are not acceptable.)**

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

Sample Collection & Analysis Satisfactory:  Yes  No \_\_\_\_\_ Replacement Sample or Report Requested (circle or highlight group(s) above)

Person Notified: \_\_\_\_\_ Date Notified: \_\_\_\_\_ DEP/DOH Reviewing Official: \_\_\_\_\_

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

INORGANIC CONTAMINANTS  
62-550.310(1)

Report Number / Job ID: 35836367011

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	<b>0.020</b>		EPA 200.8	0.00022	10/24/2023	16:24	E83079
1035	Mercury	0.002	mg/L							
1036	Nickel	0.1	mg/L							
1045	Selenium	0.05	mg/L							
1052	Sodium	160	mg/L							
1074	Antimony	0.006	mg/L							
1075	Beryllium	0.004	mg/L							
1085	Thallium	0.002	mg/L							
1094	Asbestos	7 MFL	MFL							

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

SECONDARY CONTAMINANTS  
62-550.320

Report Number / Job ID: 35836367011

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	0.56		EPA 200.8	0.00093	10/24/2023	16:24	E83079
1025	Fluoride	2.0	mg/L							
1028	Iron	0.3	mg/L							
1032	Manganese	0.05	mg/L							
1050	Silver	0.1	mg/L							
1055	Sulfate	250	mg/L							
1095	Zinc	5	mg/L							
1905	Color	15	CU							
1920	Odor	3	TON							
1925	pH (field pH from page 1)	6.5 - 8.5								
1930	Total Dissolved Solids	500	mg/L							
2905	Foaming Agents	0.5	mg/L							

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

**PUBLIC WATER SYSTEM INFORMATION** (to be completed by sampler - please type or print legibly)

System Name: \_\_\_\_\_ PWS I.D. #: \_\_\_\_\_  
System Type (check one):     Community                       Non-transient Non-community                       Transient Non-community  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ ZIP Code: \_\_\_\_\_  
Phone # \_\_\_\_\_ Fax #: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

**SAMPLE INFORMATION** (to be completed by sampler)

Sample Number: 35836367012      Sample Date: 10/21/2023      Sample Time: 10:07  AM  PM (Circle One)  
Sample Location (be specific): 002B-STX Country Club      Location Code: \_\_\_\_\_  
Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): \_\_\_\_\_ mg/L      Field pH: \_\_\_\_\_

**Sample Type** (Check Only One) \_\_\_\_\_

- Distribution
- Entry Point (to Distribution)
- Plant Tap (not for compliance with 62-550)
- Raw (at well or intake)
- Max Residence Time
- Ave Residence Time
- Near First Customer

**Reason(s) for Sample** (Check all that apply) \_\_\_\_\_

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

Sampling Procedure Used or Other Comments: \_\_\_\_\_

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

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

## SAMPLER CERTIFICATION

I, \_\_\_\_\_, \_\_\_\_\_, do HEREBY CERTIFY  
(Print Name) (Print Title)

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Certified Operator #: \_\_\_\_\_ Phone #: \_\_\_\_\_ Sampler's Fax #: \_\_\_\_\_

Sampler's E-mail: \_\_\_\_\_

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

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

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

**ATTACH CURRENT DOH ANALYTE SHEET\***

Address: \_\_\_\_\_ Phone # \_\_\_\_\_

Were any analyses subcontracted?  Yes  No If yes, please provide DOH certification numbers(s): \_\_\_\_\_

**ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB\***

**ANALYSIS INFORMATION** (to be completed by lab) Date Sample(s) Received: 10/23/2023

PWS ID (From Page1): \_\_\_\_\_ Sample Number (From Page1): 35836367012 Lab Assigned Report # or Job ID: 35836367012

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

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

## LAB CERTIFICATION

I, Martha Montero, Project Manager, do HEREBY CERTIFY  
(Print Name) (Print Title)

that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).

Signature:  Date: 10/25/2023

\* Failure to provide a valid and current Florida DOH lab certification number and a current Analyte Sheet for the attached analysis results will result in rejection of the report, possible enforcement against the public water system for failure to sample, and may result in notification of the DOH Bureau of Laboratory Services.

\*\* Please provide radiological sample dates & locations for each quarter.

**CONFIRMATION & NOTIFICATION IS REQUIRED WITHIN 24 HRS FOR NITRATE OR NITRITE MCL EXCEEDANCES  
NON-DETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" QUALIFIER. (Non-detects reported as "BDL" or with a "<" are not acceptable.)**

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

Sample Collection & Analysis Satisfactory:  Yes  No \_\_\_\_\_ Replacement Sample or Report Requested (circle or highlight group(s) above)

Person Notified: \_\_\_\_\_ Date Notified: \_\_\_\_\_ DEP/DOH Reviewing Official: \_\_\_\_\_

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

INORGANIC CONTAMINANTS  
62-550.310(1)

Report Number / Job ID: 35836367012

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	0.00022	U	EPA 200.8	0.00022	10/24/2023	16:26	E83079
1035	Mercury	0.002	mg/L							
1036	Nickel	0.1	mg/L							
1045	Selenium	0.05	mg/L							
1052	Sodium	160	mg/L							
1074	Antimony	0.006	mg/L							
1075	Beryllium	0.004	mg/L							
1085	Thallium	0.002	mg/L							
1094	Asbestos	7 MFL	MFL							

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

SECONDARY CONTAMINANTS  
62-550.320

Report Number / Job ID: 35836367012

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	0.0020		EPA 200.8	0.00093	10/24/2023	16:26	E83079
1025	Fluoride	2.0	mg/L							
1028	Iron	0.3	mg/L							
1032	Manganese	0.05	mg/L							
1050	Silver	0.1	mg/L							
1055	Sulfate	250	mg/L							
1095	Zinc	5	mg/L							
1905	Color	15	CU							
1920	Odor	3	TON							
1925	pH (field pH from page 1)	6.5 - 8.5								
1930	Total Dissolved Solids	500	mg/L							
2905	Foaming Agents	0.5	mg/L							



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

**PUBLIC WATER SYSTEM INFORMATION** (to be completed by sampler - please type or print legibly)

System Name: \_\_\_\_\_ PWS I.D. #: \_\_\_\_\_  
System Type (check one):     Community                       Non-transient Non-community                       Transient Non-community  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ ZIP Code: \_\_\_\_\_  
Phone # \_\_\_\_\_ Fax #: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

**SAMPLE INFORMATION** (to be completed by sampler)

Sample Number: 35836367013      Sample Date: 10/21/2023      Sample Time: 10:23 AM PM (Circle One)  
Sample Location (be specific): 001A-#43B La Grange      Location Code: \_\_\_\_\_  
Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): \_\_\_\_\_ mg/L      Field pH: \_\_\_\_\_

**Sample Type** (Check Only One) \_\_\_\_\_

- Distribution
- Entry Point (to Distribution)
- Plant Tap (not for compliance with 62-550)
- Raw (at well or intake)
- Max Residence Time
- Ave Residence Time
- Near First Customer

**Reason(s) for Sample** (Check all that apply) \_\_\_\_\_

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

Sampling Procedure Used or Other Comments: \_\_\_\_\_

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

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

## SAMPLER CERTIFICATION

I, \_\_\_\_\_, \_\_\_\_\_, do HEREBY CERTIFY  
(Print Name) (Print Title)

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Certified Operator #: \_\_\_\_\_ Phone #: \_\_\_\_\_ Sampler's Fax #: \_\_\_\_\_

Sampler's E-mail: \_\_\_\_\_

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

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

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

**ATTACH CURRENT DOH ANALYTE SHEET\***

Address: \_\_\_\_\_ Phone # \_\_\_\_\_

Were any analyses subcontracted?  Yes  No If yes, please provide DOH certification numbers(s): \_\_\_\_\_

**ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB\***

**ANALYSIS INFORMATION** (to be completed by lab) Date Sample(s) Received: 10/23/2023

PWS ID (From Page1): \_\_\_\_\_ Sample Number (From Page1): 35836367013 Lab Assigned Report # or Job ID: 35836367013

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

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

## LAB CERTIFICATION

I, Martha Montero, Project Manager, do HEREBY CERTIFY  
(Print Name) (Print Title)

that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).

Signature:  Date: 10/25/2023

\* Failure to provide a valid and current Florida DOH lab certification number and a current Analyte Sheet for the attached analysis results will result in rejection of the report, possible enforcement against the public water system for failure to sample, and may result in notification of the DOH Bureau of Laboratory Services.

\*\* Please provide radiological sample dates & locations for each quarter.

**CONFIRMATION & NOTIFICATION IS REQUIRED WITHIN 24 HRS FOR NITRATE OR NITRITE MCL EXCEEDANCES  
NON-DETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" QUALIFIER. (Non-detects reported as "BDL" or with a "<" are not acceptable.)**

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

Sample Collection & Analysis Satisfactory:  Yes  No \_\_\_\_\_ Replacement Sample or Report Requested (circle or highlight group(s) above)

Person Notified: \_\_\_\_\_ Date Notified: \_\_\_\_\_ DEP/DOH Reviewing Official: \_\_\_\_\_

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

INORGANIC CONTAMINANTS  
62-550.310(1)

Report Number / Job ID: 35836367013

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	<b>0.21</b>		EPA 200.8	0.00022	10/24/2023	16:27	E83079
1035	Mercury	0.002	mg/L							
1036	Nickel	0.1	mg/L							
1045	Selenium	0.05	mg/L							
1052	Sodium	160	mg/L							
1074	Antimony	0.006	mg/L							
1075	Beryllium	0.004	mg/L							
1085	Thallium	0.002	mg/L							
1094	Asbestos	7 MFL	MFL							

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

SECONDARY CONTAMINANTS  
62-550.320

Report Number / Job ID: 35836367013

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	0.22		EPA 200.8	0.00093	10/24/2023	16:27	E83079
1025	Fluoride	2.0	mg/L							
1028	Iron	0.3	mg/L							
1032	Manganese	0.05	mg/L							
1050	Silver	0.1	mg/L							
1055	Sulfate	250	mg/L							
1095	Zinc	5	mg/L							
1905	Color	15	CU							
1920	Odor	3	TON							
1925	pH (field pH from page 1)	6.5 - 8.5								
1930	Total Dissolved Solids	500	mg/L							
2905	Foaming Agents	0.5	mg/L							

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

**PUBLIC WATER SYSTEM INFORMATION** (to be completed by sampler - please type or print legibly)

System Name: \_\_\_\_\_ PWS I.D. #: \_\_\_\_\_  
System Type (check one):     Community                       Non-transient Non-community                       Transient Non-community  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ ZIP Code: \_\_\_\_\_  
Phone # \_\_\_\_\_ Fax #: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

**SAMPLE INFORMATION** (to be completed by sampler)

Sample Number: 35836367014      Sample Date: 10/21/2023      Sample Time: 10:36 AM PM (Circle One)  
Sample Location (be specific): 001B-#43B La Grange      Location Code: \_\_\_\_\_  
Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): \_\_\_\_\_ mg/L      Field pH: \_\_\_\_\_

**Sample Type** (Check Only One) \_\_\_\_\_

- Distribution
- Entry Point (to Distribution)
- Plant Tap (not for compliance with 62-550)
- Raw (at well or intake)
- Max Residence Time
- Ave Residence Time
- Near First Customer

**Reason(s) for Sample** (Check all that apply) \_\_\_\_\_

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

Sampling Procedure Used or Other Comments: \_\_\_\_\_

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

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

## SAMPLER CERTIFICATION

I, \_\_\_\_\_, \_\_\_\_\_, do HEREBY CERTIFY  
(Print Name) (Print Title)

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Certified Operator #: \_\_\_\_\_ Phone #: \_\_\_\_\_ Sampler's Fax #: \_\_\_\_\_

Sampler's E-mail: \_\_\_\_\_

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

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

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

**ATTACH CURRENT DOH ANALYTE SHEET\***

Address: \_\_\_\_\_ Phone # \_\_\_\_\_

Were any analyses subcontracted?  Yes  No If yes, please provide DOH certification numbers(s): \_\_\_\_\_

**ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB\***

**ANALYSIS INFORMATION** (to be completed by lab) Date Sample(s) Received: 10/23/2023

PWS ID (From Page1): \_\_\_\_\_ Sample Number (From Page1): 35836367014 Lab Assigned Report # or Job ID: 35836367014

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

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

## LAB CERTIFICATION

I, Martha Montero, \_\_\_\_\_, do HEREBY CERTIFY  
 (Print Name) (Print Title)

that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).

Signature:  Date: 10/25/2023

\* Failure to provide a valid and current Florida DOH lab certification number and a current Analyte Sheet for the attached analysis results will result in rejection of the report, possible enforcement against the public water system for failure to sample, and may result in notification of the DOH Bureau of Laboratory Services.

\*\* Please provide radiological sample dates & locations for each quarter.

**CONFIRMATION & NOTIFICATION IS REQUIRED WITHIN 24 HRS FOR NITRATE OR NITRITE MCL EXCEEDANCES  
NON-DETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" QUALIFIER. (Non-detects reported as "BDL" or with a "<" are not acceptable.)**

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

Sample Collection & Analysis Satisfactory:  Yes  No \_\_\_\_\_ Replacement Sample or Report Requested (circle or highlight group(s) above)

Person Notified: \_\_\_\_\_ Date Notified: \_\_\_\_\_ DEP/DOH Reviewing Official: \_\_\_\_\_

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

INORGANIC CONTAMINANTS  
62-550.310(1)

Report Number / Job ID: 35836367014

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	0.00022	U	EPA 200.8	0.00022	10/24/2023	16:28	E83079
1035	Mercury	0.002	mg/L							
1036	Nickel	0.1	mg/L							
1045	Selenium	0.05	mg/L							
1052	Sodium	160	mg/L							
1074	Antimony	0.006	mg/L							
1075	Beryllium	0.004	mg/L							
1085	Thallium	0.002	mg/L							
1094	Asbestos	7 MFL	MFL							

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

SECONDARY CONTAMINANTS  
62-550.320

Report Number / Job ID: 35836367014

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	0.0010		EPA 200.8	0.00093	10/24/2023	16:28	E83079
1025	Fluoride	2.0	mg/L							
1028	Iron	0.3	mg/L							
1032	Manganese	0.05	mg/L							
1050	Silver	0.1	mg/L							
1055	Sulfate	250	mg/L							
1095	Zinc	5	mg/L							
1905	Color	15	CU							
1920	Odor	3	TON							
1925	pH (field pH from page 1)	6.5 - 8.5								
1930	Total Dissolved Solids	500	mg/L							
2905	Foaming Agents	0.5	mg/L							



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

## PUBLIC WATER SYSTEM INFORMATION (to be completed by sampler - please type or print legibly)

System Name: \_\_\_\_\_ PWS I.D. #: \_\_\_\_\_

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Phone # \_\_\_\_\_ Fax #: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

## SAMPLE INFORMATION (to be completed by sampler)

Sample Number: 35836367015 Sample Date: 10/21/2023 Sample Time: 10:53  AM  PM (Circle One)

Sample Location (be specific): 003A-1A-B La Grange Location Code: \_\_\_\_\_

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

Sample Type (Check Only One) \_\_\_\_\_

Reason(s) for Sample (Check all that apply) \_\_\_\_\_

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Distribution                               | <input type="checkbox"/> Routine Compliance with 62-550   | <input type="checkbox"/> Replacement (of Invalidated Sample)      |
| <input type="checkbox"/> Entry Point (to Distribution)              | <input type="checkbox"/> Confirmation of MCL Exceedance*  | <input type="checkbox"/> Special (not for compliance with 62-550) |
| <input type="checkbox"/> Plant Tap (not for compliance with 62-550) | <input type="checkbox"/> Confirmation of Multiple Sites** | <input type="checkbox"/> Clearance (permitting)                   |
| <input type="checkbox"/> Raw (at well or intake)                    | <input type="checkbox"/> Other: _____                     |   |
| <input type="checkbox"/> Max Residence Time                         |   |   |
| <input type="checkbox"/> Ave Residence Time                         |   |   |
| <input type="checkbox"/> Near First Customer                        |   |   |

Sampling Procedure Used or Other Comments: \_\_\_\_\_

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

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

## SAMPLER CERTIFICATION

I, \_\_\_\_\_, \_\_\_\_\_, do HEREBY CERTIFY  
(Print Name) (Print Title)

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Certified Operator #: \_\_\_\_\_ Phone #: \_\_\_\_\_ Sampler's Fax #: \_\_\_\_\_

Sampler's E-mail: \_\_\_\_\_

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

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

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

**ATTACH CURRENT DOH ANALYTE SHEET\***

Address: \_\_\_\_\_ Phone # \_\_\_\_\_

Were any analyses subcontracted?  Yes  No If yes, please provide DOH certification numbers(s): \_\_\_\_\_

**ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB\***

**ANALYSIS INFORMATION** (to be completed by lab) Date Sample(s) Received: 10/23/2023

PWS ID (From Page1): \_\_\_\_\_ Sample Number (From Page1): 35836367015 Lab Assigned Report # or Job ID: 35836367015

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

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

## LAB CERTIFICATION

I, Martha Montero, \_\_\_\_\_, do HEREBY CERTIFY  
 (Print Name) (Print Title) Project Manager

that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).

Signature:  Date: 10/25/2023

\* Failure to provide a valid and current Florida DOH lab certification number and a current Analyte Sheet for the attached analysis results will result in rejection of the report, possible enforcement against the public water system for failure to sample, and may result in notification of the DOH Bureau of Laboratory Services.

\*\* Please provide radiological sample dates & locations for each quarter.

**CONFIRMATION & NOTIFICATION IS REQUIRED WITHIN 24 HRS FOR NITRATE OR NITRITE MCL EXCEEDANCES  
NON-DETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" QUALIFIER. (Non-detects reported as "BDL" or with a "<" are not acceptable.)**

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

Sample Collection & Analysis Satisfactory:  Yes  No \_\_\_\_\_ Replacement Sample or Report Requested (circle or highlight group(s) above)

Person Notified: \_\_\_\_\_ Date Notified: \_\_\_\_\_ DEP/DOH Reviewing Official: \_\_\_\_\_

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

INORGANIC CONTAMINANTS  
62-550.310(1)

Report Number / Job ID: 35836367015

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	<b>0.18</b>		EPA 200.8	0.00022	10/25/2023	10:24	E83079
1035	Mercury	0.002	mg/L							
1036	Nickel	0.1	mg/L							
1045	Selenium	0.05	mg/L							
1052	Sodium	160	mg/L							
1074	Antimony	0.006	mg/L							
1075	Beryllium	0.004	mg/L							
1085	Thallium	0.002	mg/L							
1094	Asbestos	7 MFL	MFL							

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

SECONDARY CONTAMINANTS  
62-550.320

Report Number / Job ID: 35836367015

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	0.58		EPA 200.8	0.00093	10/25/2023	10:24	E83079
1025	Fluoride	2.0	mg/L							
1028	Iron	0.3	mg/L							
1032	Manganese	0.05	mg/L							
1050	Silver	0.1	mg/L							
1055	Sulfate	250	mg/L							
1095	Zinc	5	mg/L							
1905	Color	15	CU							
1920	Odor	3	TON							
1925	pH (field pH from page 1)	6.5 - 8.5								
1930	Total Dissolved Solids	500	mg/L							
2905	Foaming Agents	0.5	mg/L							

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

**PUBLIC WATER SYSTEM INFORMATION** (to be completed by sampler - please type or print legibly)

System Name: \_\_\_\_\_ PWS I.D. #: \_\_\_\_\_  
System Type (check one):     Community                       Non-transient Non-community                       Transient Non-community  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ ZIP Code: \_\_\_\_\_  
Phone # \_\_\_\_\_ Fax #: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

**SAMPLE INFORMATION** (to be completed by sampler)

Sample Number: 35836367016      Sample Date: 10/21/2023      Sample Time: 11:06 AM PM (Circle One)  
Sample Location (be specific): 003A-1A-B La Grange      Location Code: \_\_\_\_\_  
Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): \_\_\_\_\_ mg/L      Field pH: \_\_\_\_\_

**Sample Type** (Check Only One) \_\_\_\_\_

- Distribution
- Entry Point (to Distribution)
- Plant Tap (not for compliance with 62-550)
- Raw (at well or intake)
- Max Residence Time
- Ave Residence Time
- Near First Customer

**Reason(s) for Sample** (Check all that apply) \_\_\_\_\_

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

Sampling Procedure Used or Other Comments: \_\_\_\_\_

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

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

## SAMPLER CERTIFICATION

I, \_\_\_\_\_, \_\_\_\_\_, do HEREBY CERTIFY  
(Print Name) (Print Title)

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Certified Operator #: \_\_\_\_\_ Phone #: \_\_\_\_\_ Sampler's Fax #: \_\_\_\_\_

Sampler's E-mail: \_\_\_\_\_

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

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

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

**ATTACH CURRENT DOH ANALYTE SHEET\***

Address: \_\_\_\_\_ Phone # \_\_\_\_\_

Were any analyses subcontracted?  Yes  No If yes, please provide DOH certification numbers(s): \_\_\_\_\_

**ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB\***

**ANALYSIS INFORMATION** (to be completed by lab) Date Sample(s) Received: 10/23/2023

PWS ID (From Page1): \_\_\_\_\_ Sample Number (From Page1): 35836367016 Lab Assigned Report # or Job ID: 35836367016

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

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

## LAB CERTIFICATION

I, Martha Montero, \_\_\_\_\_, do HEREBY CERTIFY  
(Print Name) (Print Title)

that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).

Signature:  Date: 10/25/2023

\* Failure to provide a valid and current Florida DOH lab certification number and a current Analyte Sheet for the attached analysis results will result in rejection of the report, possible enforcement against the public water system for failure to sample, and may result in notification of the DOH Bureau of Laboratory Services.

\*\* Please provide radiological sample dates & locations for each quarter.

**CONFIRMATION & NOTIFICATION IS REQUIRED WITHIN 24 HRS FOR NITRATE OR NITRITE MCL EXCEEDANCES  
NON-DETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" QUALIFIER. (Non-detects reported as "BDL" or with a "<" are not acceptable.)**

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

Sample Collection & Analysis Satisfactory:  Yes  No \_\_\_\_\_ Replacement Sample or Report Requested (circle or highlight group(s) above)

Person Notified: \_\_\_\_\_ Date Notified: \_\_\_\_\_ DEP/DOH Reviewing Official: \_\_\_\_\_

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

INORGANIC CONTAMINANTS  
62-550.310(1)

Report Number / Job ID: 35836367016

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	0.00022	U	EPA 200.8	0.00022	10/25/2023	10:26	E83079
1035	Mercury	0.002	mg/L							
1036	Nickel	0.1	mg/L							
1045	Selenium	0.05	mg/L							
1052	Sodium	160	mg/L							
1074	Antimony	0.006	mg/L							
1075	Beryllium	0.004	mg/L							
1085	Thallium	0.002	mg/L							
1094	Asbestos	7 MFL	MFL							

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

SECONDARY CONTAMINANTS  
62-550.320

Report Number / Job ID: 35836367016

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	0.0029		EPA 200.8	0.00093	10/25/2023	10:26	E83079
1025	Fluoride	2.0	mg/L							
1028	Iron	0.3	mg/L							
1032	Manganese	0.05	mg/L							
1050	Silver	0.1	mg/L							
1055	Sulfate	250	mg/L							
1095	Zinc	5	mg/L							
1905	Color	15	CU							
1920	Odor	3	TON							
1925	pH (field pH from page 1)	6.5 - 8.5								
1930	Total Dissolved Solids	500	mg/L							
2905	Foaming Agents	0.5	mg/L							



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

**PUBLIC WATER SYSTEM INFORMATION** (to be completed by sampler - please type or print legibly)

System Name: \_\_\_\_\_ PWS I.D. #: \_\_\_\_\_  
System Type (check one):     Community                       Non-transient Non-community                       Transient Non-community  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ ZIP Code: \_\_\_\_\_  
Phone # \_\_\_\_\_ Fax #: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

**SAMPLE INFORMATION** (to be completed by sampler)

Sample Number: 35836367017      Sample Date: 10/21/2023      Sample Time: 11:21 AM PM (Circle One)  
Sample Location (be specific): 012A-#267 Hannah's Rest      Location Code: \_\_\_\_\_  
Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): \_\_\_\_\_ mg/L      Field pH: \_\_\_\_\_

**Sample Type** (Check Only One) \_\_\_\_\_

- Distribution
- Entry Point (to Distribution)
- Plant Tap (not for compliance with 62-550)
- Raw (at well or intake)
- Max Residence Time
- Ave Residence Time
- Near First Customer

**Reason(s) for Sample** (Check all that apply) \_\_\_\_\_

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

Sampling Procedure Used or Other Comments: \_\_\_\_\_

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

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

## SAMPLER CERTIFICATION

I, \_\_\_\_\_, \_\_\_\_\_, do HEREBY CERTIFY  
(Print Name) (Print Title)

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Certified Operator #: \_\_\_\_\_ Phone #: \_\_\_\_\_ Sampler's Fax #: \_\_\_\_\_

Sampler's E-mail: \_\_\_\_\_

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

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

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

**ATTACH CURRENT DOH ANALYTE SHEET\***

Address: \_\_\_\_\_ Phone # \_\_\_\_\_

Were any analyses subcontracted?  Yes  No If yes, please provide DOH certification numbers(s): \_\_\_\_\_

**ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB\***

**ANALYSIS INFORMATION** (to be completed by lab) Date Sample(s) Received: 10/23/2023

PWS ID (From Page1): \_\_\_\_\_ Sample Number (From Page1): 35836367017 Lab Assigned Report # or Job ID: 35836367017

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

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

## LAB CERTIFICATION

I, Martha Montero, \_\_\_\_\_, do HEREBY CERTIFY  
 (Print Name) (Print Title) Project Manager

that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).

Signature:  Date: 10/25/2023

\* Failure to provide a valid and current Florida DOH lab certification number and a current Analyte Sheet for the attached analysis results will result in rejection of the report, possible enforcement against the public water system for failure to sample, and may result in notification of the DOH Bureau of Laboratory Services.

\*\* Please provide radiological sample dates & locations for each quarter.

**CONFIRMATION & NOTIFICATION IS REQUIRED WITHIN 24 HRS FOR NITRATE OR NITRITE MCL EXCEEDANCES  
NON-DETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" QUALIFIER. (Non-detects reported as "BDL" or with a "<" are not acceptable.)**

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

Sample Collection & Analysis Satisfactory:  Yes  No \_\_\_\_\_ Replacement Sample or Report Requested (circle or highlight group(s) above)

Person Notified: \_\_\_\_\_ Date Notified: \_\_\_\_\_ DEP/DOH Reviewing Official: \_\_\_\_\_

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

INORGANIC CONTAMINANTS  
62-550.310(1)

Report Number / Job ID: 35836367017

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	<b>0.10</b>		EPA 200.8	0.00022	10/24/2023	16:33	E83079
1035	Mercury	0.002	mg/L							
1036	Nickel	0.1	mg/L							
1045	Selenium	0.05	mg/L							
1052	Sodium	160	mg/L							
1074	Antimony	0.006	mg/L							
1075	Beryllium	0.004	mg/L							
1085	Thallium	0.002	mg/L							
1094	Asbestos	7 MFL	MFL							

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

SECONDARY CONTAMINANTS  
62-550.320

Report Number / Job ID: 35836367017

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	0.82		EPA 200.8	0.00093	10/24/2023	16:33	E83079
1025	Fluoride	2.0	mg/L							
1028	Iron	0.3	mg/L							
1032	Manganese	0.05	mg/L							
1050	Silver	0.1	mg/L							
1055	Sulfate	250	mg/L							
1095	Zinc	5	mg/L							
1905	Color	15	CU							
1920	Odor	3	TON							
1925	pH (field pH from page 1)	6.5 - 8.5								
1930	Total Dissolved Solids	500	mg/L							
2905	Foaming Agents	0.5	mg/L							

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

**PUBLIC WATER SYSTEM INFORMATION** (to be completed by sampler - please type or print legibly)

System Name: \_\_\_\_\_ PWS I.D. #: \_\_\_\_\_  
System Type (check one):     Community                       Non-transient Non-community                       Transient Non-community  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ ZIP Code: \_\_\_\_\_  
Phone # \_\_\_\_\_ Fax #: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

**SAMPLE INFORMATION** (to be completed by sampler)

Sample Number: 35836367018      Sample Date: 10/21/2023      Sample Time: 11:34 AM PM (Circle One)  
Sample Location (be specific): 012B-#267 Hannah's Rest      Location Code: \_\_\_\_\_  
Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): \_\_\_\_\_ mg/L      Field pH: \_\_\_\_\_

**Sample Type** (Check Only One) \_\_\_\_\_

- Distribution
- Entry Point (to Distribution)
- Plant Tap (not for compliance with 62-550)
- Raw (at well or intake)
- Max Residence Time
- Ave Residence Time
- Near First Customer

**Reason(s) for Sample** (Check all that apply) \_\_\_\_\_

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

Sampling Procedure Used or Other Comments: \_\_\_\_\_

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

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

## SAMPLER CERTIFICATION

I, \_\_\_\_\_, \_\_\_\_\_, do HEREBY CERTIFY  
(Print Name) (Print Title)

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Certified Operator #: \_\_\_\_\_ Phone #: \_\_\_\_\_ Sampler's Fax #: \_\_\_\_\_

Sampler's E-mail: \_\_\_\_\_

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

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

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

**ATTACH CURRENT DOH ANALYTE SHEET\***

Address: \_\_\_\_\_ Phone # \_\_\_\_\_

Were any analyses subcontracted?  Yes  No If yes, please provide DOH certification numbers(s): \_\_\_\_\_

**ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB\***

**ANALYSIS INFORMATION** (to be completed by lab) Date Sample(s) Received: 10/23/2023

PWS ID (From Page1): \_\_\_\_\_ Sample Number (From Page1): 35836367018 Lab Assigned Report # or Job ID: 35836367018

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

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

## LAB CERTIFICATION

I, Martha Montero, \_\_\_\_\_, do HEREBY CERTIFY  
 (Print Name) (Print Title) Project Manager

that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).

Signature:  Date: 10/25/2023

\* Failure to provide a valid and current Florida DOH lab certification number and a current Analyte Sheet for the attached analysis results will result in rejection of the report, possible enforcement against the public water system for failure to sample, and may result in notification of the DOH Bureau of Laboratory Services.

\*\* Please provide radiological sample dates & locations for each quarter.

**CONFIRMATION & NOTIFICATION IS REQUIRED WITHIN 24 HRS FOR NITRATE OR NITRITE MCL EXCEEDANCES  
NON-DETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" QUALIFIER. (Non-detects reported as "BDL" or with a "<" are not acceptable.)**

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

Sample Collection & Analysis Satisfactory:  Yes  No \_\_\_\_\_ Replacement Sample or Report Requested (circle or highlight group(s) above)

Person Notified: \_\_\_\_\_ Date Notified: \_\_\_\_\_ DEP/DOH Reviewing Official: \_\_\_\_\_

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

INORGANIC CONTAMINANTS  
62-550.310(1)

Report Number / Job ID: 35836367018

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	0.00022	U	EPA 200.8	0.00022	10/24/2023	16:34	E83079
1035	Mercury	0.002	mg/L							
1036	Nickel	0.1	mg/L							
1045	Selenium	0.05	mg/L							
1052	Sodium	160	mg/L							
1074	Antimony	0.006	mg/L							
1075	Beryllium	0.004	mg/L							
1085	Thallium	0.002	mg/L							
1094	Asbestos	7 MFL	MFL							

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

SECONDARY CONTAMINANTS  
62-550.320

Report Number / Job ID: 35836367018

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	0.0062		EPA 200.8	0.00093	10/24/2023	16:34	E83079
1025	Fluoride	2.0	mg/L							
1028	Iron	0.3	mg/L							
1032	Manganese	0.05	mg/L							
1050	Silver	0.1	mg/L							
1055	Sulfate	250	mg/L							
1095	Zinc	5	mg/L							
1905	Color	15	CU							
1920	Odor	3	TON							
1925	pH (field pH from page 1)	6.5 - 8.5								
1930	Total Dissolved Solids	500	mg/L							
2905	Foaming Agents	0.5	mg/L							



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

**PUBLIC WATER SYSTEM INFORMATION** (to be completed by sampler - please type or print legibly)

System Name: \_\_\_\_\_ PWS I.D. #: \_\_\_\_\_  
 System Type (check one):  Community  Non-transient Non-community  Transient Non-community  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ ZIP Code: \_\_\_\_\_  
 Phone # \_\_\_\_\_ Fax #: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

**SAMPLE INFORMATION** (to be completed by sampler)

Sample Number: 35836367019 Sample Date: 10/21/2023 Sample Time: 11:45  AM  PM (Circle One)  
 Sample Location (be specific): 013A-#70-10 Campo Rico Location Code: \_\_\_\_\_  
 Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): \_\_\_\_\_ mg/L Field pH: \_\_\_\_\_

**Sample Type** (Check Only One) \_\_\_\_\_

- Distribution
- Entry Point (to Distribution)
- Plant Tap (not for compliance with 62-550)
- Raw (at well or intake)
- Max Residence Time
- Ave Residence Time
- Near First Customer

**Reason(s) for Sample** (Check all that apply) \_\_\_\_\_

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

Sampling Procedure Used or Other Comments: \_\_\_\_\_

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

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

## SAMPLER CERTIFICATION

I, \_\_\_\_\_, \_\_\_\_\_, do HEREBY CERTIFY  
 (Print Name) (Print Title)

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Certified Operator #: \_\_\_\_\_ Phone #: \_\_\_\_\_ Sampler's Fax #: \_\_\_\_\_

Sampler's E-mail: \_\_\_\_\_

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

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

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

**ATTACH CURRENT DOH ANALYTE SHEET\***

Address: \_\_\_\_\_ Phone # \_\_\_\_\_

Were any analyses subcontracted?  Yes  No If yes, please provide DOH certification numbers(s): \_\_\_\_\_

**ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB\***

**ANALYSIS INFORMATION** (to be completed by lab) Date Sample(s) Received: 10/23/2023

PWS ID (From Page1): \_\_\_\_\_ Sample Number (From Page1): 35836367019 Lab Assigned Report # or Job ID: 35836367019

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

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

## LAB CERTIFICATION

I, Martha Montero, \_\_\_\_\_, do HEREBY CERTIFY  
 (Print Name) (Print Title) Project Manager

that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).

Signature:  Date: 10/25/2023

\* Failure to provide a valid and current Florida DOH lab certification number and a current Analyte Sheet for the attached analysis results will result in rejection of the report, possible enforcement against the public water system for failure to sample, and may result in notification of the DOH Bureau of Laboratory Services.

\*\* Please provide radiological sample dates & locations for each quarter.

**CONFIRMATION & NOTIFICATION IS REQUIRED WITHIN 24 HRS FOR NITRATE OR NITRITE MCL EXCEEDANCES  
NON-DETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" QUALIFIER. (Non-detects reported as "BDL" or with a "<" are not acceptable.)**

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

Sample Collection & Analysis Satisfactory:  Yes  No \_\_\_\_\_ Replacement Sample or Report Requested (circle or highlight group(s) above)

Person Notified: \_\_\_\_\_ Date Notified: \_\_\_\_\_ DEP/DOH Reviewing Official: \_\_\_\_\_

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

INORGANIC CONTAMINANTS  
62-550.310(1)

Report Number / Job ID: 35836367019

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	<b>0.33</b>		EPA 200.8	0.0022	10/24/2023	18:54	E83079
1035	Mercury	0.002	mg/L							
1036	Nickel	0.1	mg/L							
1045	Selenium	0.05	mg/L							
1052	Sodium	160	mg/L							
1074	Antimony	0.006	mg/L							
1075	Beryllium	0.004	mg/L							
1085	Thallium	0.002	mg/L							
1094	Asbestos	7 MFL	MFL							

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

SECONDARY CONTAMINANTS  
62-550.320

Report Number / Job ID: 35836367019

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	1.4		EPA 200.8	0.0093	10/24/2023	18:54	E83079
1025	Fluoride	2.0	mg/L							
1028	Iron	0.3	mg/L							
1032	Manganese	0.05	mg/L							
1050	Silver	0.1	mg/L							
1055	Sulfate	250	mg/L							
1095	Zinc	5	mg/L							
1905	Color	15	CU							
1920	Odor	3	TON							
1925	pH (field pH from page 1)	6.5 - 8.5								
1930	Total Dissolved Solids	500	mg/L							
2905	Foaming Agents	0.5	mg/L							

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

**PUBLIC WATER SYSTEM INFORMATION** (to be completed by sampler - please type or print legibly)

System Name: \_\_\_\_\_ PWS I.D. #: \_\_\_\_\_  
System Type (check one):     Community                       Non-transient Non-community                       Transient Non-community  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ ZIP Code: \_\_\_\_\_  
Phone # \_\_\_\_\_ Fax #: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

**SAMPLE INFORMATION** (to be completed by sampler)

Sample Number: 35836367020      Sample Date: 10/21/2023      Sample Time: 11:58 AM PM (Circle One)  
Sample Location (be specific): 013B-#70-10 Campo Rico      Location Code: \_\_\_\_\_  
Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): \_\_\_\_\_ mg/L      Field pH: \_\_\_\_\_

**Sample Type** (Check Only One) \_\_\_\_\_

- Distribution
- Entry Point (to Distribution)
- Plant Tap (not for compliance with 62-550)
- Raw (at well or intake)
- Max Residence Time
- Ave Residence Time
- Near First Customer

**Reason(s) for Sample** (Check all that apply) \_\_\_\_\_

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

Sampling Procedure Used or Other Comments: \_\_\_\_\_

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

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

## SAMPLER CERTIFICATION

I, \_\_\_\_\_, \_\_\_\_\_, do HEREBY CERTIFY  
(Print Name) (Print Title)

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Certified Operator #: \_\_\_\_\_ Phone #: \_\_\_\_\_ Sampler's Fax #: \_\_\_\_\_

Sampler's E-mail: \_\_\_\_\_

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

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

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

**ATTACH CURRENT DOH ANALYTE SHEET\***

Address: \_\_\_\_\_ Phone # \_\_\_\_\_

Were any analyses subcontracted?  Yes  No If yes, please provide DOH certification numbers(s): \_\_\_\_\_

**ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB\***

**ANALYSIS INFORMATION** (to be completed by lab) Date Sample(s) Received: 10/23/2023

PWS ID (From Page1): \_\_\_\_\_ Sample Number (From Page1): 35836367020 Lab Assigned Report # or Job ID: 35836367020

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

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

## LAB CERTIFICATION

I, Martha Montero, Project Manager, do HEREBY CERTIFY  
(Print Name) (Print Title)

that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).

Signature:  Date: 10/25/2023

\* Failure to provide a valid and current Florida DOH lab certification number and a current Analyte Sheet for the attached analysis results will result in rejection of the report, possible enforcement against the public water system for failure to sample, and may result in notification of the DOH Bureau of Laboratory Services.

\*\* Please provide radiological sample dates & locations for each quarter.

**CONFIRMATION & NOTIFICATION IS REQUIRED WITHIN 24 HRS FOR NITRATE OR NITRITE MCL EXCEEDANCES  
NON-DETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" QUALIFIER. (Non-detects reported as "BDL" or with a "<" are not acceptable.)**

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

Sample Collection & Analysis Satisfactory:  Yes  No \_\_\_\_\_ Replacement Sample or Report Requested (circle or highlight group(s) above)

Person Notified: \_\_\_\_\_ Date Notified: \_\_\_\_\_ DEP/DOH Reviewing Official: \_\_\_\_\_

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

INORGANIC CONTAMINANTS  
62-550.310(1)

Report Number / Job ID: 35836367020

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	0.00022	U	EPA 200.8	0.00022	10/24/2023	16:37	E83079
1035	Mercury	0.002	mg/L							
1036	Nickel	0.1	mg/L							
1045	Selenium	0.05	mg/L							
1052	Sodium	160	mg/L							
1074	Antimony	0.006	mg/L							
1075	Beryllium	0.004	mg/L							
1085	Thallium	0.002	mg/L							
1094	Asbestos	7 MFL	MFL							

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

SECONDARY CONTAMINANTS  
62-550.320

Report Number / Job ID: 35836367020

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	0.0016		EPA 200.8	0.00093	10/24/2023	16:37	E83079
1025	Fluoride	2.0	mg/L							
1028	Iron	0.3	mg/L							
1032	Manganese	0.05	mg/L							
1050	Silver	0.1	mg/L							
1055	Sulfate	250	mg/L							
1095	Zinc	5	mg/L							
1905	Color	15	CU							
1920	Odor	3	TON							
1925	pH (field pH from page 1)	6.5 - 8.5								
1930	Total Dissolved Solids	500	mg/L							
2905	Foaming Agents	0.5	mg/L							



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

## PUBLIC WATER SYSTEM INFORMATION (to be completed by sampler - please type or print legibly)

System Name: \_\_\_\_\_ PWS I.D. #: \_\_\_\_\_  
System Type (check one):  Community  Non-transient Non-community  Transient Non-community  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ ZIP Code: \_\_\_\_\_  
Phone # \_\_\_\_\_ Fax #: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

## SAMPLE INFORMATION (to be completed by sampler)

Sample Number: 35836367021 Sample Date: 10/21/2023 Sample Time: 12:09 AM  PM (Circle One)  
Sample Location (be specific): 014A-#338 Est. Whim Location Code: \_\_\_\_\_  
Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): \_\_\_\_\_ mg/L Field pH: \_\_\_\_\_

### Sample Type (Check Only One)

- Distribution
- Entry Point (to Distribution)
- Plant Tap (not for compliance with 62-550)
- Raw (at well or intake)
- Max Residence Time
- Ave Residence Time
- Near First Customer

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

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

Sampling Procedure Used or Other Comments: \_\_\_\_\_

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

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

## SAMPLER CERTIFICATION

I, \_\_\_\_\_, \_\_\_\_\_, do HEREBY CERTIFY  
(Print Name) (Print Title)

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Certified Operator #: \_\_\_\_\_ Phone #: \_\_\_\_\_ Sampler's Fax #: \_\_\_\_\_

Sampler's E-mail: \_\_\_\_\_

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

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

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

**ATTACH CURRENT DOH ANALYTE SHEET\***

Address: \_\_\_\_\_ Phone # \_\_\_\_\_

Were any analyses subcontracted?  Yes  No If yes, please provide DOH certification numbers(s): \_\_\_\_\_

**ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB\***

**ANALYSIS INFORMATION** (to be completed by lab) Date Sample(s) Received: 10/23/2023

PWS ID (From Page1): \_\_\_\_\_ Sample Number (From Page1): 35836367021 Lab Assigned Report # or Job ID: 35836367021

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

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

## LAB CERTIFICATION

I, Martha Montero, \_\_\_\_\_, do HEREBY CERTIFY  
 (Print Name) (Print Title) Project Manager

that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).

Signature:  Date: 10/25/2023

\* Failure to provide a valid and current Florida DOH lab certification number and a current Analyte Sheet for the attached analysis results will result in rejection of the report, possible enforcement against the public water system for failure to sample, and may result in notification of the DOH Bureau of Laboratory Services.

\*\* Please provide radiological sample dates & locations for each quarter.

**CONFIRMATION & NOTIFICATION IS REQUIRED WITHIN 24 HRS FOR NITRATE OR NITRITE MCL EXCEEDANCES  
NON-DETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" QUALIFIER. (Non-detects reported as "BDL" or with a "<" are not acceptable.)**

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

Sample Collection & Analysis Satisfactory:  Yes  No \_\_\_\_\_ Replacement Sample or Report Requested (circle or highlight group(s) above)

Person Notified: \_\_\_\_\_ Date Notified: \_\_\_\_\_ DEP/DOH Reviewing Official: \_\_\_\_\_

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

INORGANIC CONTAMINANTS  
62-550.310(1)

Report Number / Job ID: 35836367021

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	<b>0.14</b>		EPA 200.8	0.00022	10/24/2023	16:44	E83079
1035	Mercury	0.002	mg/L							
1036	Nickel	0.1	mg/L							
1045	Selenium	0.05	mg/L							
1052	Sodium	160	mg/L							
1074	Antimony	0.006	mg/L							
1075	Beryllium	0.004	mg/L							
1085	Thallium	0.002	mg/L							
1094	Asbestos	7 MFL	MFL							

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

SECONDARY CONTAMINANTS  
62-550.320

Report Number / Job ID: 35836367021

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	1.0		EPA 200.8	0.0093	10/24/2023	18:55	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							

J - Estimated value.

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

**PUBLIC WATER SYSTEM INFORMATION** (to be completed by sampler - please type or print legibly)

System Name: \_\_\_\_\_ PWS I.D. #: \_\_\_\_\_  
System Type (check one):     Community                       Non-transient Non-community                       Transient Non-community  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ ZIP Code: \_\_\_\_\_  
Phone # \_\_\_\_\_ Fax #: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

**SAMPLE INFORMATION** (to be completed by sampler)

Sample Number: 35836367022      Sample Date: 10/21/2023      Sample Time: 12:22      AM **(PM)** (Circle One)  
Sample Location (be specific): 014B-#338 Est. Whim      Location Code: \_\_\_\_\_  
Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): \_\_\_\_\_ mg/L      Field pH: \_\_\_\_\_

**Sample Type** (Check Only One) \_\_\_\_\_

- Distribution
- Entry Point (to Distribution)
- Plant Tap (not for compliance with 62-550)
- Raw (at well or intake)
- Max Residence Time
- Ave Residence Time
- Near First Customer

**Reason(s) for Sample** (Check all that apply) \_\_\_\_\_

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

Sampling Procedure Used or Other Comments: \_\_\_\_\_

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

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

## SAMPLER CERTIFICATION

I, \_\_\_\_\_, \_\_\_\_\_, do HEREBY CERTIFY  
(Print Name) (Print Title)

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Certified Operator #: \_\_\_\_\_ Phone #: \_\_\_\_\_ Sampler's Fax #: \_\_\_\_\_

Sampler's E-mail: \_\_\_\_\_

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

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

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

**ATTACH CURRENT DOH ANALYTE SHEET\***

Address: \_\_\_\_\_ Phone # \_\_\_\_\_

Were any analyses subcontracted?  Yes  No If yes, please provide DOH certification numbers(s): \_\_\_\_\_

**ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB\***

**ANALYSIS INFORMATION** (to be completed by lab) Date Sample(s) Received: 10/23/2023

PWS ID (From Page1): \_\_\_\_\_ Sample Number (From Page1): 35836367022 Lab Assigned Report # or Job ID: 35836367022

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

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

## LAB CERTIFICATION

I, Martha Montero, \_\_\_\_\_, do HEREBY CERTIFY  
(Print Name) (Print Title) Project Manager

that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).

Signature:  Date: 10/25/2023

\* Failure to provide a valid and current Florida DOH lab certification number and a current Analyte Sheet for the attached analysis results will result in rejection of the report, possible enforcement against the public water system for failure to sample, and may result in notification of the DOH Bureau of Laboratory Services.

\*\* Please provide radiological sample dates & locations for each quarter.

**CONFIRMATION & NOTIFICATION IS REQUIRED WITHIN 24 HRS FOR NITRATE OR NITRITE MCL EXCEEDANCES  
NON-DETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" QUALIFIER. (Non-detects reported as "BDL" or with a "<" are not acceptable.)**

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

Sample Collection & Analysis Satisfactory:  Yes  No \_\_\_\_\_ Replacement Sample or Report Requested (circle or highlight group(s) above)

Person Notified: \_\_\_\_\_ Date Notified: \_\_\_\_\_ DEP/DOH Reviewing Official: \_\_\_\_\_

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

INORGANIC CONTAMINANTS  
62-550.310(1)

Report Number / Job ID: 35836367022

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	0.00022	U	EPA 200.8	0.00022	10/24/2023	16:51	E83079
1035	Mercury	0.002	mg/L							
1036	Nickel	0.1	mg/L							
1045	Selenium	0.05	mg/L							
1052	Sodium	160	mg/L							
1074	Antimony	0.006	mg/L							
1075	Beryllium	0.004	mg/L							
1085	Thallium	0.002	mg/L							
1094	Asbestos	7 MFL	MFL							

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

SECONDARY CONTAMINANTS  
62-550.320

Report Number / Job ID: 35836367022

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	0.0016		EPA 200.8	0.00093	10/24/2023	16:51	E83079
1025	Fluoride	2.0	mg/L							
1028	Iron	0.3	mg/L							
1032	Manganese	0.05	mg/L							
1050	Silver	0.1	mg/L							
1055	Sulfate	250	mg/L							
1095	Zinc	5	mg/L							
1905	Color	15	CU							
1920	Odor	3	TON							
1925	pH (field pH from page 1)	6.5 - 8.5								
1930	Total Dissolved Solids	500	mg/L							
2905	Foaming Agents	0.5	mg/L							



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

## PUBLIC WATER SYSTEM INFORMATION (to be completed by sampler - please type or print legibly)

System Name: \_\_\_\_\_ PWS I.D. #: \_\_\_\_\_  
System Type (check one):     Community                       Non-transient Non-community                       Transient Non-community  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ ZIP Code: \_\_\_\_\_  
Phone # \_\_\_\_\_ Fax #: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

## SAMPLE INFORMATION (to be completed by sampler)

Sample Number: 35836367023      Sample Date: 10/21/2023      Sample Time: 12:32      AM **(PM)** (Circle One)  
Sample Location (be specific): 015A-#108 Whim      Location Code: \_\_\_\_\_  
Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): \_\_\_\_\_ mg/L      Field pH: \_\_\_\_\_

### Sample Type (Check Only One) \_\_\_\_\_

- Distribution
- Entry Point (to Distribution)
- Plant Tap (not for compliance with 62-550)
- Raw (at well or intake)
- Max Residence Time
- Ave Residence Time
- Near First Customer

### Reason(s) for Sample (Check all that apply) \_\_\_\_\_

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

Sampling Procedure Used or Other Comments: \_\_\_\_\_

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

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

## SAMPLER CERTIFICATION

I, \_\_\_\_\_, \_\_\_\_\_, do HEREBY CERTIFY  
(Print Name) (Print Title)

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Certified Operator #: \_\_\_\_\_ Phone #: \_\_\_\_\_ Sampler's Fax #: \_\_\_\_\_

Sampler's E-mail: \_\_\_\_\_

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

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

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

**ATTACH CURRENT DOH ANALYTE SHEET\***

Address: \_\_\_\_\_ Phone # \_\_\_\_\_

Were any analyses subcontracted?  Yes  No If yes, please provide DOH certification numbers(s): \_\_\_\_\_

**ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB\***

**ANALYSIS INFORMATION** (to be completed by lab) Date Sample(s) Received: 10/23/2023

PWS ID (From Page1): \_\_\_\_\_ Sample Number (From Page1): 35836367023 Lab Assigned Report # or Job ID: 35836367023

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

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

## LAB CERTIFICATION

I, Martha Montero, \_\_\_\_\_, do HEREBY CERTIFY  
 (Print Name) (Print Title) Project Manager

that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).

Signature:  Date: 10/25/2023

\* Failure to provide a valid and current Florida DOH lab certification number and a current Analyte Sheet for the attached analysis results will result in rejection of the report, possible enforcement against the public water system for failure to sample, and may result in notification of the DOH Bureau of Laboratory Services.

\*\* Please provide radiological sample dates & locations for each quarter.

**CONFIRMATION & NOTIFICATION IS REQUIRED WITHIN 24 HRS FOR NITRATE OR NITRITE MCL EXCEEDANCES  
NON-DETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" QUALIFIER. (Non-detects reported as "BDL" or with a "<" are not acceptable.)**

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

Sample Collection & Analysis Satisfactory:  Yes  No \_\_\_\_\_ Replacement Sample or Report Requested (circle or highlight group(s) above)

Person Notified: \_\_\_\_\_ Date Notified: \_\_\_\_\_ DEP/DOH Reviewing Official: \_\_\_\_\_

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

INORGANIC CONTAMINANTS  
62-550.310(1)

Report Number / Job ID: 35836367023

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	<b>0.20</b>		EPA 200.8	0.00022	10/24/2023	16:53	E83079
1035	Mercury	0.002	mg/L							
1036	Nickel	0.1	mg/L							
1045	Selenium	0.05	mg/L							
1052	Sodium	160	mg/L							
1074	Antimony	0.006	mg/L							
1075	Beryllium	0.004	mg/L							
1085	Thallium	0.002	mg/L							
1094	Asbestos	7 MFL	MFL							

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

SECONDARY CONTAMINANTS  
62-550.320

Report Number / Job ID: 35836367023

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	0.25		EPA 200.8	0.00093	10/24/2023	16:53	E83079
1025	Fluoride	2.0	mg/L							
1028	Iron	0.3	mg/L							
1032	Manganese	0.05	mg/L							
1050	Silver	0.1	mg/L							
1055	Sulfate	250	mg/L							
1095	Zinc	5	mg/L							
1905	Color	15	CU							
1920	Odor	3	TON							
1925	pH (field pH from page 1)	6.5 - 8.5								
1930	Total Dissolved Solids	500	mg/L							
2905	Foaming Agents	0.5	mg/L							

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

**PUBLIC WATER SYSTEM INFORMATION** (to be completed by sampler - please type or print legibly)

System Name: \_\_\_\_\_ PWS I.D. #: \_\_\_\_\_  
System Type (check one):     Community                       Non-transient Non-community                       Transient Non-community  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ ZIP Code: \_\_\_\_\_  
Phone # \_\_\_\_\_ Fax #: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

**SAMPLE INFORMATION** (to be completed by sampler)

Sample Number: 35836367024      Sample Date: 10/21/2023      Sample Time: 12:45      AM **(PM)** (Circle One)  
Sample Location (be specific): 015B-#108 Whim      Location Code: \_\_\_\_\_  
Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): \_\_\_\_\_ mg/L      Field pH: \_\_\_\_\_

**Sample Type** (Check Only One) \_\_\_\_\_

- Distribution
- Entry Point (to Distribution)
- Plant Tap (not for compliance with 62-550)
- Raw (at well or intake)
- Max Residence Time
- Ave Residence Time
- Near First Customer

**Reason(s) for Sample** (Check all that apply) \_\_\_\_\_

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

Sampling Procedure Used or Other Comments: \_\_\_\_\_

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

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

## SAMPLER CERTIFICATION

I, \_\_\_\_\_, \_\_\_\_\_, do HEREBY CERTIFY  
(Print Name) (Print Title)

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Certified Operator #: \_\_\_\_\_ Phone #: \_\_\_\_\_ Sampler's Fax #: \_\_\_\_\_

Sampler's E-mail: \_\_\_\_\_

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

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

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

**ATTACH CURRENT DOH ANALYTE SHEET\***

Address: \_\_\_\_\_ Phone # \_\_\_\_\_

Were any analyses subcontracted?  Yes  No If yes, please provide DOH certification numbers(s): \_\_\_\_\_

**ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB\***

**ANALYSIS INFORMATION** (to be completed by lab) Date Sample(s) Received: 10/23/2023

PWS ID (From Page1): \_\_\_\_\_ Sample Number (From Page1): 35836367024 Lab Assigned Report # or Job ID: 35836367024

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

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

## LAB CERTIFICATION

I, Martha Montero, \_\_\_\_\_, do HEREBY CERTIFY  
(Print Name) (Print Title) Project Manager

that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).

Signature:  Date: 10/25/2023

\* Failure to provide a valid and current Florida DOH lab certification number and a current Analyte Sheet for the attached analysis results will result in rejection of the report, possible enforcement against the public water system for failure to sample, and may result in notification of the DOH Bureau of Laboratory Services.

\*\* Please provide radiological sample dates & locations for each quarter.

**CONFIRMATION & NOTIFICATION IS REQUIRED WITHIN 24 HRS FOR NITRATE OR NITRITE MCL EXCEEDANCES  
NON-DETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" QUALIFIER. (Non-detects reported as "BDL" or with a "<" are not acceptable.)**

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

Sample Collection & Analysis Satisfactory:  Yes  No \_\_\_\_\_ Replacement Sample or Report Requested (circle or highlight group(s) above)

Person Notified: \_\_\_\_\_ Date Notified: \_\_\_\_\_ DEP/DOH Reviewing Official: \_\_\_\_\_

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

INORGANIC CONTAMINANTS  
62-550.310(1)

Report Number / Job ID: 35836367024

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 J	I	EPA 200.8	0.00022	10/24/2023	16:54	E83079
1035	Mercury	0.002	mg/L							
1036	Nickel	0.1	mg/L							
1045	Selenium	0.05	mg/L							
1052	Sodium	160	mg/L							
1074	Antimony	0.006	mg/L							
1075	Beryllium	0.004	mg/L							
1085	Thallium	0.002	mg/L							
1094	Asbestos	7 MFL	MFL							

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

SECONDARY CONTAMINANTS  
62-550.320

Report Number / Job ID: 35836367024

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	0.0020		EPA 200.8	0.00093	10/24/2023	16:54	E83079
1025	Fluoride	2.0	mg/L							
1028	Iron	0.3	mg/L							
1032	Manganese	0.05	mg/L							
1050	Silver	0.1	mg/L							
1055	Sulfate	250	mg/L							
1095	Zinc	5	mg/L							
1905	Color	15	CU							
1920	Odor	3	TON							
1925	pH (field pH from page 1)	6.5 - 8.5								
1930	Total Dissolved Solids	500	mg/L							
2905	Foaming Agents	0.5	mg/L							



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

**PUBLIC WATER SYSTEM INFORMATION** (to be completed by sampler - please type or print legibly)

System Name: \_\_\_\_\_ PWS I.D. #: \_\_\_\_\_  
System Type (check one):     Community                       Non-transient Non-community                       Transient Non-community  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ ZIP Code: \_\_\_\_\_  
Phone # \_\_\_\_\_ Fax #: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

**SAMPLE INFORMATION** (to be completed by sampler)

Sample Number: 35836367025      Sample Date: 10/21/2023      Sample Time: 12:59      AM **(PM)** (Circle One)  
Sample Location (be specific): 018A-#89 William's Delight      Location Code: \_\_\_\_\_  
Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): \_\_\_\_\_ mg/L      Field pH: \_\_\_\_\_

**Sample Type** (Check Only One) \_\_\_\_\_

- Distribution
- Entry Point (to Distribution)
- Plant Tap (not for compliance with 62-550)
- Raw (at well or intake)
- Max Residence Time
- Ave Residence Time
- Near First Customer

**Reason(s) for Sample** (Check all that apply) \_\_\_\_\_

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

Sampling Procedure Used or Other Comments: \_\_\_\_\_

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

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

## SAMPLER CERTIFICATION

I, \_\_\_\_\_, \_\_\_\_\_, do HEREBY CERTIFY  
(Print Name) (Print Title)

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Certified Operator #: \_\_\_\_\_ Phone #: \_\_\_\_\_ Sampler's Fax #: \_\_\_\_\_

Sampler's E-mail: \_\_\_\_\_

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

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

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

**ATTACH CURRENT DOH ANALYTE SHEET\***

Address: \_\_\_\_\_ Phone # \_\_\_\_\_

Were any analyses subcontracted?  Yes  No If yes, please provide DOH certification numbers(s): \_\_\_\_\_

**ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB\***

**ANALYSIS INFORMATION** (to be completed by lab) Date Sample(s) Received: 10/23/2023

PWS ID (From Page1): \_\_\_\_\_ Sample Number (From Page1): 35836367025 Lab Assigned Report # or Job ID: 35836367025

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

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

## LAB CERTIFICATION

I, Martha Montero, \_\_\_\_\_, do HEREBY CERTIFY  
 (Print Name) (Print Title) Project Manager

that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).

Signature:  Date: 10/25/2023

\* Failure to provide a valid and current Florida DOH lab certification number and a current Analyte Sheet for the attached analysis results will result in rejection of the report, possible enforcement against the public water system for failure to sample, and may result in notification of the DOH Bureau of Laboratory Services.

\*\* Please provide radiological sample dates & locations for each quarter.

**CONFIRMATION & NOTIFICATION IS REQUIRED WITHIN 24 HRS FOR NITRATE OR NITRITE MCL EXCEEDANCES  
NON-DETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" QUALIFIER. (Non-detects reported as "BDL" or with a "<" are not acceptable.)**

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

Sample Collection & Analysis Satisfactory:  Yes  No \_\_\_\_\_ Replacement Sample or Report Requested (circle or highlight group(s) above)

Person Notified: \_\_\_\_\_ Date Notified: \_\_\_\_\_ DEP/DOH Reviewing Official: \_\_\_\_\_

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

INORGANIC CONTAMINANTS  
62-550.310(1)

Report Number / Job ID: 35836367025

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	<b>0.55</b>		EPA 200.8	0.0022	10/25/2023	10:44	E83079
1035	Mercury	0.002	mg/L							
1036	Nickel	0.1	mg/L							
1045	Selenium	0.05	mg/L							
1052	Sodium	160	mg/L							
1074	Antimony	0.006	mg/L							
1075	Beryllium	0.004	mg/L							
1085	Thallium	0.002	mg/L							
1094	Asbestos	7 MFL	MFL							

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

SECONDARY CONTAMINANTS  
62-550.320

Report Number / Job ID: 35836367025

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	0.49		EPA 200.8	0.0093	10/25/2023	10:44	E83079
1025	Fluoride	2.0	mg/L							
1028	Iron	0.3	mg/L							
1032	Manganese	0.05	mg/L							
1050	Silver	0.1	mg/L							
1055	Sulfate	250	mg/L							
1095	Zinc	5	mg/L							
1905	Color	15	CU							
1920	Odor	3	TON							
1925	pH (field pH from page 1)	6.5 - 8.5								
1930	Total Dissolved Solids	500	mg/L							
2905	Foaming Agents	0.5	mg/L							

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

## PUBLIC WATER SYSTEM INFORMATION (to be completed by sampler - please type or print legibly)

System Name: \_\_\_\_\_ PWS I.D. #: \_\_\_\_\_  
System Type (check one):  Community  Non-transient Non-community  Transient Non-community  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ ZIP Code: \_\_\_\_\_  
Phone # \_\_\_\_\_ Fax #: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

## SAMPLE INFORMATION (to be completed by sampler)

Sample Number: 35836367026 Sample Date: 10/21/2023 Sample Time: 1:12 AM **(PM)** (Circle One)  
Sample Location (be specific): 018B-#89 William's Delight Location Code: \_\_\_\_\_  
Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): \_\_\_\_\_ mg/L Field pH: \_\_\_\_\_

### Sample Type (Check Only One)

- Distribution
- Entry Point (to Distribution)
- Plant Tap (not for compliance with 62-550)
- Raw (at well or intake)
- Max Residence Time
- Ave Residence Time
- Near First Customer

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

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

Sampling Procedure Used or Other Comments: \_\_\_\_\_

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

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

## SAMPLER CERTIFICATION

I, \_\_\_\_\_, \_\_\_\_\_, do HEREBY CERTIFY  
(Print Name) (Print Title)

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Certified Operator #: \_\_\_\_\_ Phone #: \_\_\_\_\_ Sampler's Fax #: \_\_\_\_\_

Sampler's E-mail: \_\_\_\_\_

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

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

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

**ATTACH CURRENT DOH ANALYTE SHEET\***

Address: \_\_\_\_\_ Phone # \_\_\_\_\_

Were any analyses subcontracted?  Yes  No If yes, please provide DOH certification numbers(s): \_\_\_\_\_

**ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB\***

**ANALYSIS INFORMATION** (to be completed by lab) Date Sample(s) Received: 10/23/2023

PWS ID (From Page1): \_\_\_\_\_ Sample Number (From Page1): 35836367026 Lab Assigned Report # or Job ID: 35836367026

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

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

## LAB CERTIFICATION

I, Martha Montero, \_\_\_\_\_, do HEREBY CERTIFY  
 (Print Name) (Print Title) Project Manager

that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).

Signature:  Date: 10/25/2023

\* Failure to provide a valid and current Florida DOH lab certification number and a current Analyte Sheet for the attached analysis results will result in rejection of the report, possible enforcement against the public water system for failure to sample, and may result in notification of the DOH Bureau of Laboratory Services.

\*\* Please provide radiological sample dates & locations for each quarter.

**CONFIRMATION & NOTIFICATION IS REQUIRED WITHIN 24 HRS FOR NITRATE OR NITRITE MCL EXCEEDANCES  
NON-DETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" QUALIFIER. (Non-detects reported as "BDL" or with a "<" are not acceptable.)**

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

Sample Collection & Analysis Satisfactory:  Yes  No \_\_\_\_\_ Replacement Sample or Report Requested (circle or highlight group(s) above)

Person Notified: \_\_\_\_\_ Date Notified: \_\_\_\_\_ DEP/DOH Reviewing Official: \_\_\_\_\_

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

INORGANIC CONTAMINANTS  
62-550.310(1)

Report Number / Job ID: 35836367026

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	0.00037 J	I	EPA 200.8	0.00022	10/24/2023	16:55	E83079
1035	Mercury	0.002	mg/L							
1036	Nickel	0.1	mg/L							
1045	Selenium	0.05	mg/L							
1052	Sodium	160	mg/L							
1074	Antimony	0.006	mg/L							
1075	Beryllium	0.004	mg/L							
1085	Thallium	0.002	mg/L							
1094	Asbestos	7 MFL	MFL							

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

SECONDARY CONTAMINANTS  
62-550.320

Report Number / Job ID: 35836367026

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	0.00093	U	EPA 200.8	0.00093	10/24/2023	16:55	E83079
1025	Fluoride	2.0	mg/L							
1028	Iron	0.3	mg/L							
1032	Manganese	0.05	mg/L							
1050	Silver	0.1	mg/L							
1055	Sulfate	250	mg/L							
1095	Zinc	5	mg/L							
1905	Color	15	CU							
1920	Odor	3	TON							
1925	pH (field pH from page 1)	6.5 - 8.5								
1930	Total Dissolved Solids	500	mg/L							
2905	Foaming Agents	0.5	mg/L							



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

**PUBLIC WATER SYSTEM INFORMATION** (to be completed by sampler - please type or print legibly)

System Name: \_\_\_\_\_ PWS I.D. #: \_\_\_\_\_  
System Type (check one):     Community                       Non-transient Non-community                       Transient Non-community  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ ZIP Code: \_\_\_\_\_  
Phone # \_\_\_\_\_ Fax #: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

**SAMPLE INFORMATION** (to be completed by sampler)

Sample Number: 35836367027      Sample Date: 10/21/2023      Sample Time: 2:16      AM **(PM)** (Circle One)  
Sample Location (be specific): 027A-#88 Diamond      Location Code: \_\_\_\_\_  
Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): \_\_\_\_\_ mg/L      Field pH: \_\_\_\_\_

**Sample Type** (Check Only One) \_\_\_\_\_

- Distribution
- Entry Point (to Distribution)
- Plant Tap (not for compliance with 62-550)
- Raw (at well or intake)
- Max Residence Time
- Ave Residence Time
- Near First Customer

**Reason(s) for Sample** (Check all that apply) \_\_\_\_\_

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

Sampling Procedure Used or Other Comments: \_\_\_\_\_

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

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

## SAMPLER CERTIFICATION

I, \_\_\_\_\_, \_\_\_\_\_, do HEREBY CERTIFY  
(Print Name) (Print Title)

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Certified Operator #: \_\_\_\_\_ Phone #: \_\_\_\_\_ Sampler's Fax #: \_\_\_\_\_

Sampler's E-mail: \_\_\_\_\_

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

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

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

**ATTACH CURRENT DOH ANALYTE SHEET\***

Address: \_\_\_\_\_ Phone # \_\_\_\_\_

Were any analyses subcontracted?  Yes  No If yes, please provide DOH certification numbers(s): \_\_\_\_\_

**ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB\***

**ANALYSIS INFORMATION** (to be completed by lab) Date Sample(s) Received: 10/23/2023

PWS ID (From Page1): \_\_\_\_\_ Sample Number (From Page1): 35836367027 Lab Assigned Report # or Job ID: 35836367027

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

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

## LAB CERTIFICATION

I, Martha Montero, Project Manager, do HEREBY CERTIFY  
(Print Name) (Print Title)

that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).

Signature:  Date: 10/25/2023

\* Failure to provide a valid and current Florida DOH lab certification number and a current Analyte Sheet for the attached analysis results will result in rejection of the report, possible enforcement against the public water system for failure to sample, and may result in notification of the DOH Bureau of Laboratory Services.

\*\* Please provide radiological sample dates & locations for each quarter.

**CONFIRMATION & NOTIFICATION IS REQUIRED WITHIN 24 HRS FOR NITRATE OR NITRITE MCL EXCEEDANCES  
NON-DETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" QUALIFIER. (Non-detects reported as "BDL" or with a "<" are not acceptable.)**

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

Sample Collection & Analysis Satisfactory:  Yes  No \_\_\_\_\_ Replacement Sample or Report Requested (circle or highlight group(s) above)

Person Notified: \_\_\_\_\_ Date Notified: \_\_\_\_\_ DEP/DOH Reviewing Official: \_\_\_\_\_

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

INORGANIC CONTAMINANTS  
62-550.310(1)

Report Number / Job ID: 35836367027

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	<b>0.22</b>		EPA 200.8	0.0022	10/24/2023	18:41	E83079
1035	Mercury	0.002	mg/L							
1036	Nickel	0.1	mg/L							
1045	Selenium	0.05	mg/L							
1052	Sodium	160	mg/L							
1074	Antimony	0.006	mg/L							
1075	Beryllium	0.004	mg/L							
1085	Thallium	0.002	mg/L							
1094	Asbestos	7 MFL	MFL							

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

SECONDARY CONTAMINANTS  
62-550.320

Report Number / Job ID: 35836367027

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	1.8		EPA 200.8	0.0093	10/24/2023	18:41	E83079
1025	Fluoride	2.0	mg/L							
1028	Iron	0.3	mg/L							
1032	Manganese	0.05	mg/L							
1050	Silver	0.1	mg/L							
1055	Sulfate	250	mg/L							
1095	Zinc	5	mg/L							
1905	Color	15	CU							
1920	Odor	3	TON							
1925	pH (field pH from page 1)	6.5 - 8.5								
1930	Total Dissolved Solids	500	mg/L							
2905	Foaming Agents	0.5	mg/L							

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

**PUBLIC WATER SYSTEM INFORMATION** (to be completed by sampler - please type or print legibly)

System Name: \_\_\_\_\_ PWS I.D. #: \_\_\_\_\_  
System Type (check one):     Community                       Non-transient Non-community                       Transient Non-community  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ ZIP Code: \_\_\_\_\_  
Phone # \_\_\_\_\_ Fax #: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

**SAMPLE INFORMATION** (to be completed by sampler)

Sample Number: 35836367028      Sample Date: 10/21/2023      Sample Time: 2:29      AM **(PM)** (Circle One)  
Sample Location (be specific): 027B-#88 Diamond      Location Code: \_\_\_\_\_  
Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): \_\_\_\_\_ mg/L      Field pH: \_\_\_\_\_

**Sample Type** (Check Only One) \_\_\_\_\_

- Distribution
- Entry Point (to Distribution)
- Plant Tap (not for compliance with 62-550)
- Raw (at well or intake)
- Max Residence Time
- Ave Residence Time
- Near First Customer

**Reason(s) for Sample** (Check all that apply) \_\_\_\_\_

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

Sampling Procedure Used or Other Comments: \_\_\_\_\_

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

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

## SAMPLER CERTIFICATION

I, \_\_\_\_\_, \_\_\_\_\_, do HEREBY CERTIFY  
(Print Name) (Print Title)

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Certified Operator #: \_\_\_\_\_ Phone #: \_\_\_\_\_ Sampler's Fax #: \_\_\_\_\_

Sampler's E-mail: \_\_\_\_\_

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

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

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

**ATTACH CURRENT DOH ANALYTE SHEET\***

Address: \_\_\_\_\_ Phone # \_\_\_\_\_

Were any analyses subcontracted?  Yes  No If yes, please provide DOH certification numbers(s): \_\_\_\_\_

**ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB\***

**ANALYSIS INFORMATION** (to be completed by lab) Date Sample(s) Received: 10/23/2023

PWS ID (From Page1): \_\_\_\_\_ Sample Number (From Page1): 35836367028 Lab Assigned Report # or Job ID: 35836367028

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

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

## LAB CERTIFICATION

I, Martha Montero, Project Manager, do HEREBY CERTIFY  
(Print Name) (Print Title)

that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).

Signature:  Date: 10/25/2023

\* Failure to provide a valid and current Florida DOH lab certification number and a current Analyte Sheet for the attached analysis results will result in rejection of the report, possible enforcement against the public water system for failure to sample, and may result in notification of the DOH Bureau of Laboratory Services.

\*\* Please provide radiological sample dates & locations for each quarter.

**CONFIRMATION & NOTIFICATION IS REQUIRED WITHIN 24 HRS FOR NITRATE OR NITRITE MCL EXCEEDANCES  
NON-DETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" QUALIFIER. (Non-detects reported as "BDL" or with a "<" are not acceptable.)**

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

Sample Collection & Analysis Satisfactory:  Yes  No \_\_\_\_\_ Replacement Sample or Report Requested (circle or highlight group(s) above)

Person Notified: \_\_\_\_\_ Date Notified: \_\_\_\_\_ DEP/DOH Reviewing Official: \_\_\_\_\_

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

INORGANIC CONTAMINANTS  
62-550.310(1)

Report Number / Job ID: 35836367028

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	0.00022	U	EPA 200.8	0.00022	10/24/2023	16:58	E83079
1035	Mercury	0.002	mg/L							
1036	Nickel	0.1	mg/L							
1045	Selenium	0.05	mg/L							
1052	Sodium	160	mg/L							
1074	Antimony	0.006	mg/L							
1075	Beryllium	0.004	mg/L							
1085	Thallium	0.002	mg/L							
1094	Asbestos	7 MFL	MFL							

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

SECONDARY CONTAMINANTS  
62-550.320

Report Number / Job ID: 35836367028

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	0.0012		EPA 200.8	0.00093	10/24/2023	16:58	E83079
1025	Fluoride	2.0	mg/L							
1028	Iron	0.3	mg/L							
1032	Manganese	0.05	mg/L							
1050	Silver	0.1	mg/L							
1055	Sulfate	250	mg/L							
1095	Zinc	5	mg/L							
1905	Color	15	CU							
1920	Odor	3	TON							
1925	pH (field pH from page 1)	6.5 - 8.5								
1930	Total Dissolved Solids	500	mg/L							
2905	Foaming Agents	0.5	mg/L							



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

**PUBLIC WATER SYSTEM INFORMATION** (to be completed by sampler - please type or print legibly)

System Name: \_\_\_\_\_ PWS I.D. #: \_\_\_\_\_  
System Type (check one):     Community                       Non-transient Non-community                       Transient Non-community  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ ZIP Code: \_\_\_\_\_  
Phone # \_\_\_\_\_ Fax #: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

**SAMPLE INFORMATION** (to be completed by sampler)

Sample Number: 35836367029      Sample Date: 10/21/2023      Sample Time: 1:51      AM **(PM)** (Circle One)  
Sample Location (be specific): 020A-#305 Mt. Pleasant      Location Code: \_\_\_\_\_  
Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): \_\_\_\_\_ mg/L      Field pH: \_\_\_\_\_

**Sample Type** (Check Only One) \_\_\_\_\_

- Distribution
- Entry Point (to Distribution)
- Plant Tap (not for compliance with 62-550)
- Raw (at well or intake)
- Max Residence Time
- Ave Residence Time
- Near First Customer

**Reason(s) for Sample** (Check all that apply) \_\_\_\_\_

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

Sampling Procedure Used or Other Comments: \_\_\_\_\_

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

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

## SAMPLER CERTIFICATION

I, \_\_\_\_\_, \_\_\_\_\_, do HEREBY CERTIFY  
(Print Name) (Print Title)

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Certified Operator #: \_\_\_\_\_ Phone #: \_\_\_\_\_ Sampler's Fax #: \_\_\_\_\_

Sampler's E-mail: \_\_\_\_\_

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

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

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

**ATTACH CURRENT DOH ANALYTE SHEET\***

Address: \_\_\_\_\_ Phone # \_\_\_\_\_

Were any analyses subcontracted?  Yes  No If yes, please provide DOH certification numbers(s): \_\_\_\_\_

**ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB\***

**ANALYSIS INFORMATION** (to be completed by lab) Date Sample(s) Received: 10/23/2023

PWS ID (From Page1): \_\_\_\_\_ Sample Number (From Page1): 35836367029 Lab Assigned Report # or Job ID: 35836367029

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

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

## LAB CERTIFICATION

I, Martha Montero, \_\_\_\_\_, do HEREBY CERTIFY  
 (Print Name) (Print Title) Project Manager

that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).

Signature:  Date: 10/25/2023

\* Failure to provide a valid and current Florida DOH lab certification number and a current Analyte Sheet for the attached analysis results will result in rejection of the report, possible enforcement against the public water system for failure to sample, and may result in notification of the DOH Bureau of Laboratory Services.

\*\* Please provide radiological sample dates & locations for each quarter.

**CONFIRMATION & NOTIFICATION IS REQUIRED WITHIN 24 HRS FOR NITRATE OR NITRITE MCL EXCEEDANCES  
NON-DETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" QUALIFIER. (Non-detects reported as "BDL" or with a "<" are not acceptable.)**

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

Sample Collection & Analysis Satisfactory:  Yes  No \_\_\_\_\_ Replacement Sample or Report Requested (circle or highlight group(s) above)

Person Notified: \_\_\_\_\_ Date Notified: \_\_\_\_\_ DEP/DOH Reviewing Official: \_\_\_\_\_

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

INORGANIC CONTAMINANTS  
62-550.310(1)

Report Number / Job ID: 35836367029

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	<b>0.11</b>		EPA 200.8	0.00022	10/24/2023	17:00	E83079
1035	Mercury	0.002	mg/L							
1036	Nickel	0.1	mg/L							
1045	Selenium	0.05	mg/L							
1052	Sodium	160	mg/L							
1074	Antimony	0.006	mg/L							
1075	Beryllium	0.004	mg/L							
1085	Thallium	0.002	mg/L							
1094	Asbestos	7 MFL	MFL							

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

SECONDARY CONTAMINANTS  
62-550.320

Report Number / Job ID: 35836367029

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	0.30		EPA 200.8	0.00093	10/24/2023	17:00	E83079
1025	Fluoride	2.0	mg/L							
1028	Iron	0.3	mg/L							
1032	Manganese	0.05	mg/L							
1050	Silver	0.1	mg/L							
1055	Sulfate	250	mg/L							
1095	Zinc	5	mg/L							
1905	Color	15	CU							
1920	Odor	3	TON							
1925	pH (field pH from page 1)	6.5 - 8.5								
1930	Total Dissolved Solids	500	mg/L							
2905	Foaming Agents	0.5	mg/L							

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

**PUBLIC WATER SYSTEM INFORMATION** (to be completed by sampler - please type or print legibly)

System Name: \_\_\_\_\_ PWS I.D. #: \_\_\_\_\_  
System Type (check one):     Community                       Non-transient Non-community                       Transient Non-community  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ ZIP Code: \_\_\_\_\_  
Phone # \_\_\_\_\_ Fax #: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

**SAMPLE INFORMATION** (to be completed by sampler)

Sample Number: 35836367030      Sample Date: 10/21/2023      Sample Time: 2:02      AM **(PM)** (Circle One)  
Sample Location (be specific): 020B-#305 Mt. Pleasant      Location Code: \_\_\_\_\_  
Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): \_\_\_\_\_ mg/L      Field pH: \_\_\_\_\_

**Sample Type** (Check Only One) \_\_\_\_\_

- Distribution
- Entry Point (to Distribution)
- Plant Tap (not for compliance with 62-550)
- Raw (at well or intake)
- Max Residence Time
- Ave Residence Time
- Near First Customer

**Reason(s) for Sample** (Check all that apply) \_\_\_\_\_

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

Sampling Procedure Used or Other Comments: \_\_\_\_\_

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

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

## SAMPLER CERTIFICATION

I, \_\_\_\_\_, \_\_\_\_\_, do HEREBY CERTIFY  
(Print Name) (Print Title)

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Certified Operator #: \_\_\_\_\_ Phone #: \_\_\_\_\_ Sampler's Fax #: \_\_\_\_\_

Sampler's E-mail: \_\_\_\_\_

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

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

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

**ATTACH CURRENT DOH ANALYTE SHEET\***

Address: \_\_\_\_\_ Phone # \_\_\_\_\_

Were any analyses subcontracted?  Yes  No If yes, please provide DOH certification numbers(s): \_\_\_\_\_

**ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB\***

**ANALYSIS INFORMATION** (to be completed by lab) Date Sample(s) Received: 10/23/2023

PWS ID (From Page1): \_\_\_\_\_ Sample Number (From Page1): 35836367030 Lab Assigned Report # or Job ID: 35836367030

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

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

## LAB CERTIFICATION

I, Martha Montero, \_\_\_\_\_, do HEREBY CERTIFY  
 (Print Name) (Print Title) Project Manager

that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).

Signature:  Date: 10/25/2023

\* Failure to provide a valid and current Florida DOH lab certification number and a current Analyte Sheet for the attached analysis results will result in rejection of the report, possible enforcement against the public water system for failure to sample, and may result in notification of the DOH Bureau of Laboratory Services.

\*\* Please provide radiological sample dates & locations for each quarter.

**CONFIRMATION & NOTIFICATION IS REQUIRED WITHIN 24 HRS FOR NITRATE OR NITRITE MCL EXCEEDANCES  
NON-DETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" QUALIFIER. (Non-detects reported as "BDL" or with a "<" are not acceptable.)**

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

Sample Collection & Analysis Satisfactory:  Yes  No \_\_\_\_\_ Replacement Sample or Report Requested (circle or highlight group(s) above)

Person Notified: \_\_\_\_\_ Date Notified: \_\_\_\_\_ DEP/DOH Reviewing Official: \_\_\_\_\_

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

INORGANIC CONTAMINANTS  
62-550.310(1)

Report Number / Job ID: 35836367030

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	0.00022	U	EPA 200.8	0.00022	10/24/2023	17:01	E83079
1035	Mercury	0.002	mg/L							
1036	Nickel	0.1	mg/L							
1045	Selenium	0.05	mg/L							
1052	Sodium	160	mg/L							
1074	Antimony	0.006	mg/L							
1075	Beryllium	0.004	mg/L							
1085	Thallium	0.002	mg/L							
1094	Asbestos	7 MFL	MFL							

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

SECONDARY CONTAMINANTS  
62-550.320

Report Number / Job ID: 35836367030

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	0.0018		EPA 200.8	0.00093	10/24/2023	17:01	E83079
1025	Fluoride	2.0	mg/L							
1028	Iron	0.3	mg/L							
1032	Manganese	0.05	mg/L							
1050	Silver	0.1	mg/L							
1055	Sulfate	250	mg/L							
1095	Zinc	5	mg/L							
1905	Color	15	CU							
1920	Odor	3	TON							
1925	pH (field pH from page 1)	6.5 - 8.5								
1930	Total Dissolved Solids	500	mg/L							
2905	Foaming Agents	0.5	mg/L							



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

## PUBLIC WATER SYSTEM INFORMATION (to be completed by sampler - please type or print legibly)

System Name: \_\_\_\_\_ PWS I.D. #: \_\_\_\_\_  
System Type (check one):  Community  Non-transient Non-community  Transient Non-community  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ ZIP Code: \_\_\_\_\_  
Phone # \_\_\_\_\_ Fax #: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

## SAMPLE INFORMATION (to be completed by sampler)

Sample Number: 35836367031 Sample Date: 10/21/2023 Sample Time: 2:16 AM  PM (Circle One)  
Sample Location (be specific): 028A-#543 Mt. Pleasant Location Code: \_\_\_\_\_  
Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): \_\_\_\_\_ mg/L Field pH: \_\_\_\_\_

## Sample Type (Check Only One)

- Distribution
- Entry Point (to Distribution)
- Plant Tap (not for compliance with 62-550)
- Raw (at well or intake)
- Max Residence Time
- Ave Residence Time
- Near First Customer

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

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

Sampling Procedure Used or Other Comments: \_\_\_\_\_

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

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

## SAMPLER CERTIFICATION

I, \_\_\_\_\_, \_\_\_\_\_, do HEREBY CERTIFY  
(Print Name) (Print Title)

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Certified Operator #: \_\_\_\_\_ Phone #: \_\_\_\_\_ Sampler's Fax #: \_\_\_\_\_

Sampler's E-mail: \_\_\_\_\_

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

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

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

**ATTACH CURRENT DOH ANALYTE SHEET\***

Address: \_\_\_\_\_ Phone # \_\_\_\_\_

Were any analyses subcontracted?  Yes  No If yes, please provide DOH certification numbers(s): \_\_\_\_\_

**ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB\***

**ANALYSIS INFORMATION** (to be completed by lab) Date Sample(s) Received: 10/23/2023

PWS ID (From Page1): \_\_\_\_\_ Sample Number (From Page1): 35836367031 Lab Assigned Report # or Job ID: 35836367031

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

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

## LAB CERTIFICATION

I, Martha Montero, \_\_\_\_\_, do HEREBY CERTIFY  
(Print Name) (Print Title)

that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).

Signature:  Date: 10/25/2023

\* Failure to provide a valid and current Florida DOH lab certification number and a current Analyte Sheet for the attached analysis results will result in rejection of the report, possible enforcement against the public water system for failure to sample, and may result in notification of the DOH Bureau of Laboratory Services.

\*\* Please provide radiological sample dates & locations for each quarter.

**CONFIRMATION & NOTIFICATION IS REQUIRED WITHIN 24 HRS FOR NITRATE OR NITRITE MCL EXCEEDANCES  
NON-DETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" QUALIFIER. (Non-detects reported as "BDL" or with a "<" are not acceptable.)**

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

Sample Collection & Analysis Satisfactory:  Yes  No \_\_\_\_\_ Replacement Sample or Report Requested (circle or highlight group(s) above)

Person Notified: \_\_\_\_\_ Date Notified: \_\_\_\_\_ DEP/DOH Reviewing Official: \_\_\_\_\_

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

INORGANIC CONTAMINANTS  
62-550.310(1)

Report Number / Job ID: 35836367031

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	<b>0.073</b>		EPA 200.8	0.00022	10/24/2023	17:02	E83079
1035	Mercury	0.002	mg/L							
1036	Nickel	0.1	mg/L							
1045	Selenium	0.05	mg/L							
1052	Sodium	160	mg/L							
1074	Antimony	0.006	mg/L							
1075	Beryllium	0.004	mg/L							
1085	Thallium	0.002	mg/L							
1094	Asbestos	7 MFL	MFL							

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

SECONDARY CONTAMINANTS  
62-550.320

Report Number / Job ID: 35836367031

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	0.59		EPA 200.8	0.00093	10/24/2023	17:02	E83079
1025	Fluoride	2.0	mg/L							
1028	Iron	0.3	mg/L							
1032	Manganese	0.05	mg/L							
1050	Silver	0.1	mg/L							
1055	Sulfate	250	mg/L							
1095	Zinc	5	mg/L							
1905	Color	15	CU							
1920	Odor	3	TON							
1925	pH (field pH from page 1)	6.5 - 8.5								
1930	Total Dissolved Solids	500	mg/L							
2905	Foaming Agents	0.5	mg/L							

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

**PUBLIC WATER SYSTEM INFORMATION** (to be completed by sampler - please type or print legibly)

System Name: \_\_\_\_\_ PWS I.D. #: \_\_\_\_\_  
System Type (check one):     Community                       Non-transient Non-community                       Transient Non-community  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ ZIP Code: \_\_\_\_\_  
Phone # \_\_\_\_\_ Fax #: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

**SAMPLE INFORMATION** (to be completed by sampler)

Sample Number: 35836367032      Sample Date: 10/21/2023      Sample Time: 2:29      AM **(PM)** (Circle One)  
Sample Location (be specific): 028B-#543 Mt. Pleasant      Location Code: \_\_\_\_\_  
Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): \_\_\_\_\_ mg/L      Field pH: \_\_\_\_\_

**Sample Type** (Check Only One) \_\_\_\_\_

- Distribution
- Entry Point (to Distribution)
- Plant Tap (not for compliance with 62-550)
- Raw (at well or intake)
- Max Residence Time
- Ave Residence Time
- Near First Customer

**Reason(s) for Sample** (Check all that apply) \_\_\_\_\_

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

Sampling Procedure Used or Other Comments: \_\_\_\_\_

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

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

## SAMPLER CERTIFICATION

I, \_\_\_\_\_, \_\_\_\_\_, do HEREBY CERTIFY  
(Print Name) (Print Title)

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Certified Operator #: \_\_\_\_\_ Phone #: \_\_\_\_\_ Sampler's Fax #: \_\_\_\_\_

Sampler's E-mail: \_\_\_\_\_

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

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

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

**ATTACH CURRENT DOH ANALYTE SHEET\***

Address: \_\_\_\_\_ Phone # \_\_\_\_\_

Were any analyses subcontracted?  Yes  No If yes, please provide DOH certification numbers(s): \_\_\_\_\_

**ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB\***

**ANALYSIS INFORMATION** (to be completed by lab) Date Sample(s) Received: 10/23/2023

PWS ID (From Page1): \_\_\_\_\_ Sample Number (From Page1): 35836367032 Lab Assigned Report # or Job ID: 35836367032

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

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

## LAB CERTIFICATION

I, Martha Montero, \_\_\_\_\_, do HEREBY CERTIFY  
 (Print Name) (Print Title) Project Manager

that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).

Signature:  Date: 10/25/2023

\* Failure to provide a valid and current Florida DOH lab certification number and a current Analyte Sheet for the attached analysis results will result in rejection of the report, possible enforcement against the public water system for failure to sample, and may result in notification of the DOH Bureau of Laboratory Services.

\*\* Please provide radiological sample dates & locations for each quarter.

**CONFIRMATION & NOTIFICATION IS REQUIRED WITHIN 24 HRS FOR NITRATE OR NITRITE MCL EXCEEDANCES  
NON-DETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" QUALIFIER. (Non-detects reported as "BDL" or with a "<" are not acceptable.)**

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

Sample Collection & Analysis Satisfactory:  Yes  No \_\_\_\_\_ Replacement Sample or Report Requested (circle or highlight group(s) above)

Person Notified: \_\_\_\_\_ Date Notified: \_\_\_\_\_ DEP/DOH Reviewing Official: \_\_\_\_\_

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

INORGANIC CONTAMINANTS  
62-550.310(1)

Report Number / Job ID: 35836367032

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	0.00022	U	EPA 200.8	0.00022	10/24/2023	17:07	E83079
1035	Mercury	0.002	mg/L							
1036	Nickel	0.1	mg/L							
1045	Selenium	0.05	mg/L							
1052	Sodium	160	mg/L							
1074	Antimony	0.006	mg/L							
1075	Beryllium	0.004	mg/L							
1085	Thallium	0.002	mg/L							
1094	Asbestos	7 MFL	MFL							

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

SECONDARY CONTAMINANTS  
62-550.320

Report Number / Job ID: 35836367032

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	0.00093	U	EPA 200.8	0.00093	10/24/2023	17:07	E83079
1025	Fluoride	2.0	mg/L							
1028	Iron	0.3	mg/L							
1032	Manganese	0.05	mg/L							
1050	Silver	0.1	mg/L							
1055	Sulfate	250	mg/L							
1095	Zinc	5	mg/L							
1905	Color	15	CU							
1920	Odor	3	TON							
1925	pH (field pH from page 1)	6.5 - 8.5								
1930	Total Dissolved Solids	500	mg/L							
2905	Foaming Agents	0.5	mg/L							



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

**PUBLIC WATER SYSTEM INFORMATION** (to be completed by sampler - please type or print legibly)

System Name: \_\_\_\_\_ PWS I.D. #: \_\_\_\_\_  
System Type (check one):     Community                       Non-transient Non-community                       Transient Non-community  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ ZIP Code: \_\_\_\_\_  
Phone # \_\_\_\_\_ Fax #: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

**SAMPLE INFORMATION** (to be completed by sampler)

Sample Number: 35836367033      Sample Date: 10/21/2023      Sample Time: 2:44      AM **(PM)** (Circle One)  
Sample Location (be specific): 019A-#249 William's Delight      Location Code: \_\_\_\_\_  
Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): \_\_\_\_\_ mg/L      Field pH: \_\_\_\_\_

**Sample Type** (Check Only One) \_\_\_\_\_

- Distribution
- Entry Point (to Distribution)
- Plant Tap (not for compliance with 62-550)
- Raw (at well or intake)
- Max Residence Time
- Ave Residence Time
- Near First Customer

**Reason(s) for Sample** (Check all that apply) \_\_\_\_\_

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

Sampling Procedure Used or Other Comments: \_\_\_\_\_

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

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

## SAMPLER CERTIFICATION

I, \_\_\_\_\_, \_\_\_\_\_, do HEREBY CERTIFY  
(Print Name) (Print Title)

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Certified Operator #: \_\_\_\_\_ Phone #: \_\_\_\_\_ Sampler's Fax #: \_\_\_\_\_

Sampler's E-mail: \_\_\_\_\_

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

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

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

**ATTACH CURRENT DOH ANALYTE SHEET\***

Address: \_\_\_\_\_ Phone # \_\_\_\_\_

Were any analyses subcontracted?  Yes  No If yes, please provide DOH certification numbers(s): \_\_\_\_\_

**ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB\***

**ANALYSIS INFORMATION** (to be completed by lab) Date Sample(s) Received: 10/23/2023

PWS ID (From Page1): \_\_\_\_\_ Sample Number (From Page1): 35836367033 Lab Assigned Report # or Job ID: 35836367033

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

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

## LAB CERTIFICATION

I, Martha Montero, \_\_\_\_\_, do HEREBY CERTIFY  
(Print Name) (Print Title)

that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).

Signature:  Date: 10/25/2023

\* Failure to provide a valid and current Florida DOH lab certification number and a current Analyte Sheet for the attached analysis results will result in rejection of the report, possible enforcement against the public water system for failure to sample, and may result in notification of the DOH Bureau of Laboratory Services.

\*\* Please provide radiological sample dates & locations for each quarter.

**CONFIRMATION & NOTIFICATION IS REQUIRED WITHIN 24 HRS FOR NITRATE OR NITRITE MCL EXCEEDANCES  
NON-DETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" QUALIFIER. (Non-detects reported as "BDL" or with a "<" are not acceptable.)**

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

Sample Collection & Analysis Satisfactory:  Yes  No \_\_\_\_\_ Replacement Sample or Report Requested (circle or highlight group(s) above)

Person Notified: \_\_\_\_\_ Date Notified: \_\_\_\_\_ DEP/DOH Reviewing Official: \_\_\_\_\_

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

INORGANIC CONTAMINANTS  
62-550.310(1)

Report Number / Job ID: 35836367033

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	<b>0.16</b>		EPA 200.8	0.00022	10/24/2023	17:08	E83079
1035	Mercury	0.002	mg/L							
1036	Nickel	0.1	mg/L							
1045	Selenium	0.05	mg/L							
1052	Sodium	160	mg/L							
1074	Antimony	0.006	mg/L							
1075	Beryllium	0.004	mg/L							
1085	Thallium	0.002	mg/L							
1094	Asbestos	7 MFL	MFL							

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

SECONDARY CONTAMINANTS  
62-550.320

Report Number / Job ID: 35836367033

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	0.49		EPA 200.8	0.00093	10/24/2023	17:08	E83079
1025	Fluoride	2.0	mg/L							
1028	Iron	0.3	mg/L							
1032	Manganese	0.05	mg/L							
1050	Silver	0.1	mg/L							
1055	Sulfate	250	mg/L							
1095	Zinc	5	mg/L							
1905	Color	15	CU							
1920	Odor	3	TON							
1925	pH (field pH from page 1)	6.5 - 8.5								
1930	Total Dissolved Solids	500	mg/L							
2905	Foaming Agents	0.5	mg/L							

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

**PUBLIC WATER SYSTEM INFORMATION** (to be completed by sampler - please type or print legibly)

System Name: \_\_\_\_\_ PWS I.D. #: \_\_\_\_\_  
System Type (check one):     Community                       Non-transient Non-community                       Transient Non-community  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ ZIP Code: \_\_\_\_\_  
Phone # \_\_\_\_\_ Fax #: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

**SAMPLE INFORMATION** (to be completed by sampler)

Sample Number: 35836367034      Sample Date: 10/21/2023      Sample Time: 2:57      AM **(PM)** (Circle One)  
Sample Location (be specific): 019B-#249 William's Delight      Location Code: \_\_\_\_\_  
Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): \_\_\_\_\_ mg/L      Field pH: \_\_\_\_\_

**Sample Type** (Check Only One) \_\_\_\_\_

- Distribution
- Entry Point (to Distribution)
- Plant Tap (not for compliance with 62-550)
- Raw (at well or intake)
- Max Residence Time
- Ave Residence Time
- Near First Customer

**Reason(s) for Sample** (Check all that apply) \_\_\_\_\_

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

Sampling Procedure Used or Other Comments: \_\_\_\_\_

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

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

## SAMPLER CERTIFICATION

I, \_\_\_\_\_, \_\_\_\_\_, do HEREBY CERTIFY  
(Print Name) (Print Title)

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Certified Operator #: \_\_\_\_\_ Phone #: \_\_\_\_\_ Sampler's Fax #: \_\_\_\_\_

Sampler's E-mail: \_\_\_\_\_

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

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

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

**ATTACH CURRENT DOH ANALYTE SHEET\***

Address: \_\_\_\_\_ Phone # \_\_\_\_\_

Were any analyses subcontracted?  Yes  No If yes, please provide DOH certification numbers(s): \_\_\_\_\_

**ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB\***

**ANALYSIS INFORMATION** (to be completed by lab) Date Sample(s) Received: 10/23/2023

PWS ID (From Page1): \_\_\_\_\_ Sample Number (From Page1): 35836367034 Lab Assigned Report # or Job ID: 35836367034

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

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

## LAB CERTIFICATION

I, Martha Montero, \_\_\_\_\_, do HEREBY CERTIFY  
(Print Name) (Print Title) Project Manager

that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).

Signature:  Date: 10/25/2023

\* Failure to provide a valid and current Florida DOH lab certification number and a current Analyte Sheet for the attached analysis results will result in rejection of the report, possible enforcement against the public water system for failure to sample, and may result in notification of the DOH Bureau of Laboratory Services.

\*\* Please provide radiological sample dates & locations for each quarter.

**CONFIRMATION & NOTIFICATION IS REQUIRED WITHIN 24 HRS FOR NITRATE OR NITRITE MCL EXCEEDANCES  
NON-DETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" QUALIFIER. (Non-detects reported as "BDL" or with a "<" are not acceptable.)**

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

Sample Collection & Analysis Satisfactory:  Yes  No \_\_\_\_\_ Replacement Sample or Report Requested (circle or highlight group(s) above)

Person Notified: \_\_\_\_\_ Date Notified: \_\_\_\_\_ DEP/DOH Reviewing Official: \_\_\_\_\_

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

INORGANIC CONTAMINANTS  
62-550.310(1)

Report Number / Job ID: 35836367034

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	0.00022	U	EPA 200.8	0.00022	10/24/2023	17:10	E83079
1035	Mercury	0.002	mg/L							
1036	Nickel	0.1	mg/L							
1045	Selenium	0.05	mg/L							
1052	Sodium	160	mg/L							
1074	Antimony	0.006	mg/L							
1075	Beryllium	0.004	mg/L							
1085	Thallium	0.002	mg/L							
1094	Asbestos	7 MFL	MFL							

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

SECONDARY CONTAMINANTS  
62-550.320

Report Number / Job ID: 35836367034

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	0.0016		EPA 200.8	0.00093	10/24/2023	17:10	E83079
1025	Fluoride	2.0	mg/L							
1028	Iron	0.3	mg/L							
1032	Manganese	0.05	mg/L							
1050	Silver	0.1	mg/L							
1055	Sulfate	250	mg/L							
1095	Zinc	5	mg/L							
1905	Color	15	CU							
1920	Odor	3	TON							
1925	pH (field pH from page 1)	6.5 - 8.5								
1930	Total Dissolved Solids	500	mg/L							
2905	Foaming Agents	0.5	mg/L							



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

## PUBLIC WATER SYSTEM INFORMATION (to be completed by sampler - please type or print legibly)

System Name: \_\_\_\_\_ PWS I.D. #: \_\_\_\_\_

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Phone # \_\_\_\_\_ Fax #: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

## SAMPLE INFORMATION (to be completed by sampler)

Sample Number: 35836367035 Sample Date: 10/21/2023 Sample Time: 3:08 AM **(PM)** (Circle One)

Sample Location (be specific): 017A-#113 William's Delight Location Code: \_\_\_\_\_

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

Sample Type (Check Only One) \_\_\_\_\_

Reason(s) for Sample (Check all that apply) \_\_\_\_\_

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Distribution                               | <input type="checkbox"/> Routine Compliance with 62-550   | <input type="checkbox"/> Replacement (of Invalidated Sample)      |
| <input type="checkbox"/> Entry Point (to Distribution)              | <input type="checkbox"/> Confirmation of MCL Exceedance*  | <input type="checkbox"/> Special (not for compliance with 62-550) |
| <input type="checkbox"/> Plant Tap (not for compliance with 62-550) | <input type="checkbox"/> Confirmation of Multiple Sites** | <input type="checkbox"/> Clearance (permitting)                   |
| <input type="checkbox"/> Raw (at well or intake)                    | <input type="checkbox"/> Other: _____                     |   |
| <input type="checkbox"/> Max Residence Time                         |   |   |
| <input type="checkbox"/> Ave Residence Time                         |   |   |
| <input type="checkbox"/> Near First Customer                        |   |   |

Sampling Procedure Used or Other Comments: \_\_\_\_\_

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

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

## SAMPLER CERTIFICATION

I, \_\_\_\_\_, \_\_\_\_\_, do HEREBY CERTIFY  
(Print Name) (Print Title)

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Certified Operator #: \_\_\_\_\_ Phone #: \_\_\_\_\_ Sampler's Fax #: \_\_\_\_\_

Sampler's E-mail: \_\_\_\_\_

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

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

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

**ATTACH CURRENT DOH ANALYTE SHEET\***

Address: \_\_\_\_\_ Phone # \_\_\_\_\_

Were any analyses subcontracted?  Yes  No If yes, please provide DOH certification numbers(s): \_\_\_\_\_

**ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB\***

**ANALYSIS INFORMATION** (to be completed by lab) Date Sample(s) Received: 10/23/2023

PWS ID (From Page1): \_\_\_\_\_ Sample Number (From Page1): 35836367035 Lab Assigned Report # or Job ID: 35836367035

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

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

## LAB CERTIFICATION

I, Martha Montero, \_\_\_\_\_, do HEREBY CERTIFY  
(Print Name) (Print Title)

that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).

Signature:  Date: 10/25/2023

\* Failure to provide a valid and current Florida DOH lab certification number and a current Analyte Sheet for the attached analysis results will result in rejection of the report, possible enforcement against the public water system for failure to sample, and may result in notification of the DOH Bureau of Laboratory Services.

\*\* Please provide radiological sample dates & locations for each quarter.

**CONFIRMATION & NOTIFICATION IS REQUIRED WITHIN 24 HRS FOR NITRATE OR NITRITE MCL EXCEEDANCES  
NON-DETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" QUALIFIER. (Non-detects reported as "BDL" or with a "<" are not acceptable.)**

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

Sample Collection & Analysis Satisfactory:  Yes  No \_\_\_\_\_ Replacement Sample or Report Requested (circle or highlight group(s) above)

Person Notified: \_\_\_\_\_ Date Notified: \_\_\_\_\_ DEP/DOH Reviewing Official: \_\_\_\_\_

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

INORGANIC CONTAMINANTS  
62-550.310(1)

Report Number / Job ID: 35836367035

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	<b>0.37</b>		EPA 200.8	0.0022	10/24/2023	18:42	E83079
1035	Mercury	0.002	mg/L							
1036	Nickel	0.1	mg/L							
1045	Selenium	0.05	mg/L							
1052	Sodium	160	mg/L							
1074	Antimony	0.006	mg/L							
1075	Beryllium	0.004	mg/L							
1085	Thallium	0.002	mg/L							
1094	Asbestos	7 MFL	MFL							

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

SECONDARY CONTAMINANTS  
62-550.320

Report Number / Job ID: 35836367035

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	0.65		EPA 200.8	0.00093	10/24/2023	17:11	E83079
1025	Fluoride	2.0	mg/L							
1028	Iron	0.3	mg/L							
1032	Manganese	0.05	mg/L							
1050	Silver	0.1	mg/L							
1055	Sulfate	250	mg/L							
1095	Zinc	5	mg/L							
1905	Color	15	CU							
1920	Odor	3	TON							
1925	pH (field pH from page 1)	6.5 - 8.5								
1930	Total Dissolved Solids	500	mg/L							
2905	Foaming Agents	0.5	mg/L							

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

**PUBLIC WATER SYSTEM INFORMATION** (to be completed by sampler - please type or print legibly)

System Name: \_\_\_\_\_ PWS I.D. #: \_\_\_\_\_  
System Type (check one):     Community                       Non-transient Non-community                       Transient Non-community  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ ZIP Code: \_\_\_\_\_  
Phone # \_\_\_\_\_ Fax #: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

**SAMPLE INFORMATION** (to be completed by sampler)

Sample Number: 35836367036      Sample Date: 10/21/2023      Sample Time: 3:21      AM **(PM)** (Circle One)  
Sample Location (be specific): 017B-#113 William's Delight      Location Code: \_\_\_\_\_  
Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): \_\_\_\_\_ mg/L      Field pH: \_\_\_\_\_

**Sample Type** (Check Only One) \_\_\_\_\_

- Distribution
- Entry Point (to Distribution)
- Plant Tap (not for compliance with 62-550)
- Raw (at well or intake)
- Max Residence Time
- Ave Residence Time
- Near First Customer

**Reason(s) for Sample** (Check all that apply) \_\_\_\_\_

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

Sampling Procedure Used or Other Comments: \_\_\_\_\_

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

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

## SAMPLER CERTIFICATION

I, \_\_\_\_\_, \_\_\_\_\_, do HEREBY CERTIFY  
(Print Name) (Print Title)

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Certified Operator #: \_\_\_\_\_ Phone #: \_\_\_\_\_ Sampler's Fax #: \_\_\_\_\_

Sampler's E-mail: \_\_\_\_\_

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

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

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

**ATTACH CURRENT DOH ANALYTE SHEET\***

Address: \_\_\_\_\_ Phone # \_\_\_\_\_

Were any analyses subcontracted?  Yes  No If yes, please provide DOH certification numbers(s): \_\_\_\_\_

**ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB\***

**ANALYSIS INFORMATION** (to be completed by lab) Date Sample(s) Received: 10/23/2023

PWS ID (From Page1): \_\_\_\_\_ Sample Number (From Page1): 35836367036 Lab Assigned Report # or Job ID: 35836367036

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

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

## LAB CERTIFICATION

I, Martha Montero, \_\_\_\_\_, do HEREBY CERTIFY  
 (Print Name) (Print Title) Project Manager

that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).

Signature:  Date: 10/25/2023

\* Failure to provide a valid and current Florida DOH lab certification number and a current Analyte Sheet for the attached analysis results will result in rejection of the report, possible enforcement against the public water system for failure to sample, and may result in notification of the DOH Bureau of Laboratory Services.

\*\* Please provide radiological sample dates & locations for each quarter.

**CONFIRMATION & NOTIFICATION IS REQUIRED WITHIN 24 HRS FOR NITRATE OR NITRITE MCL EXCEEDANCES  
NON-DETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" QUALIFIER. (Non-detects reported as "BDL" or with a "<" are not acceptable.)**

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

Sample Collection & Analysis Satisfactory:  Yes  No \_\_\_\_\_ Replacement Sample or Report Requested (circle or highlight group(s) above)

Person Notified: \_\_\_\_\_ Date Notified: \_\_\_\_\_ DEP/DOH Reviewing Official: \_\_\_\_\_

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

INORGANIC CONTAMINANTS  
62-550.310(1)

Report Number / Job ID: 35836367036

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	0.00039 J	I	EPA 200.8	0.00022	10/24/2023	17:12	E83079
1035	Mercury	0.002	mg/L							
1036	Nickel	0.1	mg/L							
1045	Selenium	0.05	mg/L							
1052	Sodium	160	mg/L							
1074	Antimony	0.006	mg/L							
1075	Beryllium	0.004	mg/L							
1085	Thallium	0.002	mg/L							
1094	Asbestos	7 MFL	MFL							

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

SECONDARY CONTAMINANTS  
62-550.320

Report Number / Job ID: 35836367036

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	0.0018		EPA 200.8	0.00093	10/24/2023	17:12	E83079
1025	Fluoride	2.0	mg/L							
1028	Iron	0.3	mg/L							
1032	Manganese	0.05	mg/L							
1050	Silver	0.1	mg/L							
1055	Sulfate	250	mg/L							
1095	Zinc	5	mg/L							
1905	Color	15	CU							
1920	Odor	3	TON							
1925	pH (field pH from page 1)	6.5 - 8.5								
1930	Total Dissolved Solids	500	mg/L							
2905	Foaming Agents	0.5	mg/L							



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

**PUBLIC WATER SYSTEM INFORMATION** (to be completed by sampler - please type or print legibly)

System Name: \_\_\_\_\_ PWS I.D. #: \_\_\_\_\_  
System Type (check one):     Community                       Non-transient Non-community                       Transient Non-community  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ ZIP Code: \_\_\_\_\_  
Phone # \_\_\_\_\_ Fax #: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

**SAMPLE INFORMATION** (to be completed by sampler)

Sample Number: 35836367037    Sample Date: 10/21/2023    Sample Time: 3:33    AM **(PM)** (Circle One)  
Sample Location (be specific): 026A-#148 St. Georges    Location Code: \_\_\_\_\_  
Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): \_\_\_\_\_ mg/L    Field pH: \_\_\_\_\_

**Sample Type** (Check Only One) \_\_\_\_\_

- Distribution
- Entry Point (to Distribution)
- Plant Tap (not for compliance with 62-550)
- Raw (at well or intake)
- Max Residence Time
- Ave Residence Time
- Near First Customer

**Reason(s) for Sample** (Check all that apply) \_\_\_\_\_

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

Sampling Procedure Used or Other Comments: \_\_\_\_\_

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

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

## SAMPLER CERTIFICATION

I, \_\_\_\_\_, \_\_\_\_\_, do HEREBY CERTIFY  
(Print Name) (Print Title)

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Certified Operator #: \_\_\_\_\_ Phone #: \_\_\_\_\_ Sampler's Fax #: \_\_\_\_\_

Sampler's E-mail: \_\_\_\_\_

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

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

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

**ATTACH CURRENT DOH ANALYTE SHEET\***

Address: \_\_\_\_\_ Phone # \_\_\_\_\_

Were any analyses subcontracted?  Yes  No If yes, please provide DOH certification numbers(s): \_\_\_\_\_

**ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB\***

**ANALYSIS INFORMATION** (to be completed by lab) Date Sample(s) Received: 10/23/2023

PWS ID (From Page1): \_\_\_\_\_ Sample Number (From Page1): 35836367037 Lab Assigned Report # or Job ID: 35836367037

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

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

## LAB CERTIFICATION

I, Martha Montero, Project Manager, do HEREBY CERTIFY  
(Print Name) (Print Title)

that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).

Signature:  Date: 10/25/2023

\* Failure to provide a valid and current Florida DOH lab certification number and a current Analyte Sheet for the attached analysis results will result in rejection of the report, possible enforcement against the public water system for failure to sample, and may result in notification of the DOH Bureau of Laboratory Services.

\*\* Please provide radiological sample dates & locations for each quarter.

**CONFIRMATION & NOTIFICATION IS REQUIRED WITHIN 24 HRS FOR NITRATE OR NITRITE MCL EXCEEDANCES  
NON-DETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" QUALIFIER. (Non-detects reported as "BDL" or with a "<" are not acceptable.)**

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

Sample Collection & Analysis Satisfactory:  Yes  No \_\_\_\_\_ Replacement Sample or Report Requested (circle or highlight group(s) above)

Person Notified: \_\_\_\_\_ Date Notified: \_\_\_\_\_ DEP/DOH Reviewing Official: \_\_\_\_\_

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

INORGANIC CONTAMINANTS  
62-550.310(1)

Report Number / Job ID: 35836367037

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	<b>0.041</b>		EPA 200.8	0.00022	10/24/2023	17:14	E83079
1035	Mercury	0.002	mg/L							
1036	Nickel	0.1	mg/L							
1045	Selenium	0.05	mg/L							
1052	Sodium	160	mg/L							
1074	Antimony	0.006	mg/L							
1075	Beryllium	0.004	mg/L							
1085	Thallium	0.002	mg/L							
1094	Asbestos	7 MFL	MFL							

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

SECONDARY CONTAMINANTS  
62-550.320

Report Number / Job ID: 35836367037

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	0.43		EPA 200.8	0.00093	10/24/2023	17:14	E83079
1025	Fluoride	2.0	mg/L							
1028	Iron	0.3	mg/L							
1032	Manganese	0.05	mg/L							
1050	Silver	0.1	mg/L							
1055	Sulfate	250	mg/L							
1095	Zinc	5	mg/L							
1905	Color	15	CU							
1920	Odor	3	TON							
1925	pH (field pH from page 1)	6.5 - 8.5								
1930	Total Dissolved Solids	500	mg/L							
2905	Foaming Agents	0.5	mg/L							

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

**PUBLIC WATER SYSTEM INFORMATION** (to be completed by sampler - please type or print legibly)

System Name: \_\_\_\_\_ PWS I.D. #: \_\_\_\_\_  
 System Type (check one):  Community  Non-transient Non-community  Transient Non-community  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ ZIP Code: \_\_\_\_\_  
 Phone # \_\_\_\_\_ Fax #: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

**SAMPLE INFORMATION** (to be completed by sampler)

Sample Number: 35836367038 Sample Date: 10/21/2023 Sample Time: 3:46 AM **(PM)** (Circle One)  
 Sample Location (be specific): 026B-#148 St. Georges Location Code: \_\_\_\_\_  
 Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): \_\_\_\_\_ mg/L Field pH: \_\_\_\_\_

**Sample Type** (Check Only One) \_\_\_\_\_

- Distribution
- Entry Point (to Distribution)
- Plant Tap (not for compliance with 62-550)
- Raw (at well or intake)
- Max Residence Time
- Ave Residence Time
- Near First Customer

**Reason(s) for Sample** (Check all that apply) \_\_\_\_\_

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

Sampling Procedure Used or Other Comments: \_\_\_\_\_

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

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

## SAMPLER CERTIFICATION

I, \_\_\_\_\_, \_\_\_\_\_, do HEREBY CERTIFY  
 (Print Name) (Print Title)

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Certified Operator #: \_\_\_\_\_ Phone #: \_\_\_\_\_ Sampler's Fax #: \_\_\_\_\_

Sampler's E-mail: \_\_\_\_\_

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

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

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

**ATTACH CURRENT DOH ANALYTE SHEET\***

Address: \_\_\_\_\_ Phone # \_\_\_\_\_

Were any analyses subcontracted?  Yes  No If yes, please provide DOH certification numbers(s): \_\_\_\_\_

**ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB\***

**ANALYSIS INFORMATION** (to be completed by lab) Date Sample(s) Received: 10/23/2023

PWS ID (From Page1): \_\_\_\_\_ Sample Number (From Page1): 35836367038 Lab Assigned Report # or Job ID: 35836367038

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

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

## LAB CERTIFICATION

I, Martha Montero, \_\_\_\_\_, do HEREBY CERTIFY  
 (Print Name) (Print Title) Project Manager

that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).

Signature:  Date: 10/25/2023

\* Failure to provide a valid and current Florida DOH lab certification number and a current Analyte Sheet for the attached analysis results will result in rejection of the report, possible enforcement against the public water system for failure to sample, and may result in notification of the DOH Bureau of Laboratory Services.

\*\* Please provide radiological sample dates & locations for each quarter.

**CONFIRMATION & NOTIFICATION IS REQUIRED WITHIN 24 HRS FOR NITRATE OR NITRITE MCL EXCEEDANCES  
NON-DETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" QUALIFIER. (Non-detects reported as "BDL" or with a "<" are not acceptable.)**

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

Sample Collection & Analysis Satisfactory:  Yes  No \_\_\_\_\_ Replacement Sample or Report Requested (circle or highlight group(s) above)

Person Notified: \_\_\_\_\_ Date Notified: \_\_\_\_\_ DEP/DOH Reviewing Official: \_\_\_\_\_

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

INORGANIC CONTAMINANTS  
62-550.310(1)

Report Number / Job ID: 35836367038

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	0.00022	U	EPA 200.8	0.00022	10/24/2023	17:15	E83079
1035	Mercury	0.002	mg/L							
1036	Nickel	0.1	mg/L							
1045	Selenium	0.05	mg/L							
1052	Sodium	160	mg/L							
1074	Antimony	0.006	mg/L							
1075	Beryllium	0.004	mg/L							
1085	Thallium	0.002	mg/L							
1094	Asbestos	7 MFL	MFL							

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

SECONDARY CONTAMINANTS  
62-550.320

Report Number / Job ID: 35836367038

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	0.0034		EPA 200.8	0.00093	10/24/2023	17:15	E83079
1025	Fluoride	2.0	mg/L							
1028	Iron	0.3	mg/L							
1032	Manganese	0.05	mg/L							
1050	Silver	0.1	mg/L							
1055	Sulfate	250	mg/L							
1095	Zinc	5	mg/L							
1905	Color	15	CU							
1920	Odor	3	TON							
1925	pH (field pH from page 1)	6.5 - 8.5								
1930	Total Dissolved Solids	500	mg/L							
2905	Foaming Agents	0.5	mg/L							



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

**PUBLIC WATER SYSTEM INFORMATION** (to be completed by sampler - please type or print legibly)

System Name: \_\_\_\_\_ PWS I.D. #: \_\_\_\_\_  
System Type (check one):     Community                       Non-transient Non-community                       Transient Non-community  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ ZIP Code: \_\_\_\_\_  
Phone # \_\_\_\_\_ Fax #: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

**SAMPLE INFORMATION** (to be completed by sampler)

Sample Number: 35836367039      Sample Date: 10/21/2023      Sample Time: 3:01      AM **(PM)** (Circle One)  
Sample Location (be specific): 24A-#48 Grove Place      Location Code: \_\_\_\_\_  
Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): \_\_\_\_\_ mg/L      Field pH: \_\_\_\_\_

**Sample Type** (Check Only One) \_\_\_\_\_

- Distribution
- Entry Point (to Distribution)
- Plant Tap (not for compliance with 62-550)
- Raw (at well or intake)
- Max Residence Time
- Ave Residence Time
- Near First Customer

**Reason(s) for Sample** (Check all that apply) \_\_\_\_\_

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

Sampling Procedure Used or Other Comments: \_\_\_\_\_

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

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

## SAMPLER CERTIFICATION

I, \_\_\_\_\_, \_\_\_\_\_, do HEREBY CERTIFY  
(Print Name) (Print Title)

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Certified Operator #: \_\_\_\_\_ Phone #: \_\_\_\_\_ Sampler's Fax #: \_\_\_\_\_

Sampler's E-mail: \_\_\_\_\_

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

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

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

**ATTACH CURRENT DOH ANALYTE SHEET\***

Address: \_\_\_\_\_ Phone # \_\_\_\_\_

Were any analyses subcontracted?  Yes  No If yes, please provide DOH certification numbers(s): \_\_\_\_\_

**ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB\***

**ANALYSIS INFORMATION** (to be completed by lab) Date Sample(s) Received: 10/23/2023

PWS ID (From Page1): \_\_\_\_\_ Sample Number (From Page1): 35836367039 Lab Assigned Report # or Job ID: 35836367039

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

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

## LAB CERTIFICATION

I, Martha Montero, \_\_\_\_\_, do HEREBY CERTIFY  
 (Print Name) (Print Title) Project Manager

that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).

Signature:  Date: 10/25/2023

\* Failure to provide a valid and current Florida DOH lab certification number and a current Analyte Sheet for the attached analysis results will result in rejection of the report, possible enforcement against the public water system for failure to sample, and may result in notification of the DOH Bureau of Laboratory Services.

\*\* Please provide radiological sample dates & locations for each quarter.

**CONFIRMATION & NOTIFICATION IS REQUIRED WITHIN 24 HRS FOR NITRATE OR NITRITE MCL EXCEEDANCES  
NON-DETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" QUALIFIER. (Non-detects reported as "BDL" or with a "<" are not acceptable.)**

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

Sample Collection & Analysis Satisfactory:  Yes  No \_\_\_\_\_ Replacement Sample or Report Requested (circle or highlight group(s) above)

Person Notified: \_\_\_\_\_ Date Notified: \_\_\_\_\_ DEP/DOH Reviewing Official: \_\_\_\_\_

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

INORGANIC CONTAMINANTS  
62-550.310(1)

Report Number / Job ID: 35836367039

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	<b>0.099</b>		EPA 200.8	0.00022	10/24/2023	17:17	E83079
1035	Mercury	0.002	mg/L							
1036	Nickel	0.1	mg/L							
1045	Selenium	0.05	mg/L							
1052	Sodium	160	mg/L							
1074	Antimony	0.006	mg/L							
1075	Beryllium	0.004	mg/L							
1085	Thallium	0.002	mg/L							
1094	Asbestos	7 MFL	MFL							

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

SECONDARY CONTAMINANTS  
62-550.320

Report Number / Job ID: 35836367039

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	0.29		EPA 200.8	0.00093	10/24/2023	17:17	E83079
1025	Fluoride	2.0	mg/L							
1028	Iron	0.3	mg/L							
1032	Manganese	0.05	mg/L							
1050	Silver	0.1	mg/L							
1055	Sulfate	250	mg/L							
1095	Zinc	5	mg/L							
1905	Color	15	CU							
1920	Odor	3	TON							
1925	pH (field pH from page 1)	6.5 - 8.5								
1930	Total Dissolved Solids	500	mg/L							
2905	Foaming Agents	0.5	mg/L							

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

**PUBLIC WATER SYSTEM INFORMATION** (to be completed by sampler - please type or print legibly)

System Name: \_\_\_\_\_ PWS I.D. #: \_\_\_\_\_  
System Type (check one):     Community                       Non-transient Non-community                       Transient Non-community  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ ZIP Code: \_\_\_\_\_  
Phone # \_\_\_\_\_ Fax #: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

**SAMPLE INFORMATION** (to be completed by sampler)

Sample Number: 35836367040      Sample Date: 10/21/2023      Sample Time: 3:11      AM **(PM)** (Circle One)  
Sample Location (be specific): 24B-#48 Grove Place      Location Code: \_\_\_\_\_  
Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): \_\_\_\_\_ mg/L      Field pH: \_\_\_\_\_

**Sample Type** (Check Only One) \_\_\_\_\_

- Distribution
- Entry Point (to Distribution)
- Plant Tap (not for compliance with 62-550)
- Raw (at well or intake)
- Max Residence Time
- Ave Residence Time
- Near First Customer

**Reason(s) for Sample** (Check all that apply) \_\_\_\_\_

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

Sampling Procedure Used or Other Comments: \_\_\_\_\_

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

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

## SAMPLER CERTIFICATION

I, \_\_\_\_\_, \_\_\_\_\_, do HEREBY CERTIFY  
(Print Name) (Print Title)

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Certified Operator #: \_\_\_\_\_ Phone #: \_\_\_\_\_ Sampler's Fax #: \_\_\_\_\_

Sampler's E-mail: \_\_\_\_\_

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

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

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

**ATTACH CURRENT DOH ANALYTE SHEET\***

Address: \_\_\_\_\_ Phone # \_\_\_\_\_

Were any analyses subcontracted?  Yes  No If yes, please provide DOH certification numbers(s): \_\_\_\_\_

**ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB\***

**ANALYSIS INFORMATION** (to be completed by lab) Date Sample(s) Received: 10/23/2023

PWS ID (From Page1): \_\_\_\_\_ Sample Number (From Page1): 35836367040 Lab Assigned Report # or Job ID: 35836367040

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

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

## LAB CERTIFICATION

I, Martha Montero, \_\_\_\_\_, do HEREBY CERTIFY  
(Print Name) (Print Title)

that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).

Signature:  Date: 10/25/2023

\* Failure to provide a valid and current Florida DOH lab certification number and a current Analyte Sheet for the attached analysis results will result in rejection of the report, possible enforcement against the public water system for failure to sample, and may result in notification of the DOH Bureau of Laboratory Services.

\*\* Please provide radiological sample dates & locations for each quarter.

**CONFIRMATION & NOTIFICATION IS REQUIRED WITHIN 24 HRS FOR NITRATE OR NITRITE MCL EXCEEDANCES  
NON-DETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" QUALIFIER. (Non-detects reported as "BDL" or with a "<" are not acceptable.)**

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

Sample Collection & Analysis Satisfactory:  Yes  No \_\_\_\_\_ Replacement Sample or Report Requested (circle or highlight group(s) above)

Person Notified: \_\_\_\_\_ Date Notified: \_\_\_\_\_ DEP/DOH Reviewing Official: \_\_\_\_\_

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

INORGANIC CONTAMINANTS  
62-550.310(1)

Report Number / Job ID: 35836367040

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 J	I	EPA 200.8	0.00022	10/24/2023	17:18	E83079
1035	Mercury	0.002	mg/L							
1036	Nickel	0.1	mg/L							
1045	Selenium	0.05	mg/L							
1052	Sodium	160	mg/L							
1074	Antimony	0.006	mg/L							
1075	Beryllium	0.004	mg/L							
1085	Thallium	0.002	mg/L							
1094	Asbestos	7 MFL	MFL							

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

SECONDARY CONTAMINANTS  
62-550.320

Report Number / Job ID: 35836367040

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	0.0036		EPA 200.8	0.00093	10/24/2023	17:18	E83079
1025	Fluoride	2.0	mg/L							
1028	Iron	0.3	mg/L							
1032	Manganese	0.05	mg/L							
1050	Silver	0.1	mg/L							
1055	Sulfate	250	mg/L							
1095	Zinc	5	mg/L							
1905	Color	15	CU							
1920	Odor	3	TON							
1925	pH (field pH from page 1)	6.5 - 8.5								
1930	Total Dissolved Solids	500	mg/L							
2905	Foaming Agents	0.5	mg/L							



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

**PUBLIC WATER SYSTEM INFORMATION** (to be completed by sampler - please type or print legibly)

System Name: \_\_\_\_\_ PWS I.D. #: \_\_\_\_\_  
System Type (check one):     Community                       Non-transient Non-community                       Transient Non-community  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ ZIP Code: \_\_\_\_\_  
Phone # \_\_\_\_\_ Fax #: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

**SAMPLE INFORMATION** (to be completed by sampler)

Sample Number: 35836367041      Sample Date: 10/21/2023      Sample Time: 2:38      AM **(PM)** (Circle One)  
Sample Location (be specific): 25A-#314 Grove Place      Location Code: \_\_\_\_\_  
Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): \_\_\_\_\_ mg/L      Field pH: \_\_\_\_\_

**Sample Type** (Check Only One) \_\_\_\_\_

- Distribution
- Entry Point (to Distribution)
- Plant Tap (not for compliance with 62-550)
- Raw (at well or intake)
- Max Residence Time
- Ave Residence Time
- Near First Customer

**Reason(s) for Sample** (Check all that apply) \_\_\_\_\_

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

Sampling Procedure Used or Other Comments: \_\_\_\_\_

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

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

## SAMPLER CERTIFICATION

I, \_\_\_\_\_, \_\_\_\_\_, do HEREBY CERTIFY  
(Print Name) (Print Title)

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Certified Operator #: \_\_\_\_\_ Phone #: \_\_\_\_\_ Sampler's Fax #: \_\_\_\_\_

Sampler's E-mail: \_\_\_\_\_

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

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

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

**ATTACH CURRENT DOH ANALYTE SHEET\***

Address: \_\_\_\_\_ Phone # \_\_\_\_\_

Were any analyses subcontracted?  Yes  No If yes, please provide DOH certification numbers(s): \_\_\_\_\_

**ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB\***

**ANALYSIS INFORMATION** (to be completed by lab) Date Sample(s) Received: 10/23/2023

PWS ID (From Page1): \_\_\_\_\_ Sample Number (From Page1): 35836367041 Lab Assigned Report # or Job ID: 35836367041

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

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

## LAB CERTIFICATION

I, Martha Montero, \_\_\_\_\_, do HEREBY CERTIFY  
 (Print Name) (Print Title) Project Manager

that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).

Signature:  Date: 10/25/2023

\* Failure to provide a valid and current Florida DOH lab certification number and a current Analyte Sheet for the attached analysis results will result in rejection of the report, possible enforcement against the public water system for failure to sample, and may result in notification of the DOH Bureau of Laboratory Services.

\*\* Please provide radiological sample dates & locations for each quarter.

**CONFIRMATION & NOTIFICATION IS REQUIRED WITHIN 24 HRS FOR NITRATE OR NITRITE MCL EXCEEDANCES  
NON-DETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" QUALIFIER. (Non-detects reported as "BDL" or with a "<" are not acceptable.)**

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

Sample Collection & Analysis Satisfactory:  Yes  No \_\_\_\_\_ Replacement Sample or Report Requested (circle or highlight group(s) above)

Person Notified: \_\_\_\_\_ Date Notified: \_\_\_\_\_ DEP/DOH Reviewing Official: \_\_\_\_\_

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

INORGANIC CONTAMINANTS  
62-550.310(1)

Report Number / Job ID: 35836367041

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	<b>0.25</b>		EPA 200.8	0.0022	10/25/2023	10:46	E83079
1035	Mercury	0.002	mg/L							
1036	Nickel	0.1	mg/L							
1045	Selenium	0.05	mg/L							
1052	Sodium	160	mg/L							
1074	Antimony	0.006	mg/L							
1075	Beryllium	0.004	mg/L							
1085	Thallium	0.002	mg/L							
1094	Asbestos	7 MFL	MFL							

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

SECONDARY CONTAMINANTS  
62-550.320

Report Number / Job ID: 35836367041

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	0.43		EPA 200.8	0.00093	10/25/2023	10:32	E83079
1025	Fluoride	2.0	mg/L							
1028	Iron	0.3	mg/L							
1032	Manganese	0.05	mg/L							
1050	Silver	0.1	mg/L							
1055	Sulfate	250	mg/L							
1095	Zinc	5	mg/L							
1905	Color	15	CU							
1920	Odor	3	TON							
1925	pH (field pH from page 1)	6.5 - 8.5								
1930	Total Dissolved Solids	500	mg/L							
2905	Foaming Agents	0.5	mg/L							

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

**PUBLIC WATER SYSTEM INFORMATION** (to be completed by sampler - please type or print legibly)

System Name: \_\_\_\_\_ PWS I.D. #: \_\_\_\_\_  
System Type (check one):     Community                       Non-transient Non-community                       Transient Non-community  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ ZIP Code: \_\_\_\_\_  
Phone # \_\_\_\_\_ Fax #: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

**SAMPLE INFORMATION** (to be completed by sampler)

Sample Number: 35836367042      Sample Date: 10/21/2023      Sample Time: 2:48      AM **(PM)** (Circle One)  
Sample Location (be specific): 25B-#314 Grove Place      Location Code: \_\_\_\_\_  
Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): \_\_\_\_\_ mg/L      Field pH: \_\_\_\_\_

**Sample Type** (Check Only One) \_\_\_\_\_

- Distribution
- Entry Point (to Distribution)
- Plant Tap (not for compliance with 62-550)
- Raw (at well or intake)
- Max Residence Time
- Ave Residence Time
- Near First Customer

**Reason(s) for Sample** (Check all that apply) \_\_\_\_\_

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

Sampling Procedure Used or Other Comments: \_\_\_\_\_

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

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

## SAMPLER CERTIFICATION

I, \_\_\_\_\_, \_\_\_\_\_, do HEREBY CERTIFY  
(Print Name) (Print Title)

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Certified Operator #: \_\_\_\_\_ Phone #: \_\_\_\_\_ Sampler's Fax #: \_\_\_\_\_

Sampler's E-mail: \_\_\_\_\_

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

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

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

**ATTACH CURRENT DOH ANALYTE SHEET\***

Address: \_\_\_\_\_ Phone # \_\_\_\_\_

Were any analyses subcontracted?  Yes  No If yes, please provide DOH certification numbers(s): \_\_\_\_\_

**ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB\***

**ANALYSIS INFORMATION** (to be completed by lab) Date Sample(s) Received: 10/23/2023

PWS ID (From Page1): \_\_\_\_\_ Sample Number (From Page1): 35836367042 Lab Assigned Report # or Job ID: 35836367042

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

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

## LAB CERTIFICATION

I, Martha Montero, Project Manager, do HEREBY CERTIFY  
(Print Name) (Print Title)

that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).

Signature:  Date: 10/25/2023

\* Failure to provide a valid and current Florida DOH lab certification number and a current Analyte Sheet for the attached analysis results will result in rejection of the report, possible enforcement against the public water system for failure to sample, and may result in notification of the DOH Bureau of Laboratory Services.

\*\* Please provide radiological sample dates & locations for each quarter.

**CONFIRMATION & NOTIFICATION IS REQUIRED WITHIN 24 HRS FOR NITRATE OR NITRITE MCL EXCEEDANCES  
NON-DETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" QUALIFIER. (Non-detects reported as "BDL" or with a "<" are not acceptable.)**

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

Sample Collection & Analysis Satisfactory:  Yes  No \_\_\_\_\_ Replacement Sample or Report Requested (circle or highlight group(s) above)

Person Notified: \_\_\_\_\_ Date Notified: \_\_\_\_\_ DEP/DOH Reviewing Official: \_\_\_\_\_

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

INORGANIC CONTAMINANTS  
62-550.310(1)

Report Number / Job ID: 35836367042

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	0.00037 J	I	EPA 200.8	0.00022	10/24/2023	17:28	E83079
1035	Mercury	0.002	mg/L							
1036	Nickel	0.1	mg/L							
1045	Selenium	0.05	mg/L							
1052	Sodium	160	mg/L							
1074	Antimony	0.006	mg/L							
1075	Beryllium	0.004	mg/L							
1085	Thallium	0.002	mg/L							
1094	Asbestos	7 MFL	MFL							

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

SECONDARY CONTAMINANTS  
62-550.320

Report Number / Job ID: 35836367042

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	0.00093	U	EPA 200.8	0.00093	10/24/2023	17:28	E83079
1025	Fluoride	2.0	mg/L							
1028	Iron	0.3	mg/L							
1032	Manganese	0.05	mg/L							
1050	Silver	0.1	mg/L							
1055	Sulfate	250	mg/L							
1095	Zinc	5	mg/L							
1905	Color	15	CU							
1920	Odor	3	TON							
1925	pH (field pH from page 1)	6.5 - 8.5								
1930	Total Dissolved Solids	500	mg/L							
2905	Foaming Agents	0.5	mg/L							



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

**PUBLIC WATER SYSTEM INFORMATION** (to be completed by sampler - please type or print legibly)

System Name: \_\_\_\_\_ PWS I.D. #: \_\_\_\_\_  
System Type (check one):     Community                       Non-transient Non-community                       Transient Non-community  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ ZIP Code: \_\_\_\_\_  
Phone # \_\_\_\_\_ Fax #: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

**SAMPLE INFORMATION** (to be completed by sampler)

Sample Number: 35836367043      Sample Date: 10/21/2023      Sample Time: 2:17      AM **(PM)** (Circle One)  
Sample Location (be specific): 23A-#66 Grove Place      Location Code: \_\_\_\_\_  
Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): \_\_\_\_\_ mg/L      Field pH: \_\_\_\_\_

**Sample Type** (Check Only One) \_\_\_\_\_

- Distribution
- Entry Point (to Distribution)
- Plant Tap (not for compliance with 62-550)
- Raw (at well or intake)
- Max Residence Time
- Ave Residence Time
- Near First Customer

**Reason(s) for Sample** (Check all that apply) \_\_\_\_\_

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

Sampling Procedure Used or Other Comments: \_\_\_\_\_

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

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

## SAMPLER CERTIFICATION

I, \_\_\_\_\_, \_\_\_\_\_, do HEREBY CERTIFY  
(Print Name) (Print Title)

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Certified Operator #: \_\_\_\_\_ Phone #: \_\_\_\_\_ Sampler's Fax #: \_\_\_\_\_

Sampler's E-mail: \_\_\_\_\_

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

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

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

**ATTACH CURRENT DOH ANALYTE SHEET\***

Address: \_\_\_\_\_ Phone # \_\_\_\_\_

Were any analyses subcontracted?  Yes  No If yes, please provide DOH certification numbers(s): \_\_\_\_\_

**ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB\***

**ANALYSIS INFORMATION** (to be completed by lab) Date Sample(s) Received: 10/23/2023

PWS ID (From Page1): \_\_\_\_\_ Sample Number (From Page1): 35836367043 Lab Assigned Report # or Job ID: 35836367043

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

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

## LAB CERTIFICATION

I, Martha Montero, \_\_\_\_\_, do HEREBY CERTIFY  
 (Print Name) (Print Title) Project Manager

that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).

Signature:  Date: 10/25/2023

\* Failure to provide a valid and current Florida DOH lab certification number and a current Analyte Sheet for the attached analysis results will result in rejection of the report, possible enforcement against the public water system for failure to sample, and may result in notification of the DOH Bureau of Laboratory Services.

\*\* Please provide radiological sample dates & locations for each quarter.

**CONFIRMATION & NOTIFICATION IS REQUIRED WITHIN 24 HRS FOR NITRATE OR NITRITE MCL EXCEEDANCES  
NON-DETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" QUALIFIER. (Non-detects reported as "BDL" or with a "<" are not acceptable.)**

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

Sample Collection & Analysis Satisfactory:  Yes  No \_\_\_\_\_ Replacement Sample or Report Requested (circle or highlight group(s) above)

Person Notified: \_\_\_\_\_ Date Notified: \_\_\_\_\_ DEP/DOH Reviewing Official: \_\_\_\_\_

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

INORGANIC CONTAMINANTS  
62-550.310(1)

Report Number / Job ID: 35836367043

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	<b>0.66</b>		EPA 200.8	0.0022	10/25/2023	10:47	E83079
1035	Mercury	0.002	mg/L							
1036	Nickel	0.1	mg/L							
1045	Selenium	0.05	mg/L							
1052	Sodium	160	mg/L							
1074	Antimony	0.006	mg/L							
1075	Beryllium	0.004	mg/L							
1085	Thallium	0.002	mg/L							
1094	Asbestos	7 MFL	MFL							

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

SECONDARY CONTAMINANTS  
62-550.320

Report Number / Job ID: 35836367043

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	0.93		EPA 200.8	0.0093	10/25/2023	10:47	E83079
1025	Fluoride	2.0	mg/L							
1028	Iron	0.3	mg/L							
1032	Manganese	0.05	mg/L							
1050	Silver	0.1	mg/L							
1055	Sulfate	250	mg/L							
1095	Zinc	5	mg/L							
1905	Color	15	CU							
1920	Odor	3	TON							
1925	pH (field pH from page 1)	6.5 - 8.5								
1930	Total Dissolved Solids	500	mg/L							
2905	Foaming Agents	0.5	mg/L							

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

**PUBLIC WATER SYSTEM INFORMATION** (to be completed by sampler - please type or print legibly)

System Name: \_\_\_\_\_ PWS I.D. #: \_\_\_\_\_  
System Type (check one):     Community                       Non-transient Non-community                       Transient Non-community  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ ZIP Code: \_\_\_\_\_  
Phone # \_\_\_\_\_ Fax #: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

**SAMPLE INFORMATION** (to be completed by sampler)

Sample Number: 35836367044      Sample Date: 10/21/2023      Sample Time: 2:27      AM **(PM)** (Circle One)  
Sample Location (be specific): 23B-#66 Grove Place      Location Code: \_\_\_\_\_  
Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): \_\_\_\_\_ mg/L      Field pH: \_\_\_\_\_

**Sample Type** (Check Only One) \_\_\_\_\_

- Distribution
- Entry Point (to Distribution)
- Plant Tap (not for compliance with 62-550)
- Raw (at well or intake)
- Max Residence Time
- Ave Residence Time
- Near First Customer

**Reason(s) for Sample** (Check all that apply) \_\_\_\_\_

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

Sampling Procedure Used or Other Comments: \_\_\_\_\_

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

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

## SAMPLER CERTIFICATION

I, \_\_\_\_\_, \_\_\_\_\_, do HEREBY CERTIFY  
(Print Name) (Print Title)

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Certified Operator #: \_\_\_\_\_ Phone #: \_\_\_\_\_ Sampler's Fax #: \_\_\_\_\_

Sampler's E-mail: \_\_\_\_\_

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

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

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

**ATTACH CURRENT DOH ANALYTE SHEET\***

Address: \_\_\_\_\_ Phone # \_\_\_\_\_

Were any analyses subcontracted?  Yes  No If yes, please provide DOH certification numbers(s): \_\_\_\_\_

**ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB\***

**ANALYSIS INFORMATION** (to be completed by lab) Date Sample(s) Received: 10/23/2023

PWS ID (From Page1): \_\_\_\_\_ Sample Number (From Page1): 35836367044 Lab Assigned Report # or Job ID: 35836367044

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

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

## LAB CERTIFICATION

I, Martha Montero, \_\_\_\_\_, do HEREBY CERTIFY  
(Print Name) (Print Title)

that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).

Signature:  Date: 10/25/2023

\* Failure to provide a valid and current Florida DOH lab certification number and a current Analyte Sheet for the attached analysis results will result in rejection of the report, possible enforcement against the public water system for failure to sample, and may result in notification of the DOH Bureau of Laboratory Services.

\*\* Please provide radiological sample dates & locations for each quarter.

**CONFIRMATION & NOTIFICATION IS REQUIRED WITHIN 24 HRS FOR NITRATE OR NITRITE MCL EXCEEDANCES  
NON-DETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" QUALIFIER. (Non-detects reported as "BDL" or with a "<" are not acceptable.)**

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

Sample Collection & Analysis Satisfactory:  Yes  No \_\_\_\_\_ Replacement Sample or Report Requested (circle or highlight group(s) above)

Person Notified: \_\_\_\_\_ Date Notified: \_\_\_\_\_ DEP/DOH Reviewing Official: \_\_\_\_\_

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

INORGANIC CONTAMINANTS  
62-550.310(1)

Report Number / Job ID: 35836367044

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	0.00049 J	I	EPA 200.8	0.00022	10/24/2023	17:32	E83079
1035	Mercury	0.002	mg/L							
1036	Nickel	0.1	mg/L							
1045	Selenium	0.05	mg/L							
1052	Sodium	160	mg/L							
1074	Antimony	0.006	mg/L							
1075	Beryllium	0.004	mg/L							
1085	Thallium	0.002	mg/L							
1094	Asbestos	7 MFL	MFL							

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

SECONDARY CONTAMINANTS  
62-550.320

Report Number / Job ID: 35836367044

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	0.0017		EPA 200.8	0.00093	10/24/2023	17:32	E83079
1025	Fluoride	2.0	mg/L							
1028	Iron	0.3	mg/L							
1032	Manganese	0.05	mg/L							
1050	Silver	0.1	mg/L							
1055	Sulfate	250	mg/L							
1095	Zinc	5	mg/L							
1905	Color	15	CU							
1920	Odor	3	TON							
1925	pH (field pH from page 1)	6.5 - 8.5								
1930	Total Dissolved Solids	500	mg/L							
2905	Foaming Agents	0.5	mg/L							



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

## PUBLIC WATER SYSTEM INFORMATION (to be completed by sampler - please type or print legibly)

System Name: \_\_\_\_\_ PWS I.D. #: \_\_\_\_\_  
System Type (check one):  Community  Non-transient Non-community  Transient Non-community  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ ZIP Code: \_\_\_\_\_  
Phone # \_\_\_\_\_ Fax #: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

## SAMPLE INFORMATION (to be completed by sampler)

Sample Number: 35836367045 Sample Date: 10/21/2023 Sample Time: 12:03 AM  PM (Circle One)  
Sample Location (be specific): 32A-#372 Mon Bijou Location Code: \_\_\_\_\_  
Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): \_\_\_\_\_ mg/L Field pH: \_\_\_\_\_

### Sample Type (Check Only One)

- Distribution
- Entry Point (to Distribution)
- Plant Tap (not for compliance with 62-550)
- Raw (at well or intake)
- Max Residence Time
- Ave Residence Time
- Near First Customer

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

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

Sampling Procedure Used or Other Comments: \_\_\_\_\_

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

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

## SAMPLER CERTIFICATION

I, \_\_\_\_\_, \_\_\_\_\_, do HEREBY CERTIFY  
(Print Name) (Print Title)

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Certified Operator #: \_\_\_\_\_ Phone #: \_\_\_\_\_ Sampler's Fax #: \_\_\_\_\_

Sampler's E-mail: \_\_\_\_\_

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

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

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

**ATTACH CURRENT DOH ANALYTE SHEET\***

Address: \_\_\_\_\_ Phone # \_\_\_\_\_

Were any analyses subcontracted?  Yes  No If yes, please provide DOH certification numbers(s): \_\_\_\_\_

**ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB\***

**ANALYSIS INFORMATION** (to be completed by lab) Date Sample(s) Received: 10/23/2023

PWS ID (From Page1): \_\_\_\_\_ Sample Number (From Page1): 35836367045 Lab Assigned Report # or Job ID: 35836367045

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

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

## LAB CERTIFICATION

I, Martha Montero, Project Manager, do HEREBY CERTIFY  
(Print Name) (Print Title)

that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).

Signature:  Date: 10/25/2023

\* Failure to provide a valid and current Florida DOH lab certification number and a current Analyte Sheet for the attached analysis results will result in rejection of the report, possible enforcement against the public water system for failure to sample, and may result in notification of the DOH Bureau of Laboratory Services.

\*\* Please provide radiological sample dates & locations for each quarter.

**CONFIRMATION & NOTIFICATION IS REQUIRED WITHIN 24 HRS FOR NITRATE OR NITRITE MCL EXCEEDANCES  
NON-DETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" QUALIFIER. (Non-detects reported as "BDL" or with a "<" are not acceptable.)**

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

Sample Collection & Analysis Satisfactory:  Yes  No \_\_\_\_\_ Replacement Sample or Report Requested (circle or highlight group(s) above)

Person Notified: \_\_\_\_\_ Date Notified: \_\_\_\_\_ DEP/DOH Reviewing Official: \_\_\_\_\_

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

INORGANIC CONTAMINANTS  
62-550.310(1)

Report Number / Job ID: 35836367045

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	<b>0.20</b>		EPA 200.8	0.00022	10/24/2023	17:34	E83079
1035	Mercury	0.002	mg/L							
1036	Nickel	0.1	mg/L							
1045	Selenium	0.05	mg/L							
1052	Sodium	160	mg/L							
1074	Antimony	0.006	mg/L							
1075	Beryllium	0.004	mg/L							
1085	Thallium	0.002	mg/L							
1094	Asbestos	7 MFL	MFL							

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

SECONDARY CONTAMINANTS  
62-550.320

Report Number / Job ID: 35836367045

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	0.32		EPA 200.8	0.00093	10/24/2023	17:34	E83079
1025	Fluoride	2.0	mg/L							
1028	Iron	0.3	mg/L							
1032	Manganese	0.05	mg/L							
1050	Silver	0.1	mg/L							
1055	Sulfate	250	mg/L							
1095	Zinc	5	mg/L							
1905	Color	15	CU							
1920	Odor	3	TON							
1925	pH (field pH from page 1)	6.5 - 8.5								
1930	Total Dissolved Solids	500	mg/L							
2905	Foaming Agents	0.5	mg/L							

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

**PUBLIC WATER SYSTEM INFORMATION** (to be completed by sampler - please type or print legibly)

System Name: \_\_\_\_\_ PWS I.D. #: \_\_\_\_\_  
System Type (check one):     Community                       Non-transient Non-community                       Transient Non-community  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ ZIP Code: \_\_\_\_\_  
Phone # \_\_\_\_\_ Fax #: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

**SAMPLE INFORMATION** (to be completed by sampler)

Sample Number: 35836367046      Sample Date: 10/21/2023      Sample Time: 12:13      AM  PM (Circle One)  
Sample Location (be specific): 32B-#372 Mon Bijou      Location Code: \_\_\_\_\_  
Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): \_\_\_\_\_ mg/L      Field pH: \_\_\_\_\_

**Sample Type** (Check Only One) \_\_\_\_\_

- Distribution
- Entry Point (to Distribution)
- Plant Tap (not for compliance with 62-550)
- Raw (at well or intake)
- Max Residence Time
- Ave Residence Time
- Near First Customer

**Reason(s) for Sample** (Check all that apply) \_\_\_\_\_

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

Sampling Procedure Used or Other Comments: \_\_\_\_\_

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

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

## SAMPLER CERTIFICATION

I, \_\_\_\_\_, \_\_\_\_\_, do HEREBY CERTIFY  
(Print Name) (Print Title)

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Certified Operator #: \_\_\_\_\_ Phone #: \_\_\_\_\_ Sampler's Fax #: \_\_\_\_\_

Sampler's E-mail: \_\_\_\_\_

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

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

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

**ATTACH CURRENT DOH ANALYTE SHEET\***

Address: \_\_\_\_\_ Phone # \_\_\_\_\_

Were any analyses subcontracted?  Yes  No If yes, please provide DOH certification numbers(s): \_\_\_\_\_

**ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB\***

**ANALYSIS INFORMATION** (to be completed by lab) Date Sample(s) Received: 10/23/2023

PWS ID (From Page1): \_\_\_\_\_ Sample Number (From Page1): 35836367046 Lab Assigned Report # or Job ID: 35836367046

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

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

## LAB CERTIFICATION

I, Martha Montero, \_\_\_\_\_, do HEREBY CERTIFY  
 (Print Name) (Print Title) Project Manager

that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).

Signature:  Date: 10/25/2023

\* Failure to provide a valid and current Florida DOH lab certification number and a current Analyte Sheet for the attached analysis results will result in rejection of the report, possible enforcement against the public water system for failure to sample, and may result in notification of the DOH Bureau of Laboratory Services.

\*\* Please provide radiological sample dates & locations for each quarter.

**CONFIRMATION & NOTIFICATION IS REQUIRED WITHIN 24 HRS FOR NITRATE OR NITRITE MCL EXCEEDANCES  
NON-DETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" QUALIFIER. (Non-detects reported as "BDL" or with a "<" are not acceptable.)**

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

Sample Collection & Analysis Satisfactory:  Yes  No \_\_\_\_\_ Replacement Sample or Report Requested (circle or highlight group(s) above)

Person Notified: \_\_\_\_\_ Date Notified: \_\_\_\_\_ DEP/DOH Reviewing Official: \_\_\_\_\_

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

INORGANIC CONTAMINANTS  
62-550.310(1)

Report Number / Job ID: 35836367046

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	0.00029 J	I	EPA 200.8	0.00022	10/24/2023	17:35	E83079
1035	Mercury	0.002	mg/L							
1036	Nickel	0.1	mg/L							
1045	Selenium	0.05	mg/L							
1052	Sodium	160	mg/L							
1074	Antimony	0.006	mg/L							
1075	Beryllium	0.004	mg/L							
1085	Thallium	0.002	mg/L							
1094	Asbestos	7 MFL	MFL							

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

SECONDARY CONTAMINANTS  
62-550.320

Report Number / Job ID: 35836367046

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	0.00097 J	I	EPA 200.8	0.00093	10/24/2023	17:35	E83079
1025	Fluoride	2.0	mg/L							
1028	Iron	0.3	mg/L							
1032	Manganese	0.05	mg/L							
1050	Silver	0.1	mg/L							
1055	Sulfate	250	mg/L							
1095	Zinc	5	mg/L							
1905	Color	15	CU							
1920	Odor	3	TON							
1925	pH (field pH from page 1)	6.5 - 8.5								
1930	Total Dissolved Solids	500	mg/L							
2905	Foaming Agents	0.5	mg/L							



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

## PUBLIC WATER SYSTEM INFORMATION (to be completed by sampler - please type or print legibly)

System Name: \_\_\_\_\_ PWS I.D. #: \_\_\_\_\_  
System Type (check one):  Community  Non-transient Non-community  Transient Non-community  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ ZIP Code: \_\_\_\_\_  
Phone # \_\_\_\_\_ Fax #: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

## SAMPLE INFORMATION (to be completed by sampler)

Sample Number: 35836367047 Sample Date: 10/21/2023 Sample Time: 1:01 AM  PM (Circle One)  
Sample Location (be specific): 31A-#22B Calquohoun Location Code: \_\_\_\_\_  
Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): \_\_\_\_\_ mg/L Field pH: \_\_\_\_\_

### Sample Type (Check Only One)

- Distribution
- Entry Point (to Distribution)
- Plant Tap (not for compliance with 62-550)
- Raw (at well or intake)
- Max Residence Time
- Ave Residence Time
- Near First Customer

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

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

Sampling Procedure Used or Other Comments: \_\_\_\_\_

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

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

## SAMPLER CERTIFICATION

I, \_\_\_\_\_, \_\_\_\_\_, do HEREBY CERTIFY  
(Print Name) (Print Title)

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Certified Operator #: \_\_\_\_\_ Phone #: \_\_\_\_\_ Sampler's Fax #: \_\_\_\_\_

Sampler's E-mail: \_\_\_\_\_

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

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

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

**ATTACH CURRENT DOH ANALYTE SHEET\***

Address: \_\_\_\_\_ Phone # \_\_\_\_\_

Were any analyses subcontracted?  Yes  No If yes, please provide DOH certification numbers(s): \_\_\_\_\_

**ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB\***

**ANALYSIS INFORMATION** (to be completed by lab) Date Sample(s) Received: 10/23/2023

PWS ID (From Page1): \_\_\_\_\_ Sample Number (From Page1): 35836367047 Lab Assigned Report # or Job ID: 35836367047

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

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

## LAB CERTIFICATION

I, Martha Montero, \_\_\_\_\_, do HEREBY CERTIFY  
(Print Name) (Print Title) Project Manager

that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).

Signature:  Date: 10/25/2023

\* Failure to provide a valid and current Florida DOH lab certification number and a current Analyte Sheet for the attached analysis results will result in rejection of the report, possible enforcement against the public water system for failure to sample, and may result in notification of the DOH Bureau of Laboratory Services.

\*\* Please provide radiological sample dates & locations for each quarter.

**CONFIRMATION & NOTIFICATION IS REQUIRED WITHIN 24 HRS FOR NITRATE OR NITRITE MCL EXCEEDANCES  
NON-DETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" QUALIFIER. (Non-detects reported as "BDL" or with a "<" are not acceptable.)**

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

Sample Collection & Analysis Satisfactory:  Yes  No \_\_\_\_\_ Replacement Sample or Report Requested (circle or highlight group(s) above)

Person Notified: \_\_\_\_\_ Date Notified: \_\_\_\_\_ DEP/DOH Reviewing Official: \_\_\_\_\_

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

INORGANIC CONTAMINANTS  
62-550.310(1)

Report Number / Job ID: 35836367047

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	<b>0.10</b>		EPA 200.8	0.00022	10/25/2023	10:34	E83079
1035	Mercury	0.002	mg/L							
1036	Nickel	0.1	mg/L							
1045	Selenium	0.05	mg/L							
1052	Sodium	160	mg/L							
1074	Antimony	0.006	mg/L							
1075	Beryllium	0.004	mg/L							
1085	Thallium	0.002	mg/L							
1094	Asbestos	7 MFL	MFL							

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

SECONDARY CONTAMINANTS  
62-550.320

Report Number / Job ID: 35836367047

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	0.58		EPA 200.8	0.00093	10/25/2023	10:34	E83079
1025	Fluoride	2.0	mg/L							
1028	Iron	0.3	mg/L							
1032	Manganese	0.05	mg/L							
1050	Silver	0.1	mg/L							
1055	Sulfate	250	mg/L							
1095	Zinc	5	mg/L							
1905	Color	15	CU							
1920	Odor	3	TON							
1925	pH (field pH from page 1)	6.5 - 8.5								
1930	Total Dissolved Solids	500	mg/L							
2905	Foaming Agents	0.5	mg/L							

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

**PUBLIC WATER SYSTEM INFORMATION** (to be completed by sampler - please type or print legibly)

System Name: \_\_\_\_\_ PWS I.D. #: \_\_\_\_\_  
System Type (check one):     Community                       Non-transient Non-community                       Transient Non-community  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ ZIP Code: \_\_\_\_\_  
Phone # \_\_\_\_\_ Fax #: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

**SAMPLE INFORMATION** (to be completed by sampler)

Sample Number: 35836367048      Sample Date: 10/21/2023      Sample Time: 1:11      AM **(PM)** (Circle One)  
Sample Location (be specific): 31B-#22B Calquohoun      Location Code: \_\_\_\_\_  
Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): \_\_\_\_\_ mg/L      Field pH: \_\_\_\_\_

**Sample Type** (Check Only One) \_\_\_\_\_

- Distribution
- Entry Point (to Distribution)
- Plant Tap (not for compliance with 62-550)
- Raw (at well or intake)
- Max Residence Time
- Ave Residence Time
- Near First Customer

**Reason(s) for Sample** (Check all that apply) \_\_\_\_\_

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

Sampling Procedure Used or Other Comments: \_\_\_\_\_

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

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

## SAMPLER CERTIFICATION

I, \_\_\_\_\_, \_\_\_\_\_, do HEREBY CERTIFY  
(Print Name) (Print Title)

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Certified Operator #: \_\_\_\_\_ Phone #: \_\_\_\_\_ Sampler's Fax #: \_\_\_\_\_

Sampler's E-mail: \_\_\_\_\_

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

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

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

**ATTACH CURRENT DOH ANALYTE SHEET\***

Address: \_\_\_\_\_ Phone # \_\_\_\_\_

Were any analyses subcontracted?  Yes  No If yes, please provide DOH certification numbers(s): \_\_\_\_\_

**ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB\***

**ANALYSIS INFORMATION** (to be completed by lab) Date Sample(s) Received: 10/23/2023

PWS ID (From Page1): \_\_\_\_\_ Sample Number (From Page1): 35836367048 Lab Assigned Report # or Job ID: 35836367048

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

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

## LAB CERTIFICATION

I, Martha Montero, \_\_\_\_\_, do HEREBY CERTIFY  
(Print Name) (Print Title)

that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).

Signature:  Date: 10/25/2023

\* Failure to provide a valid and current Florida DOH lab certification number and a current Analyte Sheet for the attached analysis results will result in rejection of the report, possible enforcement against the public water system for failure to sample, and may result in notification of the DOH Bureau of Laboratory Services.

\*\* Please provide radiological sample dates & locations for each quarter.

**CONFIRMATION & NOTIFICATION IS REQUIRED WITHIN 24 HRS FOR NITRATE OR NITRITE MCL EXCEEDANCES  
NON-DETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" QUALIFIER. (Non-detects reported as "BDL" or with a "<" are not acceptable.)**

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

Sample Collection & Analysis Satisfactory:  Yes  No \_\_\_\_\_ Replacement Sample or Report Requested (circle or highlight group(s) above)

Person Notified: \_\_\_\_\_ Date Notified: \_\_\_\_\_ DEP/DOH Reviewing Official: \_\_\_\_\_

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

INORGANIC CONTAMINANTS  
62-550.310(1)

Report Number / Job ID: 35836367048

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	0.00024 J	I	EPA 200.8	0.00022	10/24/2023	17:36	E83079
1035	Mercury	0.002	mg/L							
1036	Nickel	0.1	mg/L							
1045	Selenium	0.05	mg/L							
1052	Sodium	160	mg/L							
1074	Antimony	0.006	mg/L							
1075	Beryllium	0.004	mg/L							
1085	Thallium	0.002	mg/L							
1094	Asbestos	7 MFL	MFL							

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

SECONDARY CONTAMINANTS  
62-550.320

Report Number / Job ID: 35836367048

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	0.00093	U	EPA 200.8	0.00093	10/24/2023	17:36	E83079
1025	Fluoride	2.0	mg/L							
1028	Iron	0.3	mg/L							
1032	Manganese	0.05	mg/L							
1050	Silver	0.1	mg/L							
1055	Sulfate	250	mg/L							
1095	Zinc	5	mg/L							
1905	Color	15	CU							
1920	Odor	3	TON							
1925	pH (field pH from page 1)	6.5 - 8.5								
1930	Total Dissolved Solids	500	mg/L							
2905	Foaming Agents	0.5	mg/L							



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

**PUBLIC WATER SYSTEM INFORMATION** (to be completed by sampler - please type or print legibly)

System Name: \_\_\_\_\_ PWS I.D. #: \_\_\_\_\_  
System Type (check one):     Community                       Non-transient Non-community                       Transient Non-community  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ ZIP Code: \_\_\_\_\_  
Phone # \_\_\_\_\_ Fax #: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

**SAMPLE INFORMATION** (to be completed by sampler)

Sample Number: 35836367049      Sample Date: 10/21/2023      Sample Time: 11:06  AM  PM (Circle One)  
Sample Location (be specific): 38A-#55 Profit      Location Code: \_\_\_\_\_  
Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): \_\_\_\_\_ mg/L      Field pH: \_\_\_\_\_

**Sample Type** (Check Only One) \_\_\_\_\_

- Distribution
- Entry Point (to Distribution)
- Plant Tap (not for compliance with 62-550)
- Raw (at well or intake)
- Max Residence Time
- Ave Residence Time
- Near First Customer

**Reason(s) for Sample** (Check all that apply) \_\_\_\_\_

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

Sampling Procedure Used or Other Comments: \_\_\_\_\_

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

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

## SAMPLER CERTIFICATION

I, \_\_\_\_\_, \_\_\_\_\_, do HEREBY CERTIFY  
(Print Name) (Print Title)

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Certified Operator #: \_\_\_\_\_ Phone #: \_\_\_\_\_ Sampler's Fax #: \_\_\_\_\_

Sampler's E-mail: \_\_\_\_\_

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

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

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

**ATTACH CURRENT DOH ANALYTE SHEET\***

Address: \_\_\_\_\_ Phone # \_\_\_\_\_

Were any analyses subcontracted?  Yes  No If yes, please provide DOH certification numbers(s): \_\_\_\_\_

**ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB\***

**ANALYSIS INFORMATION** (to be completed by lab) Date Sample(s) Received: 10/23/2023

PWS ID (From Page1): \_\_\_\_\_ Sample Number (From Page1): 35836367049 Lab Assigned Report # or Job ID: 35836367049

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

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

## LAB CERTIFICATION

I, Martha Montero, \_\_\_\_\_, do HEREBY CERTIFY  
(Print Name) (Print Title)

that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).

Signature:  Date: 10/25/2023

\* Failure to provide a valid and current Florida DOH lab certification number and a current Analyte Sheet for the attached analysis results will result in rejection of the report, possible enforcement against the public water system for failure to sample, and may result in notification of the DOH Bureau of Laboratory Services.

\*\* Please provide radiological sample dates & locations for each quarter.

**CONFIRMATION & NOTIFICATION IS REQUIRED WITHIN 24 HRS FOR NITRATE OR NITRITE MCL EXCEEDANCES  
NON-DETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" QUALIFIER. (Non-detects reported as "BDL" or with a "<" are not acceptable.)**

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

Sample Collection & Analysis Satisfactory:  Yes  No \_\_\_\_\_ Replacement Sample or Report Requested (circle or highlight group(s) above)

Person Notified: \_\_\_\_\_ Date Notified: \_\_\_\_\_ DEP/DOH Reviewing Official: \_\_\_\_\_

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

INORGANIC CONTAMINANTS  
62-550.310(1)

Report Number / Job ID: 35836367049

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	<b>0.033</b>		EPA 200.8	0.00022	10/25/2023	10:36	E83079
1035	Mercury	0.002	mg/L							
1036	Nickel	0.1	mg/L							
1045	Selenium	0.05	mg/L							
1052	Sodium	160	mg/L							
1074	Antimony	0.006	mg/L							
1075	Beryllium	0.004	mg/L							
1085	Thallium	0.002	mg/L							
1094	Asbestos	7 MFL	MFL							

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

SECONDARY CONTAMINANTS  
62-550.320

Report Number / Job ID: 35836367049

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	0.55		EPA 200.8	0.00093	10/25/2023	10:36	E83079
1025	Fluoride	2.0	mg/L							
1028	Iron	0.3	mg/L							
1032	Manganese	0.05	mg/L							
1050	Silver	0.1	mg/L							
1055	Sulfate	250	mg/L							
1095	Zinc	5	mg/L							
1905	Color	15	CU							
1920	Odor	3	TON							
1925	pH (field pH from page 1)	6.5 - 8.5								
1930	Total Dissolved Solids	500	mg/L							
2905	Foaming Agents	0.5	mg/L							

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

**PUBLIC WATER SYSTEM INFORMATION** (to be completed by sampler - please type or print legibly)

System Name: \_\_\_\_\_ PWS I.D. #: \_\_\_\_\_  
System Type (check one):     Community                       Non-transient Non-community                       Transient Non-community  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ ZIP Code: \_\_\_\_\_  
Phone # \_\_\_\_\_ Fax #: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

**SAMPLE INFORMATION** (to be completed by sampler)

Sample Number: 35836367050      Sample Date: 10/21/2023      Sample Time: 11:16 AM PM (Circle One)  
Sample Location (be specific): 38B-#55 Profit      Location Code: \_\_\_\_\_  
Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): \_\_\_\_\_ mg/L      Field pH: \_\_\_\_\_

**Sample Type** (Check Only One) \_\_\_\_\_

- Distribution
- Entry Point (to Distribution)
- Plant Tap (not for compliance with 62-550)
- Raw (at well or intake)
- Max Residence Time
- Ave Residence Time
- Near First Customer

**Reason(s) for Sample** (Check all that apply) \_\_\_\_\_

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

Sampling Procedure Used or Other Comments: \_\_\_\_\_

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

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

## SAMPLER CERTIFICATION

I, \_\_\_\_\_, \_\_\_\_\_, do HEREBY CERTIFY  
(Print Name) (Print Title)

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Certified Operator #: \_\_\_\_\_ Phone #: \_\_\_\_\_ Sampler's Fax #: \_\_\_\_\_

Sampler's E-mail: \_\_\_\_\_

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

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

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

**ATTACH CURRENT DOH ANALYTE SHEET\***

Address: \_\_\_\_\_ Phone # \_\_\_\_\_

Were any analyses subcontracted?  Yes  No If yes, please provide DOH certification numbers(s): \_\_\_\_\_

**ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB\***

**ANALYSIS INFORMATION** (to be completed by lab) Date Sample(s) Received: 10/23/2023

PWS ID (From Page1): \_\_\_\_\_ Sample Number (From Page1): 35836367050 Lab Assigned Report # or Job ID: 35836367050

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

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

## LAB CERTIFICATION

I, Martha Montero, Project Manager, do HEREBY CERTIFY  
(Print Name) (Print Title)

that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).

Signature:  Date: 10/25/2023

\* Failure to provide a valid and current Florida DOH lab certification number and a current Analyte Sheet for the attached analysis results will result in rejection of the report, possible enforcement against the public water system for failure to sample, and may result in notification of the DOH Bureau of Laboratory Services.

\*\* Please provide radiological sample dates & locations for each quarter.

**CONFIRMATION & NOTIFICATION IS REQUIRED WITHIN 24 HRS FOR NITRATE OR NITRITE MCL EXCEEDANCES  
NON-DETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" QUALIFIER. (Non-detects reported as "BDL" or with a "<" are not acceptable.)**

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

Sample Collection & Analysis Satisfactory:  Yes  No \_\_\_\_\_ Replacement Sample or Report Requested (circle or highlight group(s) above)

Person Notified: \_\_\_\_\_ Date Notified: \_\_\_\_\_ DEP/DOH Reviewing Official: \_\_\_\_\_

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

INORGANIC CONTAMINANTS  
62-550.310(1)

Report Number / Job ID: 35836367050

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	0.00022	U	EPA 200.8	0.00022	10/24/2023	17:41	E83079
1035	Mercury	0.002	mg/L							
1036	Nickel	0.1	mg/L							
1045	Selenium	0.05	mg/L							
1052	Sodium	160	mg/L							
1074	Antimony	0.006	mg/L							
1075	Beryllium	0.004	mg/L							
1085	Thallium	0.002	mg/L							
1094	Asbestos	7 MFL	MFL							

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

SECONDARY CONTAMINANTS  
62-550.320

Report Number / Job ID: 35836367050

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	0.0015		EPA 200.8	0.00093	10/24/2023	17:41	E83079
1025	Fluoride	2.0	mg/L							
1028	Iron	0.3	mg/L							
1032	Manganese	0.05	mg/L							
1050	Silver	0.1	mg/L							
1055	Sulfate	250	mg/L							
1095	Zinc	5	mg/L							
1905	Color	15	CU							
1920	Odor	3	TON							
1925	pH (field pH from page 1)	6.5 - 8.5								
1930	Total Dissolved Solids	500	mg/L							
2905	Foaming Agents	0.5	mg/L							



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

**PUBLIC WATER SYSTEM INFORMATION** (to be completed by sampler - please type or print legibly)

System Name: \_\_\_\_\_ PWS I.D. #: \_\_\_\_\_  
System Type (check one):     Community                       Non-transient Non-community                       Transient Non-community  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ ZIP Code: \_\_\_\_\_  
Phone # \_\_\_\_\_ Fax #: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

**SAMPLE INFORMATION** (to be completed by sampler)

Sample Number: 35836367051    Sample Date: 10/21/2023    Sample Time: 1:32    AM **(PM)** (Circle One)  
Sample Location (be specific): 29A-#521 Castle Burke    Location Code: \_\_\_\_\_  
Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): \_\_\_\_\_ mg/L    Field pH: \_\_\_\_\_

**Sample Type** (Check Only One) \_\_\_\_\_

- Distribution
- Entry Point (to Distribution)
- Plant Tap (not for compliance with 62-550)
- Raw (at well or intake)
- Max Residence Time
- Ave Residence Time
- Near First Customer

**Reason(s) for Sample** (Check all that apply) \_\_\_\_\_

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

Sampling Procedure Used or Other Comments: \_\_\_\_\_

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

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

## SAMPLER CERTIFICATION

I, \_\_\_\_\_, \_\_\_\_\_, do HEREBY CERTIFY  
(Print Name) (Print Title)

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Certified Operator #: \_\_\_\_\_ Phone #: \_\_\_\_\_ Sampler's Fax #: \_\_\_\_\_

Sampler's E-mail: \_\_\_\_\_

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

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

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

**ATTACH CURRENT DOH ANALYTE SHEET\***

Address: \_\_\_\_\_ Phone # \_\_\_\_\_

Were any analyses subcontracted?  Yes  No If yes, please provide DOH certification numbers(s): \_\_\_\_\_

**ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB\***

**ANALYSIS INFORMATION** (to be completed by lab) Date Sample(s) Received: 10/23/2023

PWS ID (From Page1): \_\_\_\_\_ Sample Number (From Page1): 35836367051 Lab Assigned Report # or Job ID: 35836367051

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

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

## LAB CERTIFICATION

I, Martha Montero, Project Manager, do HEREBY CERTIFY  
(Print Name) (Print Title)

that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).

Signature:  Date: 10/25/2023

\* Failure to provide a valid and current Florida DOH lab certification number and a current Analyte Sheet for the attached analysis results will result in rejection of the report, possible enforcement against the public water system for failure to sample, and may result in notification of the DOH Bureau of Laboratory Services.

\*\* Please provide radiological sample dates & locations for each quarter.

**CONFIRMATION & NOTIFICATION IS REQUIRED WITHIN 24 HRS FOR NITRATE OR NITRITE MCL EXCEEDANCES  
NON-DETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" QUALIFIER. (Non-detects reported as "BDL" or with a "<" are not acceptable.)**

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

Sample Collection & Analysis Satisfactory:  Yes  No \_\_\_\_\_ Replacement Sample or Report Requested (circle or highlight group(s) above)

Person Notified: \_\_\_\_\_ Date Notified: \_\_\_\_\_ DEP/DOH Reviewing Official: \_\_\_\_\_

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

INORGANIC CONTAMINANTS  
62-550.310(1)

Report Number / Job ID: 35836367051

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	<b>0.20</b>		EPA 200.8	0.00022	10/24/2023	17:42	E83079
1035	Mercury	0.002	mg/L							
1036	Nickel	0.1	mg/L							
1045	Selenium	0.05	mg/L							
1052	Sodium	160	mg/L							
1074	Antimony	0.006	mg/L							
1075	Beryllium	0.004	mg/L							
1085	Thallium	0.002	mg/L							
1094	Asbestos	7 MFL	MFL							

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

SECONDARY CONTAMINANTS  
62-550.320

Report Number / Job ID: 35836367051

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	0.45		EPA 200.8	0.00093	10/24/2023	17:42	E83079
1025	Fluoride	2.0	mg/L							
1028	Iron	0.3	mg/L							
1032	Manganese	0.05	mg/L							
1050	Silver	0.1	mg/L							
1055	Sulfate	250	mg/L							
1095	Zinc	5	mg/L							
1905	Color	15	CU							
1920	Odor	3	TON							
1925	pH (field pH from page 1)	6.5 - 8.5								
1930	Total Dissolved Solids	500	mg/L							
2905	Foaming Agents	0.5	mg/L							

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

**PUBLIC WATER SYSTEM INFORMATION** (to be completed by sampler - please type or print legibly)

System Name: \_\_\_\_\_ PWS I.D. #: \_\_\_\_\_  
System Type (check one):     Community                       Non-transient Non-community                       Transient Non-community  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ ZIP Code: \_\_\_\_\_  
Phone # \_\_\_\_\_ Fax #: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

**SAMPLE INFORMATION** (to be completed by sampler)

Sample Number: 35836367052      Sample Date: 10/21/2023      Sample Time: 1:42      AM **(PM)** (Circle One)  
Sample Location (be specific): 29B-#521 Castle Burke      Location Code: \_\_\_\_\_  
Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): \_\_\_\_\_ mg/L      Field pH: \_\_\_\_\_

**Sample Type** (Check Only One) \_\_\_\_\_

- Distribution
- Entry Point (to Distribution)
- Plant Tap (not for compliance with 62-550)
- Raw (at well or intake)
- Max Residence Time
- Ave Residence Time
- Near First Customer

**Reason(s) for Sample** (Check all that apply) \_\_\_\_\_

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

Sampling Procedure Used or Other Comments: \_\_\_\_\_

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

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

## SAMPLER CERTIFICATION

I, \_\_\_\_\_, \_\_\_\_\_, do HEREBY CERTIFY  
(Print Name) (Print Title)

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Certified Operator #: \_\_\_\_\_ Phone #: \_\_\_\_\_ Sampler's Fax #: \_\_\_\_\_

Sampler's E-mail: \_\_\_\_\_

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

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

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

**ATTACH CURRENT DOH ANALYTE SHEET\***

Address: \_\_\_\_\_ Phone # \_\_\_\_\_

Were any analyses subcontracted?  Yes  No If yes, please provide DOH certification numbers(s): \_\_\_\_\_

**ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB\***

**ANALYSIS INFORMATION** (to be completed by lab) Date Sample(s) Received: 10/23/2023

PWS ID (From Page1): \_\_\_\_\_ Sample Number (From Page1): 35836367052 Lab Assigned Report # or Job ID: 35836367052

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

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

## LAB CERTIFICATION

I, Martha Montero, Project Manager, do HEREBY CERTIFY  
(Print Name) (Print Title)

that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).

Signature:  Date: 10/25/2023

\* Failure to provide a valid and current Florida DOH lab certification number and a current Analyte Sheet for the attached analysis results will result in rejection of the report, possible enforcement against the public water system for failure to sample, and may result in notification of the DOH Bureau of Laboratory Services.

\*\* Please provide radiological sample dates & locations for each quarter.

**CONFIRMATION & NOTIFICATION IS REQUIRED WITHIN 24 HRS FOR NITRATE OR NITRITE MCL EXCEEDANCES  
NON-DETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" QUALIFIER. (Non-detects reported as "BDL" or with a "<" are not acceptable.)**

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

Sample Collection & Analysis Satisfactory:  Yes  No \_\_\_\_\_ Replacement Sample or Report Requested (circle or highlight group(s) above)

Person Notified: \_\_\_\_\_ Date Notified: \_\_\_\_\_ DEP/DOH Reviewing Official: \_\_\_\_\_

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

INORGANIC CONTAMINANTS  
62-550.310(1)

Report Number / Job ID: 35836367052

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 J	I	EPA 200.8	0.00022	10/24/2023	17:44	E83079
1035	Mercury	0.002	mg/L							
1036	Nickel	0.1	mg/L							
1045	Selenium	0.05	mg/L							
1052	Sodium	160	mg/L							
1074	Antimony	0.006	mg/L							
1075	Beryllium	0.004	mg/L							
1085	Thallium	0.002	mg/L							
1094	Asbestos	7 MFL	MFL							

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

SECONDARY CONTAMINANTS  
62-550.320

Report Number / Job ID: 35836367052

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	0.0018		EPA 200.8	0.00093	10/24/2023	17:44	E83079
1025	Fluoride	2.0	mg/L							
1028	Iron	0.3	mg/L							
1032	Manganese	0.05	mg/L							
1050	Silver	0.1	mg/L							
1055	Sulfate	250	mg/L							
1095	Zinc	5	mg/L							
1905	Color	15	CU							
1920	Odor	3	TON							
1925	pH (field pH from page 1)	6.5 - 8.5								
1930	Total Dissolved Solids	500	mg/L							
2905	Foaming Agents	0.5	mg/L							



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

**PUBLIC WATER SYSTEM INFORMATION** (to be completed by sampler - please type or print legibly)

System Name: \_\_\_\_\_ PWS I.D. #: \_\_\_\_\_  
System Type (check one):     Community                       Non-transient Non-community                       Transient Non-community  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ ZIP Code: \_\_\_\_\_  
Phone # \_\_\_\_\_ Fax #: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

**SAMPLE INFORMATION** (to be completed by sampler)

Sample Number: 35836367053      Sample Date: 10/21/2023      Sample Time: 11:29  AM  PM (Circle One)  
Sample Location (be specific): 37A-#90 Profit      Location Code: \_\_\_\_\_  
Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): \_\_\_\_\_ mg/L      Field pH: \_\_\_\_\_

**Sample Type** (Check Only One) \_\_\_\_\_

- Distribution
- Entry Point (to Distribution)
- Plant Tap (not for compliance with 62-550)
- Raw (at well or intake)
- Max Residence Time
- Ave Residence Time
- Near First Customer

**Reason(s) for Sample** (Check all that apply) \_\_\_\_\_

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

Sampling Procedure Used or Other Comments: \_\_\_\_\_

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

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

## SAMPLER CERTIFICATION

I, \_\_\_\_\_, \_\_\_\_\_, do HEREBY CERTIFY  
(Print Name) (Print Title)

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Certified Operator #: \_\_\_\_\_ Phone #: \_\_\_\_\_ Sampler's Fax #: \_\_\_\_\_

Sampler's E-mail: \_\_\_\_\_

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

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

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

**ATTACH CURRENT DOH ANALYTE SHEET\***

Address: \_\_\_\_\_ Phone # \_\_\_\_\_

Were any analyses subcontracted?  Yes  No If yes, please provide DOH certification numbers(s): \_\_\_\_\_

**ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB\***

**ANALYSIS INFORMATION** (to be completed by lab) Date Sample(s) Received: 10/23/2023

PWS ID (From Page1): \_\_\_\_\_ Sample Number (From Page1): 35836367053 Lab Assigned Report # or Job ID: 35836367053

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

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

## LAB CERTIFICATION

I, Martha Montero, \_\_\_\_\_, do HEREBY CERTIFY  
(Print Name) (Print Title) Project Manager

that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).

Signature:  Date: 10/25/2023

\* Failure to provide a valid and current Florida DOH lab certification number and a current Analyte Sheet for the attached analysis results will result in rejection of the report, possible enforcement against the public water system for failure to sample, and may result in notification of the DOH Bureau of Laboratory Services.

\*\* Please provide radiological sample dates & locations for each quarter.

**CONFIRMATION & NOTIFICATION IS REQUIRED WITHIN 24 HRS FOR NITRATE OR NITRITE MCL EXCEEDANCES  
NON-DETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" QUALIFIER. (Non-detects reported as "BDL" or with a "<" are not acceptable.)**

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

Sample Collection & Analysis Satisfactory:  Yes  No \_\_\_\_\_ Replacement Sample or Report Requested (circle or highlight group(s) above)

Person Notified: \_\_\_\_\_ Date Notified: \_\_\_\_\_ DEP/DOH Reviewing Official: \_\_\_\_\_

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

INORGANIC CONTAMINANTS  
62-550.310(1)

Report Number / Job ID: 35836367053

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	<b>0.20</b>		EPA 200.8	0.00022	10/24/2023	17:45	E83079
1035	Mercury	0.002	mg/L							
1036	Nickel	0.1	mg/L							
1045	Selenium	0.05	mg/L							
1052	Sodium	160	mg/L							
1074	Antimony	0.006	mg/L							
1075	Beryllium	0.004	mg/L							
1085	Thallium	0.002	mg/L							
1094	Asbestos	7 MFL	MFL							

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

SECONDARY CONTAMINANTS  
62-550.320

Report Number / Job ID: 35836367053

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	0.90		EPA 200.8	0.00093	10/24/2023	17:45	E83079
1025	Fluoride	2.0	mg/L							
1028	Iron	0.3	mg/L							
1032	Manganese	0.05	mg/L							
1050	Silver	0.1	mg/L							
1055	Sulfate	250	mg/L							
1095	Zinc	5	mg/L							
1905	Color	15	CU							
1920	Odor	3	TON							
1925	pH (field pH from page 1)	6.5 - 8.5								
1930	Total Dissolved Solids	500	mg/L							
2905	Foaming Agents	0.5	mg/L							

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

## PUBLIC WATER SYSTEM INFORMATION (to be completed by sampler - please type or print legibly)

System Name: \_\_\_\_\_ PWS I.D. #: \_\_\_\_\_  
System Type (check one):     Community                       Non-transient Non-community                       Transient Non-community  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ ZIP Code: \_\_\_\_\_  
Phone # \_\_\_\_\_ Fax #: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

## SAMPLE INFORMATION (to be completed by sampler)

Sample Number: 35836367054      Sample Date: 10/21/2023      Sample Time: 11:39 AM PM (Circle One)  
Sample Location (be specific): 37B-#90 Profit      Location Code: \_\_\_\_\_  
Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): \_\_\_\_\_ mg/L      Field pH: \_\_\_\_\_

### Sample Type (Check Only One) \_\_\_\_\_

- Distribution
- Entry Point (to Distribution)
- Plant Tap (not for compliance with 62-550)
- Raw (at well or intake)
- Max Residence Time
- Ave Residence Time
- Near First Customer

### Reason(s) for Sample (Check all that apply) \_\_\_\_\_

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

Sampling Procedure Used or Other Comments: \_\_\_\_\_

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

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

## SAMPLER CERTIFICATION

I, \_\_\_\_\_, \_\_\_\_\_, do HEREBY CERTIFY  
(Print Name) (Print Title)

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Certified Operator #: \_\_\_\_\_ Phone #: \_\_\_\_\_ Sampler's Fax #: \_\_\_\_\_

Sampler's E-mail: \_\_\_\_\_

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

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

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

**ATTACH CURRENT DOH ANALYTE SHEET\***

Address: \_\_\_\_\_ Phone # \_\_\_\_\_

Were any analyses subcontracted?  Yes  No If yes, please provide DOH certification numbers(s): \_\_\_\_\_

**ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB\***

**ANALYSIS INFORMATION** (to be completed by lab) Date Sample(s) Received: 10/23/2023

PWS ID (From Page1): \_\_\_\_\_ Sample Number (From Page1): 35836367054 Lab Assigned Report # or Job ID: 35836367054

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

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

## LAB CERTIFICATION

I, Martha Montero, \_\_\_\_\_, do HEREBY CERTIFY  
(Print Name) (Print Title) Project Manager

that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).

Signature:  Date: 10/25/2023

\* Failure to provide a valid and current Florida DOH lab certification number and a current Analyte Sheet for the attached analysis results will result in rejection of the report, possible enforcement against the public water system for failure to sample, and may result in notification of the DOH Bureau of Laboratory Services.

\*\* Please provide radiological sample dates & locations for each quarter.

**CONFIRMATION & NOTIFICATION IS REQUIRED WITHIN 24 HRS FOR NITRATE OR NITRITE MCL EXCEEDANCES  
NON-DETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" QUALIFIER. (Non-detects reported as "BDL" or with a "<" are not acceptable.)**

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

Sample Collection & Analysis Satisfactory:  Yes  No \_\_\_\_\_ Replacement Sample or Report Requested (circle or highlight group(s) above)

Person Notified: \_\_\_\_\_ Date Notified: \_\_\_\_\_ DEP/DOH Reviewing Official: \_\_\_\_\_

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

INORGANIC CONTAMINANTS  
62-550.310(1)

Report Number / Job ID: 35836367054

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	0.00029 J	I	EPA 200.8	0.00022	10/24/2023	17:46	E83079
1035	Mercury	0.002	mg/L							
1036	Nickel	0.1	mg/L							
1045	Selenium	0.05	mg/L							
1052	Sodium	160	mg/L							
1074	Antimony	0.006	mg/L							
1075	Beryllium	0.004	mg/L							
1085	Thallium	0.002	mg/L							
1094	Asbestos	7 MFL	MFL							

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

SECONDARY CONTAMINANTS  
62-550.320

Report Number / Job ID: 35836367054

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	0.0022		EPA 200.8	0.00093	10/24/2023	17:46	E83079
1025	Fluoride	2.0	mg/L							
1028	Iron	0.3	mg/L							
1032	Manganese	0.05	mg/L							
1050	Silver	0.1	mg/L							
1055	Sulfate	250	mg/L							
1095	Zinc	5	mg/L							
1905	Color	15	CU							
1920	Odor	3	TON							
1925	pH (field pH from page 1)	6.5 - 8.5								
1930	Total Dissolved Solids	500	mg/L							
2905	Foaming Agents	0.5	mg/L							



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

**PUBLIC WATER SYSTEM INFORMATION** (to be completed by sampler - please type or print legibly)

System Name: \_\_\_\_\_ PWS I.D. #: \_\_\_\_\_  
System Type (check one):     Community                       Non-transient Non-community                       Transient Non-community  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ ZIP Code: \_\_\_\_\_  
Phone # \_\_\_\_\_ Fax #: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

**SAMPLE INFORMATION** (to be completed by sampler)

Sample Number: 35836367055      Sample Date: 10/21/2023      Sample Time: 1:53      AM  PM (Circle One)  
Sample Location (be specific): 30A-#445B Castle Burke      Location Code: \_\_\_\_\_  
Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): \_\_\_\_\_ mg/L      Field pH: \_\_\_\_\_

**Sample Type** (Check Only One) \_\_\_\_\_

- Distribution
- Entry Point (to Distribution)
- Plant Tap (not for compliance with 62-550)
- Raw (at well or intake)
- Max Residence Time
- Ave Residence Time
- Near First Customer

**Reason(s) for Sample** (Check all that apply) \_\_\_\_\_

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

Sampling Procedure Used or Other Comments: \_\_\_\_\_

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

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

## SAMPLER CERTIFICATION

I, \_\_\_\_\_, \_\_\_\_\_, do HEREBY CERTIFY  
(Print Name) (Print Title)

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Certified Operator #: \_\_\_\_\_ Phone #: \_\_\_\_\_ Sampler's Fax #: \_\_\_\_\_

Sampler's E-mail: \_\_\_\_\_

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

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

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

**ATTACH CURRENT DOH ANALYTE SHEET\***

Address: \_\_\_\_\_ Phone # \_\_\_\_\_

Were any analyses subcontracted?  Yes  No If yes, please provide DOH certification numbers(s): \_\_\_\_\_

**ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB\***

**ANALYSIS INFORMATION** (to be completed by lab) Date Sample(s) Received: 10/23/2023

PWS ID (From Page1): \_\_\_\_\_ Sample Number (From Page1): 35836367055 Lab Assigned Report # or Job ID: 35836367055

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

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

## LAB CERTIFICATION

I, Martha Montero, \_\_\_\_\_, do HEREBY CERTIFY  
 (Print Name) (Print Title) Project Manager

that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).

Signature:  Date: 10/25/2023

\* Failure to provide a valid and current Florida DOH lab certification number and a current Analyte Sheet for the attached analysis results will result in rejection of the report, possible enforcement against the public water system for failure to sample, and may result in notification of the DOH Bureau of Laboratory Services.

\*\* Please provide radiological sample dates & locations for each quarter.

**CONFIRMATION & NOTIFICATION IS REQUIRED WITHIN 24 HRS FOR NITRATE OR NITRITE MCL EXCEEDANCES  
NON-DETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" QUALIFIER. (Non-detects reported as "BDL" or with a "<" are not acceptable.)**

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

Sample Collection & Analysis Satisfactory:  Yes  No \_\_\_\_\_ Replacement Sample or Report Requested (circle or highlight group(s) above)

Person Notified: \_\_\_\_\_ Date Notified: \_\_\_\_\_ DEP/DOH Reviewing Official: \_\_\_\_\_

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

INORGANIC CONTAMINANTS  
62-550.310(1)

Report Number / Job ID: 35836367055

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	<b>0.16</b>		EPA 200.8	0.00022	10/24/2023	17:48	E83079
1035	Mercury	0.002	mg/L							
1036	Nickel	0.1	mg/L							
1045	Selenium	0.05	mg/L							
1052	Sodium	160	mg/L							
1074	Antimony	0.006	mg/L							
1075	Beryllium	0.004	mg/L							
1085	Thallium	0.002	mg/L							
1094	Asbestos	7 MFL	MFL							

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

SECONDARY CONTAMINANTS  
62-550.320

Report Number / Job ID: 35836367055

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	0.48		EPA 200.8	0.00093	10/24/2023	17:48	E83079
1025	Fluoride	2.0	mg/L							
1028	Iron	0.3	mg/L							
1032	Manganese	0.05	mg/L							
1050	Silver	0.1	mg/L							
1055	Sulfate	250	mg/L							
1095	Zinc	5	mg/L							
1905	Color	15	CU							
1920	Odor	3	TON							
1925	pH (field pH from page 1)	6.5 - 8.5								
1930	Total Dissolved Solids	500	mg/L							
2905	Foaming Agents	0.5	mg/L							

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

**PUBLIC WATER SYSTEM INFORMATION** (to be completed by sampler - please type or print legibly)

System Name: \_\_\_\_\_ PWS I.D. #: \_\_\_\_\_  
System Type (check one):  Community  Non-transient Non-community  Transient Non-community  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ ZIP Code: \_\_\_\_\_  
Phone # \_\_\_\_\_ Fax #: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

**SAMPLE INFORMATION** (to be completed by sampler)

Sample Number: 35836367056 Sample Date: 10/21/2023 Sample Time: 2:03 AM  PM (Circle One)  
Sample Location (be specific): 30B-#445B Castle Burke Location Code: \_\_\_\_\_  
Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): \_\_\_\_\_ mg/L Field pH: \_\_\_\_\_

**Sample Type** (Check Only One) \_\_\_\_\_

- Distribution
- Entry Point (to Distribution)
- Plant Tap (not for compliance with 62-550)
- Raw (at well or intake)
- Max Residence Time
- Ave Residence Time
- Near First Customer

**Reason(s) for Sample** (Check all that apply) \_\_\_\_\_

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

Sampling Procedure Used or Other Comments: \_\_\_\_\_

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

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

## SAMPLER CERTIFICATION

I, \_\_\_\_\_, \_\_\_\_\_, do HEREBY CERTIFY  
(Print Name) (Print Title)

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Certified Operator #: \_\_\_\_\_ Phone #: \_\_\_\_\_ Sampler's Fax #: \_\_\_\_\_

Sampler's E-mail: \_\_\_\_\_

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

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

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

**ATTACH CURRENT DOH ANALYTE SHEET\***

Address: \_\_\_\_\_ Phone # \_\_\_\_\_

Were any analyses subcontracted?  Yes  No If yes, please provide DOH certification numbers(s): \_\_\_\_\_

**ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB\***

**ANALYSIS INFORMATION** (to be completed by lab) Date Sample(s) Received: 10/23/2023

PWS ID (From Page1): \_\_\_\_\_ Sample Number (From Page1): 35836367056 Lab Assigned Report # or Job ID: 35836367056

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

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

## LAB CERTIFICATION

I, Martha Montero, Project Manager, do HEREBY CERTIFY  
(Print Name) (Print Title)

that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).

Signature:  Date: 10/25/2023

\* Failure to provide a valid and current Florida DOH lab certification number and a current Analyte Sheet for the attached analysis results will result in rejection of the report, possible enforcement against the public water system for failure to sample, and may result in notification of the DOH Bureau of Laboratory Services.

\*\* Please provide radiological sample dates & locations for each quarter.

**CONFIRMATION & NOTIFICATION IS REQUIRED WITHIN 24 HRS FOR NITRATE OR NITRITE MCL EXCEEDANCES  
NON-DETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" QUALIFIER. (Non-detects reported as "BDL" or with a "<" are not acceptable.)**

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

Sample Collection & Analysis Satisfactory:  Yes  No \_\_\_\_\_ Replacement Sample or Report Requested (circle or highlight group(s) above)

Person Notified: \_\_\_\_\_ Date Notified: \_\_\_\_\_ DEP/DOH Reviewing Official: \_\_\_\_\_

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

INORGANIC CONTAMINANTS  
62-550.310(1)

Report Number / Job ID: 35836367056

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	0.00022	U	EPA 200.8	0.00022	10/24/2023	17:49	E83079
1035	Mercury	0.002	mg/L							
1036	Nickel	0.1	mg/L							
1045	Selenium	0.05	mg/L							
1052	Sodium	160	mg/L							
1074	Antimony	0.006	mg/L							
1075	Beryllium	0.004	mg/L							
1085	Thallium	0.002	mg/L							
1094	Asbestos	7 MFL	MFL							

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

SECONDARY CONTAMINANTS  
62-550.320

Report Number / Job ID: 35836367056

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	0.0011		EPA 200.8	0.00093	10/24/2023	17:49	E83079
1025	Fluoride	2.0	mg/L							
1028	Iron	0.3	mg/L							
1032	Manganese	0.05	mg/L							
1050	Silver	0.1	mg/L							
1055	Sulfate	250	mg/L							
1095	Zinc	5	mg/L							
1905	Color	15	CU							
1920	Odor	3	TON							
1925	pH (field pH from page 1)	6.5 - 8.5								
1930	Total Dissolved Solids	500	mg/L							
2905	Foaming Agents	0.5	mg/L							



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

**PUBLIC WATER SYSTEM INFORMATION** (to be completed by sampler - please type or print legibly)

System Name: \_\_\_\_\_ PWS I.D. #: \_\_\_\_\_  
System Type (check one):     Community                       Non-transient Non-community                       Transient Non-community  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ ZIP Code: \_\_\_\_\_  
Phone # \_\_\_\_\_ Fax #: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

**SAMPLE INFORMATION** (to be completed by sampler)

Sample Number: 35836367057      Sample Date: 10/21/2023      Sample Time: 8:42 AM PM (Circle One)  
Sample Location (be specific): 46A-#15 Sion Farm      Location Code: \_\_\_\_\_  
Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): \_\_\_\_\_ mg/L      Field pH: \_\_\_\_\_

**Sample Type** (Check Only One) \_\_\_\_\_

- Distribution
- Entry Point (to Distribution)
- Plant Tap (not for compliance with 62-550)
- Raw (at well or intake)
- Max Residence Time
- Ave Residence Time
- Near First Customer

**Reason(s) for Sample** (Check all that apply) \_\_\_\_\_

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

Sampling Procedure Used or Other Comments: \_\_\_\_\_

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

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

## SAMPLER CERTIFICATION

I, \_\_\_\_\_, \_\_\_\_\_, do HEREBY CERTIFY  
(Print Name) (Print Title)

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Certified Operator #: \_\_\_\_\_ Phone #: \_\_\_\_\_ Sampler's Fax #: \_\_\_\_\_

Sampler's E-mail: \_\_\_\_\_

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

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

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

**ATTACH CURRENT DOH ANALYTE SHEET\***

Address: \_\_\_\_\_ Phone # \_\_\_\_\_

Were any analyses subcontracted?  Yes  No If yes, please provide DOH certification numbers(s): \_\_\_\_\_

**ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB\***

**ANALYSIS INFORMATION** (to be completed by lab) Date Sample(s) Received: 10/23/2023

PWS ID (From Page1): \_\_\_\_\_ Sample Number (From Page1): 35836367057 Lab Assigned Report # or Job ID: 35836367057

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

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

## LAB CERTIFICATION

I, Martha Montero, \_\_\_\_\_, do HEREBY CERTIFY  
(Print Name) (Print Title)

that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).

Signature:  Date: 10/25/2023

\* Failure to provide a valid and current Florida DOH lab certification number and a current Analyte Sheet for the attached analysis results will result in rejection of the report, possible enforcement against the public water system for failure to sample, and may result in notification of the DOH Bureau of Laboratory Services.

\*\* Please provide radiological sample dates & locations for each quarter.

**CONFIRMATION & NOTIFICATION IS REQUIRED WITHIN 24 HRS FOR NITRATE OR NITRITE MCL EXCEEDANCES  
NON-DETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" QUALIFIER. (Non-detects reported as "BDL" or with a "<" are not acceptable.)**

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

Sample Collection & Analysis Satisfactory:  Yes  No \_\_\_\_\_ Replacement Sample or Report Requested (circle or highlight group(s) above)

Person Notified: \_\_\_\_\_ Date Notified: \_\_\_\_\_ DEP/DOH Reviewing Official: \_\_\_\_\_

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

INORGANIC CONTAMINANTS  
62-550.310(1)

Report Number / Job ID: 35836367057

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	<b>0.23</b>		EPA 200.8	0.0011	10/24/2023	18:43	E83079
1035	Mercury	0.002	mg/L							
1036	Nickel	0.1	mg/L							
1045	Selenium	0.05	mg/L							
1052	Sodium	160	mg/L							
1074	Antimony	0.006	mg/L							
1075	Beryllium	0.004	mg/L							
1085	Thallium	0.002	mg/L							
1094	Asbestos	7 MFL	MFL							

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

SECONDARY CONTAMINANTS  
62-550.320

Report Number / Job ID: 35836367057

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	0.32		EPA 200.8	0.00093	10/24/2023	17:51	E83079
1025	Fluoride	2.0	mg/L							
1028	Iron	0.3	mg/L							
1032	Manganese	0.05	mg/L							
1050	Silver	0.1	mg/L							
1055	Sulfate	250	mg/L							
1095	Zinc	5	mg/L							
1905	Color	15	CU							
1920	Odor	3	TON							
1925	pH (field pH from page 1)	6.5 - 8.5								
1930	Total Dissolved Solids	500	mg/L							
2905	Foaming Agents	0.5	mg/L							

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

**PUBLIC WATER SYSTEM INFORMATION** (to be completed by sampler - please type or print legibly)

System Name: \_\_\_\_\_ PWS I.D. #: \_\_\_\_\_  
System Type (check one):     Community                       Non-transient Non-community                       Transient Non-community  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ ZIP Code: \_\_\_\_\_  
Phone # \_\_\_\_\_ Fax #: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

**SAMPLE INFORMATION** (to be completed by sampler)

Sample Number: 35836367058      Sample Date: 10/21/2023      Sample Time: 8:52 AM PM (Circle One)  
Sample Location (be specific): 46B-#15 Sion Farm      Location Code: \_\_\_\_\_  
Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): \_\_\_\_\_ mg/L      Field pH: \_\_\_\_\_

**Sample Type** (Check Only One) \_\_\_\_\_

- Distribution
- Entry Point (to Distribution)
- Plant Tap (not for compliance with 62-550)
- Raw (at well or intake)
- Max Residence Time
- Ave Residence Time
- Near First Customer

**Reason(s) for Sample** (Check all that apply) \_\_\_\_\_

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

Sampling Procedure Used or Other Comments: \_\_\_\_\_

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

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

## SAMPLER CERTIFICATION

I, \_\_\_\_\_, \_\_\_\_\_, do HEREBY CERTIFY  
(Print Name) (Print Title)

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Certified Operator #: \_\_\_\_\_ Phone #: \_\_\_\_\_ Sampler's Fax #: \_\_\_\_\_

Sampler's E-mail: \_\_\_\_\_

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

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

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

**ATTACH CURRENT DOH ANALYTE SHEET\***

Address: \_\_\_\_\_ Phone # \_\_\_\_\_

Were any analyses subcontracted?  Yes  No If yes, please provide DOH certification numbers(s): \_\_\_\_\_

**ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB\***

**ANALYSIS INFORMATION** (to be completed by lab) Date Sample(s) Received: 10/23/2023

PWS ID (From Page1): \_\_\_\_\_ Sample Number (From Page1): 35836367058 Lab Assigned Report # or Job ID: 35836367058

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

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

## LAB CERTIFICATION

I, Martha Montero, \_\_\_\_\_, do HEREBY CERTIFY  
 (Print Name) (Print Title) Project Manager

that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).

Signature:  Date: 10/25/2023

\* Failure to provide a valid and current Florida DOH lab certification number and a current Analyte Sheet for the attached analysis results will result in rejection of the report, possible enforcement against the public water system for failure to sample, and may result in notification of the DOH Bureau of Laboratory Services.

\*\* Please provide radiological sample dates & locations for each quarter.

**CONFIRMATION & NOTIFICATION IS REQUIRED WITHIN 24 HRS FOR NITRATE OR NITRITE MCL EXCEEDANCES  
NON-DETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" QUALIFIER. (Non-detects reported as "BDL" or with a "<" are not acceptable.)**

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

Sample Collection & Analysis Satisfactory:  Yes  No \_\_\_\_\_ Replacement Sample or Report Requested (circle or highlight group(s) above)

Person Notified: \_\_\_\_\_ Date Notified: \_\_\_\_\_ DEP/DOH Reviewing Official: \_\_\_\_\_

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

INORGANIC CONTAMINANTS  
62-550.310(1)

Report Number / Job ID: 35836367058

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	0.0012		EPA 200.8	0.00022	10/24/2023	17:52	E83079
1035	Mercury	0.002	mg/L							
1036	Nickel	0.1	mg/L							
1045	Selenium	0.05	mg/L							
1052	Sodium	160	mg/L							
1074	Antimony	0.006	mg/L							
1075	Beryllium	0.004	mg/L							
1085	Thallium	0.002	mg/L							
1094	Asbestos	7 MFL	MFL							

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

SECONDARY CONTAMINANTS  
62-550.320

Report Number / Job ID: 35836367058

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	0.0016		EPA 200.8	0.00093	10/24/2023	17:52	E83079
1025	Fluoride	2.0	mg/L							
1028	Iron	0.3	mg/L							
1032	Manganese	0.05	mg/L							
1050	Silver	0.1	mg/L							
1055	Sulfate	250	mg/L							
1095	Zinc	5	mg/L							
1905	Color	15	CU							
1920	Odor	3	TON							
1925	pH (field pH from page 1)	6.5 - 8.5								
1930	Total Dissolved Solids	500	mg/L							
2905	Foaming Agents	0.5	mg/L							



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

**PUBLIC WATER SYSTEM INFORMATION** (to be completed by sampler - please type or print legibly)

System Name: \_\_\_\_\_ PWS I.D. #: \_\_\_\_\_  
System Type (check one):     Community                       Non-transient Non-community                       Transient Non-community  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ ZIP Code: \_\_\_\_\_  
Phone # \_\_\_\_\_ Fax #: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

**SAMPLE INFORMATION** (to be completed by sampler)

Sample Number: 35836367059      Sample Date: 10/21/2023      Sample Time: 10:01  AM  PM (Circle One)  
Sample Location (be specific): 41A-#498 Strawberry Hill      Location Code: \_\_\_\_\_  
Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): \_\_\_\_\_ mg/L      Field pH: \_\_\_\_\_

**Sample Type** (Check Only One) \_\_\_\_\_

- Distribution
- Entry Point (to Distribution)
- Plant Tap (not for compliance with 62-550)
- Raw (at well or intake)
- Max Residence Time
- Ave Residence Time
- Near First Customer

**Reason(s) for Sample** (Check all that apply) \_\_\_\_\_

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

Sampling Procedure Used or Other Comments: \_\_\_\_\_

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

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

## SAMPLER CERTIFICATION

I, \_\_\_\_\_, \_\_\_\_\_, do HEREBY CERTIFY  
(Print Name) (Print Title)

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Certified Operator #: \_\_\_\_\_ Phone #: \_\_\_\_\_ Sampler's Fax #: \_\_\_\_\_

Sampler's E-mail: \_\_\_\_\_

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

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

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

**ATTACH CURRENT DOH ANALYTE SHEET\***

Address: \_\_\_\_\_ Phone # \_\_\_\_\_

Were any analyses subcontracted?  Yes  No If yes, please provide DOH certification numbers(s): \_\_\_\_\_

**ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB\***

**ANALYSIS INFORMATION** (to be completed by lab) Date Sample(s) Received: 10/23/2023

PWS ID (From Page1): \_\_\_\_\_ Sample Number (From Page1): 35836367059 Lab Assigned Report # or Job ID: 35836367059

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

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

## LAB CERTIFICATION

I, Martha Montero, \_\_\_\_\_, do HEREBY CERTIFY  
(Print Name) (Print Title) Project Manager

that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).

Signature:  Date: 10/25/2023

\* Failure to provide a valid and current Florida DOH lab certification number and a current Analyte Sheet for the attached analysis results will result in rejection of the report, possible enforcement against the public water system for failure to sample, and may result in notification of the DOH Bureau of Laboratory Services.

\*\* Please provide radiological sample dates & locations for each quarter.

**CONFIRMATION & NOTIFICATION IS REQUIRED WITHIN 24 HRS FOR NITRATE OR NITRITE MCL EXCEEDANCES  
NON-DETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" QUALIFIER. (Non-detects reported as "BDL" or with a "<" are not acceptable.)**

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

Sample Collection & Analysis Satisfactory:  Yes  No \_\_\_\_\_ Replacement Sample or Report Requested (circle or highlight group(s) above)

Person Notified: \_\_\_\_\_ Date Notified: \_\_\_\_\_ DEP/DOH Reviewing Official: \_\_\_\_\_

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

INORGANIC CONTAMINANTS  
62-550.310(1)

Report Number / Job ID: 35836367059

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	<b>1.6</b>		EPA 200.8	0.0022	10/24/2023	18:45	E83079
1035	Mercury	0.002	mg/L							
1036	Nickel	0.1	mg/L							
1045	Selenium	0.05	mg/L							
1052	Sodium	160	mg/L							
1074	Antimony	0.006	mg/L							
1075	Beryllium	0.004	mg/L							
1085	Thallium	0.002	mg/L							
1094	Asbestos	7 MFL	MFL							

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

SECONDARY CONTAMINANTS  
62-550.320

Report Number / Job ID: 35836367059

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	5.5		EPA 200.8	0.0093	10/24/2023	18:45	E83079
1025	Fluoride	2.0	mg/L							
1028	Iron	0.3	mg/L							
1032	Manganese	0.05	mg/L							
1050	Silver	0.1	mg/L							
1055	Sulfate	250	mg/L							
1095	Zinc	5	mg/L							
1905	Color	15	CU							
1920	Odor	3	TON							
1925	pH (field pH from page 1)	6.5 - 8.5								
1930	Total Dissolved Solids	500	mg/L							
2905	Foaming Agents	0.5	mg/L							

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

**PUBLIC WATER SYSTEM INFORMATION** (to be completed by sampler - please type or print legibly)

System Name: \_\_\_\_\_ PWS I.D. #: \_\_\_\_\_  
System Type (check one):     Community                       Non-transient Non-community                       Transient Non-community  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ ZIP Code: \_\_\_\_\_  
Phone # \_\_\_\_\_ Fax #: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

**SAMPLE INFORMATION** (to be completed by sampler)

Sample Number: 35836367060      Sample Date: 10/21/2023      Sample Time: 10:12 AM PM (Circle One)  
Sample Location (be specific): 41B-#498 Strawberry Hill      Location Code: \_\_\_\_\_  
Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): \_\_\_\_\_ mg/L      Field pH: \_\_\_\_\_

**Sample Type** (Check Only One) \_\_\_\_\_

- Distribution
- Entry Point (to Distribution)
- Plant Tap (not for compliance with 62-550)
- Raw (at well or intake)
- Max Residence Time
- Ave Residence Time
- Near First Customer

**Reason(s) for Sample** (Check all that apply) \_\_\_\_\_

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

Sampling Procedure Used or Other Comments: \_\_\_\_\_

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

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

## SAMPLER CERTIFICATION

I, \_\_\_\_\_, \_\_\_\_\_, do HEREBY CERTIFY  
(Print Name) (Print Title)

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Certified Operator #: \_\_\_\_\_ Phone #: \_\_\_\_\_ Sampler's Fax #: \_\_\_\_\_

Sampler's E-mail: \_\_\_\_\_

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

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

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

**ATTACH CURRENT DOH ANALYTE SHEET\***

Address: \_\_\_\_\_ Phone # \_\_\_\_\_

Were any analyses subcontracted?  Yes  No If yes, please provide DOH certification numbers(s): \_\_\_\_\_

**ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB\***

**ANALYSIS INFORMATION** (to be completed by lab) Date Sample(s) Received: 10/23/2023

PWS ID (From Page1): \_\_\_\_\_ Sample Number (From Page1): 35836367060 Lab Assigned Report # or Job ID: 35836367060

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

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

## LAB CERTIFICATION

I, Martha Montero, Project Manager, do HEREBY CERTIFY  
(Print Name) (Print Title)

that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).

Signature:  Date: 10/25/2023

\* Failure to provide a valid and current Florida DOH lab certification number and a current Analyte Sheet for the attached analysis results will result in rejection of the report, possible enforcement against the public water system for failure to sample, and may result in notification of the DOH Bureau of Laboratory Services.

\*\* Please provide radiological sample dates & locations for each quarter.

**CONFIRMATION & NOTIFICATION IS REQUIRED WITHIN 24 HRS FOR NITRATE OR NITRITE MCL EXCEEDANCES  
NON-DETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" QUALIFIER. (Non-detects reported as "BDL" or with a "<" are not acceptable.)**

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

Sample Collection & Analysis Satisfactory:  Yes  No \_\_\_\_\_ Replacement Sample or Report Requested (circle or highlight group(s) above)

Person Notified: \_\_\_\_\_ Date Notified: \_\_\_\_\_ DEP/DOH Reviewing Official: \_\_\_\_\_

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

INORGANIC CONTAMINANTS  
62-550.310(1)

Report Number / Job ID: 35836367060

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	0.00037 J	I	EPA 200.8	0.00022	10/24/2023	17:58	E83079
1035	Mercury	0.002	mg/L							
1036	Nickel	0.1	mg/L							
1045	Selenium	0.05	mg/L							
1052	Sodium	160	mg/L							
1074	Antimony	0.006	mg/L							
1075	Beryllium	0.004	mg/L							
1085	Thallium	0.002	mg/L							
1094	Asbestos	7 MFL	MFL							

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

SECONDARY CONTAMINANTS  
62-550.320

Report Number / Job ID: 35836367060

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	0.0019		EPA 200.8	0.00093	10/24/2023	17:58	E83079
1025	Fluoride	2.0	mg/L							
1028	Iron	0.3	mg/L							
1032	Manganese	0.05	mg/L							
1050	Silver	0.1	mg/L							
1055	Sulfate	250	mg/L							
1095	Zinc	5	mg/L							
1905	Color	15	CU							
1920	Odor	3	TON							
1925	pH (field pH from page 1)	6.5 - 8.5								
1930	Total Dissolved Solids	500	mg/L							
2905	Foaming Agents	0.5	mg/L							



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

**PUBLIC WATER SYSTEM INFORMATION** (to be completed by sampler - please type or print legibly)

System Name: \_\_\_\_\_ PWS I.D. #: \_\_\_\_\_  
System Type (check one):     Community                       Non-transient Non-community                       Transient Non-community  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ ZIP Code: \_\_\_\_\_  
Phone # \_\_\_\_\_ Fax #: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

**SAMPLE INFORMATION** (to be completed by sampler)

Sample Number: 35836367061      Sample Date: 10/21/2023      Sample Time: 8:08 AM PM (Circle One)  
Sample Location (be specific): 44A-#106 Sion Farm      Location Code: \_\_\_\_\_  
Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): \_\_\_\_\_ mg/L      Field pH: \_\_\_\_\_

**Sample Type** (Check Only One) \_\_\_\_\_

- Distribution
- Entry Point (to Distribution)
- Plant Tap (not for compliance with 62-550)
- Raw (at well or intake)
- Max Residence Time
- Ave Residence Time
- Near First Customer

**Reason(s) for Sample** (Check all that apply) \_\_\_\_\_

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

Sampling Procedure Used or Other Comments: \_\_\_\_\_

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

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

## SAMPLER CERTIFICATION

I, \_\_\_\_\_, \_\_\_\_\_, do HEREBY CERTIFY  
(Print Name) (Print Title)

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Certified Operator #: \_\_\_\_\_ Phone #: \_\_\_\_\_ Sampler's Fax #: \_\_\_\_\_

Sampler's E-mail: \_\_\_\_\_

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

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

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

**ATTACH CURRENT DOH ANALYTE SHEET\***

Address: \_\_\_\_\_ Phone # \_\_\_\_\_

Were any analyses subcontracted?  Yes  No If yes, please provide DOH certification numbers(s): \_\_\_\_\_

**ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB\***

**ANALYSIS INFORMATION** (to be completed by lab) Date Sample(s) Received: 10/23/2023

PWS ID (From Page1): \_\_\_\_\_ Sample Number (From Page1): 35836367061 Lab Assigned Report # or Job ID: 35836367061

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

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

## LAB CERTIFICATION

I, Martha Montero, \_\_\_\_\_, do HEREBY CERTIFY  
(Print Name) (Print Title)

that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).

Signature:  Date: 10/25/2023

\* Failure to provide a valid and current Florida DOH lab certification number and a current Analyte Sheet for the attached analysis results will result in rejection of the report, possible enforcement against the public water system for failure to sample, and may result in notification of the DOH Bureau of Laboratory Services.

\*\* Please provide radiological sample dates & locations for each quarter.

**CONFIRMATION & NOTIFICATION IS REQUIRED WITHIN 24 HRS FOR NITRATE OR NITRITE MCL EXCEEDANCES  
NON-DETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" QUALIFIER. (Non-detects reported as "BDL" or with a "<" are not acceptable.)**

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

Sample Collection & Analysis Satisfactory:  Yes  No \_\_\_\_\_ Replacement Sample or Report Requested (circle or highlight group(s) above)

Person Notified: \_\_\_\_\_ Date Notified: \_\_\_\_\_ DEP/DOH Reviewing Official: \_\_\_\_\_

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

INORGANIC CONTAMINANTS  
62-550.310(1)

Report Number / Job ID: 35836367061

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	<b>0.032</b>		EPA 200.8	0.00022	10/24/2023	18:05	E83079
1035	Mercury	0.002	mg/L							
1036	Nickel	0.1	mg/L							
1045	Selenium	0.05	mg/L							
1052	Sodium	160	mg/L							
1074	Antimony	0.006	mg/L							
1075	Beryllium	0.004	mg/L							
1085	Thallium	0.002	mg/L							
1094	Asbestos	7 MFL	MFL							

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

SECONDARY CONTAMINANTS  
62-550.320

Report Number / Job ID: 35836367061

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	0.082		EPA 200.8	0.00093	10/24/2023	18:05	E83079
1025	Fluoride	2.0	mg/L							
1028	Iron	0.3	mg/L							
1032	Manganese	0.05	mg/L							
1050	Silver	0.1	mg/L							
1055	Sulfate	250	mg/L							
1095	Zinc	5	mg/L							
1905	Color	15	CU							
1920	Odor	3	TON							
1925	pH (field pH from page 1)	6.5 - 8.5								
1930	Total Dissolved Solids	500	mg/L							
2905	Foaming Agents	0.5	mg/L							

# Florida Department of Environmental Protection Safe Drinking Water Program Laboratory Reporting Format

**PUBLIC WATER SYSTEM INFORMATION** (to be completed by sampler - please type or print legibly)

System Name: \_\_\_\_\_ PWS I.D. #: \_\_\_\_\_  
System Type (check one):     Community                       Non-transient Non-community                       Transient Non-community  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ ZIP Code: \_\_\_\_\_  
Phone # \_\_\_\_\_ Fax #: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

**SAMPLE INFORMATION** (to be completed by sampler)

Sample Number: 35836367062      Sample Date: 10/21/2023      Sample Time: 8:22 AM PM (Circle One)  
Sample Location (be specific): 44B-#106 Sion Farm      Location Code: \_\_\_\_\_  
Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): \_\_\_\_\_ mg/L      Field pH: \_\_\_\_\_

**Sample Type** (Check Only One) \_\_\_\_\_

- Distribution
- Entry Point (to Distribution)
- Plant Tap (not for compliance with 62-550)
- Raw (at well or intake)
- Max Residence Time
- Ave Residence Time
- Near First Customer

**Reason(s) for Sample** (Check all that apply) \_\_\_\_\_

- Routine Compliance with 62-550
- Confirmation of MCL Exceedance\*
- Confirmation of Multiple Sites\*\*
- Other: \_\_\_\_\_
- Replacement (of Invalidated Sample)
- Special (not for compliance with 62-550)
- Clearance (permitting)

Sampling Procedure Used or Other Comments: \_\_\_\_\_

\*See 62-550.500(6) for requirements and restrictions.  
And 62-550.512(3) for nitrate or nitrite exceedances.

\*\*See 62-550.550(4) for requirements and  
attach a results page for each site.

## SAMPLER CERTIFICATION

I, \_\_\_\_\_, \_\_\_\_\_, do HEREBY CERTIFY  
(Print Name) (Print Title)

that the above public water system and sample collection information is complete and correct.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Certified Operator #: \_\_\_\_\_ Phone #: \_\_\_\_\_ Sampler's Fax #: \_\_\_\_\_

Sampler's E-mail: \_\_\_\_\_

# Florida Department of Environmental Protection Safe Drinking Water Program Laboratory Reporting Format

**LABORATORY CERTIFICATION INFORMATION** (to be completed by lab - please type or print legibly)

Lab Name: Pace Analytical Services, LLC Florida DOH Certification #: \_\_\_\_\_ Certification Expiration Date: \_\_\_\_\_

**ATTACH CURRENT DOH ANALYTE SHEET\***

Address: \_\_\_\_\_ Phone # \_\_\_\_\_

Were any analyses subcontracted?  Yes  No If yes, please provide DOH certification numbers(s): \_\_\_\_\_

**ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB\***

**ANALYSIS INFORMATION** (to be completed by lab) Date Sample(s) Received: 10/23/2023

PWS ID (From Page1): \_\_\_\_\_ Sample Number (From Page1): 35836367062 Lab Assigned Report # or Job ID: 35836367062

Group(s) Analyzed & Results attached for compliance with Chapter 62-550, F.A.C. (Check all that apply):

Inorganics	Synthetic Organics	Volatile Organics	Disinfection Byproducts	Radionuclides	Secondaries
<input type="checkbox"/> All Except Asbestos	<input type="checkbox"/> All 30	<input type="checkbox"/> All 21	<input type="checkbox"/> Trihalomethanes	<input type="checkbox"/> Single Sample	<input type="checkbox"/> All 14
<input checked="" type="checkbox"/> Partial	<input type="checkbox"/> All Except Dioxin	<input type="checkbox"/> Partial	<input type="checkbox"/> Haloacetic Acids	<input type="checkbox"/> Qtrly Composite**	<input checked="" type="checkbox"/> Partial
<input type="checkbox"/> Nitrate	<input type="checkbox"/> Partial		<input type="checkbox"/> Chlorite		
<input type="checkbox"/> Nitrite	<input type="checkbox"/> Dioxin Only		<input type="checkbox"/> Bromate		
<input type="checkbox"/> Asbestos					

## LAB CERTIFICATION

I, Martha Montero, \_\_\_\_\_, do HEREBY CERTIFY  
 (Print Name) (Print Title)

that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).

Signature:  Date: 10/25/2023

\* Failure to provide a valid and current Florida DOH lab certification number and a current Analyte Sheet for the attached analysis results will result in rejection of the report, possible enforcement against the public water system for failure to sample, and may result in notification of the DOH Bureau of Laboratory Services.

\*\* Please provide radiological sample dates & locations for each quarter.

**CONFIRMATION & NOTIFICATION IS REQUIRED WITHIN 24 HRS FOR NITRATE OR NITRITE MCL EXCEEDANCES  
 NON-DETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" QUALIFIER. (Non-detects reported as "BDL" or with a "<" are not acceptable.)**

**COMPLIANCE DETERMINATION** (to be completed by DEP or DOH -- attach notes as necessary)

Sample Collection & Analysis Satisfactory:  Yes  No \_\_\_\_\_ Replacement Sample or Report Requested (circle or highlight group(s) above)

Person Notified: \_\_\_\_\_ Date Notified: \_\_\_\_\_ DEP/DOH Reviewing Official: \_\_\_\_\_

# Florida Department of Environmental Protection Safe Drinking Water Program Laboratory Reporting Format

INORGANIC CONTAMINANTS  
62-550.310(1)

Report Number / Job ID: 35836367062

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	0.00051 J	I	EPA 200.8	0.00022	10/24/2023	18:09	E83079
1035	Mercury	0.002	mg/L							
1036	Nickel	0.1	mg/L							
1045	Selenium	0.05	mg/L							
1052	Sodium	160	mg/L							
1074	Antimony	0.006	mg/L							
1075	Beryllium	0.004	mg/L							
1085	Thallium	0.002	mg/L							
1094	Asbestos	7 MFL	MFL							

# Florida Department of Environmental Protection Safe Drinking Water Program Laboratory Reporting Format

SECONDARY CONTAMINANTS  
62-550.320

Report Number / Job ID: 35836367062

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	0.0026		EPA 200.8	0.00093	10/24/2023	18:09	E83079
1025	Fluoride	2.0	mg/L							
1028	Iron	0.3	mg/L							
1032	Manganese	0.05	mg/L							
1050	Silver	0.1	mg/L							
1055	Sulfate	250	mg/L							
1095	Zinc	5	mg/L							
1905	Color	15	CU							
1920	Odor	3	TON							
1925	pH (field pH from page 1)	6.5 - 8.5								
1930	Total Dissolved Solids	500	mg/L							
2905	Foaming Agents	0.5	mg/L							



# Florida Department of Environmental Protection Safe Drinking Water Program Laboratory Reporting Format

**PUBLIC WATER SYSTEM INFORMATION** (to be completed by sampler - please type or print legibly)

System Name: \_\_\_\_\_ PWS I.D. #: \_\_\_\_\_  
System Type (check one):     Community                       Non-transient Non-community                       Transient Non-community  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ ZIP Code: \_\_\_\_\_  
Phone # \_\_\_\_\_ Fax #: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

**SAMPLE INFORMATION** (to be completed by sampler)

Sample Number: 35836367063      Sample Date: 10/21/2023      Sample Time: 9:33 AM PM (Circle One)  
Sample Location (be specific): 66A-#296 Strawberry Hill      Location Code: \_\_\_\_\_  
Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): \_\_\_\_\_ mg/L      Field pH: \_\_\_\_\_

**Sample Type** (Check Only One) \_\_\_\_\_

- Distribution
- Entry Point (to Distribution)
- Plant Tap (not for compliance with 62-550)
- Raw (at well or intake)
- Max Residence Time
- Ave Residence Time
- Near First Customer

**Reason(s) for Sample** (Check all that apply) \_\_\_\_\_

- Routine Compliance with 62-550
- Confirmation of MCL Exceedance\*
- Confirmation of Multiple Sites\*\*
- Other: \_\_\_\_\_
- Replacement (of Invalidated Sample)
- Special (not for compliance with 62-550)
- Clearance (permitting)

Sampling Procedure Used or Other Comments: \_\_\_\_\_

\*See 62-550.500(6) for requirements and restrictions.  
And 62-550.512(3) for nitrate or nitrite exceedances.

\*\*See 62-550.550(4) for requirements and  
attach a results page for each site.

## SAMPLER CERTIFICATION

I, \_\_\_\_\_, \_\_\_\_\_, do HEREBY CERTIFY  
(Print Name) (Print Title)

that the above public water system and sample collection information is complete and correct.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Certified Operator #: \_\_\_\_\_ Phone #: \_\_\_\_\_ Sampler's Fax #: \_\_\_\_\_

Sampler's E-mail: \_\_\_\_\_

# Florida Department of Environmental Protection Safe Drinking Water Program Laboratory Reporting Format

**LABORATORY CERTIFICATION INFORMATION** (to be completed by lab - please type or print legibly)

Lab Name: Pace Analytical Services, LLC Florida DOH Certification #: \_\_\_\_\_ Certification Expiration Date: \_\_\_\_\_

**ATTACH CURRENT DOH ANALYTE SHEET\***

Address: \_\_\_\_\_ Phone # \_\_\_\_\_

Were any analyses subcontracted?  Yes  No If yes, please provide DOH certification numbers(s): \_\_\_\_\_

**ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB\***

**ANALYSIS INFORMATION** (to be completed by lab) Date Sample(s) Received: 10/23/2023

PWS ID (From Page1): \_\_\_\_\_ Sample Number (From Page1): 35836367063 Lab Assigned Report # or Job ID: 35836367063

Group(s) Analyzed & Results attached for compliance with Chapter 62-550, F.A.C. (Check all that apply):

Inorganics	Synthetic Organics	Volatile Organics	Disinfection Byproducts	Radionuclides	Secondaries
<input type="checkbox"/> All Except Asbestos	<input type="checkbox"/> All 30	<input type="checkbox"/> All 21	<input type="checkbox"/> Trihalomethanes	<input type="checkbox"/> Single Sample	<input type="checkbox"/> All 14
<input checked="" type="checkbox"/> Partial	<input type="checkbox"/> All Except Dioxin	<input type="checkbox"/> Partial	<input type="checkbox"/> Haloacetic Acids	<input type="checkbox"/> Qtrly Composite**	<input checked="" type="checkbox"/> Partial
<input type="checkbox"/> Nitrate	<input type="checkbox"/> Partial		<input type="checkbox"/> Chlorite		
<input type="checkbox"/> Nitrite	<input type="checkbox"/> Dioxin Only		<input type="checkbox"/> Bromate		
<input type="checkbox"/> Asbestos					

## LAB CERTIFICATION

I, Martha Montero, \_\_\_\_\_, do HEREBY CERTIFY  
(Print Name) (Print Title) Project Manager

that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).

Signature:  Date: 10/25/2023

\* Failure to provide a valid and current Florida DOH lab certification number and a current Analyte Sheet for the attached analysis results will result in rejection of the report, possible enforcement against the public water system for failure to sample, and may result in notification of the DOH Bureau of Laboratory Services.

\*\* Please provide radiological sample dates & locations for each quarter.

**CONFIRMATION & NOTIFICATION IS REQUIRED WITHIN 24 HRS FOR NITRATE OR NITRITE MCL EXCEEDANCES  
NON-DETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" QUALIFIER. (Non-detects reported as "BDL" or with a "<" are not acceptable.)**

**COMPLIANCE DETERMINATION** (to be completed by DEP or DOH -- attach notes as necessary)

Sample Collection & Analysis Satisfactory:  Yes  No \_\_\_\_\_ Replacement Sample or Report Requested (circle or highlight group(s) above)

Person Notified: \_\_\_\_\_ Date Notified: \_\_\_\_\_ DEP/DOH Reviewing Official: \_\_\_\_\_

# Florida Department of Environmental Protection Safe Drinking Water Program Laboratory Reporting Format

INORGANIC CONTAMINANTS  
62-550.310(1)

Report Number / Job ID: 35836367063

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	<b>0.089</b>		EPA 200.8	0.00022	10/25/2023	10:37	E83079
1035	Mercury	0.002	mg/L							
1036	Nickel	0.1	mg/L							
1045	Selenium	0.05	mg/L							
1052	Sodium	160	mg/L							
1074	Antimony	0.006	mg/L							
1075	Beryllium	0.004	mg/L							
1085	Thallium	0.002	mg/L							
1094	Asbestos	7 MFL	MFL							

# Florida Department of Environmental Protection Safe Drinking Water Program Laboratory Reporting Format

SECONDARY CONTAMINANTS  
62-550.320

Report Number / Job ID: 35836367063

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	1.7		EPA 200.8	0.0093	10/25/2023	10:48	E83079
1025	Fluoride	2.0	mg/L							
1028	Iron	0.3	mg/L							
1032	Manganese	0.05	mg/L							
1050	Silver	0.1	mg/L							
1055	Sulfate	250	mg/L							
1095	Zinc	5	mg/L							
1905	Color	15	CU							
1920	Odor	3	TON							
1925	pH (field pH from page 1)	6.5 - 8.5								
1930	Total Dissolved Solids	500	mg/L							
2905	Foaming Agents	0.5	mg/L							

# Florida Department of Environmental Protection Safe Drinking Water Program Laboratory Reporting Format

**PUBLIC WATER SYSTEM INFORMATION** (to be completed by sampler - please type or print legibly)

System Name: \_\_\_\_\_ PWS I.D. #: \_\_\_\_\_  
System Type (check one):     Community                       Non-transient Non-community                       Transient Non-community  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ ZIP Code: \_\_\_\_\_  
Phone # \_\_\_\_\_ Fax #: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

**SAMPLE INFORMATION** (to be completed by sampler)

Sample Number: 35836367064      Sample Date: 10/21/2023      Sample Time: 9:48 AM PM (Circle One)  
Sample Location (be specific): 66B-#296 Strawberry Hill      Location Code: \_\_\_\_\_  
Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): \_\_\_\_\_ mg/L      Field pH: \_\_\_\_\_

**Sample Type** (Check Only One) \_\_\_\_\_

- Distribution
- Entry Point (to Distribution)
- Plant Tap (not for compliance with 62-550)
- Raw (at well or intake)
- Max Residence Time
- Ave Residence Time
- Near First Customer

**Reason(s) for Sample** (Check all that apply) \_\_\_\_\_

- Routine Compliance with 62-550
- Confirmation of MCL Exceedance\*
- Confirmation of Multiple Sites\*\*
- Other: \_\_\_\_\_
- Replacement (of Invalidated Sample)
- Special (not for compliance with 62-550)
- Clearance (permitting)

Sampling Procedure Used or Other Comments: \_\_\_\_\_

\*See 62-550.500(6) for requirements and restrictions.  
And 62-550.512(3) for nitrate or nitrite exceedances.

\*\*See 62-550.550(4) for requirements and  
attach a results page for each site.

## SAMPLER CERTIFICATION

I, \_\_\_\_\_, \_\_\_\_\_, do HEREBY CERTIFY  
(Print Name) (Print Title)

that the above public water system and sample collection information is complete and correct.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Certified Operator #: \_\_\_\_\_ Phone #: \_\_\_\_\_ Sampler's Fax #: \_\_\_\_\_

Sampler's E-mail: \_\_\_\_\_

# Florida Department of Environmental Protection Safe Drinking Water Program Laboratory Reporting Format

## LABORATORY CERTIFICATION INFORMATION (to be completed by lab - please type or print legibly)

Lab Name: Pace Analytical Services, LLC Florida DOH Certification #: \_\_\_\_\_ Certification Expiration Date: \_\_\_\_\_

**ATTACH CURRENT DOH ANALYTE SHEET\***

Address: \_\_\_\_\_ Phone # \_\_\_\_\_

Were any analyses subcontracted?  Yes  No If yes, please provide DOH certification numbers(s): \_\_\_\_\_

**ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB\***

**ANALYSIS INFORMATION** (to be completed by lab) Date Sample(s) Received: 10/23/2023

PWS ID (From Page1): \_\_\_\_\_ Sample Number (From Page1): 35836367064 Lab Assigned Report # or Job ID: 35836367064

Group(s) Analyzed & Results attached for compliance with Chapter 62-550, F.A.C. (Check all that apply):

Inorganics	Synthetic Organics	Volatile Organics	Disinfection Byproducts	Radionuclides	Secondaries
<input type="checkbox"/> All Except Asbestos	<input type="checkbox"/> All 30	<input type="checkbox"/> All 21	<input type="checkbox"/> Trihalomethanes	<input type="checkbox"/> Single Sample	<input type="checkbox"/> All 14
<input checked="" type="checkbox"/> Partial	<input type="checkbox"/> All Except Dioxin	<input type="checkbox"/> Partial	<input type="checkbox"/> Haloacetic Acids	<input type="checkbox"/> Qtrly Composite**	<input checked="" type="checkbox"/> Partial
<input type="checkbox"/> Nitrate	<input type="checkbox"/> Partial		<input type="checkbox"/> Chlorite		
<input type="checkbox"/> Nitrite	<input type="checkbox"/> Dioxin Only		<input type="checkbox"/> Bromate		
<input type="checkbox"/> Asbestos					

## LAB CERTIFICATION

I, Martha Montero, Project Manager, do HEREBY CERTIFY  
(Print Name) (Print Title)

that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).

Signature:  Date: 10/25/2023

\* Failure to provide a valid and current Florida DOH lab certification number and a current Analyte Sheet for the attached analysis results will result in rejection of the report, possible enforcement against the public water system for failure to sample, and may result in notification of the DOH Bureau of Laboratory Services.

\*\* Please provide radiological sample dates & locations for each quarter.

**CONFIRMATION & NOTIFICATION IS REQUIRED WITHIN 24 HRS FOR NITRATE OR NITRITE MCL EXCEEDANCES  
NON-DETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" QUALIFIER. (Non-detects reported as "BDL" or with a "<" are not acceptable.)**

## COMPLIANCE DETERMINATION (to be completed by DEP or DOH -- attach notes as necessary)

Sample Collection & Analysis Satisfactory:  Yes  No \_\_\_\_\_ Replacement Sample or Report Requested (circle or highlight group(s) above)

Person Notified: \_\_\_\_\_ Date Notified: \_\_\_\_\_ DEP/DOH Reviewing Official: \_\_\_\_\_

# Florida Department of Environmental Protection Safe Drinking Water Program Laboratory Reporting Format

INORGANIC CONTAMINANTS  
62-550.310(1)

Report Number / Job ID: 35836367064

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	0.00040 J	I	EPA 200.8	0.00022	10/24/2023	18:11	E83079
1035	Mercury	0.002	mg/L							
1036	Nickel	0.1	mg/L							
1045	Selenium	0.05	mg/L							
1052	Sodium	160	mg/L							
1074	Antimony	0.006	mg/L							
1075	Beryllium	0.004	mg/L							
1085	Thallium	0.002	mg/L							
1094	Asbestos	7 MFL	MFL							

# Florida Department of Environmental Protection Safe Drinking Water Program Laboratory Reporting Format

SECONDARY CONTAMINANTS  
62-550.320

Report Number / Job ID: 35836367064

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	0.0042		EPA 200.8	0.00093	10/24/2023	18:11	E83079
1025	Fluoride	2.0	mg/L							
1028	Iron	0.3	mg/L							
1032	Manganese	0.05	mg/L							
1050	Silver	0.1	mg/L							
1055	Sulfate	250	mg/L							
1095	Zinc	5	mg/L							
1905	Color	15	CU							
1920	Odor	3	TON							
1925	pH (field pH from page 1)	6.5 - 8.5								
1930	Total Dissolved Solids	500	mg/L							
2905	Foaming Agents	0.5	mg/L							



# Florida Department of Environmental Protection Safe Drinking Water Program Laboratory Reporting Format

**PUBLIC WATER SYSTEM INFORMATION** (to be completed by sampler - please type or print legibly)

System Name: \_\_\_\_\_ PWS I.D. #: \_\_\_\_\_  
System Type (check one):     Community                       Non-transient Non-community                       Transient Non-community  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ ZIP Code: \_\_\_\_\_  
Phone # \_\_\_\_\_ Fax #: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

**SAMPLE INFORMATION** (to be completed by sampler)

Sample Number: 35836367065      Sample Date: 10/21/2023      Sample Time: 7:00  AM  PM (Circle One)  
Sample Location (be specific): 54A-9C St. John      Location Code: \_\_\_\_\_  
Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): \_\_\_\_\_ mg/L      Field pH: \_\_\_\_\_

**Sample Type** (Check Only One) \_\_\_\_\_

- Distribution
- Entry Point (to Distribution)
- Plant Tap (not for compliance with 62-550)
- Raw (at well or intake)
- Max Residence Time
- Ave Residence Time
- Near First Customer

**Reason(s) for Sample** (Check all that apply) \_\_\_\_\_

- Routine Compliance with 62-550
- Confirmation of MCL Exceedance\*
- Confirmation of Multiple Sites\*\*
- Other: \_\_\_\_\_
- Replacement (of Invalidated Sample)
- Special (not for compliance with 62-550)
- Clearance (permitting)

Sampling Procedure Used or Other Comments: \_\_\_\_\_

\*See 62-550.500(6) for requirements and restrictions.  
And 62-550.512(3) for nitrate or nitrite exceedances.

\*\*See 62-550.550(4) for requirements and  
attach a results page for each site.

## SAMPLER CERTIFICATION

I, \_\_\_\_\_, \_\_\_\_\_, do HEREBY CERTIFY  
(Print Name) (Print Title)

that the above public water system and sample collection information is complete and correct.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Certified Operator #: \_\_\_\_\_ Phone #: \_\_\_\_\_ Sampler's Fax #: \_\_\_\_\_

Sampler's E-mail: \_\_\_\_\_

# Florida Department of Environmental Protection Safe Drinking Water Program Laboratory Reporting Format

**LABORATORY CERTIFICATION INFORMATION** (to be completed by lab - please type or print legibly)

Lab Name: Pace Analytical Services, LLC Florida DOH Certification #: \_\_\_\_\_ Certification Expiration Date: \_\_\_\_\_

**ATTACH CURRENT DOH ANALYTE SHEET\***

Address: \_\_\_\_\_ Phone # \_\_\_\_\_

Were any analyses subcontracted?  Yes  No If yes, please provide DOH certification numbers(s): \_\_\_\_\_

**ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB\***

**ANALYSIS INFORMATION** (to be completed by lab) Date Sample(s) Received: 10/23/2023

PWS ID (From Page1): \_\_\_\_\_ Sample Number (From Page1): 35836367065 Lab Assigned Report # or Job ID: 35836367065

Group(s) Analyzed & Results attached for compliance with Chapter 62-550, F.A.C. (Check all that apply):

Inorganics	Synthetic Organics	Volatile Organics	Disinfection Byproducts	Radionuclides	Secondaries
<input type="checkbox"/> All Except Asbestos	<input type="checkbox"/> All 30	<input type="checkbox"/> All 21	<input type="checkbox"/> Trihalomethanes	<input type="checkbox"/> Single Sample	<input type="checkbox"/> All 14
<input checked="" type="checkbox"/> Partial	<input type="checkbox"/> All Except Dioxin	<input type="checkbox"/> Partial	<input type="checkbox"/> Haloacetic Acids	<input type="checkbox"/> Qtrly Composite**	<input checked="" type="checkbox"/> Partial
<input type="checkbox"/> Nitrate	<input type="checkbox"/> Partial		<input type="checkbox"/> Chlorite		
<input type="checkbox"/> Nitrite	<input type="checkbox"/> Dioxin Only		<input type="checkbox"/> Bromate		
<input type="checkbox"/> Asbestos					

## LAB CERTIFICATION

I, Martha Montero, \_\_\_\_\_, do HEREBY CERTIFY  
 (Print Name) (Print Title) Project Manager

that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).

Signature:  Date: 10/25/2023

\* Failure to provide a valid and current Florida DOH lab certification number and a current Analyte Sheet for the attached analysis results will result in rejection of the report, possible enforcement against the public water system for failure to sample, and may result in notification of the DOH Bureau of Laboratory Services.

\*\* Please provide radiological sample dates & locations for each quarter.

**CONFIRMATION & NOTIFICATION IS REQUIRED WITHIN 24 HRS FOR NITRATE OR NITRITE MCL EXCEEDANCES  
NON-DETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" QUALIFIER. (Non-detects reported as "BDL" or with a "<" are not acceptable.)**

**COMPLIANCE DETERMINATION** (to be completed by DEP or DOH -- attach notes as necessary)

Sample Collection & Analysis Satisfactory:  Yes  No \_\_\_\_\_ Replacement Sample or Report Requested (circle or highlight group(s) above)

Person Notified: \_\_\_\_\_ Date Notified: \_\_\_\_\_ DEP/DOH Reviewing Official: \_\_\_\_\_

# Florida Department of Environmental Protection Safe Drinking Water Program Laboratory Reporting Format

INORGANIC CONTAMINANTS  
62-550.310(1)

Report Number / Job ID: 35836367065

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	<b>0.072</b>		EPA 200.8	0.00022	10/24/2023	18:15	E83079
1035	Mercury	0.002	mg/L							
1036	Nickel	0.1	mg/L							
1045	Selenium	0.05	mg/L							
1052	Sodium	160	mg/L							
1074	Antimony	0.006	mg/L							
1075	Beryllium	0.004	mg/L							
1085	Thallium	0.002	mg/L							
1094	Asbestos	7 MFL	MFL							

# Florida Department of Environmental Protection Safe Drinking Water Program Laboratory Reporting Format

SECONDARY CONTAMINANTS  
62-550.320

Report Number / Job ID: 35836367065

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	0.53		EPA 200.8	0.00093	10/24/2023	18:15	E83079
1025	Fluoride	2.0	mg/L							
1028	Iron	0.3	mg/L							
1032	Manganese	0.05	mg/L							
1050	Silver	0.1	mg/L							
1055	Sulfate	250	mg/L							
1095	Zinc	5	mg/L							
1905	Color	15	CU							
1920	Odor	3	TON							
1925	pH (field pH from page 1)	6.5 - 8.5								
1930	Total Dissolved Solids	500	mg/L							
2905	Foaming Agents	0.5	mg/L							

# Florida Department of Environmental Protection Safe Drinking Water Program Laboratory Reporting Format

**PUBLIC WATER SYSTEM INFORMATION** (to be completed by sampler - please type or print legibly)

System Name: \_\_\_\_\_ PWS I.D. #: \_\_\_\_\_  
System Type (check one):     Community                       Non-transient Non-community                       Transient Non-community  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ ZIP Code: \_\_\_\_\_  
Phone # \_\_\_\_\_ Fax #: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

**SAMPLE INFORMATION** (to be completed by sampler)

Sample Number: 35836367066      Sample Date: 10/21/2023      Sample Time: 7:15 AM PM (Circle One)  
Sample Location (be specific): 54B-9C St. John      Location Code: \_\_\_\_\_  
Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): \_\_\_\_\_ mg/L      Field pH: \_\_\_\_\_

**Sample Type** (Check Only One) \_\_\_\_\_

- Distribution
- Entry Point (to Distribution)
- Plant Tap (not for compliance with 62-550)
- Raw (at well or intake)
- Max Residence Time
- Ave Residence Time
- Near First Customer

**Reason(s) for Sample** (Check all that apply) \_\_\_\_\_

- Routine Compliance with 62-550
- Confirmation of MCL Exceedance\*
- Confirmation of Multiple Sites\*\*
- Other: \_\_\_\_\_
- Replacement (of Invalidated Sample)
- Special (not for compliance with 62-550)
- Clearance (permitting)

Sampling Procedure Used or Other Comments: \_\_\_\_\_

\*See 62-550.500(6) for requirements and restrictions.  
And 62-550.512(3) for nitrate or nitrite exceedances.

\*\*See 62-550.550(4) for requirements and  
attach a results page for each site.

## SAMPLER CERTIFICATION

I, \_\_\_\_\_, \_\_\_\_\_, do HEREBY CERTIFY  
(Print Name) (Print Title)

that the above public water system and sample collection information is complete and correct.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Certified Operator #: \_\_\_\_\_ Phone #: \_\_\_\_\_ Sampler's Fax #: \_\_\_\_\_

Sampler's E-mail: \_\_\_\_\_

# Florida Department of Environmental Protection Safe Drinking Water Program Laboratory Reporting Format

**LABORATORY CERTIFICATION INFORMATION** (to be completed by lab - please type or print legibly)

Lab Name: Pace Analytical Services, LLC Florida DOH Certification #: \_\_\_\_\_ Certification Expiration Date: \_\_\_\_\_

**ATTACH CURRENT DOH ANALYTE SHEET\***

Address: \_\_\_\_\_ Phone # \_\_\_\_\_

Were any analyses subcontracted?  Yes  No If yes, please provide DOH certification numbers(s): \_\_\_\_\_

**ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB\***

**ANALYSIS INFORMATION** (to be completed by lab) Date Sample(s) Received: 10/23/2023

PWS ID (From Page1): \_\_\_\_\_ Sample Number (From Page1): 35836367066 Lab Assigned Report # or Job ID: 35836367066

Group(s) Analyzed & Results attached for compliance with Chapter 62-550, F.A.C. (Check all that apply):

Inorganics	Synthetic Organics	Volatile Organics	Disinfection Byproducts	Radionuclides	Secondaries
<input type="checkbox"/> All Except Asbestos	<input type="checkbox"/> All 30	<input type="checkbox"/> All 21	<input type="checkbox"/> Trihalomethanes	<input type="checkbox"/> Single Sample	<input type="checkbox"/> All 14
<input checked="" type="checkbox"/> Partial	<input type="checkbox"/> All Except Dioxin	<input type="checkbox"/> Partial	<input type="checkbox"/> Haloacetic Acids	<input type="checkbox"/> Qtrly Composite**	<input checked="" type="checkbox"/> Partial
<input type="checkbox"/> Nitrate	<input type="checkbox"/> Partial		<input type="checkbox"/> Chlorite		
<input type="checkbox"/> Nitrite	<input type="checkbox"/> Dioxin Only		<input type="checkbox"/> Bromate		
<input type="checkbox"/> Asbestos					

## LAB CERTIFICATION

I, Martha Montero, \_\_\_\_\_, do HEREBY CERTIFY  
 (Print Name) (Print Title)

that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).

Signature:  Date: 10/25/2023

\* Failure to provide a valid and current Florida DOH lab certification number and a current Analyte Sheet for the attached analysis results will result in rejection of the report, possible enforcement against the public water system for failure to sample, and may result in notification of the DOH Bureau of Laboratory Services.

\*\* Please provide radiological sample dates & locations for each quarter.

**CONFIRMATION & NOTIFICATION IS REQUIRED WITHIN 24 HRS FOR NITRATE OR NITRITE MCL EXCEEDANCES  
NON-DETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" QUALIFIER. (Non-detects reported as "BDL" or with a "<" are not acceptable.)**

**COMPLIANCE DETERMINATION** (to be completed by DEP or DOH -- attach notes as necessary)

Sample Collection & Analysis Satisfactory:  Yes  No \_\_\_\_\_ Replacement Sample or Report Requested (circle or highlight group(s) above)

Person Notified: \_\_\_\_\_ Date Notified: \_\_\_\_\_ DEP/DOH Reviewing Official: \_\_\_\_\_

# Florida Department of Environmental Protection Safe Drinking Water Program Laboratory Reporting Format

INORGANIC CONTAMINANTS  
62-550.310(1)

Report Number / Job ID: 35836367066

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	0.0030		EPA 200.8	0.00022	10/24/2023	18:16	E83079
1035	Mercury	0.002	mg/L							
1036	Nickel	0.1	mg/L							
1045	Selenium	0.05	mg/L							
1052	Sodium	160	mg/L							
1074	Antimony	0.006	mg/L							
1075	Beryllium	0.004	mg/L							
1085	Thallium	0.002	mg/L							
1094	Asbestos	7 MFL	MFL							

# Florida Department of Environmental Protection Safe Drinking Water Program Laboratory Reporting Format

SECONDARY CONTAMINANTS  
62-550.320

Report Number / Job ID: 35836367066

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	0.015		EPA 200.8	0.00093	10/24/2023	18:16	E83079
1025	Fluoride	2.0	mg/L							
1028	Iron	0.3	mg/L							
1032	Manganese	0.05	mg/L							
1050	Silver	0.1	mg/L							
1055	Sulfate	250	mg/L							
1095	Zinc	5	mg/L							
1905	Color	15	CU							
1920	Odor	3	TON							
1925	pH (field pH from page 1)	6.5 - 8.5								
1930	Total Dissolved Solids	500	mg/L							
2905	Foaming Agents	0.5	mg/L							



# Florida Department of Environmental Protection Safe Drinking Water Program Laboratory Reporting Format

**PUBLIC WATER SYSTEM INFORMATION** (to be completed by sampler - please type or print legibly)

System Name: \_\_\_\_\_ PWS I.D. #: \_\_\_\_\_  
 System Type (check one):  Community  Non-transient Non-community  Transient Non-community  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ ZIP Code: \_\_\_\_\_  
 Phone # \_\_\_\_\_ Fax #: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

**SAMPLE INFORMATION** (to be completed by sampler)

Sample Number: 35836367067 Sample Date: 10/21/2023 Sample Time: 9:10  AM  PM (Circle One)  
 Sample Location (be specific): 43A-#319 Strawberry Hill Location Code: \_\_\_\_\_  
 Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): \_\_\_\_\_ mg/L Field pH: \_\_\_\_\_

**Sample Type** (Check Only One) \_\_\_\_\_

- Distribution
- Entry Point (to Distribution)
- Plant Tap (not for compliance with 62-550)
- Raw (at well or intake)
- Max Residence Time
- Ave Residence Time
- Near First Customer

**Reason(s) for Sample** (Check all that apply) \_\_\_\_\_

- Routine Compliance with 62-550
- Confirmation of MCL Exceedance\*
- Confirmation of Multiple Sites\*\*
- Other: \_\_\_\_\_
- Replacement (of Invalidated Sample)
- Special (not for compliance with 62-550)
- Clearance (permitting)

Sampling Procedure Used or Other Comments: \_\_\_\_\_

\*See 62-550.500(6) for requirements and restrictions.  
 And 62-550.512(3) for nitrate or nitrite exceedances.

\*\*See 62-550.550(4) for requirements and  
 attach a results page for each site.

## SAMPLER CERTIFICATION

I, \_\_\_\_\_, \_\_\_\_\_, do HEREBY CERTIFY  
 (Print Name) (Print Title)

that the above public water system and sample collection information is complete and correct.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Certified Operator #: \_\_\_\_\_ Phone #: \_\_\_\_\_ Sampler's Fax #: \_\_\_\_\_

Sampler's E-mail: \_\_\_\_\_

# Florida Department of Environmental Protection Safe Drinking Water Program Laboratory Reporting Format

## LABORATORY CERTIFICATION INFORMATION (to be completed by lab - please type or print legibly)

Lab Name: Pace Analytical Services, LLC Florida DOH Certification #: \_\_\_\_\_ Certification Expiration Date: \_\_\_\_\_

**ATTACH CURRENT DOH ANALYTE SHEET\***

Address: \_\_\_\_\_ Phone # \_\_\_\_\_

Were any analyses subcontracted?  Yes  No If yes, please provide DOH certification numbers(s): \_\_\_\_\_

**ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB\***

**ANALYSIS INFORMATION** (to be completed by lab) Date Sample(s) Received: 10/23/2023

PWS ID (From Page1): \_\_\_\_\_ Sample Number (From Page1): 35836367067 Lab Assigned Report # or Job ID: 35836367067

Group(s) Analyzed & Results attached for compliance with Chapter 62-550, F.A.C. (Check all that apply):

Inorganics	Synthetic Organics	Volatile Organics	Disinfection Byproducts	Radionuclides	Secondaries
<input type="checkbox"/> All Except Asbestos	<input type="checkbox"/> All 30	<input type="checkbox"/> All 21	<input type="checkbox"/> Trihalomethanes	<input type="checkbox"/> Single Sample	<input type="checkbox"/> All 14
<input checked="" type="checkbox"/> Partial	<input type="checkbox"/> All Except Dioxin	<input type="checkbox"/> Partial	<input type="checkbox"/> Haloacetic Acids	<input type="checkbox"/> Qtrly Composite**	<input checked="" type="checkbox"/> Partial
<input type="checkbox"/> Nitrate	<input type="checkbox"/> Partial		<input type="checkbox"/> Chlorite		
<input type="checkbox"/> Nitrite	<input type="checkbox"/> Dioxin Only		<input type="checkbox"/> Bromate		
<input type="checkbox"/> Asbestos					

## LAB CERTIFICATION

I, Martha Montero, \_\_\_\_\_, do HEREBY CERTIFY  
(Print Name) (Print Title)

that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).

Signature:  Date: 10/25/2023

\* Failure to provide a valid and current Florida DOH lab certification number and a current Analyte Sheet for the attached analysis results will result in rejection of the report, possible enforcement against the public water system for failure to sample, and may result in notification of the DOH Bureau of Laboratory Services.

\*\* Please provide radiological sample dates & locations for each quarter.

**CONFIRMATION & NOTIFICATION IS REQUIRED WITHIN 24 HRS FOR NITRATE OR NITRITE MCL EXCEEDANCES  
NON-DETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" QUALIFIER. (Non-detects reported as "BDL" or with a "<" are not acceptable.)**

## COMPLIANCE DETERMINATION (to be completed by DEP or DOH -- attach notes as necessary)

Sample Collection & Analysis Satisfactory:  Yes  No \_\_\_\_\_ Replacement Sample or Report Requested (circle or highlight group(s) above)

Person Notified: \_\_\_\_\_ Date Notified: \_\_\_\_\_ DEP/DOH Reviewing Official: \_\_\_\_\_

# Florida Department of Environmental Protection Safe Drinking Water Program Laboratory Reporting Format

INORGANIC CONTAMINANTS  
62-550.310(1)

Report Number / Job ID: 35836367067

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	<b>0.71</b>		EPA 200.8	0.0022	10/24/2023	19:00	E83079
1035	Mercury	0.002	mg/L							
1036	Nickel	0.1	mg/L							
1045	Selenium	0.05	mg/L							
1052	Sodium	160	mg/L							
1074	Antimony	0.006	mg/L							
1075	Beryllium	0.004	mg/L							
1085	Thallium	0.002	mg/L							
1094	Asbestos	7 MFL	MFL							

# Florida Department of Environmental Protection Safe Drinking Water Program Laboratory Reporting Format

SECONDARY CONTAMINANTS  
62-550.320

Report Number / Job ID: 35836367067

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	6.0		EPA 200.8	0.0093	10/24/2023	19:00	E83079
1025	Fluoride	2.0	mg/L							
1028	Iron	0.3	mg/L							
1032	Manganese	0.05	mg/L							
1050	Silver	0.1	mg/L							
1055	Sulfate	250	mg/L							
1095	Zinc	5	mg/L							
1905	Color	15	CU							
1920	Odor	3	TON							
1925	pH (field pH from page 1)	6.5 - 8.5								
1930	Total Dissolved Solids	500	mg/L							
2905	Foaming Agents	0.5	mg/L							

# Florida Department of Environmental Protection Safe Drinking Water Program Laboratory Reporting Format

**PUBLIC WATER SYSTEM INFORMATION** (to be completed by sampler - please type or print legibly)

System Name: \_\_\_\_\_ PWS I.D. #: \_\_\_\_\_  
System Type (check one):  Community  Non-transient Non-community  Transient Non-community  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ ZIP Code: \_\_\_\_\_  
Phone # \_\_\_\_\_ Fax #: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

**SAMPLE INFORMATION** (to be completed by sampler)

Sample Number: 35836367068 Sample Date: 10/21/2023 Sample Time: 9:22  AM  PM (Circle One)  
Sample Location (be specific): 43B-#319 Strawberry Hill Location Code: \_\_\_\_\_  
Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): \_\_\_\_\_ mg/L Field pH: \_\_\_\_\_

**Sample Type** (Check Only One) \_\_\_\_\_

- Distribution
- Entry Point (to Distribution)
- Plant Tap (not for compliance with 62-550)
- Raw (at well or intake)
- Max Residence Time
- Ave Residence Time
- Near First Customer

**Reason(s) for Sample** (Check all that apply) \_\_\_\_\_

- Routine Compliance with 62-550
- Confirmation of MCL Exceedance\*
- Confirmation of Multiple Sites\*\*
- Other: \_\_\_\_\_
- Replacement (of Invalidated Sample)
- Special (not for compliance with 62-550)
- Clearance (permitting)

Sampling Procedure Used or Other Comments: \_\_\_\_\_

\*See 62-550.500(6) for requirements and restrictions.  
And 62-550.512(3) for nitrate or nitrite exceedances.

\*\*See 62-550.550(4) for requirements and  
attach a results page for each site.

## SAMPLER CERTIFICATION

I, \_\_\_\_\_, \_\_\_\_\_, do HEREBY CERTIFY  
(Print Name) (Print Title)

that the above public water system and sample collection information is complete and correct.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Certified Operator #: \_\_\_\_\_ Phone #: \_\_\_\_\_ Sampler's Fax #: \_\_\_\_\_

Sampler's E-mail: \_\_\_\_\_

# Florida Department of Environmental Protection Safe Drinking Water Program Laboratory Reporting Format

**LABORATORY CERTIFICATION INFORMATION** (to be completed by lab - please type or print legibly)

Lab Name: Pace Analytical Services, LLC Florida DOH Certification #: \_\_\_\_\_ Certification Expiration Date: \_\_\_\_\_

**ATTACH CURRENT DOH ANALYTE SHEET\***

Address: \_\_\_\_\_ Phone # \_\_\_\_\_

Were any analyses subcontracted?  Yes  No If yes, please provide DOH certification numbers(s): \_\_\_\_\_

**ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB\***

**ANALYSIS INFORMATION** (to be completed by lab) Date Sample(s) Received: 10/23/2023

PWS ID (From Page1): \_\_\_\_\_ Sample Number (From Page1): 35836367068 Lab Assigned Report # or Job ID: 35836367068

Group(s) Analyzed & Results attached for compliance with Chapter 62-550, F.A.C. (Check all that apply):

Inorganics	Synthetic Organics	Volatile Organics	Disinfection Byproducts	Radionuclides	Secondaries
<input type="checkbox"/> All Except Asbestos	<input type="checkbox"/> All 30	<input type="checkbox"/> All 21	<input type="checkbox"/> Trihalomethanes	<input type="checkbox"/> Single Sample	<input type="checkbox"/> All 14
<input checked="" type="checkbox"/> Partial	<input type="checkbox"/> All Except Dioxin	<input type="checkbox"/> Partial	<input type="checkbox"/> Haloacetic Acids	<input type="checkbox"/> Qtrly Composite**	<input checked="" type="checkbox"/> Partial
<input type="checkbox"/> Nitrate	<input type="checkbox"/> Partial		<input type="checkbox"/> Chlorite		
<input type="checkbox"/> Nitrite	<input type="checkbox"/> Dioxin Only		<input type="checkbox"/> Bromate		
<input type="checkbox"/> Asbestos					

## LAB CERTIFICATION

I, Martha Montero, \_\_\_\_\_, do HEREBY CERTIFY  
(Print Name) (Print Title) Project Manager

that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).

Signature:  Date: 10/25/2023

\* Failure to provide a valid and current Florida DOH lab certification number and a current Analyte Sheet for the attached analysis results will result in rejection of the report, possible enforcement against the public water system for failure to sample, and may result in notification of the DOH Bureau of Laboratory Services.

\*\* Please provide radiological sample dates & locations for each quarter.

**CONFIRMATION & NOTIFICATION IS REQUIRED WITHIN 24 HRS FOR NITRATE OR NITRITE MCL EXCEEDANCES  
NON-DETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" QUALIFIER. (Non-detects reported as "BDL" or with a "<" are not acceptable.)**

**COMPLIANCE DETERMINATION** (to be completed by DEP or DOH -- attach notes as necessary)

Sample Collection & Analysis Satisfactory:  Yes  No \_\_\_\_\_ Replacement Sample or Report Requested (circle or highlight group(s) above)

Person Notified: \_\_\_\_\_ Date Notified: \_\_\_\_\_ DEP/DOH Reviewing Official: \_\_\_\_\_

# Florida Department of Environmental Protection Safe Drinking Water Program Laboratory Reporting Format

INORGANIC CONTAMINANTS  
62-550.310(1)

Report Number / Job ID: 35836367068

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	0.0015		EPA 200.8	0.00022	10/24/2023	18:19	E83079
1035	Mercury	0.002	mg/L							
1036	Nickel	0.1	mg/L							
1045	Selenium	0.05	mg/L							
1052	Sodium	160	mg/L							
1074	Antimony	0.006	mg/L							
1075	Beryllium	0.004	mg/L							
1085	Thallium	0.002	mg/L							
1094	Asbestos	7 MFL	MFL							

# Florida Department of Environmental Protection Safe Drinking Water Program Laboratory Reporting Format

SECONDARY CONTAMINANTS  
62-550.320

Report Number / Job ID: 35836367068

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	0.0076		EPA 200.8	0.00093	10/24/2023	18:19	E83079
1025	Fluoride	2.0	mg/L							
1028	Iron	0.3	mg/L							
1032	Manganese	0.05	mg/L							
1050	Silver	0.1	mg/L							
1055	Sulfate	250	mg/L							
1095	Zinc	5	mg/L							
1905	Color	15	CU							
1920	Odor	3	TON							
1925	pH (field pH from page 1)	6.5 - 8.5								
1930	Total Dissolved Solids	500	mg/L							
2905	Foaming Agents	0.5	mg/L							



# Florida Department of Environmental Protection Safe Drinking Water Program Laboratory Reporting Format

## PUBLIC WATER SYSTEM INFORMATION (to be completed by sampler - please type or print legibly)

System Name: \_\_\_\_\_ PWS I.D. #: \_\_\_\_\_  
System Type (check one):     Community                       Non-transient Non-community                       Transient Non-community  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ ZIP Code: \_\_\_\_\_  
Phone # \_\_\_\_\_ Fax #: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

## SAMPLE INFORMATION (to be completed by sampler)

Sample Number: 35836367069      Sample Date: 10/21/2023      Sample Time: 10:34 AM PM (Circle One)  
Sample Location (be specific): 39A-#292 Barren Spot      Location Code: \_\_\_\_\_  
Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): \_\_\_\_\_ mg/L      Field pH: \_\_\_\_\_

### Sample Type (Check Only One) \_\_\_\_\_

- Distribution
- Entry Point (to Distribution)
- Plant Tap (not for compliance with 62-550)
- Raw (at well or intake)
- Max Residence Time
- Ave Residence Time
- Near First Customer

### Reason(s) for Sample (Check all that apply) \_\_\_\_\_

- Routine Compliance with 62-550
- Confirmation of MCL Exceedance\*
- Confirmation of Multiple Sites\*\*
- Other: \_\_\_\_\_
- Replacement (of Invalidated Sample)
- Special (not for compliance with 62-550)
- Clearance (permitting)

Sampling Procedure Used or Other Comments: \_\_\_\_\_

\*See 62-550.500(6) for requirements and restrictions.  
And 62-550.512(3) for nitrate or nitrite exceedances.

\*\*See 62-550.550(4) for requirements and  
attach a results page for each site.

## SAMPLER CERTIFICATION

I, \_\_\_\_\_, \_\_\_\_\_, do HEREBY CERTIFY  
(Print Name) (Print Title)

that the above public water system and sample collection information is complete and correct.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Certified Operator #: \_\_\_\_\_ Phone #: \_\_\_\_\_ Sampler's Fax #: \_\_\_\_\_

Sampler's E-mail: \_\_\_\_\_

# Florida Department of Environmental Protection Safe Drinking Water Program Laboratory Reporting Format

## LABORATORY CERTIFICATION INFORMATION (to be completed by lab - please type or print legibly)

Lab Name: Pace Analytical Services, LLC Florida DOH Certification #: \_\_\_\_\_ Certification Expiration Date: \_\_\_\_\_

**ATTACH CURRENT DOH ANALYTE SHEET\***

Address: \_\_\_\_\_ Phone # \_\_\_\_\_

Were any analyses subcontracted?  Yes  No If yes, please provide DOH certification numbers(s): \_\_\_\_\_

**ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB\***

**ANALYSIS INFORMATION** (to be completed by lab) Date Sample(s) Received: 10/23/2023

PWS ID (From Page1): \_\_\_\_\_ Sample Number (From Page1): 35836367069 Lab Assigned Report # or Job ID: 35836367069

Group(s) Analyzed & Results attached for compliance with Chapter 62-550, F.A.C. (Check all that apply):

Inorganics	Synthetic Organics	Volatile Organics	Disinfection Byproducts	Radionuclides	Secondaries
<input type="checkbox"/> All Except Asbestos	<input type="checkbox"/> All 30	<input type="checkbox"/> All 21	<input type="checkbox"/> Trihalomethanes	<input type="checkbox"/> Single Sample	<input type="checkbox"/> All 14
<input checked="" type="checkbox"/> Partial	<input type="checkbox"/> All Except Dioxin	<input type="checkbox"/> Partial	<input type="checkbox"/> Haloacetic Acids	<input type="checkbox"/> Qtrly Composite**	<input checked="" type="checkbox"/> Partial
<input type="checkbox"/> Nitrate	<input type="checkbox"/> Partial		<input type="checkbox"/> Chlorite		
<input type="checkbox"/> Nitrite	<input type="checkbox"/> Dioxin Only		<input type="checkbox"/> Bromate		
<input type="checkbox"/> Asbestos					

## LAB CERTIFICATION

I, Martha Montero, \_\_\_\_\_, do HEREBY CERTIFY  
(Print Name) (Print Title)

that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).

Signature:  Date: 10/25/2023

\* Failure to provide a valid and current Florida DOH lab certification number and a current Analyte Sheet for the attached analysis results will result in rejection of the report, possible enforcement against the public water system for failure to sample, and may result in notification of the DOH Bureau of Laboratory Services.

\*\* Please provide radiological sample dates & locations for each quarter.

**CONFIRMATION & NOTIFICATION IS REQUIRED WITHIN 24 HRS FOR NITRATE OR NITRITE MCL EXCEEDANCES  
NON-DETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" QUALIFIER. (Non-detects reported as "BDL" or with a "<" are not acceptable.)**

## COMPLIANCE DETERMINATION (to be completed by DEP or DOH -- attach notes as necessary)

Sample Collection & Analysis Satisfactory:  Yes  No \_\_\_\_\_ Replacement Sample or Report Requested (circle or highlight group(s) above)

Person Notified: \_\_\_\_\_ Date Notified: \_\_\_\_\_ DEP/DOH Reviewing Official: \_\_\_\_\_

# Florida Department of Environmental Protection Safe Drinking Water Program Laboratory Reporting Format

INORGANIC CONTAMINANTS  
62-550.310(1)

Report Number / Job ID: 35836367069

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	<b>0.036</b>		EPA 200.8	0.00022	10/24/2023	18:21	E83079
1035	Mercury	0.002	mg/L							
1036	Nickel	0.1	mg/L							
1045	Selenium	0.05	mg/L							
1052	Sodium	160	mg/L							
1074	Antimony	0.006	mg/L							
1075	Beryllium	0.004	mg/L							
1085	Thallium	0.002	mg/L							
1094	Asbestos	7 MFL	MFL							

# Florida Department of Environmental Protection Safe Drinking Water Program Laboratory Reporting Format

SECONDARY CONTAMINANTS  
62-550.320

Report Number / Job ID: 35836367069

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	0.92		EPA 200.8	0.0093	10/24/2023	19:02	E83079
1025	Fluoride	2.0	mg/L							
1028	Iron	0.3	mg/L							
1032	Manganese	0.05	mg/L							
1050	Silver	0.1	mg/L							
1055	Sulfate	250	mg/L							
1095	Zinc	5	mg/L							
1905	Color	15	CU							
1920	Odor	3	TON							
1925	pH (field pH from page 1)	6.5 - 8.5								
1930	Total Dissolved Solids	500	mg/L							
2905	Foaming Agents	0.5	mg/L							

# Florida Department of Environmental Protection Safe Drinking Water Program Laboratory Reporting Format

**PUBLIC WATER SYSTEM INFORMATION** (to be completed by sampler - please type or print legibly)

System Name: \_\_\_\_\_ PWS I.D. #: \_\_\_\_\_  
System Type (check one):     Community                       Non-transient Non-community                       Transient Non-community  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ ZIP Code: \_\_\_\_\_  
Phone # \_\_\_\_\_ Fax #: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

**SAMPLE INFORMATION** (to be completed by sampler)

Sample Number: 35836367070      Sample Date: 10/21/2023      Sample Time: 10:44  AM  PM (Circle One)  
Sample Location (be specific): 39B-#292 Barren Spot      Location Code: \_\_\_\_\_  
Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): \_\_\_\_\_ mg/L      Field pH: \_\_\_\_\_

**Sample Type** (Check Only One) \_\_\_\_\_

- Distribution
- Entry Point (to Distribution)
- Plant Tap (not for compliance with 62-550)
- Raw (at well or intake)
- Max Residence Time
- Ave Residence Time
- Near First Customer

**Reason(s) for Sample** (Check all that apply) \_\_\_\_\_

- Routine Compliance with 62-550
- Confirmation of MCL Exceedance\*
- Confirmation of Multiple Sites\*\*
- Other: \_\_\_\_\_
- Replacement (of Invalidated Sample)
- Special (not for compliance with 62-550)
- Clearance (permitting)

Sampling Procedure Used or Other Comments: \_\_\_\_\_

\*See 62-550.500(6) for requirements and restrictions.  
And 62-550.512(3) for nitrate or nitrite exceedances.

\*\*See 62-550.550(4) for requirements and  
attach a results page for each site.

## SAMPLER CERTIFICATION

I, \_\_\_\_\_, \_\_\_\_\_, do HEREBY CERTIFY  
(Print Name) (Print Title)

that the above public water system and sample collection information is complete and correct.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Certified Operator #: \_\_\_\_\_ Phone #: \_\_\_\_\_ Sampler's Fax #: \_\_\_\_\_

Sampler's E-mail: \_\_\_\_\_

# Florida Department of Environmental Protection Safe Drinking Water Program Laboratory Reporting Format

## LABORATORY CERTIFICATION INFORMATION (to be completed by lab - please type or print legibly)

Lab Name: Pace Analytical Services, LLC Florida DOH Certification #: \_\_\_\_\_ Certification Expiration Date: \_\_\_\_\_

**ATTACH CURRENT DOH ANALYTE SHEET\***

Address: \_\_\_\_\_ Phone # \_\_\_\_\_

Were any analyses subcontracted?  Yes  No If yes, please provide DOH certification numbers(s): \_\_\_\_\_

**ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB\***

**ANALYSIS INFORMATION** (to be completed by lab) Date Sample(s) Received: 10/23/2023

PWS ID (From Page1): \_\_\_\_\_ Sample Number (From Page1): 35836367070 Lab Assigned Report # or Job ID: 35836367070

Group(s) Analyzed & Results attached for compliance with Chapter 62-550, F.A.C. (Check all that apply):

Inorganics	Synthetic Organics	Volatile Organics	Disinfection Byproducts	Radionuclides	Secondaries
<input type="checkbox"/> All Except Asbestos	<input type="checkbox"/> All 30	<input type="checkbox"/> All 21	<input type="checkbox"/> Trihalomethanes	<input type="checkbox"/> Single Sample	<input type="checkbox"/> All 14
<input checked="" type="checkbox"/> Partial	<input type="checkbox"/> All Except Dioxin	<input type="checkbox"/> Partial	<input type="checkbox"/> Haloacetic Acids	<input type="checkbox"/> Qtrly Composite**	<input checked="" type="checkbox"/> Partial
<input type="checkbox"/> Nitrate	<input type="checkbox"/> Partial		<input type="checkbox"/> Chlorite		
<input type="checkbox"/> Nitrite	<input type="checkbox"/> Dioxin Only		<input type="checkbox"/> Bromate		
<input type="checkbox"/> Asbestos					

## LAB CERTIFICATION

I, Martha Montero, \_\_\_\_\_, do HEREBY CERTIFY  
(Print Name) (Print Title)

that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).

Signature:  Date: 10/25/2023

\* Failure to provide a valid and current Florida DOH lab certification number and a current Analyte Sheet for the attached analysis results will result in rejection of the report, possible enforcement against the public water system for failure to sample, and may result in notification of the DOH Bureau of Laboratory Services.

\*\* Please provide radiological sample dates & locations for each quarter.

**CONFIRMATION & NOTIFICATION IS REQUIRED WITHIN 24 HRS FOR NITRATE OR NITRITE MCL EXCEEDANCES  
NON-DETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" QUALIFIER. (Non-detects reported as "BDL" or with a "<" are not acceptable.)**

## COMPLIANCE DETERMINATION (to be completed by DEP or DOH -- attach notes as necessary)

Sample Collection & Analysis Satisfactory:  Yes  No \_\_\_\_\_ Replacement Sample or Report Requested (circle or highlight group(s) above)

Person Notified: \_\_\_\_\_ Date Notified: \_\_\_\_\_ DEP/DOH Reviewing Official: \_\_\_\_\_

# Florida Department of Environmental Protection Safe Drinking Water Program Laboratory Reporting Format

INORGANIC CONTAMINANTS  
62-550.310(1)

Report Number / Job ID: 35836367070

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	0.0023		EPA 200.8	0.00022	10/24/2023	18:22	E83079
1035	Mercury	0.002	mg/L							
1036	Nickel	0.1	mg/L							
1045	Selenium	0.05	mg/L							
1052	Sodium	160	mg/L							
1074	Antimony	0.006	mg/L							
1075	Beryllium	0.004	mg/L							
1085	Thallium	0.002	mg/L							
1094	Asbestos	7 MFL	MFL							

# Florida Department of Environmental Protection Safe Drinking Water Program Laboratory Reporting Format

SECONDARY CONTAMINANTS  
62-550.320

Report Number / Job ID: 35836367070

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	0.040		EPA 200.8	0.00093	10/24/2023	18:22	E83079
1025	Fluoride	2.0	mg/L							
1028	Iron	0.3	mg/L							
1032	Manganese	0.05	mg/L							
1050	Silver	0.1	mg/L							
1055	Sulfate	250	mg/L							
1095	Zinc	5	mg/L							
1905	Color	15	CU							
1920	Odor	3	TON							
1925	pH (field pH from page 1)	6.5 - 8.5								
1930	Total Dissolved Solids	500	mg/L							
2905	Foaming Agents	0.5	mg/L							



# Florida Department of Environmental Protection Safe Drinking Water Program Laboratory Reporting Format

**PUBLIC WATER SYSTEM INFORMATION** (to be completed by sampler - please type or print legibly)

System Name: \_\_\_\_\_ PWS I.D. #: \_\_\_\_\_  
System Type (check one):     Community                       Non-transient Non-community                       Transient Non-community  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ ZIP Code: \_\_\_\_\_  
Phone # \_\_\_\_\_ Fax #: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

**SAMPLE INFORMATION** (to be completed by sampler)

Sample Number: 35836367071      Sample Date: 10/21/2023      Sample Time: 3:26      AM **(PM)** (Circle One)  
Sample Location (be specific): 21A-#238 Paradise/Adventure Hi      Location Code: \_\_\_\_\_  
Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): \_\_\_\_\_ mg/L      Field pH: \_\_\_\_\_

**Sample Type** (Check Only One) \_\_\_\_\_

- Distribution
- Entry Point (to Distribution)
- Plant Tap (not for compliance with 62-550)
- Raw (at well or intake)
- Max Residence Time
- Ave Residence Time
- Near First Customer

**Reason(s) for Sample** (Check all that apply) \_\_\_\_\_

- Routine Compliance with 62-550
- Confirmation of MCL Exceedance\*
- Confirmation of Multiple Sites\*\*
- Other: \_\_\_\_\_
- Replacement (of Invalidated Sample)
- Special (not for compliance with 62-550)
- Clearance (permitting)

Sampling Procedure Used or Other Comments: \_\_\_\_\_

\*See 62-550.500(6) for requirements and restrictions.  
And 62-550.512(3) for nitrate or nitrite exceedances.

\*\*See 62-550.550(4) for requirements and  
attach a results page for each site.

## SAMPLER CERTIFICATION

I, \_\_\_\_\_, \_\_\_\_\_, do HEREBY CERTIFY  
(Print Name) (Print Title)

that the above public water system and sample collection information is complete and correct.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Certified Operator #: \_\_\_\_\_ Phone #: \_\_\_\_\_ Sampler's Fax #: \_\_\_\_\_

Sampler's E-mail: \_\_\_\_\_

# Florida Department of Environmental Protection Safe Drinking Water Program Laboratory Reporting Format

**LABORATORY CERTIFICATION INFORMATION** (to be completed by lab - please type or print legibly)

Lab Name: Pace Analytical Services, LLC Florida DOH Certification #: \_\_\_\_\_ Certification Expiration Date: \_\_\_\_\_

**ATTACH CURRENT DOH ANALYTE SHEET\***

Address: \_\_\_\_\_ Phone # \_\_\_\_\_

Were any analyses subcontracted?  Yes  No If yes, please provide DOH certification numbers(s): \_\_\_\_\_

**ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB\***

**ANALYSIS INFORMATION** (to be completed by lab) Date Sample(s) Received: 10/23/2023

PWS ID (From Page1): \_\_\_\_\_ Sample Number (From Page1): 35836367071 Lab Assigned Report # or Job ID: 35836367071

Group(s) Analyzed & Results attached for compliance with Chapter 62-550, F.A.C. (Check all that apply):

Inorganics	Synthetic Organics	Volatile Organics	Disinfection Byproducts	Radionuclides	Secondaries
<input type="checkbox"/> All Except Asbestos	<input type="checkbox"/> All 30	<input type="checkbox"/> All 21	<input type="checkbox"/> Trihalomethanes	<input type="checkbox"/> Single Sample	<input type="checkbox"/> All 14
<input checked="" type="checkbox"/> Partial	<input type="checkbox"/> All Except Dioxin	<input type="checkbox"/> Partial	<input type="checkbox"/> Haloacetic Acids	<input type="checkbox"/> Qtrly Composite**	<input checked="" type="checkbox"/> Partial
<input type="checkbox"/> Nitrate	<input type="checkbox"/> Partial		<input type="checkbox"/> Chlorite		
<input type="checkbox"/> Nitrite	<input type="checkbox"/> Dioxin Only		<input type="checkbox"/> Bromate		
<input type="checkbox"/> Asbestos					

## LAB CERTIFICATION

I, Martha Montero, \_\_\_\_\_, do HEREBY CERTIFY  
 (Print Name) (Print Title) Project Manager

that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).

Signature:  Date: 10/25/2023

\* Failure to provide a valid and current Florida DOH lab certification number and a current Analyte Sheet for the attached analysis results will result in rejection of the report, possible enforcement against the public water system for failure to sample, and may result in notification of the DOH Bureau of Laboratory Services.

\*\* Please provide radiological sample dates & locations for each quarter.

**CONFIRMATION & NOTIFICATION IS REQUIRED WITHIN 24 HRS FOR NITRATE OR NITRITE MCL EXCEEDANCES  
NON-DETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" QUALIFIER. (Non-detects reported as "BDL" or with a "<" are not acceptable.)**

**COMPLIANCE DETERMINATION** (to be completed by DEP or DOH -- attach notes as necessary)

Sample Collection & Analysis Satisfactory:  Yes  No \_\_\_\_\_ Replacement Sample or Report Requested (circle or highlight group(s) above)

Person Notified: \_\_\_\_\_ Date Notified: \_\_\_\_\_ DEP/DOH Reviewing Official: \_\_\_\_\_

# Florida Department of Environmental Protection Safe Drinking Water Program Laboratory Reporting Format

INORGANIC CONTAMINANTS  
62-550.310(1)

Report Number / Job ID: 35836367071

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	<b>0.056</b>		EPA 200.8	0.00022	10/24/2023	18:23	E83079
1035	Mercury	0.002	mg/L							
1036	Nickel	0.1	mg/L							
1045	Selenium	0.05	mg/L							
1052	Sodium	160	mg/L							
1074	Antimony	0.006	mg/L							
1075	Beryllium	0.004	mg/L							
1085	Thallium	0.002	mg/L							
1094	Asbestos	7 MFL	MFL							

# Florida Department of Environmental Protection Safe Drinking Water Program Laboratory Reporting Format

SECONDARY CONTAMINANTS  
62-550.320

Report Number / Job ID: 35836367071

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	0.77		EPA 200.8	0.00093	10/24/2023	18:23	E83079
1025	Fluoride	2.0	mg/L							
1028	Iron	0.3	mg/L							
1032	Manganese	0.05	mg/L							
1050	Silver	0.1	mg/L							
1055	Sulfate	250	mg/L							
1095	Zinc	5	mg/L							
1905	Color	15	CU							
1920	Odor	3	TON							
1925	pH (field pH from page 1)	6.5 - 8.5								
1930	Total Dissolved Solids	500	mg/L							
2905	Foaming Agents	0.5	mg/L							

# Florida Department of Environmental Protection Safe Drinking Water Program Laboratory Reporting Format

## PUBLIC WATER SYSTEM INFORMATION (to be completed by sampler - please type or print legibly)

System Name: \_\_\_\_\_ PWS I.D. #: \_\_\_\_\_  
System Type (check one):  Community  Non-transient Non-community  Transient Non-community  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ ZIP Code: \_\_\_\_\_  
Phone # \_\_\_\_\_ Fax #: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

## SAMPLE INFORMATION (to be completed by sampler)

Sample Number: 35836367072 Sample Date: 10/21/2023 Sample Time: 3:36 AM  PM (Circle One)  
Sample Location (be specific): 21B-#238 Paradise/Adventure Hi Location Code: \_\_\_\_\_  
Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): \_\_\_\_\_ mg/L Field pH: \_\_\_\_\_

### Sample Type (Check Only One) \_\_\_\_\_

- Distribution
- Entry Point (to Distribution)
- Plant Tap (not for compliance with 62-550)
- Raw (at well or intake)
- Max Residence Time
- Ave Residence Time
- Near First Customer

### Reason(s) for Sample (Check all that apply) \_\_\_\_\_

- Routine Compliance with 62-550
- Confirmation of MCL Exceedance\*
- Confirmation of Multiple Sites\*\*
- Other: \_\_\_\_\_
- Replacement (of Invalidated Sample)
- Special (not for compliance with 62-550)
- Clearance (permitting)

Sampling Procedure Used or Other Comments: \_\_\_\_\_

\*See 62-550.500(6) for requirements and restrictions.  
And 62-550.512(3) for nitrate or nitrite exceedances.

\*\*See 62-550.550(4) for requirements and  
attach a results page for each site.

## SAMPLER CERTIFICATION

I, \_\_\_\_\_, \_\_\_\_\_, do HEREBY CERTIFY  
(Print Name) (Print Title)

that the above public water system and sample collection information is complete and correct.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Certified Operator #: \_\_\_\_\_ Phone #: \_\_\_\_\_ Sampler's Fax #: \_\_\_\_\_

Sampler's E-mail: \_\_\_\_\_

# Florida Department of Environmental Protection Safe Drinking Water Program Laboratory Reporting Format

**LABORATORY CERTIFICATION INFORMATION** (to be completed by lab - please type or print legibly)

Lab Name: Pace Analytical Services, LLC Florida DOH Certification #: \_\_\_\_\_ Certification Expiration Date: \_\_\_\_\_

**ATTACH CURRENT DOH ANALYTE SHEET\***

Address: \_\_\_\_\_ Phone # \_\_\_\_\_

Were any analyses subcontracted?  Yes  No If yes, please provide DOH certification numbers(s): \_\_\_\_\_

**ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB\***

**ANALYSIS INFORMATION** (to be completed by lab) Date Sample(s) Received: 10/23/2023

PWS ID (From Page1): \_\_\_\_\_ Sample Number (From Page1): 35836367072 Lab Assigned Report # or Job ID: 35836367072

Group(s) Analyzed & Results attached for compliance with Chapter 62-550, F.A.C. (Check all that apply):

Inorganics	Synthetic Organics	Volatile Organics	Disinfection Byproducts	Radionuclides	Secondaries
<input type="checkbox"/> All Except Asbestos	<input type="checkbox"/> All 30	<input type="checkbox"/> All 21	<input type="checkbox"/> Trihalomethanes	<input type="checkbox"/> Single Sample	<input type="checkbox"/> All 14
<input checked="" type="checkbox"/> Partial	<input type="checkbox"/> All Except Dioxin	<input type="checkbox"/> Partial	<input type="checkbox"/> Haloacetic Acids	<input type="checkbox"/> Qtrly Composite**	<input checked="" type="checkbox"/> Partial
<input type="checkbox"/> Nitrate	<input type="checkbox"/> Partial		<input type="checkbox"/> Chlorite		
<input type="checkbox"/> Nitrite	<input type="checkbox"/> Dioxin Only		<input type="checkbox"/> Bromate		
<input type="checkbox"/> Asbestos					

## LAB CERTIFICATION

I, Martha Montero, \_\_\_\_\_, do HEREBY CERTIFY  
 (Print Name) (Print Title) Project Manager

that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).

Signature:  Date: 10/25/2023

\* Failure to provide a valid and current Florida DOH lab certification number and a current Analyte Sheet for the attached analysis results will result in rejection of the report, possible enforcement against the public water system for failure to sample, and may result in notification of the DOH Bureau of Laboratory Services.

\*\* Please provide radiological sample dates & locations for each quarter.

**CONFIRMATION & NOTIFICATION IS REQUIRED WITHIN 24 HRS FOR NITRATE OR NITRITE MCL EXCEEDANCES  
NON-DETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" QUALIFIER. (Non-detects reported as "BDL" or with a "<" are not acceptable.)**

**COMPLIANCE DETERMINATION** (to be completed by DEP or DOH -- attach notes as necessary)

Sample Collection & Analysis Satisfactory:  Yes  No \_\_\_\_\_ Replacement Sample or Report Requested (circle or highlight group(s) above)

Person Notified: \_\_\_\_\_ Date Notified: \_\_\_\_\_ DEP/DOH Reviewing Official: \_\_\_\_\_

# Florida Department of Environmental Protection Safe Drinking Water Program Laboratory Reporting Format

INORGANIC CONTAMINANTS  
62-550.310(1)

Report Number / Job ID: 35836367072

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	0.00022	U	EPA 200.8	0.00022	10/24/2023	18:25	E83079
1035	Mercury	0.002	mg/L							
1036	Nickel	0.1	mg/L							
1045	Selenium	0.05	mg/L							
1052	Sodium	160	mg/L							
1074	Antimony	0.006	mg/L							
1075	Beryllium	0.004	mg/L							
1085	Thallium	0.002	mg/L							
1094	Asbestos	7 MFL	MFL							

# Florida Department of Environmental Protection Safe Drinking Water Program Laboratory Reporting Format

SECONDARY CONTAMINANTS  
62-550.320

Report Number / Job ID: 35836367072

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	0.0018		EPA 200.8	0.00093	10/24/2023	18:25	E83079
1025	Fluoride	2.0	mg/L							
1028	Iron	0.3	mg/L							
1032	Manganese	0.05	mg/L							
1050	Silver	0.1	mg/L							
1055	Sulfate	250	mg/L							
1095	Zinc	5	mg/L							
1905	Color	15	CU							
1920	Odor	3	TON							
1925	pH (field pH from page 1)	6.5 - 8.5								
1930	Total Dissolved Solids	500	mg/L							
2905	Foaming Agents	0.5	mg/L							



# Florida Department of Environmental Protection Safe Drinking Water Program Laboratory Reporting Format

**PUBLIC WATER SYSTEM INFORMATION** (to be completed by sampler - please type or print legibly)

System Name: \_\_\_\_\_ PWS I.D. #: \_\_\_\_\_  
System Type (check one):     Community                       Non-transient Non-community                       Transient Non-community  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ ZIP Code: \_\_\_\_\_  
Phone # \_\_\_\_\_ Fax #: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

**SAMPLE INFORMATION** (to be completed by sampler)

Sample Number: 35836367073      Sample Date: 10/21/2023      Sample Time: 7:39 AM PM (Circle One)  
Sample Location (be specific): 45A-#148 Sion Farm      Location Code: \_\_\_\_\_  
Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): \_\_\_\_\_ mg/L      Field pH: \_\_\_\_\_

**Sample Type** (Check Only One) \_\_\_\_\_

- Distribution
- Entry Point (to Distribution)
- Plant Tap (not for compliance with 62-550)
- Raw (at well or intake)
- Max Residence Time
- Ave Residence Time
- Near First Customer

**Reason(s) for Sample** (Check all that apply) \_\_\_\_\_

- Routine Compliance with 62-550
- Confirmation of MCL Exceedance\*
- Confirmation of Multiple Sites\*\*
- Other: \_\_\_\_\_
- Replacement (of Invalidated Sample)
- Special (not for compliance with 62-550)
- Clearance (permitting)

Sampling Procedure Used or Other Comments: \_\_\_\_\_

\*See 62-550.500(6) for requirements and restrictions.  
And 62-550.512(3) for nitrate or nitrite exceedances.

\*\*See 62-550.550(4) for requirements and  
attach a results page for each site.

## SAMPLER CERTIFICATION

I, \_\_\_\_\_, \_\_\_\_\_, do HEREBY CERTIFY  
(Print Name) (Print Title)

that the above public water system and sample collection information is complete and correct.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Certified Operator #: \_\_\_\_\_ Phone #: \_\_\_\_\_ Sampler's Fax #: \_\_\_\_\_

Sampler's E-mail: \_\_\_\_\_

# Florida Department of Environmental Protection Safe Drinking Water Program Laboratory Reporting Format

**LABORATORY CERTIFICATION INFORMATION** (to be completed by lab - please type or print legibly)

Lab Name: Pace Analytical Services, LLC Florida DOH Certification #: \_\_\_\_\_ Certification Expiration Date: \_\_\_\_\_

**ATTACH CURRENT DOH ANALYTE SHEET\***

Address: \_\_\_\_\_ Phone # \_\_\_\_\_

Were any analyses subcontracted?  Yes  No If yes, please provide DOH certification numbers(s): \_\_\_\_\_

**ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB\***

**ANALYSIS INFORMATION** (to be completed by lab) Date Sample(s) Received: 10/23/2023

PWS ID (From Page1): \_\_\_\_\_ Sample Number (From Page1): 35836367073 Lab Assigned Report # or Job ID: 35836367073

Group(s) Analyzed & Results attached for compliance with Chapter 62-550, F.A.C. (Check all that apply):

Inorganics	Synthetic Organics	Volatile Organics	Disinfection Byproducts	Radionuclides	Secondaries
<input type="checkbox"/> All Except Asbestos	<input type="checkbox"/> All 30	<input type="checkbox"/> All 21	<input type="checkbox"/> Trihalomethanes	<input type="checkbox"/> Single Sample	<input type="checkbox"/> All 14
<input checked="" type="checkbox"/> Partial	<input type="checkbox"/> All Except Dioxin	<input type="checkbox"/> Partial	<input type="checkbox"/> Haloacetic Acids	<input type="checkbox"/> Qtrly Composite**	<input checked="" type="checkbox"/> Partial
<input type="checkbox"/> Nitrate	<input type="checkbox"/> Partial		<input type="checkbox"/> Chlorite		
<input type="checkbox"/> Nitrite	<input type="checkbox"/> Dioxin Only		<input type="checkbox"/> Bromate		
<input type="checkbox"/> Asbestos					

## LAB CERTIFICATION

I, Martha Montero, \_\_\_\_\_, do HEREBY CERTIFY  
(Print Name) (Print Title)

that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).

Signature:  Date: 10/25/2023

\* Failure to provide a valid and current Florida DOH lab certification number and a current Analyte Sheet for the attached analysis results will result in rejection of the report, possible enforcement against the public water system for failure to sample, and may result in notification of the DOH Bureau of Laboratory Services.

\*\* Please provide radiological sample dates & locations for each quarter.

**CONFIRMATION & NOTIFICATION IS REQUIRED WITHIN 24 HRS FOR NITRATE OR NITRITE MCL EXCEEDANCES  
NON-DETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" QUALIFIER. (Non-detects reported as "BDL" or with a "<" are not acceptable.)**

**COMPLIANCE DETERMINATION** (to be completed by DEP or DOH -- attach notes as necessary)

Sample Collection & Analysis Satisfactory:  Yes  No \_\_\_\_\_ Replacement Sample or Report Requested (circle or highlight group(s) above)

Person Notified: \_\_\_\_\_ Date Notified: \_\_\_\_\_ DEP/DOH Reviewing Official: \_\_\_\_\_

# Florida Department of Environmental Protection Safe Drinking Water Program Laboratory Reporting Format

INORGANIC CONTAMINANTS  
62-550.310(1)

Report Number / Job ID: 35836367073

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	<b>0.018</b>		EPA 200.8	0.00022	10/24/2023	18:26	E83079
1035	Mercury	0.002	mg/L							
1036	Nickel	0.1	mg/L							
1045	Selenium	0.05	mg/L							
1052	Sodium	160	mg/L							
1074	Antimony	0.006	mg/L							
1075	Beryllium	0.004	mg/L							
1085	Thallium	0.002	mg/L							
1094	Asbestos	7 MFL	MFL							

# Florida Department of Environmental Protection Safe Drinking Water Program Laboratory Reporting Format

SECONDARY CONTAMINANTS  
62-550.320

Report Number / Job ID: 35836367073

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	1.7		EPA 200.8	0.0093	10/24/2023	19:03	E83079
1025	Fluoride	2.0	mg/L							
1028	Iron	0.3	mg/L							
1032	Manganese	0.05	mg/L							
1050	Silver	0.1	mg/L							
1055	Sulfate	250	mg/L							
1095	Zinc	5	mg/L							
1905	Color	15	CU							
1920	Odor	3	TON							
1925	pH (field pH from page 1)	6.5 - 8.5								
1930	Total Dissolved Solids	500	mg/L							
2905	Foaming Agents	0.5	mg/L							

# Florida Department of Environmental Protection Safe Drinking Water Program Laboratory Reporting Format

**PUBLIC WATER SYSTEM INFORMATION** (to be completed by sampler - please type or print legibly)

System Name: \_\_\_\_\_ PWS I.D. #: \_\_\_\_\_  
System Type (check one):     Community                       Non-transient Non-community                       Transient Non-community  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ ZIP Code: \_\_\_\_\_  
Phone # \_\_\_\_\_ Fax #: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

**SAMPLE INFORMATION** (to be completed by sampler)

Sample Number: 35836367074      Sample Date: 10/21/2023      Sample Time: 7:51 AM PM (Circle One)  
Sample Location (be specific): 45B-#148 Sion Farm      Location Code: \_\_\_\_\_  
Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): \_\_\_\_\_ mg/L      Field pH: \_\_\_\_\_

**Sample Type** (Check Only One) \_\_\_\_\_

- Distribution
- Entry Point (to Distribution)
- Plant Tap (not for compliance with 62-550)
- Raw (at well or intake)
- Max Residence Time
- Ave Residence Time
- Near First Customer

**Reason(s) for Sample** (Check all that apply) \_\_\_\_\_

- Routine Compliance with 62-550
- Confirmation of MCL Exceedance\*
- Confirmation of Multiple Sites\*\*
- Other: \_\_\_\_\_
- Replacement (of Invalidated Sample)
- Special (not for compliance with 62-550)
- Clearance (permitting)

Sampling Procedure Used or Other Comments: \_\_\_\_\_

\*See 62-550.500(6) for requirements and restrictions.  
And 62-550.512(3) for nitrate or nitrite exceedances.

\*\*See 62-550.550(4) for requirements and  
attach a results page for each site.

## SAMPLER CERTIFICATION

I, \_\_\_\_\_, \_\_\_\_\_, do HEREBY CERTIFY  
(Print Name) (Print Title)

that the above public water system and sample collection information is complete and correct.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Certified Operator #: \_\_\_\_\_ Phone #: \_\_\_\_\_ Sampler's Fax #: \_\_\_\_\_

Sampler's E-mail: \_\_\_\_\_

# Florida Department of Environmental Protection Safe Drinking Water Program Laboratory Reporting Format

**LABORATORY CERTIFICATION INFORMATION** (to be completed by lab - please type or print legibly)

Lab Name: Pace Analytical Services, LLC Florida DOH Certification #: \_\_\_\_\_ Certification Expiration Date: \_\_\_\_\_

**ATTACH CURRENT DOH ANALYTE SHEET\***

Address: \_\_\_\_\_ Phone # \_\_\_\_\_

Were any analyses subcontracted?  Yes  No If yes, please provide DOH certification numbers(s): \_\_\_\_\_

**ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB\***

**ANALYSIS INFORMATION** (to be completed by lab) Date Sample(s) Received: 10/23/2023

PWS ID (From Page1): \_\_\_\_\_ Sample Number (From Page1): 35836367074 Lab Assigned Report # or Job ID: 35836367074

Group(s) Analyzed & Results attached for compliance with Chapter 62-550, F.A.C. (Check all that apply):

Inorganics	Synthetic Organics	Volatile Organics	Disinfection Byproducts	Radionuclides	Secondaries
<input type="checkbox"/> All Except Asbestos	<input type="checkbox"/> All 30	<input type="checkbox"/> All 21	<input type="checkbox"/> Trihalomethanes	<input type="checkbox"/> Single Sample	<input type="checkbox"/> All 14
<input checked="" type="checkbox"/> Partial	<input type="checkbox"/> All Except Dioxin	<input type="checkbox"/> Partial	<input type="checkbox"/> Haloacetic Acids	<input type="checkbox"/> Qtrly Composite**	<input checked="" type="checkbox"/> Partial
<input type="checkbox"/> Nitrate	<input type="checkbox"/> Partial		<input type="checkbox"/> Chlorite		
<input type="checkbox"/> Nitrite	<input type="checkbox"/> Dioxin Only		<input type="checkbox"/> Bromate		
<input type="checkbox"/> Asbestos					

## LAB CERTIFICATION

I, Martha Montero, \_\_\_\_\_, do HEREBY CERTIFY  
 (Print Name) (Print Title) Project Manager

that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).

Signature:  Date: 10/25/2023

\* Failure to provide a valid and current Florida DOH lab certification number and a current Analyte Sheet for the attached analysis results will result in rejection of the report, possible enforcement against the public water system for failure to sample, and may result in notification of the DOH Bureau of Laboratory Services.

\*\* Please provide radiological sample dates & locations for each quarter.

**CONFIRMATION & NOTIFICATION IS REQUIRED WITHIN 24 HRS FOR NITRATE OR NITRITE MCL EXCEEDANCES  
NON-DETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" QUALIFIER. (Non-detects reported as "BDL" or with a "<" are not acceptable.)**

**COMPLIANCE DETERMINATION** (to be completed by DEP or DOH -- attach notes as necessary)

Sample Collection & Analysis Satisfactory:  Yes  No \_\_\_\_\_ Replacement Sample or Report Requested (circle or highlight group(s) above)

Person Notified: \_\_\_\_\_ Date Notified: \_\_\_\_\_ DEP/DOH Reviewing Official: \_\_\_\_\_

# Florida Department of Environmental Protection Safe Drinking Water Program Laboratory Reporting Format

INORGANIC CONTAMINANTS  
62-550.310(1)

Report Number / Job ID: 35836367074

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	0.00039 J	I	EPA 200.8	0.00022	10/24/2023	18:28	E83079
1035	Mercury	0.002	mg/L							
1036	Nickel	0.1	mg/L							
1045	Selenium	0.05	mg/L							
1052	Sodium	160	mg/L							
1074	Antimony	0.006	mg/L							
1075	Beryllium	0.004	mg/L							
1085	Thallium	0.002	mg/L							
1094	Asbestos	7 MFL	MFL							

# Florida Department of Environmental Protection Safe Drinking Water Program Laboratory Reporting Format

SECONDARY CONTAMINANTS  
62-550.320

Report Number / Job ID: 35836367074

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	0.0024		EPA 200.8	0.00093	10/24/2023	18:28	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							