PUBLIC WATER SYSTEM INFORMATION (to be com	pleted 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: <u>35836367001</u>	Sample Date: <u>10/21/2023</u> Sample Time	e: <u>7:45</u> (Circle One
Sample Location (be specific): 009A-#179 Hannah's Re	st	Location Code:
Disinfectant Residual (Required when reporting results for trihal	omethanes and haloacetic acids): mg/L Field pH:	
Sample Type (Check Only One)	Reason(s) for Sample (Che	ck all that apply)
Distribution	Routine Compliance with 62-550	Replacement (of Invalidated Sample)
Entry Point (to Distribution)	Confirmation of MCL Exceedance*	Special (not for compliance with 62-550)
Plant Tap (not for compliance with 62-550)	Confirmation of Multiple Sites**	Clearance (permitting)
Raw (at well or intake)	Other:	
Max Residence Time	Sampling Procedure Used or Other Comments:	
Ave Residence Time		
Near First Customer		
	*See 62-550.500(6) for requirements and restrictions. And 62-550.512(3) for nitrate or nitrite exceedances.	**See 62-550.550(4) for requirements and attach a results page for each site.
	SAMPLER CERTIFICATION	
l,		, do HEREBY CERTIFY
(Print Name)	(Print Title)	
that the above public water system and sample collection	on information is complete and correct.	
Signature:	Date:	
Certified Operator #:Phone #:	Sampler's Fax #:	
Sampler's E-mail:		
porting Format 62-550.730		

LABORATORY CERTIFICATION INFORMATION	(to be completed by lab -	please type or print legibly)
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Lab Name: Pace Analytical Services, LLC	Florida DOH Certification #:		Certification Expiration [Date:
		ATTACH CURRENT DOH	ANALYTE SHEET*	
Address:		Phone #		
Were any analyses subcontracted?	s X No If yes, please provide D	OH certification numbers(s):	
			SHEET FOR EACH SUBCO	NTRACTED LAB*
ANALYSIS INFORMATION (to be completed	by lab) Date Sample(s) Rec	eived: 10/23/2023		
PWS ID (From Page1):	Sample Number (Fro	m Page1): <u>35836367001</u>	Lab Assigned Report # or .	Job ID: <u>35836367001</u>
Group(s) Analyzed & Results attached for cor	npliance with Chapter 62-550, F.A.C	C. (Check all that apply):		
Inorganics Synthetic Organ All Except Asbestos All 30 X Partial All Except Nitrate Partial	All 21	Disinfection Byproducts Trihalomethanes Haloacetic Acids Chlorite	Radionuclides Single Sample Qtrly Composite**	Secondaries All 14 X Partial
Nitrite Dioxin Onl	4	Bromate		
Asbestos				
	LAB CER	TIFICATION		
I, Martha Montero	·,	Project M	0	_, do HEREBY CERTIFY
(Print Name)		(Print 1	īitle)	
that all attached analytical data are correct and un	ess noted meet all requirements of the I	National Environmental Labo	ratory Accreditation Converence	ce (NELAC).
Signature:	the monto	Date:	10/25/2023	6
 * Failure to provide a valid and current Florida DC possible enforcement against the public water s ** Please provide radiological sample dates & local 	DH lab certification number and a current ystem for failture to sample, and may res	-	-	
	ON & NOTIFICATION IS REQUIRED WITH			
NON-DETECTS ARE TO BE	REPORTED AS THE MDL WITH A "U" QUA	LIFIER. (Non-detects reported	I as "BDL" or with a "<" are not a	acceptable.)
COMPLIANCE DETERMINATION (to be con	pleted by DEP or DOH attach not	es as necessary)		
Sample Collection & Analysis Satisfactory:	Yes No	Replacement Sampl	e or Report Requested (circle	e or highlight group(s) above)
Person Notified:	Date Notified:	DEP/DOH Rev	viewing Official:	
Reporting Format 62-550.730 Effective January 1995, Revised December 2012	Pa	ge 2 of 4		

INORGANIC CONTAMINANTS 62-550.310(1)

Report Number / Job ID: 35836367001

PWS ID (From Page 1):

						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	0.041		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								

SECONDARY CONTAMINANTS 62-550.320

Report Number / Job ID: 35836367001

PWS ID (From Page 1):

a 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							

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 sam	pler)	
Sample Number: <u>35836367002</u>	Sample Date: <u>10/21/2023</u> Sample Time	: <u>7:58</u> (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)	Reason(s) for Sample (Chee	ck all that apply)
Distribution	Routine Compliance with 62-550	Replacement (of Invalidated Sample)
Entry Point (to Distribution)	Confirmation of MCL Exceedance*	Special (not for compliance with 62-550)
Plant Tap (not for compliance with 62-550)	Confirmation of Multiple Sites**	Clearance (permitting)
Raw (at well or intake)	Other:	
Max Residence Time	Sampling Procedure Used or Other Comments:	
Ave Residence Time		
Near First Customer		
	*See 62-550.500(6) for requirements and restrictions. And 62-550.512(3) for nitrate or nitrite exceedances.	**See 62-550.550(4) for requirements and attach a results page for each site.
	SAMPLER CERTIFICATION	
l,		, do HEREBY CERTIFY
(Print Name)	(Print Title)	
that the above public water system and sample coll	ection information is complete and correct.	
Signature:	Date:	
Certified Operator #:Phone #:	Sampler's Fax #:	
Sampler's E-mail:		
porting Format 62-550.730		

LABORATORY CERTIFICATION INFORMATION	l (to be complet	ed by lab - plea	ase type or print legibly)
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Lab Name: Pace Analytic	al Services, LLCFlorida DOH Certification #	! :	Certification Expiration D	ate:
		ATTACH CURRENT DOH AN	IALYTE SHEET*	
Address:		Phone #		
Were any analyses subcor	ntracted? Yes X No If yes, please provide	DOH certification numbers(s):		
		ATTACH DOH ANALYTE SH		TRACTED LAB*
ANALYSIS INFORMATIO	N (to be completed by lab) Date Sample(s) Re	eceived: <u>10/23/2023</u>		
PWS ID (From Page1):	Sample Number (F	From Page1): <u>35836367002</u> La	b Assigned Report # or J	ob ID: <u>35836367002</u>
Group(s) Analyzed & Resu	Its attached for compliance with Chapter 62-550, F.A	A.C. (Check all that apply):		
Inorganics	Synthetic Organics Volatile Organics	Disinfection Byproducts	Radionuclides	Secondaries
All Except Asbestos	All 30 All 21	Trihalomethanes	Single Sample	All 14
X Partial	All Except Dioxin Partial	Haloacetic Acids	Qtrly Composite**	X Partial
Nitrate	Partial			
	Dioxin Only	Bromate		
Asbestos				
	LAB CE	RTIFICATION		
l,	Martha Montero,	Project Mana	0	_, do HEREBY CERTIFY
	(Print Name)	(Print Title	2)	
that all attached analytical dat	ta are correct and unless noted meet all requirements of the	e National Environmental Laborato	ory Accreditation Converence	e (NELAC).
Signature:	March monto	Date:	10/25/2023	
possible enforcement agair	nd current Florida DOH lab certification number and a currents the public water system for failture to sample, and may sample dates & locations for each quarter.			
	CONFIRMATION & NOTIFICATION IS REQUIRED WIT			
NON-L	DETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" Q	UALIFIER. (Non-detects reported as	"BDL" or with a "<" are not a	cceptable.)
COMPLIANCE DETERMIN	NATION (to be completed by DEP or DOH attach n	otes as necessary)		
Sample Collection & Analy	rsis Satisfactory: Yes No	Replacement Sample of	r Report Requested (circle	or highlight group(s) above)
Person Notified:	Date Notified:	DEP/DOH Review	ving Official:	
Reporting Format 62-550.730 Effective January 1995, Revised De	cember 2012 F	Page 2 of 4		

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							

SECONDARY CONTAMINANTS 62-550.320

Report Number / Job ID: 35836367002

PWS ID (From Page 1):

				i		1	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							

System Name:		PWS I.D. #:
System Type (check one): Community		Transient Non-community
Address:		
Sity:		:
Phone #Fax #:		
SAMPLE INFORMATION (to be completed by sampler)		
Sample Number: <u>35836367003</u> Sa	ample Date: <u>10/21/2023</u> Samp	le Time: <u>8:07</u> (Circle On
ample Location (be specific): 008A-#80 Hannah's Rest		
isinfectant Residual (Required when reporting results for trihalome	ethanes and haloacetic acids): mg/L Field p	H:
ample Type (Check Only One)	Reason(s) for Samp	le (Check all that apply)
Distribution	Routine Compliance with 62-550	Replacement (of Invalidated Sample)
Entry Point (to Distribution)	Confirmation of MCL Exceedance*	Special (not for compliance with 62-550
Plant Tap (not for compliance with 62-550)	Confirmation of Multiple Sites**	Clearance (permitting)
Raw (at well or intake)	Other:	
Max Residence Time	Sampling Procedure Used or Other Con	iments:
Ave Residence Time		
Near First Customer		
	*See 62-550.500(6) for requirements and res And 62-550.512(3) for nitrate or nitrite excee	
	SAMPLER CERTIFICATION	
	,,	, do HEREBY CERTIFY
(Print Name)	(Prin	t Title)
nat the above public water system and sample collection i	information is complete and correct.	
ignature:	Date:	
Certified Operator #:Phone #:	Sampler's Fa	ax #:
ampler's E-mail:		

LABORATORY CERTIFICATION INFORMATION	(to be completed	by lab -	please type or	r print legibly)
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Lab Name: Pace Analytic	al Services, LLC Florida DOH Certification #:		_Certification Expiration	Date:		
		ATTACH CURRENT DOH	ANALYTE SHEET*			
Address:		Phone #				
Were any analyses subcon	tracted? Yes X No If yes, please provide D	OOH certification numbers(s)	:			
			SHEET FOR EACH SUBCO	NTRACTED LAB*		
ANALYSIS INFORMATION	I (to be completed by lab) Date Sample(s) Re	ceived: <u>10/23/2023</u>				
PWS ID (From Page1):	Sample Number (Fr	om Page1): <u>35836367003</u> L	ab Assigned Report # or .	lob ID: <u>35836367003</u>		
Group(s) Analyzed & Resu	Its attached for compliance with Chapter 62-550, F.A.	C. (Check all that apply):				
Inorganics All Except Asbestos	Synthetic Organics Volatile Organics All 30 All 21	Disinfection Byproducts	Radionuclides	Secondaries		
X Partial	All Except Dioxin Partial	Haloacetic Acids	Qtrly Composite**	X Partial		
Nitrate	Partial	Chlorite				
Nitrite	Dioxin Only	Bromate				
Asbestos						
	LAB CEF	RTIFICATION				
I,	Martha Montero,	Project Mar	_, do HEREBY CERTIFY			
	(Print Name)	(Print Title)				
that all attached analytical dat	a are correct and unless noted meet all requirements of the	National Environmental Labora	tory Accreditation Converence	ce (NELAC).		
Signature:	Maith monto	Date:	10/25/2023			
possible enforcement agair	nd current Florida DOH lab certification number and a curren not the public water system for failture to sample, and may re sample dates & locations for each quarter.					
	CONFIRMATION & NOTIFICATION IS REQUIRED WITH					
NON-D	ETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" QU	ALIFIER. (Non-detects reported a	IS BUL OF WITH a < are not a	acceptable.)		
COMPLIANCE DETERMIN	IATION (to be completed by DEP or DOH attach no	otes as necessary)				
Sample Collection & Analy	sis Satisfactory: Yes No	Replacement Sample	or Report Requested (circle	e or highlight group(s) above)		
Person Notified:	Date Notified:	DEP/DOH Revie	wing Official:			
Reporting Format 62-550.730 Effective January 1995, Revised Dec	cember 2012 Pa	age 2 of 4				

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	0.16		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							

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							

PUBLIC WATER SYSTEM INFORMATION (to be comp	leted 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: <u>35836367004</u>	Sample Date: <u>10/21/2023</u> Sample Tin	ne: <u>8:20</u> (AM) PM (Circle One
Sample Location (be specific): 008B-#80 Hannah's Rest		Location Code:
Disinfectant Residual (Required when reporting results for trihalo	methanes and haloacetic acids): mg/L Field pH: _	
Sample Type (Check Only One)	Reason(s) for Sample (Ch	heck all that apply)
Distribution	Routine Compliance with 62-550	Replacement (of Invalidated Sample)
Entry Point (to Distribution)	Confirmation of MCL Exceedance*	Special (not for compliance with 62-550)
Plant Tap (not for compliance with 62-550)	Confirmation of Multiple Sites**	Clearance (permitting)
Raw (at well or intake)	Other:	
Max Residence Time	Sampling Procedure Used or Other Comments	s:
Ave Residence Time		
Near First Customer		
	*See 62-550.500(6) for requirements and restriction And 62-550.512(3) for nitrate or nitrite exceedances	
	SAMPLER CERTIFICATION	
l,	,	, do HEREBY CERTIFY
(Print Name)	(Print Title	÷)
that the above public water system and sample collection	n information is complete and correct.	
Signature:	Date:	
Certified Operator #:Phone #:	Sampler's Fax #:	
Sampler's E-mail:		
porting Format 62-550.730		

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

Lab Name: Pace Analytic	al Services, LLC Florida DOH Certification #:		_Certification Expiration	Date:		
		ATTACH CURRENT DOH A	ANALYTE SHEET*			
Address:		Phone #				
Were any analyses subcon	tracted? Yes X No If yes, please provide D	OOH certification numbers(s)	:			
			SHEET FOR EACH SUBCO	NTRACTED LAB*		
ANALYSIS INFORMATIO	I (to be completed by lab) Date Sample(s) Re	ceived: <u>10/23/2023</u>				
PWS ID (From Page1):	Sample Number (Fr	om Page1): <u>35836367004</u> L	ab Assigned Report # or .	lob ID: <u>35836367004</u>		
Group(s) Analyzed & Resu	Its attached for compliance with Chapter 62-550, F.A.	C. (Check all that apply):				
Inorganics	Synthetic Organics Volatile Organics All 30 All 21	Disinfection Byproducts	Radionuclides	Secondaries All 14		
X Partial	All Except Dioxin Partial	Haloacetic Acids	Qtrly Composite**	X Partial		
Nitrate	Partial	Chlorite				
Nitrite	Dioxin Only	Bromate				
Asbestos						
	LAB CEF	RTIFICATION				
I,	Martha Montero,	Project Mar	_, do HEREBY CERTIFY			
	(Print Name)	(Print Title)				
that all attached analytical dat	a are correct and unless noted meet all requirements of the	National Environmental Labora	tory Accreditation Converence	ce (NELAC).		
Signature:	Martha Monto	Date:	10/25/2023			
possible enforcement agair	nd current Florida DOH lab certification number and a curren not the public water system for failture to sample, and may re sample dates & locations for each quarter.					
	CONFIRMATION & NOTIFICATION IS REQUIRED WITH					
NON-D	ETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" QU	ALIFIER. (Non-detects reported a	IS DDL OF WILL A < Are not a	acceptable.)		
COMPLIANCE DETERMIN	IATION (to be completed by DEP or DOH attach no	otes as necessary)				
Sample Collection & Analy	sis Satisfactory: Yes No	Replacement Sample	or Report Requested (circle	e or highlight group(s) above)		
Person Notified:	Date Notified:	DEP/DOH Revie	ewing Official:			
Reporting Format 62-550.730 Effective January 1995, Revised Dec	cember 2012 Pa	age 2 of 4				

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							

SECONDARY CONTAMINANTS 62-550.320

Report Number / Job ID: 35836367004

PWS ID (From Page 1):

				i			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							

Page 4 of 4

PUBLIC WATER SYSTEM INFORMATION (to be co	mpleted by sampler - please type or print legibly)	
System Name:		PWS I.D. #:
System Type (check one):	Non-transient Non-community	Transient Non-community
Address:		
City:	ZIP Code:	
Phone #Fax #:	E-Mail Address:	
SAMPLE INFORMATION (to be completed by sample	er)	
Sample Number: <u>35836367005</u>	Sample Date: <u>10/21/2023</u> Sample Time	e: <u>8:32</u> (AM) PM (Circle One
Sample Location (be specific): 010A-4C White Lady		
Disinfectant Residual (Required when reporting results for trib	nalomethanes and haloacetic acids): mg/L Field pH:	
Sample Type (Check Only One)	Reason(s) for Sample (Che	eck all that apply)
Distribution	Routine Compliance with 62-550	Replacement (of Invalidated Sample)
Entry Point (to Distribution)	Confirmation of MCL Exceedance*	Special (not for compliance with 62-550)
Plant Tap (not for compliance with 62-550)	Confirmation of Multiple Sites**	Clearance (permitting)
Raw (at well or intake)	Other:	
Max Residence Time	Sampling Procedure Used or Other Comments:	
Ave Residence Time		
Near First Customer		
	*See 62-550.500(6) for requirements and restrictions. And 62-550.512(3) for nitrate or nitrite exceedances.	. **See 62-550.550(4) for requirements and attach a results page for each site.
	SAMPLER CERTIFICATION	
l,	,	, do HEREBY CERTIFY
(Print Name)	(Print Title)	
that the above public water system and sample collect	tion information is complete and correct.	
Signature:	Date:	
Certified Operator #:Phone #:	Sampler's Fax #:	
Sampler's E-mail:		
porting Format 62-550.730		

LABORATORY CERTIFICATION INFORMATION	I (to be completed by	by lab - please type or print legit	oly)
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Lab Name: Pace Analytic	al Services, LLC Florida DOH Certification #:		Certification Expiration I	Date:		
		ATTACH CURRENT DOH	ANALYTE SHEET*			
Address:		Phone #				
Were any analyses subcon	tracted? Yes X No If yes, please provide D	OH certification numbers(s):			
			SHEET FOR EACH SUBCO	NTRACTED LAB*		
ANALYSIS INFORMATIO	N (to be completed by lab) Date Sample(s) Rec	ceived: 10/23/2023				
PWS ID (From Page1):	Sample Number (Fro	om Page1): <u>35836367005</u>	_Lab Assigned Report # or .	Job ID: <u>35836367005</u>		
Group(s) Analyzed & Resu	Its attached for compliance with Chapter 62-550, F.A.C	C. (Check all that apply):				
Inorganics	Synthetic Organics Volatile Organics	Disinfection Byproducts	Radionuclides	Secondaries		
All Except Asbestos	All 30 All 21	Trihalomethanes	Single Sample	All 14		
X Partial	All Except Dioxin Partial	Haloacetic Acids	Qtrly Composite**	X Partial		
Nitrate	Partial	Chlorite				
Nitrite	Dioxin Only	Bromate				
Asbestos						
	LAB CER	TIFICATION				
I,	Martha Montero	Project M	_, do HEREBY CERTIFY			
	(Print Name)	(Print Title)				
that all attached analytical dat	a are correct and unless noted meet all requirements of the	National Environmental Labo	ratory Accreditation Converen	ce (NELAC).		
Signature:	Martha Monto	Date:	10/25/2023	3		
possible enforcement agair	nd current Florida DOH lab certification number and a curren nst the public water system for failture to sample, and may re sample dates & locations for each quarter.					
	CONFIRMATION & NOTIFICATION IS REQUIRED WITH		-			
NON-D	ETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" QUA	ALIFIER. (Non-detects reported	as "BDL" or with a "<" are not a	acceptable.)		
COMPLIANCE DETERMIN	NATION (to be completed by DEP or DOH attach not	tes as necessary)				
Sample Collection & Analy	sis Satisfactory: Yes No	Replacement Sampl	e or Report Requested (circl	e or highlight group(s) above)		
Person Notified:	Date Notified:	DEP/DOH Rev	viewing Official:			
Reporting Format 62-550.730 Effective January 1995, Revised Dec	cember 2012 Pa	ge 2 of 4				

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	0.11		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							

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							

PUBLIC WATER SYSTEM INFORMATION (to be	completed by sampler - please type or print legibly)	
System Name:		PWS I.D. #:
System Type (check one):	Non-transient Non-community	Transient Non-community
Address:		
City:	ZIP Code:	
Phone #Fax #:	E-Mail Address:	
SAMPLE INFORMATION (to be completed by sam	pler)	
Sample Number: <u>35836367006</u>	Sample Date: <u>10/21/2023</u> Sample Tim	ne: <u>8:45</u> (AM) PM (Circle One
Sample Location (be specific): 010B-4C White Lady	/	
Disinfectant Residual (Required when reporting results for	trihalomethanes and haloacetic acids): mg/L Field pH:	
Sample Type (Check Only One)	Reason(s) for Sample (Ch	neck all that apply)
Distribution	Routine Compliance with 62-550	Replacement (of Invalidated Sample)
Entry Point (to Distribution)	Confirmation of MCL Exceedance*	Special (not for compliance with 62-550)
Plant Tap (not for compliance with 62-550)	Confirmation of Multiple Sites**	Clearance (permitting)
Raw (at well or intake)	Other:	
Max Residence Time	Sampling Procedure Used or Other Comments	s:
Ave Residence Time		
Near First Customer		
	*See 62-550.500(6) for requirements and restriction: And 62-550.512(3) for nitrate or nitrite exceedances	
	SAMPLER CERTIFICATION	
۶	,	, do HEREBY CERTIFY
(Print Name)	(Print Title	·)
hat the above public water system and sample coll	ection information is complete and correct.	
Signature:	Date:	
Certified Operator #:Phone #:	Sampler's Fax #:	
Sampler's E-mail:		
porting Format 62-550.730		

LABORATORY CERTIFICATION INFORMATION	I (to be completed by	by lab - please type or print legit	oly)
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Lab Name: Pace Analytical Services, LLC Florida DOH Certific	cation #:Certification Expiration Date:
	ATTACH CURRENT DOH ANALYTE SHEET*
Address:	Phone #
Were any analyses subcontracted? Yes X No If yes, please p	provide DOH certification numbers(s):
	ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB*
ANALYSIS INFORMATION (to be completed by lab) Date Samp	le(s) Received: _10/23/2023
PWS ID (From Page1):Sample Nu	mber (From Page1): <u>35836367006</u> Lab Assigned Report # or Job ID: <u>35836367006</u>
Group(s) Analyzed & Results attached for compliance with Chapter 62-5	50, F.A.C. (Check all that apply):
Inorganics Synthetic Organics Volatile Organics	Disinfection Byproducts Radionuclides Secondaries
All Except Asbestos All 30 All 21	Trihalomethanes Single Sample All 14
X Partial All Except Dioxin Partial	Haloacetic Acids Qtrly Composite** X Partial
Nitrate Partial	Chlorite
Nitrite Dioxin Only	Bromate
Asbestos	
LA	AB 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 requirement	nts of the National Environmental Laboratory Accreditation Converence (NELAC).
Signature:	Date: 10/25/2023
 * Failure to provide a valid and current Florida DOH lab certification number and possible enforcement against the public water system for failture to sample, an ** Please provide radiological sample dates & locations for each quarter. 	a current Analyte Sheet for the attached analysis results will result in rejection of the report, nd may result in notification of the DOH Bureau of Laboratory Services.
	RED WITHIN 24 HRS FOR NITRATE OR NITRITE MCL EXCEEDANCES
	A "U" QUALIFIER. (Non-detects reported as "BDL" or with a "<" are not acceptable.)
COMPLIANCE DETERMINATION (to be completed by DEP or DOH a	ttach notes as necessary)
Sample Collection & Analysis Satisfactory: Yes No	Replacement Sample or Report Requested (circle or highlight group(s) above)
Person Notified:Date Notified	d:DEP/DOH Reviewing Official:
eporting Format 62-550.730	Dage 2 of 4

R Effective January 1995, Revised December 2012

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							

SECONDARY CONTAMINANTS 62-550.320

Report Number / Job ID: 35836367006

PWS ID (From Page 1):

								<u> </u>		
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							

Page 4 of 4

PUBLIC WATER SYSTEM INFORMATION (to be cor	npleted 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 sample	r)	
Sample Number: <u>35836367007</u>	_Sample Date: <u>10/21/2023</u> Sample T	⊺ime: <u>8:56</u> (AM) PM (Circle One
Sample Location (be specific): 007A-Vet by One Love		
Disinfectant Residual (Required when reporting results for triba	alomethanes and haloacetic acids): mg/L Field pH:	
Sample Type (Check Only One)	Reason(s) for Sample (Check all that apply)
Distribution	Routine Compliance with 62-550	Replacement (of Invalidated Sample)
Entry Point (to Distribution)	Confirmation of MCL Exceedance*	Special (not for compliance with 62-550)
Plant Tap (not for compliance with 62-550)	Confirmation of Multiple Sites**	Clearance (permitting)
Raw (at well or intake)	Other:	
Max Residence Time	Sampling Procedure Used or Other Commen	nts:
Ave Residence Time		
Near First Customer		
	*See 62-550.500(6) for requirements and restriction And 62-550.512(3) for nitrate or nitrite exceedance	
	SAMPLER CERTIFICATION	
I,	,	, do HEREBY CERTIFY
(Print Name)	(Print Tit	ile)
that the above public water system and sample collect	ion information is complete and correct.	
Signature:	Date:	
Certified Operator #:Phone #:	Sampler's Fax #	t:
Sampler's E-mail:		
porting Format 62-550.730		

LABORATORY CERTIFICATION INFORMATION	(to be completed	by lab -	please type or	r print legibly)
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Lab Name: Pace Analytica	al Services, LLC Florida DOH Certification #:		_Certification Expiration E	Date:		
		ATTACH CURRENT DOH A	NALYTE SHEET*			
Address:		Phone #				
Were any analyses subcon	tracted? 🔄 Yes 🔀 No If yes, please provide D	OH certification numbers(s):	:			
			SHEET FOR EACH SUBCON	NTRACTED LAB*		
ANALYSIS INFORMATION	(to be completed by lab) Date Sample(s) Rec	ceived: 10/23/2023				
PWS ID (From Page1):	Sample Number (Fro	om Page1): <u>35836367007</u> La	ab Assigned Report # or J	ob ID: <u>35836367007</u>		
Group(s) Analyzed & Resul	ts attached for compliance with Chapter 62-550, F.A.	C. (Check all that apply):				
Inorganics All Except Asbestos	Synthetic Organics Volatile Organics All 30 All 21	Disinfection Byproducts	Radionuclides	Secondaries		
X Partial	All Except Dioxin Partial	Haloacetic Acids	Qtrly Composite**	X Partial		
Nitrate	Partial	Chlorite				
Nitrite	Dioxin Only	Bromate				
Asbestos						
		RTIFICATION				
I,	Martha Montero,	Project Mar	0	_, do HEREBY CERTIFY		
	(Print Name)	(Print Title)				
that all attached analytical data	a are correct and unless noted meet all requirements of the	National Environmental Labora	tory Accreditation Converence	e (NELAC).		
Signature:	Marth Monto	Date:	10/25/2023			
possible enforcement again	d current Florida DOH lab certification number and a curren st the public water system for failture to sample, and may re sample dates & locations for each quarter.					
	CONFIRMATION & NOTIFICATION IS REQUIRED WITH					
NON-D	ETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" QU/	ALIFIER. (Non-detects reported a	s "BDL" or with a "<" are not a	icceptable.)		
COMPLIANCE DETERMIN	IATION (to be completed by DEP or DOH attach no	tes as necessary)				
Sample Collection & Analys	sis Satisfactory: Yes No	Replacement Sample	or Report Requested (circle	e or highlight group(s) above)		
Person Notified:	Date Notified:	DEP/DOH Revie	wing Official:			
Reporting Format 62-550.730 Effective January 1995, Revised Dec	ember 2012 Pa	age 2 of 4				

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	0.090		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							

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							

PUBLIC WATER SYSTEM INFORMATION (to be cor	npleted 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 sample	r)	
Sample Number: <u>35836367008</u>	_Sample Date: <u>10/21/2023</u> Sample T	Fime: <u>9:09</u> (Circle One
Sample Location (be specific): 007B-Vet by One Love		
Disinfectant Residual (Required when reporting results for triha	alomethanes and haloacetic acids): mg/L Field pH:	
Sample Type (Check Only One)	Reason(s) for Sample (Check all that apply)
Distribution	Routine Compliance with 62-550	Replacement (of Invalidated Sample)
Entry Point (to Distribution)	Confirmation of MCL Exceedance*	Special (not for compliance with 62-550)
Plant Tap (not for compliance with 62-550)	Confirmation of Multiple Sites**	Clearance (permitting)
Raw (at well or intake)	Other:	
Max Residence Time	Sampling Procedure Used or Other Commen	nts:
Ave Residence Time		
Near First Customer		
	*See 62-550.500(6) for requirements and restriction And 62-550.512(3) for nitrate or nitrite exceedanc	
	SAMPLER CERTIFICATION	
I,	,,	, do HEREBY CERTIFY
(Print Name)	(Print Tit	ile)
that the above public water system and sample collect	tion information is complete and correct.	
Signature:	Date:	
Certified Operator #:Phone #:	Sampler's Fax #	t:
Sampler's E-mail:		
porting Format 62-550.730		

LABORATORY CERTIFICATION INFORMATION	I (to be completed by	by lab - please type or print legit	oly)
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Lab Name: Pace Analytical Services, LLC Florida DOH Certif	ication #:Certification Expiration Date:
	ATTACH CURRENT DOH ANALYTE SHEET*
Address:	Phone #
Were any analyses subcontracted? Yes X No If yes, please	provide DOH certification numbers(s):
	ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB*
ANALYSIS INFORMATION (to be completed by lab) Date Sam	ple(s) Received: _10/23/2023
PWS ID (From Page1):Sample No	umber (From Page1): <u>35836367008</u> Lab Assigned Report # or Job ID: <u>35836367008</u>
Group(s) Analyzed & Results attached for compliance with Chapter 62-5	550, F.A.C. (Check all that apply):
Inorganics Synthetic Organics Volatile Organics	s Disinfection Byproducts Radionuclides Secondaries
All Except Asbestos All 30 All 21	Trihalomethanes Single Sample All 14
X Partial All Except Dioxin Partial	Haloacetic Acids Qtrly Composite** X Partial
Nitrate Partial	Chlorite
Nitrite Dioxin Only	Bromate
Asbestos	
L	AB 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 requirement	ents of the National Environmental Laboratory Accreditation Converence (NELAC).
Signature:	Date: 10/25/2023
 * Failure to provide a valid and current Florida DOH lab certification number ar possible enforcement against the public water system for failture to sample, a ** Please provide radiological sample dates & locations for each quarter. 	nd a current Analyte Sheet for the attached analysis results will result in rejection of the report, and may result in notification of the DOH Bureau of Laboratory Services.
	IRED WITHIN 24 HRS FOR NITRATE OR NITRITE MCL EXCEEDANCES
NON-DETECTS ARE TO BE REPORTED AS THE MDL WITH	I 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 Notifie	ed:DEP/DOH Reviewing Official:
eporting Format 62-550.730	Page 2 of 4

R Effective January 1995, Revised December 2012

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							

SECONDARY CONTAMINANTS 62-550.320

Report Number / Job ID: 35836367008

PWS ID (From Page 1):

	i			1	1	1	1	0 , <u> </u>		
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							

Page 4 of 4

/stem Name:			PWS I.D. #:
/stem Type (check one):	Community	Non-transient Non-community	Transient Non-community
ddress:			
ty:		ZIP Code:	
none #	Fax #:	E-Mail Address:	
AMPLE INFORMATION (to be con	npleted by sampler)		
ample Number: <u>35836367009</u>	S	ample Date: 10/21/2023 Sample	e Time: <u>9:22</u> (AM) PM (Circle Or
ample Location (be specific): 005A	-Across C.O. Markoe	School	
sinfectant Residual (Required when r	eporting results for trihalom	ethanes and haloacetic acids): mg/L Field pH	I:
ample Type (Check Only One)		Reason(s) for Sample	e (Check all that apply)
Distribution		Routine Compliance with 62-550	Replacement (of Invalidated Sample)
Entry Point (to Distribution)		Confirmation of MCL Exceedance*	Special (not for compliance with 62-550
Plant Tap (not for compliance with	62-550)	Confirmation of Multiple Sites**	Clearance (permitting)
Raw (at well or intake)		Other:	
Max Residence Time		Sampling Procedure Used or Other Comr	nents:
Ave Residence Time			
Near First Customer			
		*See 62-550.500(6) for requirements and restr And 62-550.512(3) for nitrate or nitrite exceeda	
		SAMPLER CERTIFICATION	
			, do HEREBY CERTIFY
(Prin	t Name)	(Print	Title)
at the above public water system a	and sample collection	information is complete and correct.	
gnature:		Date:	
ertified Operator #:	Phone #:	Sampler's Fax	x #:
ampler's F-mail [.]			

LABORATORY CERTIFICATION INFORMATION	I (to be completed by	by lab - please type or print legit	oly)
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Lab Name: Pace Analytic	cal Services, LLC Florida DOH Certification #	:	Certification Expiration	Date:
		ATTACH CURRENT DOF	ANALYTE SHEET*	
Address:		Phone #		
Were any analyses subcor				
			E SHEET FOR EACH SUBC	
ANALYSIS INFORMATIO	N (to be completed by lab) Date Sample(s) Re	eceived: 10/23/2023		
PWS ID (From Page1):	Sample Number (F	rom Page1): 35836367009	Lab Assigned Report # or	Job ID: 35836367009
	Its attached for compliance with Chapter 62-550, F.A	.C. (Check all that apply):		
Inorganics	Synthetic Organics Volatile Organics	Disinfection Byproducts	Radionuclides	<u>Secondaries</u>
All Except Asbestos	All 30 All 21	Trihalomethanes	Single Sample	All 14
X Partial	All Except Dioxin Partial	Haloacetic Acids	Qtrly Composite**	X Partial
Nitrate	Partial	Chlorite		
Nitrite	Dioxin Only	Bromate		
Asbestos				
	LAB CE	RTIFICATION		
l,	Martha Montero,	Project M	lanager	, do HEREBY CERTIFY
	(Print Name)	(Print]		
that all attached analytical da	ta are correct and unless noted meet all requirements of the	e National Environmental Labo	oratory Accreditation Convere	nce (NELAC).
Signature:	March Monto	Date:	10/25/202	23
* Failure to provide a valid a possible enforcement again	nd current Florida DOH lab certification number and a curre nst the public water system for failture to sample, and may r I sample dates & locations for each quarter.	ent Analyte Sheet for the attach	-	-
	CONFIRMATION & NOTIFICATION IS REQUIRED WIT			
NON-E	DETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" QU	JALIFIER. (Non-detects reported	d as "BDL" or with a "<" are no	t acceptable.)
COMPLIANCE DETERMI	NATION (to be completed by DEP or DOH attach n	otes as necessary)		
Sample Collection & Analy	/sis Satisfactory: Yes No	Replacement Sampl	e or Report Requested (cir	cle or highlight group(s) above)
Person Notified:	Date Notified:	DEP/DOH Rev	viewing Official:	
Reporting Format 62-550.730		Page 2 of 4		

Effective January 1995, Revised December 2012

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	0.086		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								

SECONDARY CONTAMINANTS 62-550.320

Report Number / Job ID: 35836367009

PWS ID (From Page 1):

				1		1			i	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							

unity Transient Non-community ZIP Code:
Address:
Address:
Sample Time: 9:35 AM PM (Circle Of Location Code:
Location Code:
Location Code:
Location Code:
(s) for Sample (Check all that apply) with 62-550 Exceedance* Special (not for compliance with 62-550 Clearance (permitting)
with 62-550 Replacement (of Invalidated Sample) Exceedance* Special (not for compliance with 62-550 ole Sites** Clearance (permitting)
Exceedance* Special (not for compliance with 62-550) Dele Sites** Clearance (permitting)
ble Sites** Clearance (permitting)
or Other Comments:
rements and restrictions. **See 62-550.550(4) for requirements and attach a results page for each site.
ATION
, do HEREBY CERTIFY
(Print Title)
xt.
Date:
Sampler's Fax #:
د ۲

LABORATORY CERTIFICATION INFORMATION	(to be completed by lab -	please type or print legibly)
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Lab Name: Pace Analytical Services, LLC	Florida DOH Certification #:		Certification Expiration [Date:		
		ATTACH CURRENT DOH ANALYTE SHEET*				
Address:		Phone #				
Were any analyses subcontracted?	x No If yes, please provide D	OH certification numbers((s):			
			E SHEET FOR EACH SUBCO	NTRACTED LAB*		
ANALYSIS INFORMATION (to be completed	by lab) Date Sample(s) Rec	eived: <u>10/23/2023</u>				
PWS ID (From Page1):	Sample Number (Fro	m Page1): <u>35836367010</u>	_Lab Assigned Report # or .	Job ID: <u>35836367010</u>		
Group(s) Analyzed & Results attached for com	pliance with Chapter 62-550, F.A.C	. (Check all that apply):				
Inorganics Synthetic Organ All Except Asbestos All 30 X Partial All Except D Nitrate Partial Nitrite Dioxin Only	Dioxin Partial	Disinfection Byproducts Trihalomethanes Haloacetic Acids Chlorite Bromate	Radionuclides Single Sample Qtrly Composite**	Secondaries All 14 X Partial		
	LAB CER	TIFICATION				
I, Martha Montero	,	Project M	lanager	_, do HEREBY CERTIFY		
(Print Name)		(Print ⁻	Title)			
that all attached analytical data are correct and unle	ess noted meet all requirements of the I	National Environmental Labo	pratory Accreditation Converence	ce (NELAC).		
Signature:	to monto	Date:	10/25/2023			
 * Failure to provide a valid and current Florida DOI possible enforcement against the public water sy ** Please provide radiological sample dates & locat 	H lab certification number and a current stem for failture to sample, and may rea	-	•			
	ON & NOTIFICATION IS REQUIRED WITH					
NON-DETECTS ARE TO BE R	EPORTED AS THE MDL WITH A "U" QUA	LIFIER. (Non-detects reported	d as "BDL" or with a "<" are not a	acceptable.)		
COMPLIANCE DETERMINATION (to be com	pleted by DEP or DOH attach not	es as necessary)				
Sample Collection & Analysis Satisfactory:	Yes No	Replacement Sampl	le or Report Requested (circle	e or highlight group(s) above)		
Person Notified:	Date Notified:	DEP/DOH Rev	viewing Official:			
Reporting Format 62-550.730 Effective January 1995, Revised December 2012	Pa	ge 2 of 4				

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							

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							

PUBLIC WATER SYSTEM INFORMATION (to be c	ompleted 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 samp	er)
Sample Number: <u>35836367011</u>	Sample Date: _10/21/2023Sample Time: _9:54 (AM) PM (Circle One
Sample Location (be specific): 002A-STX Country C	
Disinfectant Residual (Required when reporting results for t	ihalomethanes and haloacetic acids): mg/L Field pH:
Sample Type (Check Only One)	Reason(s) for Sample (Check all that apply)
Distribution	Routine Compliance with 62-550 Replacement (of Invalidated Sample)
Entry Point (to Distribution)	Confirmation of MCL Exceedance* Special (not for compliance with 62-550)
Plant Tap (not for compliance with 62-550)	Confirmation of Multiple Sites**
Raw (at well or intake)	Other:
Max Residence Time	Sampling Procedure Used or Other Comments:
Ave Residence Time	
Near First Customer	
	*See 62-550.500(6) for requirements and restrictions. And 62-550.512(3) for nitrate or nitrite exceedances. **See 62-550.550(4) for requirements and attach a results page for each site.
	SAMPLER CERTIFICATION
I,	, do HEREBY CERTIFY
(Print Name)	(Print Title)
that the above public water system and sample colle	ction information is complete and correct.
Signature:	Date:
Certified Operator #:Phone #:	Sampler's Fax #:
Sampler's E-mail:	
porting Format 62-550.730	

LABORATORY CERTIFICATION INFORMATION	(to be completed by lab -	please type or print legibly)
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Lab Name: Pace Analytic	cal Services, LLC Florida DOH Certification #	:	Certification Expiration [Date:		
		ATTACH CURRENT DOH ANALYTE SHEET*				
Address:		Phone #				
Were any analyses subco	ntracted? Yes X No If yes, please provide I	DOH certification numbers(s	3):			
			SHEET FOR EACH SUBCO	NTRACTED LAB*		
ANALYSIS INFORMATIO	N (to be completed by lab) Date Sample(s) Re	eceived: <u>10/23/2023</u>				
PWS ID (From Page1):	Sample Number (F	rom Page1): <u>35836367011</u>	Lab Assigned Report # or .	lob ID: <u>35836367011</u>		
Group(s) Analyzed & Resi	ults attached for compliance with Chapter 62-550, F.A.	.C. (Check all that apply):				
Inorganics	Synthetic Organics Volatile Organics	Disinfection Byproducts	Radionuclides	Secondaries		
All Except Asbestos	All 30 All 21	Trihalomethanes	Single Sample	All 14		
X Partial	All Except Dioxin Partial	Haloacetic Acids	Qtrly Composite**	X Partial		
Nitrate	Partial	Chlorite				
Nitrite	Dioxin Only	Bromate				
Asbestos						
		RTIFICATION				
l,	Martha Montero,	Project Ma	anager	_, do HEREBY CERTIFY		
	(Print Name)	(Print T	itle)			
that all attached analytical da	ta are correct and unless noted meet all requirements of the	e National Environmental Labor	atory Accreditation Converence	ce (NELAC).		
Signature:	March monto	Date:	10/25/2023			
possible enforcement agai	nd current Florida DOH lab certification number and a curre nst the public water system for failture to sample, and may r I sample dates & locations for each quarter.					
	CONFIRMATION & NOTIFICATION IS REQUIRED WITI					
NON-	DETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" QU	JALIFIER. (Non-detects reported	as "BDL" or with a "<" are not a	acceptable.)		
COMPLIANCE DETERMI	NATION (to be completed by DEP or DOH attach no	otes as necessary)				
Sample Collection & Analy	ysis Satisfactory: Yes No	Replacement Sample	e or Report Requested (circle	e or highlight group(s) above)		
Person Notified:	Date Notified:	DEP/DOH Rev	iewing Official:			
Reporting Format 62-550.730 Effective January 1995, Revised De	Pecember 2012	age 2 of 4				

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	0.020		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							

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							

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: <u>35836367012</u> Sample Date: <u>10/21/2023</u> Sample Tir	me: <u>10:07</u> (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) Reason(s) for Sample (Cl	heck all that apply)
Distribution Routine Compliance with 62-550	Replacement (of Invalidated Sample)
Entry Point (to Distribution) Confirmation of MCL Exceedance*	Special (not for compliance with 62-550)
Plant Tap (not for compliance with 62-550) Confirmation of Multiple Sites**	Clearance (permitting)
Raw (at well or intake) Other:	
Max Residence Time Sampling Procedure Used or Other Comment	s:
Ave Residence Time	
Near First Customer	
*See 62-550.500(6) for requirements and restriction And 62-550.512(3) for nitrate or nitrite exceedances	
SAMPLER CERTIFICATION	
l,,,	, 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:	
porting Format 62-550.730	

LABORATORY CERTIFICATION INFORMATION	(to be completed by lab -	please type or print legibly)
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Lab Name: Pace Analytical Services, LLC	Florida DOH Certification #:	n #:Certification Expiration Date:					
		ATTACH CURRENT DOP	ANALYTE SHEET*				
Address:		Phone #					
Were any analyses subcontracted? Yes	X No If yes, please provide DO	OH certification numbers((s):				
			E SHEET FOR EACH SUBCO	NTRACTED LAB*			
ANALYSIS INFORMATION (to be completed b	y lab) Date Sample(s) Rec	eived: <u>10/23/2023</u>					
PWS ID (From Page1):	Sample Number (From	m Page1): <u>35836367012</u>	_Lab Assigned Report # or .	lob ID: <u>35836367012</u>			
Group(s) Analyzed & Results attached for comp	bliance with Chapter 62-550, F.A.C	. (Check all that apply):					
Inorganics Synthetic Organic All Except Asbestos All 30 X Partial All Except Dial Nitrate Partial	All 21	Disinfection Byproducts Trihalomethanes Haloacetic Acids Chlorite	Radionuclides Single Sample Qtrly Composite**	Secondaries All 14 X Partial			
Nitrite Dioxin Only		Bromate					
Asbestos							
	LAB CER	TIFICATION					
I, Martha Montero		Project Manager, do HEREBY CERTIFY					
(Print Name)		(Print Title)					
that all attached analytical data are correct and unles	ss noted meet all requirements of the N	National Environmental Labo	pratory Accreditation Converence	ce (NELAC).			
Signature:	~ Maito	Date:	10/25/2023				
 * Failure to provide a valid and current Florida DOH possible enforcement against the public water sys ** Please provide radiological sample dates & location 	lab certification number and a current tem for failture to sample, and may res	-	•				
	N & NOTIFICATION IS REQUIRED WITHI						
NON-DETECTS ARE TO BE RE	PORTED AS THE MDL WITH A "U" QUA	LIFIER. (Non-detects reported	d as "BDL" or with a "<" are not a	acceptable.)			
COMPLIANCE DETERMINATION (to be comp	leted by DEP or DOH attach not	es as necessary)					
Sample Collection & Analysis Satisfactory:	Yes No	Replacement Sampl	le or Report Requested (circle	e or highlight group(s) above)			
Person Notified:	Date Notified:	DEP/DOH Rev	viewing Official:				
Reporting Format 62-550.730 Effective January 1995, Revised December 2012	Pag	ge 2 of 4					

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							

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							

System Name:	PWS I.D. #:
	1 WO1.D. #
System Type (check one): Community Non-transient Non-community Transie	ent Non-community
Address:	
City:ZIP Code:	
Phone #E-Mail Address:	
SAMPLE INFORMATION (to be completed by sampler)	
Sample Number: 35836367013 Sample Date: 10/21/2023 Sample Time: 10:2	23 (AM) PM (Circle One
Sample Location (be specific): 001A-#43B La Grange Loca	ation 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 the second	hat apply)
Distribution Routine Compliance with 62-550	Replacement (of Invalidated Sample)
Entry Point (to Distribution) Confirmation of MCL Exceedance*	Special (not for compliance with 62-550)
Plant Tap (not for compliance with 62-550) Confirmation of Multiple Sites**	Clearance (permitting)
Raw (at well or intake) Other:	
Max Residence Time Sampling Procedure Used or Other Comments:	
Ave Residence Time	
Near First Customer	
	e 62-550.550(4) for requirements and a results page for each site.
SAMPLER CERTIFICATION	
	, do HEREBY CERTIFY
(Print Name) (Print Title)	
that the above public water system and sample collection information is complete and correct.	
Signature: Date:	
Certified Operator #:Phone #:Sampler's Fax #:	
Sampler's E-mail:	
porting Format 62-550.730	

LABORATORY CERTIFICATION INFORMATION	(to be completed by lab -	please type or print legibly)
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Lab Name: Pace Analytical Services, LLC	_Florida DOH Certification #:	n #:Certification Expiration Date:					
		ATTACH CURRENT DOP	HANALYTE SHEET*				
Address:		Phone #					
Were any analyses subcontracted? Yes X	No If yes, please provide DC	OH certification numbers((s):				
			E SHEET FOR EACH SUBCO	NTRACTED LAB*			
ANALYSIS INFORMATION (to be completed by la	b) Date Sample(s) Rece	eived: <u>10/23/2023</u>					
PWS ID (From Page1):	Sample Number (From	n Page1): <u>35836367013</u>	_Lab Assigned Report # or .	Job ID: <u>35836367013</u>			
Group(s) Analyzed & Results attached for compliar	nce with Chapter 62-550, F.A.C.	. (Check all that apply):					
Inorganics Synthetic Organics All Except Asbestos All 30 X Partial All Except Dioxin Nitrate Partial Nitrite Dioxin Only	All 21	Disinfection Byproducts Trihalomethanes Haloacetic Acids Chlorite Bromate	Radionuclides Single Sample Qtrly Composite**	Secondaries All 14 X Partial			
	LAB CER	TIFICATION					
I, Martha Montero (Print Name)	,	Project M (Print ⁻	_, do HEREBY CERTIFY				
that all attached analytical data are correct and unless n	oted meet all requirements of the N	lational Environmental Labo	pratory Accreditation Converence	ce (NELAC).			
Signature:	mito	Date:	10/25/2023	1 I			
 * Failure to provide a valid and current Florida DOH lab possible enforcement against the public water system ** Please provide radiological sample dates & locations 	for failture to sample, and may res	-	-				
	NOTIFICATION IS REQUIRED WITHIN						
NON-DETECTS ARE TO BE REPOR	RTED AS THE MDL WITH A "U" QUAI	LIFIER. (Non-detects reported	d as "BUL" or with a "<" are not a	acceptable.)			
COMPLIANCE DETERMINATION (to be complete	d by DEP or DOH attach note	es as necessary)					
Sample Collection & Analysis Satisfactory:	/es 🗌 No	Replacement Sampl	le or Report Requested (circle	e or highlight group(s) above)			
Person Notified:	Date Notified:	DEP/DOH Rev	viewing Official:				
Reporting Format 62-550.730 Effective January 1995, Revised December 2012	Pag	e 2 of 4					

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	0.21		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							

SECONDARY CONTAMINANTS 62-550.320

Report Number / Job ID: 35836367013

PWS ID (From Page 1):

							1			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							

Page 4 of 4

System Type (check one): Community Address: Transient Non-community Address: ZIP Code: Phone # Fax #: E-Mail Address: SAMPLE INFORMATION (to be completed by sampler)	PUBLIC WATER SYSTEM INFO	ORMATION (to be cor	mpleted by sampl	er - please type or	print legibly)			
Address:	System Name:						F	PWS I.D. #:
City:	System Type (check one):	Community	Non	-transient Non-corr	nmunity	Transient	t Non-commun	lity
Phone #Fax #:E-Mail Address:	Address:							
SAMPLE INFORMATION (to be completed by sampler) Sample Number: <u>35836367014</u> Sample Date: <u>10/21/2023</u> Sample Time: <u>10:36</u> M PM (Circle O Sample Location (be specific): <u>001B#43B La Grange</u> Location Code: Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): mg/L Field pH: Sample Type (Check Only One) Reason(s) for Sample (Check all that apply) Distribution Routine Compliance with 62-550 Replacement (of Invalidated Sample) Entry Point (to Distribution) Confirmation of MCL Exceedance* Special (not for compliance with 62-550 Clearance (permitting) Raw (at well or intake) Other: Clearance (permitting) Raw (at well or intake) Other: Ave Residence Time Sampling Procedure Used or Other Comments: *See 62-550.550(4) for requirements and restrictions. **See 62-550.550(4) for requirements and attach a results page for each site. SAMPLER CERTIFICATION I, (Print Name), do HEREBY CERTIFICATION I, (Print Title) that the above public water system and sample collection information is complete and correct. Signature: Date: Date:	City:				ZIP Code:			
Sample Number: 35836367014 Sample Date: 10/21/2023 Sample Time: 10:36 Image: Circle O Sample Location (be specific): 001B=#43B La Grange Location Code: Image: Circle O Disinfectant Residual (Required when reporting results for thialomethanes and haloacetic acids): mg/L Field pH:	Phone #	Fax #:		E-N	1ail Address:			
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) Reason(s) for Sample (Check all that apply) Distribution Routine Compliance with 62-550 Replacement (of Invalidated Sample) Distribution Confirmation of MCL Exceedance* Special (not for compliance with 62-550) Plant Tap (not for compliance with 62-550) Confirmation of Multiple Sites** Clearance (permitting) Raw (at well or intake) Other: Clearance (permitting) Max Residence Time Sampling Procedure Used or Other Comments: Ave Residence Time SamPLER CERTIFICATION Ivariation (Print Name) (Print Title) that the above public water system and sample collection information is complete and correct. Date: Signature: Date: Date:	SAMPLE INFORMATION (to be	completed by sample	er)					-
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 Number: 358363670	14	Sample Date:	10/21/2023	Sample	Time: <u>10:36</u>)	(AM) PM (Circle One)
Sample Type (Check Only One) Reason(s) for Sample (Check all that apply) Distribution Routine Compliance with 62-550 Replacement (of Invalidated Sample) Entry Point (to Distribution) Confirmation of MCL Exceedance* Special (not for compliance with 62-550) Plant Tap (not for compliance with 62-550) Confirmation of Multiple Sites** Clearance (permitting) Raw (at well or intake) Other: Confirmation of the compliance with 62-550.550(4) for requirements: Ave Residence Time Sampling Procedure Used or Other Comments: Ave Residence Time Sample Excertifications. *See 62-550.500(6) for requirements and restrictions. **See 62-550.550(4) for requirements and attach a results page for each site. SAMPLER CERTIFICATION	Sample Location (be specific): 00	01B-#43B La Grange				Locati	on Code:	
Distribution Routine Compliance with 62-550 Replacement (of Invalidated Sample) Entry Point (to Distribution) Confirmation of MCL Exceedance* Special (not for compliance with 62-550) Plant Tap (not for compliance with 62-550) Confirmation of Multiple Sites** Clearance (permitting) Raw (at well or intake) Other:	Disinfectant Residual (Required wh	nen reporting results for trih	alomethanes and halo	pacetic acids):	_ mg/L Field pH:			
Entry Point (to Distribution) Confirmation of MCL Exceedance* Special (not for compliance with 62-550) Plant Tap (not for compliance with 62-550) Confirmation of Multiple Sites** Clearance (permitting) Raw (at well or intake) Other: Confirmation of Multiple Sites** Clearance (permitting) Max Residence Time Sampling Procedure Used or Other Comments: Ave Residence Time Near First Customer "See 62-550.500(6) for requirements and restrictions. And 62-550.512(3) for nitrate or nitrite exceedances. **See 62-550.550(4) for requirements and attach a results page for each site. I,	Sample Type (Check Only One)			Reas	son(s) for Sample ((Check all tha	t apply)	
Plant Tap (not for compliance with 62-550) Confirmation of Multiple Sites** Clearance (permitting) Raw (at well or intake) Other:	Distribution] Routine Compliand	ce with 62-550		Replacemen	nt (of Invalidated Sample)
Raw (at well or intake) Other:	Entry Point (to Distribution)			Confirmation of M	CL Exceedance*		Special (not	for compliance with 62-550)
Max Residence Time Sampling Procedure Used or Other Comments: Ave Residence Time *See 62-550.500(6) for requirements and restrictions. Near First Customer *See 62-550.512(3) for nitrate or nitrite exceedances. SAMPLER CERTIFICATION **See 62-550.550(4) for requirements and attach a results page for each site. I,	Plant Tap (not for compliance v	vith 62-550)		Confirmation of Mu	ultiple Sites**		Clearance (p	permitting)
Ave Residence Time Near First Customer *See 62-550.500(6) for requirements and restrictions. *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:	Raw (at well or intake)] Other:				
Near First Customer *See 62-550.500(6) for requirements and restrictions. And 62-550.512(3) for nitrate or nitrite exceedances. **See 62-550.550(4) for requirements and attach a results page for each site. SAMPLER CERTIFICATION	Max Residence Time		Sa	mpling Procedure Us	sed or Other Comme	ents:		
See 62-550.500(6) for requirements and restrictions. And 62-550.512(3) for nitrate or nitrite exceedances. 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:	Ave Residence Time							
And 62-550.512(3) for nitrate or nitrite exceedances. 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:	Near First Customer							
I,,,,, do HEREBY CERTIFY (Print Name) (Print Title) that the above public water system and sample collection information is complete and correct. Signature: Date:					•			
(Print Name) (Print Title) that the above public water system and sample collection information is complete and correct. Signature: Date:			SAN		ICATION			
that the above public water system and sample collection information is complete and correct. Signature: Date:	I,			3				_, do HEREBY CERTIFY
Signature: Date:	(1	Print Name)			(Print T	itle)		
	that the above public water syste	em and sample collect	tion information is	complete and corr	rect.			
Certified Operator #: Phone #: Sampler's Fax #:	Signature:				Date:			
	Certified Operator #:	Phone #:			Sampler's Fax #	#:		
Sampler's E-mail:	Sampler's E-mail:							
porting Format 62-550.730								

LABORATORY CERTIFICATION INFORMATION	(to be completed by lab -	please type or print legibly)
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Lab Name: Pace Analytical Services, LLC	Florida DOH Certification #:	on #:Certification Expiration Date:					
		ATTACH CURRENT DOF	ANALYTE SHEET*				
Address:		Phone #					
Were any analyses subcontracted?	X No If yes, please provide Do	OH certification numbers((s):				
			E SHEET FOR EACH SUBCO	NTRACTED LAB*			
ANALYSIS INFORMATION (to be completed by	lab) Date Sample(s) Rec	eived: <u>10/23/2023</u>					
PWS ID (From Page1):	Sample Number (From	m Page1): <u>35836367014</u>	_Lab Assigned Report # or .	lob ID: <u>35836367014</u>			
Group(s) Analyzed & Results attached for compli	ance with Chapter 62-550, F.A.C	. (Check all that apply):					
Inorganics Synthetic Organics All Except Asbestos All 30 X Partial All Except Diox Nitrate Partial Nitrite Dioxin Only Asbestos All So	Volatile Organics All 21 All 21	Disinfection Byproducts Trihalomethanes Haloacetic Acids Chlorite Bromate	Radionuclides Single Sample Qtrly Composite**	Secondaries All 14 X Partial			
Aspestos		TIFICATION					
I, <u>Martha Montero</u> (Print Name)		Project Manager, do HEREBY (Print Title)					
that all attached analytical data are correct and unless	noted meet all requirements of the N	Υ.	,	ce (NELAC)			
Signature:	mato	Date:	10/25/2023				
 * Failure to provide a valid and current Florida DOH la possible enforcement against the public water syste ** Please provide radiological sample dates & location 	m for failture to sample, and may res	-	•				
	& NOTIFICATION IS REQUIRED WITHI						
NON-DETECTS ARE TO BE REP	ORTED AS THE MDL WITH A "U" QUA	LIFIER. (Non-detects reported	d as "BDL" or with a "<" are not a	acceptable.)			
COMPLIANCE DETERMINATION (to be comple	ted by DEP or DOH attach not	es as necessary)					
Sample Collection & Analysis Satisfactory:	Yes No	Replacement Sampl	le or Report Requested (circle	e or highlight group(s) above)			
Person Notified:	Date Notified:	DEP/DOH Rev	viewing Official:				
Reporting Format 62-550.730 Effective January 1995, Revised December 2012	Pa	ge 2 of 4					

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							

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							

Page 4 of 4

System Type (check one): Community Non-transient Non-community Transient Non-community Address:	PUBLIC WATER SYSTEM INFORM	ATION (to be completed by	sampler - please type or print legibly)	
Address:	System Name:			PWS I.D. #:
City:	System Type (check one):	Community	Non-transient Non-community	Transient Non-community
Phone #Fax #:E-Mail Address:	Address:			
SAMPLE INFORMATION (to be completed by sampler) Sample Number: <u>35836367015</u> Sample Date: <u>10/21/2023</u> Sample Time: <u>10:53</u> \textcircled{M} PM (Circle On Sample Location (be specific): <u>003A-1A-B La Grange</u> Location (cardion Code:	City:		ZIP Code:	
Sample Number: <u>35836367015</u> Sample Date: <u>10/21/2023</u> Sample Time: <u>10:53</u> M PM (Circle Or Sample Location (be specific): <u>003A-1A-B La Grange</u> Location Code: Disinfectant Residual (Required when reporting results for thialomethanes and haloacetic acids): <u>mg/L</u> Field pH: <u></u>	Phone #	Fax #:	E-Mail Address:	
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 INFORMATION (to be com	pleted by sampler)		
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 Number: <u>35836367015</u>	Sample [Date: <u>10/21/2023</u> Sample	e Time: <u>10:53</u> (AM) PM (Circle One
Sample Type (Check Only One) Reason(s) for Sample (Check all that apply) Distribution Routine Compliance with 62-550 Replacement (of Invalidated Sample) Entry Point (to Distribution) Confirmation of MCL Exceedance* Special (not for compliance with 62-550) Plant Tap (not for compliance with 62-550) Confirmation of Multiple Sites** Clearance (permitting) Raw (at well or intake) Other: Confirmation of the Compliance with 62-550. Max Residence Time Sampling Procedure Used or Other Comments: Ave Residence Time Sampling Procedure Used or other comments: Ave Residence Time *See 62-550.500(6) for requirements and restrictions. **See 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	Sample Location (be specific): 003A-	1A-B La Grange		
Distribution Routine Compliance with 62-550 Replacement (of Invalidated Sample) Entry Point (to Distribution) Confirmation of MCL Exceedance* Special (not for compliance with 62-550) Plant Tap (not for compliance with 62-550) Confirmation of Multiple Sites** Clearance (permitting) Raw (at well or intake) Other:	Disinfectant Residual (Required when re	porting results for trihalomethanes	and haloacetic acids): mg/L Field pH	:
Entry Point (to Distribution) Confirmation of MCL Exceedance* Special (not for compliance with 62-550) Plant Tap (not for compliance with 62-550) Confirmation of Multiple Sites** Clearance (permitting) Raw (at well or intake) Other: Confirmation of Multiple Sites** Clearance (permitting) Max Residence Time Sampling Procedure Used or Other Comments: Ave Residence Time Near First Customer "See 62-550.500(6) for requirements and restrictions. And 62-550.512(3) for nitrate or nitrite exceedances. "See 62-550.550(4) for requirements and attach a results page for each site. I,	Sample Type (Check Only One)		Reason(s) for Sample	e (Check all that apply)
Plant Tap (not for compliance with 62-550) Confirmation of Multiple Sites** Clearance (permitting) Raw (at well or intake) Other: Other: Max Residence Time Sampling Procedure Used or Other Comments: Ave Residence Time Sampling Procedure Used or Other Comments: Near First Customer "See 62-550.500(6) for requirements and restrictions. And 62-550.512(3) for nitrate or nitrite exceedances. **See 62-550.550(4) for requirements and attach a results page for each site. I,	Distribution		Routine Compliance with 62-550	Replacement (of Invalidated Sample)
Raw (at well or intake) Other: Max Residence Time Sampling Procedure Used or Other Comments: Ave Residence Time Near First Customer *See 62-550.500(6) for requirements and restrictions. **See 62-550.550(4) for requirements and restrictions. SAMPLER CERTIFICATION **See 62-550.550(4) for requirements and restrictions. I,	Entry Point (to Distribution)		Confirmation of MCL Exceedance*	Special (not for compliance with 62-550)
Max Residence Time Sampling Procedure Used or Other Comments: Ave Residence Time *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 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 **Gee 62-550.550(4) for requirements and results page for each site. I,	Plant Tap (not for compliance with 6	62-550)	Confirmation of Multiple Sites**	Clearance (permitting)
Ave Residence Time Near First Customer *See 62-550.500(6) for requirements and restrictions. And 62-550.512(3) for nitrate or nitrite exceedances. *See 62-550.550(4) for requirements and attach a results page for each site. SAMPLER CERTIFICATION I,, do HEREBY CERTIFY (Print Name) (Print Title) that the above public water system and sample collection information is complete and correct. Signature: Date:	Raw (at well or intake)		Other:	
Near First Customer *See 62-550.500(6) for requirements and restrictions. And 62-550.512(3) for nitrate or nitrite exceedances. **See 62-550.550(4) for requirements and attach a results page for each site. SAMPLER CERTIFICATION	Max Residence Time		Sampling Procedure Used or Other Comr	nents:
See 62-550.500(6) for requirements and restrictions. And 62-550.512(3) for nitrate or nitrite exceedances. 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:	Ave Residence Time			
And 62-550.512(3) for nitrate or nitrite exceedances. 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:	Near First Customer			
I,,,,,, do HEREBY CERTIFY (Print Name) (Print Title) that the above public water system and sample collection information is complete and correct. Signature: Date:				
(Print Name) (Print Title) that the above public water system and sample collection information is complete and correct. Signature: Date:			SAMPLER CERTIFICATION	
that the above public water system and sample collection information is complete and correct. Signature: Date:	I,		,	, do HEREBY CERTIFY
Signature: Date:	(Print	Name)	(Print	Title)
	that the above public water system a	nd sample collection informa	tion is complete and correct.	
Certified Operator #:Phone #: Sampler's Fax #:	Signature:		Date:	
	Certified Operator #:	Phone #:	Sampler's Fax	< #:
Sampler's E-mail:	Sampler's E-mail:			
porting Format 62-550.730				

LABORATORY CERTIFICATION INFORMATION	(to be completed by lab -	please type or print legibly)
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Lab Name: Pace Analytica	al Services, LLCFlorida DOH Certification #:		Certification Expiration D	ate:		
		ATTACH CURRENT DOH AN	ALYTE SHEET*			
Address:		Phone #				
Were any analyses subcont	racted? Yes X No If yes, please provide I	DOH certification numbers(s):				
		ATTACH DOH ANALYTE SH	EET FOR EACH SUBCON	TRACTED LAB*		
ANALYSIS INFORMATION	I (to be completed by lab) Date Sample(s) Re	ceived: <u>10/23/2023</u>				
PWS ID (From Page1):	Sample Number (Fr	rom Page1): <u>35836367015</u> Lab	Assigned Report # or Jo	ob ID: <u>35836367015</u>		
Group(s) Analyzed & Resul	ts attached for compliance with Chapter 62-550, F.A.	C. (Check all that apply):				
	Synthetic Organics Volatile Organics	Disinfection Byproducts	Radionuclides	Secondaries		
All Except Asbestos	All 30 All 21	Trihalomethanes	Single Sample	All 14		
Nitrate						
Nitrite		Bromate				
Asbestos						
	LAB CE	RTIFICATION				
I.	Martha Montero	Project Mana	aer	, do HEREBY CERTIFY		
,	(Print Name)	(Print Title)				
that all attached analytical data	a are correct and unless noted meet all requirements of the	National Environmental Laborator	ry Accreditation Converence	e (NELAC).		
Signature:	March monto	Date:	10/25/2023			
possible enforcement again	d current Florida DOH lab certification number and a current st the public water system for failture to sample, and may re sample dates & locations for each quarter.					
	CONFIRMATION & NOTIFICATION IS REQUIRED WITH ETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" QU			acontable)		
				cceptable.)		
COMPLIANCE DETERMIN	ATION (to be completed by DEP or DOH attach no	otes as necessary)				
Sample Collection & Analys	sis Satisfactory: Yes No	Replacement Sample or	Report Requested (circle	or highlight group(s) above)		
Person Notified:	Date Notified:	DEP/DOH Review	ing Official:			
Reporting Format 62-550.730 Effective January 1995, Revised Dec	ember 2012 Pa	age 2 of 4				

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	0.18		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							

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							

PUBLIC WATER SYSTEM INFORMATION (to be	e completed by sampler - please type or print legibly)	
System Name:		PWS I.D. #:
System Type (check one):	y Non-transient Non-community	Transient Non-community
Address:		
City:	ZIP Code:	
Phone #Fax #	t:E-Mail Address:	
SAMPLE INFORMATION (to be completed by sa	mpler)	
Sample Number: <u>35836367016</u>	Sample Date: <u>10/21/2023</u> Sample T	Time: <u>11:06</u> (AM) PM (Circle One
Sample Location (be specific): 003A-1A-B La Gra	nge	Location Code:
Disinfectant Residual (Required when reporting results f	or trihalomethanes and haloacetic acids): mg/L Field pH:	
Sample Type (Check Only One)	Reason(s) for Sample (0	Check all that apply)
Distribution	Routine Compliance with 62-550	Replacement (of Invalidated Sample)
Entry Point (to Distribution)	Confirmation of MCL Exceedance*	Special (not for compliance with 62-550)
Plant Tap (not for compliance with 62-550)	Confirmation of Multiple Sites**	Clearance (permitting)
Raw (at well or intake)	Other:	
Max Residence Time	Sampling Procedure Used or Other Commer	nts:
Ave Residence Time		
Near First Customer		
	*See 62-550.500(6) for requirements and restriction And 62-550.512(3) for nitrate or nitrite exceedance	
	SAMPLER CERTIFICATION	
,	,	, do HEREBY CERTIFY
(Print Name)	(Print Titl	ile)
hat the above public water system and sample co	ollection information is complete and correct.	
Signature:	Date:	
Certified Operator #:Phone #: _	Sampler's Fax #	t:
Sampler's E-mail:		
porting Format 62-550.730	Dama 4 of 4	

LABORATORY CERTIFICATION INFORMATION	(to be completed by lab -	please type or print legibly)
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Lab Name: Pace Analytic	al Services, LLCFlorida DOH Certification #	# :	Certification Expiration [Date:		
		ATTACH CURRENT DOH A	ANALYTE SHEET*			
Address:		Phone #				
Were any analyses subcon	tracted? Yes X No If yes, please provide	DOH certification numbers(s)	:			
			SHEET FOR EACH SUBCO	NTRACTED LAB*		
ANALYSIS INFORMATIO	N (to be completed by lab) Date Sample(s) R	eceived: <u>10/23/2023</u>				
PWS ID (From Page1):	Sample Number (I	From Page1): <u>35836367016</u> L	ab Assigned Report # or .	Job ID: <u>35836367016</u>		
Group(s) Analyzed & Resu	Its attached for compliance with Chapter 62-550, F.A	A.C. (Check all that apply):				
Inorganics	Synthetic Organics Volatile Organics All 30 All 21	Disinfection Byproducts	Radionuclides	Secondaries		
X Partial	All Except Dioxin Partial	Haloacetic Acids	Qtrly Composite**	X Partial		
Nitrate	Partial	Chlorite				
Nitrite	Dioxin Only	Bromate				
Asbestos						
	LAB CE	RTIFICATION				
l,	Martha Montero,	Project Mar	8	_, do HEREBY CERTIFY		
	(Print Name)	(Print Title)				
that all attached analytical dat	a are correct and unless noted meet all requirements of th	e National Environmental Labora	tory Accreditation Converence	ce (NELAC).		
Signature:	Martha Monto	Date:	10/25/2023	3		
possible enforcement agair	nd current Florida DOH lab certification number and a current the public water system for failture to sample, and may sample dates & locations for each quarter.					
	CONFIRMATION & NOTIFICATION IS REQUIRED WIT					
NON-L	ETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" Q	UALIFIER. (Non-detects reported a	IS "BUL" or with a "<" are not a	acceptable.)		
COMPLIANCE DETERMIN	NATION (to be completed by DEP or DOH attach r	notes as necessary)				
Sample Collection & Analy	sis Satisfactory: Yes No	Replacement Sample	or Report Requested (circl	e or highlight group(s) above)		
Person Notified:	Date Notified:	DEP/DOH Revie	ewing Official:			
Reporting Format 62-550.730 Effective January 1995, Revised Dec	cember 2012	Page 2 of 4				

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							

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							

Page 4 of 4

PUBLIC WATER SYSTEM INFORMATION (to	be completed by sampler - please type or p	rint legibly)			
System Name:			PWS I.D. #:		
System Type (check one):	Inity Non-transient Non-comr	nunity Ti	ransient Non-community		
Address:					
City:		ZIP Code:			
Phone #Fa	x #:E-Ma	il Address:			
SAMPLE INFORMATION (to be completed by	sampler)				
Sample Number: <u>35836367017</u>	Sample Date: <u>10/21/2023</u>	Sample Time:	AM PM (Circle One		
Sample Location (be specific): 012A-#267 Han	nah's Rest		Location Code:		
Disinfectant Residual (Required when reporting resul	ts for trihalomethanes and haloacetic acids):	mg/L Field pH:			
Sample Type (Check Only One)	Reaso	n(s) for Sample (Checl	k all that apply)		
Distribution	Routine Compliance	e with 62-550	Replacement (of Invalidated Sample)		
Entry Point (to Distribution)	Confirmation of MC	Confirmation of MCL Exceedance*			
Plant Tap (not for compliance with 62-550)	Confirmation of Mul	tiple Sites**	Clearance (permitting)		
Raw (at well or intake)	Other:				
Max Residence Time	Sampling Procedure Use	ed or Other Comments:			
Ave Residence Time					
Near First Customer					
	*See 62-550.500(6) for requ And 62-550.512(3) for nitra		**See 62-550.550(4) for requirements and attach a results page for each site.		
	SAMPLER CERTIFIC	CATION			
l,	,		, do HEREBY CERTIFY		
(Print Name)		(Print Title)			
that the above public water system and sample	e collection information is complete and corre	ect.			
Signature:		Date:			
Certified Operator #:Phone #	t	Sampler's Fax #:			
Sampler's E-mail:					
porting Format 62-550.730					

LABORATORY CERTIFICATION INFORMATION	(to be completed by lab -	please type or print legibly)
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Lab Name: Pace Analytical Services, LLC	Florida DOH Certification #:	n #:Certification Expiration Date:					
		ATTACH CURRENT DOH	ANALYTE SHEET*				
Address:		Phone #					
Were any analyses subcontracted?	X No If yes, please provide D	OH certification numbers(s):				
			SHEET FOR EACH SUBCO	NTRACTED LAB*			
ANALYSIS INFORMATION (to be completed	by lab) Date Sample(s) Rec	eived: <u>10/23/2023</u>					
PWS ID (From Page1):	Sample Number (Fro	m Page1): <u>35836367017</u>	_Lab Assigned Report # or J	lob ID: <u>35836367017</u>			
Group(s) Analyzed & Results attached for com	pliance with Chapter 62-550, F.A.C	C. (Check all that apply):					
Inorganics Synthetic Organ All Except Asbestos All 30 X Partial All Except E Nitrate Partial	All 21	Disinfection Byproducts Trihalomethanes Haloacetic Acids Chlorite	Radionuclides Single Sample Qtrly Composite**	Secondaries All 14 X Partial			
Nitrite Dioxin Only		Bromate					
Asbestos							
	LAB CER	TIFICATION					
I, Martha Montero	,	Project Manager, do HEREBY CERTIFY					
(Print Name)		(Print 1	,				
that all attached analytical data are correct and unle	ess noted meet all requirements of the I	National Environmental Labo	ratory Accreditation Converence	ce (NELAC).			
Signature:	to monto	Date:	10/25/2023				
 * Failure to provide a valid and current Florida DO possible enforcement against the public water sy ** Please provide radiological sample dates & locat 	H lab certification number and a current stem for failture to sample, and may rea	-	-				
	ON & NOTIFICATION IS REQUIRED WITH						
NON-DETECTS ARE TO BE R	EPORTED AS THE MDL WITH A "U" QUA	LIFIER. (Non-detects reported	I as "BDL" or with a "<" are not a	acceptable.)			
COMPLIANCE DETERMINATION (to be com	oleted by DEP or DOH attach not	es as necessary)					
Sample Collection & Analysis Satisfactory:	Yes No	Replacement Sampl	e or Report Requested (circle	e or highlight group(s) above)			
Person Notified:	Date Notified:	DEP/DOH Rev	viewing Official:				
Reporting Format 62-550.730 Effective January 1995, Revised December 2012	Pa	ge 2 of 4					

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	0.10		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							

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							

PUBLIC WATER SYSTEM INFORMATION (to	be completed by sampler - please type or print le	legibly)
System Name:		PWS I.D. #:
System Type (check one):	nity Non-transient Non-communit	ty Transient Non-community
Address:		
City:	;	ZIP Code:
Phone #Fax	x #:E-Mail Ad	ldress:
SAMPLE INFORMATION (to be completed by s	ampler)	
Sample Number: <u>35836367018</u>	Sample Date: <u>10/21/2023</u>	Sample Time:34 (AM) PM (Circle One
Sample Location (be specific): 012B-#267 Hann	ah's Rest	
Disinfectant Residual (Required when reporting results	s for trihalomethanes and haloacetic acids): mg/l	/L Field pH:
Sample Type (Check Only One)	Reason(s)	for Sample (Check all that apply)
Distribution	Routine Compliance with	n 62-550 Replacement (of Invalidated Sample)
Entry Point (to Distribution)	Confirmation of MCL Exc	ceedance* Special (not for compliance with 62-550)
Plant Tap (not for compliance with 62-550)	Confirmation of Multiple S	Sites** Clearance (permitting)
Raw (at well or intake)	Other:	
Max Residence Time	Sampling Procedure Used or	Other Comments:
Ave Residence Time		
Near First Customer		
	*See 62-550.500(6) for requireme And 62-550.512(3) for nitrate or n	
	SAMPLER CERTIFICAT	ION
I,	,	, do HEREBY CERTIFY
(Print Name)		(Print Title)
that the above public water system and sample	collection information is complete and correct.	
Signature:	Dat	te:
Certified Operator #:Phone #:	Sar	mpler's Fax #:
Sampler's E-mail:		
porting Format 62-550.730		

LABORATORY CERTIFICATION INFORMATION	(to be completed by lab -	please type or print legibly)
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Lab Name: Pace Analytic	al Services, LLC Florida DOH Certification #:		_Certification Expiration E)ate:		
		ATTACH CURRENT DOH A	NALYTE SHEET*			
Address:		Phone #				
Were any analyses subcon	tracted? Yes X No If yes, please provide D	OOH certification numbers(s):				
		ATTACH DOH ANALYTE S		ITRACTED LAB*		
ANALYSIS INFORMATIO	v (to be completed by lab) Date Sample(s) Re	ceived: 10/23/2023				
PWS ID (From Page1):	Sample Number (Fr	om Page1): <u>35836367018</u> La	ab Assigned Report # or J	ob ID: <u>35836367018</u>		
Group(s) Analyzed & Resu	Its attached for compliance with Chapter 62-550, F.A.	C. (Check all that apply):				
Inorganics	Synthetic Organics Volatile Organics All 30 All 21	Disinfection Byproducts	Radionuclides	Secondaries		
X Partial	All Except Dioxin Partial	Haloacetic Acids	Qtrly Composite**	X Partial		
Nitrate						
Nitrite		Bromate				
Asbestos						
	LAB CEF	RTIFICATION				
I,	Martha Montero	Project Man	ager	_, do HEREBY CERTIFY		
	(Print Name)	(Print Title)				
that all attached analytical dat	a are correct and unless noted meet all requirements of the	National Environmental Laborat	ory Accreditation Converence	e (NELAC).		
Signature:	Maith muito	Date:	10/25/2023			
possible enforcement agair	nd current Florida DOH lab certification number and a current the public water system for failture to sample, and may re- sample dates & locations for each quarter.					
	CONFIRMATION & NOTIFICATION IS REQUIRED WITH			econtable)		
	ETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" QU		S BDL or with a < are not a	cceptable.)		
COMPLIANCE DETERMIN	IATION (to be completed by DEP or DOH attach no	otes as necessary)				
Sample Collection & Analy	sis Satisfactory: Yes No	Replacement Sample of	or Report Requested (circle	or highlight group(s) above)		
Person Notified:	Date Notified:	DEP/DOH Review	wing Official:			
Reporting Format 62-550.730 Effective January 1995, Revised Dec	cember 2012 Pa	age 2 of 4				

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							

SECONDARY CONTAMINANTS 62-550.320

Report Number / Job ID: 35836367018

PWS ID (From Page 1):

	i						1	0 , <u> </u>		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							

Page 4 of 4

PUBLIC WATER SYSTEM INFORMATION (to be con	mpleted 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 sample	er)	
Sample Number: <u>35836367019</u>	Sample Date: <u>10/21/2023</u> Sample Time	e: <u>11:45</u> (AM) PM (Circle One
Sample Location (be specific): 013A-#70-10 Campo R	lico	
Disinfectant Residual (Required when reporting results for trih	nalomethanes and haloacetic acids): mg/L Field pH:	
Sample Type (Check Only One)	Reason(s) for Sample (Che	ck all that apply)
Distribution	Routine Compliance with 62-550	Replacement (of Invalidated Sample)
Entry Point (to Distribution)	Confirmation of MCL Exceedance*	Special (not for compliance with 62-550)
Plant Tap (not for compliance with 62-550)	Confirmation of Multiple Sites**	Clearance (permitting)
Raw (at well or intake)	Other:	
Max Residence Time	Sampling Procedure Used or Other Comments:	
Ave Residence Time		
Near First Customer		
	*See 62-550.500(6) for requirements and restrictions. And 62-550.512(3) for nitrate or nitrite exceedances.	**See 62-550.550(4) for requirements and attach a results page for each site.
	SAMPLER CERTIFICATION	
l,	,	, do HEREBY CERTIFY
(Print Name)	(Print Title)	
that the above public water system and sample collec	tion information is complete and correct.	
Signature:	Date:	
Certified Operator #:Phone #:	Sampler's Fax #:	
Sampler's E-mail:		
porting Format 62-550.730	Dage 1 of 4	

LABORATORY CERTIFICATION INFORMATION	(to be completed by lab -	please type or print legibly)
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Lab Name: Pace Analytic	al Services, LLCFlorida DOH Certification #	:	Certification Expiration D	ate:		
		ATTACH CURRENT DOH ANALYTE SHEET*				
Address:		Phone #				
Were any analyses subcon	tracted? Yes X No If yes, please provide	DOH certification numbers(s):				
		ATTACH DOH ANALYTE SH		ITRACTED LAB*		
ANALYSIS INFORMATIO	N (to be completed by lab) Date Sample(s) Re	eceived: 10/23/2023				
PWS ID (From Page1):	Sample Number (F	rom Page1): <u>35836367019</u> Lal	b Assigned Report # or J	ob ID: <u>35836367019</u>		
Group(s) Analyzed & Resu	Its attached for compliance with Chapter 62-550, F.A	.C. (Check all that apply):				
Inorganics	Synthetic Organics Volatile Organics All 30 All 21	Disinfection Byproducts	Radionuclides	Secondaries		
X Partial	All Except Dioxin Partial	Haloacetic Acids	Qtrly Composite**	X Partial		
Nitrate	Partial	Chlorite				
Nitrite	Dioxin Only	Bromate				
Asbestos						
	LAB CE	RTIFICATION				
I,	Martha Montero,	Project Mana	0	_, do HEREBY CERTIFY		
	(Print Name)	(Print Title)			
that all attached analytical dat	a are correct and unless noted meet all requirements of the	e National Environmental Laborato	ry Accreditation Converenc	e (NELAC).		
Signature:	Maithe monto	Date:	10/25/2023			
possible enforcement agair	nd current Florida DOH lab certification number and a current the public water system for failture to sample, and may resumple dates & locations for each quarter.					
NON-L	ETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" QU	JALIFIER. (Non-detects reported as	BDL or with a < are not a	cceptable.)		
COMPLIANCE DETERMIN	NATION (to be completed by DEP or DOH attach no	otes as necessary)				
Sample Collection & Analy	sis Satisfactory: Yes No	Replacement Sample or	Report Requested (circle	or highlight group(s) above)		
Person Notified:	Date Notified:	DEP/DOH Review	ving Official:			
Reporting Format 62-550.730 Effective January 1995, Revised Dec	cember 2012 P	Page 2 of 4				

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	0.33		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							

SECONDARY CONTAMINANTS 62-550.320

Report Number / Job ID: 35836367019

PWS ID (From Page 1):

				i		1	1			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							

PUBLIC WATER SYSTEM INFORMATION (to be comp	pleted 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: <u>35836367020</u>	Sample Date: <u>10/21/2023</u> Sample Time	e: <u>11:58</u> (AM) PM (Circle One
Sample Location (be specific): 013B-#70-10 Campo Ric	0	Location Code:
Disinfectant Residual (Required when reporting results for trihal	omethanes and haloacetic acids): mg/L Field pH:	
Sample Type (Check Only One)	Reason(s) for Sample (Che	ck all that apply)
Distribution	Routine Compliance with 62-550	Replacement (of Invalidated Sample)
Entry Point (to Distribution)	Confirmation of MCL Exceedance*	Special (not for compliance with 62-550)
Plant Tap (not for compliance with 62-550)	Confirmation of Multiple Sites**	Clearance (permitting)
Raw (at well or intake)	Other:	
Max Residence Time	Sampling Procedure Used or Other Comments:	
Ave Residence Time		
Near First Customer		
	*See 62-550.500(6) for requirements and restrictions. And 62-550.512(3) for nitrate or nitrite exceedances.	**See 62-550.550(4) for requirements and attach a results page for each site.
	SAMPLER CERTIFICATION	
l,		, do HEREBY CERTIFY
(Print Name)	(Print Title)	
that the above public water system and sample collection	in information is complete and correct.	
Signature:	Date:	
Certified Operator #:Phone #:	Sampler's Fax #:	
Sampler's E-mail:		
porting Format 62-550.730		

LABORATORY CERTIFICATION INFORMATION	(to be completed	by lab -	please type or	r print legibly)
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Lab Name: Pace Analytic	al Services, LLCFlorida DOH Certification #	¥:	Certification Expiration D	ate:		
		ATTACH CURRENT DOH ANALYTE SHEET*				
Address:		Phone #				
Were any analyses subcon	tracted? Yes X No If yes, please provide	DOH certification numbers(s):				
		ATTACH DOH ANALYTE SI		ITRACTED LAB*		
ANALYSIS INFORMATIO	N (to be completed by lab) Date Sample(s) R	eceived: <u>10/23/2023</u>				
PWS ID (From Page1):	Sample Number (F	From Page1): <u>35836367020</u> La	b Assigned Report # or J	ob ID: <u>35836367020</u>		
Group(s) Analyzed & Resu	Its attached for compliance with Chapter 62-550, F.A	A.C. (Check all that apply):				
Inorganics	Synthetic Organics Volatile Organics All 30 All 21	Disinfection Byproducts	Radionuclides	Secondaries		
X Partial	All Except Dioxin Partial	Haloacetic Acids	Qtrly Composite**	X Partial		
Nitrate	Partial	Chlorite				
Nitrite	Dioxin Only	Bromate				
Asbestos						
	LAB CE	RTIFICATION				
I,	Martha Montero,	Project Mana	0	_, do HEREBY CERTIFY		
	(Print Name)	(Print Title	2)			
that all attached analytical dat	a are correct and unless noted meet all requirements of th	e National Environmental Laborato	ory Accreditation Converenc	e (NELAC).		
Signature:	March monto	Date:	10/25/2023			
possible enforcement agair	nd current Florida DOH lab certification number and a current the public water system for failture to sample, and may sample dates & locations for each quarter.					
NON-L	ETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" Q	UALIFIER. (Non-detects reported as	BUL or with a < are not a	ссертаріе.)		
COMPLIANCE DETERMIN	NATION (to be completed by DEP or DOH attach n	notes as necessary)				
Sample Collection & Analy	sis Satisfactory: Yes No	Replacement Sample o	r Report Requested (circle	or highlight group(s) above)		
Person Notified:	Date Notified:	DEP/DOH Review	ving Official:			
Reporting Format 62-550.730 Effective January 1995, Revised Dec	cember 2012	Page 2 of 4				

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							

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							

System Name:	PWS I.D. #: Non-community
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	n Code:
Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): mg/L Field pH:	
Sample Type (Check Only One) Reason(s) for Sample (Check all that	apply)
Distribution Routine Compliance with 62-550	Replacement (of Invalidated Sample)
Entry Point (to Distribution) Confirmation of MCL Exceedance*	Special (not for compliance with 62-550)
Plant Tap (not for compliance with 62-550)	Clearance (permitting)
Raw (at well or intake) Other:	
Max Residence Time Sampling Procedure Used or Other Comments:	
Ave Residence Time	
Near First Customer	
	-550.550(4) for requirements and a results page for each site.
SAMPLER CERTIFICATION	
	, do HEREBY CERTIFY
(Print Name) (Print Title)	
that the above public water system and sample collection information is complete and correct.	
Signature: Date:	
Certified Operator #:Phone #:Sampler's Fax #:	
Sampler's E-mail:	
porting Format 62-550.730	

LABORATORY CERTIFICATION INFORMATION	(to be completed by lab -	please type or print legibly)
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Lab Name: Pace Analytical Services, LLC	Florida DOH Certification #:		Certification Expiration E	Date:		
		ATTACH CURRENT DOH ANALYTE SHEET*				
Address:		Phone #				
Were any analyses subcontracted?	No If yes, please provide DC	OH certification numbers(s):			
			SHEET FOR EACH SUBCOM	NTRACTED LAB*		
ANALYSIS INFORMATION (to be completed by la	ab) Date Sample(s) Rece	eived: 10/23/2023				
PWS ID (From Page1):	Sample Number (From	n Page1): <u>35836367021</u>	_Lab Assigned Report # or J	ob ID: <u>35836367021</u>		
Group(s) Analyzed & Results attached for complia	nce with Chapter 62-550, F.A.C.	(Check all that apply):				
Inorganics Synthetic Organics All Except Asbestos All 30 X Partial All Except Dioxin Nitrate Partial	All 21	Disinfection Byproducts Trihalomethanes Haloacetic Acids Chlorite	Radionuclides Single Sample Qtrly Composite**	Secondaries All 14 X Partial		
Nitrite Dioxin Only	l	Bromate				
Asbestos		TIFICATION				
I, Martha Montero (Print Name)	,	Project M (Print 1		_, do HEREBY CERTIFY		
that all attached analytical data are correct and unless n	noted meet all requirements of the N	,	,			
-						
Signature:	hmiles	Date:	10/25/2023			
 * Failure to provide a valid and current Florida DOH lab possible enforcement against the public water system ** Please provide radiological sample dates & locations 	n for failture to sample, and may res		-			
	NOTIFICATION IS REQUIRED WITHIN					
NON-DETECTS ARE TO BE REPO	RTED AS THE MDL WITH A "U" QUAL	IFIER. (Non-detects reported	I as "BDL" or with a "<" are not a	icceptable.)		
COMPLIANCE DETERMINATION (to be complete	ed by DEP or DOH attach note	es as necessary)				
Sample Collection & Analysis Satisfactory:	Yes No	Replacement Sample	e or Report Requested (circle	e or highlight group(s) above)		
Person Notified:	Date Notified:	DEP/DOH Rev	viewing Official:			
Reporting Format 62-550.730 Effective January 1995, Revised December 2012	Pag	e 2 of 4				

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	0.14		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							

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.

PUBLIC WATER SYSTEM INFORMATION (to be cor	npleted 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 sample	r)	
Sample Number: <u>35836367022</u>	_Sample Date: <u>10/21/2023</u> Sample Ti	me: <u>12:22</u> AM (PM) (Circle One
Sample Location (be specific): 014B-#338 Est. Whim		Location Code:
Disinfectant Residual (Required when reporting results for trih	alomethanes and haloacetic acids): mg/L Field pH: _	
Sample Type (Check Only One)	Reason(s) for Sample (C	Check all that apply)
Distribution	Routine Compliance with 62-550	Replacement (of Invalidated Sample)
Entry Point (to Distribution)	Confirmation of MCL Exceedance*	Special (not for compliance with 62-550)
Plant Tap (not for compliance with 62-550)	Confirmation of Multiple Sites**	Clearance (permitting)
Raw (at well or intake)	Other:	
Max Residence Time	Sampling Procedure Used or Other Comment	ts:
Ave Residence Time		
Near First Customer		
	*See 62-550.500(6) for requirements and restriction And 62-550.512(3) for nitrate or nitrite exceedance	
	SAMPLER CERTIFICATION	
l,		, do HEREBY CERTIFY
(Print Name)	(Print Title	e)
that the above public water system and sample collec	tion information is complete and correct.	
Signature:	Date:	
Certified Operator #:Phone #:	Sampler's Fax #:	
Sampler's E-mail:		
porting Format 62-550.730		

LABORATORY CERTIFICATION INFORMATION	I (to be completed by lab	- please type or print legibly)
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Lab Name: Pace Analyti	cal Services, LLC Florida DOH Certification #:		Certification Expiration	Date:
		ATTACH CURRENT DOF	ANALYTE SHEET*	
Address:		Phone #		
Were any analyses subco				
			E SHEET FOR EACH SUBCO	
ANALYSIS INFORMATIC	IN (to be completed by lab) Date Sample(s) Red	ceived: <u>10/23/2023</u>		
PWS ID (From Page1):	Sample Number (Fro	om Page1): 35836367022	Lab Assigned Report # or	Job ID: 35836367022
	ults attached for compliance with Chapter 62-550, F.A.	C. (Check all that apply):		
Inorganics	Synthetic Organics Volatile Organics	Disinfection Byproducts	Radionuclides	Secondaries
All Except Asbestos	All 30 All 21	Trihalomethanes	Single Sample	All 14
X Partial	All Except Dioxin Partial	Haloacetic Acids	Qtrly Composite**	X Partial
Nitrate	Partial	Chlorite		
Nitrite	Dioxin Only	Bromate		
Asbestos				
		RTIFICATION		
I,	Martha Montero ,	Project M	lanager	, do HEREBY CERTIFY
	(Print Name)	(Print ⁻	Title)	
that all attached analytical da	ata are correct and unless noted meet all requirements of the	National Environmental Labo	pratory Accreditation Converer	nce (NELAC).
Signature:	March Monto	Date:	10/25/202	3
possible enforcement aga	and current Florida DOH lab certification number and a current inst the public water system for failture to sample, and may real sample dates & locations for each quarter.			
	CONFIRMATION & NOTIFICATION IS REQUIRED WITH			
NON-	DETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" QU	ALIFIER. (Non-detects reported	d as "BDL" or with a "<" are not	acceptable.)
COMPLIANCE DETERMI	NATION (to be completed by DEP or DOH attach no	tes as necessary)		
Sample Collection & Anal	ysis Satisfactory: Yes No	Replacement Sampl	le or Report Requested (circ	cle or highlight group(s) above)
Person Notified:	Date Notified:	DEP/DOH Rev	viewing Official:	
Reporting Format 62-550.730	Pa	and 2 of 4		

Effective January 1995, Revised December 2012

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							

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							

Page 4 of 4

PUBLIC WATER SYSTEM INFORMATION (to be comp	leted 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:		
Dity:	ZIP Code:	
Phone #Fax #:	E-Mail Address:	
SAMPLE INFORMATION (to be completed by sampler)		
Sample Number: <u>35836367023</u>	Sample Date: 10/21/2023 Sample	Time: <u>12:32</u> AM (PM) (Circle One
Sample Location (be specific): 015A-#108 Whim		Location Code:
Disinfectant Residual (Required when reporting results for trihalor	methanes and haloacetic acids): mg/L Field pH:	
Sample Type (Check Only One)	Reason(s) for Sample	(Check all that apply)
Distribution	Routine Compliance with 62-550	Replacement (of Invalidated Sample)
Entry Point (to Distribution)	Confirmation of MCL Exceedance*	Special (not for compliance with 62-550)
Plant Tap (not for compliance with 62-550)	Confirmation of Multiple Sites**	Clearance (permitting)
Raw (at well or intake)	Other:	
Max Residence Time	Sampling Procedure Used or Other Comm	ents:
Ave Residence Time		
Near First Customer		
	*See 62-550.500(6) for requirements and restric And 62-550.512(3) for nitrate or nitrite exceedar	
	SAMPLER CERTIFICATION	
·	,	, do HEREBY CERTIFY
(Print Name)	(Print T	ïtle)
hat the above public water system and sample collection	n information is complete and correct.	
Signature:	Date:	
Certified Operator #:Phone #:	Sampler's Fax	#:
Sampler's E-mail:		
orting Format 62-550.730		

LABORATORY CERTIFICATION INFORMATION	I (to be completed by lab	- please type or print legibly)
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Lab Name: Pace Analytic	cal Services, LLCFlorida DOH Certification #:		Certification Expiration [Date:		
		ATTACH CURRENT DOH	ANALYTE SHEET*			
Address:		Phone #				
Were any analyses subco	ntracted? Yes X No If yes, please provide D					
			SHEET FOR EACH SUBCO	NTRACTED LAB*		
ANALYSIS INFORMATIO	N (to be completed by lab) Date Sample(s) Re	ceived: <u>10/23/2023</u>				
PWS ID (From Page1):	Sample Number (Fr	om Page1): <u>35836367023</u> L	ab Assigned Report # or .	Job ID: <u>35836367023</u>		
Group(s) Analyzed & Resu	ults attached for compliance with Chapter 62-550, F.A.	C. (Check all that apply):				
Inorganics All Except Asbestos X Partial Nitrate Nitrite	Synthetic Organics Volatile Organics All 30 All 21 All Except Dioxin Partial Dioxin Only Dioxin Only	Disinfection Byproducts Trihalomethanes Haloacetic Acids Chlorite Bromate	Radionuclides Single Sample Qtrly Composite**	Secondaries All 14 X Partial		
Asbestos						
	LAB CEF	RTIFICATION				
I,	Martha Montero,	Project Ma	_, do HEREBY CERTIFY			
	(Print Name)	(Print Title)				
that all attached analytical da	ata are correct and unless noted meet all requirements of the	National Environmental Labora	atory Accreditation Converence	ce (NELAC).		
Signature:	March Monto	Date:	10/25/2023			
possible enforcement agai	and current Florida DOH lab certification number and a currer inst the public water system for failture to sample, and may re Il sample dates & locations for each quarter.					
	CONFIRMATION & NOTIFICATION IS REQUIRED WITH					
NON-I	DETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" QU	ALIFIER. (Non-detects reported a	as "BDL" or with a "<" are not a	acceptable.)		
COMPLIANCE DETERMI	NATION (to be completed by DEP or DOH attach no	otes as necessary)				
Sample Collection & Analy	ysis Satisfactory: Yes No	Replacement Sample	or Report Requested (circle	e or highlight group(s) above)		
Person Notified:	Date Notified:	DEP/DOH Revie	ewing Official:			
Reporting Format 62-550.730 Effective January 1995, Revised De	ecember 2012	age 2 of 4				

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	0.20		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							

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							

Page 4 of 4

System Type (check one): Community Address: Transient Non-community Address: ZIP Code: City: Phone # Fax #: E-Mail Address: SAMPLE INFORMATION (to be completed by sampler) Sample Number: 35836367024 Sample Date: 10/21/2023 Sample Time: 12:45	
Address:	
City: ZIP Code: Phone # Fax #: E-Mail Address: SAMPLE INFORMATION (to be completed by sampler)	
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	
SAMPLE INFORMATION (to be completed by sampler) Sample Number: 35836367024 Sample Number: 35836367024	
Sample Number: 35836367024 Sample Date: 10/21/2023 Sample Time: 12:45 AM	1 (PM) (Circle One
	1 (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) Reason(s) for Sample (Check all that apply)	
Distribution Routine Compliance with 62-550 Replacement (of Inva	alidated Sample)
Entry Point (to Distribution) Confirmation of MCL Exceedance* Special (not for comp	pliance with 62-550)
Plant Tap (not for compliance with 62-550)	g)
Raw (at well or intake) Other:	
Max Residence Time Sampling Procedure Used or Other Comments:	
Ave Residence Time	
Near First Customer	
*See 62-550.500(6) for requirements and restrictions. **See 62-550.550(4) for requirements and restrictions. **See 62-550.550(4) for requirements and results page for each site	
SAMPLER CERTIFICATION	
l,,, do HE	EREBY 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:	
porting Format 62-550.730	

LABORATORY CERTIFICATION INFORMATION	(to be completed	by lab -	please type or	r print legibly)
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Lab Name: Pace Analytic	al Services, LLC Florida DOH Certific	ation #:	Certification Expiration Date:				
		ATTACH CURRENT DOH AN	ALYTE SHEET*				
Address:		Phone #					
Were any analyses subcor	tracted? Yes X No If yes, please p	rovide DOH certification numbers(s):					
			EET FOR EACH SUBCONTRA	ACTED LAB*			
ANALYSIS INFORMATIO	N (to be completed by lab) Date Sample	e(s) Received: <u>10/23/2023</u>					
PWS ID (From Page1):	Sample Nur	nber (From Page1): <u>35836367024</u> Lal	o Assigned Report # or Job II	D: <u>35836367024</u>			
Group(s) Analyzed & Resu	Its attached for compliance with Chapter 62-55	50, F.A.C. (Check all that apply):					
Inorganics All Except Asbestos X Partial Nitrate Nitrite Asbestos	Synthetic OrganicsVolatile OrganicsAll 30All 21All Except DioxinPartialPartialDioxin Only	Disinfection Byproducts Trihalomethanes Haloacetic Acids Chlorite Bromate	Single Sample	Secondaries All 14 X Partial			
	LA	B CERTIFICATION					
I,	Martha Montero (Print Name) a are correct and unless noted meet all requiremen	(Print Title	Project Manager, do HEREBY CERT (Print Title)				
Signature:	Maich Monto	Date:	10/25/2023	- 			
possible enforcement again	nd current Florida DOH lab certification number and nst the public water system for failture to sample, an sample dates & locations for each quarter.			ction of the report,			
NON-E	CONFIRMATION & NOTIFICATION IS REQUIR ETECTS ARE TO BE REPORTED AS THE MDL WITH A			table.)			
COMPLIANCE DETERMI	IATION (to be completed by DEP or DOH at	ttach notes as necessary)					
Sample Collection & Analy	sis Satisfactory: Yes No	Replacement Sample or	Report Requested (circle or hi	ighlight group(s) above)			
Person Notified:	Date Notified	:DEP/DOH Review	ing Official:				
Reporting Format 62-550.730 Effective January 1995, Revised De		Page 2 of 4					

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							

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							

Page 4 of 4

PUBLIC WATER SYSTEM INFORMATION (to b	be completed by sampler - please type or print legibly)	
System Name:		PWS I.D. #:
System Type (check one):	ity Non-transient Non-community	Transient Non-community
Address:		
City:	ZIP Code:	
Phone #Fax #	#:E-Mail Address:	
SAMPLE INFORMATION (to be completed by sa	impler)	
Sample Number: 35836367025	Sample Date: <u>10/21/2023</u> Sample	Time: <u>12:59</u> 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)	Reason(s) for Sample ((Check all that apply)
Distribution	Routine Compliance with 62-550	Replacement (of Invalidated Sample)
Entry Point (to Distribution)	Confirmation of MCL Exceedance*	Special (not for compliance with 62-550)
Plant Tap (not for compliance with 62-550)	Confirmation of Multiple Sites**	Clearance (permitting)
Raw (at well or intake)	Other:	
Max Residence Time	Sampling Procedure Used or Other Comme	ents:
Ave Residence Time		
Near First Customer		
	*See 62-550.500(6) for requirements and restrict And 62-550.512(3) for nitrate or nitrite exceedance	
	SAMPLER CERTIFICATION	
I,	,	, do HEREBY CERTIFY
(Print Name)	(Print Ti	itle)
that the above public water system and sample c	ollection information is complete and correct.	
Signature:	Date:	
Certified Operator #:Phone #:	Sampler's Fax #	#:
Sampler's E-mail:		
porting Format 62-550.730		

LABORATORY CERTIFICATION INFORMATION	(to be completed	by lab -	please type or	r print legibly)
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Lab Name: Pace Analytic	al Services, LLC Florida DOH Certification #:		_Certification Expiration [Date:		
		ATTACH CURRENT DOH A	NALYTE SHEET*			
Address:		Phone #				
Were any analyses subcon	tracted? Yes X No If yes, please provide D	OOH certification numbers(s)	:			
			SHEET FOR EACH SUBCO	NTRACTED LAB*		
ANALYSIS INFORMATION	v (to be completed by lab) Date Sample(s) Re	ceived: <u>10/23/2023</u>				
PWS ID (From Page1):	Sample Number (Fr	om Page1): <u>35836367025</u> L	ab Assigned Report # or .	lob ID: <u>35836367025</u>		
Group(s) Analyzed & Resu	Its attached for compliance with Chapter 62-550, F.A.	C. (Check all that apply):				
Inorganics All Except Asbestos	Synthetic Organics Volatile Organics All 30 All 21	Disinfection Byproducts	Radionuclides	Secondaries All 14		
X Partial	All Except Dioxin Partial	Haloacetic Acids	Qtrly Composite**	X Partial		
Nitrate	Partial	Chlorite				
Nitrite	Dioxin Only	Bromate				
Asbestos						
	LAB CEF	RTIFICATION				
l,	Martha Montero,	Project Mar	_, do HEREBY CERTIFY			
	(Print Name)	(Print Title)				
that all attached analytical dat	a are correct and unless noted meet all requirements of the	National Environmental Labora	tory Accreditation Converence	ce (NELAC).		
Signature:	Maithe Monto	Date:	10/25/2023			
possible enforcement agair	nd current Florida DOH lab certification number and a current not the public water system for failture to sample, and may re sample dates & locations for each quarter.					
	CONFIRMATION & NOTIFICATION IS REQUIRED WITH					
NON-D	ETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" QU	ALIFIER. (Non-detects reported a	S "BDL" or with a "<" are not a	acceptable.)		
COMPLIANCE DETERMIN	IATION (to be completed by DEP or DOH attach no	otes as necessary)				
Sample Collection & Analy	sis Satisfactory: Yes No	Replacement Sample	or Report Requested (circle	e or highlight group(s) above)		
Person Notified:	Date Notified:	DEP/DOH Revie	wing Official:			
Reporting Format 62-550.730 Effective January 1995, Revised Dec	cember 2012 Pa	age 2 of 4				

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	0.55		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							

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							

PUBLIC WATER SYSTEM INFORMATION (to be comple	eted 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 #:		
SAMPLE INFORMATION (to be completed by sampler)		
Sample Number: <u>35836367026</u> Sample Sa	ample Date: <u>10/21/2023</u> Sample Tin	me: <u>1:12</u> AM (PM) (Circle One
Sample Location (be specific): 018B-#89 William's Delight		Location Code:
Disinfectant Residual (Required when reporting results for trihalom	ethanes and haloacetic acids): mg/L Field pH: _	
Sample Type (Check Only One)	Reason(s) for Sample (Ch	heck all that apply)
Distribution	Routine Compliance with 62-550	Replacement (of Invalidated Sample)
Entry Point (to Distribution)	Confirmation of MCL Exceedance*	Special (not for compliance with 62-550)
Plant Tap (not for compliance with 62-550)	Confirmation of Multiple Sites**	Clearance (permitting)
Raw (at well or intake)	Other:	
Max Residence Time	Sampling Procedure Used or Other Comments	s:
Ave Residence Time		
Near First Customer		
	*See 62-550.500(6) for requirements and restriction And 62-550.512(3) for nitrate or nitrite exceedances	
	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:		
porting Format 62-550.730		

LABORATORY CERTIFICATION INFORMATION	I (to be complet	ed by lab - plea	ase type or print legibly)
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Lab Name: Pace Analytic	al Services, LLC Florida DOH Certification #:		_Certification Expiration E	Date:		
		ATTACH CURRENT DOH A	NALYTE SHEET*			
Address:		Phone #				
Were any analyses subcon	tracted? Yes X No If yes, please provide D	OOH certification numbers(s)	:			
			SHEET FOR EACH SUBCON	NTRACTED LAB*		
ANALYSIS INFORMATIO	I (to be completed by lab) Date Sample(s) Re	ceived: <u>10/23/2023</u>				
PWS ID (From Page1):	Sample Number (Fr	om Page1): <u>35836367026</u> L	ab Assigned Report # or J	lob ID: <u>35836367026</u>		
Group(s) Analyzed & Resu	Its attached for compliance with Chapter 62-550, F.A.	C. (Check all that apply):				
Inorganics All Except Asbestos	Synthetic Organics Volatile Organics All 30 All 21	Disinfection Byproducts	Radionuclides	Secondaries		
X Partial	All Except Dioxin Partial	Haloacetic Acids	Qtrly Composite**	X Partial		
Nitrate	Partial	Chlorite				
Nitrite	Dioxin Only	Bromate				
Asbestos						
	LAB CEF	RTIFICATION				
I,	Martha Montero,	Project Mar	0	_, do HEREBY CERTIFY		
	(Print Name)	(Print Title)				
that all attached analytical dat	a are correct and unless noted meet all requirements of the	National Environmental Labora	tory Accreditation Converence	e (NELAC).		
Signature:	Martha Monto	Date:	10/25/2023			
possible enforcement agair	nd current Florida DOH lab certification number and a curren not the public water system for failture to sample, and may re sample dates & locations for each quarter.					
	CONFIRMATION & NOTIFICATION IS REQUIRED WITH			accentable)		
NON-D	ETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" QU	ALIFIER. (Non-detects reported a	S BUL or with a < are not a	icceptable.)		
COMPLIANCE DETERMIN	IATION (to be completed by DEP or DOH attach no	otes as necessary)				
Sample Collection & Analy	sis Satisfactory: Yes No	Replacement Sample	or Report Requested (circle	e or highlight group(s) above)		
Person Notified:	Date Notified:	DEP/DOH Revie	wing Official:			
Reporting Format 62-550.730 Effective January 1995, Revised Dec	cember 2012 Pa	age 2 of 4				

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							

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							

Page 4 of 4

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
Address:	
Dity:	ZIP Code:
Phone #Fax #:	E-Mail Address:
SAMPLE INFORMATION (to be completed by sam	oler)
Sample Number: <u>35836367027</u>	Sample Date: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)	Reason(s) for Sample (Check all that apply)
Distribution	Routine Compliance with 62-550 Replacement (of Invalidated Sample)
Entry Point (to Distribution)	Confirmation of MCL Exceedance* Special (not for compliance with 62-550)
Plant Tap (not for compliance with 62-550)	Confirmation of Multiple Sites** Clearance (permitting)
Raw (at well or intake)	Other:
Max Residence Time	Sampling Procedure Used or Other Comments:
Ave Residence Time	
Near First Customer	
	*See 62-550.500(6) for requirements and restrictions. And 62-550.512(3) for nitrate or nitrite exceedances.
	SAMPLER CERTIFICATION
,	, do HEREBY CERTIFY
(Print Name)	(Print Title)
hat the above public water system and sample col	ection information is complete and correct.
Signature:	Date:
Certified Operator #:Phone #:	Sampler's Fax #:
Sampler's E-mail:	
orting Format 62-550.730	

LABORATORY CERTIFICATION INFORMATION	(to be completed	by lab -	please type or	r print legibly)
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Lab Name: Pace Analytica	al Services, LLC Florida DOH Certification #:		Certification Expiration [Date:		
		ATTACH CURRENT DOH	ANALYTE SHEET*			
Address:		Phone #				
Were any analyses subcon	tracted? Yes X No If yes, please provide D	OH certification numbers(s)):			
			SHEET FOR EACH SUBCO	NTRACTED LAB*		
ANALYSIS INFORMATION	(to be completed by lab) Date Sample(s) Rec	ceived: <u>10/23/2023</u>				
PWS ID (From Page1):	Sample Number (Fro	om Page1): <u>35836367027</u> L	_ab Assigned Report # or .	lob ID: <u>35836367027</u>		
Group(s) Analyzed & Resul	ts attached for compliance with Chapter 62-550, F.A.C	C. (Check all that apply):				
Inorganics All Except Asbestos	Synthetic Organics Volatile Organics All 30 All 21	Disinfection Byproducts	Radionuclides	Secondaries All 14		
X Partial	All Except Dioxin Partial	Haloacetic Acids	Qtrly Composite**	X Partial		
Nitrate	Partial	Chlorite				
Nitrite	Dioxin Only	Bromate				
Asbestos						
		RTIFICATION				
I,	Martha Montero,	Project Mar	0	_, do HEREBY CERTIFY		
	(Print Name)	(Print Title)				
that all attached analytical data	a are correct and unless noted meet all requirements of the	National Environmental Labora	atory Accreditation Converence	ce (NELAC).		
Signature:	Martha Monto	Date:	10/25/2023			
possible enforcement again	d current Florida DOH lab certification number and a curren st the public water system for failture to sample, and may re sample dates & locations for each quarter.					
	CONFIRMATION & NOTIFICATION IS REQUIRED WITH					
NON-D	ETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" QU/	ALIFIER. (Non-detects reported a	as "BDL" or with a "<" are not a	acceptable.)		
COMPLIANCE DETERMIN	IATION (to be completed by DEP or DOH attach no	tes as necessary)				
Sample Collection & Analys	sis Satisfactory: Yes No	Replacement Sample	or Report Requested (circle	e or highlight group(s) above)		
Person Notified:	Date Notified:	DEP/DOH Revie	ewing Official:			
Reporting Format 62-550.730 Effective January 1995, Revised Dec	ember 2012 Pa	age 2 of 4				

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	0.22		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							

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							

Page 4 of 4

UBLIC 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-commun	nity
Address:		
City:	ZIP Code:	
Phone #Fax #:	E-Mail Address:	
SAMPLE INFORMATION (to be completed by sam	ipler)	-
Sample Number: <u>35836367028</u>	Sample Date: <u>10/21/2023</u> Sample Time: <u>2:29</u>	AM (PM) (Circle One
Cample Location (be specific): 027B-#88 Diamond	Location Code:	
Disinfectant Residual (Required when reporting results for	trihalomethanes and haloacetic acids): mg/L Field pH:	
Cample Type (Check Only One)	Reason(s) for Sample (Check all that apply)	
Distribution	Routine Compliance with 62-550	nt (of Invalidated Sample)
Entry Point (to Distribution)	Confirmation of MCL Exceedance* Special (not	for compliance with 62-550)
Plant Tap (not for compliance with 62-550)	Confirmation of Multiple Sites**	permitting)
Raw (at well or intake)	Other:	
Max Residence Time	Sampling Procedure Used or Other Comments:	
Ave Residence Time		
Near First Customer		
	*See 62-550.500(6) for requirements and restrictions. **See 62-550.550(4) for And 62-550.512(3) for nitrate or nitrite exceedances. attach a results page for	
	SAMPLER CERTIFICATION	
		_, do HEREBY CERTIFY
(Print Name)	(Print Title)	
nat the above public water system and sample coll	lection information is complete and correct.	
Signature:	Date:	
Certified Operator #:Phone #:	Sampler's Fax #:	
Sampler's E-mail:		
orting Format 62-550.730		

LABORATORY CERTIFICATION INFORMATION	I (to be completed by	by lab - please type or print legit	oly)
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Lab Name: Pace Analytic	al Services, LLCFlorida DOH Certification #:	C	ertification Expiration Date	e:
		ATTACH CURRENT DOH ANA	LYTE SHEET*	
Address:		Phone #		
Were any analyses subcor	ntracted? Yes X No If yes, please provide I	DOH certification numbers(s):		
		ATTACH DOH ANALYTE SHE	ET FOR EACH SUBCONT	RACTED LAB*
ANALYSIS INFORMATIO	N (to be completed by lab) Date Sample(s) Re	ceived: _10/23/2023		
PWS ID (From Page1):	Sample Number (Fr	rom Page1): <u>35836367028</u> Lab	Assigned Report # or Job	ID: 35836367028
Group(s) Analyzed & Resu	Its attached for compliance with Chapter 62-550, F.A.	C. (Check all that apply):		
Inorganics	Synthetic Organics Volatile Organics	Disinfection Byproducts	Radionuclides	Secondaries
All Except Asbestos	All 30	Trihalomethanes	Single Sample	All 14
X Partial	All Except Dioxin Partial	Haloacetic Acids	Qtrly Composite**	X Partial
Nitrate	Partial	Chlorite		
Nitrite	Dioxin Only	Bromate		
Asbestos				
	LAB CEP	RTIFICATION		
I,	Martha Montero,	Project Manag	er ,	do HEREBY CERTIFY
	(Print Name)	(Print Title)		
that all attached analytical da	ta are correct and unless noted meet all requirements of the	National Environmental Laboratory	Accreditation Converence (NELAC).
Signature:	March Monto	Date:	10/25/2023	
possible enforcement again	nd current Florida DOH lab certification number and a curren nst the public water system for failture to sample, and may re I sample dates & locations for each quarter.			jection of the report,
	CONFIRMATION & NOTIFICATION IS REQUIRED WITH		-	
NON-E	DETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" QU	ALIFIER. (Non-detects reported as "E	SDL" or with a "<" are not acce	eptable.)
COMPLIANCE DETERMIN	NATION (to be completed by DEP or DOH attach no	otes as necessary)		
Sample Collection & Analy	rsis Satisfactory: Yes No	Replacement Sample or F	Report Requested (circle or	highlight group(s) above)
Person Notified:	Date Notified:	DEP/DOH Reviewir	ng Official:	
Reporting Format 62-550.730 Effective January 1995, Revised De	cember 2012 Pa	age 2 of 4		

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							

SECONDARY CONTAMINANTS 62-550.320

Report Number / Job ID: 35836367028

PWS ID (From Page 1):

								A 1 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							

Page 4 of 4

PUBLIC WATER SYSTEM INFORMATION (to be co	ompleted by sampler - please type or print legibly)	
System Name:		PWS I.D. #:
System Type (check one):	Non-transient Non-community	Transient Non-community
Address:		
City:	ZIP Code:	
Phone #Fax #: _	E-Mail Address:	
SAMPLE INFORMATION (to be completed by sample	er)	
Sample Number: <u>35836367029</u>	Sample Date: <u>10/21/2023</u> Sample T	Гіте: <u>1:51</u> АМ (РМ) (Circle One
Sample Location (be specific): 020A-#305 Mt. Pleasa	nt	Location Code:
Disinfectant Residual (Required when reporting results for tri	halomethanes and haloacetic acids): mg/L Field pH:	
Sample Type (Check Only One)	Reason(s) for Sample (Check all that apply)
Distribution	Routine Compliance with 62-550	Replacement (of Invalidated Sample)
Entry Point (to Distribution)	Confirmation of MCL Exceedance*	Special (not for compliance with 62-550)
Plant Tap (not for compliance with 62-550)	Confirmation of Multiple Sites**	Clearance (permitting)
Raw (at well or intake)	Other:	
Max Residence Time	Sampling Procedure Used or Other Comme	ints:
Ave Residence Time		
Near First Customer		
	*See 62-550.500(6) for requirements and restricti And 62-550.512(3) for nitrate or nitrite exceedance	
	SAMPLER CERTIFICATION	
I,		, do HEREBY CERTIFY
(Print Name)	(Print Ti	tle)
that the above public water system and sample colle	ction information is complete and correct.	
Signature:	Date:	
Certified Operator #:Phone #:	Sampler's Fax #	#:
Sampler's E-mail:		
porting Format 62-550.730		

LABORATORY CERTIFICATION INFORMATION	(to be completed	by lab -	please type or	r print legibly)
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Lab Name: Pace Analytica	I Services, LLC Florida DOH Certification	#:C	ertification Expiration Da	ate:
		ATTACH CURRENT DOH ANA	LYTE SHEET*	
Address:		Phone #		
Were any analyses subcont	racted? Yes X No If yes, please provide	e DOH certification numbers(s):		
		ATTACH DOH ANALYTE SHE	ET FOR EACH SUBCON	TRACTED LAB*
ANALYSIS INFORMATION	(to be completed by lab) Date Sample(s) I	Received: 10/23/2023		
PWS ID (From Page1):	Sample Number	(From Page1): <u>35836367029</u> Lab	Assigned Report # or Jo	b ID: <u>35836367029</u>
Group(s) Analyzed & Result	s attached for compliance with Chapter 62-550, F.	A.C. (Check all that apply):		
Inorganics All Except Asbestos	Synthetic Organics Volatile Organics All 30 All 21	Disinfection Byproducts F Trihalomethanes I	Radionuclides Single Sample	Secondaries All 14
X Partial	All Except Dioxin Partial	Haloacetic Acids	Qtrly Composite**	X Partial
Nitrate	Partial	Chlorite		
Nitrite	Dioxin Only	Bromate		
Asbestos				
	LAB C	ERTIFICATION		
I,	Martha Montero,	Project Manag	er	, do HEREBY CERTIFY
	(Print Name)	(Print Title)		
that all attached analytical data	are correct and unless noted meet all requirements of t	the National Environmental Laboratory	Accreditation Converence	e (NELAC).
Signature:	Marth Monto	Date:	10/25/2023	
possible enforcement agains	d current Florida DOH lab certification number and a cur at the public water system for failture to sample, and ma sample dates & locations for each quarter.			
	CONFIRMATION & NOTIFICATION IS REQUIRED W			
NON-DE	TECTS ARE TO BE REPORTED AS THE MDL WITH A "U"	QUALIFIER. (Non-detects reported as "E	SDL" or with a "<" are not ac	cceptable.)
COMPLIANCE DETERMIN	ATION (to be completed by DEP or DOH attach	notes as necessary)		
Sample Collection & Analys	is Satisfactory: Yes No	Replacement Sample or F	Report Requested (circle	or highlight group(s) above)
Person Notified:	Date Notified:	DEP/DOH Reviewir	ng Official:	
Reporting Format 62-550.730 Effective January 1995, Revised Dece	ember 2012	Page 2 of 4		

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	0.11		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							

SECONDARY CONTAMINANTS 62-550.320

Report Number / Job ID: 35836367029

PWS ID (From Page 1):

								A 1 1		DOLL I
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							

PUBLIC WATER SYSTEM INFORMATION (to be co	mpleted 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 sample	er)	
Sample Number: <u>35836367030</u>	Sample Date: <u>10/21/2023</u> Sample T	Гіте: <u>2:02</u> АМ (РМ) (Circle One
Sample Location (be specific): 020B-#305 Mt. Pleasa	nt	Location Code:
Disinfectant Residual (Required when reporting results for trib	alomethanes and haloacetic acids): mg/L Field pH:	
Sample Type (Check Only One)	Reason(s) for Sample (Check all that apply)
Distribution	Routine Compliance with 62-550	Replacement (of Invalidated Sample)
Entry Point (to Distribution)	Confirmation of MCL Exceedance*	Special (not for compliance with 62-550)
Plant Tap (not for compliance with 62-550)	Confirmation of Multiple Sites**	Clearance (permitting)
Raw (at well or intake)	Other:	
Max Residence Time	Sampling Procedure Used or Other Comme	ints:
Ave Residence Time		
Near First Customer		
	*See 62-550.500(6) for requirements and restricti And 62-550.512(3) for nitrate or nitrite exceedance	
	SAMPLER CERTIFICATION	
I,		, do HEREBY CERTIFY
(Print Name)	(Print Tit	tle)
that the above public water system and sample collect	tion information is complete and correct.	
Signature:	Date:	
Certified Operator #:Phone #:	Sampler's Fax #	#:
Sampler's E-mail:		
porting Format 62-550.730		

LABORATORY CERTIFICATION INFORMATION	(to be completed	by lab -	please type or	r print legibly)
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Lab Name: Pace Analytic	al Services, LLCFlorida DOH Certification #	#:C	Certification Expiration Da	ate:		
		ATTACH CURRENT DOH ANALYTE SHEET*				
Address:		Phone #				
Were any analyses subcon	tracted? Yes X No If yes, please provide	DOH certification numbers(s):				
		ATTACH DOH ANALYTE SHI	EET FOR EACH SUBCON	TRACTED LAB*		
ANALYSIS INFORMATIO	N (to be completed by lab) Date Sample(s) R	eceived: 10/23/2023				
PWS ID (From Page1):	Sample Number (F	From Page1): <u>35836367030</u> Lab	Assigned Report # or Jo	b ID: <u>35836367030</u>		
Group(s) Analyzed & Resu	Its attached for compliance with Chapter 62-550, F.A	A.C. (Check all that apply):				
Inorganics All Except Asbestos	Synthetic Organics Volatile Organics All 30 All 21	Disinfection Byproducts	Radionuclides Single Sample	Secondaries All 14		
X Partial	All Except Dioxin Partial	Haloacetic Acids	Qtrly Composite**	X Partial		
Nitrate	Partial	Chlorite				
Nitrite	Dioxin Only	Bromate				
Asbestos						
	LAB CE	RTIFICATION				
l,	Martha Montero,	Project Manag		, do HEREBY CERTIFY		
	(Print Name)	(Print Title)				
that all attached analytical dat	a are correct and unless noted meet all requirements of th	e National Environmental Laborator	y Accreditation Converence	e (NELAC).		
Signature:	Marth Monto	Date:	10/25/2023			
possible enforcement agair	nd current Florida DOH lab certification number and a current the public water system for failture to sample, and may sample dates & locations for each quarter.					
	CONFIRMATION & NOTIFICATION IS REQUIRED WIT					
NON-L	ETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" Q	UALIFIER. (Non-detects reported as "	BDL" of with a "<" are not ac	ceptable.)		
COMPLIANCE DETERMIN	NATION (to be completed by DEP or DOH attach r	notes as necessary)				
Sample Collection & Analy	sis Satisfactory: Yes No	Replacement Sample or	Report Requested (circle	or highlight group(s) above)		
Person Notified:	Date Notified:	DEP/DOH Reviewi	ng Official:			
Reporting Format 62-550.730 Effective January 1995, Revised Dec	cember 2012	Page 2 of 4				

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							

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							

PUBLIC WATER SYSTEM INFORMATION (to be	e completed by sampler - please type or print legibly)
System Name:	PWS I.D. #:
System Type (check one):	y Non-transient Non-community Transient Non-community
Address:	
City:	ZIP Code:
Phone #Fax #	:E-Mail Address:
SAMPLE INFORMATION (to be completed by sar	mpler)
Sample Number: <u>35836367031</u>	Sample Date: 10/21/2023Sample Time: 2:16AM (PM) (Circle One
Sample Location (be specific): 028A-#543 Mt. Plea	asantLocation Code:
Disinfectant Residual (Required when reporting results for	or trihalomethanes and haloacetic acids): mg/L Field pH:
Sample Type (Check Only One)	Reason(s) for Sample (Check all that apply)
Distribution	Routine Compliance with 62-550 Replacement (of Invalidated Sample)
Entry Point (to Distribution)	Confirmation of MCL Exceedance* Special (not for compliance with 62-550)
Plant Tap (not for compliance with 62-550)	Confirmation of Multiple Sites** Clearance (permitting)
Raw (at well or intake)	Other:
Max Residence Time	Sampling Procedure Used or Other Comments:
Ave Residence Time	
Near First Customer	
	*See 62-550.500(6) for requirements and restrictions. And 62-550.512(3) for nitrate or nitrite exceedances.
	SAMPLER CERTIFICATION
I,	, do HEREBY CERTIFY
(Print Name)	(Print Title)
that the above public water system and sample co	ollection information is complete and correct.
Signature:	Date:
Certified Operator #:Phone #: _	Sampler's Fax #:
Sampler's E-mail:	
porting Format 62-550.730	

LABORATORY CERTIFICATION INFORMATION	(to be completed by lab -	please type or print legibly)
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Lab Name: Pace Analytic	al Services, LLC Florida DOH Certification #:	on #:Certification Expiration Date: ATTACH CURRENT DOH ANALYTE SHEET*					
Address:		Phone #					
Were any analyses subcor	ntracted? Yes X No If yes, please provide I	OOH certification numbers(s	3):				
			SHEET FOR EACH SUBCO	NTRACTED LAB*			
ANALYSIS INFORMATIO	N (to be completed by lab) Date Sample(s) Re	ceived: <u>10/23/2023</u>					
PWS ID (From Page1):	Sample Number (Fr	rom Page1): <u>35836367031</u>	Lab Assigned Report # or .	Job ID: <u>35836367031</u>			
Group(s) Analyzed & Resu	Ilts attached for compliance with Chapter 62-550, F.A.	C. (Check all that apply):					
Inorganics	Synthetic Organics Volatile Organics	Disinfection Byproducts	Radionuclides	Secondaries			
All Except Asbestos	All 30 All 21	Trihalomethanes	Single Sample	All 14			
X Partial	All Except Dioxin Partial	Haloacetic Acids	Qtrly Composite**	X Partial			
Nitrate	Partial	Chlorite					
Nitrite	Dioxin Only	Bromate					
Asbestos							
	LAB CEF	RTIFICATION					
I,	Martha Montero,	Project Ma	_, do HEREBY CERTIFY				
	(Print Name)	(Print Title)					
that all attached analytical da	ta are correct and unless noted meet all requirements of the	National Environmental Labor	atory Accreditation Converence	ce (NELAC).			
Signature:	Mainten Monto	Date:	10/25/2023	5			
possible enforcement again	nd current Florida DOH lab certification number and a currer nst the public water system for failture to sample, and may re I sample dates & locations for each quarter.						
	CONFIRMATION & NOTIFICATION IS REQUIRED WITH						
NON-L	DETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" QU	ALIFIER. (Non-detects reported	as "BDL" or with a "<" are not a	acceptable.)			
COMPLIANCE DETERMI	NATION (to be completed by DEP or DOH attach no	otes as necessary)					
Sample Collection & Analy	vsis Satisfactory: Yes No	Replacement Sample	e or Report Requested (circle	e or highlight group(s) above)			
Person Notified:	Date Notified:	DEP/DOH Revi	iewing Official:				
Reporting Format 62-550.730 Effective January 1995, Revised De	cember 2012 Pa	age 2 of 4					

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	0.073		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							

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							

Page 4 of 4

PUBLIC WATER SYSTEM INFORMATION (to be completed by sampler - p	please type of print regiony)
System Name:	PWS I.D. #:
System Type (check one): Community Non-tran	sient Non-community
Address:	
City:	ZIP Code:
Phone #Fax #:	E-Mail Address:
SAMPLE INFORMATION (to be completed by sampler)	
Sample Number: <u>35836367032</u> Sample Date: <u>10/</u>	/21/2023Sample Time: 2:29AM (PM) (Circle One
Sample Location (be specific): 028B-#543 Mt. Pleasant	Location Code:
Disinfectant Residual (Required when reporting results for trihalomethanes and haloaceti	ic acids): mg/L Field pH:
Sample Type (Check Only One)	Reason(s) for Sample (Check all that apply)
Distribution Ro	outine Compliance with 62-550 Replacement (of Invalidated Sample)
Entry Point (to Distribution)	onfirmation of MCL Exceedance* Special (not for compliance with 62-550)
Plant Tap (not for compliance with 62-550)	onfirmation of Multiple Sites** Clearance (permitting)
Raw (at well or intake)	her:
Max Residence Time Samplir	ng Procedure Used or Other Comments:
Ave Residence Time	
Near First Customer	
	-550.500(6) for requirements and restrictions. **See 62-550.550(4) for requirements and attach a results page for each site.
SAMPLI	ER CERTIFICATION
l,,,	, do HEREBY CERTIFY
(Print Name)	(Print Title)
that the above public water system and sample collection information is con	nplete and correct.
Signature:	Date:
Certified Operator #:Phone #:	Sampler's Fax #:
Sampler's E-mail:	
porting Format 62-550.730	

LABORATORY CERTIFICATION INFORMATION	(to be completed	by lab -	please type or	r print legibly)
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Lab Name: Pace Analytic	al Services, LLCFlorida DOH Certification #	# :	Certification Expiration D	ate:		
		ATTACH CURRENT DOH ANALYTE SHEET*				
Address:		Phone #				
Were any analyses subcor	tracted? Yes X No If yes, please provide	DOH certification numbers(s):				
		ATTACH DOH ANALYTE SI		ITRACTED LAB*		
ANALYSIS INFORMATIO	N (to be completed by lab) Date Sample(s) R	eceived: <u>10/23/2023</u>				
PWS ID (From Page1):	Sample Number (F	From Page1): <u>35836367032</u> La	b Assigned Report # or J	ob ID: <u>35836367032</u>		
Group(s) Analyzed & Resu	Its attached for compliance with Chapter 62-550, F.A	A.C. (Check all that apply):				
Inorganics	Synthetic Organics Volatile Organics All 30 All 21	Disinfection Byproducts	Radionuclides	Secondaries		
X Partial	All Except Dioxin Partial	Haloacetic Acids	Single Sample Qtrly Composite**	All 14		
Nitrate				railia		
Nitrite		Bromate				
Asbestos						
	LAB CE	RTIFICATION				
l.	Martha Montero	Project Mana	ager	, do HEREBY CERTIFY		
,	(Print Name)	(Print Title	_,			
that all attached analytical dat	a are correct and unless noted meet all requirements of th	e National Environmental Laborato	ory Accreditation Converenc	e (NELAC).		
Signature:	March monto	Date:	10/25/2023			
possible enforcement agair	nd current Florida DOH lab certification number and a current the public water system for failture to sample, and may sample dates & locations for each quarter.					
	CONFIRMATION & NOTIFICATION IS REQUIRED WIT					
	ETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" Q			cceptable.)		
COMPLIANCE DETERMIN	NATION (to be completed by DEP or DOH attach n	notes as necessary)				
Sample Collection & Analy	sis Satisfactory: Yes No	Replacement Sample o	r Report Requested (circle	or highlight group(s) above)		
Person Notified:	Date Notified:	DEP/DOH Review	ving Official:			
Reporting Format 62-550.730 Effective January 1995, Revised Dee	cember 2012	Page 2 of 4				

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							

SECONDARY CONTAMINANTS 62-550.320

Report Number / Job ID: 35836367032

PWS ID (From Page 1):

				i			1			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							

Page 4 of 4

PUBLIC WATER SYSTEM INFORMATION (to be con	npleted 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 sample	r)	
Sample Number: <u>35836367033</u>	_Sample Date: <u>10/21/2023</u> Sample Tim	ne: <u>2:44</u> AM (PM) (Circle One
Sample Location (be specific): 019A-#249 William's De	elight	Location Code:
Disinfectant Residual (Required when reporting results for triha	alomethanes and haloacetic acids): mg/L Field pH:	
Sample Type (Check Only One)	Reason(s) for Sample (Ch	eck all that apply)
Distribution	Routine Compliance with 62-550	Replacement (of Invalidated Sample)
Entry Point (to Distribution)	Confirmation of MCL Exceedance*	Special (not for compliance with 62-550)
Plant Tap (not for compliance with 62-550)	Confirmation of Multiple Sites**	Clearance (permitting)
Raw (at well or intake)	Other:	
Max Residence Time	Sampling Procedure Used or Other Comments	s:
Ave Residence Time		
Near First Customer		
	*See 62-550.500(6) for requirements and restrictions And 62-550.512(3) for nitrate or nitrite exceedances.	
	SAMPLER CERTIFICATION	
I,		, do HEREBY CERTIFY
(Print Name)	(Print Title))
that the above public water system and sample collect	ion information is complete and correct.	
Signature:	Date:	
Certified Operator #:Phone #:	Sampler's Fax #:	
Sampler's E-mail:		
porting Format 62-550.730	Dama 4 of 4	

LABORATORY CERTIFICATION INFORMATION	I (to be completed by lab	- please type or print legibly)
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Lab Name: Pace Analytic	cal Services, LLC Florida DOH Certification #	:	Certification Expiration I	Date:		
		ATTACH CURRENT DOH	ANALYTE SHEET*			
Address:		Phone #				
Were any analyses subco	ntracted? Yes X No If yes, please provide					
			SHEET FOR EACH SUBCO	NTRACTED LAB*		
ANALYSIS INFORMATIO	N (to be completed by lab) Date Sample(s) Re	eceived: <u>10/23/2023</u>				
PWS ID (From Page1):	Sample Number (F	rom Page1): <u>35836367033</u> L	_ab Assigned Report # or .	Job ID: <u>35836367033</u>		
Group(s) Analyzed & Resi	ults attached for compliance with Chapter 62-550, F.A	.C. (Check all that apply):				
Inorganics All Except Asbestos X Partial Nitrate Nitrite	Synthetic Organics Volatile Organics All 30 All 21 All Except Dioxin Partial Partial Dioxin Only	Disinfection Byproducts Trihalomethanes Haloacetic Acids Chlorite Bromate	Radionuclides Single Sample Qtrly Composite**	Secondaries All 14 X Partial		
Asbestos						
	LAB CE	RTIFICATION				
I,	Martha Montero, (Print Name)	Project Manager, do HEREBY CER (Print Title)				
	ata are correct and unless noted meet all requirements of the	e National Environmental Labora	alory Accreditation Converen	Ce (NELAC).		
Signature:	March monto	Date:	10/25/2023	3		
possible enforcement again	and current Florida DOH lab certification number and a curre inst the public water system for failture to sample, and may r al sample dates & locations for each quarter.					
	CONFIRMATION & NOTIFICATION IS REQUIRED WITI					
NON-	DETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" QU	JALIFIER. (Non-detects reported a	as "BDL" or with a "<" are not	acceptable.)		
COMPLIANCE DETERMI	NATION (to be completed by DEP or DOH attach no	otes as necessary)				
Sample Collection & Anal	ysis Satisfactory: Yes No	Replacement Sample	or Report Requested (circl	e or highlight group(s) above)		
Person Notified:	Date Notified:	DEP/DOH Revie	ewing Official:			
Reporting Format 62-550.730 Effective January 1995, Revised De	Pecember 2012	age 2 of 4				

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	0.16		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							

SECONDARY CONTAMINANTS 62-550.320

Report Number / Job ID: 35836367033

PWS ID (From Page 1):

				i			1			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							

Page 4 of 4

PUBLIC WATER SYSTEM INFORMATION (to be comple	eted 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: <u>35836367034</u> S	Sample Date: <u>10/21/2023</u> Sample Tir	ime: <u>2:57</u> AM (PM) (Circle One
Sample Location (be specific): 019B-#249 William's Delig	ht	Location Code:
Disinfectant Residual (Required when reporting results for trihalon	nethanes and haloacetic acids): mg/L Field pH:	
Sample Type (Check Only One)	Reason(s) for Sample (C	Check all that apply)
Distribution	Routine Compliance with 62-550	Replacement (of Invalidated Sample)
Entry Point (to Distribution)	Confirmation of MCL Exceedance*	Special (not for compliance with 62-550)
Plant Tap (not for compliance with 62-550)	Confirmation of Multiple Sites**	Clearance (permitting)
Raw (at well or intake)	Other:	
Max Residence Time	Sampling Procedure Used or Other Comment	its:
Ave Residence Time		
Near First Customer		
	*See 62-550.500(6) for requirements and restriction And 62-550.512(3) for nitrate or nitrite exceedance	
	SAMPLER CERTIFICATION	
l,		, do HEREBY CERTIFY
(Print Name)	(Print Title	e)
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:		
porting Format 62-550.730		

LABORATORY CERTIFICATION INFORMATION	(to be completed	by lab -	please type or	r print legibly)
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Lab Name: Pace Analytic	al Services, LLC Florida DOH Certification #	ŧ:	_Certification Expiration [Date:
		ATTACH CURRENT DOH A	NALYTE SHEET*	
Address:		Phone #		
Were any analyses subcor	tracted? Yes X No If yes, please provide	DOH certification numbers(s):		
		ATTACH DOH ANALYTE S		NTRACTED LAB*
ANALYSIS INFORMATIO	N (to be completed by lab) Date Sample(s) Re	eceived: 10/23/2023		
PWS ID (From Page1):	Sample Number (F	From Page1): <u>35836367034</u> La	ab Assigned Report # or .	Job ID: <u>35836367034</u>
Group(s) Analyzed & Resu	Its attached for compliance with Chapter 62-550, F.A	.C. (Check all that apply):		
Inorganics All Except Asbestos	Synthetic Organics Volatile Organics All 30 All 21	Disinfection Byproducts	Radionuclides	Secondaries All 14
X Partial	All Except Dioxin Partial	Haloacetic Acids	Qtrly Composite**	X Partial
Nitrate	Partial	Chlorite		
Nitrite	Dioxin Only	Bromate		
Asbestos				
	LAB CE	RTIFICATION		
I,	Martha Montero,	Project Mar	_, do HEREBY CERTIFY	
	(Print Name)	(Print Titl		
that all attached analytical dat	a are correct and unless noted meet all requirements of the	e National Environmental Labora	tory Accreditation Converence	ce (NELAC).
Signature:	Martha Monto	Date:	10/25/2023	i
possible enforcement agair	nd current Florida DOH lab certification number and a current the public water system for failture to sample, and may sample dates & locations for each quarter.			
NON-L	DETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" QU	UALIFIER. (Non-detects reported as	s "BDL" or with a "<" are not a	acceptable.)
COMPLIANCE DETERMIN	NATION (to be completed by DEP or DOH attach n	otes as necessary)		
Sample Collection & Analy	sis Satisfactory: Yes No	Replacement Sample	or Report Requested (circle	e or highlight group(s) above)
Person Notified:	Date Notified:	DEP/DOH Revie	wing Official:	
Reporting Format 62-550.730 Effective January 1995, Revised Dee	cember 2012 F	Page 2 of 4		

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							

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							

PUBLIC WATER SYSTEM INFORMATION (to be comp	pleted 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: <u>35836367035</u>	Sample Date: <u>10/21/2023</u> Sample Tin	me: <u>3:08</u> AM (PM) (Circle One
Sample Location (be specific): 017A-#113 William's Delig	ght	Location Code:
Disinfectant Residual (Required when reporting results for trihald	methanes and haloacetic acids): mg/L Field pH: _	
Sample Type (Check Only One)	Reason(s) for Sample (Ch	heck all that apply)
Distribution	Routine Compliance with 62-550	Replacement (of Invalidated Sample)
Entry Point (to Distribution)	Confirmation of MCL Exceedance*	Special (not for compliance with 62-550)
Plant Tap (not for compliance with 62-550)	Confirmation of Multiple Sites**	Clearance (permitting)
Raw (at well or intake)	Other:	
Max Residence Time	Sampling Procedure Used or Other Comments	s:
Ave Residence Time		
Near First Customer		
	*See 62-550.500(6) for requirements and restriction And 62-550.512(3) for nitrate or nitrite exceedances	
	SAMPLER CERTIFICATION	
l,	,	, do HEREBY CERTIFY
(Print Name)	(Print Title	*)
that the above public water system and sample collectio	n information is complete and correct.	
Signature:	Date:	
Certified Operator #:Phone #:	Sampler's Fax #:	
Sampler's E-mail:		
porting Format 62-550.730		

LABORATORY CERTIFICATION INFORMATION	I (to be complet	ed by lab - plea	ase type or print legibly)
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Lab Name: Pace Analytic	al Services, LLC Florida DOH Certification #:		_Certification Expiration E	Date:		
		ATTACH CURRENT DOH A	NALYTE SHEET*			
Address:		Phone #				
Were any analyses subcon	tracted? 🔄 Yes 🔀 No If yes, please provide D	OH certification numbers(s)	:			
			SHEET FOR EACH SUBCON	NTRACTED LAB*		
ANALYSIS INFORMATION	(to be completed by lab) Date Sample(s) Rec	ceived: <u>10/23/2023</u>				
PWS ID (From Page1):	Sample Number (Fro	om Page1): <u>35836367035</u> L	ab Assigned Report # or J	lob ID: <u>35836367035</u>		
Group(s) Analyzed & Resul	Its attached for compliance with Chapter 62-550, F.A.	C. (Check all that apply):				
Inorganics All Except Asbestos	Synthetic Organics Volatile Organics All 30 All 21	Disinfection Byproducts	Radionuclides	Secondaries All 14		
X Partial	All Except Dioxin Partial	Haloacetic Acids	Qtrly Composite**	X Partial		
Nitrate	Partial	Chlorite				
Nitrite	Dioxin Only	Bromate				
Asbestos						
		RTIFICATION				
I,	Martha Montero,	Project Mar	0	_, do HEREBY CERTIFY		
	(Print Name)	(Print Title)				
that all attached analytical dat	a are correct and unless noted meet all requirements of the	National Environmental Labora	tory Accreditation Converence	ce (NELAC).		
Signature:	Martha Monto	Date:	10/25/2023			
possible enforcement again	nd current Florida DOH lab certification number and a current to the public water system for failture to sample, and may re sample dates & locations for each quarter.					
	CONFIRMATION & NOTIFICATION IS REQUIRED WITH					
NON-D	ETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" QU	ALIFIER. (Non-detects reported a	S BUL OF WITH a < are not a	acceptable.)		
COMPLIANCE DETERMIN	IATION (to be completed by DEP or DOH attach no	tes as necessary)				
Sample Collection & Analys	sis Satisfactory: Yes No	Replacement Sample	or Report Requested (circle	e or highlight group(s) above)		
Person Notified:	Date Notified:	DEP/DOH Revie	ewing Official:			
Reporting Format 62-550.730 Effective January 1995, Revised Dec	ember 2012 Pa	age 2 of 4				

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	0.37		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							

SECONDARY CONTAMINANTS 62-550.320

Report Number / Job ID: 35836367035

PWS ID (From Page 1):

							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							

Page 4 of 4

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: <u>35836367036</u> Samp	ble Date: <u>10/21/2023</u> Sample Ti	ime: <u>3:21</u> AM (PM) (Circle One
Sample Location (be specific): 017B-#113 William's Delight		Location Code:
Disinfectant Residual (Required when reporting results for trihalometha	nes and haloacetic acids): mg/L Field pH: _	
Sample Type (Check Only One)	Reason(s) for Sample (C	Check all that apply)
Distribution	Routine Compliance with 62-550	Replacement (of Invalidated Sample)
Entry Point (to Distribution)	Confirmation of MCL Exceedance*	Special (not for compliance with 62-550)
Plant Tap (not for compliance with 62-550)	Confirmation of Multiple Sites**	Clearance (permitting)
Raw (at well or intake)	Other:	
Max Residence Time	Sampling Procedure Used or Other Commen	its:
Ave Residence Time		
Near First Customer		
	*See 62-550.500(6) for requirements and restrictio And 62-550.512(3) for nitrate or nitrite exceedance	
	SAMPLER CERTIFICATION	
,	,	, do HEREBY CERTIFY
(Print Name)	(Print Title	e)
hat the above public water system and sample collection info	rmation is complete and correct.	
Signature:	Date:	
Certified Operator #:Phone #:	Sampler's Fax #:	:
Sampler's E-mail:		
porting Format 62-550.730		

LABORATORY CERTIFICATION INFORMATION	I (to be completed by	by lab - please type or print legit	oly)
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Lab Name: Pace Analytic	al Services, LLC Florida DOH Certification #:		Certification Expiration [Date:		
		ATTACH CURRENT DOH	ANALYTE SHEET*			
Address:		Phone #				
Were any analyses subcor	ntracted? Yes X No If yes, please provide I	DOH certification numbers(s	s):			
			SHEET FOR EACH SUBCO	NTRACTED LAB*		
ANALYSIS INFORMATIO	N (to be completed by lab) Date Sample(s) Re	ceived: <u>10/23/2023</u>				
PWS ID (From Page1):	Sample Number (Fr	rom Page1): <u>35836367036</u>	Lab Assigned Report # or .	Job ID: <u>35836367036</u>		
Group(s) Analyzed & Resu	Its attached for compliance with Chapter 62-550, F.A.	C. (Check all that apply):				
Inorganics	Synthetic Organics Volatile Organics	Disinfection Byproducts	Radionuclides	Secondaries		
All Except Asbestos	All 30 All 21	Trihalomethanes	Single Sample	All 14		
X Partial	All Except Dioxin Partial	Haloacetic Acids	Qtrly Composite**	X Partial		
Nitrate	Partial	Chlorite				
Nitrite	Dioxin Only	Bromate				
Asbestos						
	LAB CEF	RTIFICATION				
I,	Martha Montero,	Project Ma	anager	_, do HEREBY CERTIFY		
	(Print Name)	(Print Title)				
that all attached analytical dat	ta are correct and unless noted meet all requirements of the	National Environmental Labor	ratory Accreditation Converence	ce (NELAC).		
Signature:	Maita marto	Date:	10/25/2023	i		
possible enforcement agair	nd current Florida DOH lab certification number and a currer nst the public water system for failture to sample, and may re sample dates & locations for each quarter.					
	CONFIRMATION & NOTIFICATION IS REQUIRED WITH					
NON-L	DETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" QU	ALIFIER. (Non-detects reported	as "BDL" or with a "<" are not a	acceptable.)		
COMPLIANCE DETERMIN	NATION (to be completed by DEP or DOH attach no	otes as necessary)				
Sample Collection & Analy	sis Satisfactory: Yes No	Replacement Sample	e or Report Requested (circle	e or highlight group(s) above)		
Person Notified:	Date Notified:	DEP/DOH Rev	iewing Official:			
Reporting Format 62-550.730 Effective January 1995, Revised De	cember 2012 Pa	age 2 of 4				

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							

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							

Page 4 of 4

PUBLIC WATER SYSTEM INFORMATION (to be c	ompleted 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:		
Phone #Fax #:	E-Mail Address:	
SAMPLE INFORMATION (to be completed by samp	ler)	
Sample Number: <u>35836367037</u>	Sample Date: <u>10/21/2023</u> Sample T	Гіте: <u>3:33</u> АМ (РМ) (Circle One
Sample Location (be specific): 026A-#148 St. Georg	es	Location Code:
Disinfectant Residual (Required when reporting results for t	ihalomethanes and haloacetic acids): mg/L Field pH:	
Sample Type (Check Only One)	Reason(s) for Sample (Check all that apply)
Distribution	Routine Compliance with 62-550	Replacement (of Invalidated Sample)
Entry Point (to Distribution)	Confirmation of MCL Exceedance*	Special (not for compliance with 62-550)
Plant Tap (not for compliance with 62-550)	Confirmation of Multiple Sites**	Clearance (permitting)
Raw (at well or intake)	Other:	
Max Residence Time	Sampling Procedure Used or Other Commen	nts:
Ave Residence Time		
Near First Customer		
	*See 62-550.500(6) for requirements and restriction And 62-550.512(3) for nitrate or nitrite exceedanc	
	SAMPLER CERTIFICATION	
I,	,	, do HEREBY CERTIFY
(Print Name)	(Print Tit	tle)
that the above public water system and sample colle	ction information is complete and correct.	
Signature:	Date:	
Certified Operator #:Phone #:	Sampler's Fax #	#:
Sampler's E-mail:		
porting Format 62-550.730		

LABORATORY CERTIFICATION INFORMATION	I (to be completed by lab	- please type or print legibly)
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Lab Name: Pace Analyti	cal Services, LLCFlorida DOH Certification #:		Certification Expiration	Date:
		ATTACH CURRENT DO	H ANALYTE SHEET*	
Address:		Phone #		
Were any analyses subco				
			E SHEET FOR EACH SUBCO	
ANALYSIS INFORMATIC	DN (to be completed by lab) Date Sample(s) Re	ceived: <u>10/23/2023</u>		
PWS ID (From Page1):	Sample Number (Fr	rom Page1): <u>35836367037</u>	_Lab Assigned Report # or	Job ID: <u>35836367037</u>
	ults attached for compliance with Chapter 62-550, F.A.	C. (Check all that apply):		
Inorganics	Synthetic Organics Volatile Organics	Disinfection Byproducts	Radionuclides	Secondaries
All Except Asbestos	All 30	Trihalomethanes	Single Sample	All 14
X Partial	All Except Dioxin Partial	Haloacetic Acids	Qtrly Composite**	X Partial
Nitrate	Partial	Chlorite		
Nitrite	Dioxin Only	Bromate		
Asbestos				
	LAB CEP	RTIFICATION		
I,	Martha Montero	Project N	lanager	, do HEREBY CERTIFY
	(Print Name)	(Print	Title)	
that all attached analytical da	ata are correct and unless noted meet all requirements of the	National Environmental Labo	pratory Accreditation Converen	nce (NELAC).
Signature:	March Monto	Date:	10/25/202	3
possible enforcement aga	and current Florida DOH lab certification number and a curren inst the public water system for failture to sample, and may re al sample dates & locations for each quarter.			
	CONFIRMATION & NOTIFICATION IS REQUIRED WITH			
NON-	DETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" QU	IALIFIER. (Non-detects reporte	d as "BDL" or with a "<" are not	acceptable.)
COMPLIANCE DETERMI	NATION (to be completed by DEP or DOH attach no	otes as necessary)		
Sample Collection & Anal	ysis Satisfactory: Yes No	Replacement Samp	le or Report Requested (circ	cle or highlight group(s) above)
Person Notified:	Date Notified:	DEP/DOH Re	viewing Official:	
Reporting Format 62-550.730	D	age 2 of 4		

Effective January 1995, Revised December 2012

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	0.041		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							

SECONDARY CONTAMINANTS 62-550.320

Report Number / Job ID: 35836367037

PWS ID (From Page 1):

Contam	Contam			Analysis		Analytical	Lab	Analysis	Analysis	DOH Lab
ID	Name	MCL	Units	Result	Qualifier*	Method	MDL	Date	Time	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							

Svetem Name		PWS I.D. #:
System Name:System Type (check one): Community		Transient Non-community
ddress:		
Sity:		
Phone #Fax #:		
GAMPLE INFORMATION (to be completed by sample		
ample Number: <u>35836367038</u>	Sample Date: 10/21/2023 Sample	e Time: <u>3:46</u> AM (PM) (Circle Or
ample Location (be specific): 026B-#148 St. Georges		\mathbf{O}
isinfectant Residual (Required when reporting results for trih		
ample Type (Check Only One)	Reason(s) for Sample	e (Check all that apply)
Distribution	Routine Compliance with 62-550	Replacement (of Invalidated Sample)
Entry Point (to Distribution)	Confirmation of MCL Exceedance*	Special (not for compliance with 62-550
Plant Tap (not for compliance with 62-550)	Confirmation of Multiple Sites**	Clearance (permitting)
Raw (at well or intake)	Other:	
Max Residence Time	Sampling Procedure Used or Other Comm	nents:
Ave Residence Time		
Near First Customer		
	*See 62-550.500(6) for requirements and restri And 62-550.512(3) for nitrate or nitrite exceeda	
	SAMPLER CERTIFICATION	
	,	, do HEREBY CERTIFY
(Print Name)	(Print	Title)
nat the above public water system and sample collect	ion information is complete and correct.	
ignature:	Date:	
Certified Operator #:Phone #:	Sampler's Fax	<pre><#:</pre>
ampler's E-mail:		

LABORATORY CERTIFICATION INFORMATION	I (to be completed by	by lab - please type or print legit	oly)
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Lab Name: Pace Analytic	al Services, LLCFlorida DOH Certification #:		Certification Expiration [Date:
		ATTACH CURRENT DOH	ANALYTE SHEET*	
Address:		Phone #		
Were any analyses subcor	tracted? Yes X No If yes, please provide I	DOH certification numbers(s	3):	
			SHEET FOR EACH SUBCO	NTRACTED LAB*
ANALYSIS INFORMATIO	N (to be completed by lab) Date Sample(s) Re	ceived: <u>10/23/2023</u>		
PWS ID (From Page1):	Sample Number (Fr	rom Page1): <u>35836367038</u>	Lab Assigned Report # or .	lob ID: <u>35836367038</u>
Group(s) Analyzed & Resu	Its attached for compliance with Chapter 62-550, F.A.	C. (Check all that apply):		
Inorganics	Synthetic Organics Volatile Organics	Disinfection Byproducts	Radionuclides	Secondaries
All Except Asbestos	All 30 All 21	Trihalomethanes	Single Sample	All 14
X Partial	All Except Dioxin Partial	Haloacetic Acids	Qtrly Composite**	X Partial
Nitrate	Partial	Chlorite		
Nitrite	Dioxin Only	Bromate		
Asbestos				
	LAB CEI	RTIFICATION		
I,	Martha Montero,	Project Ma	anager	_, do HEREBY CERTIFY
	(Print Name)	(Print T		
that all attached analytical dat	a are correct and unless noted meet all requirements of the	National Environmental Labor	atory Accreditation Converence	ce (NELAC).
Signature:	March Monto	Date:	10/25/2023	
possible enforcement agair	nd current Florida DOH lab certification number and a current nst the public water system for failture to sample, and may re sample dates & locations for each quarter.			
	CONFIRMATION & NOTIFICATION IS REQUIRED WITH			
NON-L	DETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" QU	ALIFIER. (Non-detects reported	as "BDL" or with a "<" are not a	acceptable.)
COMPLIANCE DETERMIN	NATION (to be completed by DEP or DOH attach no	otes as necessary)		
Sample Collection & Analy	sis Satisfactory: Yes No	Replacement Sample	e or Report Requested (circle	e or highlight group(s) above)
Person Notified:	Date Notified:	DEP/DOH Revi	iewing Official:	
Reporting Format 62-550.730 Effective January 1995, Revised De	cember 2012	age 2 of 4		

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							

SECONDARY CONTAMINANTS 62-550.320

Report Number / Job ID: 35836367038

PWS ID (From Page 1):

				i			1			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							

Page 4 of 4

PUBLIC WATER SYSTEM INFORMATION (to be co	mpleted by sampler - please type or print legibly)	
System Name:		PWS I.D. #:
System Type (check one):	Non-transient Non-community	Transient Non-community
Address:		
City:		
Phone #Fax #:	E-Mail Address:	
SAMPLE INFORMATION (to be completed by sample	er)	
Sample Number: <u>35836367039</u>	Sample Date: <u>10/21/2023</u> Sample T	ime: <u>3:01</u> AM (PM) (Circle One
Sample Location (be specific): 24A-#48 Grove Place		Location Code:
Disinfectant Residual (Required when reporting results for trih	alomethanes and haloacetic acids): mg/L Field pH:	
Sample Type (Check Only One)	Reason(s) for Sample (0	Check all that apply)
Distribution	Routine Compliance with 62-550	Replacement (of Invalidated Sample)
Entry Point (to Distribution)	Confirmation of MCL Exceedance*	Special (not for compliance with 62-550)
Plant Tap (not for compliance with 62-550)	Confirmation of Multiple Sites**	Clearance (permitting)
Raw (at well or intake)	Other:	
Max Residence Time	Sampling Procedure Used or Other Commer	its:
Ave Residence Time		
Near First Customer		
	*See 62-550.500(6) for requirements and restriction And 62-550.512(3) for nitrate or nitrite exceedance	
	SAMPLER CERTIFICATION	
I,	_,	, do HEREBY CERTIFY
(Print Name)	(Print Titl	le)
that the above public water system and sample collec	tion information is complete and correct.	
Signature:	Date:	
Certified Operator #:Phone #:	Sampler's Fax #:	:
Sampler's E-mail:		
porting Format 62-550.730		

LABORATORY CERTIFICATION INFORMATION	l (to be complet	ed by lab - plea	ase type or print legibly)
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Lab Name: Pace Analytic	al Services, LLC Florida DOH Certificati	n #:Certification Expiration Date:						
		ATTACH CURRENT DOH ANA	ATTACH CURRENT DOH ANALYTE SHEET*					
Address:		Phone #						
Were any analyses subcor	ntracted? Yes X No If yes, please prov	vide DOH certification numbers(s):						
		ATTACH DOH ANALYTE SH	EET FOR EACH SUBCONTI	RACTED LAB*				
ANALYSIS INFORMATIO	N (to be completed by lab) Date Sample(s) Received: <u>10/23/2023</u>						
PWS ID (From Page1):	Sample Numb	per (From Page1): <u>35836367039</u> Lab	Assigned Report # or Job	DID: <u>35836367039</u>				
Group(s) Analyzed & Resu	Its attached for compliance with Chapter 62-550,	, F.A.C. (Check all that apply):						
Inorganics All Except Asbestos X Partial Nitrate Nitrite Asbestos	Synthetic OrganicsVolatile OrganicsAll 30All 21All Except DioxinPartialPartialDioxin Only	Disinfection Byproducts Trihalomethanes Haloacetic Acids Chlorite Bromate	Radionuclides Single Sample Qtrly Composite**	Secondaries All 14 X Partial				
	LAB	CERTIFICATION						
I,	Martha Montero, (Print Name) ta are correct and unless noted meet all requirements	Project Manag (Print Title) of the National Environmental Laborator		do HEREBY CERTIFY				
Signature:	March monto		10/25/2023	· · ·				
possible enforcement agai	nd current Florida DOH lab certification number and a nst the public water system for failture to sample, and I sample dates & locations for each quarter.			jection of the report,				
NON-I	CONFIRMATION & NOTIFICATION IS REQUIRED DETECTS ARE TO BE REPORTED AS THE MDL WITH A "			eptable.)				
COMPLIANCE DETERMI	NATION (to be completed by DEP or DOH atta	ch notes as necessary)						
Sample Collection & Analy	vsis Satisfactory: Yes No	Replacement Sample or	Report Requested (circle or	highlight group(s) above)				
Person Notified:	Date Notified:	DEP/DOH Reviewi	ng Official:					
Reporting Format 62-550.730 Effective January 1995, Revised De	cember 2012	Page 2 of 4						

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	0.099		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							

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							

System Name:	
Address:	
City:ZIP Code:	
Phone #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) Reason(s) for Sample (Check all that ap	pply)
Distribution Routine Compliance with 62-550	Replacement (of Invalidated Sample)
Entry Point (to Distribution)	Special (not for compliance with 62-550)
Plant Tap (not for compliance with 62-550)	Clearance (permitting)
Raw (at well or intake) Other:	
Max Residence Time Sampling Procedure Used or Other Comments:	
Ave Residence Time	
Near First Customer	
	50.550(4) for requirements and esults page for each site.
SAMPLER CERTIFICATION	
	, do HEREBY CERTIFY
(Print Name) (Print Title)	
that the above public water system and sample collection information is complete and correct.	
Signature: Date:	
Certified Operator #:Phone #: Sampler's Fax #:	
Sampler's E-mail:	
porting Format 62-550.730	

LABORATORY CERTIFICATION INFORMATION	(to be completed by lab -	please type or print legibly)
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Lab Name: Pace Analytic	al Services, LLCFlorida DOH Certification #:		Certification Expiration [Date:
		ATTACH CURRENT DOH	ANALYTE SHEET*	
Address:		Phone #		
Were any analyses subcor	ntracted? Yes X No If yes, please provide I			
5 5			SHEET FOR EACH SUBCO	NTRACTED LAB*
ANALYSIS INFORMATIO	N (to be completed by lab) Date Sample(s) Re	ceived: <u>10/23/2023</u>		
PWS ID (From Page1):	Sample Number (Fr	om Page1): <u>35836367040</u> L	.ab Assigned Report # or .	Job ID: 35836367040
Group(s) Analyzed & Resu	Ilts attached for compliance with Chapter 62-550, F.A.	C. (Check all that apply):		
Inorganics All Except Asbestos X Partial	Synthetic Organics Volatile Organics All 30 All 21 All Except Dioxin Partial	Disinfection Byproducts Trihalomethanes Haloacetic Acids	Radionuclides Single Sample Qtrly Composite**	Secondaries All 14 X Partial
Nitrate	Partial	Chlorite		
Nitrite	Dioxin Only	Bromate		
Asbestos				
	LAB CEF	RTIFICATION		
l,	Martha Montero,, (Print Name)	Project Mar (Print Tit		_, do HEREBY CERTIFY
that all attached analytical da	ta are correct and unless noted meet all requirements of the	National Environmental Labora	atory Accreditation Converence	ce (NELAC).
Signature:	Marta Marto	Date:	10/25/2023	3
possible enforcement agai	nd current Florida DOH lab certification number and a currer nst the public water system for failture to sample, and may re I sample dates & locations for each quarter.			
NON-I	DETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" QU	ALIFIER. (Non-detects reported a	as "BDL" or with a "<" are not a	acceptable.)
COMPLIANCE DETERMI	NATION (to be completed by DEP or DOH attach no	otes as necessary)		
Sample Collection & Analy	vsis Satisfactory: Yes No	Replacement Sample	or Report Requested (circl	e or highlight group(s) above)
Person Notified:	Date Notified:	DEP/DOH Revie	ewing Official:	
Reporting Format 62-550.730 Effective January 1995, Revised De	cember 2012 Pa	age 2 of 4		

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							

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							

Page 4 of 4

PUBLIC WATER SYSTEM INFORMATION (to be cor	npleted 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 sample	r)	
Sample Number: <u>35836367041</u>	_Sample Date: <u>10/21/2023</u> Sample Ti	ime: <u>2:38</u> AM (PM) (Circle One
Sample Location (be specific): 25A-#314 Grove Place		Location Code:
Disinfectant Residual (Required when reporting results for trib	alomethanes and haloacetic acids): mg/L Field pH: _	
Sample Type (Check Only One)	Reason(s) for Sample (C	Check all that apply)
Distribution	Routine Compliance with 62-550	Replacement (of Invalidated Sample)
Entry Point (to Distribution)	Confirmation of MCL Exceedance*	Special (not for compliance with 62-550)
Plant Tap (not for compliance with 62-550)	Confirmation of Multiple Sites**	Clearance (permitting)
Raw (at well or intake)	Other:	
Max Residence Time	Sampling Procedure Used or Other Commen	its:
Ave Residence Time		
Near First Customer		
	*See 62-550.500(6) for requirements and restriction And 62-550.512(3) for nitrate or nitrite exceedance	
	SAMPLER CERTIFICATION	
I,	,	, do HEREBY CERTIFY
(Print Name)	(Print Title	e)
that the above public water system and sample collect	ion information is complete and correct.	
Signature:	Date:	
Certified Operator #:Phone #:	Sampler's Fax #:	:
Sampler's E-mail:		
porting Format 62-550.730		

LABORATORY CERTIFICATION INFORMATION	(to be completed by lab -	please type or print legibly)
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Lab Name: Pace Analytical Services, LLC	Florida DOH Certification #:		Certification Expiration I	Date:			
		ATTACH CURRENT DOH ANALYTE SHEET*					
Address:		Phone #					
Were any analyses subcontracted?	X No If yes, please provide Do	OH certification numbers(s):				
			E SHEET FOR EACH SUBCO	NTRACTED LAB*			
ANALYSIS INFORMATION (to be completed by	lab) Date Sample(s) Rec	eived: <u>10/23/2023</u>					
PWS ID (From Page1):	Sample Number (Fro	m Page1): <u>35836367041</u>	_Lab Assigned Report # or .	Job ID: <u>35836367041</u>			
Group(s) Analyzed & Results attached for compli	ance with Chapter 62-550, F.A.C	. (Check all that apply):					
Inorganics Synthetic Organics All Except Asbestos All 30 X Partial All Except Diox	Volatile Organics All 21	Disinfection Byproducts Trihalomethanes Haloacetic Acids	Radionuclides Single Sample Qtrly Composite**	Secondaries All 14			
Nitrate				Fatta			
Nitrite Dioxin Only		Bromate					
	LAB CER	TIFICATION					
I, Martha Montero		Project M	lanager	, do HEREBY CERTIFY			
(Print Name)	,	(Print Title)					
that all attached analytical data are correct and unless	noted meet all requirements of the N	National Environmental Labo	pratory Accreditation Converence	ce (NELAC).			
Signature:	muito	Date:	10/25/2023	l			
 * Failure to provide a valid and current Florida DOH la possible enforcement against the public water syste ** Please provide radiological sample dates & location 	m for failture to sample, and may res	-	-				
	& NOTIFICATION IS REQUIRED WITHI ORTED AS THE MDL WITH A "U" QUA			accentable)			
COMPLIANCE DETERMINATION (to be comple	ted by DEP or DOH attach not	es as necessary)					
Sample Collection & Analysis Satisfactory:	Yes No	Replacement Sampl	e or Report Requested (circle	e or highlight group(s) above)			
Person Notified:	Date Notified:	DEP/DOH Rev	viewing Official:				
Reporting Format 62-550.730 Effective January 1995, Revised December 2012	Pa	ge 2 of 4					

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	0.25		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							

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							

Page 4 of 4

PUBLIC WATER SYSTEM INFORMATION (to be col	mpleted by sampler - please type or print legibly)	
System Name:		PWS I.D. #:
System Type (check one):	Non-transient Non-community	Transient Non-community
Address:		
City:		
Phone #Fax #:	E-Mail Address:	
SAMPLE INFORMATION (to be completed by sample	er)	
Sample Number: <u>35836367042</u>	Sample Date: <u>10/21/2023</u> Sample Ti	me: <u>2:48</u> AM (PM) (Circle One
Sample Location (be specific): 25B-#314 Grove Place		Location Code:
Disinfectant Residual (Required when reporting results for trih	alomethanes and haloacetic acids): mg/L Field pH: _	
Sample Type (Check Only One)	Reason(s) for Sample (C	heck all that apply)
Distribution	Routine Compliance with 62-550	Replacement (of Invalidated Sample)
Entry Point (to Distribution)	Confirmation of MCL Exceedance*	Special (not for compliance with 62-550)
Plant Tap (not for compliance with 62-550)	Confirmation of Multiple Sites**	Clearance (permitting)
Raw (at well or intake)	Other:	
Max Residence Time	Sampling Procedure Used or Other Comment	ts:
Ave Residence Time		
Near First Customer		
	*See 62-550.500(6) for requirements and restriction And 62-550.512(3) for nitrate or nitrite exceedance	
	SAMPLER CERTIFICATION	
I,	,	, do HEREBY CERTIFY
(Print Name)	(Print Title	e)
that the above public water system and sample collec	tion information is complete and correct.	
Signature:	Date:	
Certified Operator #:Phone #:	Sampler's Fax #:	
Sampler's E-mail:		
porting Format 62-550.730		

LABORATORY CERTIFICATION INFORMATION	(to be completed by lab -	please type or print legibly)
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Lab Name: Pace Analytic	al Services, LLC Florida DOH Certification #:		_Certification Expiration [Date:		
		ATTACH CURRENT DOH	NALYTE SHEET*			
Address:		Phone #				
Were any analyses subcon	tracted? Yes X No If yes, please provide D	OH certification numbers(s)	:			
			SHEET FOR EACH SUBCO	NTRACTED LAB*		
ANALYSIS INFORMATIO	v (to be completed by lab) Date Sample(s) Red	ceived: <u>10/23/2023</u>				
PWS ID (From Page1):	Sample Number (Fro	om Page1): <u>35836367042</u> L	ab Assigned Report # or J	lob ID: <u>35836367042</u>		
Group(s) Analyzed & Resu	Its attached for compliance with Chapter 62-550, F.A.	C. (Check all that apply):				
	Synthetic Organics Volatile Organics	Disinfection Byproducts	Radionuclides	Secondaries		
All Except Asbestos		Trihalomethanes	Single Sample	All 14		
	All Except Dioxin Partial	Haloacetic Acids	Qtrly Composite**	X Partial		
Nitrate		Chlorite				
Asbestos						
		RTIFICATION				
I	Martha Montero	Project Ma	ager			
ı,	(Print Name)	, do HEREBY CERTIF (Print Title)				
that all attached analytical dat	a are correct and unless noted meet all requirements of the	National Environmental Labora	tory Accreditation Converence	e (NELAC).		
Signature:	Maith monto	Date:	10/25/2023			
possible enforcement agair	nd current Florida DOH lab certification number and a current not the public water system for failture to sample, and may re sample dates & locations for each quarter.					
NON-D	CONFIRMATION & NOTIFICATION IS REQUIRED WITH ETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" QU			acceptable.)		
				,		
	IATION (to be completed by DEP or DOH attach no	nes as necessary)				
Sample Collection & Analy	sis Satisfactory: Yes No	Replacement Sample	or Report Requested (circle	e or highlight group(s) above)		
Person Notified:	Date Notified:	DEP/DOH Revie	ewing Official:			
Reporting Format 62-550.730 Effective January 1995, Revised Dec	cember 2012 Pa	age 2 of 4				

INORGANIC CONTAMINANTS 62-550.310(1)

Report Number / Job ID: 35836367042

PWS ID (From Page 1):

0.1	0 (
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							

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							

Page 4 of 4

PUBLIC WATER SYSTEM INFORMATION (to be co	ompleted by sampler - please type or print legibly)	
System Name:		PWS I.D. #:
System Type (check one):	Non-transient Non-community	Transient Non-community
Address:		
City:	ZIP Code:	
Phone #Fax #:	E-Mail Address:	
SAMPLE INFORMATION (to be completed by sampl	er)	
Sample Number: <u>35836367043</u>	Sample Date: <u>10/21/2023</u> Sample Tim	ne: <u>2:17</u> AM (PM) (Circle One
Sample Location (be specific): 23A-#66 Grove Place		Location Code:
Disinfectant Residual (Required when reporting results for tri	halomethanes and haloacetic acids): mg/L Field pH:	
Sample Type (Check Only One)	Reason(s) for Sample (Ch	eck all that apply)
Distribution	Routine Compliance with 62-550	Replacement (of Invalidated Sample)
Entry Point (to Distribution)	Confirmation of MCL Exceedance*	Special (not for compliance with 62-550)
Plant Tap (not for compliance with 62-550)	Confirmation of Multiple Sites**	Clearance (permitting)
Raw (at well or intake)	Other:	
Max Residence Time	Sampling Procedure Used or Other Comments	s:
Ave Residence Time		
Near First Customer		
	*See 62-550.500(6) for requirements and restrictions And 62-550.512(3) for nitrate or nitrite exceedances.	
	SAMPLER CERTIFICATION	
l,		, do HEREBY CERTIFY
(Print Name)	(Print Title))
that the above public water system and sample collection	ction information is complete and correct.	
Signature:	Date:	
Certified Operator #:Phone #:	Sampler's Fax #:	
Sampler's E-mail:		
porting Format 62-550.730		

LABORATORY CERTIFICATION INFORMATION	(to be completed by lab -	please type or print legibly)
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Lab Name: Pace Analytic	al Services, LLC Florida DOH Certification #:		Certification Expiration E	Date:		
		ATTACH CURRENT DOH	ANALYTE SHEET*			
Address:		Phone #				
Were any analyses subcon	tracted? Yes X No If yes, please provide D	OH certification numbers(s)):			
			SHEET FOR EACH SUBCO	NTRACTED LAB*		
ANALYSIS INFORMATIO	(to be completed by lab) Date Sample(s) Red	ceived: <u>10/23/2023</u>				
PWS ID (From Page1):	Sample Number (Fro	om Page1): <u>35836367043</u> L	ab Assigned Report # or J	lob ID: <u>35836367043</u>		
Group(s) Analyzed & Resu	Its attached for compliance with Chapter 62-550, F.A.	C. (Check all that apply):				
Inorganics	Synthetic Organics Volatile Organics All 30 All 21	Disinfection Byproducts	Radionuclides	Secondaries All 14		
X Partial	All Except Dioxin Partial	Haloacetic Acids	Qtrly Composite**	X Partial		
Nitrate		Chlorite				
Nitrite		Bromate				
Asbestos						
		RTIFICATION				
I,	Martha Montero,	Project Ma	nager	_, do HEREBY CERTIFY		
	(Print Name)	(Print Title)				
that all attached analytical dat	a are correct and unless noted meet all requirements of the	National Environmental Labora	atory Accreditation Converence	ce (NELAC).		
Signature:	Maith monto	Date:	10/25/2023			
possible enforcement agair	nd current Florida DOH lab certification number and a current not the public water system for failture to sample, and may re sample dates & locations for each quarter.					
	CONFIRMATION & NOTIFICATION IS REQUIRED WITH					
	ETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" QU					
COMPLIANCE DETERMIN	IATION (to be completed by DEP or DOH attach no	tes as necessary)				
Sample Collection & Analy	sis Satisfactory: Yes No	Replacement Sample	or Report Requested (circle	e or highlight group(s) above)		
Person Notified:	Date Notified:	DEP/DOH Revie	ewing Official:			
Reporting Format 62-550.730 Effective January 1995, Revised Dec	cember 2012 Pa	age 2 of 4				

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	0.66		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							

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							

Page 4 of 4

PUBLIC WATER SYSTEM INFORMATION (to be con	mpleted 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:		
Phone #Fax #:	E-Mail Address:	
SAMPLE INFORMATION (to be completed by sample	er)	
Sample Number: <u>35836367044</u>	Sample Date: <u>10/21/2023</u> Sample T	ime: <u>2:27</u> AM (PM) (Circle One
Sample Location (be specific): 23B-#66 Grove Place		Location Code:
Disinfectant Residual (Required when reporting results for trih	alomethanes and haloacetic acids): mg/L Field pH:	
Sample Type (Check Only One)	Reason(s) for Sample (0	Check all that apply)
Distribution	Routine Compliance with 62-550	Replacement (of Invalidated Sample)
Entry Point (to Distribution)	Confirmation of MCL Exceedance*	Special (not for compliance with 62-550)
Plant Tap (not for compliance with 62-550)	Confirmation of Multiple Sites**	Clearance (permitting)
Raw (at well or intake)	Other:	
Max Residence Time	Sampling Procedure Used or Other Commer	its:
Ave Residence Time		
Near First Customer		
	*See 62-550.500(6) for requirements and restriction And 62-550.512(3) for nitrate or nitrite exceedance	
	SAMPLER CERTIFICATION	
I,	_,	, do HEREBY CERTIFY
(Print Name)	(Print Tit	le)
that the above public water system and sample collec	tion information is complete and correct.	
Signature:	Date:	
Certified Operator #:Phone #:	Sampler's Fax #	:
Sampler's E-mail:		
porting Format 62-550.730		

LABORATORY CERTIFICATION INFORMATION	I (to be completed by lab	- please type or print legibly)
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Lab Name: Pace Analytica	al Services, LLC Florida DOH Certification #:		_Certification Expiration [Date:
		ATTACH CURRENT DOH A	NALYTE SHEET*	
Address:		Phone #		
Were any analyses subcon	tracted? 🔄 Yes 🔀 No If yes, please provide D	OH certification numbers(s)	:	
			SHEET FOR EACH SUBCO	NTRACTED LAB*
ANALYSIS INFORMATION	(to be completed by lab) Date Sample(s) Rec	ceived: <u>10/23/2023</u>		
PWS ID (From Page1):	Sample Number (Fro	om Page1): <u>35836367044</u> L	ab Assigned Report # or .	lob ID: <u>35836367044</u>
Group(s) Analyzed & Resul	ts attached for compliance with Chapter 62-550, F.A.	C. (Check all that apply):		
Inorganics All Except Asbestos	Synthetic Organics Volatile Organics All 30 All 21	Disinfection Byproducts	Radionuclides	Secondaries
X Partial	All Except Dioxin Partial	Haloacetic Acids	Qtrly Composite**	X Partial
Nitrate	Partial	Chlorite		
Nitrite	Dioxin Only	Bromate		
Asbestos				
		RTIFICATION		
I,	Martha Montero,	Project Mar	0	_, do HEREBY CERTIFY
	(Print Name)	(Print Tit	le)	
that all attached analytical data	a are correct and unless noted meet all requirements of the	National Environmental Labora	tory Accreditation Converence	ce (NELAC).
Signature:	Marth Monto	Date:	10/25/2023	
possible enforcement again	d current Florida DOH lab certification number and a curren st the public water system for failture to sample, and may re sample dates & locations for each quarter.			
	CONFIRMATION & NOTIFICATION IS REQUIRED WITH			
NON-D	ETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" QU/	ALIFIER. (Non-detects reported a	S BUL OF WITH a < are not a	acceptable.)
COMPLIANCE DETERMIN	IATION (to be completed by DEP or DOH attach no	tes as necessary)		
Sample Collection & Analys	sis Satisfactory: Yes No	Replacement Sample	or Report Requested (circle	e or highlight group(s) above)
Person Notified:	Date Notified:	DEP/DOH Revie	wing Official:	
Reporting Format 62-550.730 Effective January 1995, Revised Dec	ember 2012 Pa	age 2 of 4		

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							

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							

Page 4 of 4

PUBLIC WATER SYSTEM INFORMATION (to be	completed by sampler - please type or print legibly)	
System Name:		PWS I.D. #:
System Type (check one):	Non-transient Non-community	Transient Non-community
Address:		
City:	ZIP Code:	
Phone #Fax #:	E-Mail Address:	
SAMPLE INFORMATION (to be completed by sam	pler)	
Sample Number: 35836367045	Sample Date: <u>10/21/2023</u> Sample Tim	ne: <u>12:03</u> AM (PM) (Circle One
Sample Location (be specific): <u>32A-#372 Mon Bijou</u>		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 (Ch	eck all that apply)
Distribution	Routine Compliance with 62-550	Replacement (of Invalidated Sample)
Entry Point (to Distribution)	Confirmation of MCL Exceedance*	Special (not for compliance with 62-550)
Plant Tap (not for compliance with 62-550)	Confirmation of Multiple Sites**	Clearance (permitting)
Raw (at well or intake)	Other:	
Max Residence Time	Sampling Procedure Used or Other Comments	ii ah
Ave Residence Time		
Near First Customer		
	*See 62-550.500(6) for requirements and restrictions And 62-550.512(3) for nitrate or nitrite exceedances.	
	SAMPLER CERTIFICATION	
l,		, do HEREBY CERTIFY
(Print Name)	(Print Title))
that the above public water system and sample coll	ection information is complete and correct.	
Signature:	Date:	
Certified Operator #:Phone #:	Sampler's Fax #: _	
Sampler's E-mail:		
porting Format 62-550.730	Dage 4 of 4	

LABORATORY CERTIFICATION INFORMATION	(to be completed	by lab -	please type or	r print legibly)
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Lab Name: Pace Analytic	al Services, LLC Florida DOH Certification #:		Certification Expiration E	Date:
		ATTACH CURRENT DOH	ANALYTE SHEET*	
Address:		Phone #		
Were any analyses subcon	tracted? Yes X No If yes, please provide D	OH certification numbers(s)	:	
			SHEET FOR EACH SUBCO	NTRACTED LAB*
ANALYSIS INFORMATION	v (to be completed by lab) Date Sample(s) Red	ceived: <u>10/23/2023</u>		
PWS ID (From Page1):	Sample Number (Fro	om Page1): <u>35836367045</u> L	ab Assigned Report # or J	lob ID: <u>35836367045</u>
Group(s) Analyzed & Resu	Its attached for compliance with Chapter 62-550, F.A.	C. (Check all that apply):		
Inorganics All Except Asbestos	Synthetic Organics Volatile Organics All 30 All 21	Disinfection Byproducts	Radionuclides	Secondaries All 14
X Partial	All Except Dioxin Partial	Haloacetic Acids	Qtrly Composite**	X Partial
Nitrate	Partial	Chlorite		
Nitrite	Dioxin Only	Bromate		
Asbestos				
		RTIFICATION		
I,	Martha Montero,	Project Ma	0	_, do HEREBY CERTIFY
	(Print Name)	(Print Tit	tle)	
that all attached analytical dat	a are correct and unless noted meet all requirements of the	National Environmental Labora	atory Accreditation Converence	ce (NELAC).
Signature:	Martha Monto	Date:	10/25/2023	
possible enforcement agair	nd current Florida DOH lab certification number and a current not the public water system for failture to sample, and may re sample dates & locations for each quarter.			
	CONFIRMATION & NOTIFICATION IS REQUIRED WITH			
NON-D	ETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" QU	ALIFIER. (Non-detects reported a	IS BUL OF WITH a < are not a	acceptable.)
COMPLIANCE DETERMIN	IATION (to be completed by DEP or DOH attach no	tes as necessary)		
Sample Collection & Analy	sis Satisfactory: Yes No	Replacement Sample	or Report Requested (circle	e or highlight group(s) above)
Person Notified:	Date Notified:	DEP/DOH Revie	ewing Official:	
Reporting Format 62-550.730 Effective January 1995, Revised Dec	cember 2012 Pa	age 2 of 4		

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	0.20		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							

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							

Page 4 of 4

UBLIC WATER SYSTEM INFORMATION (to be d	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:	
AMPLE INFORMATION (to be completed by same	bler)	
Sample Number: <u>35836367046</u>	Sample Date: <u>10/21/2023</u> Sample Tin	ne: <u>12:13</u> AM (PM) (Circle One
Sample Location (be specific): <u>32B-#372 Mon Bijou</u>		Location Code:
Disinfectant Residual (Required when reporting results for	rihalomethanes and haloacetic acids): mg/L Field pH:	
Cample Type (Check Only One)	Reason(s) for Sample (Ch	neck all that apply)
Distribution	Routine Compliance with 62-550	Replacement (of Invalidated Sample)
Entry Point (to Distribution)	Confirmation of MCL Exceedance*	Special (not for compliance with 62-550)
Plant Tap (not for compliance with 62-550)	Confirmation of Multiple Sites**	Clearance (permitting)
Raw (at well or intake)	Other:	
Max Residence Time	Sampling Procedure Used or Other Comments	S.
Ave Residence Time		
Near First Customer		
	*See 62-550.500(6) for requirements and restriction And 62-550.512(3) for nitrate or nitrite exceedances	
	SAMPLER CERTIFICATION	
		, do HEREBY CERTIFY
(Print Name)	(Print Title)
nat the above public water system and sample colle	ection information is complete and correct.	
Signature:	Date:	
Certified Operator #:Phone #:	Sampler's Fax #:	
Sampler's E-mail:		
orting Format 62-550.730	David of A	

LABORATORY CERTIFICATION INFORMATION	(to be completed	by lab -	please type or	r print legibly)
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Lab Name: Pace Analytica	al Services, LLC Florida DOH Certification #:		_Certification Expiration E	Date:
		ATTACH CURRENT DOH A	NALYTE SHEET*	
Address:		Phone #		
Were any analyses subcon	tracted? Yes X No If yes, please provide D	OOH certification numbers(s):		
		ATTACH DOH ANALYTE S		ITRACTED LAB*
ANALYSIS INFORMATION	I (to be completed by lab) Date Sample(s) Re	ceived: 10/23/2023		
PWS ID (From Page1):	Sample Number (Fr	om Page1): <u>35836367046</u> La	ab Assigned Report # or J	ob ID: <u>35836367046</u>
Group(s) Analyzed & Resul	ts attached for compliance with Chapter 62-550, F.A.	C. (Check all that apply):		
Inorganics All Except Asbestos	Synthetic Organics Volatile Organics All 30 All 21	Disinfection Byproducts	Radionuclides	Secondaries All 14
X Partial	All Except Dioxin Partial	Haloacetic Acids	Qtrly Composite**	X Partial
Nitrate	Partial	Chlorite		
Nitrite	Dioxin Only	Bromate		
Asbestos				
	LAB CEF	RTIFICATION		
I,	Martha Montero,	Project Man	0	_, do HEREBY CERTIFY
	(Print Name)	(Print Title	e)	
that all attached analytical data	a are correct and unless noted meet all requirements of the	National Environmental Laborat	ory Accreditation Converence	e (NELAC).
Signature:	Martha Monto	Date:	10/25/2023	
possible enforcement again	d current Florida DOH lab certification number and a currer st the public water system for failture to sample, and may re sample dates & locations for each quarter.			
	CONFIRMATION & NOTIFICATION IS REQUIRED WITH			
NON-D	ETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" QU	ALIFIER. (Non-detects reported as	S BUL or with a < are not a	icceptable.)
COMPLIANCE DETERMIN	ATION (to be completed by DEP or DOH attach no	otes as necessary)		
Sample Collection & Analys	sis Satisfactory: Yes No	Replacement Sample c	or Report Requested (circle	e or highlight group(s) above)
Person Notified:	Date Notified:	DEP/DOH Review	wing Official:	
Reporting Format 62-550.730 Effective January 1995, Revised Dec	ember 2012 Pa	age 2 of 4		

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							

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							

Page 4 of 4

PUBLIC WATER SYSTEM INFORMATION (to be cor	npleted by sampler - please type or print legibly)	
System Name:		PWS I.D. #:
System Type (check one):	Non-transient Non-community	Transient Non-community
Address:		
City:	ZIP Code:	
Phone #Fax #:	E-Mail Address:	
SAMPLE INFORMATION (to be completed by sample	r)	
Sample Number: <u>35836367047</u>	_Sample Date: <u>10/21/2023</u> Sample Time	e: <u>1:01</u> AM (PM) (Circle One
Sample Location (be specific): <u>31A-#22B Calquohoun</u>		Location Code:
Disinfectant Residual (Required when reporting results for triha	alomethanes and haloacetic acids): mg/L Field pH:	
Sample Type (Check Only One)	Reason(s) for Sample (Che	ck all that apply)
Distribution	Routine Compliance with 62-550	Replacement (of Invalidated Sample)
Entry Point (to Distribution)	Confirmation of MCL Exceedance*	Special (not for compliance with 62-550)
Plant Tap (not for compliance with 62-550)	Confirmation of Multiple Sites**	Clearance (permitting)
Raw (at well or intake)	Other:	
Max Residence Time	Sampling Procedure Used or Other Comments:	
Ave Residence Time		
Near First Customer		
	*See 62-550.500(6) for requirements and restrictions. And 62-550.512(3) for nitrate or nitrite exceedances.	**See 62-550.550(4) for requirements and attach a results page for each site.
	SAMPLER CERTIFICATION	
۶	,	, do HEREBY CERTIFY
(Print Name)	(Print Title)	
hat the above public water system and sample collect	ion information is complete and correct.	
Signature:	Date:	
Certified Operator #:Phone #:	Sampler's Fax #:	
Sampler's E-mail:		
porting Format 62-550.730		

LABORATORY CERTIFICATION INFORMATION	(to be completed by lab -	please type or print legibly)
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Lab Name: Pace Analytical Services, LLC	Florida DOH Certification #:		Certification Expiration E	Date:
		ATTACH CURRENT DOF	ANALYTE SHEET*	
Address:		Phone #		
Were any analyses subcontracted? Yes	X No If yes, please provide D	OH certification numbers(s):	
			SHEET FOR EACH SUBCO	NTRACTED LAB*
ANALYSIS INFORMATION (to be completed by	by lab) Date Sample(s) Rec	eived: <u>10/23/2023</u>		
PWS ID (From Page1):	Sample Number (Fro	m Page1): <u>35836367047</u>	_Lab Assigned Report # or J	lob ID: <u>35836367047</u>
Group(s) Analyzed & Results attached for com	pliance with Chapter 62-550, F.A.C	C. (Check all that apply):		
Inorganics Synthetic Organi All Except Asbestos All 30 X Partial All Except D	All 21	Disinfection Byproducts Trihalomethanes Haloacetic Acids	Radionuclides Single Sample Qtrly Composite**	Secondaries All 14 X Partial
Nitrate Partial				
Nitrite Dioxin Only		Bromate		
Asbestos		TIFICATION		
		TIFICATION		
I, Martha Montero	,	Project M		_, do HEREBY CERTIFY
(Print Name)		(Print]	,	
that all attached analytical data are correct and unle	ss noted meet all requirements of the I	National Environmental Labo	ratory Accreditation Converence	ce (NELAC).
Signature:	h mato	Date:	10/25/2023	
 * Failure to provide a valid and current Florida DOI possible enforcement against the public water sy ** Please provide radiological sample dates & location 	l lab certification number and a current stem for failture to sample, and may rea	-	-	
	N & NOTIFICATION IS REQUIRED WITH			
NON-DETECTS ARE TO BE R	EPORTED AS THE MDL WITH A "U" QUA	LIFIER. (Non-detects reported	Tas BDL or with a < are not a	acceptable.)
COMPLIANCE DETERMINATION (to be comp	bleted by DEP or DOH attach not	es as necessary)		
Sample Collection & Analysis Satisfactory:	Yes No	Replacement Sampl	e or Report Requested (circle	e or highlight group(s) above)
Person Notified:	Date Notified:	DEP/DOH Rev	viewing Official:	
Reporting Format 62-550.730 Effective January 1995, Revised December 2012	Pa	ge 2 of 4		

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	0.10		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							

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							

Page 4 of 4

PUBLIC WATER SYSTEM INFORMATION (to be co	ompleted 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 samp	er)	
Sample Number: <u>35836367048</u>	Sample Date: 10/21/2023Sample Time	e: <u>1:11</u> AM (PM) (Circle One
Sample Location (be specific): <u>31B-#22B Calquohou</u>	1	Location Code:
Disinfectant Residual (Required when reporting results for tr	halomethanes and haloacetic acids): mg/L Field pH:	
Sample Type (Check Only One)	Reason(s) for Sample (Che	ck all that apply)
Distribution	Routine Compliance with 62-550	Replacement (of Invalidated Sample)
Entry Point (to Distribution)	Confirmation of MCL Exceedance*	Special (not for compliance with 62-550)
Plant Tap (not for compliance with 62-550)	Confirmation of Multiple Sites**	Clearance (permitting)
Raw (at well or intake)	Other:	
Max Residence Time	Sampling Procedure Used or Other Comments:	
Ave Residence Time		
Near First Customer		
	*See 62-550.500(6) for requirements and restrictions. And 62-550.512(3) for nitrate or nitrite exceedances.	**See 62-550.550(4) for requirements and attach a results page for each site.
	SAMPLER CERTIFICATION	
l,		, do HEREBY CERTIFY
(Print Name)	(Print Title)	
that the above public water system and sample colle	ction information is complete and correct.	
Signature:	Date:	
Certified Operator #:Phone #:	Sampler's Fax #:	
Sampler's E-mail:		
porting Format 62-550.730	Dage 4 of 4	

LABORATORY CERTIFICATION INFORMATION	(to be completed	by lab -	please type or	r print legibly)
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Lab Name: Pace Analytica	I Services, LLC Florida DOH Certification #	::Cer	tification Expiration Date:
		ATTACH CURRENT DOH ANAL	(TE SHEET*
Address:		Phone #	
Were any analyses subcont	racted? Yes X No If yes, please provide	DOH certification numbers(s):	
			FOR EACH SUBCONTRACTED LAB*
ANALYSIS INFORMATION	(to be completed by lab) Date Sample(s) Re	eceived: <u>10/23/2023</u>	
PWS ID (From Page1):	Sample Number (F	rom Page1): <u>35836367048</u> Lab As	signed Report # or Job ID: <u>35836367048</u>
Group(s) Analyzed & Result	s attached for compliance with Chapter 62-550, F.A	.C. (Check all that apply):	
Inorganics All Except Asbestos	Synthetic Organics Volatile Organics All 30 All 21	Disinfection Byproducts Ra Trihalomethanes	dionuclides Secondaries Single Sample Image: All 14
X Partial	All Except Dioxin Partial	Haloacetic Acids	Qtrly Composite**
Nitrate	Partial Partial		
Nitrite	Dioxin Only	Bromate	
Asbestos			
	LAB CE	RTIFICATION	
l,	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	e National Environmental Laboratory A	ccreditation Converence (NELAC).
Signature:	Martha Monto	Date:	10/25/2023
possible enforcement agains	d current Florida DOH lab certification number and a curre at the public water system for failture to sample, and may r sample dates & locations for each quarter.		
	CONFIRMATION & NOTIFICATION IS REQUIRED WIT		
NON-DE	ETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" QU	JALIFIER. (Non-detects reported as "BD	L" or with a "<" are not acceptable.)
COMPLIANCE DETERMIN	ATION (to be completed by DEP or DOH attach n	otes as necessary)	
Sample Collection & Analys	is Satisfactory: Yes No	Replacement Sample or Re	port Requested (circle or highlight group(s) above)
Person Notified:	Date Notified:	DEP/DOH Reviewing	Official:
Reporting Format 62-550.730 Effective January 1995, Revised Dece	ember 2012 P	Page 2 of 4	

INORGANIC CONTAMINANTS 62-550.310(1)

Report Number / Job ID: 35836367048

PWS ID (From Page 1):

	0.1									
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							

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							

Page 4 of 4

UBLIC WATER SYSTEM INFORMATION (to be c	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:	
² hone #Fax #:	E-Mail Address:	
SAMPLE INFORMATION (to be completed by samp	vler)	
Sample Number: <u>35836367049</u>	Sample Date: <u>10/21/2023</u> Sample Tim	ne: <u>11:06</u> (AM) PM (Circle One
Sample Location (be specific): <u>38A-#55 Profit</u>		Location Code:
Disinfectant Residual (Required when reporting results for the	rihalomethanes and haloacetic acids): mg/L Field pH:	
Sample Type (Check Only One)	Reason(s) for Sample (Ch	neck all that apply)
Distribution	Routine Compliance with 62-550	Replacement (of Invalidated Sample)
Entry Point (to Distribution)	Confirmation of MCL Exceedance*	Special (not for compliance with 62-550)
Plant Tap (not for compliance with 62-550)	Confirmation of Multiple Sites**	Clearance (permitting)
Raw (at well or intake)	Other:	
Max Residence Time	Sampling Procedure Used or Other Comments	S:
Ave Residence Time		
Near First Customer		
	*See 62-550.500(6) for requirements and restrictions And 62-550.512(3) for nitrate or nitrite exceedances	
	SAMPLER CERTIFICATION	
,		, do HEREBY CERTIFY
(Print Name)	(Print Title	·)
hat the above public water system and sample colle	ection information is complete and correct.	
Signature:	Date:	
Certified Operator #:Phone #:	Sampler's Fax #:	
Sampler's E-mail:		
porting Format 62-550.730	David of A	

LABORATORY CERTIFICATION INFORMATION	I (to be completed by lab	- please type or print legibly)
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Lab Name: Pace Analytic	cal Services, LLC Florida DOH Certification #:	(Certification Expiration Date:
		ATTACH CURRENT DOH AN	ALYTE SHEET*
Address:		Phone #	
Were any analyses subco	ntracted? Yes X No If yes, please provide D		
			EET FOR EACH SUBCONTRACTED LAB*
ANALYSIS INFORMATIO	N (to be completed by lab) Date Sample(s) Red	ceived: 10/23/2023	
PWS ID (From Page1):	Sample Number (Fr	om Page1): <u>35836367049</u> Lab	Assigned Report # or Job ID: 3583636704
Group(s) Analyzed & Resu	ults attached for compliance with Chapter 62-550, F.A.	C. (Check all that apply):	
Inorganics All Except Asbestos X Partial Nitrate Nitrite	Synthetic Organics Volatile Organics All 30 All 21 All Except Dioxin Partial Dioxin Only Dioxin Only	Disinfection Byproducts Trihalomethanes Haloacetic Acids Chlorite Bromate	Radionuclides Secondaries Single Sample All 14 Qtrly Composite** X Partial
Asbestos			
	LAB CEF	RTIFICATION	
I,		Project Mana (Print Title)	
that all attached analytical da	ta are correct and unless noted meet all requirements of the	National Environmental Laborator	y Accreditation Converence (NELAC).
Signature:	March Monto	Date:	10/25/2023
possible enforcement agai	nd current Florida DOH lab certification number and a currer nst the public water system for failture to sample, and may re I sample dates & locations for each quarter.		
	CONFIRMATION & NOTIFICATION IS REQUIRED WITH		
NON-I	DETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" QU	ALIFIER. (Non-detects reported as "	BDL" or with a "<" are not acceptable.)
COMPLIANCE DETERMI	NATION (to be completed by DEP or DOH attach no	otes as necessary)	
Sample Collection & Analy	vsis Satisfactory: Yes No	Replacement Sample or	Report Requested (circle or highlight group(s) abov
Person Notified:	Date Notified:	DEP/DOH Reviewi	ng Official:
Reporting Format 62-550.730 Effective January 1995, Revised De	ecember 2012 Pa	age 2 of 4	

INORGANIC CONTAMINANTS 62-550.310(1)

Report Number / Job ID: 35836367049

PWS ID (From Page 1):

						1				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	0.033		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							

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							

System Type (check one): Community Non-transient Non-community Transient Non-community Address:	PUBLIC WATER SYSTEM INFORMATION (to be	completed by sampler - please type or print legibly)
Address:	System Name:	PWS I.D. #:
City:	System Type (check one):	Non-transient Non-community
Phone #	Address:	
SAMPLE INFORMATION (to be completed by sampler) Sample Number: <u>35836367050</u> Sample Date: <u>10/21/2023</u> Sample Time: <u>11:16</u> M PM (Circle O Sample Location (be specific): <u>38B+#55 Profit</u> Location Code: Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids):mg/L Field pH: Sample Type (Check Only One) Reason(s) for Sample (Check all that apply) Distribution Routine Compliance with 62-550 Replacement (of Invalidated Sample) Entry Point (to Distribution) Confirmation of MCL Exceedance* Special (not for compliance with 62-550 Plant Tap (not for compliance with 62-550) Other: Other: Raw (at well or intake) Other: Other: descence Time Sampling Procedure Used or Other Comments: Ave Residence Time Sampling Procedure Used or Other Comments: attach a results page for each site. SAMPLER CERTIFICATION, do HEREBY CERTIFICATION, do HEREBY CERTIFICATION, do HEREBY CERTIFICATION		
Sample Number: <u>35836367050</u> Sample Date: <u>10/21/2023</u> Sample Time: <u>11:16</u> <u>M</u> PM (Circle C Sample Location (be specific): <u>38B #55 Profit</u> Location Code:	Phone #Fax #:	E-Mail Address:
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) Reason(s) for Sample (Check all that apply) Distribution Routine Compliance with 62-550 Replacement (of Invalidated Sample) Distribution Confirmation of MCL Exceedance* Special (not for compliance with 62-55) Plant Tap (not for compliance with 62-550) Confirmation of Multiple Sites** Clearance (permitting) Raw (at well or intake) Other: Confirmation of Multiple Sites** Clearance (permitting) Max Residence Time Sampling Procedure Used or Other Comments: **See 62-550.550(4) for requirements and restrictions. **See 62-550.550(4) for requirements and restrictions. Near First Customer *See 62-550.500(6) for requirements and restrictions. **See 62-550.550(4) for requirements and restrictions. **See 62-550.550(4) for requirements and attach a results page for each site. SAMPLER CERTIFICATION I,	SAMPLE INFORMATION (to be completed by san	
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) Reason(s) for Sample (Check all that apply) Distribution Routine Compliance with 62-550 Replacement (of Invalidated Sample) Distribution Confirmation of MCL Exceedance* Special (not for compliance with 62-55) Plant Tap (not for compliance with 62-550) Confirmation of Multiple Sites** Clearance (permitting) Raw (at well or intake) Other: Confirmation of Multiple Sites** Clearance (permitting) Max Residence Time Sampling Procedure Used or Other Comments: **See 62-550.550(4) for requirements and restrictions. **See 62-550.550(4) for requirements and restrictions. Near First Customer **See 62-550.512(3) for intrate or nitrite exceedances. **See 62-550.550(4) for requirements and restrictions. **See 62-550.550(4) for requirements and attach a results page for each site. SAMPLER CERTIFICATION	Sample Number: <u>35836367050</u>	Sample Date: 10/21/2023Sample Time: 11:16 (AM) PM (Circle One
Sample Type (Check only One)	Sample Location (be specific): <u>38B-#55 Profit</u>	
Distribution Routine Compliance with 62-550 Replacement (of Invalidated Sample) Entry Point (to Distribution) Confirmation of MCL Exceedance* Special (not for compliance with 62-55) Plant Tap (not for compliance with 62-550) Confirmation of Multiple Sites** Clearance (permitting) Raw (at well or intake) Other:	Disinfectant Residual (Required when reporting results fo	trihalomethanes and haloacetic acids): mg/L Field pH:
Entry Point (to Distribution) Confirmation of MCL Exceedance* Special (not for compliance with 62-55) Plant Tap (not for compliance with 62-550) Confirmation of Multiple Sites** Clearance (permitting) Raw (at well or intake) Other: Confirmation of Multiple Sites** Clearance (permitting) Max Residence Time Sampling Procedure Used or Other Comments: Ave Residence Time Near First Customer "See 62-550.500(6) for requirements and restrictions. And 62-550.512(3) for nitrate or nitrite exceedances. "See 62-550.550(4) for requirements and attach a results page for each site. I,	Sample Type (Check Only One)	Reason(s) for Sample (Check all that apply)
Plant Tap (not for compliance with 62-550) Confirmation of Multiple Sites** Clearance (permitting) Raw (at well or intake) Other: Confirmation of Multiple Sites** Clearance (permitting) Max Residence Time Sampling Procedure Used or Other Comments: Ave Residence Time Near First Customer *See 62-550.500(6) for requirements and restrictions. And 62-550.512(3) for nitrate or nitrite exceedances. **See 62-550.550(4) for requirements and attach a results page for each site. SAMPLER CERTIFICATION I,, do HEREBY CERTIF (Print Name) (Print Title) that the above public water system and sample collection information is complete and correct. Date:	Distribution	Routine Compliance with 62-550 Replacement (of Invalidated Sample)
Raw (at well or intake) Other:	Entry Point (to Distribution)	Confirmation of MCL Exceedance* Special (not for compliance with 62-550)
Max Residence Time Ave Residence Time Near First Customer See 62-550.500(6) for requirements and restrictions. And 62-550.512(3) for nitrate or nitrite exceedances. SAMPLER CERTIFICATION I,, do HEREBY CERTIF (Print Name) (Print Title) that the above public water system and sample collection information is complete and correct. Signature: Date:	Plant Tap (not for compliance with 62-550)	Confirmation of Multiple Sites** Clearance (permitting)
Ave Residence Time Near First Customer *See 62-550.500(6) for requirements and restrictions. And 62-550.512(3) for nitrate or nitrite exceedances. **See 62-550.550(4) for requirements and attach a results page for each site. SAMPLER CERTIFICATION I,,, do HEREBY CERTIFICATION I,, (Print Name) (Print Title) that the above public water system and sample collection information is complete and correct. Signature: Date:	Raw (at well or intake)	Other:
Near First Customer *See 62-550.500(6) for requirements and restrictions. And 62-550.512(3) for nitrate or nitrite exceedances. **See 62-550.550(4) for requirements and attach a results page for each site. SAMPLER CERTIFICATION	Max Residence Time	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. SAMPLER CERTIFICATION I,,, do HEREBY CERTIFICATION I,, (Print Name) (Print Title) that the above public water system and sample collection information is complete and correct. Signature: Date:	Ave Residence Time	
And 62-550.512(3) for nitrate or nitrite exceedances. attach a results page for each site. SAMPLER CERTIFICATION I,,, do HEREBY CERTIFICATION I,, (Print Name) (Print Title) that the above public water system and sample collection information is complete and correct. Signature: Date:	Near First Customer	
I,,,,, do HEREBY CERTIF (Print Name) (Print Title) that the above public water system and sample collection information is complete and correct. Signature: Date:		
(Print Name) (Print Title) that the above public water system and sample collection information is complete and correct. Signature: Date:		SAMPLER CERTIFICATION
that the above public water system and sample collection information is complete and correct. Signature: Date:	I,	, do HEREBY CERTIFY
Signature: Date:	(Print Name)	(Print Title)
	that the above public water system and sample co	lection information is complete and correct.
Certified Operator #: Sampler's Fax #:	Signature:	Date:
	Certified Operator #:Phone #: _	Sampler's Fax #:
Sampler's E-mail:	Sampler's E-mail:	
porting Format 62-550.730		

LABORATORY CERTIFICATION INFORMATION ((to be completed by lab -	please type or print legibly)
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Lab Name: Pace Analytica	al Services, LLC Florida DOH Certification #:		_Certification Expiration E	Date:
		ATTACH CURRENT DOH A	NALYTE SHEET*	
Address:		Phone #		
Were any analyses subcon	tracted? Yes X No If yes, please provide D	OH certification numbers(s)	:	
			SHEET FOR EACH SUBCO	NTRACTED LAB*
ANALYSIS INFORMATION	(to be completed by lab) Date Sample(s) Rec	ceived: <u>10/23/2023</u>		
PWS ID (From Page1):	Sample Number (Fro	om Page1): <u>35836367050</u> L	ab Assigned Report # or J	lob ID: <u>35836367050</u>
Group(s) Analyzed & Resul	ts attached for compliance with Chapter 62-550, F.A.C	C. (Check all that apply):		
Inorganics All Except Asbestos	Synthetic Organics Volatile Organics All 30 All 21	Disinfection Byproducts	Radionuclides	Secondaries
X Partial	All Except Dioxin Partial	Haloacetic Acids	Qtrly Composite**	X Partial
Nitrate	Partial	Chlorite		
Nitrite	Dioxin Only	Bromate		
Asbestos				
		RTIFICATION		
I,	Martha Montero,	Project Mar	0	_, do HEREBY CERTIFY
	(Print Name)	(Print Tit	le)	
that all attached analytical dat	a are correct and unless noted meet all requirements of the	National Environmental Labora	tory Accreditation Converence	ce (NELAC).
Signature:	Marth Monto	Date:	10/25/2023	
possible enforcement again	d current Florida DOH lab certification number and a curren st the public water system for failture to sample, and may re sample dates & locations for each quarter.			
	CONFIRMATION & NOTIFICATION IS REQUIRED WITH			
NON-D	ETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" QU/	ALIFIER. (Non-detects reported a	IS "BUL" or with a "<" are not a	acceptable.)
COMPLIANCE DETERMIN	IATION (to be completed by DEP or DOH attach no	tes as necessary)		
Sample Collection & Analys	sis Satisfactory: Yes No	Replacement Sample	or Report Requested (circle	e or highlight group(s) above)
Person Notified:	Date Notified:	DEP/DOH Revie	wing Official:	
Reporting Format 62-550.730 Effective January 1995, Revised Dec	ember 2012 Pa	age 2 of 4		

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							

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							

Page 4 of 4

System Type (check one): Community Non-transient Non-community Transient Non-community Address:	PUBLIC WATER SYSTEM INF	ORMATION (to be com	pleted by samp	ler - please type or	print legibly)			
Address:	System Name:							PWS I.D. #:
City:	System Type (check one):	Community	Non	-transient Non-corr	nmunity	Tran	nsient Non-comm	unity
Phone #Fax #:E-Mail Address:	Address:							
SAMPLE INFORMATION (to be completed by sampler) Sample Number: <u>35836367051</u> Sample Date: <u>10/21/2023</u> Sample Time: <u>1:32</u> AM (P) (Circle One Sample Location (be specific): <u>29A+#521 Castle Burke</u> Location Code:	City:				ZIP Code:			
Sample Number: <u>3583637051</u> Sample Date: <u>10/21/2023</u> Sample Time: <u>1:32</u> AM (Circle One Sample Location (be specific): <u>29A:#521 Castle Burke</u>	Phone #	Fax #:		E-N	1ail Address:			
Sample Location (be specific): <u>29A#521 Castle Burke</u> Location Code: Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids):mg/L Field pH: Sample Type (Check Only One) Distribution Reason(s) for Sample (Check all that apply) Distribution Routine Compliance with 62-550 Replacement (of Invalidated Sample) Confirmation of MCL Exceedance* Special (not for compliance with 62-550) Reveated action of Multiple Sites** Clearance (permitting) Raw (at well or intake) Reveated action Code: Sample Type (Check Only One) Raw (at well or intake) Raw (at well or	SAMPLE INFORMATION (to be	completed by sampler	.)					-
Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): mg/L Field pH: Sample Type (Check Only One) Reason(s) for Sample (Check all that apply) Distribution Routine Compliance with 62-550 Replacement (of Invalidated Sample) Entry Point (to Distribution) Confirmation of McL Exceedance* Special (not for compliance with 62-550) Plant Tap (not for compliance with 62-550) Other: Raw (at well or intake) Other: Max Residence Time Sampling Procedure Used or Other Comments: Ave Residence Time *See 62-550.512(3) for intrate or nitrite exceedances. **See 62-550.550(4) for requirements and attach a results page for each site. SAMPLER CERTIFICATION I, (Print Name), (Print Title) that the above public water system and sample collection information is complete and correct. Signature: Date: Certified Operator #: Phone #: Sampler's Fax #:	Sample Number: 358363670	51	_Sample Date:	10/21/2023	Sample]	Time: 1	1:32	AM (PM) (Circle One
Sample Type (Check Only One) Reason(s) for Sample (Check all that apply) Distribution Routine Compliance with 62-550 Entry Point (to Distribution) Confirmation of MCL Exceedance* Plant Tap (not for compliance with 62-550) Confirmation of MUtiple Sites** Raw (at well or intake) Other: Max Residence Time Sampling Procedure Used or Other Comments: Ave Residence Time Sampling Procedure Used or Other Comments: Near First Customer "See 62-550.500(6) for requirements and restrictions." *See 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.	Sample Location (be specific): 2	9A-#521 Castle Burke				L	ocation Code:	-
Distribution Routine Compliance with 62-550 Replacement (of Invalidated Sample) Entry Point (to Distribution) Confirmation of MCL Exceedance* Special (not for compliance with 62-550) Plant Tap (not for compliance with 62-550) Confirmation of MULtiple Sites** Clearance (permitting) Raw (at well or intake) Other:	Disinfectant Residual (Required w	hen reporting results for triha	lomethanes and hal	oacetic acids):	_ mg/L Field pH:			
Entry Point (to Distribution) Confirmation of MCL Exceedance* Special (not for compliance with 62-550) Plant Tap (not for compliance with 62-550) Confirmation of Multiple Sites** Clearance (permitting) Raw (at well or intake) Other: Confirmation of Multiple Sites** Clearance (permitting) Max Residence Time Sampling Procedure Used or Other Comments: Ave Residence Time Near First Customer "See 62-550.500(6) for requirements and restrictions. **See 62-550.550(4) for requirements and attach a results page for each site. SAMPLER CERTIFICATION I,,, do HEREBY CERTIFY It at the above public water system and sample collection information is complete and correct. Signature: Signature: Date: Certified Operator #: Phone #: Sampler's Fax #:	Sample Type (Check Only One)			Reas	son(s) for Sample ((Check a	all that apply)	-
Plant Tap (not for compliance with 62-550) Confirmation of Multiple Sites** Clearance (permitting) Raw (at well or intake) Other: Confirmation of Multiple Sites** Clearance (permitting) Max Residence Time Sampling Procedure Used or Other Comments: Ave Residence Time Near First Customer "See 62-550.500(6) for requirements and restrictions. "See 62-550.550(4) for requirements and attach a results page for each site. SAMPLER CERTIFICATION I,	Distribution			Routine Compliand	ce with 62-550		Replacem	ent (of Invalidated Sample)
Raw (at well or intake) Other: Max Residence Time Sampling Procedure Used or Other Comments: Ave Residence Time	Entry Point (to Distribution)			Confirmation of M	CL Exceedance*		Special (n	ot for compliance with 62-550)
Max Residence Time Sampling Procedure Used or Other Comments: Ave Residence Time *See 62-550.500(6) for requirements and restrictions. *See 62-550.500(6) for requirements and restrictions. **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:	Plant Tap (not for compliance)	with 62-550)		Confirmation of Mu	ultiple Sites**		Clearance	(permitting)
Ave Residence Time Near First Customer *See 62-550.500(6) for requirements and restrictions. And 62-550.512(3) for nitrate or nitrite exceedances. 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 #:	Raw (at well or intake)			Other:				
Near First Customer *See 62-550.500(6) for requirements and restrictions. And 62-550.512(3) for nitrate or nitrite exceedances. **See 62-550.550(4) for requirements and attach a results page for each site. SAMPLER CERTIFICATION	Max Residence Time		Sa	ampling Procedure Us	sed or Other Comme	ents:		
See 62-550.500(6) for requirements and restrictions. And 62-550.512(3) for nitrate or nitrite exceedances. 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 #:	Ave Residence Time							
And 62-550.512(3) for nitrate or nitrite exceedances. attach a results page for each site. SAMPLER CERTIFICATION I,	Near First Customer		_					
I,, do HEREBY CERTIFY (Print Name) (Print Title) , do HEREBY CERTIFY (Print Title) that the above public water system and sample collection information is complete and correct. Signature: Date: Date: Certified Operator #: Phone #: Sampler's Fax #:								
(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 #:			SAN		ICATION			
that the above public water system and sample collection information is complete and correct. Signature: Date: Certified Operator #:Phone #: Sampler's Fax #:	I,			,				, do HEREBY CERTIFY
Signature:	(Print Name)			(Print Ti	itle)		
Certified Operator #:Phone #: Sampler's Fax #:	that the above public water syst	em and sample collecti	on information is	s complete and corr	rect.			
	Signature:				Date:			
Sampler's E-mail:	Certified Operator #:	Phone #:			Sampler's Fax #	#:		
	Sampler's E-mail:							
porting Format 62-550.730								

LABORATORY CERTIFICATION INFORMATION	(to be completed by lab -	please type or print legibly)
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Lab Name: Pace Analyti	cal Services, LLC Florida DOH Certification #:		Certification Expiration	Date:
		ATTACH CURRENT DO	H ANALYTE SHEET*	
Address:		Phone #		
Were any analyses subco				
			E SHEET FOR EACH SUBCO	
ANALYSIS INFORMATIC	DN (to be completed by lab) Date Sample(s) Red	ceived: <u>10/23/2023</u>		
PWS ID (From Page1):	Sample Number (Fro	om Page1): <u>35836367051</u>	_Lab Assigned Report # or	Job ID: <u>35836367051</u>
	ults attached for compliance with Chapter 62-550, F.A.	C. (Check all that apply):		
Inorganics	Synthetic Organics Volatile Organics	Disinfection Byproducts	Radionuclides	Secondaries
All Except Asbestos	All 30 All 21	Trihalomethanes	Single Sample	All 14
X Partial	All Except Dioxin Partial	Haloacetic Acids	Qtrly Composite**	X Partial
Nitrate	Partial	Chlorite		
Nitrite	Dioxin Only	Bromate		
Asbestos				
	LAB CEF	RTIFICATION		
l,	Martha Montero	Project N	lanager	, do HEREBY CERTIFY
	(Print Name)	(Print		
that all attached analytical da	ata are correct and unless noted meet all requirements of the	National Environmental Labo	pratory Accreditation Converen	nce (NELAC).
Signature:	March Montos	Date:	10/25/202	3
possible enforcement aga	and current Florida DOH lab certification number and a currer inst the public water system for failture to sample, and may re al sample dates & locations for each quarter.			
	CONFIRMATION & NOTIFICATION IS REQUIRED WITH			
NON-	DETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" QU	ALIFIER. (Non-detects reported	d as "BDL" or with a "<" are not	acceptable.)
COMPLIANCE DETERM	INATION (to be completed by DEP or DOH attach no	tes as necessary)		
Sample Collection & Anal	ysis Satisfactory: Yes No	Replacement Samp	le or Report Requested (circ	cle or highlight group(s) above)
Person Notified:	Date Notified:	DEP/DOH Rev	viewing Official:	
Reporting Format 62-550.730	Pr	and 2 of 4		

Effective January 1995, Revised December 2012

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	0.20		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							

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	Result		Wiethou		Duio	Time -	
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							

PUBLIC WATER SYSTEM INFORMATION (to	o be completed by sampler - please type or p	print legibly)	
System Name:			PWS I.D. #:
System Type (check one):	unity Non-transient Non-com	munity Trans	sient Non-community
Address:			
City:		ZIP Code:	
Phone #Fa	ax #:E-M:	ail Address:	
SAMPLE INFORMATION (to be completed by	sampler)		
Sample Number: <u>35836367052</u>	Sample Date: <u>10/21/2023</u>	Sample Time: 1:	42 AM (PM) (Circle One
Sample Location (be specific): 29B-#521 Castl	e Burke	Lo	cation Code:
Disinfectant Residual (Required when reporting resu	Its for trihalomethanes and haloacetic acids):	_mg/L Field pH:	
Sample Type (Check Only One)	Rease	on(s) for Sample (Check all	that apply)
Distribution	Routine Complianc	e with 62-550	Replacement (of Invalidated Sample)
Entry Point (to Distribution)	Confirmation of MC	L Exceedance*	Special (not for compliance with 62-550)
Plant Tap (not for compliance with 62-550)	Confirmation of Mu	Itiple Sites**	Clearance (permitting)
Raw (at well or intake)	Other:		
Max Residence Time	Sampling Procedure Us	ed or Other Comments:	
Ave Residence Time			
Near First Customer			
	*See 62-550.500(6) for req And 62-550.512(3) for nitra		ee 62-550.550(4) for requirements and ttach a results page for each site.
	SAMPLER CERTIFI	CATION	
I,	,		, do HEREBY CERTIFY
(Print Name)		(Print Title)	
that the above public water system and sample	e collection information is complete and corre	ect.	
Signature:		Date:	
Certified Operator #:Phone #	# :	Sampler's Fax #:	
Sampler's E-mail:			
porting Format 62-550.730	Deve 4 of 4		

Lab Name: Pace Analytical Services, LLC	Florida DOH Certification #:		_Certification Expiration E	Date:
		ATTACH CURRENT DOH	ANALYTE SHEET*	
Address:		Phone #		
Were any analyses subcontracted? Yes	X No If yes, please provide De	OH certification numbers(s)	:	
		ATTACH DOH ANALYTE	SHEET FOR EACH SUBCON	NTRACTED LAB*
ANALYSIS INFORMATION (to be completed b	y lab) Date Sample(s) Rec	eived: <u>10/23/2023</u>		
PWS ID (From Page1):	Sample Number (Fro	m Page1): <u>35836367052</u> L	ab Assigned Report # or J	lob ID: <u>35836367052</u>
Group(s) Analyzed & Results attached for comp	liance with Chapter 62-550, F.A.C	C. (Check all that apply):		
Inorganics Synthetic Organic All Except Asbestos All 30 X Partial All Except Dial Nitrate Partial Nitrite Dioxin Only Asbestos Asbestos	All 21	Disinfection Byproducts Trihalomethanes Haloacetic Acids Chlorite Bromate	Radionuclides Single Sample Qtrly Composite**	Secondaries All 14 X Partial
		TIFICATION		
I, <u>Martha Montero</u> (Print Name)	,	Project Maı (Print Tit	_, do HEREBY CERTIFY	
that all attached analytical data are correct and unles	s noted meet all requirements of the t	,	,	e (NELAC)
Signature:	n monto	Date:	10/25/2023	
 * Failure to provide a valid and current Florida DOH possible enforcement against the public water sys ** Please provide radiological sample dates & location 	tem for failture to sample, and may res		-	
	& NOTIFICATION IS REQUIRED WITH			
NON-DETECTS ARE TO BE RE	PORTED AS THE MDL WITH A "U" QUA	LIFIER. (Non-detects reported a	as "BDL" or with a "<" are not a	acceptable.)
COMPLIANCE DETERMINATION (to be comp	eted by DEP or DOH attach not	es as necessary)		
Sample Collection & Analysis Satisfactory:	Yes No	Replacement Sample	or Report Requested (circle	e or highlight group(s) above)
Person Notified:	Date Notified:	DEP/DOH Revie	ewing Official:	
Reporting Format 62-550.730 Effective January 1995, Revised December 2012	Pa	ge 2 of 4		

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							

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							

Page 4 of 4

System Type (check one): Community Non-transient Non-community Transient Non-community Address:	System Type (check one): Community Non-transient Non-community Transient Non-community Address:	
Address:	Address:	
City:	City:	
Phone #	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 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) Reason(s) for Sample (Check all that apply)	
SAMPLE INFORMATION (to be completed by sampler) Sample Number: <u>35836367053</u> Sample Date: <u>10/21/2023</u> Sample Time: <u>11:29</u> M PM (Circle One Sample Location (be specific): <u>37A #90 Profit</u> Location Code:	SAMPLE INFORMATION (to be completed by sampler) Sample Number: 35836367053 Sample Date: 10/21/2023 Sample Time: 11:29 AM PM Sample Location (be specific): 37A-#90 Profit Location Code:	
Sample Number: <u>3583837053</u> Sample Date: <u>10/21/2023</u> Sample Time: <u>11:29</u> AM PM (Circle One Sample Location (be specific): <u>37A:#90 Profit</u>	Sample Number: 35836367053 Sample Date: 10/21/2023 Sample Time: 11:29 AM PM Sample Location (be specific): 37A-#90 Profit Location Code:	
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) Reason(s) for Sample (Check all that apply) Distribution Replacement (of Invalidated Sample) Entry Point (to Distribution) Confirmation of MCL Exceedance* Special (not for compliance with 62-550) Plant Tap (not for compliance with 62-550) Confirmation of Multiple Sites** Clearance (permitting) Raw (at well or intake) Other: Clearance (permitting) Max Residence Time Sampling Procedure Used or Other Comments: Ave Residence Time Sample CEETTIFICATION Near First Customer "See 62-550.500(6) for requirements and restrictions." "See 62-550.550(4) for requirements and restrictions." I,	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) Reason(s) for Sample (Check all that apply)	
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) Reason(s) for Sample (Check all that apply) Distribution Replacement (of Invalidated Sample) Entry Point (to Distribution) Confirmation of MCL Exceedance* Special (not for compliance with 62-550) Plant Tap (not for compliance with 62-550) Confirmation of Multiple Sites** Clearance (permitting) Raw (at well or intake) Other: Clearance (permitting) Max Residence Time Sampling Procedure Used or Other Comments: Ave Residence Time Sample CEETTIFICATION Near First Customer "See 62-550.500(6) for requirements and restrictions." "See 62-550.550(4) for requirements and restrictions." I,	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) Reason(s) for Sample (Check all that apply)	(Circle On
Sample Type (Check Only One) Reason(s) for Sample (Check all that apply) Distribution Routine Compliance with 62-550 Entry Point (to Distribution) Confirmation of MCL Exceedance* Plant Tap (not for compliance with 62-550) Confirmation of Multiple Sites** Raw (at well or intake) Other: Max Residence Time Sampling Procedure Used or Other Comments: Ave Residence Time Sampling Procedure Used or Other Comments: Ave Residence Time Sampling Procedure Used or Other Comments: Near First Customer "See 62-550.500(6) for requirements and restrictions." "See 62-550.500(4) for requirements and attach a results page for each site. I,	Sample Type (Check Only One) Reason(s) for Sample (Check all that apply)	
Distribution Routine Compliance with 62-550 Replacement (of Invalidated Sample) Entry Point (to Distribution) Confirmation of MCL Exceedance* Special (not for compliance with 62-550) Plant Tap (not for compliance with 62-550) Confirmation of MULiple Sites** Clearance (permitting) Raw (at well or intake) Other:		
Entry Point (to Distribution) Confirmation of MCL Exceedance* Special (not for compliance with 62-550) Plant Tap (not for compliance with 62-550) Confirmation of MCL Exceedance* Special (not for compliance with 62-550) Raw (at well or intake) Other: Clearance (permitting) Max Residence Time Sampling Procedure Used or Other Comments: Ave Residence Time Sampling Procedure Used or Other Comments: Near First Customer "See 62-550.500(6) for requirements and restrictions. "See 62-550.512(3) for nitrate or nitrate or nitrate exceedances. "See 62-550.550(4) for requirements and attach a results page for each site. SAMPLER CERTIFICATION I,	Distribution Routine Compliance with 62-550 Replacement (of Invalidated	
Plant Tap (not for compliance with 62-550) Confirmation of Multiple Sites** Clearance (permitting) Raw (at well or intake) Other:		d Sample)
Raw (at well or intake) Other: Max Residence Time Sampling Procedure Used or Other Comments: Ave Residence Time	Entry Point (to Distribution) Confirmation of MCL Exceedance* Special (not for compliance	with 62-550)
Max Residence Time Sampling Procedure Used or Other Comments: Ave Residence Time *See 62-550.500(6) for requirements and restrictions. *See 62-550.500(6) for requirements and restrictions. **See 62-550.550(4) for requirements and attach a results page for each site. SAMPLER CERTIFICATION **See 62-550.550(4) for requirements and restrictions. I,	Plant Tap (not for compliance with 62-550) Confirmation of Multiple Sites**	
Ave Residence Time Ave Residence Time Near First Customer *See 62-550.500(6) for requirements and restrictions. And 62-550.512(3) for nitrate or nitrite exceedances. *See 62-550.550(4) for requirements and attach a results page for each site. SAMPLER CERTIFICATION I,	Raw (at well or intake) Other:	
Near First Customer *See 62-550.500(6) for requirements and restrictions. And 62-550.512(3) for nitrate or nitrite exceedances. **See 62-550.550(4) for requirements and attach a results page for each site. SAMPLER CERTIFICATION	Max Residence Time Sampling Procedure Used or Other Comments:	
*See 62-550.500(6) for requirements and restrictions. **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 #:	Ave Residence Time	
And 62-550.512(3) for nitrite or nitrite exceedances. 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 #:	Near First Customer	
I,, do HEREBY CERTIFY (Print Name) ,, do HEREBY CERTIFY (Print Title) that the above public water system and sample collection information is complete and correct. Signature: Date: Date: Certified Operator #: Phone #: Sampler's Fax #:		
(Print Name) (Print Title) that the above public water system and sample collection information is complete and correct. Signature: Certified Operator #: Phone #: Sampler's Fax #:	SAMPLER CERTIFICATION	
that the above public water system and sample collection information is complete and correct. Signature: Date: Certified Operator #:Phone #: Sampler's Fax #:		Y CERTIFY
Signature:	(Print Name) (Print Title)	
Certified Operator #:Phone #: Sampler's Fax #:	that the above public water system and sample collection information is complete and correct.	
	Signature: Date:	
Sampler's E-mail:	Certified Operator #:Phone #: Sampler's Fax #:	
	Sampler's E-mail:	

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

Lab Name: Pace Analytic	al Services, LLC Florida DOH Certification #:		Certification Expiration [Date:
		ATTACH CURRENT DOH	ANALYTE SHEET*	
Address:		Phone #		
Were any analyses subcon	tracted? Yes X No If yes, please provide D	OH certification numbers(s)):	
			SHEET FOR EACH SUBCO	NTRACTED LAB*
ANALYSIS INFORMATIO	I (to be completed by lab) Date Sample(s) Red	ceived: <u>10/23/2023</u>		
PWS ID (From Page1):	Sample Number (Fro	om Page1): <u>35836367053</u> L	_ab Assigned Report # or J	lob ID: <u>35836367053</u>
Group(s) Analyzed & Resu	Its attached for compliance with Chapter 62-550, F.A.	C. (Check all that apply):		
Inorganics All Except Asbestos	Synthetic Organics Volatile Organics All 30 All 21	Disinfection Byproducts	Radionuclides	Secondaries
X Partial	All Except Dioxin Partial	Haloacetic Acids	Qtrly Composite**	X Partial
Nitrate	Partial	Chlorite		
Nitrite	Dioxin Only	Bromate		
Asbestos				
		RTIFICATION		
I,	Martha Montero,	Project Ma	8	_, do HEREBY CERTIFY
	(Print Name)	(Print Tit	tle)	
that all attached analytical dat	a are correct and unless noted meet all requirements of the	National Environmental Labora	atory Accreditation Converence	ce (NELAC).
Signature:	Maith monto	Date:	10/25/2023	
possible enforcement agair	nd current Florida DOH lab certification number and a current not the public water system for failture to sample, and may re sample dates & locations for each quarter.			
	CONFIRMATION & NOTIFICATION IS REQUIRED WITH			
NON-D	ETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" QU	ALIFIER. (Non-detects reported a	as "BDL" or with a "<" are not a	acceptable.)
COMPLIANCE DETERMIN	IATION (to be completed by DEP or DOH attach no	tes as necessary)		
Sample Collection & Analy	sis Satisfactory: Yes No	Replacement Sample	or Report Requested (circle	e or highlight group(s) above)
Person Notified:	Date Notified:	DEP/DOH Revie	ewing Official:	
Reporting Format 62-550.730 Effective January 1995, Revised Dec	cember 2012 Pa	age 2 of 4		

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	0.20		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							

SECONDARY CONTAMINANTS 62-550.320

Report Number / Job ID: 35836367053

PWS ID (From Page 1):

								<u> </u>		
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							

Page 4 of 4

PUBLIC WATER SYSTEM INFORMATION (to be co	ompleted by sampler - please type or print legibly)	
System Name:		PWS I.D. #:
System Type (check one):	Non-transient Non-community	Transient Non-community
Address:		
City:	ZIP Code:	
[•] hone #Fax #:	E-Mail Address:	
SAMPLE INFORMATION (to be completed by sample	er)	
Sample Number: 35836367054	Sample Date: <u>10/21/2023</u> Sample Ti	ime: <u>11:39</u> (AM) PM (Circle One
Sample Location (be specific): <u>37B-#90 Profit</u>		Location Code:
Disinfectant Residual (Required when reporting results for tri	halomethanes and haloacetic acids): $__\mg/L$ Field pH:	
Sample Type (Check Only One)	Reason(s) for Sample (C	Check all that apply)
Distribution	Routine Compliance with 62-550	Replacement (of Invalidated Sample)
Entry Point (to Distribution)	Confirmation of MCL Exceedance*	Special (not for compliance with 62-550)
Plant Tap (not for compliance with 62-550)	Confirmation of Multiple Sites**	Clearance (permitting)
Raw (at well or intake)	Other:	
Max Residence Time	Sampling Procedure Used or Other Commen	its:
Ave Residence Time		
Near First Customer		
	*See 62-550.500(6) for requirements and restriction And 62-550.512(3) for nitrate or nitrite exceedance	
	SAMPLER CERTIFICATION	
,		, do HEREBY CERTIFY
(Print Name)	(Print Title	e)
hat the above public water system and sample collect	ction information is complete and correct.	
Signature:	Date:	
Certified Operator #:Phone #:	Sampler's Fax #:	·
Sampler's E-mail:		
porting Format 62-550.730		

LABORATORY CERTIFICATION INFORMATION	I (to be complet	ed by lab - plea	ase type or print legibly)
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Lab Name: Pace Analytic	al Services, LLC Florida DOH Certification #:		Certification Expiration [Date:
		ATTACH CURRENT DOH	ANALYTE SHEET*	
Address:		Phone #		
Were any analyses subcon	tracted? Yes X No If yes, please provide D	OH certification numbers(s)):	
			SHEET FOR EACH SUBCO	NTRACTED LAB*
ANALYSIS INFORMATION	(to be completed by lab) Date Sample(s) Rec	ceived: <u>10/23/2023</u>		
PWS ID (From Page1):	Sample Number (Fro	om Page1): <u>35836367054</u> L	_ab Assigned Report # or J	lob ID: <u>35836367054</u>
Group(s) Analyzed & Resu	Its attached for compliance with Chapter 62-550, F.A.	C. (Check all that apply):		
Inorganics All Except Asbestos	Synthetic Organics Volatile Organics All 30 All 21	Disinfection Byproducts	Radionuclides	Secondaries All 14
X Partial	All Except Dioxin Partial	Haloacetic Acids	Qtrly Composite**	X Partial
Nitrate	Partial	Chlorite		
Nitrite	Dioxin Only	Bromate		
Asbestos				
		RTIFICATION		
l,	Martha Montero,	Project Ma	8	_, do HEREBY CERTIFY
	(Print Name)	(Print Tit	tle)	
that all attached analytical dat	a are correct and unless noted meet all requirements of the	National Environmental Labora	atory Accreditation Converence	ce (NELAC).
Signature:	Martha Monto	Date:	10/25/2023	
possible enforcement agair	nd current Florida DOH lab certification number and a curren not the public water system for failture to sample, and may re sample dates & locations for each quarter.			
	CONFIRMATION & NOTIFICATION IS REQUIRED WITH			
NON-D	ETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" QU	ALIFIER. (Non-detects reported a	as "BDL" or with a "<" are not a	acceptable.)
COMPLIANCE DETERMIN	IATION (to be completed by DEP or DOH attach no	tes as necessary)		
Sample Collection & Analy	sis Satisfactory: Yes No	Replacement Sample	or Report Requested (circle	e or highlight group(s) above)
Person Notified:	Date Notified:	DEP/DOH Revie	ewing Official:	
Reporting Format 62-550.730 Effective January 1995, Revised Dec	cember 2012 Pa	age 2 of 4		

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							

SECONDARY CONTAMINANTS 62-550.320

Report Number / Job ID: 35836367054

PWS ID (From Page 1):

Contam	Contam			Analysis		Analytical	Lab	Analysis	Analysis	DOH Lab
ID	Name	MCL	Units	Result	Qualifier*	Method	MDL	Date	Time	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							

System Name:		PWS I.D. #:
System Type (check one): Community		Transient Non-community
Address:		
City:		:
Phone #Fax #:		
AMPLE INFORMATION (to be completed by sample)		
Sample Number: <u>35836367055</u>	Sample Date: 10/21/2023 Sample	le Time: <u>1:53</u> AM (PM) (Circle On
ample Location (be specific): <u>30A-#445B Castle Burk</u>		\mathbf{U}
isinfectant Residual (Required when reporting results for triha		
ample Type (Check Only One)	Reason(s) for Samp	e (Check all that apply)
Distribution	Routine Compliance with 62-550	Replacement (of Invalidated Sample)
Entry Point (to Distribution)	Confirmation of MCL Exceedance*	Special (not for compliance with 62-550
Plant Tap (not for compliance with 62-550)	Confirmation of Multiple Sites**	Clearance (permitting)
Raw (at well or intake)	Other:	
Max Residence Time	Sampling Procedure Used or Other Com	ments:
Ave Residence Time		
Near First Customer		
	*See 62-550.500(6) for requirements and rest And 62-550.512(3) for nitrate or nitrite exceed	
	SAMPLER CERTIFICATION	
	,	, do HEREBY CERTIFY
(Print Name)	(Print	t Title)
nat the above public water system and sample collect	on information is complete and correct.	
Signature:	Date:	
Certified Operator #:Phone #:	Sampler's Fa	x #:
ampler's E-mail:		

LABORATORY CERTIFICATION INFORMATION	I (to be completed by	by lab - please type or print legit	oly)
--------------------------------------	-----------------------	-------------------------------------	------

Lab Name: Pace Analytica	al Services, LLC Florida DOH Certification #:	0	Certification Expiration D	ate:
		ATTACH CURRENT DOH ANA	ALYTE SHEET*	
Address:		Phone #		
Were any analyses subcon	tracted? Yes X No If yes, please provide D	OH certification numbers(s):		
		ATTACH DOH ANALYTE SHI	EET FOR EACH SUBCON	TRACTED LAB*
ANALYSIS INFORMATION	(to be completed by lab) Date Sample(s) Rec	ceived: <u>10/23/2023</u>		
PWS ID (From Page1):	Sample Number (Fro	om Page1): <u>35836367055</u> Lab	Assigned Report # or Jo	ob ID: <u>35836367055</u>
Group(s) Analyzed & Resul	ts attached for compliance with Chapter 62-550, F.A.C	C. (Check all that apply):		
Inorganics All Except Asbestos	Synthetic Organics Volatile Organics All 30 All 21	Disinfection Byproducts	Radionuclides	Secondaries All 14
X Partial	All Except Dioxin Partial	Haloacetic Acids	Qtrly Composite**	X Partial
Nitrate	Partial	Chlorite		
Nitrite	Dioxin Only	Bromate		
Asbestos				
	LAB CER	RTIFICATION		
l,	Martha Montero,	Project Manag	ger	, do HEREBY CERTIFY
	(Print Name)	(Print Title)		
that all attached analytical dat	a are correct and unless noted meet all requirements of the	National Environmental Laborator	y Accreditation Converence	e (NELAC).
Signature:	March monto	Date:	10/25/2023	
possible enforcement again	d current Florida DOH lab certification number and a curren st the public water system for failture to sample, and may re sample dates & locations for each quarter.			
	CONFIRMATION & NOTIFICATION IS REQUIRED WITH		-	
NON-D	ETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" QUA	ALIFIER. (Non-detects reported as 1	BDL or with a < are not a	cceptable.)
COMPLIANCE DETERMIN	IATION (to be completed by DEP or DOH attach no	tes as necessary)		
Sample Collection & Analys	sis Satisfactory: Yes No	Replacement Sample or	Report Requested (circle	or highlight group(s) above)
Person Notified:	Date Notified:	DEP/DOH Reviewi	ng Official:	
Reporting Format 62-550.730 Effective January 1995, Revised Dec	ember 2012 Pa	age 2 of 4		

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	0.16		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							

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							

PUBLIC WATER SYSTEM INFORMATION	to be completed by sampler - please type	or print legibly)	
System Name:			PWS I.D. #:
System Type (check one):	nunity Non-transient Non-c	community Trans	sient Non-community
Address:			
City:		ZIP Code:	
Phone #F	⁻ ax #:F	E-Mail Address:	
SAMPLE INFORMATION (to be completed b	y sampler)		
Sample Number: <u>35836367056</u>	Sample Date: 10/21/2023	Sample Time: 2	AM (PM) (Circle One
Sample Location (be specific): <u>30B-#445B Ca</u>	astle Burke	Lc	ocation Code:
Disinfectant Residual (Required when reporting re-	sults for trihalomethanes and haloacetic acids):	mg/L Field pH:	
Sample Type (Check Only One)		eason(s) for Sample (Check all	I that apply)
Distribution	Routine Compl	liance with 62-550	Replacement (of Invalidated Sample)
Entry Point (to Distribution)	Confirmation of	f MCL Exceedance*	Special (not for compliance with 62-550)
Plant Tap (not for compliance with 62-550)	Confirmation of	f Multiple Sites**	Clearance (permitting)
Raw (at well or intake)	Other:		
Max Residence Time	Sampling Procedure	e Used or Other Comments:	
Ave Residence Time			
Near First Customer			
		•	See 62-550.550(4) for requirements and attach a results page for each site.
	SAMPLER CERT	IFICATION	
l,	,		, do HEREBY CERTIFY
(Print Name)		(Print Title)	
that the above public water system and same	ble collection information is complete and	correct.	
Signature:		_ Date:	
Certified Operator #:Phone	#:	_ Sampler's Fax #:	
Sampler's E-mail:			
porting Format 62-550.730	Dage 1 d	-	

LABORATORY CERTIFICATION INFORMATION	I (to be completed by	by lab - please type or print legit	oly)
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Lab Name: Pace Analytic	cal Services, LLC Florida DOH Certification #:	C	ertification Expiration Da	te:
		ATTACH CURRENT DOH ANA	LYTE SHEET*	
Address:		Phone #		
Were any analyses subco	ntracted? Yes X No If yes, please provide D	OOH certification numbers(s):		
		ATTACH DOH ANALYTE SHE	ET FOR EACH SUBCONT	RACTED LAB*
ANALYSIS INFORMATIO	N (to be completed by lab) Date Sample(s) Red	ceived: <u>10/23/2023</u>		
PWS ID (From Page1):	Sample Number (Fro	om Page1): <u>35836367056</u> Lab	Assigned Report # or Jol	DID: <u>35836367056</u>
Group(s) Analyzed & Resu	ults attached for compliance with Chapter 62-550, F.A.	C. (Check all that apply):		
	Synthetic Organics Volatile Organics		Radionuclides	Secondaries
All Except Asbestos	All 30 All 21		Single Sample Qtrly Composite**	All 14
Nitrate	Partial	Haloacetic Acids		
		Bromate		
Asbestos				
		RTIFICATION		
I	Martha Montero	Project Manag	or	do HEREBY CERTIFY
·,	(Print Name)	(Print Title)	.,	
that all attached analytical da	ta are correct and unless noted meet all requirements of the	National Environmental Laboratory	Accreditation Converence	(NELAC).
Signature:	March Marto	Date:	10/25/2023	
possible enforcement agai	nd current Florida DOH lab certification number and a curren nst the public water system for failture to sample, and may re I sample dates & locations for each quarter.			ejection of the report,
NONLI	CONFIRMATION & NOTIFICATION IS REQUIRED WITH DETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" QU		-	contable)
				eptable.)
COMPLIANCE DETERMI	NATION (to be completed by DEP or DOH attach no	ites as necessary)		
Sample Collection & Analy	vsis Satisfactory: Yes No	Replacement Sample or F	Report Requested (circle o	r highlight group(s) above)
Person Notified:	Date Notified:	DEP/DOH Reviewir	ng Official:	
Reporting Format 62-550.730 Effective January 1995, Revised De	ecember 2012 Pa	age 2 of 4		

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							

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							

Page 4 of 4

PUBLIC WATER SYSTEM INFORMATION (to be co	mpleted 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 sample	er)	
Sample Number: 35836367057	Sample Date: <u>10/21/2023</u> Sample T	ime: <u>8:42</u> (AM) PM (Circle One
Sample Location (be specific): 46A-#15 Sion Farm		Location Code:
Disinfectant Residual (Required when reporting results for tril	nalomethanes and haloacetic acids): mg/L Field pH:	
Sample Type (Check Only One)	Reason(s) for Sample (0	Check all that apply)
Distribution	Routine Compliance with 62-550	Replacement (of Invalidated Sample)
Entry Point (to Distribution)	Confirmation of MCL Exceedance*	Special (not for compliance with 62-550)
Plant Tap (not for compliance with 62-550)	Confirmation of Multiple Sites**	Clearance (permitting)
Raw (at well or intake)	Other:	
Max Residence Time	Sampling Procedure Used or Other Commer	nts:
Ave Residence Time		
Near First Customer		
	*See 62-550.500(6) for requirements and restriction And 62-550.512(3) for nitrate or nitrite exceedance	
	SAMPLER CERTIFICATION	
l,		, do HEREBY CERTIFY
(Print Name)	(Print Tit	le)
that the above public water system and sample collect	tion information is complete and correct.	
Signature:	Date:	
Certified Operator #:Phone #:	Sampler's Fax #	:
Sampler's E-mail:		
porting Format 62-550.730	David of A	

LABORATORY CERTIFICATION INFORMATION ((to be completed by lab -	please type or print legibly)
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Lab Name: Pace Analytica	al Services, LLC Florida DOH Certification #:	(Certification Expiration D	ate:		
		ATTACH CURRENT DOH AN	ALYTE SHEET*			
Address:		Phone #				
Were any analyses subcont	racted? Yes X No If yes, please provide D	OOH certification numbers(s):				
		ATTACH DOH ANALYTE SH	EET FOR EACH SUBCON	TRACTED LAB*		
ANALYSIS INFORMATION	I (to be completed by lab) Date Sample(s) Re	ceived: <u>10/23/2023</u>				
PWS ID (From Page1):	Sample Number (Fr	om Page1): <u>35836367057</u> Lab	Assigned Report # or Jo	ob ID: <u>35836367057</u>		
Group(s) Analyzed & Resul	ts attached for compliance with Chapter 62-550, F.A.	C. (Check all that apply):				
Inorganics All Except Asbestos	Synthetic Organics Volatile Organics All 30 All 21	Disinfection Byproducts	Radionuclides	Secondaries		
X Partial	All Except Dioxin Partial	Haloacetic Acids	Qtrly Composite**	X Partial		
Nitrate	Partial	Chlorite				
Nitrite	Dioxin Only	Bromate				
Asbestos						
	LAB CEF	RTIFICATION				
l,	Martha Montero,	Project Manag	_, do HEREBY CERTIFY			
	(Print Name)	(Print Title)				
that all attached analytical data	a are correct and unless noted meet all requirements of the	National Environmental Laborator	y Accreditation Converence	e (NELAC).		
Signature:	March monto	Date:	10/25/2023			
possible enforcement again	d current Florida DOH lab certification number and a currer st the public water system for failture to sample, and may re sample dates & locations for each quarter.					
	CONFIRMATION & NOTIFICATION IS REQUIRED WITH					
NON-DI	ETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" QU	ALIFIER. (Non-detects reported as	BDL or with a < are not a	cceptable.)		
COMPLIANCE DETERMIN	ATION (to be completed by DEP or DOH attach no	otes as necessary)				
Sample Collection & Analys	sis Satisfactory: Yes No	Replacement Sample or	Report Requested (circle	or highlight group(s) above)		
Person Notified:	Date Notified:	DEP/DOH Reviewi	ng Official:			
Reporting Format 62-550.730 Effective January 1995, Revised Dec	ember 2012 Pa	age 2 of 4				

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	0.23		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							

SECONDARY CONTAMINANTS 62-550.320

Report Number / Job ID: 35836367057

PWS ID (From Page 1):

								<u> </u>		
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							

PUBLIC WATER SYSTEM INFORMATION (to be co	ompleted 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 sampl	er)	
Sample Number: <u>35836367058</u>	Sample Date: 10/21/2023Sample Tim	e: <u>8:52</u> (AM) PM (Circle One
Sample Location (be specific): <u>46B-#15 Sion Farm</u>		Location Code:
Disinfectant Residual (Required when reporting results for tri	halomethanes and haloacetic acids): mg/L Field pH:	
Sample Type (Check Only One)	Reason(s) for Sample (Ch	eck all that apply)
Distribution	Routine Compliance with 62-550	Replacement (of Invalidated Sample)
Entry Point (to Distribution)	Confirmation of MCL Exceedance*	Special (not for compliance with 62-550)
Plant Tap (not for compliance with 62-550)	Confirmation of Multiple Sites**	Clearance (permitting)
Raw (at well or intake)	Other:	
Max Residence Time	Sampling Procedure Used or Other Comments	:
Ave Residence Time		
Near First Customer		
	*See 62-550.500(6) for requirements and restrictions And 62-550.512(3) for nitrate or nitrite exceedances.	
	SAMPLER CERTIFICATION	
I,	,	, do HEREBY CERTIFY
(Print Name)	(Print Title)	
that the above public water system and sample collect	ction information is complete and correct.	
Signature:	Date:	
Certified Operator #:Phone #:	Sampler's Fax #: _	
Sampler's E-mail:		
porting Format 62-550.730		

LABORATORY CERTIFICATION INFORMATION	I (to be completed by	by lab - please type or print legit	oly)
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Lab Name: Pace Analytical Services, LLC	Florida DOH Certification #:		Certification Expiration E	Date:
		ATTACH CURRENT DOH	ANALYTE SHEET*	
Address:		Phone #		
Were any analyses subcontracted? Yes	X No If yes, please provide De			
			SHEET FOR EACH SUBCON	
ANALYSIS INFORMATION (to be completed by	lab) Date Sample(s) Rec	eived: <u>10/23/2023</u>		
PWS ID (From Page1):	Sample Number (Fro	m Page1): <u>35836367058</u> l	Lab Assigned Report # or J	ob ID: <u>35836367058</u>
Group(s) Analyzed & Results attached for compl		. (Check all that apply):		
Inorganics Synthetic Organics	Volatile Organics	Disinfection Byproducts	Radionuclides	Secondaries
All Except Asbestos All 30	All 21	Trihalomethanes	Single Sample	All 14
X Partial All Except Dio	xin Partial	Haloacetic Acids	Qtrly Composite**	X Partial
Nitrate Partial		Chlorite		
Nitrite Dioxin Only		Bromate		
Asbestos				
	LAB CER	TIFICATION		
I, Martha Montero		Project Ma	inager	, do HEREBY CERTIFY
(Print Name)	,,	(Print Title)		
that all attached analytical data are correct and unless	noted meet all requirements of the I	National Environmental Labora	atory Accreditation Converence	e (NELAC).
Signature:	mato	Date:	10/25/2023	
 * Failure to provide a valid and current Florida DOH I possible enforcement against the public water syste ** Please provide radiological sample dates & location 	ab certification number and a current om for failture to sample, and may rea	Analyte Sheet for the attache		
	& NOTIFICATION IS REQUIRED WITH			
NON-DETECTS ARE TO BE REP	ORTED AS THE MDL WITH A "U" QUA	LIFIER. (Non-detects reported	as "BDL" or with a "<" are not a	icceptable.)
COMPLIANCE DETERMINATION (to be comple	eted by DEP or DOH attach not	es as necessary)		
Sample Collection & Analysis Satisfactory:	Yes No	Replacement Sample	e or Report Requested (circle	e or highlight group(s) above)
Person Notified:	Date Notified:	DEP/DOH Revi	ewing Official:	
eporting Format 62-550.730	Pa	no 2 of 4		

R Effective January 1995, Revised December 2012

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							

SECONDARY CONTAMINANTS 62-550.320

Report Number / Job ID: 35836367058

PWS ID (From Page 1):

								<u> </u>		
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							

Page 4 of 4

PUBLIC WATER SYSTEM INFORMATION (to be comp	leted 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: <u>35836367059</u>	Sample Date: <u>10/21/2023</u> Sample Time	e: <u>10:01</u> (Circle One
Sample Location (be specific): <u>41A-#498 Strawberry Hill</u>		
Disinfectant Residual (Required when reporting results for trihalor	methanes and haloacetic acids): mg/L Field pH:	
Sample Type (Check Only One)	Reason(s) for Sample (Che	eck all that apply)
Distribution	Routine Compliance with 62-550	Replacement (of Invalidated Sample)
Entry Point (to Distribution)	Confirmation of MCL Exceedance*	Special (not for compliance with 62-550)
Plant Tap (not for compliance with 62-550)	Confirmation of Multiple Sites**	Clearance (permitting)
Raw (at well or intake)	Other:	
Max Residence Time	Sampling Procedure Used or Other Comments:	:
Ave Residence Time		
Near First Customer		
	*See 62-550.500(6) for requirements and restrictions And 62-550.512(3) for nitrate or nitrite exceedances.	
	SAMPLER CERTIFICATION	
l,	,	, 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:		
porting Format 62-550.730		

LABORATORY CERTIFICATION INFORMATION	I (to be completed by	by lab - please type or print legit	oly)
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Lab Name: Pace Analytic	cal Services, LLC Florida DOH Certification #:	C	ertification Expiration Da	ate:		
		ATTACH CURRENT DOH ANA	LYTE SHEET*			
Address:		Phone #				
Were any analyses subco	ntracted? Yes X No If yes, please provide D	OOH certification numbers(s):				
		ATTACH DOH ANALYTE SHE	ET FOR EACH SUBCON	TRACTED LAB*		
ANALYSIS INFORMATIO	N (to be completed by lab) Date Sample(s) Red	ceived: <u>10/23/2023</u>				
PWS ID (From Page1):	Sample Number (Fro	om Page1): <u>35836367059</u> Lab	Assigned Report # or Jo	b ID: <u>35836367059</u>		
Group(s) Analyzed & Resu	ults attached for compliance with Chapter 62-550, F.A.	C. (Check all that apply):				
Inorganics	Synthetic Organics Volatile Organics	Disinfection Byproducts	Radionuclides	Secondaries		
All Except Asbestos	All 30 All 21		Single Sample	All 14		
X Partial	All Except Dioxin Partial	Haloacetic Acids	Qtrly Composite**	X Partial		
Nitrate	Partial					
Nitrite	Dioxin Only	Bromate				
Asbestos						
		RTIFICATION				
l,	Martha Montero,	Project Manag	er	, do HEREBY CERTIFY		
	(Print Name)	(Print Title)				
that all attached analytical da	ta are correct and unless noted meet all requirements of the	National Environmental Laboratory	Accreditation Converence	(NELAC).		
Signature:	Mainta Marto	Date:	10/25/2023			
possible enforcement agai	nd current Florida DOH lab certification number and a curren nst the public water system for failture to sample, and may re I sample dates & locations for each quarter.					
	CONFIRMATION & NOTIFICATION IS REQUIRED WITH		-			
NON-I	DETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" QU/	ALIFIER. (Non-detects reported as "E	SDL" or with a "<" are not ac	ceptable.)		
COMPLIANCE DETERMI	NATION (to be completed by DEP or DOH attach no	tes as necessary)				
Sample Collection & Analy	vsis Satisfactory: Yes No	Replacement Sample or F	Report Requested (circle of	or highlight group(s) above)		
Person Notified:	Date Notified:	DEP/DOH Reviewir	ng Official:			
Reporting Format 62-550.730 Effective January 1995, Revised De	ecember 2012 Pa	age 2 of 4				

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	1.6		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							

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							

PUBLIC WATER SYSTEM INFORMATION (to be comp	leted 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: <u>35836367060</u>	Sample Date: <u>10/21/2023</u> Sample Time	e: <u>10:12</u> (AM) PM (Circle One
Sample Location (be specific): <u>41B-#498 Strawberry Hill</u>		
Disinfectant Residual (Required when reporting results for trihalo	methanes and haloacetic acids): mg/L Field pH:	
Sample Type (Check Only One)	Reason(s) for Sample (Che	eck all that apply)
Distribution	Routine Compliance with 62-550	Replacement (of Invalidated Sample)
Entry Point (to Distribution)	Confirmation of MCL Exceedance*	Special (not for compliance with 62-550)
Plant Tap (not for compliance with 62-550)	Confirmation of Multiple Sites**	Clearance (permitting)
Raw (at well or intake)	Other:	
Max Residence Time	Sampling Procedure Used or Other Comments:	:
Ave Residence Time		
Near First Customer		
	*See 62-550.500(6) for requirements and restrictions. And 62-550.512(3) for nitrate or nitrite exceedances.	
	SAMPLER CERTIFICATION	
l,	,,	, do HEREBY CERTIFY
(Print Name)	(Print Title)	
that the above public water system and sample collection	n information is complete and correct.	
Signature:	Date:	
Certified Operator #:Phone #:	Sampler's Fax #:	
Sampler's E-mail:		
porting Format 62-550.730		

LABORATORY CERTIFICATION INFORMATION ((to be completed by lab -	please type or print legibly)
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Lab Name: Pace Analytic	al Services, LLC Florida DOH Certification #:		Certification Expiration [Date:
		ATTACH CURRENT DOH	ANALYTE SHEET*	
Address:		Phone #		
Were any analyses subcon	tracted? Yes X No If yes, please provide D	OOH certification numbers(s):	
			SHEET FOR EACH SUBCO	NTRACTED LAB*
ANALYSIS INFORMATION	I (to be completed by lab) Date Sample(s) Red	ceived: <u>10/23/2023</u>		
PWS ID (From Page1):	Sample Number (Fro	om Page1): <u>35836367060</u>	Lab Assigned Report # or .	Job ID: <u>35836367060</u>
Group(s) Analyzed & Resu	Its attached for compliance with Chapter 62-550, F.A.	C. (Check all that apply):		
Inorganics All Except Asbestos X Partial	Synthetic Organics Volatile Organics All 30 All 21 All Except Dioxin Partial	Disinfection Byproducts Trihalomethanes Haloacetic Acids	Radionuclides Single Sample Qtrly Composite**	Secondaries All 14 X Partial
Nitrate	Partial	Chlorite		
Nitrite	Dioxin Only	Bromate		
Asbestos				
		RTIFICATION		
I,	Martha Montero,,,	Project Ma (Print Ti	0	_, do HEREBY CERTIFY
that all attached analytical dat	a are correct and unless noted meet all requirements of the	National Environmental Labor	atory Accreditation Converen	ce (NELAC).
Signature:	Martha Monto	Date:	10/25/2023	
possible enforcement agair	nd current Florida DOH lab certification number and a current not the public water system for failture to sample, and may re sample dates & locations for each quarter.			
NON-D	CONFIRMATION & NOTIFICATION IS REQUIRED WITH ETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" QU			accentable)
	IATION (to be completed by DEP or DOH attach no	ites as necessary)		
Sample Collection & Analy	sis Satisfactory: Yes No	Replacement Sample	or Report Requested (circl	e or highlight group(s) above)
Person Notified:	Date Notified:	DEP/DOH Revi	ewing Official:	
Reporting Format 62-550.730 Effective January 1995, Revised Dec	cember 2012 Pa	age 2 of 4		

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							

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							

Page 4 of 4

PUBLIC WATER SYSTEM INFORMATION (to be co	mpleted by sampler - please type or print legibly)	
System Name:		PWS I.D. #:
System Type (check one):	Non-transient Non-community	Transient Non-community
Address:		
City:	ZIP Code:	
Phone #Fax #:	E-Mail Address:	
SAMPLE INFORMATION (to be completed by sample	er)	
Sample Number: <u>35836367061</u>	Sample Date: <u>10/21/2023</u> Sample Tim	e: <u>8:08</u> (Circle One
Sample Location (be specific): 44A-#106 Sion Farm		Location Code:
Disinfectant Residual (Required when reporting results for trib	nalomethanes and haloacetic acids): mg/L Field pH:	
Sample Type (Check Only One)	Reason(s) for Sample (Ch	eck all that apply)
Distribution	Routine Compliance with 62-550	Replacement (of Invalidated Sample)
Entry Point (to Distribution)	Confirmation of MCL Exceedance*	Special (not for compliance with 62-550)
Plant Tap (not for compliance with 62-550)	Confirmation of Multiple Sites**	Clearance (permitting)
Raw (at well or intake)	Other:	
Max Residence Time	Sampling Procedure Used or Other Comments	:
Ave Residence Time		
Near First Customer		
	*See 62-550.500(6) for requirements and restrictions And 62-550.512(3) for nitrate or nitrite exceedances.	
	SAMPLER CERTIFICATION	
l,		, do HEREBY CERTIFY
(Print Name)	(Print Title)	
that the above public water system and sample collec	tion information is complete and correct.	
Signature:	Date:	
Certified Operator #:Phone #:	Sampler's Fax #: _	
Sampler's E-mail:		
porting Format 62-550.730		

LABORATORY CERTIFICATION INFORMATION	(to be completed by lab -	please type or print legibly)
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Lab Name: Pace Analytical Services, LLC	Florida DOH Certification #:	#:Certification Expiration Date:					
		ATTACH CURRENT DOF	ANALYTE SHEET*				
Address:		Phone #					
Were any analyses subcontracted?	X No If yes, please provide De	OH certification numbers((s):				
			E SHEET FOR EACH SUBCO	NTRACTED LAB*			
ANALYSIS INFORMATION (to be completed by	v lab) Date Sample(s) Rec	eived: <u>10/23/2023</u>					
PWS ID (From Page1):	Sample Number (Fro	m Page1): <u>35836367061</u>	_Lab Assigned Report # or J	lob ID: <u>35836367061</u>			
Group(s) Analyzed & Results attached for compl	liance with Chapter 62-550, F.A.C	. (Check all that apply):					
Inorganics Synthetic Organics All Except Asbestos All 30 X Partial All Except Dice	All 21	Disinfection Byproducts Trihalomethanes Haloacetic Acids	Radionuclides Single Sample Qtrly Composite**	Secondaries All 14 X Partial			
Nitrate Partial		Chlorite					
Nitrite Dioxin Only		Bromate					
Asbestos							
	LAB CER	TIFICATION					
I, <u>Martha Montero</u> (Print Name)	,	Project M (Print 1		_, do HEREBY CERTIFY			
that all attached analytical data are correct and unless	s noted meet all requirements of the N	National Environmental Labo	pratory Accreditation Converence	ce (NELAC).			
· · · · · · · · · · · · · · · · · · ·	muto	Date:	10/25/2023				
 * Failure to provide a valid and current Florida DOH possible enforcement against the public water systematic ** Please provide radiological sample dates & location 	em for failture to sample, and may res	-	-				
	& NOTIFICATION IS REQUIRED WITHIN PORTED AS THE MDL WITH A "U" QUA			acceptable.)			
COMPLIANCE DETERMINATION (to be comple	eted by DEP or DOH attach not	es as necessary)					
Sample Collection & Analysis Satisfactory:	Yes No	Replacement Sampl	le or Report Requested (circle	e or highlight group(s) above)			
Person Notified:	Date Notified:	DEP/DOH Rev	viewing Official:				
Reporting Format 62-550.730 Effective January 1995, Revised December 2012	Pa	ge 2 of 4					

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	0.032		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							

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							

PUBLIC WATER SYSTEM INFORMATION (to be	e completed by sampler - please type or print legibly)
System Name:	PWS I.D. #:
System Type (check one): Community	y Non-transient Non-community Transient Non-community
Address:	
City:	ZIP Code:
Phone #Fax #	E-Mail Address:
SAMPLE INFORMATION (to be completed by sar	npler)
Sample Number: <u>35836367062</u>	Sample Date: <u>10/21/2023</u> Sample Time: <u>8:22</u> (AM) PM (Circle One
Sample Location (be specific): <u>44B-#106 Sion Far</u>	
Disinfectant Residual (Required when reporting results for	or trihalomethanes and haloacetic acids): mg/L Field pH:
Sample Type (Check Only One)	Reason(s) for Sample (Check all that apply)
Distribution	Routine Compliance with 62-550 Replacement (of Invalidated Sample)
Entry Point (to Distribution)	Confirmation of MCL Exceedance* Special (not for compliance with 62-550)
Plant Tap (not for compliance with 62-550)	Confirmation of Multiple Sites** Clearance (permitting)
Raw (at well or intake)	Other:
Max Residence Time	Sampling Procedure Used or Other Comments:
Ave Residence Time	
Near First Customer	
	*See 62-550.500(6) for requirements and restrictions. And 62-550.512(3) for nitrate or nitrite exceedances. **See 62-550.550(4) for requirements and attach a results page for each site.
	SAMPLER CERTIFICATION
,	, do HEREBY CERTIFY
(Print Name)	(Print Title)
hat the above public water system and sample co	ellection information is complete and correct.
Signature:	Date:
Certified Operator #:Phone #: _	Sampler's Fax #:
Sampler's E-mail:	
porting Format 62-550.730	

LABORATORY CERTIFICATION INFORMATION	(to be completed	by lab -	please type or	r print legibly)
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Lab Name: Pace Analytic	al Services, LLC Florida DOH Certification	#:C	Certification Expiration Da	te:		
		ATTACH CURRENT DOH ANA	ALYTE SHEET*			
Address:		Phone #				
Were any analyses subcon	tracted? Yes X No If yes, please provide	DOH certification numbers(s):				
		ATTACH DOH ANALYTE SHE	EET FOR EACH SUBCONT	RACTED LAB*		
ANALYSIS INFORMATIO	N (to be completed by lab) Date Sample(s) R	eceived: 10/23/2023				
PWS ID (From Page1):	Sample Number (From Page1): <u>35836367062</u> Lab	Assigned Report # or Jo	b ID: <u>35836367062</u>		
Group(s) Analyzed & Resu	Its attached for compliance with Chapter 62-550, F.A	A.C. (Check all that apply):				
	Synthetic Organics Volatile Organics		Radionuclides	Secondaries		
All Except Asbestos		Trihalomethanes	Single Sample	All 14		
	All Except Dioxin Partial	Haloacetic Acids	Qtrly Composite**	X Partial		
Nitrate		Chlorite Bromate				
Asbestos						
	LAB CE	RTIFICATION				
I	Martha Montero	Project Manag	lor	do HEREBY CERTIFY		
ı,	(Print Name)	(Print Title)				
that all attached analytical dat	a are correct and unless noted meet all requirements of th	ne National Environmental Laboratory	y Accreditation Converence	(NELAC).		
Signature:	Martha Montos	Date:	10/25/2023			
possible enforcement agair	nd current Florida DOH lab certification number and a current the public water system for failture to sample, and may sample dates & locations for each quarter.			ejection of the report,		
NON-D	CONFIRMATION & NOTIFICATION IS REQUIRED WIT			ceptable.)		
	NATION (to be completed by DEP or DOH attach r	notes as necessary)				
Sample Collection & Analy	sis Satisfactory: Yes No	Replacement Sample or	Report Requested (circle o	r highlight group(s) above)		
Person Notified:	Date Notified:	DEP/DOH Reviewin	ng Official:			
Reporting Format 62-550.730 Effective January 1995, Revised Dec	cember 2012	Page 2 of 4				

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							

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							

PUBLIC WATER SYSTEM INFORMATION (to be comp	pleted 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: <u>35836367063</u>	Sample Date: <u>10/21/2023</u> Sample Tim	e: <u>9:33</u> (AM) PM (Circle One
Sample Location (be specific): 66A-#296 Strawberry Hill		
Disinfectant Residual (Required when reporting results for trihalo	methanes and haloacetic acids): mg/L Field pH:	
Sample Type (Check Only One)	Reason(s) for Sample (Che	eck all that apply)
Distribution	Routine Compliance with 62-550	Replacement (of Invalidated Sample)
Entry Point (to Distribution)	Confirmation of MCL Exceedance*	Special (not for compliance with 62-550)
Plant Tap (not for compliance with 62-550)	Confirmation of Multiple Sites**	Clearance (permitting)
Raw (at well or intake)	Other:	
Max Residence Time	Sampling Procedure Used or Other Comments:	:
Ave Residence Time		
Near First Customer		
	*See 62-550.500(6) for requirements and restrictions And 62-550.512(3) for nitrate or nitrite exceedances.	
	SAMPLER CERTIFICATION	
l,	,	, do HEREBY CERTIFY
(Print Name)	(Print Title)	1
that the above public water system and sample collectio	n information is complete and correct.	
Signature:	Date:	
Certified Operator #:Phone #:	Sampler's Fax #: _	
Sampler's E-mail:		
porting Format 62-550.730	Dama 4 of 4	

LABORATORY CERTIFICATION INFORMATION	(to be completed	by lab -	please type or	r print legibly)
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Lab Name: Pace Analytic	al Services, LLC Florida DOH Certification #:		Certification Expiration [Date:
		ATTACH CURRENT DOH	ANALYTE SHEET*	
Address:		Phone #		
Were any analyses subcon	tracted? 🔄 Yes 🔀 No If yes, please provide D	OOH certification numbers(s):	
			SHEET FOR EACH SUBCO	NTRACTED LAB*
ANALYSIS INFORMATION	(to be completed by lab) Date Sample(s) Red	ceived: <u>10/23/2023</u>		
PWS ID (From Page1):	Sample Number (Fro	om Page1): <u>35836367063</u>	Lab Assigned Report # or .	lob ID: <u>35836367063</u>
Group(s) Analyzed & Resul	Its attached for compliance with Chapter 62-550, F.A.	C. (Check all that apply):		
Inorganics All Except Asbestos	Synthetic Organics Volatile Organics All 30 All 21	Disinfection Byproducts	Radionuclides	Secondaries
X Partial	All Except Dioxin Partial	Haloacetic Acids	Qtrly Composite**	X Partial
Nitrate	Partial	Chlorite		
Nitrite	Dioxin Only	Bromate		
Asbestos				
		RTIFICATION		
I,	Martha Montero,	Project Ma	0	_, do HEREBY CERTIFY
	(Print Name)	(Print Ti	itle)	
that all attached analytical dat	a are correct and unless noted meet all requirements of the	National Environmental Labor	atory Accreditation Converence	ce (NELAC).
Signature:	Martha Monto	Date:	10/25/2023	
possible enforcement again	nd current Florida DOH lab certification number and a current st the public water system for failture to sample, and may re sample dates & locations for each quarter.			
	CONFIRMATION & NOTIFICATION IS REQUIRED WITH			
NON-D	ETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" QU	ALIFIER. (Non-detects reported	as "BDL" or with a "<" are not a	acceptable.)
COMPLIANCE DETERMIN	IATION (to be completed by DEP or DOH attach no	tes as necessary)		
Sample Collection & Analys	sis Satisfactory: Yes No	Replacement Sample	or Report Requested (circl	e or highlight group(s) above)
Person Notified:	Date Notified:	DEP/DOH Revi	ewing Official:	
Reporting Format 62-550.730 Effective January 1995, Revised Dec	ember 2012 Pa	age 2 of 4		

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	0.089		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							

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							

PUBLIC WATER SYSTEM INFORMATION (to be co	mpleted by sampler - please type or print legibly)	
System Name:		PWS I.D. #:
System Type (check one):	Non-transient Non-community	Transient Non-community
Address:		
City:	ZIP Code:	
Phone #Fax #:	E-Mail Address:	
SAMPLE INFORMATION (to be completed by sample	er)	
Sample Number: <u>35836367064</u>	Sample Date: <u>10/21/2023</u> Sample Time	e: <u>9:48</u> (Circle One
Sample Location (be specific): 66B-#296 Strawberry I	Hill	
Disinfectant Residual (Required when reporting results for tri	halomethanes and haloacetic acids): mg/L Field pH:	
Sample Type (Check Only One)	Reason(s) for Sample (Che	eck all that apply)
Distribution	Routine Compliance with 62-550	Replacement (of Invalidated Sample)
Entry Point (to Distribution)	Confirmation of MCL Exceedance*	Special (not for compliance with 62-550)
Plant Tap (not for compliance with 62-550)	Confirmation of Multiple Sites**	Clearance (permitting)
Raw (at well or intake)	Other:	
Max Residence Time	Sampling Procedure Used or Other Comments:	
Ave Residence Time		
Near First Customer		
	*See 62-550.500(6) for requirements and restrictions. And 62-550.512(3) for nitrate or nitrite exceedances.	. **See 62-550.550(4) for requirements and attach a results page for each site.
	SAMPLER CERTIFICATION	
l,	,	, do HEREBY CERTIFY
(Print Name)	(Print Title)	
that the above public water system and sample collect	ction information is complete and correct.	
Signature:	Date:	
Certified Operator #:Phone #:	Sampler's Fax #:	
Sampler's E-mail:		
porting Format 62-550.730	Dage 4 of 4	

LABORATORY CERTIFICATION INFORMATION	(to be completed	by lab -	please type or	r print legibly)
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Lab Name: Pace Analytica	al Services, LLC Florida DOH Certification #:		Certification Expiration [Date:
		ATTACH CURRENT DOH	ANALYTE SHEET*	
Address:		Phone #		
Were any analyses subcon	tracted? Yes X No If yes, please provide D	OH certification numbers(s)):	
			SHEET FOR EACH SUBCO	NTRACTED LAB*
ANALYSIS INFORMATION	(to be completed by lab) Date Sample(s) Rec	ceived: <u>10/23/2023</u>		
PWS ID (From Page1):	Sample Number (Fro	om Page1): <u>35836367064</u> L	ab Assigned Report # or .	lob ID: <u>35836367064</u>
Group(s) Analyzed & Resul	ts attached for compliance with Chapter 62-550, F.A.C	C. (Check all that apply):		
Inorganics All Except Asbestos	Synthetic Organics Volatile Organics All 30 All 21	Disinfection Byproducts	Radionuclides	Secondaries All 14
X Partial	All Except Dioxin Partial	Haloacetic Acids	Qtrly Composite**	X Partial
Nitrate	Partial	Chlorite		
Nitrite	Dioxin Only	Bromate		
Asbestos				
		RTIFICATION		
I,	Martha Montero,	Project Mar	0	_, do HEREBY CERTIFY
	(Print Name)	(Print Tit	tle)	
that all attached analytical data	a are correct and unless noted meet all requirements of the	National Environmental Labora	atory Accreditation Converence	ce (NELAC).
Signature:	Martha Monto	Date:	10/25/2023	
possible enforcement again	d current Florida DOH lab certification number and a curren st the public water system for failture to sample, and may re sample dates & locations for each quarter.			
	CONFIRMATION & NOTIFICATION IS REQUIRED WITH			
NON-D	ETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" QU/	ALIFIER. (Non-detects reported a	as BUL or with a < are not a	acceptable.)
COMPLIANCE DETERMIN	IATION (to be completed by DEP or DOH attach no	tes as necessary)		
Sample Collection & Analys	sis Satisfactory: Yes No	Replacement Sample	or Report Requested (circle	e or highlight group(s) above)
Person Notified:	Date Notified:	DEP/DOH Revie	ewing Official:	
Reporting Format 62-550.730 Effective January 1995, Revised Dec	ember 2012 Pa	age 2 of 4		

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							

SECONDARY CONTAMINANTS 62-550.320

Report Number / Job ID: 35836367064

PWS ID (From Page 1):

		i		i	i	i		<u> </u>	·	
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							

Page 4 of 4

PUBLIC WATER SYSTEM INFORMATION (to be co	ompleted by sampler - please type or print legibly)	
System Name:		PWS I.D. #:
System Type (check one):	Non-transient Non-community	Transient Non-community
Address:		
City:	ZIP Code:	
Phone #Fax #: _	E-Mail Address:	
SAMPLE INFORMATION (to be completed by sample	er)	
Sample Number: <u>35836367065</u>	Sample Date: <u>10/21/2023</u> Sample Tir	me: <u>7:00</u> (AM) PM (Circle One
Sample Location (be specific): <u>54A-9C St. John</u>		Location Code:
Disinfectant Residual (Required when reporting results for tri	halomethanes and haloacetic acids): mg/L Field pH: _	
Sample Type (Check Only One)	Reason(s) for Sample (Cl	heck all that apply)
Distribution	Routine Compliance with 62-550	Replacement (of Invalidated Sample)
Entry Point (to Distribution)	Confirmation of MCL Exceedance*	Special (not for compliance with 62-550)
Plant Tap (not for compliance with 62-550)	Confirmation of Multiple Sites**	Clearance (permitting)
Raw (at well or intake)	Other:	
Max Residence Time	Sampling Procedure Used or Other Comment	s:
Ave Residence Time		
Near First Customer		
	*See 62-550.500(6) for requirements and restriction And 62-550.512(3) for nitrate or nitrite exceedances	
	SAMPLER CERTIFICATION	
I,	,	, do HEREBY CERTIFY
(Print Name)	(Print Title	≥)
that the above public water system and sample colle	ction information is complete and correct.	
Signature:	Date:	
Certified Operator #:Phone #:	Sampler's Fax #:	
Sampler's E-mail:		
porting Format 62-550.730		

LABORATORY CERTIFICATION INFORMATION	l (to be complet	ed by lab - plea	ase type or print legibly)
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Lab Name: Pace Analytic	al Services, LLC Florida DOH Certification #:		Certification Expiration [Date:
		ATTACH CURRENT DOH	ANALYTE SHEET*	
Address:		Phone #		
Were any analyses subcon	tracted? Yes X No If yes, please provide D	OH certification numbers(s)):	
			SHEET FOR EACH SUBCO	NTRACTED LAB*
ANALYSIS INFORMATION	v (to be completed by lab) Date Sample(s) Red	ceived: <u>10/23/2023</u>		
PWS ID (From Page1):	Sample Number (Fro	om Page1): <u>35836367065</u> L	ab Assigned Report # or .	lob ID: <u>35836367065</u>
Group(s) Analyzed & Resu	Its attached for compliance with Chapter 62-550, F.A.	C. (Check all that apply):		
	Synthetic Organics Volatile Organics	Disinfection Byproducts	Radionuclides	Secondaries
All Except Asbestos	All 30 All 21	Trihalomethanes	Single Sample	All 14
Nitrate				
Nitrite		Bromate		
Asbestos				
		RTIFICATION		
I,	Martha Montero	Project Ma	nager	, do HEREBY CERTIFY
	(Print Name)	(Print Tit	tle)	_
that all attached analytical dat	a are correct and unless noted meet all requirements of the	National Environmental Labora	atory Accreditation Converence	ce (NELAC).
Signature:	Maithe Monto	Date:	10/25/2023	
possible enforcement agair	nd current Florida DOH lab certification number and a curren nst the public water system for failture to sample, and may re sample dates & locations for each quarter.			
	CONFIRMATION & NOTIFICATION IS REQUIRED WITH ETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" QU			accentable)
				acceptable.)
COMPLIANCE DETERMIN	IATION (to be completed by DEP or DOH attach no	tes as necessary)		
Sample Collection & Analy	sis Satisfactory: Yes No	Replacement Sample	or Report Requested (circle	e or highlight group(s) above)
Person Notified:	Date Notified:	DEP/DOH Revie	ewing Official:	
Reporting Format 62-550.730 Effective January 1995, Revised Dec	cember 2012 Pa	age 2 of 4		

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	0.072		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							

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							

PUBLIC WATER SYSTEM INFORMATION (to be c	ompleted by sampler - please type or print legibly)	
System Name:		PWS I.D. #:
System Type (check one):	Non-transient Non-community	Transient Non-community
Address:		
City:	ZIP Code:	
Phone #Fax #:	E-Mail Address:	
SAMPLE INFORMATION (to be completed by samp	oler)	
Sample Number: <u>35836367066</u>	Sample Date: <u>10/21/2023</u> Sample Tim	ne: <u>7:15</u> (AM) PM (Circle One
Sample Location (be specific): <u>54B-9C St. John</u>		Location Code:
Disinfectant Residual (Required when reporting results for the	rihalomethanes and haloacetic acids): mg/L Field pH:	
Sample Type (Check Only One)	Reason(s) for Sample (Ch	eck all that apply)
Distribution	Routine Compliance with 62-550	Replacement (of Invalidated Sample)
Entry Point (to Distribution)	Confirmation of MCL Exceedance*	Special (not for compliance with 62-550)
Plant Tap (not for compliance with 62-550)	Confirmation of Multiple Sites**	Clearance (permitting)
Raw (at well or intake)	Other:	
Max Residence Time	Sampling Procedure Used or Other Comments	::
Ave Residence Time		
Near First Customer		
	*See 62-550.500(6) for requirements and restrictions And 62-550.512(3) for nitrate or nitrite exceedances.	
	SAMPLER CERTIFICATION	
l,		, do HEREBY CERTIFY
(Print Name)	(Print Title))
that the above public water system and sample colle	ection information is complete and correct.	
Signature:	Date:	
Certified Operator #:Phone #:	Sampler's Fax #: _	
Sampler's E-mail:		
porting Format 62-550.730	Dama 4 of 4	

LABORATORY CERTIFICATION INFORMATION	I (to be completed by	by lab - please type or print legit	oly)
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Lab Name: Pace Analytical Services, LLC Florida DOH Certification	#:Certification Expiration Date:				
	ATTACH CURRENT DOH ANALYTE SHEET*				
Address:	Phone #				
Were any analyses subcontracted? Yes X No If yes, please provide	DOH certification numbers(s):				
	ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB*				
ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) F	Received: _10/23/2023				
PWS ID (From Page1):Sample Number	(From Page1): <u>35836367066</u> Lab Assigned Report # or Job ID: <u>35836367066</u>				
Group(s) Analyzed & Results attached for compliance with Chapter 62-550, F.	A.C. (Check all that apply):				
Inorganics Synthetic Organics Volatile Organics	Disinfection Byproducts Radionuclides Secondaries				
All Except Asbestos All 30 All 21	Trihalomethanes Single Sample All 14				
X Partial All Except Dioxin Partial	Haloacetic Acids Qtrly Composite** X Partial				
Nitrate Partial	Chlorite				
Nitrite Dioxin Only	Bromate				
Asbestos					
	ERTIFICATION				
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	ne National Environmental Laboratory Accreditation Converence (NELAC).				
Signature:	Date: 10/25/2023				
 * Failure to provide a valid and current Florida DOH lab certification number and a curr possible enforcement against the public water system for failture to sample, and may ** Please provide radiological sample dates & locations for each quarter. 	rent Analyte Sheet for the attached analysis results will result in rejection of the report, result in notification of the DOH Bureau of Laboratory Services.				
	THIN 24 HRS FOR NITRATE OR NITRITE MCL EXCEEDANCES				
NON-DETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" C	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:				
eporting Format 62-550.730	Dage 2 of 4				

R Effective January 1995, Revised December 2012

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							

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							

Page 4 of 4

PUBLIC WATER SYSTEM INFORMATION (to be com	pleted 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: <u>35836367067</u>	Sample Date: <u>10/21/2023</u> Sample Time	e: 9:10 (Circle One
Sample Location (be specific): <u>43A-#319 Strawberry Hi</u>	.11	Location Code:
Disinfectant Residual (Required when reporting results for triha	lomethanes and haloacetic acids): mg/L Field pH:	
Sample Type (Check Only One)	Reason(s) for Sample (Che	eck all that apply)
Distribution	Routine Compliance with 62-550	Replacement (of Invalidated Sample)
Entry Point (to Distribution)	Confirmation of MCL Exceedance*	Special (not for compliance with 62-550)
Plant Tap (not for compliance with 62-550)	Confirmation of Multiple Sites**	Clearance (permitting)
Raw (at well or intake)	Other:	
Max Residence Time	Sampling Procedure Used or Other Comments:	
Ave Residence Time		
Near First Customer		
	*See 62-550.500(6) for requirements and restrictions. And 62-550.512(3) for nitrate or nitrite exceedances.	 **See 62-550.550(4) for requirements and attach a results page for each site.
	SAMPLER CERTIFICATION	
I,		, do HEREBY CERTIFY
(Print Name)	(Print Title)	
that the above public water system and sample collecti	on information is complete and correct.	
Signature:	Date:	
Certified Operator #:Phone #:	Sampler's Fax #:	
Sampler's E-mail:		
porting Format 62-550.730		

LABORATORY CERTIFICATION INFORMATION	(to be completed	by lab -	please type or	r print legibly)
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Lab Name: Pace Analytic	al Services, LLC Florida DOH Certification #:		Certification Expiration [Date:		
		ATTACH CURRENT DOH	ANALYTE SHEET*			
Address:		Phone #				
Were any analyses subcon	tracted? 🔄 Yes 🔀 No If yes, please provide D	OOH certification numbers(s):			
			SHEET FOR EACH SUBCO	NTRACTED LAB*		
ANALYSIS INFORMATION	(to be completed by lab) Date Sample(s) Red	ceived: <u>10/23/2023</u>				
PWS ID (From Page1):	Sample Number (Fro	om Page1): <u>35836367067</u>	Lab Assigned Report # or .	Job ID: <u>35836367067</u>		
Group(s) Analyzed & Resu	Its attached for compliance with Chapter 62-550, F.A.	C. (Check all that apply):				
Inorganics All Except Asbestos	Synthetic Organics Volatile Organics All 30 All 21	Disinfection Byproducts	Radionuclides	Secondaries		
X Partial	All Except Dioxin Partial	Haloacetic Acids	Qtrly Composite**	X Partial		
Nitrate	Partial	Chlorite				
Nitrite	Dioxin Only	Bromate				
Asbestos						
		RTIFICATION				
I,	Martha Montero,	Project Ma	_, do HEREBY CERTIFY			
	(Print Name)	(Print Title)				
that all attached analytical dat	a are correct and unless noted meet all requirements of the	National Environmental Labor	atory Accreditation Converence	ce (NELAC).		
Signature:	Martha Monto	Date:	10/25/2023			
possible enforcement agair	nd current Florida DOH lab certification number and a current ast the public water system for failture to sample, and may re sample dates & locations for each quarter.					
	CONFIRMATION & NOTIFICATION IS REQUIRED WITH					
NON-D	ETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" QU	ALIFIER. (Non-detects reported	as "BDL" or with a "<" are not a	acceptable.)		
COMPLIANCE DETERMIN	IATION (to be completed by DEP or DOH attach no	otes as necessary)				
Sample Collection & Analy	sis Satisfactory: Yes No	Replacement Sample	or Report Requested (circl	e or highlight group(s) above)		
Person Notified:	Date Notified:	DEP/DOH Revi	ewing Official:			
Reporting Format 62-550.730 Effective January 1995, Revised Dec	ember 2012 Pa	age 2 of 4				

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	0.71		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							

SECONDARY CONTAMINANTS 62-550.320

Report Number / Job ID: 35836367067

PWS ID (From Page 1):

Contam	Contam			Analysis		Analytical	Lab	Analysis	Analysis	DOH Lab
ID	Name	MCL	Units	Result	Qualifier*	Method	MDL	Date	Time	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							

Page 4 of 4

PUBLIC WATER SYSTEM INFORMATION (to be comple	eted 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)		0
Sample Number: <u>35836367068</u> S	ample Date: <u>10/21/2023</u> Sample Tim	ne: <u>9:22</u> (AM) PM (Circle One
Sample Location (be specific): <u>43B-#319 Strawberry Hill</u>		Location Code:
Disinfectant Residual (Required when reporting results for trihalom	ethanes and haloacetic acids): mg/L Field pH:	
Sample Type (Check Only One)	Reason(s) for Sample (Ch	neck all that apply)
Distribution	Routine Compliance with 62-550	Replacement (of Invalidated Sample)
Entry Point (to Distribution)	Confirmation of MCL Exceedance*	Special (not for compliance with 62-550)
Plant Tap (not for compliance with 62-550)	Confirmation of Multiple Sites**	Clearance (permitting)
Raw (at well or intake)	Other:	
Max Residence Time	Sampling Procedure Used or Other Comments	s:
Ave Residence Time		
Near First Customer		
	*See 62-550.500(6) for requirements and restrictions And 62-550.512(3) for nitrate or nitrite exceedances.	
	SAMPLER CERTIFICATION	
l,	,	, 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:		
porting Format 62-550.730		

LABORATORY CERTIFICATION INFORMATION	I (to be completed by	by lab - please type or print legit	oly)
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Lab Name: Pace Analytica	al Services, LLC Florida DOH Certification #:	(Certification Expiration Da	te:		
		ATTACH CURRENT DOH ANA	ALYTE SHEET*			
Address:		Phone #				
Were any analyses subcon	tracted? Yes X No If yes, please provide D	OOH certification numbers(s):				
		ATTACH DOH ANALYTE SHI	EET FOR EACH SUBCONT	RACTED LAB*		
ANALYSIS INFORMATION	I (to be completed by lab) Date Sample(s) Rec	ceived: 10/23/2023				
PWS ID (From Page1):	Sample Number (Fro	om Page1): <u>35836367068</u> Lab	Assigned Report # or Jo	b ID: <u>35836367068</u>		
Group(s) Analyzed & Resul	ts attached for compliance with Chapter 62-550, F.A.C	C. (Check all that apply):				
Inorganics	Synthetic Organics Volatile Organics	Disinfection Byproducts	Radionuclides	Secondaries		
All Except Asbestos	All 30 All 21	Trihalomethanes	Single Sample	All 14		
X Partial	All Except Dioxin Partial	Haloacetic Acids	Qtrly Composite**	X Partial		
Nitrate	Partial	Chlorite				
Nitrite	Dioxin Only	Bromate				
Asbestos						
		RTIFICATION				
I,	Martha Montero,	Project Manag	ger	do HEREBY CERTIFY		
	(Print Name)	(Print Title)				
that all attached analytical data	a are correct and unless noted meet all requirements of the	National Environmental Laboratory	y Accreditation Converence	(NELAC).		
Signature:	March monto	Date:	10/25/2023			
possible enforcement again	d current Florida DOH lab certification number and a curren st the public water system for failture to sample, and may re sample dates & locations for each quarter.			ejection of the report,		
	CONFIRMATION & NOTIFICATION IS REQUIRED WITH		-			
NON-D	ETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" QUA	ALIFIER. (Non-detects reported as "	BDL" or with a "<" are not ac	ceptable.)		
COMPLIANCE DETERMIN	ATION (to be completed by DEP or DOH attach no	tes as necessary)				
Sample Collection & Analys	sis Satisfactory: Yes No	Replacement Sample or	Report Requested (circle o	r highlight group(s) above)		
Person Notified:	Date Notified:	DEP/DOH Reviewi	ng Official:			
Reporting Format 62-550.730 Effective January 1995, Revised Dec	ember 2012 Pa	age 2 of 4				

INORGANIC CONTAMINANTS 62-550.310(1)

Report Number / Job ID: 35836367068

PWS ID (From Page 1):

		1						<u> </u>			
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								

SECONDARY CONTAMINANTS 62-550.320

Report Number / Job ID: 35836367068

PWS ID (From Page 1):

		1				1	1			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							

Page 4 of 4

PUBLIC WATER SYSTEM INFORMATION (to be	completed by sampler - please type or print legibly)	
System Name:		PWS I.D. #:
System Type (check one):	/ Non-transient Non-community	Transient Non-community
Address:		
City:	ZIP Code:	
Phone #Fax #	E-Mail Address:	
SAMPLE INFORMATION (to be completed by sar	npler)	
Sample Number: <u>35836367069</u>	Sample Date: <u>10/21/2023</u> Sample Tir	me: 10:34 (Circle One
Sample Location (be specific): <u>39A-#292 Barren S</u>	pot	
Disinfectant Residual (Required when reporting results for	r trihalomethanes and haloacetic acids): mg/L Field pH: _	
Sample Type (Check Only One)	Reason(s) for Sample (C	heck all that apply)
Distribution	Routine Compliance with 62-550	Replacement (of Invalidated Sample)
Entry Point (to Distribution)	Confirmation of MCL Exceedance*	Special (not for compliance with 62-550)
Plant Tap (not for compliance with 62-550)	Confirmation of Multiple Sites**	Clearance (permitting)
Raw (at well or intake)	Other:	
Max Residence Time	Sampling Procedure Used or Other Comment	ts:
Ave Residence Time		
Near First Customer		
	*See 62-550.500(6) for requirements and restriction And 62-550.512(3) for nitrate or nitrite exceedances	
	SAMPLER CERTIFICATION	
l,		, do HEREBY CERTIFY
(Print Name)	(Print Title	e)
that the above public water system and sample co	llection information is complete and correct.	
Signature:	Date:	
Certified Operator #:Phone #: _	Sampler's Fax #:	
Sampler's E-mail:		
porting Format 62-550.730		

LABORATORY CERTIFICATION INFORMATION	l (to be complet	ed by lab - plea	ase type or print legibly)
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Lab Name: Pace Analytical S	Services, LLC Florida DOH Certification	#:Certification Expiration Date:					
		ATTACH CURRENT DOH ANALYTE	SHEET*				
Address:		Phone #					
Were any analyses subcontract	cted? Yes X No If yes, please provid	le DOH certification numbers(s):					
			OR EACH SUBCONTRACTED LAB*				
ANALYSIS INFORMATION (t	o be completed by lab) Date Sample(s)	Received: 10/23/2023					
PWS ID (From Page1):	Sample Number	r (From Page1): <u>35836367069</u> Lab Assig	ned Report # or Job ID: <u>35836367069</u>				
Group(s) Analyzed & Results	attached for compliance with Chapter 62-550, F	A.C. (Check all that apply):					
Inorganics All Except Asbestos	Synthetic Organics Volatile Organics All 30 All 21	Trihalomethanes S	Secondaries ingle Sample All 14 trly Composite** X				
X Partial	All Except Dioxin Partial		trly Composite**				
Nitrate	Dioxin Only	Chlorite Bromate					
Asbestos							
	LAB C	ERTIFICATION					
1	Martha Montero		, do HEREBY CERTIFY				
I,I	(Print Name)	Project Manager (Print Title)					
that all attached analytical data a	re correct and unless noted meet all requirements of	the National Environmental Laboratory Accr	editation Converence (NELAC).				
Signature:	Maich Monto	Date:	10/25/2023				
possible enforcement against t	urrent Florida DOH lab certification number and a cu he public water system for failture to sample, and ma nple dates & locations for each quarter.						
	CONFIRMATION & NOTIFICATION IS REQUIRED V COTS ARE TO BE REPORTED AS THE MDL WITH A "U"						
COMPLIANCE DETERMINAT	TON (to be completed by DEP or DOH attack	n notes as necessary)					
Sample Collection & Analysis	Satisfactory: Yes No	Replacement Sample or Report	t Requested (circle or highlight group(s) above)				
Person Notified:	Date Notified:	DEP/DOH Reviewing Off	icial:				
Reporting Format 62-550.730 Effective January 1995, Revised Decem	ber 2012	Page 2 of 4					

INORGANIC CONTAMINANTS 62-550.310(1)

Report Number / Job ID: 35836367069

PWS ID (From Page 1):

						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	0.036		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							

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							

PUBLIC WATER SYSTEM INFORMATION (to be cor	npleted by sampler - please type or print legibly)	
System Name:		PWS I.D. #:
System Type (check one): Community	Non-transient Non-community	Fransient Non-community
Address:		
City:	ZIP Code:	
Phone #Fax #:	E-Mail Address:	
SAMPLE INFORMATION (to be completed by sample	r)	
Sample Number: <u>35836367070</u>	_Sample Date: <u>10/21/2023</u> Sample Time:	<u>10:44</u> (Circle One
Sample Location (be specific): <u>39B-#292 Barren Spot</u>		Location Code:
Disinfectant Residual (Required when reporting results for trib	alomethanes and haloacetic acids): mg/L Field pH:	
Sample Type (Check Only One)	Reason(s) for Sample (Chec	x all that apply)
Distribution	Routine Compliance with 62-550	Replacement (of Invalidated Sample)
Entry Point (to Distribution)	Confirmation of MCL Exceedance*	Special (not for compliance with 62-550)
Plant Tap (not for compliance with 62-550)	Confirmation of Multiple Sites**	Clearance (permitting)
Raw (at well or intake)	Other:	
Max Residence Time	Sampling Procedure Used or Other Comments:	
Ave Residence Time		
Near First Customer		
	*See 62-550.500(6) for requirements and restrictions. And 62-550.512(3) for nitrate or nitrite exceedances.	**See 62-550.550(4) for requirements and attach a results page for each site.
	SAMPLER CERTIFICATION	
l,		, do HEREBY CERTIFY
(Print Name)	(Print Title)	
that the above public water system and sample collect	tion information is complete and correct.	
Signature:	Date:	
Certified Operator #:Phone #:	Sampler's Fax #:	
Sampler's E-mail:		
porting Format 62-550.730	Dama 4 of 4	

LABORATORY CERTIFICATION INFORMATION	(to be completed	by lab -	please type or	r print legibly)
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Lab Name: Pace Analytic	al Services, LLCFlorida DOH Certification #	#:Certification Expiration Date:					
		ATTACH CURRENT DOH A	NALYTE SHEET*				
Address:		Phone #					
Were any analyses subcor	tracted? Yes X No If yes, please provide	DOH certification numbers(s)	:				
			SHEET FOR EACH SUBCO	NTRACTED LAB*			
ANALYSIS INFORMATIO	N (to be completed by lab) Date Sample(s) Re	eceived: <u>10/23/2023</u>					
PWS ID (From Page1):	Sample Number (F	rom Page1): <u>35836367070</u> L	ab Assigned Report # or .	lob ID: <u>35836367070</u>			
Group(s) Analyzed & Resu	Its attached for compliance with Chapter 62-550, F.A	.C. (Check all that apply):					
Inorganics All Except Asbestos	Synthetic Organics Volatile Organics All 30 All 21	Disinfection Byproducts Trihalomethanes	Radionuclides	Secondaries			
X Partial	All Except Dioxin Partial	Haloacetic Acids	Qtrly Composite**	X Partial			
	Partial						
	Dioxin Only	Bromate					
Asbestos							
		RTIFICATION					
l,	Martha Montero,	Project Mar	_, do HEREBY CERTIFY				
	(Print Name)	(Print Tit	,				
that all attached analytical dat	ta are correct and unless noted meet all requirements of the	e National Environmental Labora	tory Accreditation Converence	ce (NELAC).			
Signature:	Marcha Marito	Date:	10/25/2023				
possible enforcement agair	nd current Florida DOH lab certification number and a curre nst the public water system for failture to sample, and may r sample dates & locations for each quarter.						
	CONFIRMATION & NOTIFICATION IS REQUIRED WIT						
NON-E	DETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" QU	JALIFIER. (Non-detects reported a	s "BDL" or with a "<" are not a	acceptable.)			
COMPLIANCE DETERMIN	NATION (to be completed by DEP or DOH attach n	otes as necessary)					
Sample Collection & Analy	sis Satisfactory: Yes No	Replacement Sample	or Report Requested (circle	e or highlight group(s) above)			
Person Notified:	Date Notified:	DEP/DOH Revie	wing Official:				
Reporting Format 62-550.730 Effective January 1995, Revised Dev	cember 2012 P	Page 2 of 4					

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							

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							

System Name:	completed by sampler - please type or print legibly) PWS I.D. #:
	Non-transient Non-community
Address:	
 Dity:	
	E-Mail Address:
SAMPLE INFORMATION (to be completed by sa	
ample Number: 35836367071	Sample Date: 10/21/2023Sample Time: 3:26 AM (PM) (Circle On
ample Location (be specific): <u>21A-#238 Paradis</u>	
visinfectant Residual (Required when reporting results	trihalomethanes and haloacetic acids): mg/L Field pH:
ample Type (Check Only One)	Reason(s) for Sample (Check all that apply)
Distribution	Routine Compliance with 62-550 Replacement (of Invalidated Sample)
Entry Point (to Distribution)	Confirmation of MCL Exceedance* Special (not for compliance with 62-550
Plant Tap (not for compliance with 62-550)	Confirmation of Multiple Sites** Clearance (permitting)
Raw (at well or intake)	Other:
Max Residence Time	Sampling Procedure Used or Other Comments:
Ave Residence Time	
Near First Customer	
	*See 62-550.500(6) for requirements and restrictions. And 62-550.512(3) for nitrate or nitrite exceedances. **See 62-550.550(4) for requirements and attach a results page for each site.
	SAMPLER CERTIFICATION
	, do HEREBY CERTIFY
(Print Name)	(Print Title)
hat the above public water system and sample of	lection information is complete and correct.
ignature:	Date:
Certified Operator #:Phone #:	Sampler's Fax #:
ampler's E-mail:	
Sampler's E-mail: porting Format 62-550.730 fective January 1995, Revised December 2012	Page 1 of 4

LABORATORY CERTIFICATION INFORMATION	(to be completed by lab -	please type or print legibly)
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Lab Name: Pace Analytica	I Services, LLC Florida DOH Certification #:	C	ertification Expiration Da	ate:
		ATTACH CURRENT DOH ANA	LYTE SHEET*	
Address:		Phone #		
Were any analyses subcont	racted? Yes X No If yes, please provide I	DOH certification numbers(s):		
		ATTACH DOH ANALYTE SHE	ET FOR EACH SUBCON	TRACTED LAB*
ANALYSIS INFORMATION	l (to be completed by lab) Date Sample(s) Re	eceived: 10/23/2023		
PWS ID (From Page1):	Sample Number (Fr	rom Page1): <u>35836367071</u> Lab	Assigned Report # or Jo	b ID: <u>35836367071</u>
Group(s) Analyzed & Result	ts attached for compliance with Chapter 62-550, F.A.	C. (Check all that apply):		
Inorganics All Except Asbestos	Synthetic Organics Volatile Organics All 30 All 21	Disinfection Byproducts F Trihalomethanes F	Radionuclides	Secondaries All 14
X Partial	All Except Dioxin Partial	Haloacetic Acids	Qtrly Composite**	X Partial
Nitrate	Partial Partial			
Nitrite	Dioxin Only	Bromate		
Asbestos				
	LAB CEF	RTIFICATION		
l,	Martha Montero,	Project Manage	er	, do HEREBY CERTIFY
	(Print Name)	(Print Title)		
that all attached analytical data	a are correct and unless noted meet all requirements of the	National Environmental Laboratory	Accreditation Converence	(NELAC).
Signature:	March monto	Date:	10/25/2023	
possible enforcement again	d current Florida DOH lab certification number and a curren st the public water system for failture to sample, and may re sample dates & locations for each quarter.			
	CONFIRMATION & NOTIFICATION IS REQUIRED WITH			
	ETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" QU		DL OF WILL A < Are not ac	ceptable.)
COMPLIANCE DETERMIN	ATION (to be completed by DEP or DOH attach no	otes as necessary)		
Sample Collection & Analys	is Satisfactory: Yes No	Replacement Sample or F	Report Requested (circle o	or highlight group(s) above)
Person Notified:	Date Notified:	DEP/DOH Reviewin	g Official:	
Reporting Format 62-550.730 Effective January 1995, Revised Dec	ember 2012 Pa	age 2 of 4		

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	0.056		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							

SECONDARY CONTAMINANTS 62-550.320

Report Number / Job ID: 35836367071

PWS ID (From Page 1):

Contam	Contam	MOL	Linite	Analysis	Qualifiert	Analytical	Lab	Analysis	Analysis	DOH Lab
ID	Name	MCL	Units	Result	Qualifier*	Method	MDL	Date	Time	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							

PUBLIC WATER SYSTEM INFORMATION (to be cor		PWS I.D. #:
System Name:System Type (check one): Community		Transient Non-community
ddress:		
Sity:		:
Phone #Fax #:		
AMPLE INFORMATION (to be completed by sample		
Sample Number: <u>35836367072</u>	,	le Time: <u>3:36</u> AM (PM) (Circle Or
ample Location (be specific): 21B-#238 Paradise/Adv		Location Code:
isinfectant Residual (Required when reporting results for triha		
ample Type (Check Only One)	Reason(s) for Samp	le (Check all that apply)
Distribution	Routine Compliance with 62-550	Replacement (of Invalidated Sample)
Entry Point (to Distribution)	Confirmation of MCL Exceedance*	Special (not for compliance with 62-550
Plant Tap (not for compliance with 62-550)	Confirmation of Multiple Sites**	Clearance (permitting)
Raw (at well or intake)	Other:	
Max Residence Time	Sampling Procedure Used or Other Com	iments:
Ave Residence Time		
Near First Customer		
	*See 62-550.500(6) for requirements and res And 62-550.512(3) for nitrate or nitrite exceed	
	SAMPLER CERTIFICATION	
	,	, do HEREBY CERTIFY
(Print Name)	(Prin	t Title)
nat the above public water system and sample collect	ion information is complete and correct.	
ignature:	Date:	
Certified Operator #:Phone #:	Sampler's Fa	ax #:
Sampler's E-mail:		

LABORATORY CERTIFICATION INFORMATION	(to be completed	by lab -	please type or	r print legibly)
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Lab Name: Pace Analytic	al Services, LLCFlorida DOH Certification #	! :	Certification Expiration D	ate:
		ATTACH CURRENT DOH AM	IALYTE SHEET*	
Address:		Phone #		
Were any analyses subcor	ntracted? Yes X No If yes, please provide	DOH certification numbers(s):		
		ATTACH DOH ANALYTE SH		TRACTED LAB*
ANALYSIS INFORMATIO	N (to be completed by lab) Date Sample(s) R	eceived: <u>10/23/2023</u>		
PWS ID (From Page1):	Sample Number (F	From Page1): <u>35836367072</u> La	b Assigned Report # or Jo	ob ID: <u>35836367072</u>
Group(s) Analyzed & Resu	Its attached for compliance with Chapter 62-550, F.A	A.C. (Check all that apply):		
Inorganics	Synthetic Organics Volatile Organics	Disinfection Byproducts	Radionuclides	Secondaries
All Except Asbestos	All 30 All 21	Trihalomethanes	Single Sample	All 14
X Partial	All Except Dioxin Partial	Haloacetic Acids	Qtrly Composite**	X Partial
Nitrate	Partial			
	Dioxin Only	Bromate		
Asbestos				
	LAB CE	RTIFICATION		
l,	Martha Montero,	Project Mana	0	_, do HEREBY CERTIFY
	(Print Name)	(Print Title	2)	
that all attached analytical dat	ta are correct and unless noted meet all requirements of th	e National Environmental Laborato	ory Accreditation Converence	e (NELAC).
Signature:	March monto	Date:	10/25/2023	
possible enforcement agair	nd current Florida DOH lab certification number and a current nst the public water system for failture to sample, and may sample dates & locations for each quarter.			
	CONFIRMATION & NOTIFICATION IS REQUIRED WIT			
NON-L	DETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" Q	UALIFIER. (Non-detects reported as	"BDL" or with a "<" are not a	cceptable.)
COMPLIANCE DETERMIN	NATION (to be completed by DEP or DOH attach n	otes as necessary)		
Sample Collection & Analy	rsis Satisfactory: Yes No	Replacement Sample o	r Report Requested (circle	or highlight group(s) above)
Person Notified:	Date Notified:	DEP/DOH Review	ving Official:	
Reporting Format 62-550.730 Effective January 1995, Revised De	cember 2012	Page 2 of 4		

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							

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							

PUBLIC WATER SYSTEM INFORMATION (to be a	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 same	bler)	
Sample Number: <u>35836367073</u>	Sample Date: <u>10/21/2023</u> Sample Time	: <u>7:39</u> (AM) PM (Circle One
Sample Location (be specific): 45A-#148 Sion Farm		Location Code:
Disinfectant Residual (Required when reporting results for	rihalomethanes and haloacetic acids): mg/L Field pH:	
Sample Type (Check Only One)	Reason(s) for Sample (Che	ck all that apply)
Distribution	Routine Compliance with 62-550	Replacement (of Invalidated Sample)
Entry Point (to Distribution)	Confirmation of MCL Exceedance*	Special (not for compliance with 62-550)
Plant Tap (not for compliance with 62-550)	Confirmation of Multiple Sites**	Clearance (permitting)
Raw (at well or intake)	Other:	
Max Residence Time	Sampling Procedure Used or Other Comments:	
Ave Residence Time		
Near First Customer		
	*See 62-550.500(6) for requirements and restrictions. And 62-550.512(3) for nitrate or nitrite exceedances.	**See 62-550.550(4) for requirements and attach a results page for each site.
	SAMPLER CERTIFICATION	
I,		, do HEREBY CERTIFY
(Print Name)	(Print Title)	
that the above public water system and sample colle	ection information is complete and correct.	
Signature:	Date:	
Certified Operator #:Phone #:	Sampler's Fax #:	
Sampler's E-mail:		
porting Format 62-550.730		

LABORATORY CERTIFICATION INFORMATION	I (to be completed by lab	- please type or print legibly)
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Lab Name: Pace Analytic	al Services, LLC Florida DOH Certification #	# :	Certification Expiration Date:
		ATTACH CURRENT DOH A	NALYTE SHEET*
Address:		Phone #	
Were any analyses subcor	ntracted? Yes X No If yes, please provide		
			HEET FOR EACH SUBCONTRACTED LAB*
ANALYSIS INFORMATIO	N (to be completed by lab) Date Sample(s) R	eceived: 10/23/2023	
PWS ID (From Page1):	Sample Number (f	From Page1): <u>35836367073</u> La	ab Assigned Report # or Job ID: <u>35836367073</u>
Group(s) Analyzed & Resu	Ilts attached for compliance with Chapter 62-550, F.A	A.C. (Check all that apply):	
Inorganics All Except Asbestos X Partial Nitrate Nitrite	Synthetic Organics Volatile Organics All 30 All 21 All Except Dioxin Partial Partial Dioxin Only	Disinfection Byproducts Trihalomethanes Haloacetic Acids Chlorite Bromate	RadionuclidesSecondariesSingle SampleAll 14Qtrly Composite**X Partial
Asbestos			
	LAB CE	RTIFICATION	
I,	Martha Montero, (Print Name) ta are correct and unless noted meet all requirements of th	Project Man (Print Titl) e National Environmental Laborat	e)
	no - norto		
Signature:			10/25/2023
possible enforcement agai	nd current Florida DOH lab certification number and a current nst the public water system for failture to sample, and may I sample dates & locations for each quarter.		
	CONFIRMATION & NOTIFICATION IS REQUIRED WIT		
NON-L	DETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" Q	UALIFIER. (Non-detects reported as	s "BDL" or with a "<" are not acceptable.)
COMPLIANCE DETERMI	NATION (to be completed by DEP or DOH attach r	otes as necessary)	
Sample Collection & Analy	vsis Satisfactory: Yes No	Replacement Sample of	or Report Requested (circle or highlight group(s) above)
Person Notified:	Date Notified:	DEP/DOH Revie	wing Official:
Reporting Format 62-550.730 Effective January 1995, Revised De	cember 2012	Page 2 of 4	

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	0.018		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							

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							

Page 4 of 4

PUBLIC WATER SYSTEM INFORMATION (to be co	mpleted by sampler - please type or print legibly)	
System Name:		PWS I.D. #:
System Type (check one):	Non-transient Non-community	Transient Non-community
Address:		
City:	ZIP Code:	
Phone #Fax #:	E-Mail Address:	
SAMPLE INFORMATION (to be completed by sample	er)	
Sample Number: <u>35836367074</u>	Sample Date: <u>10/21/2023</u> Sample Tim	e: <u>7:51</u> (AM) PM (Circle One
Sample Location (be specific): 45B-#148 Sion Farm		Location Code:
Disinfectant Residual (Required when reporting results for trih	nalomethanes and haloacetic acids): mg/L Field pH:	
Sample Type (Check Only One)	Reason(s) for Sample (Ch	eck all that apply)
Distribution	Routine Compliance with 62-550	Replacement (of Invalidated Sample)
Entry Point (to Distribution)	Confirmation of MCL Exceedance*	Special (not for compliance with 62-550)
Plant Tap (not for compliance with 62-550)	Confirmation of Multiple Sites**	Clearance (permitting)
Raw (at well or intake)	Other:	
Max Residence Time	Sampling Procedure Used or Other Comments	:
Ave Residence Time		
Near First Customer		
	*See 62-550.500(6) for requirements and restrictions And 62-550.512(3) for nitrate or nitrite exceedances.	
	SAMPLER CERTIFICATION	
I,	,,	, do HEREBY CERTIFY
(Print Name)	(Print Title)	
that the above public water system and sample collec	tion information is complete and correct.	
Signature:	Date:	
Certified Operator #:Phone #:	Sampler's Fax #: _	
Sampler's E-mail:		
porting Format 62-550.730	Dama 4 of 4	

LABORATORY CERTIFICATION INFORMATION	(to be completed	by lab -	please type or	r print legibly)
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Lab Name: Pace Analytic	al Services, LLC Florida DOH Certification #:		_Certification Expiration E	Date:
		ATTACH CURRENT DOH A	NALYTE SHEET*	
Address:		Phone #		
Were any analyses subcon	tracted? Yes X No If yes, please provide D	OOH certification numbers(s)	:	
			SHEET FOR EACH SUBCO	NTRACTED LAB*
ANALYSIS INFORMATIO	v (to be completed by lab) Date Sample(s) Re	ceived: <u>10/23/2023</u>		
PWS ID (From Page1):	Sample Number (Fr	om Page1): <u>35836367074</u> L	ab Assigned Report # or J	lob ID: <u>35836367074</u>
Group(s) Analyzed & Resu	Its attached for compliance with Chapter 62-550, F.A.	C. (Check all that apply):		
Inorganics All Except Asbestos	Synthetic Organics Volatile Organics All 30 All 21	Disinfection Byproducts	Radionuclides	Secondaries All 14
X Partial	All Except Dioxin Partial	Haloacetic Acids	Qtrly Composite**	X Partial
Nitrate	Partial	Chlorite		
Nitrite	Dioxin Only	Bromate		
Asbestos				
	LAB CEF	RTIFICATION		
I,	Martha Montero,	Project Mar	0	_, do HEREBY CERTIFY
	(Print Name)	(Print Tit	le)	
that all attached analytical dat	a are correct and unless noted meet all requirements of the	National Environmental Labora	tory Accreditation Converence	ce (NELAC).
Signature:	Martha Monto	Date:	10/25/2023	
possible enforcement agair	nd current Florida DOH lab certification number and a curren net the public water system for failture to sample, and may re sample dates & locations for each quarter.			
	CONFIRMATION & NOTIFICATION IS REQUIRED WITH			
NON-D	ETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" QU	ALIFIER. (Non-detects reported a	S BUL OF WITH a < are not a	acceptable.)
COMPLIANCE DETERMIN	IATION (to be completed by DEP or DOH attach no	otes as necessary)		
Sample Collection & Analy	sis Satisfactory: Yes No	Replacement Sample	or Report Requested (circle	e or highlight group(s) above)
Person Notified:	Date Notified:	DEP/DOH Revie	wing Official:	
Reporting Format 62-550.730 Effective January 1995, Revised Dec	cember 2012 Pa	age 2 of 4		

INORGANIC CONTAMINANTS 62-550.310(1)

Report Number / Job ID: 35836367074

PWS ID (From Page 1):

		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								

SECONDARY CONTAMINANTS 62-550.320

Report Number / Job ID: 35836367074

PWS ID (From Page 1):

	i						1	0 , <u> </u>		
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							

Page 4 of 4