#1

Hernando County Board of County Commissioners
Environmental Services Division
Systems Operations Division (Water & Sewer Operations)

15400 Wiscon Rd.
Brooksville, Florida 34601
Telephone: 352-540-6549

To: Ms Rachel McGraw, Environmental Specialist II
Florida Department of Environmental Protection
Southwest District

Thru: Mack Washington, Water Plants Supervisor, MW
Environmental Services Division

From: James C. Howard Jr, Water Operator III,
Environmental Services Division

Date: September 6, 2013

RE: Reduced Quarterly Monitoring for TTHMs and HAA5s, Stage 2

Dear Ms McGraw

Enclosed are the results for quarterly stage 2 monitoring for TTHMs and HAA5s as required by 40 CFR 141 Subpart V. The District Facility and corresponding PWS ID # is listed below.

1.) West Hernando PWS ID # 6277059

If you have any questions or require additional information please contact me at 352-754-4814.

Attachment

STAGE 2 TOTAL TRIHALOMETHANES (TTHM) AND HALOACETIC ACIDS FIVE (HAA5) REPORT FOR THE WEST HERNANDO SYSTEM

Subpart H systems serving 500 or more persons and ground water systems serving 10,000 or more persons shall complete applicable pages of this format and submit them to the Department within 10 days after the end of any quarter in which TTHM/HAA5 monitoring is required. Systems on routine or reduced quarterly TTHM/HAA5 monitoring shall complete pages 1, 2, and 3 of this format. (Add additional rows to the tables on pages 2 and 3 as necessary.) Systems on reduced annual TTHM/HAA5 monitoring shall complete pages 1 and 4 of this format. Additionally, Subpart H systems seeking to qualify for, or remain on, reduced quarterly or annual TTHM/HAA5 monitoring shall complete page 5 of this format. (Add additional rows to the table on page 5 as necessary.)

D/DBPR = Disinfectant and Disinfection Byproducts Rule; LRAA = locational running annual average; MCL = maximum contaminant level; OE = operational evaluation; RAA = running annual average; TOC = total organic carbon.

QUARTERLY MONITORING PERIOD*: JULY thru SEPTEMBER 2013

*Indicate the quarterly monitoring period by months and year (e.g., April-June 2012).

SYSTEM INFORMATION		
PWS ID Number: 6277059		
PWS Name: West Hernando		
Source Water Type and Population Size Category:		
☒ Ground Water:	☐ Subpart H:	
☐ 10,000 – 99,999	☐ 500 – 3,300	☐ 250,000 – 999,999
☒ 100,000 – 499,999	☐ 3,301 – 9,999	☐ 1,000,000 – 4,999,999
☐ ≥ 500,000	☐ 10,000 – 49,999	☐ ≥ 5,000,000
	☐ 50,000 – 249,999	
Monitoring Mode*: ☐Routine Monitoring ☒Reduced Monitoring		
Monitoring Frequency*: ☒Quarterly ☐Annually		
Total Number Of Distribution System Monitoring Locations*: 2		
Contact Person: James C. Howard Jr.		
Phone Number: 352-754-4490		
E-Mail Address (optional):jhoward@co.hernando.fl.us		
Fax Number (optional): 352-754-4167		

* See 40 CFR 141.621 and 141.623 for more details.

QUARTERLY MONITORING PERIOD: July thru September 2013 PWS ID Number: 6277059

TTHM COMPLIANCE SUMMARY FOR SYSTEMS MONITORING QUARTERLY

Monitoring Location*	This Quarter				Previous Quarter	2 Quarters Ago	3 Quarters Ago	TTHM LRAA** (µg/L)	TTHM OE Value*** (µg/L)
	No. of TTHM Samples Taken	Date Each TTHM Sample Taken (mo/da/yr)	TTHM Sample Result (µg/L)	TTHM Locational Quarterly Average (µg/L) A	TTHM Locational Quarterly Average (µg/L) B	TTHM Locational Quarterly Average (µg/L) C	TTHM Locational Quarterly Average (µg/L) D	(A+B+C+D)/4	(2A+B+C)/4
1311 Kenlake Ave	3	08/13/13	15.59	15.59	4.71	7.58	4.3	8.05	
40 Gillian Dr	3	08/13/13	4.24	4.24	6.38	7.85	4.5	5.74	

Does the TTHM LRAA at any monitoring location violate the TTHM MCL of 80 µg/L? (YES/NO)	NO
Does the TTHM OE value at any monitoring location exceed 80 µg/L? (YES/NO)****	NO
If you are on reduced quarterly monitoring, does the TTHM LRAA exceed 40 µg/L at any monitoring location? (YES/NO/NA)*****	N/A

* Location names or numbers should correspond to those in your Stage 2 D/DBPR compliance monitoring plan required under 40 CFR 141.622.

** Calculate and enter the LRAA beginning at the end of the fourth quarter of Stage 2 monitoring and at the end of each subsequent quarter. Also, if the LRAA calculated based on fewer than four quarters of data would cause the MCL to be exceeded regardless of the monitoring results of subsequent quarters, calculate and enter the LRAA (using zero for the results of subsequent quarters).

*** Calculate the OE value beginning at the end of the third quarter of Stage 2 monitoring and at the end of each subsequent quarter. Enter the OE value if it exceeds 80 µg/L.

**** If any TTHM OE value at any location exceeds 80 µg/L, conduct an OE and submit an OE report in accordance with 40 CFR 141.626.

***** If any TTHM LRAA at any location exceeds 40 µg/L, resume routine quarterly monitoring under 40 CFR 141.621.

QUARTERLY MONITORING PERIOD: July thru September 2013 PWS ID Number: 6277059

HAA5 COMPLIANCE SUMMARY FOR SYSTEMS MONITORING QUARTERLY

Monitoring Location*	This Quarter				Previous Quarter	2 Quarters Ago	3 Quarters Ago	HAA5 LRAA** (µg/L)	HAA5 OE Value*** (µg/L)
	No. of HAA5 Samples Taken	Date Each HAA5 Sample Taken (mo/da/yr)	HA5 Sample Result (µg/L)	HAA5 Locational Quarterly Average (µg/L)	HAA5 Locational Quarterly Average (µg/L)	HAA5 Locational Quarterly Average (µg/L)	HAA5 Locational Quarterly Average (µg/L)		
				A	B	C	D	(A+B+C+D)/4	(2A+B+C)/4
1311 Kenlake Ave	3	08/13/13	5.91	5.91	ND	.093	1.33	1.83	
40 Gillian Dr	3	8/13/13	ND	ND	ND	ND	1.32	0.33	

Does the HAA5 LRAA at any monitoring location violate the HAA5 MCL of 60 µg/L? (YES/NO)	NO
Does the HAA5 OE value at any monitoring location exceed 60 µg/L? (YES/NO)****	NO
If you are on reduced quarterly monitoring, does the HAA5 LRAA exceed 30 µg/L at any monitoring location? (YES/NO/NA)*****	N/A

* Location names or numbers should correspond to those in your Stage 2 D/DBPR compliance monitoring plan required under 40 CFR 141.622.

** Calculate and enter the LRAA beginning at the end of the fourth quarter of Stage 2 monitoring and at the end of each subsequent quarter. Also, if the LRAA calculated based on fewer than four quarters of data would cause the MCL to be exceeded regardless of the monitoring results of subsequent quarters, calculate and enter the LRAA (using zero for the results of subsequent quarters).

*** Calculate the OE value beginning at the end of the third quarter of Stage 2 monitoring and at the end of each subsequent quarter. Enter the OE value if it exceeds 60 µg/L.

**** If any HAA5 OE value at any location exceeds 60 µg/L, you must conduct an OE and submit an OE report in accordance with 40 CFR 141.626.

***** If any HAA5 LRAA at any location exceeds 30 µg/L, you must resume routine quarterly monitoring under 40 CFR 141.621.

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

PUBLIC WATER SYSTEM INFORMATION (to be completed by sampler – Please type or print legibly)

System Name: West Hernando PWS I.D.#: 6277059

System Type (check one): ☑ Community ☐ Nontransient Noncommunity ☐ Transient Noncommunity

Address: 15400 Wiscon Rd

City: Brooksville ZIP Code: 34601

Phone #: 352-754-4490 Fax #: 352-754-4167 E-Mail Address: jhoward@hernandocounty.us

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: T1310112001 Sample Date: 08/13/2013 Sample Time: 08:20 AM PM (circle one)

Sample Location (be specific): W-1 1311 Kenlake Ave. Location Code (if known): _____

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): 1.7 mg/L Field pH: _____

Sample Type (Check Only One)

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

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

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

Sampling Procedure Used or Other Comments: _____

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

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

SAMPLER CERTIFICATION

I, JAMES C. HOWARD JR (Print Name), WATER OPERATOR III (Print Title), do HEREBY CERTIFY that the above public water system and sample collection information is complete and correct.

Signature: James C Howard Jr Date: 9-6-13

Certified Operator #: B-0005965 Phone #: Same Sampler's Fax #: Same

Sampler's E-Mail: Same

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

LABORATORY CERTIFICATION INFORMATION (to be completed by lab – Please type or print legibly)

Lab Name: Advanced Environmental Laboratories, Inc Florida DOH Certification #: E84589 Certification Expiration Date: 06/30/2014

ATTACH CURRENT DOH ANALYTE *

Address: 9610 Princess Palm Avenue Tampa, FL 33619 Phone #: (813)630-9616

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

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED *

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 08/13/2013

PWS ID (From Page 1): 6 27-7059 Sample Number (From Page 1): T1310112001 Lab Assigned Report # or Job T1310112

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

Inorganics	Synthetic Organics	Volatile Organics	Disinfection Byproducts	Radionuclides	Secondaries
☐ All Except Asbestos	☐ All 30	☐ All 21	☒ Trihalomethanes	☐ Single Sample	☐ All 14
☐ Partial	☐ All Except Dioxin	☐ Partial	☒ Haloacetic Acids	☐ Qtrly Composite**	☐ Partial
☐ Nitrate	☐ Partial		☐ Chlorite		
☐ Nitrite	☐ Dioxin Only		☐ Bromate		
☐ Asbestos Only					

LAB CERTIFICATION

I, Angela Harlan (Print Name), PM (Print Title), do HEREBY CERTIFY that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference

Signature: Angela Harlan Date: 8/26/13

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

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

CONFIRMATION & NOTIFICATION IS REQUIRED WITHIN 24 HRS FOR NITRATE OR NITRITE MCL EXCEEDANCES

NON-DETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" QUALIFIER. (Non-detects reported as "BDL" or with a "<" are not acceptable.)

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

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

Person Notified: _____ Date Notified: _____ DEP/DOH Reviewing Official: _____

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

DISINFECTION BYPRODUCTS
62-550.310(3)

Report Number / Job ID: T1310112001
Disinfectant Residual (mg/L) 1.7
PWS ID (From Page 1): 627-7059

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

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Regulatory MRL**	Analysis Date	Analysis Time	DOH Lab Certification #
2450	Monochloroacetic Acid	N/A	ug/L	0.20	U	EPA 552.2	0.20	2	08/21/2013	19:46	E84589
2451	Dichloroacetic Acid	N/A	ug/L	2.82		EPA 552.2	0.81	1	08/21/2013	19:46	E84589
2452	Trichloroacetic Acid	N/A	ug/L	2.06		EPA 552.2	0.91	1	08/21/2013	19:46	E84589
2453	Bromoacetic Acid	N/A	ug/L	0.54	U	EPA 552.2	0.54	1	08/21/2013	19:46	E84589
2454	Dibromoacetic Acid	N/A	ug/L	1.03		EPA 552.2	0.54	1	08/21/2013	19:46	E84589
2456	Total Haloacetic Acids (HAA5)	60	ug/L	5.91		EPA 552.2	0.20	---	08/21/2013	19:46	E84589

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Regulatory MRL**	Analysis Date	Analysis Time	DOH Lab Certification #
2941	Chloroform	N/A	ug/L	5.75		EPA 524.2	0.99	1	08/16/2013	01:17	E84589
2942	Bromoform	N/A	ug/L	0.46	U	EPA 524.2	0.46	1	08/16/2013	01:17	E84589
2943	Bromodichloromethane	N/A	ug/L	5.39		EPA 524.2	0.49	1	08/16/2013	01:17	E84589
2944	Dibromochloromethane	N/A	ug/L	4.45		EPA 524.2	0.56	1	08/16/2013	01:17	E84589
2950	Total Trihalomethanes	80	ug/L	15.59		EPA 524.2	0.46	---	08/16/2013	01:17	E84589

** Laboratories are required to adhere to the minimum reporting level (MRL) requirements of 40 CFR 141.131(b)(2)(iv).

*** Applicable to monitoring as prescribed in 40 CFR 141.132.(b)(2)(i)(B) and (b)(2)(ii).

**** Laboratories that use EPA Methods 317.0 Revision 2.0, 326.0 or 321.8 must meet a 1.0 µg/L MRL for bromate.

NOTE: Do not round values. Report results to the accuracy, precision, and sensitivity of the analytical method used.

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

PUBLIC WATER SYSTEM INFORMATION (to be completed by sampler – Please type or print legibly)

System Name: West Hernando PWS I.D.#: 6277058

System Type (check one): ☑ Community ☐ Nontransient Noncommunity ☐ Transient Noncommunity

Address: 15400 Wiscon Rd

City: Brooksville ZIP Code: 34601

Phone #: 352-754-4490 Fax #: 352-754-4167 E-Mail Address: jhoward@co.hernando.fl.us

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: T1310112002 Sample Date: 08/13/2013 Sample Time: 09:00 AM PM (circle one)

Sample Location (be specific): W-2 40 Gillian Dr. Location Code (if known) :

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): 1.5 mg/L Field pH:

Sample Type (Check Only One)

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

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

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

Sampling Procedure Used or Other Comments:

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

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

SAMPLER CERTIFICATION

I, James C. Howard Jr (Print Name), Water Operator III (Print Title), do HEREBY CERTIFY that the above public water system and sample collection information is complete and correct.

Signature: James C Howard Jr Date: 9-6-13

Certified Operator #: B-0005965 Phone #: Same Sampler's Fax #: Same

Sampler's E-Mail: Same

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

LABORATORY CERTIFICATION INFORMATION (to be completed by lab – Please type or print legibly)

Lab Name: Advanced Environmental Laboratories, Inc Florida DOH Certification #: E84589 Certification Expiration Date: 06/30/2014
ATTACH CURRENT DOH ANALYTE *

Address: 9610 Princess Palm Avenue Tampa, FL 33619 Phone #: (813)630-9616

Were any analyses subcontracted? ☐ Yes ☒ No If yes, please provide DOH certification numbers:
ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED *

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 08/13/2013

PWS ID (From Page 1): 6270709 Sample Number (From Page 1): T1310112002 Lab Assigned Report # or Job T1310112

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

Inorganics	Synthetic Organics	Volatile Organics	Disinfection Byproducts	Radionuclides	Secondaries
☐ All Except Asbestos	☐ All 30	☐ All 21	☒ Trihalomethanes	☐ Single Sample	☐ All 14
☐ Partial	☐ All Except Dioxin	☐ Partial	☒ Haloacetic Acids	☐ Qtrly Composite**	☐ Partial
☐ Nitrate	☐ Partial		☐ Chlorite		
☐ Nitrite	☐ Dioxin Only		☐ Bromate		
☐ Asbestos Only					

LAB CERTIFICATION

I, Angela Harlan (Print Name), PM (Print Title), do HEREBY CERTIFY that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference

Signature: Angela Harlan Date: 8/26/13

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

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

CONFIRMATION & NOTIFICATION IS REQUIRED WITHIN 24 HRS FOR NITRATE OR NITRITE MCL EXCEEDANCES

NON-DETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" QUALIFIER. (Non-detects reported as "BDL" or with a "<" are not acceptable.)

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

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

Person Notified: _____ Date Notified: _____ DEP/DOH Reviewing Official: _____

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

DISINFECTION BYPRODUCTS
62-550.310(3)

Report Number / Job ID: T1310112002
Disinfectant Residual (mg/L) 1.5
PWS ID (From Page 1): 6277059

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Regulatory MRL**	Analysis Date	Analysis Time	DOH Lab Certification #
2450	Monochloroacetic Acid	N/A	ug/L	0.20	U	EPA 552.2	0.20	2	08/21/2013	20:13	E84589
2451	Dichloroacetic Acid	N/A	ug/L	0.81	U	EPA 552.2	0.81	1	08/21/2013	20:13	E84589
2452	Trichloroacetic Acid	N/A	ug/L	0.91	U	EPA 552.2	0.91	1	08/21/2013	20:13	E84589
2453	Bromoacetic Acid	N/A	ug/L	0.54	U	EPA 552.2	0.54	1	08/21/2013	20:13	E84589
2454	Dibromoacetic Acid	N/A	ug/L	0.54	U	EPA 552.2	0.54	1	08/21/2013	20:13	E84589
2456	Total Haloacetic Acids (HAA5)	60	ug/L	0.20	U	EPA 552.2	0.20	---	08/21/2013	20:13	E84589

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Regulatory MRL**	Analysis Date	Analysis Time	DOH Lab Certification #
2941	Chloroform	N/A	ug/L	1.24		EPA 524.2	0.99	1	08/16/2013	02:03	E84589
2942	Bromoform	N/A	ug/L	0.46	U	EPA 524.2	0.46	1	08/16/2013	02:03	E84589
2943	Bromodichloromethane	N/A	ug/L	1.42		EPA 524.2	0.49	1	08/16/2013	02:03	E84589
2944	Dibromochloromethane	N/A	ug/L	1.58		EPA 524.2	0.56	1	08/16/2013	02:03	E84589
2950	Total Trihalomethanes	80	ug/L	4.24		EPA 524.2	0.46	---	08/16/2013	02:03	E84589

** Laboratories are required to adhere to the minimum reporting level (MRL) requirements of 40 CFR 141.131(b)(2)(iv).

*** Applicable to monitoring as prescribed in 40 CFR 141.132.(b)(2)(i)(B) and (b)(2)(ii).

**** Laboratories that use EPA Methods 317.0 Revision 2.0, 326.0 or 321.8 must meet a 1.0 µg/L MRL for bromate.

NOTE: Do not round values. Report results to the accuracy, precision, and sensitivity of the analytical method used.

Advanced Environmental Laboratories, Inc.

☐ **Altamonte Springs:** 528 S. Northlake Blvd., Ste. 1016 • Altamonte Springs, FL 32701 • 407.937.1594 • Fax 407.937.1597
☐ **Gainesville:** 4965 SW 41st Blvd. • Gainesville, FL 32608 • 352.377.2349 • Fax 352.395.6639
☐ **Jacksonville:** 6601 Southpoint Pkwy. • Jacksonville, FL 32216 • 904.363.9350 • Fax 904.363.9354
☐ **Miramar:** 10200 USA Today Way, Miramar, FL 33025 • 954.889.2288 • Fax 954.889.2281
☐ **Tallahassee:** 1288 Cedar Center Drive, Tallahassee, FL 32301 • 850.219.6274 • Fax 850.219.6275
☒ **Tampa:** 9610 Princess Palm Ave. • Tampa, FL 33619 • 813.630.9616 • Fax 813.630.4327

T13012

Client Name: Hernando Co. Utilities
Address: 15400 Wiscon Rd
Brooksville, Fla. 34601
Phone: 352-754-4490
FAX: 352-754-4167
Contact: Mack Washington
Sampled By:
Turn Around Time: ☒ STANDARD ☐ RUSH
Page 1 of 1

Project Name: TTHM + HAA5
P.O. Number/Project Number:
Project Location: West Hernando
REMARKS/SPECIAL INSTRUCTIONS:
PWS# 6270059

SAMPLE ID	SAMPLE DESCRIPTION	Grab Comp	SAMPLING DATE	SAMPLING TIME	MATRIX	NO. COUNT	PRESERVATION	BOTTLE SIZE & TYPE: Vile	Vile									LABORATORY I.D. NUMBER
								ANALYSIS REQUIRED: TTHM	HAA5			Chlorine Residual						
W-1	1311 Kenlake Ave	G	8/13/13	820A	DW	6		✓	✓			1.7						101
W-2	40 Gillian DR	G	8/13/13	900A	DW	6		✓	✓			1.5						102

Matrix Code: WW = wastewater SW = surface water GW = ground water DW = drinking water O = oil A = air SO = soil SL = sludge
Preservation Code: I = ice H=(HCl) S = (H2SO4) N = (HNO3) T = (Sodium Thiosulfate)

Received on Ice ☐ Yes ☐ No ☐ Temp taken from sample ☐ Temp from blank ☐ Where required, pH checked
Temperature when received 4 (in degrees celcius)

Form revised 01/19/2012
Device used for measuring Temp by unique identifier (circle IR temp gun used) J: 9A G: LT-1 LT-2 T: 10A A: 3A M: 1A S: 1V

	Relinquished by:	Date	Time	Received by:	Date	Time
1		8/13/13	900A		8/13/13	1445
2			1520		8/13/13	1520
3						
4						

FOR DRINKING WATER USE:
(When PWS Information not otherwise supplied) PWS ID:
Contact Person: Phone :
Supplier of Water:
Site-Address:

P97

Stage 2 D/DBPR Monitoring Plan

System Name: West Hernando		PWSID: 6277059
Contact Name: James C. Howard Jr.	Contact E-Mail: jhoward@co.hernando.fl.us	Contact Phone: 352-754-4490

Stage 2 Compliance Monitoring Location ID	Location Type	Justification	Projected Sampling Date(s) (month/day/year)			
			Calendar Quarter 1 (Jan 1 – Mar 31)	Calendar Quarter 2 (Apr 1 – Jun 30)	Calendar Quarter 3 (Jul 1 – Sep 30)	Calendar Quarter-4 (Oct 1 – Dec 31)
Stage 2 Site # 1 3461 Pandora Dr	☒ Highest TTHM ☐ Highest HAA5 ☒ Stage 1 D/DBPR ☐ Other	Consistently the highest TTHM results since sampling began, formerly Stage 1 site # 2	2/13 week 3	5/12 week 3	8/12 week 3	11/12 week 3
Stage 2, Site # 2 1311 Kenlake Ave	☐ Highest TTHM ☒ Highest HAA5 ☒ Stage 1 D/DBPR ☐ Other	Consistently the highest HAA5 results, formerly Stage 1 site # 19	2/13 week 3	5/12 week 3	8/12 week 3	11/12 week 3
Stage 2, Site # 3 40 Gillian Dr	☐ Highest TTHM ☐ Highest HAA5 ☒ Stage 1 D/DBPR ☐ Other	Highest remaining TTHM site, formerly Stage 1 site # 14	2/13 week 3	5/12 week 3	8/12 week 3	11/12 week 3
Stage 2, Site # 4 11509 Stoneville Ct	☐ Highest TTHM ☐ Highest HAA5 ☐ Stage 1 D/DBPR ☒ Other	Highest remaining TTHM site, formerly IDSE site # 7	2/13 week 3	5/12 week 3	8/12 week 3	11/12 week 3
Stage 2, Site # 5 5072 Arbormarsh Cir	☐ Highest TTHM ☐ Highest HAA5 ☒ Stage 1 D/DBPR ☐ Other	Highest remaining TTHM site, formerly Stage 1 site # 9	2/13 week 3	5/12 week 3	8/12 week 3	11/12 week 3
Stage 2, Site # 6 15263 Merle Ct	☐ Highest TTHM ☐ Highest HAA5 ☒ Stage 1 D/DBPR ☐ Other	Highest remaining HAA5 site, formerly Stage 1 site # 22	2/13 week 3	5/12 week 3	8/12 week 3	11/12 week 3

Instructions: Add rows as necessary to list all Stage 2 compliance monitoring locations. For each location, provide an ID number and/or address. For each location, check the location type and provide justification for selection of the location. For each location, provide the projected sampling date (month and day or week) within the monitoring period(s) required for your system; e.g., provide one date within Calendar Quarter 3 if your system is required to monitor yearly or provide one date within each of the four calendar quarters if your system is required to monitor quarterly.

Compliance Calculation Procedures

☐ This system is monitoring yearly or less frequently. Compliance is calculated as follows: determine if each sample result for each monitoring location is ≤ the maximum contaminant level (MCL).

☒ This system is monitoring quarterly. Compliance is calculated as follows: for each monitoring location, calculate the locational running annual average (LRAA)—the average of results for samples taken at the monitoring location during the previous four calendar quarters ([Q1+Q2+Q3+Q4]/4)—and determine if each LRAA is ≤ the MCL.

☐ This system is monitoring more frequently than quarterly. Compliance is calculated as follows: for each monitoring location, average all samples taken in a quarter at the monitoring location to determine a quarterly average and then calculate the LRAA—the average of quarterly averages at the monitoring location during the previous four calendar quarters ([Q1+Q2+Q3+Q4]/4)—and determine if each LRAA is ≤ the MCL.

Combined Distribution System Information

☐ This PWS is part of a combined distribution system.

STAGE 1 DISINFECTANTS/DISINFECTION BYPRODUCTS RULE MONITORING PLAN FOR THE WEST HERNANDO WATER SYSTEM

SECTION 1: SYSTEM INFORMATION

System Name: West Hernando		County: Hernando
PWS ID Number: 6277059-01 thru 23		Contact Person: James C. Howard Jr.
Phone Number: (352) 754-4490	Cell :352-442-4748	Fax Number (352) 754-4167
e-mail address : JHoward@co.hernando.fl.us		

SECTION 2: SYSTEM CHARACTERISTICS

SYSTEM TYPE		POPULATION DATA	
☒	Community	Total Population Served[1]*:	**128,053**
☐	Non-Transient, Non Community	Number of Service Connections-	**57,423**
☐	Transient Non-Community[2]*	Source of Population Data (i.e. U.S. Census, Based on number of service connections (indicate multiplier) etc.)	**connections x 2.23**
☐	Consecutive	Effective Date of Population Data	**03/31/11**

SECTION 3: SOURCES OF RAW WATER/NUMBER OF TREATMENT PLANTS:

☒ Ground	How Many Wells?	45
Total number of water treatment plants =		23

SECTION 4: DISINFECTANTS
INDICATE THE DISINFECTANTS UTILIZED IN THE TREATMENT PROCESS AS A DISINFECTANT OR OXIDANT (CHECK ALL THAT APPLY)

☒ Chlorine	If chlorine is selected as the primary disinfectant, indicate the chlorine type below	Does your system have one or more disinfection addition points after the entrance to the distribution system? (i.e. booster chlorination) ☐ *Yes* ☒ *No*
☐ Chloramines	☒ Chlorine Gas ☒ Sodium Hypochlorite	
☐ Other (Specify[1])	☐ Calcium Hypochlorite ☐ Other (Specify)	*If yes, indicate the number of addition points in your system:*

SECTION 5: SCHEMATIC DRAWING OF THE DISTRIBUTION SYSTEM

PRIVATE WELLS
0
2,000
4,000
8,000
12,000
Feet

WEST HERNANDO WATER SYSTEM ENTRY POINTS
PWS ID # 6277059

MAP LOCATION	WATER PLANT NAME
WTP # 1	WEST HERNANDO
WTP # 2	WEEKI WACHEE
WTP # 3	HIGHPOINT # 2
WTP # 4	BROOKRIDGE # 1
WTP # 5	ROYAL HIGHLANDS
WTP # 6	SUN ROAD
WTP # 7	AIRPORT INDUSTRIAL PARK
WTP # 8	SPRINGWOOD ESTATES
WTP # 9	SOUTHWEST SUB-REGIONAL
WTP # 10	BROOKRIDGE # 2
WTP # 11	KILLIAN
WTP # 12	ANTELOPE
WTP # 13	PIONEER PARK
WTP # 14	LINDEN & DEER ST
WTP # 15	JAMAICA
WTP # 16	CARTEE & KEYSVILLE
WTP # 17	ELDRIDGE
WTP # 18	GRETNA
WTP # 19	HIGHPOINT # 1
WTP # 20	WEEKI WACHEE WOODLANDS # 1
WTP # 21	WEEKI WACHEE WOODLANDS # 2
WTP # 22	LINDSEY ACRES
WTP # 23	HEXAM RD * not currently on map

NOTE! WTP # 22 LINDSEY ACRES will be interconnected to the West Hernando Water System by October 31st , 2006 under the West Hernando PWS number so it is being included in the West Hernando Stage 2 DBPR monitoring plan.

WEST HERNANDO WATER SYSTEM
PWS ID # 6277059 STAGE 1 DBPR
SAMPLING LOCATIONS ARE INDICATED BY A RED TRIANGLE AND SAMPLE #

MAP LOCATION	SAMPLE ADDRESS
# 1	221 OSAWAW BLVD
# 2	3461 PANDORA DR
# 3	7375 2ND LOOP AVE
# 4	12501 HARKER ST
# 5	9236 BASIL ST
# 6	7327 GLENCOVE DR
# 7	9319 SUNSHINE GROVE RD
# 8	16393 RUNWAY DR
# 9	5072 ARBORMARSH CIRCLE
# 10	ANDERSON/SNOW PARK
# 11	14488 DEHAVEN AVE
# 12	199 CALLAWAY AVE
# 13	8009 TRUCE CIRCLE
# 14	40 GILLIAN DR
# 15	13367 BANYAN RD
# 16	6535 GRAPEWOOD DR
# 17	6310 MELSHIRE AVE
# 18	8631 BAY DR
# 19	1311 KENLAKE AVE
# 20	7518 APACHE TR
# 21	4056 TOMAHAWK AVE
# 22	15263 MERLE CT
# 23	12100 VESPA WAY * not on current map

WEST HERNANDO WATER SYSTEM
PWS ID # 6277059 PROPOSED STAGE 2 DBPR
SAMPLING LOCATIONS ARE INDICATED BY AN ORANGE CIRCLE AND SAMPLE #

MAP LOCATION	SAMPLE ADDRESS
# 1	13161 LAUREN DR
# 2	11225 KANGLEY RD
# 3	3410 GULF WIND CIRCLE
# 4	2281 DOG LEG CT
# 5	9301 LAKE CYPRESS DR
# 6	2225 TERRACE VIEW LN
# 7	11509 STONEVILLE
# 8	4135 ELWOOD RD

SECTION 6: DISTRIBUTION SYSTEM CHARACTERISTICS

The sampling sites were selected based on the location of dead end service lines and the frequency of flushing required to maintain an adequate chlorine residual. These locations are in areas where many of the residents are seasonal.

SECTION 7: DISINFECTANT MONITORING SCHEDULE FOR CHLORINE/CHLORAMINES

Sample ID Number	Sample Location Cycle 1 (Jan., Mar., May, July, Sept., Nov.)	Sample Time (Frequency)	Analytical Method	Sample Handling & Preservation Requirements	Analysis Information (Indicate one of the following) Sample(s) will be analyzed by: 1. A licensed operator 2. A person under the direct supervision of a licensed operator 3. Analyzed at a certified laboratory
1	7574 Heather Walk	Monthly	DPD	see section 11	1
2	6447 Bass Rd	Monthly	DPD	see section 11	1
3	3461 Pandora	Monthly	DPD	see section 11	1
4	7244 Shoal Line Blvd	Monthly	DPD	see section 11	1
5	4446 Shoal Line Blvd	Monthly	DPD	see section 11	1
6	4340 Caliente	Monthly	DPD	see section 11	1
7	3451 Shoal Line Blvd	Monthly	DPD	see section 11	1
8	7412 Shoal Line Blvd	Monthly	DPD	see section 11	1
9	4058 Sheephead Dr	Monthly	DPD	see section 11	1
10	1431 Frier Tuck	Monthly	DPD	see section 11	1
11	2240 Commercial Way	Monthly	DPD	see section 11	1
12	Guard Shack (Timber Pines)	Monthly	DPD	see section 11	1
13	2484 Grandfather Mountain	Monthly	DPD	see section 11	1
14	3660 Commercial Way	Monthly	DPD	see section 11	1
15	8055 Forrest Oaks Blvd	Monthly	DPD	see section 11	1
16	4209 Lording Dr	Monthly	DPD	see section 11	1
17	8245 River Country Dr	Monthly	DPD	see section 11	1
18	7068 U.S.19 North	Monthly	DPD	see section 11	1
19	10420 Palmwood Dr	Monthly	DPD	see section 11	1
20	10083 Twelve Oaks Ct	Monthly	DPD	see section 11	1
21	10080 Duffy Ln	Monthly	DPD	see section 11	1
22	9373 Cortez Blvd	Monthly	DPD	see section 11	1
23	10071 Cortez Blvd	Monthly	DPD	see section 11	1
24	11210 Cortez Blvd	Monthly	DPD	see section 11	1
25	7467 Navajo	Monthly	DPD	see section 11	1
39	15148 Woodbury	Monthly	DPD	see section 11	1
40	16228 Flight Path Dr	Monthly	DPD	see section 11	1
41	2750 Kingswood	Monthly	DPD	see section 11	1
42	4350 St Ives Blvd	Monthly	DPD	see section 11	1

SECTION 7: DISINFECTANT MONITORING SCHEDULE FOR CHLORINE/CHLORAMINES

Sample ID Number	Sample Location	Sample Time (Frequency)	Analytical Method	Sample Handling & Preservation Requirements	Analysis Information (Indicate one of the following) Sample(s) will be analyzed by: 4. A licensed operator 5. A person under the direct supervision of a licensed operator 6. Analyzed at a certified laboratory
43	15262 Leslie Ct	Monthly	DPD	see section 11	1
44	16211 Brookridge Blvd	Monthly	DPD	see section 11	1
45	8161 Hampton Dr	Monthly	DPD	see section 11	1
46	14325 Ken Austin Pkwy	Monthly	DPD	see section 11	1
47	9319 Sunshine Grove Rd	Monthly	DPD	see section 11	1
48	12249 Clubhouse Dr	Monthly	DPD	see section 11	1
49	8242 Fiesta Dr	Monthly	DPD	see section 11	1
50	8389 Highpoint Blvd	Monthly	DPD	see section 11	1
51	1360 Anderson/Snow Rd	Monthly	DPD	see section 11	1
52	13180 Mariner Blvd	Monthly	DPD	see section 11	1
53	14559 Cortez Blvd	Monthly	DPD	see section 11	1
54	13427 Cortez Blvd	Monthly	DPD	see section 11	1
91	8293 Norbert	Monthly	DPD	see section 11	1
92	3365 Abeline	Monthly	DPD	see section 11	1
93	8349 Boyce	Monthly	DPD	see section 11	1
94	3516 Plaza	Monthly	DPD	see section 11	1
95	9563 River	Monthly	DPD	see section 11	1
96	9257 Antrim	Monthly	DPD	see section 11	1
97	8631 Bay	Monthly	DPD	see section 11	1
98	9026 Beach	Monthly	DPD	see section 11	1
99	8508 Belmont	Monthly	DPD	see section 11	1
100	8430 Day	Monthly	DPD	see section 11	1
101	9374 Miricle	Monthly	DPD	see section 11	1
102	4327 Pallas	Monthly	DPD	see section 11	1
103	5020 Essex	Monthly	DPD	see section 11	1
104	4599 Kirkland	Monthly	DPD	see section 11	1
105	5309 Mesquero	Monthly	DPD	see section 11	1
106	9221 Swiss	Monthly	DPD	see section 11	1
107	5338 Freeport	Monthly	DPD	see section 11	1

SECTION 7: DISINFECTANT MONITORING SCHEDULE FOR CHLORINE/CHLORAMINES

Sample ID Number	Sample Location	Sample Time (Frequency)	Analytical Method	Sample Handling & Preservation Requirements	Analysis Information (Indicate one of the following) Sample(s) will be analyzed by: 7. A licensed operator 8. A person under the direct supervision of a licensed operator 9. Analyzed at a certified laboratory
108	6276 Swan Ln	Monthly	DPD	see section 11	1
109	10140 Lynnhaven	Monthly	DPD	see section 11	1
110	10156 Norwick	Monthly	DPD	see section 11	1
111	6193 Springhill Dr	Monthly	DPD	see section 11	1
112	6217 Hillview	Monthly	DPD	see section 11	1
113	6400 Jamaica	Monthly	DPD	see section 11	1
114	1434 Apricot	Monthly	DPD	see section 11	1
115	1359 Piper	Monthly	DPD	see section 11	1
116	6199 Applegate	Monthly	DPD	see section 11	1
117	6088 Waycross	Monthly	DPD	see section 11	1
118	5399 Ashland	Monthly	DPD	see section 11	1
119	6642 Treehaven	Monthly	DPD	see section 11	1
120	6320 Kelvin	Monthly	DPD	see section 11	1
121	6280 Danbury	Monthly	DPD	see section 11	1
122	6335 Cranbrook	Monthly	DPD	see section 11	1
123	6339 Sunbird	Monthly	DPD	see section 11	1
124	128 Waterfall	Monthly	DPD	see section 11	1
125	299 Gulfport	Monthly	DPD	see section 11	1
126	8193 Page	Monthly	DPD	see section 11	1
127	181 Glenlock	Monthly	DPD	see section 11	1
128	8137 Roycrest	Monthly	DPD	see section 11	1
129	8179 Alhambra	Monthly	DPD	see section 11	1
130	8092 April	Monthly	DPD	see section 11	1
131	6189 Helmly	Monthly	DPD	see section 11	1
132	6140 Kinlock	Monthly	DPD	see section 11	1
133	10121 Lyric	Monthly	DPD	see section 11	1
134	6030 Hugo	Monthly	DPD	see section 11	1
135	10175 Littefield	Monthly	DPD	see section 11	1
136	1886 Landover	Monthly	DPD	see section 11	1

SECTION 7: DISINFECTANT MONITORING SCHEDULE FOR CHLORINE/CHLORAMINES

Sample ID Number	Sample Location	Sample Time (Frequency)	Analytical Method	Sample Handling & Preservation Requirements	Analysis Information (Indicate one of the following) Sample(s) will be analyzed by: 10. A licensed operator 11. A person under the direct supervision of a licensed operator 12. Analyzed at a certified laboratory
137	5331 Bevins	Monthly	DPD	see section 11	1
138	5231 Derby	Monthly	DPD	see section 11	1
139	11255 Topaz	Monthly	DPD	see section 11	1
140	12103 Katherwood	Monthly	DPD	see section 11	1
141	6274 Grapewood	Monthly	DPD	see section 11	1
142	13148 Onieda	Monthly	DPD	see section 11	1
143	5485 Tabb	Monthly	DPD	see section 11	1
144	12567 Elgin	Monthly	DPD	see section 11	1
145	4350 Talco	Monthly	DPD	see section 11	1
146	11489 Exmore	Monthly	DPD	see section 11	1
147	11312 Pickford	Monthly	DPD	see section 11	1
148	10359 Chalmer	Monthly	DPD	see section 11	1
149	10313 Walton	Monthly	DPD	see section 11	1
150	4347 Haggerty	Monthly	DPD	see section 11	1
151	4297 Azora	Monthly	DPD	see section 11	1
152	1101 Dagmar	Monthly	DPD	see section 11	1
153	8174 Apple Orchard	Monthly	DPD	see section 11	1
154	9298 Eldridge	Monthly	DPD	see section 11	1
155	1555 Larkin	Monthly	DPD	see section 11	1
156	9387 Vancouver	Monthly	DPD	see section 11	1
157	1120 Gatewood	Monthly	DPD	see section 11	1
158	13620 Hunters Point	Monthly	DPD	see section 11	1
159	12164 Linden	Monthly	DPD	see section 11	1
160	13202 Coronado	Monthly	DPD	see section 11	1
161	1141 Bolander	Monthly	DPD	see section 11	1
162	1040 Florian	Monthly	DPD	see section 11	1
163	13157 Jessica	Monthly	DPD	see section 11	1
164	1474 Godfrey	Monthly	DPD	see section 11	1
165	3054 Ambassador	Monthly	DPD	see section 11	1

SECTION 7: DISINFECTANT MONITORING SCHEDULE FOR CHLORINE/CHLORAMINES

Sample ID Number	Sample Location	Sample Time (Frequency)	Analytical Method	Sample Handling & Preservation Requirements	Analysis Information (Indicate one of the following) Sample(s) will be analyzed by: 13. A licensed operator 14. A person under the direct supervision of a licensed operator 15. Analyzed at a certified laboratory
166	12473 Little Farms	Monthly	DPD	see section 11	1
167	3090 Polk	Monthly	DPD	see section 11	1
168	11387 Stacy	Monthly	DPD	see section 11	1
169	3035 Rim	Monthly	DPD	see section 11	1
170	2488 Bonkirk	Monthly	DPD	see section 11	1

SECTION 7: DISINFECTANT MONITORING SCHEDULE FOR CHLORINE/CHLORAMINES

Sample ID Number	Sample Location Cycle 2 (Feb., Apr., June, Aug., Oct., Dec.)	Sample Time (Frequency)	Analytical Method	Sample Handling & Preservation Requirements	Analysis Information (Indicate one of the following) Sample(s) will be analyzed by: 16. A licensed operator 17. A person under the direct supervision of a licensed operator 18. Analyzed at a certified laboratory
1	8959 Nakoma Way	Monthly	DPD	see section 11	1
2	7695 St Andrews Blvd	Monthly	DPD	see section 11	1
3	7587 Dundee Way	Monthly	DPD	see section 11	1
4	9220 Nightingale	Monthly	DPD	see section 11	1
5	10324 Waters Edge	Monthly	DPD	see section 11	1
6	10251 Woodland Waters Blvd	Monthly	DPD	see section 11	1
7	9720 Southern Belle	Monthly	DPD	see section 11	1
8	9000 Glen Lakes Blvd	Monthly	DPD	see section 11	1
9	5067 Maplewood	Monthly	DPD	see section 11	1
10	4407 Calienta	Monthly	DPD	see section 11	1
11	3263 Shoal Line Blvd	Monthly	DPD	see section 11	1
12	180 Osawaw Blvd	Monthly	DPD	see section 11	1
13	2300 Osawaw Blvd	Monthly	DPD	see section 11	1
14	2111 Terrace View	Monthly	DPD	see section 11	1
15	4801 Commercial Way	Monthly	DPD	see section 11	1
16	5060 William St	Monthly	DPD	see section 11	1
17	5598 Commercial Way	Monthly	DPD	see section 11	1
18	9405 Cortez Blvd	Monthly	DPD	see section 11	1
19	11451 Cortez Blvd	Monthly	DPD	see section 11	1
20	3484 Arrowhead	Monthly	DPD	see section 11	1
34	4135 California St	Monthly	DPD	see section 11	1
35	2379 U. S. 41	Monthly	DPD	see section 11	1
36	15471 Atwater Dr	Monthly	DPD	see section 11	1
37	15215 Areial Way	Monthly	DPD	see section 11	1
38	15268 Valerie Ct	Monthly	DPD	see section 11	1
39	14221 Midmoor Blvd	Monthly	DPD	see section 11	1
40	14789 Rialto Dr	Monthly	DPD	see section 11	1
41	14745 Brookridge Blvd	Monthly	DPD	see section 11	1
42	15025 Brookridge Blvd	Monthly	DPD	see section 11	1

SECTION 7: DISINFECTANT MONITORING SCHEDULE FOR CHLORINE/CHLORAMINES

Sample ID Number	Sample Location	Sample Time (Frequency)	Analytical Method	Sample Handling & Preservation Requirements	Analysis Information (Indicate one of the following) Sample(s) will be analyzed by: 19. A licensed operator 20. A person under the direct supervision of a licensed operator 21. Analyzed at a certified laboratory
43	13448 Sun Rd	Monthly	DPD	see section 11	1
44	13348 Sun Rd	Monthly	DPD	see section 11	1
45	12363 O'Brian St	Monthly	DPD	see section 11	1
46	9075 Highpoint Blvd	Monthly	DPD	see section 11	1
47	7435 Fairlane Ave	Monthly	DPD	see section 11	1
48	7390 Nielson	Monthly	DPD	see section 11	1
49	8127 Eagle	Monthly	DPD	see section 11	1
50	12345 Pine Cone St	Monthly	DPD	see section 11	1
51	14136 Bruni Dr	Monthly	DPD	see section 11	1
52	7072 Carriage Crossing	Monthly	DPD	see section 11	1
53	Beacon Theaters	Monthly	DPD	see section 11	1
54	15400 Wiscon Rd	Monthly	DPD	see section 11	1
91	3212 Elk	Monthly	DPD	see section 11	1
92	3280 Dolin	Monthly	DPD	see section 11	1
93	8439 Elgrove	Monthly	DPD	see section 11	1
94	3548 Hartley	Monthly	DPD	see section 11	1
95	4011 Windswept	Monthly	DPD	see section 11	1
96	9183 Bay	Monthly	DPD	see section 11	1
97	9330 Sesame	Monthly	DPD	see section 11	1
98	9776 Bayside	Monthly	DPD	see section 11	1
99	4606 Cresent	Monthly	DPD	see section 11	1
100	4483 Cynthia	Monthly	DPD	see section 11	1
101	5093 Kirkwell	Monthly	DPD	see section 11	1
102	5059 Freeport	Monthly	DPD	see section 11	1
103	5194 Mesquero	Monthly	DPD	see section 11	1
104	9067 Swiss	Monthly	DPD	see section 11	1
105	9227 Manchester	Monthly	DPD	see section 11	1
106	5405 Frost	Monthly	DPD	see section 11	1
107	6037 Moongate	Monthly	DPD	see section 11	1

SECTION 7: DISINFECTANT MONITORING SCHEDULE FOR CHLORINE/CHLORAMINES

Sample ID Number	Sample Location	Sample Time (Frequency)	Analytical Method	Sample Handling & Preservation Requirements	Analysis Information (Indicate one of the following) Sample(s) will be analyzed by: 22. A licensed operator 23. A person under the direct supervision of a licensed operator 24. Analyzed at a certified laboratory
108	6127 Lyon	Monthly	DPD	see section 11	1
109	6268 Sardina	Monthly	DPD	see section 11	1
110	6192 Dorset	Monthly	DPD	see section 11	1
111	1311 Kenlake	Monthly	DPD	see section 11	1
112	1274 Tyler	Monthly	DPD	see section 11	1
113	6226 Halstead	Monthly	DPD	see section 11	1
114	6452 Mayhill	Monthly	DPD	see section 11	1
115	7279 Pinehurst	Monthly	DPD	see section 11	1
116	202 Dan River	Monthly	DPD	see section 11	1
117	199 Callaway	Monthly	DPD	see section 11	1
118	89 Cabot	Monthly	DPD	see section 11	1
119	8005 Truce	Monthly	DPD	see section 11	1
120	8269 Steward	Monthly	DPD	see section 11	1
121	8376 Lakehill	Monthly	DPD	see section 11	1
122	186 Oak Lake	Monthly	DPD	see section 11	1
123	10402 Palmdren	Monthly	DPD	see section 11	1
124	10467 Fairchild	Monthly	DPD	see section 11	1
125	11041 Audie Brook	Monthly	DPD	see section 11	1
126	10420 Sandtrap	Monthly	DPD	see section 11	1
127	1247 Venetia	Monthly	DPD	see section 11	1
128	1554 Overland	Monthly	DPD	see section 11	1
129	10272 Sharkey	Monthly	DPD	see section 11	1
130	1049 Larkin	Monthly	DPD	see section 11	1
131	6092 Nardelo	Monthly	DPD	see section 11	1
132	5257 Abagail	Monthly	DPD	see section 11	1
133	11094 Belltower	Monthly	DPD	see section 11	1
134	5065 Teather	Monthly	DPD	see section 11	1
135	11038 Montcalm	Monthly	DPD	see section 11	1
136	5121 Roble	Monthly	DPD	see section 11	1

SECTION 7: DISINFECTANT MONITORING SCHEDULE FOR CHLORINE/CHLORAMINES

Sample ID Number	Sample Location	Sample Time (Frequency)	Analytical Method	Sample Handling & Preservation Requirements	Analysis Information (Indicate one of the following) Sample(s) will be analyzed by: 25. A licensed operator 26. A person under the direct supervision of a licensed operator 27. Analyzed at a certified laboratory
137	12258 Shafton	Monthly	DPD	see section 11	1
138	13101 Delbarton	Monthly	DPD	see section 11	1
139	13202 Thrush	Monthly	DPD	see section 11	1
140	13287 Brewster	Monthly	DPD	see section 11	1
141	12483 Centenial	Monthly	DPD	see section 11	1
142	5138 Alliance	Monthly	DPD	see section 11	1
143	4505 Devonshire	Monthly	DPD	see section 11	1
144	4398 Candler	Monthly	DPD	see section 11	1
145	4274 Castle	Monthly	DPD	see section 11	1
146	4148 Oasis	Monthly	DPD	see section 11	1
147	4071 Solerno	Monthly	DPD	see section 11	1
148	11321 Salters	Monthly	DPD	see section 11	1
149	3457 Gramercy	Monthly	DPD	see section 11	1
150	11059 Ronda	Monthly	DPD	see section 11	1
151	11046 S. Linden	Monthly	DPD	see section 11	1
152	1186 Finland	Monthly	DPD	see section 11	1
153	2032 Genter	Monthly	DPD	see section 11	1
154	1090 Faye	Monthly	DPD	see section 11	1
155	515 Cressida	Monthly	DPD	see section 11	1
156	13991 Cooper	Monthly	DPD	see section 11	1
157	1402 Aladdin	Monthly	DPD	see section 11	1
158	1290 Godfrey	Monthly	DPD	see section 11	1
159	14064 Chippendale	Monthly	DPD	see section 11	1
160	2239 Fairview	Monthly	DPD	see section 11	1
161	2467 Dothan	Monthly	DPD	see section 11	1
162	2413 Hawthorn	Monthly	DPD	see section 11	1
163	13367 Banyan	Monthly	DPD	see section 11	1
164	3683 Dothan	Monthly	DPD	see section 11	1
165	13216 Amberwoods	Monthly	DPD	see section 11	1

SECTION 7: DISINFECTANT MONITORING SCHEDULE FOR CHLORINE/CHLORAMINES

Sample ID Number	Sample Location	Sample Time (Frequency)	Analytical Method	Sample Handling & Preservation Requirements	Analysis Information (Indicate one of the following) Sample(s) will be analyzed by: 28. A licensed operator 29. A person under the direct supervision of a licensed operator 30. Analyzed at a certified laboratory
166	13215 Don Loop	Monthly	DPD	see section 11	1
167	13119 Drysdale	Monthly	DPD	see section 11	1
168	12235 Chastain	Monthly	DPD	see section 11	1
169	11221 Rainbow Woods	Monthly	DPD	see section 11	1
170	2288 Honeydew	Monthly	DPD	see section 11	1

SECTION 8: ROUTINE MONITORING FREQUENCY FOR TTHM AND HAA5							
System Population	Minimum Monitoring Frequency	Sample Location(s)	Number of Treatment Plants[1]	Minimum Number of Samples Required[3]	Number of samples your facility will collect	Indicate the month(s) that samples will be collected	Conditions for Increased Monitoring
Ground water system serving at least 10,000 persons	One sample per year per treatment plant	Locations representing the maximum residence time[2]	23	23	23	August	N/A

SECTION 9: ROUTINE MONITORING SCHEDULE FOR TOTAL TRIHALOMETHANES (TTHM)

Sample ID Number	Sample Location	Distribution System Location (Average, or Maximum Residence Time)	Sample Time (Frequency)	Analytical Method	Sampling Handling and Preservation Requirements	ANALYSIS INFORMATION	
						Laboratory Name	DOH ID Number
W-1	**221 Osawaw Blvd**	MRT	Annually	524.2	see section 11	Advanced Environmental	E82574
W-2	**3461 Pandora Dr**	MRT	Annually	524.2	see section 11		E82574
W-3	**7375 2nd loop Ave**	MRT	Annually	524.2	see section 11		E82574
W-4	**12501 Harker St**	MRT	Annually	524.2	see section 11		E82574
W-5	**9246 Basil St**	MRT	Annually	524.2	see section 11		E82574
W-6	**7327 Glencove Dr**	MRT	Annually	524.2	see section 11		E82574
W-7	**9319 Sunshine Grove Rd**	MRT	Annually	524.2	see section 11		E82574
W-8	**16393 Runway Dr**	MRT	Annually	524.2	see section 11		E82574
W-9	**5072 Arbormarsh Circle**	MRT	Annually	524.2	see section 11		E82574
W-10	**Anderson/Snow Park**	MRT	Annually	524.2	see section 11		E82574
W-11	**14488 Dehaven Ave**	MRT	Annually	524.2	see section 11		E82574
W-12	**203 Callaway Ave**	MRT	Annually	524.2	see section 11		E82574
W-13	**8009 Truce Circle**	MRT	Annually	524.2	see section 11		E82574
W-14	**40 Gillian Dr**	MRT	Annually	524.2	see section 11		E82574
W-15	**13367 Banyan Rd**	MRT	Annually	524.2	see section 11		E82574
W-16	**6535 Grapewood Dr**	MRT	Annually	524.2	see section 11		E82574
W-17	**6319 Melshire Ave**	MRT	Annually	524.2	see section 11		E82574
W-18	**8631 Bay Dr**	MRT	Annually	524.2	see section 11		E82574
W-19	**1311 Kenlake Ave**	MRT	Annually	524.2	see section 11		E82574
W-20	**7518 Apache Tr**	MRT	Annually	524.2	see section 11		E82574
W-21	**4056 Tomahawk Ave**	MRT	Annually	524.2	see section 11		E82574
W-22	**15263 Merle Ct**	MRT	Annually	524.2	see section 11		E82574
W-23	**12100 Vespa Way**	MRT	Annually	524.2	see section 11		E82574

SECTION 10: ROUTINE MONITORING SCHEDULE FOR HALOACETIC ACIDS FIVE (HAA5)

Sample ID Number	Sample Location	Distribution System Location (Average, or Maximum Residence Time)	Sample Time (Frequency)	Analytical Method	Sampling Handling and Preservation Requirements	ANALYSIS INFORMATION	
						Laboratory Name	DOH ID Number
W-1	**221 Osawaw Blvd**	**MRT**	**Annually**	552.2	see section 11	**Advanced Environmental**	**E82574**
W-2	**3461 Pandora Dr**	MRT	Annually	552.2	see section 11		E82574
W-3	**7375 2nd loop Ave**	MRT	Annually	552.2	see section 11		E82574
W-4	**12501 Harker St**	MRT	Annually	552.2	see section 11		E82574
W-5	**9246 Basil St**	MRT	Annually	552.2	see section 11		E82574
W-6	**7327 Glencove Dr**	MRT	Annually	552.2	see section 11		E82574
W-7	**9319 Sunshine Grove Rd**	MRT	Annually	552.2	see section 11		E82574
W-8	**16393 Runway Dr**	MRT	Annually	552.2	see section 11		E82574
W-9	**5072 Arbormarsh Circle**	MRT	Annually	552.2	see section 11		E82574
W-10	**Anderson/Snow Park**	MRT	Annually	552.2	see section 11		E82574
W-11	**14488 Dehaven Ave**	MRT	Annually	552.2	see section 11		E82574
W-12	**203 Callaway Ave**	MRT	Annually	552.2	see section 11		E82574
W-13	**8009 Truce Circle**	MRT	Annually	552.2	see section 11		E82574
W-14	**40 Gillian Dr**	MRT	Annually	552.2	see section 11		E82574
W-15	**13367 Banyan Rd**	MRT	Annually	552.2	see section 11		E82574
W-16	**6535 Grapewood Dr**	MRT	Annually	552.2	see section 11		E82574
W-17	**6319 Melshire Ave**	MRT	Annually	552.2	see section 11		E82574
W-18	**8631 Bay Dr**	MRT	Annually	552.2	see section 11		E82574
W-19	**1311 Kenlake Ave**	MRT	Annually	552.2	see section 11		E82574
W-20	**7518 Apache Tr**	MRT	Annually	552.2	see section 11		E82574
W-21	**4056 Tomahawk Ave**	MRT	Annually	552.2	see section 11		E82574
W-22	**15263 Merle Ct**	MRT	Annually	552.2	see section 11		E82574
W-23	**12100 Vespa Way**	MRT	Annually	524.2	see section 11		E82574

SECTION 11: SAMPLE COLLECTION PROCEDURES

Parameter	Container	Cap/Septa Material	Sample Collection Guidelines	Preservative(s)	Maximum Holding Time	Analytical Method(s)
Chlorine	> 500 mL Plastic or Glass	N/A	Grab sample. Either free or total residual chlorine measurement is acceptable	None	Analysis should be completed within 15 minutes of collection	Free-Standard Methods (SM) 4500-C1D, CL F, 4500-C1 G **(DPD Colormetric)**
						Combined- SM 4500 Cl D, F, G
						Total-SM 4500-Cl D, E, F, G, I
HAA5	>100 mL amber glass	Teflon-lined septum	1. Fill bottle completely but be careful not to flush out preservatives 2. Sample should not have bubbles 3. Sample disinfectant at time of collection	NH_4CL (ammonium chloride) Review the specific method for max holding times/preservation procedures.	28 days @ 4°C	EPA Method 552.1
	>50 mL amber glass				7-14 days @ 4°C	EPA Method 552.2
	40-60 mL glass vial				9 days @ 4°C to extraction, 21 days to analysis @ -11°C	Standard Method 6251B
pH	Plastic or Glass	N/A	Grab Sample	None	Sample should be analyzed within 15 minutes of collection	All methods allowed in 40 CFR 141.23(k)(1) including but not limited to Standard Method 4500 H B, EPA Method 150.1 & 150.2
TTHM	40-120 mL Glass vial	Teflon- lined septum	1 **Samples must be dechlorinated prior to acidification.** 2 Sample residual disinfectant at time of collection.	Dechlorination with $Na_2S_2O_3$ and acidification using HCL to pH <2	14 Days @ 4°C	EPA Methods 502.2 , 524.2
	60 mL Glass vial	Teflon- lined septum		Sodium sulfite or NH_4CL (ammonium chloride) with a phosphate buffer (pH = 4.5-5.5)	14 Days @ 4°C	EPA Method 551.1

SECTION 12: MONITORING SUMMARY/CONDITIONS FOR REDUCED MONITORING FOR GROUND WATER SYSTEMS[1]

PARAMETER	APPLICIBILITY		ROUTINE MONITORING FREQUENCY	CRITERIA FOR REDUCED MONITORING	REDUCED MONITORING FREQUENCY*	IS YOUR SYSTEM CONDUCTING ROUTINE, REDUCED, OR INCREASED MONITORING?
Chlorine/ Chloramines	PWSs that use the disinfectants		At the same time and location and frequency as total coliform sampling	Monitoring may not be reduced.	Not Applicable	Routine
Total Trihalomethanes (TTHMs) & Haloacetic Acids 5 (HAA5s)	All CWS & NTNC systems that are adding a chemical disinfectant	Ground water systems serving at least 10,000 persons	One sample/ per quarter/ per treatment plant	≤ 50% of the TTHM & HAA5 RAA MCLs	One sample/ per year/ per treatment plant at maximum residence time location(s) in the distribution system during the month of warmest water temperature.	Reduced
		Ground water systems serving fewer than 10,000 persons	One sample/ per treatment plant/ during the month of the warmest water temperature	≤ 50% of the TTHM & HAA5 RAA MCLs for 2 years OR ≤25 % of the TTHM & HAA5 RAA MCLs for 1 year	One sample/ Every 3 years/ At max residence time location(s) in the distribution system during the month of warmest water temperature.	

SECTION 13: METHOD FOR CALCULATING COMPLIANCE FOR MAXIMUM RESIDUAL DISINFECTANT LEVELS (MRDL) (CHLORINE AND/OR CHLORAMINES)

Month	MRDL Monthly Averages	Reporting the MRDL to the Department
January		♦ Report your Monthly MRDL results to the Department on a quarterly basis. ♦ Submit the quarterly RAA within 10 days of the end of each quarter ♦ For example, January-March 2004 results are due to the Department on April 10, 2004.
February		
March		
April		
May		
June		
July		
August		
September		
October		
November		
December		
MRDL Running Annual Average	Add the last 12 monthly averages to calculate the RAA /12 (Most Recent Months) = mg/L	

SECTION 14: METHOD FOR CALCULATING COMPLIANCE WITH THE MAXIMUM CONTAMINANT LEVELS FOR TTHMS AND HAA5

Month	Number of Sampling Points	TTHM	TTHM Annual Average
August	23		
Month	**Number of Sampling Points**	**HAA5**	**HAA5 Annual Average**
August	23		

Hernando County Board of County Commissioners

Environmental Services Division
Systems Operations Division (Water & Sewer Operations)

15400 Wiscon Rd.
Brooksville, Florida 34601
Telephone: 352-540-6549

To: Mr Earl Nash, Environmental Specialist II
Florida Department of Environmental Protection
Southwest District

Thru: Mack Washington, Water Plants Supervisor, MW
Environmental Services Division

From: James C. Howard Jr, Water Operator III, JH
Environmental Services Division

Date: June 2, 2014

RE: Reduced Quarterly Monitoring for TTHMs and HAA5s, Stage 2

Dear Mr Nash

Enclosed are the results for quarterly stage 2 monitoring for TTHMs and HAA5s as required by 40 CFR 141 Subpart V. The District Facility and corresponding PWS ID # is listed below.

1.) West Hernando PWS ID # 6277059

If you have any questions or require additional information please contact me at 352-754-4814.

Attachment

STAGE 2 TOTAL TRIHALOMETHANES (TTHM) AND HALOACETIC ACIDS FIVE (HAA5) REPORT FOR THE WEST HERNANDO SYSTEM

Subpart H systems serving 500 or more persons and ground water systems serving 10,000 or more persons shall complete applicable pages of this format and submit them to the Department within 10 days after the end of any quarter in which TTHM/HAA5 monitoring is required. Systems on routine or reduced quarterly TTHM/HAA5 monitoring shall complete pages 1, 2, and 3 of this format. (Add additional rows to the tables on pages 2 and 3 as necessary.) Systems on reduced annual TTHM/HAA5 monitoring shall complete pages 1 and 4 of this format. Additionally, Subpart H systems seeking to qualify for, or remain on, reduced quarterly or annual TTHM/HAA5 monitoring shall complete page 5 of this format. (Add additional rows to the table on page 5 as necessary.)

D/DBPR = Disinfectant and Disinfection Byproducts Rule; LRAA = locational running annual average; MCL = maximum contaminant level; OE = operational evaluation; RAA = running annual average; TOC = total organic carbon.

QUARTERLY MONITORING PERIOD*: April thru June 2014

*Indicate the quarterly monitoring period by months and year (e.g., April-June 2012).

SYSTEM INFORMATION		
PWS ID Number: 6277059		
PWS Name: West Hernando		
Source Water Type and Population Size Category:		
☒ Ground Water:	☐ Subpart H:	
☐ 10,000 – 99,999	☐ 500 – 3,300	☐ 250,000 – 999,999
☒ 100,000 – 499,999	☐ 3,301 – 9,999	☐ 1,000,000 – 4,999,999
☐ ≥ 500,000	☐ 10,000 – 49,999	☐ ≥ 5,000,000
	☐ 50,000 – 249,999	
Monitoring Mode*: ☐Routine Monitoring ☒Reduced Monitoring		
Monitoring Frequency*: ☒Quarterly ☐Annually		
Total Number Of Distribution System Monitoring Locations*: 2		
Contact Person: James C. Howard Jr.		
Phone Number: 352-754-4490		
E-Mail Address (optional):jhoward@co.hernando.fl.us		
Fax Number (optional): 352-754-4167		

* See 40 CFR 141.621 and 141.623 for more details.

QUARTERLY MONITORING PERIOD: April thru June 2014 PWS ID Number: 6277059

TTHM COMPLIANCE SUMMARY FOR SYSTEMS MONITORING QUARTERLY

Monitoring Location*	This Quarter				Previous Quarter	2 Quarters Ago	3 Quarters Ago	TTHM LRAA** (µg/L)	TTHM OE Value*** (µg/L)
	No. of TTHM Samples Taken	Date Each TTHM Sample Taken (mo/da/yr)	TTHM Sample Result (µg/L)	TTHM Locational Quarterly Average (µg/L)	TTHM Locational Quarterly Average (µg/L)	TTHM Locational Quarterly Average (µg/L)	TTHM Locational Quarterly Average (µg/L)		
				A	B	C	D	(A+B+C+D)/4	(2A+B+C)/4
1311 Kenlake Ave	3	05/14/14	5.35	5.35	16.0	4.93	15.59	10.47	
40 Gillian Dr	3	05/14/14	7.91	7.91	15.36	4.46	4.24	7.99	

Does the TTHM LRAA at any monitoring location violate the TTHM MCL of 80 µg/L? (YES/NO)	NO
Does the TTHM OE value at any monitoring location exceed 80 µg/L? (YES/NO)****	NO
If you are on reduced quarterly monitoring, does the TTHM LRAA exceed 40 µg/L at any monitoring location? (YES/NO/NA)*****	NO

* Location names or numbers should correspond to those in your Stage 2 D/DBPR compliance monitoring plan required under 40 CFR 141.622.

** Calculate and enter the LRAA beginning at the end of the fourth quarter of Stage 2 monitoring and at the end of each subsequent quarter. Also, if the LRAA calculated based on fewer than four quarters of data would cause the MCL to be exceeded regardless of the monitoring results of subsequent quarters, calculate and enter the LRAA (using zero for the results of subsequent quarters).

*** Calculate the OE value beginning at the end of the third quarter of Stage 2 monitoring and at the end of each subsequent quarter. Enter the OE value if it exceeds 80 µg/L.

**** If any TTHM OE value at any location exceeds 80 µg/L, conduct an OE and submit an OE report in accordance with 40 CFR 141.626.

***** If any TTHM LRAA at any location exceeds 40 µg/L, resume routine quarterly monitoring under 40 CFR 141.621.

QUARTERLY MONITORING PERIOD: April thru June 2014

PWS ID Number: 6277059

HAA5 COMPLIANCE SUMMARY FOR SYSTEMS MONITORING QUARTERLY

Monitoring Location*	This Quarter			HAA5 Locational Quarterly Average (µg/L)	Previous Quarter HAA5 Locational Quarterly Average (µg/L)	2 Quarters Ago HAA5 Locational Quarterly Average (µg/L)	3 Quarters Ago HAA5 Locational Quarterly Average (µg/L)	HAA5 LRAA** (µg/L)	HAA5 OE Value*** (µg/L)
	No. of HAA5 Samples Taken	Date Each HAA5 Sample Taken (mo/da/yr)	HA5 Sample Result (µg/L)	A	B	C	D	(A+B+C+D)/4	(2A+B+C)/4
1311 Kenlake Ave	3	05/14/14	ND	ND	9.09	ND	5.91	3.75	
40 Gillian Dr	3	05/14/14	1.15	1.15	6.84	ND	ND	2.0	

Does the HAA5 LRAA at any monitoring location violate the HAA5 MCL of 60 µg/L? (YES/NO)	NO
Does the HAA5 OE value at any monitoring location exceed 60 µg/L? (YES/NO)****	NO
If you are on reduced quarterly monitoring, does the HAA5 LRAA exceed 30 µg/L at any monitoring location? (YES/NO/NA)*****	NO

* Location names or numbers should correspond to those in your Stage 2 D/DBPR compliance monitoring plan required under 40 CFR 141.622.

** Calculate and enter the LRAA beginning at the end of the fourth quarter of Stage 2 monitoring and at the end of each subsequent quarter. Also, if the LRAA calculated based on fewer than four quarters of data would cause the MCL to be exceeded regardless of the monitoring results of subsequent quarters, calculate and enter the LRAA (using zero for the results of subsequent quarters).

*** Calculate the OE value beginning at the end of the third quarter of Stage 2 monitoring and at the end of each subsequent quarter. Enter the OE value if it exceeds 60 µg/L.

**** If any HAA5 OE value at any location exceeds 60 µg/L, you must conduct an OE and submit an OE report in accordance with 40 CFR 141.626.

***** If any HAA5 LRAA at any location exceeds 30 µg/L, you must resume routine quarterly monitoring under 40 CFR 141.621.

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

PUBLIC WATER SYSTEM INFORMATION (to be completed by sampler – Please type or print legibly)

System Name: West Hernando PWS I.D.#: 6277059

System Type (check one): ☑ Community ☐ Nontransient Noncommunity ☐ Transient Noncommunity

Address: 15400 Wiscon Rd

City: Brooksville ZIP Code: 34601

Phone #: 352-754-4490 Fax #: 352-754-4167 E-Mail Address: jhoward@co.hernando.fl.us

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: T1406065001 Sample Date: 05/14/2014 Sample Time: 09:00 AM PM (circle one)

Sample Location (be specific): W-1 1311 Kenlake Ave Location Code (if known) :

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): 1.2 mg/L Field pH:

Sample Type (Check Only One)

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

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

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

Sampling Procedure Used or Other Comments:

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

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

SAMPLER CERTIFICATION

I, David A. Flynn (Print Name), Water Operator I (Print Title), do HEREBY CERTIFY that the above public water system and sample collection information is complete and correct.

Signature: Date: 6-4-14

Certified Operator #: A-0008143 Phone #: Same Sampler's Fax #: Same

Sampler's E-Mail: Same

Florida Department of Environmental Protection

Safe Drinking Water Program Laboratory Reporting Format

LABORATORY CERTIFICATION INFORMATION (to be completed by lab – Please type or print legibly)

Lab Name: Advanced Environmental Laboratories, Inc Florida DOH Certification #: E84589 Certification Expiration Date: 06/30/2014

ATTACH CURRENT DOH ANALYTE *

Address: 9610 Princess Palm Avenue Tampa, FL 33619 Phone #: (813)630-9616

Were any analyses subcontracted? ☐ Yes ☑ No If yes, please provide DOH certification numbers: _____

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED *

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 05/14/2014

PWS ID (From Page 1): 627-7055 Sample Number (From Page 1): T1406065001 Lab Assigned Report # or Job T1406065

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

Inorganics	Synthetic Organics	Volatile Organics	Disinfection Byproducts	Radionuclides	Secondaries
☐ All Except Asbestos	☐ All 30	☐ All 21	☒ Trihalomethanes	☐ Single Sample	☐ All 14
☐ Partial	☐ All Except Dioxin	☐ Partial	☒ Haloacetic Acids	☐ Qtrly Composite**	☐ Partial
☐ Nitrate	☐ Partial		☐ Chlorite		
☐ Nitrite	☐ Dioxin Only		☐ Bromate		
☐ Asbestos Only					

LAB CERTIFICATION

I, Heidi Brooks (Print Name), P (Print Title), do HEREBY CERTIFY that all attached analytical data are correct ~~and unless noted~~ meet all requirements of the National Environmental Laboratory Accreditation Conference

Signature: _____ Date: 5/30/14

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

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

CONFIRMATION & NOTIFICATION IS REQUIRED WITHIN 24 HRS FOR NITRATE OR NITRITE MCL EXCEEDANCES

NON-DETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" QUALIFIER. **(Non-detects reported as "BDL" or with a "<" are not acceptable.)**

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

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

Person Notified: _____ Date Notified: _____ DEP/DOH Reviewing Official: EN

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

DISINFECTION BYPRODUCTS
62-550.310(3)

Report Number / Job ID: T1406065001
Disinfectant Residual (mg/L) 1.2
PWS ID (From Page 1): 6077-705

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

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Regulatory MRL**	Analysis Date	Analysis Time	DOH Lab Certification #
2450	Monochloroacetic Acid	N/A	ug/L	0.20	U	EPA 552.2	0.20	2	05/28/2014	03:20	E84589
2451	Dichloroacetic Acid	N/A	ug/L	0.81	U	EPA 552.2	0.81	1	05/28/2014	03:20	E84589
2452	Trichloroacetic Acid	N/A	ug/L	0.91	U	EPA 552.2	0.91	1	05/28/2014	03:20	E84589
2453	Bromoacetic Acid	N/A	ug/L	0.54	U	EPA 552.2	0.54	1	05/28/2014	03:20	E84589
2454	Dibromoacetic Acid	N/A	ug/L	0.54	U	EPA 552.2	0.54	1	05/28/2014	03:20	E84589
2456	Total Haloacetic Acids (HAA5)	60	ug/L	0.20	(U)	EPA 552.2	0.20	—	05/28/2014	03:20	E84589

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Regulatory MRL**	Analysis Date	Analysis Time	DOH Lab Certification #
2941	Chloroform	N/A	ug/L	2.02		EPA 524.2	0.31	1	05/23/2014	21:52	E84589
2942	Bromoform	N/A	ug/L	0.45	U	EPA 524.2	0.45	1	05/23/2014	21:52	E84589
2943	Bromodichloromethane	N/A	ug/L	1.80		EPA 524.2	0.49	1	05/23/2014	21:52	E84589
2944	Dibromochloromethane	N/A	ug/L	1.53		EPA 524.2	0.56	1	05/23/2014	21:52	E84589
2950	Total Trihalomethanes	80	ug/L	5.35		EPA 524.2	0.31	—	05/23/2014	21:52	E84589

** Laboratories are required to adhere to the minimum reporting level (MRL) requirements of 40 CFR 141.131(b)(2)(iv).

*** Applicable to monitoring as prescribed in 40 CFR 141.132.(b)(2)(i)(B) and (b)(2)(ii).

**** Laboratories that use EPA Methods 317.0 Revision 2.0, 326.0 or 321.8 must meet a 1.0 µg/L MRL for bromate.

NOTE: Do not round values. Report results to the accuracy, precision, and sensitivity of the analytical method used.

*Results must be reported with appropriate qualifiers in accordance with Florida Administrative Code Rule 62-160, Table 1. Results qualified with A, F, H, N, O, T, Z, ?, *, are unacceptable for compliance with 62-550. Results qualified with a J, Q, R, or Y must be accompanied by written justification and will be evaluated on a case by case basis. To avoid a monitoring violation, unacceptable results must be replaced with acceptable results from samples collected during the same monitoring period.

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

PUBLIC WATER SYSTEM INFORMATION (to be completed by sampler – Please type or print legibly)

System Name: West Hernando PWS I.D.#: 6277059

System Type (check one): ☑ Community ☐ Nontransient Noncommunity ☐ Transient Noncommunity

Address: 15400 Wiscon Rd

City: Brooksville ZIP Code: 34601

Phone #: 352-754-4490 Fax #: 352-754-4167 E-Mail Address: jhawkins@co.hernando.fl.us

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: T1406065002 Sample Date: 05/14/2014 Sample Time: 09:30 AM PM (circle one)

Sample Location (be specific): W-2 40 Gillian DR Location Code (if known) :

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): 1.3 mg/L Field pH: ____

Sample Type (Check Only One)

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

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

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

Sampling Procedure Used or Other Comments: ____

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

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

SAMPLER CERTIFICATION

I, David A. Flynn (Print Name), Water Operator I (Print Title), do HEREBY CERTIFY that the above public water system and sample collection information is complete and correct.

Signature: [signature] Date: 5/14/14

Certified Operator #: A-0008143 Phone #: Same Sampler's Fax #: Same

Sampler's E-Mail: N/A

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

LABORATORY CERTIFICATION INFORMATION (to be completed by lab – Please type or print legibly)

Lab Name: Advanced Environmental Laboratories, Inc Florida DOH Certification #: E84589 Certification Expiration Date: 06/30/2014

ATTACH CURRENT DOH ANALYTE *

Address: 9610 Princess Palm Avenue Tampa, FL 33619 Phone #: (813)630-9616

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

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED *

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 05/14/2014

PWS ID (From Page 1): 6277059 Sample Number (From Page 1): T1406065002 Lab Assigned Report # or Job T1406065

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

Inorganics	Synthetic Organics	Volatile Organics	Disinfection Byproducts	Radionuclides	Secondaries
☐ All Except Asbestos	☐ All 30	☐ All 21	☒ Trihalomethanes	☐ Single Sample	☐ All 14
☐ Partial	☐ All Except Dioxin	☐ Partial	☒ Haloacetic Acids	☐ Qtrly Composite**	☐ Partial
☐ Nitrate	☐ Partial		☐ Chlorite		
☐ Nitrite	☐ Dioxin Only		☐ Bromate		
☐ Asbestos Only					

LAB CERTIFICATION

I, Heidi Brooks (Print Name), _____ (Print Title), do HEREBY CERTIFY that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference

Signature: _____ Date: 5/30/14

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

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

CONFIRMATION & NOTIFICATION IS REQUIRED WITHIN 24 HRS FOR NITRATE OR NITRITE MCL EXCEEDANCES

NON-DETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" QUALIFIER. (Non-detects reported as "BDL" or with a "<" are not acceptable.)

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

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

Person Notified: _____ Date Notified: _____ DEP/DOH Reviewing Official: EN

Florida Department of Environmental Protection

Safe Drinking Water Program Laboratory Reporting Format

DISINFECTION BYPRODUCTS
62-550.310(3)

Report Number / Job ID: T1406065002
Disinfectant Residual (mg/L) 1.3
PWS ID (From Page 1): 627-7059

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Regulatory MRL**	Analysis Date	Analysis Time	DOH Lab Certification #
2450	Monochloroacetic Acid	N/A	ug/L	0.20	U	EPA 552.2	0.20	2	05/28/2014	03:48	E84589
2451	Dichloroacetic Acid	N/A	ug/L	1.15		EPA 552.2	0.81	1	05/28/2014	03:48	E84589
2452	Trichloroacetic Acid	N/A	ug/L	0.91	U	EPA 552.2	0.91	1	05/28/2014	03:48	E84589
2453	Bromoacetic Acid	N/A	ug/L	0.54	U	EPA 552.2	0.54	1	05/28/2014	03:48	E84589
2454	Dibromoacetic Acid	N/A	ug/L	0.54	U	EPA 552.2	0.54	1	05/28/2014	03:48	E84589
2456	Total Haloacetic Acids (HAA5)	60	ug/L	1.15		EPA 552.2	0.20	—	05/28/2014	03:48	E84589

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Regulatory MRL**	Analysis Date	Analysis Time	DOH Lab Certification #
2941	Chloroform	N/A	ug/L	2.40		EPA 524.2	0.31	1	05/23/2014	22:41	E84589
2942	Bromoform	N/A	ug/L	0.45	U	EPA 524.2	0.45	1	05/23/2014	22:41	E84589
2943	Bromodichloromethane	N/A	ug/L	2.89		EPA 524.2	0.49	1	05/23/2014	22:41	E84589
2944	Dibromochloromethane	N/A	ug/L	2.62		EPA 524.2	0.56	1	05/23/2014	22:41	E84589
2950	Total Trihalomethanes	80	ug/L	7.91		EPA 524.2	0.31	—	05/23/2014	22:41	E84589

** Laboratories are required to adhere to the minimum reporting level (MRL) requirements of 40 CFR 141.131(b)(2)(iv).

*** Applicable to monitoring as prescribed in 40 CFR 141.132.(b)(2)(i)(B) and (b)(2)(ii).

**** Laboratories that use EPA Methods 317.0 Revision 2.0, 326.0 or 321.8 must meet a 1.0 µg/L MRL for bromate.

NOTE: Do not round values. Report results to the accuracy, precision, and sensitivity of the analytical method used.

*Results must be reported with appropriate qualifiers in accordance with Florida Administrative Code Rule 62-160, Table 1. Results qualified with A, F, H, N, O, T, Z, ?, *, are unacceptable for compliance with 62-550. Results qualified with a J, Q, R, or Y must be accompanied by written justification and will be evaluated on a case by case basis. To avoid a monitoring violation, unacceptable results must be replaced with acceptable results from samples collected during the same monitoring period.

Advanced Environmental Laboratories, Inc.

☐ **Altamonte Springs:** 528 S. Northlake Blvd., Ste. 1016 • Altamonte Springs, FL 32701 • 407.937.1594 • Fax 407.937.1597
☐ **Gainesville:** 4965 SW 41st Blvd. • Gainesville, FL 32608 • 352.377.2349 • Fax 352.395.6639
☐ **Jacksonville:** 6681 Southpoint Pkwy. • Jacksonville, FL 32216 • 904.363.9350 • Fax 904.363.9354
☐ **Miramar:** 10200 USA Today Way, Miramar, FL 33025 • 954.889.2288 • Fax 954.889.2281
☐ **Tallahassee:** 1288 Cedar Center Drive, Tallahassee, FL 32301 • 850.219.6274 • Fax 850.219.6275
☐ **Tampa:** 9610 Princess Palm Ave. • Tampa, FL 33619 • 813.630.9616 • Fax 813.630.4327

T140625

Client Name: Hernando Co. Utilities
Address: 15400 Dixon Rd
Brooksville, Fla. 34601
Phone: 352-754-4490
FAX: 352-754-4162
Contact: Mark Washington
Sampled By: David Flynn
Turn Around Time: ☑ STANDARD ☐ RUSH
Page ____ of ____

Project Name: SFS 2
P.O. Number/Project Number:
Project Location: West Hernando
REMARKS/SPECIAL INSTRUCTIONS:
PWS# 6277059

SAMPLE ID	SAMPLE DESCRIPTION	Grab Comp	SAMPLING DATE	SAMPLING TIME	MATRIX	NO. COUNT	PRESERVATION	BOTTLE SIZE & TYPE	ANALYSIS REQUIRED: TTHM	HAA5	Cl2 Residual	LABORATORY I.D. NUMBER
W-1	1311 Kenlake Ave.	G	5-14	0900	DW	6			✓	✓	1.2	
W-2	40 Gillian DR	G	5-14	0930	DW	6			✓	✓	1.3	

Matrix Code: WW = wastewater SW = surface water GW = ground water DW = drinking water O = oil A = air SO = soil SL = sludge
Preservation Code: I = Ice H=(HCl) S = (H_2SO_4) N = (HNO_3) T = (Sodium Thiosulfate)

Received on Ice ☑ Yes ☐ No ☐ Temp taken from sample ☐ Temp from blank ☐ Where required, pH checked
Temperature when received: 3.3 (in degrees celcius)
Form revised 08/15/2013
Device used for measuring Temp by unique identifier (circle IR temp gun used) J: 9A G: LT-1 LT-2 T: 10A A: 3A M: 3A S: 1V

	Relinquished by:	Date	Time	Received by:	Date	Time
1		5-14	1030		5-14	1307
2		5/14	1420		5/14	1420
3						
4						

FOR DRINKING WATER USE:
(When PWS information not otherwise supplied) PWS ID: _____
Contact Person: _____ Phone: _____
Supplier of Water: _____
Site-Address: _____

STAGE 2 TOTAL TRIHALOMETHANES (TTHM) AND HALOACETIC ACIDS FIVE (HAA5) EXAMPLE REPORTING FORMAT

Subpart H systems serving 500 or more persons and ground water systems serving 10,000 or more persons shall complete applicable pages of this format and submit them to the Department within 10 days after the end of any quarter in which TTHM/HAA5 monitoring is required. Systems on routine or reduced quarterly TTHM/HAA5 monitoring shall complete pages 1, 2, and 3 of this format. (Add additional rows to the tables on pages 2 and 3 as necessary.) Systems on reduced annual TTHM/HAA5 monitoring shall complete pages 1 and 4 of this format. Additionally, Subpart H systems seeking to qualify for, or remain on, reduced quarterly or annual TTHM/HAA5 monitoring shall complete page 5 of this format. (Add additional rows to the table on page 5 as necessary.)

D/DBPR = Disinfectant and Disinfection Byproducts Rule; LRAA = locational running annual average; MCL = maximum contaminant level; OE = operational evaluation; RAA = running annual average; TOC = total organic carbon.

QUARTERLY MONITORING PERIOD: July-September 2014

SYSTEM INFORMATION		
PWS ID Number: 6521576		
PWS Name: City of Safety Harbor		
Source Water Type and Population Size Category:		
☐ Ground Water:	☒ Subpart H:	
☐ 10,000 – 99,999	☐ 500 – 3,300	☐ 250,000 – 999,999
☐ 100,000 – 499,999	☐ 3,301 – 9,999	☐ 1,000,000 – 4,999,999
☐ ≥ 500,000	☒ 10,000 – 49,999	☐ ≥ 5,000,000
	☐ 50,000 – 249,999	
Monitoring Mode*: ☒Routine Monitoring ☐Reduced Monitoring		
Monitoring Frequency*: ☒Quarterly ☐Annually		
Total Number Of Distribution System Monitoring Locations*: 4		
Contact Person: Raymond D. Boler		
Phone Number: 727-724-1550		
E-Mail Address (optional):Rboler@cityofsafetyharbor.com		
Fax Number (optional): 727-724-1510		

* See 40 CFR 141.621 and 141.623 for more details.

QUARTERLY MONITORING PERIOD: July-September 2014 PWS ID Number: 6521576

TTHM COMPLIANCE SUMMARY FOR SYSTEMS MONITORING QUARTERLY

Monitoring Location*	This Quarter				Previous Quarter	2 Quarters Ago	3 Quarters Ago		
	No. of TTHM Samples Taken	Date Each TTHM Sample Taken (mo/da/yr)	TTHM Sample Result (mg/L)	TTHM Locational Quarterly Average (mg/L)	TTHM Locational Quarterly Average (mg/L)	TTHM Locational Quarterly Average (mg/L)	TTHM Locational Quarterly Average (mg/L)	TTHM LRAA (mg/L)	TTHM OE Value (mg/L)
				A	B	C	D	(A+B+C+D)/4	(2A+B+C)/4
SH-15 5008 Parrish Lane	2	(8-19-2014)	60.4	60.4	70.2	67.9	19.3	54.45	64.73
SH-17 3720 Philippe Dr.	2	(8-19-2014)	37.1	37.1	68.3	71.5	20.6	59.38	53.5
SH-19 2 Fernery Lane	2	(8-19-2014)	28.3	28.3	67.7	66.5	16.7	45.95	47.7
SH-20 1604 Huntington Lane	2	(8-19-2014)	36.8	36.8	70.3	68.2	17.0	48.08	53.03

Does the TTHM LRAA at any monitoring location violate the TTHM MCL of 0.080 mg/L? (YES/NO)	NO
Does the TTHM OE value at any monitoring location exceed 0.080 mg/L? (YES/NO)**	NO
If you are on reduced quarterly monitoring, does the TTHM LRAA exceed 0.040 mg/L at any monitoring location? (YES/NO/NA)***	

* Location names or numbers should correspond to those in your Stage 2 D/DBPR compliance monitoring plan required under 40 CFR 141.622.
** If any TTHM OE value at any location exceeds 0.080 mg/L, you must conduct an OE and submit an OE report in accordance with 40 CFR 141.626.
*** If any TTHM LRAA at any location exceeds 0.040 mg/L, you must resume routine quarterly monitoring under 40 CFR 141.621.

QUARTERLY MONITORING PERIOD: July-September 2014 PWS ID Number: 6521576

HAA5 COMPLIANCE SUMMARY FOR SYSTEMS MONITORING QUARTERLY

Monitoring Location*	This Quarter				Previous Quarter	2 Quarters Ago	3 Quarters Ago		
	No. of HAA5 Samples Taken	Date Each HAA5 Sample Taken (mo/da/yr)	HAA5 Sample Result (mg/L)	HAA5 Locational Quarterly Average (mg/L)	HAA5 Locational Quarterly Average (mg/L)	HAA5 Locational Quarterly Average (mg/L)	HAA5 Locational Quarterly Average (mg/L)	HAA5 LRAA (mg/L)	HAA5 OE Value (mg/L)
				A	B	C	D	(A+B+C+D)/4	(2A+B+C)/4
SH-15 5008 Parrish Lane	3	(8-19-2014)	28.36	28.36	49.97	35.24	8.70	30.57	35.48
SH-17 3720 Philippe Dr.	3	(8-19-2014)	15.89	15.89	53.39	36.64	9.40	28.83	30.45
SH-19 2 Fernery Lane	3	(8-19-2014)	11.73	11.73	49.52	36.17	8.24	26.42	27.29
SH-20 1604 Huntington Lane	3	(8-19-2014)	17.40	17.40	49.57	38.14	9.70	28.70	30.63

Does the HAA5 LRAA at any monitoring location violate the HAA5 MCL of 0.060 mg/L? (YES/NO)	NO
Does the HAA5 OE value at any monitoring location exceed 0.060 mg/L? (YES/NO)**	NO
If you are on reduced quarterly monitoring, does the HAA5 LRAA exceed 0.030 mg/L at any monitoring location? (YES/NO/NA)***	

* Location names or numbers should correspond to those in your Stage 2 D/DBPR compliance monitoring plan required under 40 CFR 141.622.
** If any HAA5 OE value at any location exceeds 0.060 mg/L, you must conduct an OE and submit an OE report in accordance with 40 CFR 141.626.
*** If any HAA5 LRAA at any location exceeds 0.030 mg/L, you must resume routine quarterly monitoring under 40 CFR 141.621.

QUARTERLY MONITORING PERIOD July-September 2014 PWS ID Number: 6521576

TTHM/HAA5 COMPLIANCE SUMMARY FOR SYSTEMS MONITORING ANNUALLY					
Monitoring Location*		TTHM		HAA5	
		Date TTHM Sample Taken (mo/da/yr)	TTHM Result** (mg/L)	Date HAA5 Sample Taken (mo/da/yr)	HAA5 Result** (mg/L)
SH-15	5008 Parrish Lane	(8-19-2014)	60.4	(8-19-2014)	28.36
SH-17	3720 Philippe Dr.	(8-19-2014)	37.1	(8-19-2014)	15.89
SH-19	2 Fernery Lane	(8-19-2014)	28.3	(8-19-2014)	11.73
SH-20	1604 Huntington Lane	(8-19-2014)	36.8	(8-19-2014)	17.40
		Does any sample result at any location exceed 0.060 mg/L for TTHM? (YES/NO)***		Does any sample result at any location exceed 0.045 mg/L for HAA5? (YES/NO)***	

* Location names or numbers should correspond to those in your Stage 2 D/DBPR compliance monitoring plan required under 40 CFR 141.622.

** If no TTHM sample exceeds the TTHM MCL of 0.080 mg/L and no HAA5 sample exceeds the HAA5 MCL of 0.060 mg/L, the sample result for each monitoring location is considered the LRAA for that monitoring location.

*** If any sample result at any location exceeds either 0.060 mg/L for TTHM or 0.045 mg/L for HAA5, you must resume routine quarterly monitoring under 40 CFR 141.621.

QUARTERLY MONITORING PERIOD: PWS ID Number:

SOURCE WATER TOC COMPLIANCE SUMMARY FOR SUBPART H SYSTEMS SEEKING TO QUALIFY FOR, OR REMAIN ON, REDUCED TTHM/HAA5 MONITORING*

Treatment Plant**	This Quarter						Previous Quarter	2 Quarters Ago	3 Quarters Ago	
	Month	No. of Source Water TOC Samples Taken Each Month	Date Each Source Water TOC Sample Taken (mo/da/yr)	Source Water TOC Sample Result (mg/L)	Source Water TOC Monthly Average (mg/L)	Source Water TOC Quarterly Average. of Monthly Averages (mg/L)	Source Water TOC Quarterly Average (mg/L)	Source Water TOC Quarterly Average (mg/L)	Source Water TOC Quarterly Average. (mg/L)	Source Water TOC RAA (mg/L)
						A	B	C	D	(A+BC+D)/4
	Does any source water TOC RAA at any listed treatment plant exceed 4.0 mg/L? (YES/NO)***									

* Subpart H wholesale systems that treat surface water, including ground water determined by the Department to be under the direct influence of surface water, and that qualify for reduced TTHM/HAA5 monitoring based on the source water TOC RAAs at their treatment plants should provide their source water TOC compliance information to their consecutive systems. Subpart H consecutive systems should obtain source water TOC compliance information from their wholesale systems that treat surface water.

** List each treatment plant treating surface water, including ground water determined by the Department to be under the direct influence of surface water, and delivering some or all of that treated surface water to the system completing and submitting this format.

*** If any source water TOC RAA at any listed treatment plant exceeds 4.0 mg/L, the system completing and submitting this format does not qualify for reduced TTHM/HAA5 monitoring (nor does any other system receiving some or all of its water from that plant).

STAGE 2 TOTAL TRIHALOMETHANES (TTHM) AND HALOACETIC ACIDS FIVE (HAA5) EXAMPLE REPORTING FORMAT

Subpart H systems serving 500 or more persons and ground water systems serving 10,000 or more persons shall complete applicable pages of this format and submit them to the Department within 10 days after the end of any quarter in which TTHM/HAA5 monitoring is required. Systems on routine or reduced quarterly TTHM/HAA5 monitoring shall complete pages 1, 2, and 3 of this format. (Add additional rows to the tables on pages 2 and 3 as necessary.) Systems on reduced annual TTHM/HAA5 monitoring shall complete pages 1 and 4 of this format. Additionally, Subpart H systems seeking to qualify for, or remain on, reduced quarterly or annual TTHM/HAA5 monitoring shall complete page 5 of this format. (Add additional rows to the table on page 5 as necessary.)

D/DBPR = Disinfectant and Disinfection Byproducts Rule; LRAA = locational running annual average; MCL = maximum contaminant level; OE = operational evaluation; RAA = running annual average; TOC = total organic carbon.

QUARTERLY MONITORING PERIOD: October - December 2013

SYSTEM INFORMATION		
PWS ID Number: 6521576		
PWS Name: City of Safety Harbor		
Source Water Type and Population Size Category:		
☐ Ground Water:	☒ Subpart H:	
☐ 10,000 – 99,999	☐ 500 – 3,300	☐ 250,000 – 999,999
☐ 100,000 – 499,999	☐ 3,301 – 9,999	☐ 1,000,000 – 4,999,999
☐ ≥ 500,000	☒ 10,000 – 49,999	☐ ≥ 5,000,000
	☐ 50,000 – 249,999	
Monitoring Mode*: ☒Routine Monitoring ☐Reduced Monitoring		
Monitoring Frequency*: ☒Quarterly ☐Annually		
Total Number Of Distribution System Monitoring Locations*: 4		
Contact Person: Raymond D. Boler		
Phone Number: 727-724-1550		
E-Mail Address (optional):Rboler@cityofsafetyharbor.com		
Fax Number (optional): 727-724-1510		

* See 40 CFR 141.621 and 141.623 for more details.

QUARTERLY MONITORING PERIOD: October - December 2013 PWS ID Number: 6521576

TTHM COMPLIANCE SUMMARY FOR SYSTEMS MONITORING QUARTERLY

Monitoring Location*	This Quarter			Previous Quarter	2 Quarters Ago	3 Quarters Ago		
	No. of TTHM Samples Taken	Date Each TTHM Sample Taken (mo/da/yr)	TTHM Sample Result (mg/L)	TTHM Locational Quarterly Average (mg/L) A	TTHM Locational Quarterly Average (mg/L) B	TTHM Locational Quarterly Average (mg/L) C	TTHM Locational Quarterly Average (mg/L) D	TTHM LRAA (mg/L) (A+B+C+D)/4	TTHM OE Value (mg/L) (2A+B+C)/4
SH-15 5008 Parrish Lane	2	11/5/2013	19.3	19.3	62.9	69.4	69.2	55.2	42.73
SH-17 3720 Philippe Dr.	2	11/5/2013	20.6	20.6	61.6	68.1	67.9	54.55	42.73
SH-19 2 Fernery Lane	2	11/5/2013	16.7	16.7	60.4	70.4	67.2	53.68	41.05
SH-20 1604 Huntington Lane	2	11/5/2013	17.0	17.0	60.5	71.6	68.5	54.4	41.53

Does the TTHM LRAA at any monitoring location violate the TTHM MCL of 0.080 mg/L? (YES/NO)	NO
Does the TTHM OE value at any monitoring location exceed 0.080 mg/L? (YES/NO)**	NO
If you are on reduced quarterly monitoring, does the TTHM LRAA exceed 0.040 mg/L at any monitoring location? (YES/NO/NA)***	N/A

* Location names or numbers should correspond to those in your Stage 2 D/DBPR compliance monitoring plan required under 40 CFR 141.622.
** If any TTHM OE value at any location exceeds 0.080 mg/L, you must conduct an OE and submit an OE report in accordance with 40 CFR 141.626.
*** If any TTHM LRAA at any location exceeds 0.040 mg/L, you must resume routine quarterly monitoring under 40 CFR 141.621.

QUARTERLY MONITORING PERIOD: October - December 2013 PWS ID Number: 6521576

HAA5 COMPLIANCE SUMMARY FOR SYSTEMS MONITORING QUARTERLY

Monitoring Location*	This Quarter				Previous Quarter	2 Quarters Ago	3 Quarters Ago	HAA5 LRAA (mg/L)	HAA5 OE Value (mg/L)
	No. of HAA5 Samples Taken	Date Each HAA5 Sample Taken (mo/da/yr)	HAA5 Sample Result (mg/L)	HAA5 Locational Quarterly Average (mg/L)	HAA5 Locational Quarterly Average (mg/L)	HAA5 Locational Quarterly Average (mg/L)	HAA5 Locational Quarterly Average (mg/L)		
				A	B	C	D	(A+B+C+D)/4	(2A+B+C)/4
SH-15 5008 Parrish Lane	3	11/5/2013	8.70	8.70	47.12	57.88	45	39.68	30.6
SH-17 3720 Philippe Dr.	3	11/5/2013	9.40	9.40	44.44	56.51	47.6	39.49	29.94
SH-19 2 Fernery Lane	3	11/5/2013	8.24	8.24	46.79	56.89	43.6	38.88	30.4
SH-20 1604 Huntington Lane	3	11/5/2013	9.70	9.70	49.70	56.50	41	39.23	31.4

Does the HAA5 LRAA at any monitoring location violate the HAA5 MCL of 0.060 mg/L? (YES/NO)	NO
Does the HAA5 OE value at any monitoring location exceed 0.060 mg/L? (YES/NO)**	NO
If you are on reduced quarterly monitoring, does the HAA5 LRAA exceed 0.030 mg/L at any monitoring location? (YES/NO/NA)***	N/A

* Location names or numbers should correspond to those in your Stage 2 D/DBPR compliance monitoring plan required under 40 CFR 141.622.
** If any HAA5 OE value at any location exceeds 0.060 mg/L, you must conduct an OE and submit an OE report in accordance with 40 CFR 141.626.
*** If any HAA5 LRAA at any location exceeds 0.030 mg/L, you must resume routine quarterly monitoring under 40 CFR 141.621.

QUARTERLY MONITORING PERIOD: PWS ID Number: 6521576

TTHM/HAA5 COMPLIANCE SUMMARY FOR SYSTEMS MONITORING ANNUALLY

Monitoring Location*		TTHM		HAA5	
		Date TTHM Sample Taken (mo/da/yr)	TTHM Result** (mg/L)	Date HAA5 Sample Taken (mo/da/yr)	HAA5 Result** (mg/L)
SH-15	5008 Parrish Lane	11/5/2013	19.3	11/5/2013	8.7
SH-17	3720 Philippe Dr.	11/5/2013	20.6	11/5/2013	9.4
SH-19	2 Fernery Lane	11/5/2013	16.7	11/5/2013	8.24
SH-20	1604 Huntington Lane	11/5/2013	17.0	11/5/2013	9.7
		Does any sample result at any location exceed 0.060 mg/L for TTHM? (YES/NO)***		Does any sample result at any location exceed 0.045 mg/L for HAA5? (YES/NO)***	

* Location names or numbers should correspond to those in your Stage 2 D/DBPR compliance monitoring plan required under 40 CFR 141.622.

** If no TTHM sample exceeds the TTHM MCL of 0.080 mg/L and no HAA5 sample exceeds the HAA5 MCL of 0.060 mg/L, the sample result for each monitoring location is considered the LRAA for that monitoring location.

*** If any sample result at any location exceeds either 0.060 mg/L for TTHM or 0.045 mg/L for HAA5, you must resume routine quarterly monitoring under 40 CFR 141.621.

QUARTERLY MONITORING PERIOD: PWS ID Number:

SOURCE WATER TOC COMPLIANCE SUMMARY FOR SUBPART H SYSTEMS SEEKING TO QUALIFY FOR, OR REMAIN ON, REDUCED TTHM/HAA5 MONITORING*

Treatment Plant**	This Quarter						Previous Quarter	2 Quarters Ago	3 Quarters Ago	
	Month	No. of Source Water TOC Samples Taken Each Month	Date Each Source Water TOC Sample Taken (mo/da/yr)	Source Water TOC Sample Result (mg/L)	Source Water TOC Monthly Average (mg/L)	Source Water TOC Quarterly Average. of Monthly Averages (mg/L)	Source Water TOC Quarterly Average (mg/L)	Source Water TOC Quarterly Average (mg/L)	Source Water TOC Quarterly Average. (mg/L)	Source Water TOC RAA (mg/L)
						A	B	C	D	(A+B+C+D)/4
	Does any source water TOC RAA at any listed treatment plant exceed 4.0 mg/L? (YES/NO)***									

* Subpart H wholesale systems that treat surface water, including ground water determined by the Department to be under the direct influence of surface water, and that qualify for reduced TTHM/HAA5 monitoring based on the source water TOC RAAs at their treatment plants should provide their source water TOC compliance information to their consecutive systems. Subpart H consecutive systems should obtain source water TOC compliance information from their wholesale systems that treat surface water.

** List each treatment plant treating surface water, including ground water determined by the Department to be under the direct influence of surface water, and delivering some or all of that treated surface water to the system completing and submitting this format.

*** If any source water TOC RAA at any listed treatment plant exceeds 4.0 mg/L, the system completing and submitting this format does not qualify for reduced TTHM/HAA5 monitoring (nor does any other system receiving some or all of its water from that plant).

Stage 2 D/DBPR Monitoring Plan

System Name: City of Safety Harbor		PWSID: 652-1576
Contact Name: Raymond D. Boler	Contact E-Mail: rboler@cityofsafetyharbor.com	Contact Phone: 727-724-1550

Stage 2 Compliance Monitoring Location ID	Location Type	Justification	Projected Sampling Date(s) (month/day/year)			
			Calendar Quarter 1 (Jan 1 – Mar 31)	Calendar Quarter 2 (Apr 1 – Jun 30)	Calendar Quarter 3 (Jul 1 – Sep 30)	Calendar Quarter-4 (Oct 1 – Dec 31)
SH-20	☒ Highest TTHM ☐ Highest HAA5 ☐ Stage 1 D/DBPR ☐ Other	This site had the highest TTHM LRAA	2/10/14	4/15/13	8/12/13	11/4/13
SH-19	☐ Highest TTHM ☒ Highest HAA5 ☐ Stage 1 D/DBPR ☐ Other	This site had the highest HAA5 LRAA	2/10/14	4/15/13	8/12/13	11/4/13
SH-15	☒ Highest TTHM ☐ Highest HAA5 ☐ Stage 1 D/DBPR ☐ Other	There are no stage 1 sites. This site had the 2nd. Highest TTHM LRAA not already taken.	2/10/14	4/15/13	8/12/13	11/4/13
SH-17	☒ Highest TTHM ☐ Highest HAA5 ☐ Stage 1 D/DBPR ☐ Other	Monitoring site SH-1 and SH-17 have essentially the same TTHM. SH-17 was chosen to give better geographic coverage.	2/10/14	4/14/13	8/12/13	11/4/13

Instructions: Add rows as necessary to list all Stage 2 compliance monitoring locations. For each location, provide an ID number and/or address. For each location, check the location type and provide justification for selection of the location. For each location, provide the projected sampling date (month and day or week) within the monitoring period(s) required for your system; e.g., provide one date within Calendar Quarter 3 if your system is required to monitor yearly or provide one date within each of the four calendar quarters if your system is required to monitor quarterly.

Compliance Calculation Procedures

☐ This system is monitoring yearly or less frequently. Compliance is calculated as follows: determine if each sample result for each monitoring location is ≤ the maximum contaminant level (MCL).

☒ This system is monitoring quarterly. Compliance is calculated as follows: for each monitoring location, calculate the locational running annual average (LRAA)—the average of results for samples taken at the monitoring location during the previous four calendar quarters ([Q1+Q2+Q3+Q4]/4)—and determine if each LRAA is ≤ the MCL.

☐ This system is monitoring more frequently than quarterly. Compliance is calculated as follows: for each monitoring location, average all samples taken in a quarter at the monitoring location to determine a quarterly average and then calculate the LRAA—the average of quarterly averages at the monitoring location during the previous four calendar quarters ([Q1+Q2+Q3+Q4]/4)—and determine if each LRAA is ≤ the MCL.

Combined Distribution System Information

☒ This PWS is part of a combined distribution system.

STAGE 2 TOTAL TRIHALOMETHANES (TTHM) AND HALOACETIC ACIDS FIVE (HAA5) EXAMPLE REPORTING FORMAT

Subpart H systems serving 500 or more persons and ground water systems serving 10,000 or more persons shall complete applicable pages of this format and submit them to the Department within 10 days after the end of any quarter in which TTHM/HAA5 monitoring is required. Systems on routine or reduced quarterly TTHM/HAA5 monitoring shall complete pages 1, 2, and 3 of this format. (Add additional rows to the tables on pages 2 and 3 as necessary.) Systems on reduced annual TTHM/HAA5 monitoring shall complete pages 1 and 4 of this format. Additionally, Subpart H systems seeking to qualify for, or remain on, reduced quarterly or annual TTHM/HAA5 monitoring shall complete page 5 of this format. (Add additional rows to the table on page 5 as necessary.)

D/DBPR = Disinfectant and Disinfection Byproducts Rule; LRAA = locational running annual average; MCL = maximum contaminant level; OE = operational evaluation; RAA = running annual average; TOC = total organic carbon.

QUARTERLY MONITORING PERIOD: April – June 2012

SYSTEM INFORMATION

PWS ID Number: 6521578

PWS Name: City of Safety Harbor

Source Water Type and Population Size Category:

☐ Ground Water:
- ☐ 10,000 – 99,999
- ☐ 100,000 – 499,999
- ☐ ≥ 500,000

☒ Subpart H:
- ☐ 500 – 3,300
- ☐ 3,301 – 9,999
- ☒ 10,000 – 49,999
- ☐ 50,000 – 249,999
- ☐ 250,000 – 999,999
- ☐ 1,000,000 – 4,999,999
- ☐ ≥ 5,000,000

Monitoring Mode*: ☒ Routine Monitoring ☐ Reduced Monitoring

Monitoring Frequency*: ☒ Quarterly ☐ Annually

Total Number Of Distribution System Monitoring Locations*: 4

Contact Person: Raymond D. Boler

Phone Number: 727-724-1550

E-Mail Address (optional): Rboler@cityofsafetyharbor.com

Fax Number (optional): 727-724-1510

* See 40 CFR 141.621 and 141.623 for more details.

QUARTERLY MONITORING PERIOD: April - June 2012

PWS ID Number: 6521576

TTHM COMPLIANCE SUMMARY FOR SYSTEMS MONITORING QUARTERLY

Monitoring Location*	This Quarter				Previous Quarter	2 Quarters Ago	3 Quarters Ago		
	No. of TTHM Samples Taken	Date Each TTHM Sample Taken (mo/da/yr)	TTHM Sample Result (mg/L)	TTHM Locational Quarterly Average (mg/L)	TTHM Locational Quarterly Average (mg/L)	TTHM Locational Quarterly Average (mg/L)	TTHM Locational Quarterly Average (mg/L)	TTHM LRAA (mg/L)	TTHM OE Value (mg/L)
				A	B	C	D	(A+B+C+D)/4	(2A+B+C)/4
SH-15 5038 Parrish Lane	2	05/14/2012	69.1	69.1					
SH-17 3720 Philippe Dr.	2	05/14/2012	68.6	68.6					
SH-19 2 Fernery Lane	2	05/14/2012	68.9	68.9					
SH-20 1804 Huntington Lane	2	05/14/2012	68.1	68.1					

Does the TTHM LRAA at any monitoring location violate the TTHM MCL of 0.080 mg/L? (YES/NO)	NO
Does the TTHM OE value at any monitoring location exceed 0.080 mg/L? (YES/NO)**	NO
If you are on reduced quarterly monitoring, does the TTHM LRAA exceed 0.040 mg/L at any monitoring location? (YES/NO/NA)***	

* Location names or numbers should correspond to those in your Stage 2 D/DBPR compliance monitoring plan required under 40 CFR 141.622.

** If any TTHM OE value at any location exceeds 0.080 mg/L, you must conduct an OE and submit an OE report in accordance with 40 CFR 141.626.

*** If any TTHM LRAA at any location exceeds 0.040 mg/L, you must resume routine quarterly monitoring under 40 CFR 141.621.

QUARTERLY MONITORING PERIOD: April - June 2012

PWS ID Number: 6521576

HAA5 COMPLIANCE SUMMARY FOR SYSTEMS MONITORING QUARTERLY

Monitoring Location*	This Quarter				Previous Quarter	2 Quarters Ago	3 Quarters Ago		
	No. of HAA5 Samples Taken	Date Each HAA5 Sample Taken (mo/da/yr)	HAA5 Sample Result (mg/L)	HAA5 Locational Quarterly Average (mg/L) A	HAA5 Locational Quarterly Average (mg/L) B	HAA5 Locational Quarterly Average (mg/L) C	HAA5 Locational Quarterly Average (mg/L) D	HAA5 LRAA (mg/L) (A+B+C+D)/4	HAA5 OE Value (mg/L) (2A+B+C)/4
SH-15 5908 Parish Lane	3	05/14/2012	50.9	50.9					
SH-17 3720 Philippe Dr.	3	05/14/2012	48.2	48.2					
SH-19 2 Fernery Lane	3	05/14/2012	48.2	48.2					
SH-20 1604 Huntington Lane	3	05/14/2012	43.2	43.2					

Does the HAA5 LRAA at any monitoring location violate the HAA5 MCL of 0.060 mg/L? (YES/NO)	NO
Does the HAA5 OE value at any monitoring location exceed 0.060 mg/L? (YES/NO)**	NO
If you are on reduced quarterly monitoring, does the HAA5 LRAA exceed 0.030 mg/L at any monitoring location? (YES/NO/NA)***	

* Location names or numbers should correspond to those in your Stage 2 D/DBPR compliance monitoring plan required under 40 CFR 141.622.

** If any HAA5 OE value at any location exceeds 0.060 mg/L, you must conduct an OE and submit an OE report in accordance with 40 CFR 141.626.

*** If any HAA5 LRAA at any location exceeds 0.030 mg/L, you must resume routine quarterly monitoring under 40 CFR 141.621.

SOUTHERN ANALYTICAL LABORATORIES, INC.

410 BAYVIEW BOULEVARD, CLEARWATER, FL 34677 813-855-1544 FAX 813-585-2210

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

City of Safety Harbor
THM and HAA Analyses

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

System Name: Safety Harbor PWS I.D. #: 6 5 2 1 5 7 6

System Type (check one): ☐ Community ☐ Nontransient Noncommunity ☐ Transient Noncommunity

Address: _____

City: _____ Zip Code: _____

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

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: 1206188-01 Sample Date: 5/14/12 Sample Time: 9:45 a.m. ☒ AM ☐ PM (Circle One)

Sample Location (be specific): SH-15 5008 Parrish Lane L/S Location Code: _____

Disinfection Residual (Required when reporting results for trihalomethanes and haloacetic acids): 4.8 mg/L. Field pH: 8.0

Sample Type (Check Only One):

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

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

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

Sampling Procedure Used or Other Comments: _____

* See 62-550.600(6) for requirements and restrictions. And 62-550.8.12(3) for nitrate or nitrite exceedances.

** See 62-550.600(4) for requirements and attach a results page for each site

SAMPLER CERTIFICATION

I, Joe Rocco (Print Name) _____ (Print Title) do HEREBY CERTIFY that the above public water system and sample collection information is complete and correct.

Signature: _____ Date: _____

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

Sampler's E-Mail: _____

Reporting Format 62-550-730
Effective January 1996. Revised February 2010

SOUTHERN ANALYTICAL LABORATORIES, INC.
110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 813-855-1844 FAX 813-855-2818

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

City of Safety Harbor
THM and HAA Analyses

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

Lab Name: Southern Analytical Laboratories, Inc. Florida DOH Certification #: E84129 Certification Expiration Date: 06/30/2012

ATTACH CURRENT DOH ANALYTE SHEET*

Address: 110 Bayview Blvd Oldsmar,FL 34677 Phone: (813) 855-1844

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

ATTACH CURRENT DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB*

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 06/14/2012

PWS ID (From Page 1): _____ Sample Number (From Page 1): 1205188-01 Lab Assigned Report # or Job ID: 1205188-01

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 for Asbestos	☐ All 30	☐ All 21	☒ Trihalomethanes	☐ Single Sample	☐ All 14
☐ Partial	☐ All Except Dioxin	☐ Partial	☒ Haloacetic Acids	☐ Qtrly Composite	☐ Partial
☐ Nitrate	☐ Partial		☐ Chlorite		
☐ Nitrite	☐ Dioxin Only		☐ Bromate		
☐ Asbestos					

LAB CERTIFICATION

I, Francis I. Daniels (Print Name), Laboratory Director (Print Title) do HEREBY CERTIFY

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

Signature: _____ Date: 06/21/2012

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

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

CONFIRMATION & NOTIFICATION IS REQUIRED WITHIN 24 HOURS FOR NITRATE AND NITRITE MCL EXCEEDANCES

NON-DETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" QUALIFIER (Non-detects reported as "BDL" or with a "<" are not acceptable.)

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

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

Person Notified: _____ Date Notified: _____ DEP/DOH Reviewing Official: _____

SOUTHERN ANALYTICAL LABORATORIES, INC.
1 0 BAYVIEW BOULEVARD, CLOSMAR, FL 34677 813-855-1844 FAX 813-855-8218

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

DISINFECTION BYPRODUCTS
62-550.310(3)

TOT 50.9

Report Number / Job ID: 1208188-01
Disinfectant Residual (mg/L) (From Page 1): 4.8
PWS ID (From Page 1):

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Reg MRL**	Analysis Date	Analysis Time	DOH Lab Certification #
2450	Monochloroacetic Acid	N/A	ug/L	5.6		EPA 552.2	0.77	2.0	5/17/12	8:31	E84129
2451	Dichloroacetic Acid	N/A	ug/L	19		EPA 552.2	0.59	1.0	5/17/12	8:31	E84129
2452	Trichloroacetic Acid	N/A	ug/L	27		EPA 552.2	0.94	1.0	5/17/12	8:31	E84129
2453	Monobromoacetic Acid	N/A	ug/L	0.33	U	EPA 552.2	0.33	1.0	5/17/12	8:31	E84129
2454	Dibromoacetic Acid	N/A	ug/L	1.3		EPA 552.2	0.27	1.3	5/17/12	8:31	E84129
2456	Total Haloacetic Acids (HAA5)	60	ug/L	50.9		EPA 552.2	0.27	---	5/17/12	8:31	E84129

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Reg MRL**	Analysis Date	Analysis Time	DOH Lab Certification #
2941	Chloroform	N/A	ug/L	58		EPA 524.2	0.2	1.0	5/15/12	17:20	E84129
2942	Bromoform	N/A	ug/L	0.2	U	EPA 524.2	0.2	1.0	5/15/12	17:20	E84129
2943	Bromodichloromethane	N/A	ug/L	9.5		EPA 524.2	0.2	1.0	5/15/12	17:20	E84129
2944	Dibromochloromethane	N/A	ug/L	1.2		EPA 524.2	0.1	1.0	5/15/12	17:20	E84129
2950	Total Trihalomethanes (TTHM)	80	ug/L	68.1		EPA 524.2	0.1	---	5/15/12	17:20	E84129

** Laboratories are required to adhere to minimum reporting level (MRL) requirements of 40 CFR 141.131(b)(2)(iv).
Chlorite regulatory MRL is applicable to monitoring as prescribed in 40 CFR 141.132(b)(2)(i)(B) and (b)(2)(ii).
Laboratories that use EPA Methods 317.0 Revision 2.0, 326.0 or 321.8 must meet a 1.0 ug/L MRL for bromate.

*Qualifiers:

U=Analyte was undetected. Indicated concentration is method detection limit.

TOT 68.1

SOUTHERN ANALYTICAL LABORATORIES, INC.

110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 813-855-1844 FAX 813-855-8218

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

City of Safety Harbor
THM and HAA Analyses

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

System Name: Safety Harbor PWS I.D. #: 6 5 2 1 5 7 6

System Type (check one): ☐ Community ☐ Nontransient Noncommunity ☐ Transient Noncommunity

Address: _____

City: _____ Zip Code: _____

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

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: 1208168-02 Sample Date: 5/14/12 Sample Time: 10:17 am ☐ AM ☐ PM (Circle One)

Sample Location (be specific): SH-17 3720 Philippe Drive S Family Residence Location Code: _____

Disinfection Residual (Required when reporting results for trihalomethanes and haloacetic acids): 4.6 mg/L Field pH: 8.0

Sample Type (Check Only One)

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

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

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

Sampling Procedure Used or Other Comments: _____

* See 62-550.500(6) for requirements and restrictions. And 62-550.5.13(3) for nitrate or nitrite exceedances.

** See 62-550.600(4) for requirements and attach a results page for each site

SAMPLER CERTIFICATION

I, Joe Boggs (Print Name) _____ (Print Title) do HEREBY CERTIFY that the above public water system and sample collection information is complete and correct.

Signature: _____ Date: _____

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

Sampler's E-Mail: _____

SOUTHERN ANALYTICAL LABORATORIES, INC.

110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 813-855-1844 FAX 813-855-2216

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

City of Safety Harbor
THM and HAA Analyses

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

Lab Name: Southern Analytical Laboratories, Inc. Florida DOH Certification #: E84129 Certification Expiration Date: 06/30/2012

ATTACH CURRENT DOH ANALYTE SHEET*

Address: 110 Bayview Blvd Oldsmar, FL 34677 Phone: (813) 855-1844

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

ATTACH CURRENT DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB*

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 05/14/2012

PWS ID (From Page 1): _____ Sample Number (From Page 1): 1205188-02 Lab Assigned Report # or Job ID: 1205188-02

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 for Asbestos	☐ All 30	☐ All 21	☒ Trihalomethanes	☐ Single Sample	☐ All 14
☐ Partial	☐ All Except Dioxin	☐ Partial	☒ Haloacetic Acids	☐ Qtrly Composite	☐ Partial
☐ Nitrate	☐ Partial		☐ Chlorite		
☐ Nitrite	☐ Dioxin Only		☐ Bromate		
☐ Asbestos					

LAB CERTIFICATION

I, Francis L Daniels (Print Name), Laboratory Director (Print Title) do HEREBY CERTIFY

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

Signature: _____ Date: 05/21/2012

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

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

CONFIRMATION & NOTIFICATION IS REQUIRED WITHIN 24 HOURS FOR NITRATE AND NITRITE MCL EXCEEDANCES

NON-DETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" QUALIFIER (Non-detects reported as "BDL" or with a "<" are not acceptable.)

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

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

Person Notified: _____ Date Notified: _____ DEP/DOH Reviewing Official: _____

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

DISINFECTION BYPRODUCTS
62-550.310(3)

Report Number / Job ID: 1205188-02
Disinfectant Residual (mg/L) (From Page 1): 4.6
PWS ID (From Page 1):

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Reg MRL**	Analysis Date	Analysis Time	DOH Lab Certification #
2450	Monochloroacetic Acid	N/A	ug/L	0.76	JC	EPA 552.2	0.76	2.0	5/17/12	8:54	E84129
2451	Dichloroacetic Acid	N/A	ug/L	19		EPA 552.2	0.88	1.0	5/17/12	8:54	E84129
2452	Trichloroacetic Acid	N/A	ug/L	28		EPA 552.2	0.34	1.0	5/17/12	8:54	E84129
2453	Monobromoacetic Acid	N/A	ug/L	0.33	U	EPA 552.2	0.33	1.0	5/17/12	8:54	E84129
2454	Dibromoacetic Acid	N/A	ug/L	1.2		EPA 552.2	0.26	1.0	5/17/12	8:54	E84129
2456	Total Haloacetic Acids (HAA5)	60	ug/L	48.2		EPA 552.2	0.26	—	5/17/12	8:54	E84129

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Reg MRL**	Analysis Date	Analysis Time	DOH Lab Certification #
2941	Chloroform	N/A	ug/L	56		EPA 524.2	0.2	1.0	5/15/12	18:02	E84129
2942	Bromoform	N/A	ug/L	0.2	U	EPA 524.2	0.2	1.0	5/15/12	18:02	E84129
2943	Bromodichloromethane	N/A	ug/L	9.5		EPA 524.2	0.2	1.0	5/15/12	18:02	E84129
2944	Dibromochloromethane	N/A	ug/L	1.1		EPA 524.2	0.1	1.0	5/15/12	18:02	E84129
2950	Total Trihalomethanes (TTHM)	80	ug/L	66.8		EPA 524.2	0.1	—	5/15/12	18:02	E84129

** Laboratories are required to adhere to minimum reporting level (MRL) requirements of 40 CFR 141.131(b)(2)(iv).
Chlorite regulatory MRL is applicable to monitoring as prescribed in 40 CFR 141.132(b)(2)(i)(B) and (b)(2)(ii).
Laboratories that use EPA Methods 317.0 Revision 2.0, 326.0 or 321.8 must meet a 1.0 ug/L MRL for bromate.

*Qualifiers:

U=Analyte was undetected. Indicated concentration is method detection limit.

SOUTHERN ANALYTICAL LABORATORIES, INC.

110 SAYVIEW BOULEVARD, CLEARWATER, FL 34677 813-855-1844 FAX 813-855-2218

ACCREDITED IN ACCORDANCE WITH NELAC

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

City of Safety Harbor
THM and HAA Analyses

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

System Name: Safety Harbor PWS I.D. #: 6521576

System Type (check one): ☐ Community ☐ Nontransient Noncommunity ☐ Transient Noncommunity

Address:

City: Zip Code:

Phone: Fax: E-Mail Address:

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: 1205188-03 Sample Date: 5/14/12 Sample Time: 10:57 am ☐ AM ☐ PM (Circle One)

Sample Location (be specific): SH-19 Fennery Lane S Family Residence Location Code:

Disinfection Residual (Required when reporting results for trihalomethanes and haloacetic acids): 4.8 mg/L Field pH: 8.0

Sample Type (Check Only One)

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

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

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

Sampling Procedure Used or Other Comments:

* See 62-550.500(5) for requirements and restrictions. And 62-550.5.12(3) for nitrate or nitrite exceedances.

** See 62-550.500(4) for requirements and attach a results page for each site

SAMPLER CERTIFICATION

I, Joe Boggs (Print Name) (Print Title) do HEREBY CERTIFY that the above public water system and sample collection information is complete and correct.

Signature: Date:

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

Sampler's E-Mail:

Reporting Format 62-550-730
Effective January 1995, Revised February 2010

SOUTHERN ANALYTICAL LABORATORIES, INC.

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

City of Safety Harbor
THM and HAA Analyses

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

Lab Name: Southern Analytical Laboratories, Inc. Florida DOH Certification #: E84129 Certification Expiration Date: 06/30/2012

ATTACH CURRENT DOH ANALYTE SHEET*

Address: 110 Bayview Blvd Oldsmar FL 34677 Phone: (813) 855-1844

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

ATTACH CURRENT DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB*

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 05/14/2012

PWS ID (From Page 1): Sample Number (From Page 1): 1205188-03 Lab Assigned Report # or Job ID: 1205188-03

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 for Asbestos	☐ All 30	☐ All 21	☒ Trihalomethanes	☐ Single Sample	☐ All 14
☐ Partial	☐ All Except Dioxin	☐ Partial	☒ Haloacetic Acids	☐ Qtrly Composite	☐ Partial
☐ Nitrate	☐ Partial		☐ Chlorite		
☐ Nitrite	☐ Dioxin Only		☐ Bromate		
☐ Asbestos					

LAB CERTIFICATION

I, Francis I. Daniels (Print Name), Laboratory Director (Print Title) do HEREBY CERTIFY that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).

Signature: Date: 05/21/2012

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

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

CONFIRMATION & NOTIFICATION IS REQUIRED WITHIN 24 HOURS FOR NITRATE AND NITRITE MCL EXCEEDANCES

NON-DETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" QUALIFIER (Non-detects reported as "BDL" or with a "<" are not acceptable.)

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

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

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

Reporting Format 62-550-730
Effective January 1995, Revised February 2010

SOUTHERN ANALYTICAL LABORATORIES, INC.
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Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format

DISINFECTION BYPRODUCTS
62-560.310(3)

Report Number / Job ID: 1205186-03
Disinfectant Residual (mg/L) (From Page 1): 4.6
PWS ID (From Page 1):

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Reg MRL**	Analysis Date	Analysis Time	DOH Lab Certification #
2450	Monochloroacetic Acid	N/A	ug/L	0.77	U	EPA 552.2	0.77	2.0	5/17/12	9:17	E84129
2451	Dichloroacetic Acid	N/A	ug/L	18		EPA 552.2	0.89	1.0	5/17/12	9:17	E84129
2452	Trichloroacetic Acid	N/A	ug/L	29		EPA 552.2	0.95	1.0	5/17/12	9:17	E84129
2453	Monobromoacetic Acid	N/A	ug/L	0.34	U	EPA 552.2	0.34	1.0	5/17/12	9:17	E84129
2454	Dibromoacetic Acid	N/A	ug/L	1.2		EPA 552.2	0.27	1.0	5/17/12	9:17	E84129
2456	Total Haloacetic Acids (HAA5)	60	ug/L	48.2		EPA 552.2	0.27	---	5/17/12	9:17	E84129

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Reg MRL**	Analysis Date	Analysis Time	DOH Lab Certification #
2941	Chloroform	N/A	ug/L	58		EPA 524.2	0.2	1.0	5/15/12	18:41	E84129
2942	Bromoform	N/A	ug/L	0.2	U	EPA 524.2	0.2	1.0	5/15/12	18:41	E84129
2943	Bromodichloromethane	N/A	ug/L	9.9		EPA 524.2	0.2	1.0	5/15/12	18:41	E84129
2944	Dibromochloromethane	N/A	ug/L	1.0		EPA 524.2	0.1	1.0	5/15/12	18:41	E84129
2950	Total Trihalomethanes (TTHM)	80	ug/L	68.9		EPA 524.2	0.1	---	5/15/12	18:41	E84129

** Laboratories are required to adhere to minimum reporting level (MRL) requirements of 40 CFR 141.131(b)(2)(iv). Chlorite regulatory MRL is applicable to monitoring as prescribed in 40 CFR 141.132(b)(2)(i)(B) and (b)(2)(ii). Laboratories that use EPA Methods 317.0 Revision 2.0, 326.0 or 321.8 must meet a 1.0 ug/L MRL for bromate.

*Qualifiers:

U=Analyte was undetected. Indicated concentration is method detection limit.

SOUTHERN ANALYTICAL LABORATORIES, INC.
110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 813-855-1844 FAX 813-855-9218

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

City of Safety Harbor
THM and HAA Analyses

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

System Name: Safety Harbor PWS I.D. #: 6521576

System Type (check one): ☐ Community ☐ Nontransient Noncommunity ☐ Transient Noncommunity

Address: _____

City: _____ Zip Code: _____

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

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: 1205188-04 Sample Date: 5/14/12 Sample Time: 10:36 am AM PM (Circle One)

Sample Location (be specific): SH-20 1604 Huntington Lane S Family Residence Location Code: _____

Disinfection Residual (Required when reporting results for trihalomethanes and haloacetic acids): 4.7 mg/L Field pH: 8.0

Sample Type (Check Only One)

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

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

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

Sampling Procedure Used or Other Comments: _____

* See 62-550.500(6) for requirements and restrictions. And 62-550.5.12(3) for nitrate or nitrite exceedances.

** See 62-550.500(4) for requirements and attach a results page for each site

SAMPLER CERTIFICATION

I, Joe Boggs (Print Name) - _____ (Print Title) do HEREBY CERTIFY

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

Signature: _____ Date: _____

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

Sampler's E-Mail: _____

Reporting Format 62-550-730
Effective January 1995, Revised February 2010

SOUTHERN ANALYTICAL LABORATORIES, INC.

110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 813-855-2244 FAX 813-855-2219

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

City of Safety Harbor
THM and HAA Analyses

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

Lab Name: Southern Analytical Laboratories, Inc. Florida DOH Certification #: E84129 Certification Expiration Date: 06/30/2012

ATTACH CURRENT DOH ANALYTE SHEET*

Address: 110 Bayview Blvd Oldsmar,FL 34677 Phone: (813) 855-1844

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

ATTACH CURRENT DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB*

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 05/14/2012

PWS ID (From Page 1): Sample Number (From Page 1): 1205188-04 Lab Assigned Report# or Job ID: 1205188-04

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 for Asbestos	☐ All 30	☐ All 21	☒ Trihalomethanes	☐ Single Sample	☐ All 14
☐ Partial	☐ All Except Dioxin	☐ Partial	☒ Haloacetic Acids	☐ Qtrly Composite	☐ Partial
☐ Nitrate	☐ Partial		☐ Chlorite		
☐ Nitrite	☐ Dioxin Only		☐ Bromate		
☐ Asbestos					

LAB CERTIFICATION

I, Francis L. Daniels (Print Name), Laboratory Director (Print Title) do HEREBY CERTIFY

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

Signature: Date: 05/21/2012

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

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

CONFIRMATION & NOTIFICATION IS REQUIRED WITHIN 24 HOURS FOR NITRATE AND NITRITE MCL EXCEEDANCES

NON-DETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" QUALIFIER (Non-detects reported as "BDL" or with a "<" are not acceptable.)

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

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

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

SOUTHERN ANALYTICAL LABORATORIES, INC.
110 BAYVIEW BOULEVARD, CLEARWATER, FL 34677 813-855-1844 FAX 813-855-2218

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

DISINFECTION BYPRODUCTS
62-550.310(3)

Report Number / Job ID: 1205188-04
Disinfectant Residual (mg/L) (From Page 1): 4.7
PWS ID (From Page 1):

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Reg MRL**	Analysis Date	Analysis Time	DOH Lab Certification #
2450	Monochloroacetic Acid	N/A	ug/L	0.78	U	EPA 552.2	0.78	2.0	5/17/12	9:40	E84129
2451	Dichloroacetic Acid	N/A	ug/L	17		EPA 552.2	0.70	1.0	5/17/12	9:40	E84129
2452	Trichloroacetic Acid	N/A	ug/L	25		EPA 552.2	0.35	1.0	5/17/12	9:40	E84129
2453	Monobromoacetic Acid	N/A	ug/L	0.34	U	EPA 552.2	0.34	1.0	5/17/12	9:40	E84129
2454	Dibromoacetic Acid	N/A	ug/L	1.2		EPA 552.2	0.27	1.0	5/17/12	9:40	E84129
2456	Total Haloacetic Acids (HAA5)	60	ug/L	43.2		EPA 552.2	0.27	---	5/17/12	9:40	E84129
Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Reg MRL**	Analysis Date	Analysis Time	DOH Lab Certification #
2941	Chloroform	N/A	ug/L	57		EPA 524.2	0.2	1.0	5/15/12	19:21	E84129
2942	Bromoform	N/A	ug/L	0.2	U	EPA 524.2	0.2	1.0	5/15/12	19:21	E84129
2943	Bromodichloromethane	N/A	ug/L	10		EPA 524.2	0.2	1.0	5/15/12	19:21	E84129
2944	Dibromochloromethane	N/A	ug/L	1.1		EPA 524.2	0.1	1.0	5/15/12	19:21	E84129
2950	Total Trihalomethanes (TTHM)	80	ug/L	68.1		EPA 524.2	0.1	---	5/15/12	19:21	E84129

** Laboratories are required to adhere to minimum reporting level (MRL) requirements of 40 CFR 141.131(b)(2)(iv). Chlorite regulatory MRL is applicable to monitoring as prescribed in 40 CFR 141.132(b)(2)(i)(B) and (b)(2)(ii). Laboratories that use EPA Methods 317.0 Revision 2.0, 326.0 or 321.8 must meet a 1.0 ug/L MRL for bromate.

*Qualifiers:

U=Analyte was undetected. Indicated concentration is method detection limit.

SOUTHERN ANALYTICAL LABORATORIES, INC.
110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 813-855-1844 fax 813-855-2218

SAL Project No. 1205188

Client Name: City of Safety Harbor	Contact / Phone:
Project Name / Location: THM & HAA Analyses	
Sampler: (Signature) Joe Boggs	

Matrix Codes: CW-Drinking Water WW-Wastewater SW-SurfaceWater SL-Sludge SO-Soil GW-Groundwater SA-Saline Water O-Other R-Reagent Water

PARAMETER / CONTAINER DESCRIPTION

SAL Use Only Sample No.	Sample Description	Date	Time	Matrix	Composite	Grab	40ml. V. $Na_2S_2O_3$ 524.2-THM	40ml. V. NH_4Cl 552.2-HAA	P.H.	Res. T. Chlro.					No. of Containers (Total per each location)
01	SH-15 5300 Parrish Lane L/S	5-14-12	9:45	DW		X	2	3	8.0	4.8					5
02	SH-17 3733 Phillipps Drive & Family Residence	5-14-12	10:07	DW		X	2	3	8.0	4.6					5
03	SH-19 2 Farmery Lane & Family Residence	5-14-12	10:57	DW		X	2	3	8.0	4.8					5
04	SH-20 1664 Huntington Lane & Family Residence	5-14-12	10:36	DW		X	2	3	8.0	4.7					5
05	Trip Blank	5/7/12	1630	R			1								1

Containers Prepared / Relinquished	Date/Time	Received	Date/Time
[signature]	5/9/12 1645	Joe Boggs	
Joe Boggs		[signature]	5-14-12 1115

Seal intact?	Y N N/A
Samples meet spec on set?	Y N N/A
Received on ice? Temp_____	Y N N/A
Proper preservatives indicated?	Y N N/A
Rec'd within holding time?	Y N N/A
Volatiles rec'd w/out headspace?	Y N N/A
Proper containers used?	Y N N/A

Instructions / Remarks

Chain of Custody

STAGE 2 TOTAL TRIHALOMETHANES (TTHM) AND HALOACETIC ACIDS FIVE (HAA5) EXAMPLE REPORTING FORMAT

Subpart H systems serving 500 or more persons and ground water systems serving 10,000 or more persons shall complete applicable pages of this format and submit them to the Department within 10 days after the end of any quarter in which TTHM/HAA5 monitoring is required. Systems on routine or reduced quarterly TTHM/HAA5 monitoring shall complete pages 1, 2, and 3 of this format. (Add additional rows to the tables on pages 2 and 3 as necessary.) Systems on reduced annual TTHM/HAA5 monitoring shall complete pages 1 and 4 of this format. Additionally, Subpart H systems seeking to qualify for, or remain on, reduced quarterly or annual TTHM/HAA5 monitoring shall complete page 5 of this format. (Add additional rows to the table on page 5 as necessary.)

D/DBPR = Disinfectant and Disinfection Byproducts Rule; LRAA = locational running annual average; MCL = maximum contaminant level; OE = operational evaluation; RAA = running annual average; TOC = total organic carbon.

QUARTERLY MONITORING PERIOD: October - December 2012

SYSTEM INFORMATION
PWS ID Number: 6521576
PWS Name: City of Safety Harbor
Source Water Type and Population Size Category: ☐ Ground Water: ☐ 10,000 – 99,999 ☐ 100,000 – 499,999 ☐ ≥ 500,000 ☒ Subpart H: ☐ 500 – 3,300 ☐ 3,301 – 9,999 ☒ 10,000 – 49,999 ☐ 50,000 – 249,999 ☐ 250,000 – 999,999 ☐ 1,000,000 – 4,999,999 ☐ ≥ 5,000,000
Monitoring Mode*: ☒Routine Monitoring ☐Reduced Monitoring
Monitoring Frequency*: ☒Quarterly ☐Annually
Total Number Of Distribution System Monitoring Locations*: 4
Contact Person: Raymond D. Boler
Phone Number: 727-724-1550
E-Mail Address (optional):Rboler@cityofsafetyharbor.com
Fax Number (optional): 727-724-1510

* See 40 CFR 141.621 and 141.623 for more details.

QUARTERLY MONITORING PERIOD: October - December 2012

PWS ID Number: 6521576

TTHM COMPLIANCE SUMMARY FOR SYSTEMS MONITORING QUARTERLY

Monitoring Location*	This Quarter				Previous Quarter	2 Quarters Ago	3 Quarters Ago		
	No. of TTHM Samples Taken	Date Each TTHM Sample Taken (mo/da/yr)	TTHM Sample Result (mg/L)	TTHM Locational Quarterly Average (mg/L)	TTHM Locational Quarterly Average (mg/L)	TTHM Locational Quarterly Average (mg/L)	TTHM Locational Quarterly Average (mg/L)	TTHM LRAA (mg/L)	TTHM OE Value (mg/L)
				A	B	C	D	(A+B+C+D)/4	(2A+B+C)/4
SH-15 5008 Parrish Lane	2	11/15/2012		.0682	.0711	.0691		.0521	.06915
SH-17 3720 Philippe Dr.	2	11/15/2012		.0711	.0586	.0666		.049075	.06685
SH-19 2 Fernery Lane	2	11/15/2012		.0698	.0553	.0689		.0485	.06595
SH-20 1604 Huntington Lane	2	11/15/2012		.0716	.0567	.0681		.0491	.067

Does the TTHM LRAA at any monitoring location violate the TTHM MCL of 0.080 mg/L? (YES/NO)	NO
Does the TTHM OE value at any monitoring location exceed 0.080 mg/L? (YES/NO)**	NO
If you are on reduced quarterly monitoring, does the TTHM LRAA exceed 0.040 mg/L at any monitoring location? (YES/NO/NA)***	N/A

* Location names or numbers should correspond to those in your Stage 2 D/DBPR compliance monitoring plan required under 40 CFR 141.622.

** If any TTHM OE value at any location exceeds 0.080 mg/L, you must conduct an OE and submit an OE report in accordance with 40 CFR 141.626.

*** If any TTHM LRAA at any location exceeds 0.040 mg/L, you must resume routine quarterly monitoring under 40 CFR 141.621.

QUARTERLY MONITORING PERIOD: October - December 2012

PWS ID Number: 6521576

HAA5 COMPLIANCE SUMMARY FOR SYSTEMS MONITORING QUARTERLY

Monitoring Location*	This Quarter			Previous Quarter	2 Quarters Ago	3 Quarters Ago		
	No. of HAA5 Samples Taken	Date Each HAA5 Sample Taken (mo/da/yr)	HAA5 Sample Result (mg/L)	HAA5 Locational Quarterly Average (mg/L) A	HAA5 Locational Quarterly Average (mg/L) B	HAA5 Locational Quarterly Average (mg/L) C	HAA5 Locational Quarterly Average (mg/L) D	HAA5 LRAA (mg/L) (A+B+C+D)/4	HAA5 OE Value (mg/L) (2A+B+C)/4
SH-15 5008 Parrish Lane	3	11/15/2012		.04373	.0356	.0509		.0325575	.04349
SH-17 3720 Philippe Dr.	3	11/15/2012		.02851	.0346	.0482		.0278275	.034955
SH-19 2 Fernery Lane	3	11/15/2012		.03568	.0355	.0482		.029845	.038765
SH-20 1604 Huntington Lane	3	11/15/2012		.03761	.0365	.0432		.0293275	.03873

Does the HAA5 LRAA at any monitoring location violate the HAA5 MCL of 0.060 mg/L? (YES/NO)	NO
Does the HAA5 OE value at any monitoring location exceed 0.060 mg/L? (YES/NO)**	NO
If you are on reduced quarterly monitoring, does the HAA5 LRAA exceed 0.030 mg/L at any monitoring location? (YES/NO/NA)***	N/A

* Location names or numbers should correspond to those in your Stage 2 D/DBPR compliance monitoring plan required under 40 CFR 141.622.

** If any HAA5 OE value at any location exceeds 0.060 mg/L, you must conduct an OE and submit an OE report in accordance with 40 CFR 141.626.

*** If any HAA5 LRAA at any location exceeds 0.030 mg/L, you must resume routine quarterly monitoring under 40 CFR 141.621.

SOUTHERN ANALYTICAL LABORATORIES, INC.

110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 813-855-1844 fax 813-855-2218

SAL Project No. 1213305

Client Name: City of Safety Harbor	Contact / Phone:
Project Name / Location: THM & HAA Anlayses	
Samplers: (Signature) Joe Boggs	

Matrix Codes:
DW-Drinking Water WW-Wastewater
SW-SurfaceWater SL-Sludge SO-Soil
GW-Groundwater SA-Saline Water O-Other
R-Reagent Water

PARAMETER / CONTAINER DESCRIPTION

SAL Use Only Sample No.	Sample Description	Date	Time	Matrix	Composite	Grab	40mL V, $Na_2S_2O_3$ 524.2-THM	40mL V, NH_4Cl 552.2-HAA		pH	Res. T. chlorine				No. of Containers (Total per each location)
01	SH-15 5008 Parrish Lane L/S	11-15-12	8:42 A.M.	DW		X	2	3		8.1	4.3				5
02	SH-17 3720 Phillippe Drive S. Family Resisence	11-15-12	9:00 A.M.	DW		X	2	3		8.1	4.1				5
03	SH-19 2 Fennery Lane S Family Residence	11-15-12	9:20 A.M.	DW		X	2	3		8.0	4.5				5
04	SH-20 1604 Huntington Lane S Family Residence	11-15-12	9:35 A.M.	DW		X	2	3		8.1	4.4				5
05	Trip Blank			R		X	1								1

Containers Prepared/ Relinquished:	Date/Time:	Received:	Date/Time:
AB	11-5-12 1200		
Relinquished: J. Boggs	Date/Time: 11-15-2012	Received: H Harwell	Date/Time: 1015 11-15-12
Relinquished:	Date/Time:	Received:	Date/Time:
Relinquished:	Date/Time:	Received:	Date/Time:
Relinquished:	Date/Time:	Received:	Date/Time:

Seal intact?	Y N N/A
Samples intact upon arrival?	Y N N/A
Received on ice? Temp_____	Y N N/A
Proper preservatives indicated?	Y N N/A
Rec'd within holding time?	Y N N/A
Volatiles rec'd w/out headspace?	Y N N/A
Proper containers used?	Y N N/A

Instructions / Remarks

Chain of Custody.xls
Rev.Date 11/10/01

Chain of Custody

SOUTHERN ANALYTICAL LABORATORIES, INC.

110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 813-855-1844 FAX 813-855-2218

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

City of Safety Harbor
THM and HAA Analyses

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

System Name: City of Safety Harbor PWS I.D. #: 6 5 2 1 5 7 6

System Type (check one): [X] Community [ ] Nontransient Noncommunity [ ] Transient Noncommunity

Address: 1200 Railroad Ave.

City: Safety Harbor Zip Code: 34695

Phone: 727-724-1550 Fax: 727-724-1510 E-Mail Address: Rbader@cityofSafetyHarbor.com

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: 1213305-01 Sample Date: 11/15/12 Sample Time: 8:42 am AM PM (Circle One)

Sample Location (be specific): SH-15 5008 Parrish Lane L/S Location Code:

Disinfection Residual (Required when ~~reporting results for trihalomethanes and~~ haloacetic acids): 4.3 mg/L Field pH: 8.1

Sample Type (Check Only One)

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

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

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

Sampling Procedure Used or Other Comments:

* See 62-550.500(6) for requirements and restrictions. And 62-550.5.12(3) for nitrate or nitrite exceedances.

** See 62-550.500(4) for requirements and attach a results page for each site

SAMPLER CERTIFICATION

I, Joe Boggs (Print Name), Utility Maintenance III (Print Title) do HEREBY CERTIFY that the above public water system and sample collection information is complete and correct.

Signature: Joe Boggs Date: 11-28-12

Certified Operator #: 0015735 Phone #: 727-724-1550 Sampler's Fax #: 727-724-1510

Sampler's E-Mail: Jboggs@cityofSafetyHarbor.com

Reporting Format 62-550-730
Effective January 1995, Revised February 2010

SOUTHERN ANALYTICAL LABORATORIES, INC.

110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 813-855-1844 FAX 813-855-2218

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

City of Safety Harbor
THM and HAA Analyses

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

Lab Name: Southern Analytical Laboratories, Inc. Florida DOH Certification #: E84129 Certification Expiration Date: 06/30/2013

ATTACH CURRENT DOH ANALYTE SHEET*

Address: 110 Bayview Blvd Oldsmar,FL 34677 Phone: (813) 855-1844

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

ATTACH CURRENT DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB*

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 11/15/2012

PWS ID (From Page 1): Sample Number (From Page 1): 1213305-01 Lab Assigned Report # or Job ID: 1213305-01

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 for Asbestos	☐ All 30	☐ All 21	☒ Trihalomethanes	☐ Single Sample	☐ All 14
☐ Partial	☐ All Except Dioxin	☐ Partial	☒ Haloacetic Acids	☐ Qtrly Composite	☐ Partial
☐ Nitrate	☐ Partial		☐ Chlorite		
☐ Nitrite	☐ Dioxin Only		☐ Bromate		
☐ Asbestos					

LAB CERTIFICATION

I, Francis I. Daniels (Print Name), Laboratory Director (Print Title) do HEREBY CERTIFY that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).

Signature: Date: 11/27/2012

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

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

CONFIRMATION & NOTIFICATION IS REQUIRED WITHIN 24 HOURS FOR NITRATE AND NITRITE MCL EXCEEDANCES

NON-DETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" QUALIFIER (Non-detects reported as "BDL" or with a "<" are not acceptable.)

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

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

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

Reporting Format 62-550-730
Effective January 1995, Revised February 2010

SOUTHERN ANALYTICAL LABORATORIES, INC.
110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 813-855-1844 FAX 813-855-2218

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

DISINFECTION BYPRODUCTS
62-550.310(3)

Report Number / Job ID: 1213305-01
Disinfectant Residual (mg/L) (From Page 1): 4.3
PWS ID (From Page 1):

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Reg MRL**	Analysis Date	Analysis Time	DOH Lab Certification #
2450	Monochloroacetic Acid	N/A	ug/L	0.80	U	EPA 552.2	0.80	2.0	11/22/12	11:28	E84129
2451	Dichloroacetic Acid	N/A	ug/L	19		EPA 552.2	0.72	1.0	11/22/12	11:28	E84129
2452	Trichloroacetic Acid	N/A	ug/L	24		EPA 552.2	0.36	1.0	11/22/12	11:28	E84129
2453	Monobromoacetic Acid	N/A	ug/L	0.35	U	EPA 552.2	0.35	1.0	11/22/12	11:28	E84129
2454	Dibromoacetic Acid	N/A	ug/L	0.73	I	EPA 552.2	0.28	1.0	11/22/12	11:28	E84129
2456	Total Haloacetic Acids (HAA5)	60	ug/L	43.73		EPA 552.2	0.28	—	11/22/12	11:28	E84129

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Reg MRL**	Analysis Date	Analysis Time	DOH Lab Certification #
2941	Chloroform	N/A	ug/L	56		EPA 524.2	0.2	1.0	11/16/12	14:26	E84129
2942	Bromoform	N/A	ug/L	0.9		EPA 524.2	0.2	1.0	11/16/12	14:26	E84129
2943	Bromodichloromethane	N/A	ug/L	9.6		EPA 524.2	0.2	1.0	11/16/12	14:26	E84129
2944	Dibromochloromethane	N/A	ug/L	1.7		EPA 524.2	0.1	1.0	11/16/12	14:26	E84129
2950	Total Trihalomethanes (TTHM)	80	ug/L	68.2		EPA 524.2	0.1	—	11/16/12	14:26	E84129

** Laboratories are required to adhere to minimum reporting level (MRL) requirements of 40 CFR 141.131(b)(2)(iv). Chlorite regulatory MRL is applicable to monitoring as prescribed in 40 CFR 141.132(b)(2)(i)(B) and (b)(2)(ii). Laboratories that use EPA Methods 317.0 Revision 2.0, 326.0 or 321.8 must meet a 1.0 ug/L MRL for bromate.

*Qualifiers:

U=Analyte was undetected. Indicated concentration is method detection limit.
I=The reported value is between the laboratory method detection limit and the laboratory practical quantitation limit.

SOUTHERN ANALYTICAL LABORATORIES, INC.

110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 813-855-1844 FAX 813-855-2218

ACCREDITED IN ACCORDANCE WITH

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

City of Safety Harbor
THM and HAA Analyses

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

System Name: City of Safety Harbor PWS I.D. #: 6 5 2 1 5 7 6

System Type (check one): [X] Community [ ] Nontransient Noncommunity [ ] Transient Noncommunity

Address: 1200 Railroad Ave.

City: Safety Harbor Zip Code: 34695

Phone: 727-724-1550 Fax: 727-724-1510 E-Mail Address: Rboler@cityofsafetyharbor.com

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: 1213305-02 Sample Date: 11/15/12 Sample Time: 9:00 am AM PM (Circle One)

Sample Location (be specific): SH-17 3720 Philippe Drive S Family Residence Location Code:

Disinfection Residual (Required when reporting results for trihalomethanes and haloacetic acids): 4.1 mg/L Field pH: 8.1

Sample Type (Check Only One)

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

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

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

Sampling Procedure Used or Other Comments:

* See 62-550.500(6) for requirements and restrictions. And 62-550.5.12(3) for nitrate or nitrite exceedances.

** See 62-550.500(4) for requirements and attach a results page for each site

SAMPLER CERTIFICATION

I, Joe Boggs (Print Name), Utility Maintenance III (Print Title) do HEREBY CERTIFY that the above public water system and sample collection information is complete and correct.

Signature: Joe Boggs Date: 11-28-12

Certified Operator #: 0015735 Phone #: 727-724-1550 Sampler's Fax #: 727-724-1510

Sampler's E-Mail: JBoggs@cityofsafetyharbor.com

Reporting Format 62-550-730
Effective January 1995. Revised February 2010

SOUTHERN ANALYTICAL LABORATORIES, INC.

110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 813-855-1844 FAX 813-855-2218

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

City of Safety Harbor
THM and HAA Analyses

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

Lab Name: Southern Analytical Laboratories, Inc. Florida DOH Certification #: E84129 Certification Expiration Date: 06/30/2013

ATTACH CURRENT DOH ANALYTE SHEET*

Address: 110 Bayview Blvd Oldsmar,FL 34677 Phone: (813) 855-1844

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

ATTACH CURRENT DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB*

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 11/15/2012

PWS ID (From Page 1): _____ Sample Number (From Page 1): 1213305-02 Lab Assigned Report # or Job ID: 1213305-02

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 for Asbestos	☐ All 30	☐ All 21	☒ Trihalomethanes	☐ Single Sample	☐ All 14
☐ Partial	☐ All Except Dioxin	☐ Partial	☒ Haloacetic Acids	☐ Qtrly Composite	☐ Partial
☐ Nitrate	☐ Partial		☐ Chlorite		
☐ Nitrite	☐ Dioxin Only		☐ Bromate		
☐ Asbestos					

LAB CERTIFICATION

I, Francis I. Daniels (Print Name), Laboratory Director (Print Title) do HEREBY CERTIFY that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).

Signature: _____ Date: 11/27/2012

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

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

CONFIRMATION & NOTIFICATION IS REQUIRED WITHIN 24 HOURS FOR NITRATE AND NITRITE MCL EXCEEDANCES

NON-DETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" QUALIFIER (Non-detects reported as "BDL" or with a "<" are not acceptable.)

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

Sample Collection & Analysis Satisfactory: ☐ Yes ☐ No _____ Replacement Sample or Report Requested (circle or highlight ~~group(s) above~~)

Person Notified: _____ Date Notified: _____ DEP/DOH Reviewing Official: _____

Reporting Format 62-550-730
Effective January 1995. Revised February 2010

SOUTHERN ANALYTICAL LABORATORIES, INC.
110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 813-855-1844 FAX 813-855-2218

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

DISINFECTION BYPRODUCTS
62-550.310(3)

Report Number / Job ID: 1213305-02
Disinfectant Residual (mg/L) (From Page 1): 4.1
PWS ID (From Page 1):

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Reg MRL**	Analysis Date	Analysis Time	DOH Lab Certification #
2450	Monochloroacetic Acid	N/A	ug/L	0.78	U	EPA 552.2	0.78	2.0	11/22/12	11:51	E84129
2451	Dichloroacetic Acid	N/A	ug/L	14		EPA 552.2	0.70	1.0	11/22/12	11:51	E84129
2452	Trichloroacetic Acid	N/A	ug/L	14		EPA 552.2	0.35	1.0	11/22/12	11:51	E84129
2453	Monobromoacetic Acid	N/A	ug/L	0.34	U	EPA 552.2	0.34	1.0	11/22/12	11:51	E84129
2454	Dibromoacetic Acid	N/A	ug/L	0.51	I	EPA 552.2	0.27	1.0	11/22/12	11:51	E84129
2456	Total Haloacetic Acids (HAA5)	60	ug/L	28.51		EPA 552.2	0.27	—	11/22/12	11:51	E84129

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Reg MRL**	Analysis Date	Analysis Time	DOH Lab Certification #
2941	Chloroform	N/A	ug/L	57		EPA 524.2	0.2	1.0	11/16/12	14:58	E84129
2942	Bromoform	N/A	ug/L	1.6		EPA 524.2	0.2	1.0	11/16/12	14:58	E84129
2943	Bromodichloromethane	N/A	ug/L	10		EPA 524.2	0.2	1.0	11/16/12	14:58	E84129
2944	Dibromochloromethane	N/A	ug/L	2.5		EPA 524.2	0.1	1.0	11/16/12	14:58	E84129
2950	Total Trihalomethanes (TTHM)	80	ug/L	71.1		EPA 524.2	0.1	—	11/16/12	14:58	E84129

** Laboratories are required to adhere to minimum reporting level (MRL) requirements of 40 CFR 141.131(b)(2)(iv). Chlorite regulatory MRL is applicable to monitoring as prescribed in 40 CFR 141.132(b)(2)(i)(B) and (b)(2)(ii). Laboratories that use EPA Methods 317.0 Revision 2.0, 326.0 or 321.8 must meet a 1.0 ug/L MRL for bromate.

*Qualifiers:

U=Analyte was undetected. Indicated concentration is method detection limit.
I=The reported value is between the laboratory method detection limit and the laboratory practical quantitation limit.

SOUTHERN ANALYTICAL LABORATORIES, INC.

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

City of Safety Harbor
THM and HAA Analyses

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

System Name: City of Safety Harbor PWS I.D. #: 6 5 2 1 5 7 6

System Type (check one): ☒ Community ☐ Nontransient Noncommunity ☐ Transient Noncommunity

Address: 1200 Railroad Ave.

City: Safety Harbor Zip Code: 34695

Phone: 727-724-1550 Fax: 727-724-1510 E-Mail Address: Rboler@cityofsafetyharbor.com

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: 1213305-03 Sample Date: 11/15/12 Sample Time: 9:20 am AM PM (Circle One)

Sample Location (be specific): SH-19 Fennery Lane S Family Residence Location Code:

Disinfection Residual (Required when reporting results for trihalomethanes and haloacetic acids): 4.5 mg/L Field pH: 8.0

Sample Type (Check Only One)

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

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

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

Sampling Procedure Used or Other Comments:

* See 62-550.500(6) for requirements and restrictions. And 62-550.5.12(3) for nitrate or nitrite exceedances.

** See 62-550.500(4) for requirements and attach a results page for each site

SAMPLER CERTIFICATION

I, Joe Boggs (Print Name), Utility Maintenance III (Print Title) do HEREBY CERTIFY that the above public water system and sample collection information is complete and correct.

Signature: Joe Boggs Date: 11-28-12

Certified Operator #: 0015735 Phone #: 727-724-1550 Sampler's Fax #: 727-724-1510

Sampler's E-Mail: Jboggs@cityofsafetyharbor.com

Reporting Format 62-550-730
Effective January 1995, Revised February 2010

SOUTHERN ANALYTICAL LABORATORIES, INC.
110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 813-855-1844 FAX 813-855-2218

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

City of Safety Harbor
THM and HAA Analyses

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

Lab Name: Southern Analytical Laboratories, Inc. Florida DOH Certification #: E84129 Certification Expiration Date: 06/30/2013

ATTACH CURRENT DOH ANALYTE SHEET*

Address: 110 Bayview Blvd Oldsmar,FL 34677 Phone: (813) 855-1844

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

ATTACH CURRENT DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB*

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 11/15/2012

PWS ID (From Page 1): Sample Number (From Page 1): 1213305-03 Lab Assigned Report # or Job ID: 1213305-03

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 for Asbestos	☐ All 30	☐ All 21	☒ Trihalomethanes	☐ Single Sample	☐ All 14
☐ Partial	☐ All Except Dioxin	☐ Partial	☒ Haloacetic Acids	☐ Qtrly Composite	☐ Partial
☐ Nitrate	☐ Partial		☐ Chlorite		
☐ Nitrite	☐ Dioxin Only		☐ Bromate		
☐ Asbestos					

LAB CERTIFICATION

I, Francis I. Daniels (Print Name), Laboratory Director (Print Title) do HEREBY CERTIFY that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).

Signature: Date: 11/27/2012

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

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

CONFIRMATION & NOTIFICATION IS REQUIRED WITHIN 24 HOURS FOR NITRATE AND NITRITE MCL EXCEEDANCES

NON-DETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" QUALIFIER (Non-detects reported as "BDL" or with a "<" are not acceptable.)

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

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

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

Reporting Format 62-550-730
Effective January 1995. Revised February 2010

SOUTHERN ANALYTICAL LABORATORIES, INC.
110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 813-855-1844 FAX 813-855-2218

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

DISINFECTION BYPRODUCTS
62-550.310(3)

Report Number / Job ID: 1213305-03
Disinfectant Residual (mg/L) (From Page 1): 4.5
PWS ID (From Page 1):

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Reg MRL**	Analysis Date	Analysis Time	DOH Lab Certification #
2450	Monochloroacetic Acid	N/A	ug/L	0.78	U	EPA 552.2	0.78	2.0	11/24/12	15:25	E84129
2451	Dichloroacetic Acid	N/A	ug/L	15		EPA 552.2	0.70	1.0	11/24/12	15:25	E84129
2452	Trichloroacetic Acid	N/A	ug/L	20		EPA 552.2	0.35	1.0	11/24/12	15:25	E84129
2453	Monobromoacetic Acid	N/A	ug/L	0.34	U	EPA 552.2	0.34	1.0	11/24/12	15:25	E84129
2454	Dibromoacetic Acid	N/A	ug/L	0.68	I	EPA 552.2	0.27	1.0	11/24/12	15:25	E84129
2456	Total Haloacetic Acids (HAA5)	60	ug/L	35.68		EPA 552.2	0.27	—	11/24/12	15:25	E84129
Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Reg MRL**	Analysis Date	Analysis Time	DOH Lab Certification #
2941	Chloroform	N/A	ug/L	57		EPA 524.2	0.2	1.0	11/16/12	15:31	E84129
2942	Bromoform	N/A	ug/L	0.9		EPA 524.2	0.2	1.0	11/16/12	15:31	E84129
2943	Bromodichloromethane	N/A	ug/L	9.9		EPA 524.2	0.2	1.0	11/16/12	15:31	E84129
2944	Dibromochloromethane	N/A	ug/L	2.9		EPA 524.2	0.1	1.0	11/16/12	15:31	E84129
2950	Total Trihalomethanes (TTHM)	80	ug/L	69.8		EPA 524.2	0.1	—	11/16/12	15:31	E84129

** Laboratories are required to adhere to minimum reporting level (MRL) requirements of 40 CFR 141.131(b)(2)(iv). Chlorite regulatory MRL is applicable to monitoring as prescribed in 40 CFR 141.132(b)(2)(i)(B) and (b)(2)(ii). Laboratories that use EPA Methods 317.0 Revision 2.0, 326.0 or 321.8 must meet a 1.0 ug/L MRL for bromate.

*Qualifiers:

U=Analyte was undetected. Indicated concentration is method detection limit.
I=The reported value is between the laboratory method detection limit and the laboratory practical quantitation limit.

SOUTHERN ANALYTICAL LABORATORIES, INC.

110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 813-855-1844 FAX 813-855-2218

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

City of Safety Harbor
THM and HAA Analyses

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

System Name: City of Safety Harbor PWS I.D. #: 6 5 2 1 5 7 6

System Type (check one): ☒ Community ☐ Nontransient Noncommunity ☐ Transient Noncommunity

Address: 1200 Railroad Ave.

City: Safety Harbor Zip Code: 34695

Phone: 727-724-1550 Fax: 727-724-1510 E-Mail Address: Rboler@cityofsafetyharbor.com

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: 1213305-04 Sample Date: 11/15/12 Sample Time: 9:35 am AM PM (Circle One)

Sample Location (be specific): SH-20 1604 Huntington Lane S Family Residence Location Code:

Disinfection Residual (Required when reporting results for trihalomethanes and haloacetic acids): 4.4 mg/L Field pH: 8.1

Sample Type (Check Only One)

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

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

- ☒ Routine Compliance with 62-550
- ☐ Confirmation of MCL Exceedance*
- ☐ Composite of Multiple Sites **
- ☐ Other:

- ☐ Replacement (of Invalidated Sample)
- ☐ Special (not for compliance with 62-550)
- ☐ Clearance (permitting)

Sampling Procedure Used or Other Comments:

* See 62-550.500(6) for requirements and restrictions. And 62-550.5.12(3) for nitrate or nitrite exceedances.

** See 62-550.500(4) for requirements and attach a results page for each site

SAMPLER CERTIFICATION

I, Joe Boggs (Print Name) Utility Maintenance III (Print Title) do HEREBY CERTIFY that the above public water system and sample collection information is complete and correct.

Signature: Joe Boggs Date: 11-28-12

Certified Operator #: 0015735 Phone #: 727-724-1550 Sampler's Fax #: 727-724-1510

Sampler's E-Mail: Jboggs@cityofsafetyharbor.com

Reporting Format 62-550-730
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Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format

City of Safety Harbor
THM and HAA Analyses

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

Lab Name: Southern Analytical Laboratories, Inc. Florida DOH Certification #: E84129 Certification Expiration Date: 06/30/2013

ATTACH CURRENT DOH ANALYTE SHEET*

Address: 110 Bayview Blvd Oldsmar,FL 34677 Phone: (813) 855-1844

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

ATTACH CURRENT DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB*

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 11/15/2012

PWS ID (From Page 1): _____ Sample Number (From Page 1): 1213305-04 Lab Assigned Report # or Job ID: 1213305-04

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 for Asbestos	☐ All 30	☐ All 21	☒ Trihalomethanes	☐ Single Sample	☐ All 14
☐ Partial	☐ All Except Dioxin	☐ Partial	☒ Haloacetic Acids	☐ Qtrly Composite	☐ Partial
☐ Nitrate	☐ Partial		☐ Chlorite		
☐ Nitrite	☐ Dioxin Only		☐ Bromate		
☐ Asbestos					

LAB CERTIFICATION

I, Francis I. Daniels (Print Name), Laboratory Director (Print Title) do HEREBY CERTIFY that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).

Signature: Fran Daniels Date: 11/27/2012

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

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

CONFIRMATION & NOTIFICATION IS REQUIRED WITHIN 24 HOURS FOR NITRATE AND NITRITE MCL EXCEEDANCES

NON-DETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" QUALIFIER (Non-detects reported as "BDL" or with a "<" are not acceptable.)

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

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

Person Notified: _____ Date Notified: _____ DEP/DOH Reviewing Official: _____

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

DISINFECTION BYPRODUCTS
62-550.310(3)

Report Number / Job ID: 1213305-04
Disinfectant Residual (mg/L) (From Page 1): 4.4
PWS ID (From Page 1):

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Reg MRL**	Analysis Date	Analysis Time	DOH Lab Certification #
2450	Monochloroacetic Acid	N/A	ug/L	0.78	U	EPA 552.2	0.78	2.0	11/24/12	15:47	E84129
2451	Dichloroacetic Acid	N/A	ug/L	16		EPA 552.2	0.70	1.0	11/24/12	15:47	E84129
2452	Trichloroacetic Acid	N/A	ug/L	21		EPA 552.2	0.35	1.0	11/24/12	15:47	E84129
2453	Monobromoacetic Acid	N/A	ug/L	0.34	U	EPA 552.2	0.34	1.0	11/24/12	15:47	E84129
2454	Dibromoacetic Acid	N/A	ug/L	0.61	I	EPA 552.2	0.27	1.0	11/24/12	15:47	E84129
2456	Total Haloacetic Acids (HAA5)	60	ug/L	37.61		EPA 552.2	0.27	—	11/24/12	15:47	E84129

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Reg MRL**	Analysis Date	Analysis Time	DOH Lab Certification #
2941	Chloroform	N/A	ug/L	59		EPA 524.2	0.2	1.0	11/16/12	16:04	E84129
2942	Bromoform	N/A	ug/L	1.0		EPA 524.2	0.2	1.0	11/16/12	16:04	E84129
2943	Bromodichloromethane	N/A	ug/L	9.9		EPA 524.2	0.2	1.0	11/16/12	16:04	E84129
2944	Dibromochloromethane	N/A	ug/L	1.7		EPA 524.2	0.1	1.0	11/16/12	16:04	E84129
2950	Total Trihalomethanes (TTHM)	80	ug/L	71.6		EPA 524.2	0.1	—	11/16/12	16:04	E84129

** Laboratories are required to adhere to minimum reporting level (MRL) requirements of 40 CFR 141.131(b)(2)(iv).
Chlorite regulatory MRL is applicable to monitoring as prescribed in 40 CFR 141.132(b)(2)(i)(B) and (b)(2)(ii).
Laboratories that use EPA Methods 317.0 Revision 2.0, 326.0 or 321.8 must meet a 1.0 ug/L MRL for bromate.

*Qualifiers:

U=Analyte was undetected. Indicated concentration is method detection limit.
I=The reported value is between the laboratory method detection limit and the laboratory practical quantitation limit.

SOUTHERN ANALYTICAL LABORATORIES, INC.
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Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format

City of Safety Harbor
THM and HAA Analyses

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

System Name: _____ PWS I.D. #: ☐☐☐☐☐☐☐

System Type (check one): ☐ Community ☐ Nontransient Noncommunity ☐ Transient Noncommunity

Address: _____

City: _____ Zip Code: _____

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

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: 1408809-01 Sample Date: 8/19/14 Sample Time: 10:32 am AM PM (Circle One)

Sample Location (be specific): SH-15 5008 Parrish Lane L/S Location Code: _____

Disinfection Residual (Required when reporting results for trihalomethanes and haloacetic acids): 3.8 mg/L Field pH: 8.5

Sample Type (Check Only One)

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

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

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

Sampling Procedure Used or Other Comments: _____

* See 62-550.500(6) for requirements and restrictions. And 62-550.5.12(3) for nitrate or nitrite exceedances.

** See 62-550.500(4) for requirements and attach a results page for each site

SAMPLER CERTIFICATION

I, _____ (Print Name), _____ (Print Title) do HEREBY CERTIFY that the above public water system and sample collection information is complete and correct.

Signature: _____ Date: _____

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

Sampler's E-Mail: _____

Reporting Format 62-550-730
Effective January 1995. Revised February 2010

SOUTHERN ANALYTICAL LABORATORIES, INC.
110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 813-855-1844 FAX 813-855-2218

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

City of Safety Harbor
THM and HAA Analyses

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

Lab Name: Southern Analytical Laboratories, Inc. Florida DOH Certification #: E84129 Certification Expiration Date: 06/30/2015

ATTACH CURRENT DOH ANALYTE SHEET*

Address: 110 Bayview Blvd Oldsmar,FL 34677 Phone: (813) 855-1844

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

ATTACH CURRENT DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB*

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 08/19/2014

PWS ID (From Page 1): _____ Sample Number (From Page 1): 1408809-01 Lab Assigned Report # or Job ID: 1408809-01

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 for Asbestos	☐ All 30	☐ All 21	☒ Trihalomethanes	☐ Single Sample	☐ All 14
☐ Partial	☐ All Except Dioxin	☐ Partial	☒ Haloacetic Acids	☐ Qtrly Composite	☐ Partial
☐ Nitrate	☐ Partial		☐ Chlorite		
☐ Nitrite	☐ Dioxin Only		☐ Bromate		
☐ Asbestos					

LAB CERTIFICATION

I, Francis I. Daniels (Print Name), Laboratory Director (Print Title) do HEREBY CERTIFY

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

Signature: _____ Date: 09/04/2014

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

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

CONFIRMATION & NOTIFICATION IS REQUIRED WITHIN 24 HOURS FOR NITRATE AND NITRITE MCL EXCEEDANCES

NON-DETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" QUALIFIER (Non-detects reported as "BDL" or with a "<" are not acceptable.)

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

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

Person Notified: _____ Date Notified: _____ DEP/DOH Reviewing Official: _____

Reporting Format 62-550-730
Effective January 1995. Revised February 2010

SOUTHERN ANALYTICAL LABORATORIES, INC.
110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 813-855-1844 FAX 813-855-2218

ACCREDITED IN ACCORDANCE WITH

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

DISINFECTION BYPRODUCTS
62-550.310(3)

Report Number / Job ID: 1408809-01
Disinfectant Residual (mg/L) (From Page 1): 3.8
PWS ID (From Page 1):

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Reg MRL**	Analysis Date	Analysis Time	DOH Lab Certification #
2450	Monochloroacetic Acid	N/A	ug/L	0.76	U	EPA 552.2	0.76	2.0	9/3/14	0:20	E84129
2451	Dichloroacetic Acid	N/A	ug/L	16		EPA 552.2	0.68	1.0	9/3/14	0:20	E84129
2452	Trichloroacetic Acid	N/A	ug/L	11		EPA 552.2	0.34	1.0	9/3/14	0:20	E84129
2453	Monobromoacetic Acid	N/A	ug/L	0.78	I	EPA 552.2	0.33	1.0	9/3/14	0:20	E84129
2454	Dibromoacetic Acid	N/A	ug/L	0.58	I	EPA 552.2	0.26	1.0	9/3/14	0:20	E84129
2456	Total Haloacetic Acids (HAA5)	60	ug/L	28.36		EPA 552.2	0.26	—	9/3/14	0:20	E84129

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Reg MRL**	Analysis Date	Analysis Time	DOH Lab Certification #
2941	Chloroform	N/A	ug/L	47		EPA 524.2	0.2	1.0	8/21/14	3:16	E84129
2942	Bromoform	N/A	ug/L	0.2	U	EPA 524.2	0.2	1.0	8/21/14	3:16	E84129
2943	Bromodichloromethane	N/A	ug/L	10		EPA 524.2	0.2	1.0	8/21/14	3:16	E84129
2944	Dibromochloromethane	N/A	ug/L	3.4		EPA 524.2	0.1	1.0	8/21/14	3:16	E84129
2950	Total Trihalomethanes (TTHM)	80	ug/L	60.4		EPA 524.2	0.1	—	8/21/14	3:16	E84129

** Laboratories are required to adhere to minimum reporting level (MRL) requirements of 40 CFR 141.131(b)(2)(iv). Chlorite regulatory MRL is applicable to monitoring as prescribed in 40 CFR 141.132(b)(2)(i)(B) and (b)(2)(ii). Laboratories that use EPA Methods 317.0 Revision 2.0, 326.0 or 321.8 must meet a 1.0 ug/L MRL for bromate.

*Qualifiers:

U=Analyte was undetected. Indicated concentration is method detection limit.
I=The reported value is between the laboratory method detection limit and the laboratory practical quantitation limit.

SOUTHERN ANALYTICAL LABORATORIES, INC.
110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 813-855-1844 FAX 813-855-2218

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

City of Safety Harbor
THM and HAA Analyses

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

System Name: _____ PWS I.D. #: ☐☐☐☐☐☐☐

System Type (check one): ☐ Community ☐ Nontransient Noncommunity ☐ Transient Noncommunity

Address: _____

City: _____ Zip Code: _____

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

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: 1408809-02 Sample Date: 8/19/14 Sample Time: 10:50 am AM PM (Circle One)

Sample Location (be specific): SH-17 3720 Phillippe Drive S. Family Residence Location Code: _____

Disinfection Residual (Required when reporting results for trihalomethanes and haloacetic acids): 3.7 mg/L Field pH: 8.5

Sample Type (Check Only One)

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

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

- ☐ Routine Compliance with 62-550
- ☐ Confirmation of MCL Exceedance*
- ☐ Composite of Multiple Sites **
- ☐ Other: _____

- ☐ Replacement (of Invalidated Sample)
- ☐ Special (not for compliance with 62-550)
- ☐ Clearance (permitting)

Sampling Procedure Used or Other Comments: _____

* See 62-550.500(6) for requirements and restrictions. And 62-550.5.12(3) for nitrate or nitrite exceedances.

** See 62-550.500(4) for requirements and attach a results page for each site

SAMPLER CERTIFICATION

I, _____ (Print Name), _____ (Print Title) do HEREBY CERTIFY that the above public water system and sample collection information is complete and correct.

Signature: _____ Date: _____

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

Sampler's E-Mail: _____

Reporting Format 62-550-730
Effective January 1995. Revised February 2010

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City of Safety Harbor
THM and HAA Analyses

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

Lab Name: Southern Analytical Laboratories, Inc. Florida DOH Certification #: E84129 Certification Expiration Date: 06/30/2015

ATTACH CURRENT DOH ANALYTE SHEET*

Address: 110 Bayview Blvd Oldsmar,FL 34677 Phone: (813) 855-1844

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

ATTACH CURRENT DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB*

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 08/19/2014

PWS ID (From Page 1): Sample Number (From Page 1): 1408809-02 Lab Assigned Report # or Job ID: 1408809-02

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 for Asbestos	☐ All 30	☐ All 21	☒ Trihalomethanes	☐ Single Sample	☐ All 14
☐ Partial	☐ All Except Dioxin	☐ Partial	☒ Haloacetic Acids	☐ Qtrly Composite	☐ Partial
☐ Nitrate	☐ Partial		☐ Chlorite		
☐ Nitrite	☐ Dioxin Only		☐ Bromate		
☐ Asbestos					

LAB CERTIFICATION

I, Francis I. Daniels (Print Name), Laboratory Director (Print Title) do HEREBY CERTIFY

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

Signature: Fran Dail Date: 09/04/2014

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

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

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

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

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

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

Reporting Format 62-550-730
Effective January 1995, Revised February 2010

SOUTHERN ANALYTICAL LABORATORIES, INC.
110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 813-855-1844 FAX 813-855-2218

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

DISINFECTION BYPRODUCTS
62-550.310(3)

Report Number / Job ID: 1408809-02
Disinfectant Residual (mg/L) (From Page 1): 3.7
PWS ID (From Page 1):

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Reg MRL**	Analysis Date	Analysis Time	DOH Lab Certification #
2450	Monochloroacetic Acid	N/A	ug/L	0.75	U	EPA 552.2	0.75	2.0	9/3/14	0:42	E84129
2451	Dichloroacetic Acid	N/A	ug/L	10		EPA 552.2	0.67	1.0	9/3/14	0:42	E84129
2452	Trichloroacetic Acid	N/A	ug/L	4.9		EPA 552.2	0.34	1.0	9/3/14	0:42	E84129
2453	Monobromoacetic Acid	N/A	ug/L	0.33	U	EPA 552.2	0.33	1.0	9/3/14	0:42	E84129
2454	Dibromoacetic Acid	N/A	ug/L	0.99		EPA 552.2	0.26	1.0	9/3/14	0:42	E84129
2456	Total Haloacetic Acids (HAA5)	60	ug/L	15.89		EPA 552.2	0.26	—	9/3/14	0:42	E84129
Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Reg MRL**	Analysis Date	Analysis Time	DOH Lab Certification #
2941	Chloroform	N/A	ug/L	24		EPA 524.2	0.2	1.0	8/21/14	3:48	E84129
2942	Bromoform	N/A	ug/L	0.3	I	EPA 524.2	0.2	1.0	8/21/14	3:48	E84129
2943	Bromodichloromethane	N/A	ug/L	8.7		EPA 524.2	0.2	1.0	8/21/14	3:48	E84129
2944	Dibromochloromethane	N/A	ug/L	4.1		EPA 524.2	0.1	1.0	8/21/14	3:48	E84129
2950	Total Trihalomethanes (TTHM)	80	ug/L	37.1		EPA 524.2	0.1	—	8/21/14	3:48	E84129

** Laboratories are required to adhere to minimum reporting level (MRL) requirements of 40 CFR 141.131(b)(2)(iv). Chlorite regulatory MRL is applicable to monitoring as prescribed in 40 CFR 141.132(b)(2)(i)(B) and (b)(2)(ii). Laboratories that use EPA Methods 317.0 Revision 2.0, 326.0 or 321.8 must meet a 1.0 ug/L MRL for bromate.

*Qualifiers:

U=Analyte was undetected. Indicated concentration is method detection limit.
I=The reported value is between the laboratory method detection limit and the laboratory practical quantitation limit.

SOUTHERN ANALYTICAL LABORATORIES, INC.
110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 813-855-1844 FAX 813-855-2218

ACCREDITED IN ACCORDANCE WITH

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

City of Safety Harbor
THM and HAA Analyses

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

System Name: _____ PWS I.D. #: ☐☐☐☐☐☐☐

System Type (check one): ☐ Community ☐ Nontransient Noncommunity ☐ Transient Noncommunity

Address: _____

City: _____ Zip Code: _____

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

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: 1408809-03 Sample Date: 8/19/14 Sample Time: 10:12 am AM PM (Circle One)

Sample Location (be specific): SH-19 2 Fennery Lane S Family Residence Location Code: _____

Disinfection Residual (Required when reporting results for trihalomethanes and haloacetic acids): 4.1 mg/L Field pH: 8.5

Sample Type (Check Only One)

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

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

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

Sampling Procedure Used or Other Comments: _____

* See 62-550.500(6) for requirements and restrictions. And 62-550.5.12(3) for nitrate or nitrite exceedances.

** See 62-550.500(4) for requirements and attach a results page for each site

SAMPLER CERTIFICATION

I, _____ (Print Name), _____ (Print Title) do HEREBY CERTIFY that the above public water system and sample collection information is complete and correct.

Signature: _____ Date: _____

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

Sampler's E-Mail: _____

Reporting Format 62-550-730
Effective January 1995. Revised February 2010

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

Lab Name: Southern Analytical Laboratories, Inc. Florida DOH Certification #: E84129 Certification Expiration Date: 06/30/2015

ATTACH CURRENT DOH ANALYTE SHEET*

Address: 110 Bayview Blvd Oldsmar,FL 34677 Phone: (813) 855-1844

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

ATTACH CURRENT DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB*

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 08/19/2014

PWS ID (From Page 1): Sample Number (From Page 1): 1408809-03 Lab Assigned Report # or Job ID: 1408809-03

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 for Asbestos	☐ All 30	☐ All 21	☒ Trihalomethanes	☐ Single Sample	☐ All 14
☐ Partial	☐ All Except Dioxin	☐ Partial	☒ Haloacetic Acids	☐ Qtrly Composite	☐ Partial
☐ Nitrate	☐ Partial		☐ Chlorite		
☐ Nitrite	☐ Dioxin Only		☐ Bromate		
☐ Asbestos					

LAB CERTIFICATION

I, Francis I. Daniels (Print Name), Laboratory Director (Print Title) do HEREBY CERTIFY

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

Signature: Fran Daniels Date: 09/04/2014

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

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

CONFIRMATION & NOTIFICATION IS REQUIRED WITHIN 24 HOURS FOR NITRATE AND NITRITE MCL EXCEEDANCES

NON-DETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" QUALIFIER (Non-detects reported as "BDL" or with a "<" are not acceptable.)

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

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

Person Notified: Date Notified: DEP/DOH Reviewing Official: GF

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

DISINFECTION BYPRODUCTS
62-550.310(3)

Report Number / Job ID: 1408809-03
Disinfectant Residual (mg/L) (From Page 1): 4.1
PWS ID (From Page 1):

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Reg MRL**	Analysis Date	Analysis Time	DOH Lab Certification #
2450	Monochloroacetic Acid	N/A	ug/L	0.76	U	EPA 552.2	0.76	2.0	9/3/14	1:05	E84129
2451	Dichloroacetic Acid	N/A	ug/L	8.2		EPA 552.2	0.68	1.0	9/3/14	1:05	E84129
2452	Trichloroacetic Acid	N/A	ug/L	2.6		EPA 552.2	0.34	1.0	9/3/14	1:05	E84129
2453	Monobromoacetic Acid	N/A	ug/L	0.33	U	EPA 552.2	0.33	1.0	9/3/14	1:05	E84129
2454	Dibromoacetic Acid	N/A	ug/L	0.93	I	EPA 552.2	0.26	1.0	9/3/14	1:05	E84129
2456	Total Haloacetic Acids (HAA5)	60	ug/L	11.73		EPA 552.2	0.26	—	9/3/14	1:05	E84129

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Reg MRL**	Analysis Date	Analysis Time	DOH Lab Certification #
2941	Chloroform	N/A	ug/L	16		EPA 524.2	0.2	1.0	8/21/14	4:20	E84129
2942	Bromoform	N/A	ug/L	0.3	I	EPA 524.2	0.2	1.0	8/21/14	4:20	E84129
2943	Bromodichloromethane	N/A	ug/L	7.8		EPA 524.2	0.2	1.0	8/21/14	4:20	E84129
2944	Dibromochloromethane	N/A	ug/L	4.2		EPA 524.2	0.1	1.0	8/21/14	4:20	E84129
2950	Total Trihalomethanes (TTHM)	80	ug/L	28.3		EPA 524.2	0.1	---	8/21/14	4:20	E84129

** Laboratories are required to adhere to minimum reporting level (MRL) requirements of 40 CFR 141.131(b)(2)(iv). Chlorite regulatory MRL is applicable to monitoring as prescribed in 40 CFR 141.132(b)(2)(i)(B) and (b)(2)(ii). Laboratories that use EPA Methods 317.0 Revision 2.0, 326.0 or 321.8 must meet a 1.0 ug/L MRL for bromate.

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

System Name: _____ PWS I.D. #: ☐☐☐☐☐☐☐

System Type (check one): ☐ Community ☐ Nontransient Noncommunity ☐ Transient Noncommunity

Address: _____

City: _____ Zip Code: _____

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

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: 1408809-04 Sample Date: 8/19/14 Sample Time: 9:58 am AM PM (Circle One)

Sample Location (be specific): SH-20 1604 Huntington Lane S Family Residence Location Code: _____

Disinfection Residual (Required when reporting results for trihalomethanes and haloacetic acids): 4.0 mg/L Field pH: 8.5

Sample Type (Check Only One)

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

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

- ☐ Routine Compliance with 62-550
- ☐ Confirmation of MCL Exceedance*
- ☐ Composite of Multiple Sites **
- ☐ Other: _____

- ☐ Replacement (of Invalidated Sample)
- ☐ Special (not for compliance with 62-550)
- ☐ Clearance (permitting)

Sampling Procedure Used or Other Comments: _____

* See 62-550.500(6) for requirements and restrictions. And 62-550.5.12(3) for nitrate or nitrite exceedances.

** See 62-550.500(4) for requirements and attach a results page for each site

SAMPLER CERTIFICATION

I, _____ (Print Name), _____ (Print Title) do HEREBY CERTIFY that the above public water system and sample collection information is complete and correct.

Signature: _____ Date: _____

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

Sampler's E-Mail: _____

Reporting Format 62-550-730
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Lab Name: Southern Analytical Laboratories, Inc. Florida DOH Certification #: E84129 Certification Expiration Date: 06/30/2015

ATTACH CURRENT DOH ANALYTE SHEET*

Address: 110 Bayview Blvd Oldsmar,FL 34677 Phone: (813) 855-1844

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

ATTACH CURRENT DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB*

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 08/19/2014

PWS ID (From Page 1): Sample Number (From Page 1): 1408809-04 Lab Assigned Report # or Job ID: 1408809-04

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 for Asbestos	☐ All 30	☐ All 21	☒ Trihalomethanes	☐ Single Sample	☐ All 14
☐ Partial	☐ All Except Dioxin	☐ Partial	☒ Haloacetic Acids	☐ Qtrly Composite	☐ Partial
☐ Nitrate	☐ Partial		☐ Chlorite		
☐ Nitrite	☐ Dioxin Only		☐ Bromate		
☐ Asbestos					

LAB CERTIFICATION

I, Francis I. Daniels (Print Name), Laboratory Director (Print Title) do HEREBY CERTIFY

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

Signature: Fran Dail Date: 09/04/2014

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

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

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

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

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

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

Reporting Format 62-550-730
Effective January 1995. Revised February 2010

SOUTHERN ANALYTICAL LABORATORIES, INC.
110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 813-855-1844 FAX 813-855-2218

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

DISINFECTION BYPRODUCTS
62-550.310(3)

Report Number / Job ID: 1408809-04
Disinfectant Residual (mg/L) (From Page 1): 4.0
PWS ID (From Page 1):

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Reg MRL**	Analysis Date	Analysis Time	DOH Lab Certification #
2450	Monochloroacetic Acid	N/A	ug/L	0.75	U	EPA 552.2	0.75	2.0	9/3/14	1:28	E84129
2451	Dichloroacetic Acid	N/A	ug/L	11		EPA 552.2	0.67	1.0	9/3/14	1:28	E84129
2452	Trichloroacetic Acid	N/A	ug/L	5.4		EPA 552.2	0.34	1.0	9/3/14	1:28	E84129
2453	Monobromoacetic Acid	N/A	ug/L	0.33	U	EPA 552.2	0.33	1.0	9/3/14	1:28	E84129
2454	Dibromoacetic Acid	N/A	ug/L	1.0		EPA 552.2	0.26	1.0	9/3/14	1:28	E84129
2456	Total Haloacetic Acids (HAA5)	60	ug/L	17.40		EPA 552.2	0.26	—	9/3/14	1:28	E84129
Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Reg MRL**	Analysis Date	Analysis Time	DOH Lab Certification #
2941	Chloroform	N/A	ug/L	24		EPA 524.2	0.2	1.0	8/21/14	4:53	E84129
2942	Bromoform	N/A	ug/L	0.2	I	EPA 524.2	0.2	1.0	8/21/14	4:53	E84129
2943	Bromodichloromethane	N/A	ug/L	8.5		EPA 524.2	0.2	1.0	8/21/14	4:53	E84129
2944	Dibromochloromethane	N/A	ug/L	4.1		EPA 524.2	0.1	1.0	8/21/14	4:53	E84129
2950	Total Trihalomethanes (TTHM)	80	ug/L	36.8		EPA 524.2	0.1	—	8/21/14	4:53	E84129

** Laboratories are required to adhere to minimum reporting level (MRL) requirements of 40 CFR 141.131(b)(2)(iv). Chlorite regulatory MRL is applicable to monitoring as prescribed in 40 CFR 141.132(b)(2)(i)(B) and (b)(2)(ii). Laboratories that use EPA Methods 317.0 Revision 2.0, 326.0 or 321.8 must meet a 1.0 ug/L MRL for bromate.

*Qualifiers:

U=Analyte was undetected. Indicated concentration is method detection limit.
I=The reported value is between the laboratory method detection limit and the laboratory practical quantitation limit.

SOUTHERN ANALYTICAL LABORATORIES, INC.

110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 813-855-1844 fax 813-855-2218

SAL Project No. 1401809

Client Name	Contact / Phone:
City of Safety Harbor	
Project Name / Location: THM & HAA Anlayses	
Samplers: (Signature)	PARAMETER / CONTAINER DESCRIPTION

Matrix Codes: DW-Drinking Water WW-Wastewater SW-SurfaceWater SL-Sludge SO-Soil GW-Groundwater SA-Saline Water O-Other R-Reagent Water

SAL Use Only Sample No.	Sample Description	Date	Time	Matrix	Composite	Grab	40mL V, $Na_2S_2O_3$ 524.2-THM	40mL V, NH_4Cl 552.2-HAA		pH	Res. T. chlorine				No. of Containers (Total per each location)
01	SH-15 5008 Parrish Lane L/S	8-19-14	10:32AM	DW		X	2	3		8.5	3.8				5
02	SH-17 3720 Phillippe Drive S. Family Resisence	8-19-14	10:50AM	DW		X	2	3		8.5	3.7				5
03	SH-19 2 Fennery Lane S Family Residence	8-19-14	10:12AM	DW		X	2	3		8.5	4.1				5
04	SH-20 1604 Huntington Lane S Family Residence	8-19-14	9:58AM	DW		X	2	3		8.5	4.0				5
05	Trip Blank	8-12	1100	R		X	1								1

Containers Prepared/ Relinquished:	Date/Time:	Received:	Date/Time:
MDM	1130 081214	Steve Bennett	12:00 PM 8-14-14
Relinquished: Steve Bennett	Date/Time: 0:58AM 8-19-2014	Received:	Date/Time: 8-19-14 1058
Relinquished:	Date/Time:	Received:	Date/Time:
Relinquished:	Date/Time:	Received:	Date/Time:
Relinquished:	Date/Time:	Received:	Date/Time:

Seal intact?	Ø N N/A
Samples intact upon arrival?	Ø N N/A
Received on ice? Temp____	1 Ø N N/A
Proper preservatives indicated?	Ø N N/A
Rec'd within holding time?	Ø N N/A
Volatiles rec'd w/out headspace?	Ø N N/A
Proper containers used?	Ø N N/A

Instructions / Remarks

Chain of Custody.xls
Rev.Date 11/19/01

Chain of Custody

SOUTHERN ANALYTICAL LABORATORIES, INC.
110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 813-855-1844 FAX 813-855-2218

ACCREDITED IN ACCORDANCE WITH

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

City of Safety Harbor
THM and HAA Analyses

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

System Name: _____ PWS I.D. #: ☐☐☐☐☐☐☐ 6521576

System Type (check one): ☐ Community ☐ Nontransient Noncommunity ☐ Transient Noncommunity

Address: _____

City: _____ Zip Code: _____

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

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: 1311855-01 Sample Date: 11/5/13 Sample Time: 10:35 am ☒ AM ☐ PM (Circle One)

Sample Location (be specific): SH-15 5008 Parrish Lane L/S Location Code: _____

Disinfection Residual (Required when reporting results for trihalomethanes and haloacetic acids): 4.0 mg/L Field pH: 8.3

Sample Type (Check Only One)

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

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

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

Sampling Procedure Used or Other Comments: _____

* See 62-550.500(6) for requirements and restrictions. And 62-550.5.12(3) for nitrate or nitrite exceedances.

** See 62-550.500(4) for requirements and attach a results page for each site

SAMPLER CERTIFICATION

I, Steve Blauvelt (Print Name), _____ (Print Title) do HEREBY CERTIFY that the above public water system and sample collection information is complete and correct.

Signature: _____ Date: _____

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

Sampler's E-Mail: _____

Reporting Format 62-550-730
Effective January 1995. Revised February 2010

SOUTHERN ANALYTICAL LABORATORIES, INC.
110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 813-855-1844 FAX 813-855-2218

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

City of Safety Harbor
THM and HAA Analyses

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

Lab Name: Southern Analytical Laboratories, Inc. Florida DOH Certification #: E84129 Certification Expiration Date: 06/30/2014

ATTACH CURRENT DOH ANALYTE SHEET*

Address: 110 Bayview Blvd Oldsmar,FL 34677 Phone: (813) 855-1844

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

ATTACH CURRENT DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB*

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 11/05/2013

PWS ID (From Page 1): Sample Number (From Page 1): 1311855-01 Lab Assigned Report # or Job ID: 1311855-01

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 for Asbestos	☐ All 30	☐ All 21	☒ Trihalomethanes	☐ Single Sample	☐ All 14
☐ Partial	☐ All Except Dioxin	☐ Partial	☒ Haloacetic Acids	☐ Qtrly Composite	☐ Partial
☐ Nitrate	☐ Partial		☐ Chlorite		
☐ Nitrite	☐ Dioxin Only		☐ Bromate		
☐ Asbestos					

LAB CERTIFICATION

I, Francis I. Daniels (Print Name), Laboratory Director (Print Title) do HEREBY CERTIFY

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

Signature: Date: 11/12/2013

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

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

CONFIRMATION & NOTIFICATION IS REQUIRED WITHIN 24 HOURS FOR NITRATE AND NITRITE MCL EXCEEDANCES

NON-DETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" QUALIFIER (Non-detects reported as "BDL" or with a "<" are not acceptable.)

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

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

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

Reporting Format 62-550-730
Effective January 1995, Revised February 2010

SOUTHERN ANALYTICAL LABORATORIES, INC.
110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 813-855-1844 FAX 813-855-2218

ACCREDITED IN ACCORDANCE WITH

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

DISINFECTION BYPRODUCTS
62-550.310(3)

Report Number / Job ID: 1311855-01
Disinfectant Residual (mg/L) (From Page 1): 4.0
PWS ID (From Page 1):

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Reg MRL**	Analysis Date	Analysis Time	DOH Lab Certification #
2450	Monochloroacetic Acid	N/A	ug/L	0.78	U	EPA 552.2	0.78	2.0	11/8/13	6:57	E84129
2451	Dichloroacetic Acid	N/A	ug/L	4.8		EPA 552.2	0.70	1.0	11/8/13	6:57	E84129
2452	Trichloroacetic Acid	N/A	ug/L	2.8		EPA 552.2	0.35	1.0	11/8/13	6:57	E84129
2453	Monobromoacetic Acid	N/A	ug/L	0.34	U	EPA 552.2	0.34	1.0	11/8/13	6:57	E84129
2454	Dibromoacetic Acid	N/A	ug/L	1.1		EPA 552.2	0.27	1.0	11/8/13	6:57	E84129
2456	Total Haloacetic Acids (HAA5)	60	ug/L	8.70		EPA 552.2	0.27	—	11/8/13	6:57	E84129

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Reg MRL**	Analysis Date	Analysis Time	DOH Lab Certification #
2941	Chloroform	N/A	ug/L	11		EPA 524.2	0.2	1.0	11/7/13	23:41	E84129
2942	Bromoform	N/A	ug/L	1.7		EPA 524.2	0.2	1.0	11/7/13	23:41	E84129
2943	Bromodichloromethane	N/A	ug/L	3.5		EPA 524.2	0.2	1.0	11/7/13	23:41	E84129
2944	Dibromochloromethane	N/A	ug/L	3.1		EPA 524.2	0.1	1.0	11/7/13	23:41	E84129
2950	Total Trihalomethanes (TTHM)	80	ug/L	19.3		EPA 524.2	0.1	—	11/7/13	23:41	E84129

** Laboratories are required to adhere to minimum reporting level (MRL) requirements of 40 CFR 141.131(b)(2)(iv).
Chlorite regulatory MRL is applicable to monitoring as prescribed in 40 CFR 141.132(b)(2)(i)(B) and (b)(2)(ii).
Laboratories that use EPA Methods 317.0 Revision 2.0, 326.0 or 321.8 must meet a 1.0 ug/L MRL for bromate.

*Qualifiers:

U=Analyte was undetected. Indicated concentration is method detection limit.

SOUTHERN ANALYTICAL LABORATORIES, INC.
110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 813-855-1844 FAX 813-855-2218

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

City of Safety Harbor
THM and HAA Analyses

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

System Name: _____ PWS I.D. #: ☐☐☐☐☐☐☐

System Type (check one): ☐ Community ☐ Nontransient Noncommunity ☐ Transient Noncommunity

Address: _____

City: _____ Zip Code: _____

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

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: 1311855-02 Sample Date: 11/5/13 Sample Time: 10:55 am ☒ AM ☐ PM (Circle One)

Sample Location (be specific): SH-17 3720 Phillippe Drive S. Family Residence Location Code: _____

Disinfection Residual (Required when reporting results for trihalomethanes and haloacetic acids): 3.9 mg/L Field pH: 8.4

Sample Type (Check Only One)

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

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

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

Sampling Procedure Used or Other Comments: _____

* See 62-550.500(6) for requirements and restrictions. And 62-550.5.12(3) for nitrate or nitrite exceedances.

** See 62-550.500(4) for requirements and attach a results page for each site

SAMPLER CERTIFICATION

I, Steve Blauvelt (Print Name), _____ (Print Title) do HEREBY CERTIFY that the above public water system and sample collection information is complete and correct.

Signature: _____ Date: _____

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

Sampler's E-Mail: _____

Reporting Format 62-550-730
Effective January 1995. Revised February 2010

SOUTHERN ANALYTICAL LABORATORIES, INC.
110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 813-855-1844 FAX 813-855-2218

ACCREDITED IN ACCORDANCE WITH

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

City of Safety Harbor
THM and HAA Analyses

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

Lab Name: Southern Analytical Laboratories, Inc. Florida DOH Certification #: E84129 Certification Expiration Date: 06/30/2014

ATTACH CURRENT DOH ANALYTE SHEET*

Address: 110 Bayview Blvd Oldsmar,FL 34677 Phone: (813) 855-1844

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

ATTACH CURRENT DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB*

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 11/05/2013

PWS ID (From Page 1): Sample Number (From Page 1): 1311855-02 Lab Assigned Report # or Job ID: 1311855-02

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 for Asbestos	☐ All 30	☐ All 21	☒ Trihalomethanes	☐ Single Sample	☐ All 14
☐ Partial	☐ All Except Dioxin	☐ Partial	☒ Haloacetic Acids	☐ Qtrly Composite	☐ Partial
☐ Nitrate	☐ Partial		☐ Chlorite		
☐ Nitrite	☐ Dioxin Only		☐ Bromate		
☐ Asbestos					

LAB CERTIFICATION

I, Francis I. Daniels (Print Name), Laboratory Director (Print Title) do HEREBY CERTIFY

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

Signature: Francis Daniels Date: 11/12/2013

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

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

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

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

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

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

Reporting Format 62-550-730
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110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 813-855-1844 FAX 813-855-2218

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

DISINFECTION BYPRODUCTS
62-550.310(3)

Report Number / Job ID: 1311855-02
Disinfectant Residual (mg/L) (From Page 1): 3.9
PWS ID (From Page 1):

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Reg MRL**	Analysis Date	Analysis Time	DOH Lab Certification #
2450	Monochloroacetic Acid	N/A	ug/L	0.78	U	EPA 552.2	0.78	2.0	11/8/13	7:20	E84129
2451	Dichloroacetic Acid	N/A	ug/L	5.2		EPA 552.2	0.70	1.0	11/8/13	7:20	E84129
2452	Trichloroacetic Acid	N/A	ug/L	3.1		EPA 552.2	0.35	1.0	11/8/13	7:20	E84129
2453	Monobromoacetic Acid	N/A	ug/L	0.34	U	EPA 552.2	0.34	1.0	11/8/13	7:20	E84129
2454	Dibromoacetic Acid	N/A	ug/L	1.1		EPA 552.2	0.27	1.0	11/8/13	7:20	E84129
2456	Total Haloacetic Acids (HAA5)	60	ug/L	9.40		EPA 552.2	0.27	—	11/8/13	7:20	E84129

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Reg MRL**	Analysis Date	Analysis Time	DOH Lab Certification #
2941	Chloroform	N/A	ug/L	12		EPA 524.2	0.2	1.0	11/8/13	0:13	E84129
2942	Bromoform	N/A	ug/L	1.8		EPA 524.2	0.2	1.0	11/8/13	0:13	E84129
2943	Bromodichloromethane	N/A	ug/L	3.7		EPA 524.2	0.2	1.0	11/8/13	0:13	E84129
2944	Dibromochloromethane	N/A	ug/L	3.1		EPA 524.2	0.1	1.0	11/8/13	0:13	E84129
2950	Total Trihalomethanes (TTHM)	80	ug/L	20.6		EPA 524.2	0.1	—	11/8/13	0:13	E84129

** Laboratories are required to adhere to minimum reporting level (MRL) requirements of 40 CFR 141.131(b)(2)(iv). Chlorite regulatory MRL is applicable to monitoring as prescribed in 40 CFR 141.132(b)(2)(i)(B) and (b)(2)(ii). Laboratories that use EPA Methods 317.0 Revision 2.0, 326.0 or 321.8 must meet a 1.0 ug/L MRL for bromate.

*Qualifiers:

U=Analyte was undetected. Indicated concentration is method detection limit.

SOUTHERN ANALYTICAL LABORATORIES, INC.
110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 813-855-1844 FAX 813-855-2218

ACCREDITED IN ACCORDANCE WITH

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

City of Safety Harbor
THM and HAA Analyses

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

System Name: _____ PWS I.D. #: ☐☐☐☐☐☐☐

System Type (check one): ☐ Community ☐ Nontransient Noncommunity ☐ Transient Noncommunity

Address: _____

City: _____ Zip Code: _____

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

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: 1311855-03 Sample Date: 11/5/13 Sample Time: 10:07 am ☒ AM ☐ PM (Circle One)

Sample Location (be specific): SH-19 2 Fennery Lane S Family Residence Location Code: _____

Disinfection Residual (Required when reporting results for trihalomethanes and haloacetic acids): 4.4 mg/L Field pH: 8.3

Sample Type (Check Only One)

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

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

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

Sampling Procedure Used or Other Comments: _____

* See 62-550.500(6) for requirements and restrictions. And 62-550.5.12(3) for nitrate or nitrite exceedances.

** See 62-550.500(4) for requirements and attach a results page for each site

SAMPLER CERTIFICATION

I, Steve Blauvelt (Print Name), _____ (Print Title) do HEREBY CERTIFY that the above public water system and sample collection information is complete and correct.

Signature: _____ Date: _____

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

Sampler's E-Mail: _____

Reporting Format 62-550-730
Effective January 1995. Revised February 2010

SOUTHERN ANALYTICAL LABORATORIES, INC.
110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 813-855-1844 FAX 813-855-2218

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

City of Safety Harbor
THM and HAA Analyses

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

Lab Name: Southern Analytical Laboratories, Inc. Florida DOH Certification #: E84129 Certification Expiration Date: 06/30/2014

ATTACH CURRENT DOH ANALYTE SHEET*

Address: 110 Bayview Blvd Oldsmar,FL 34677 Phone: (813) 855-1844

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

ATTACH CURRENT DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB*

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 11/05/2013

PWS ID (From Page 1): Sample Number (From Page 1): 1311855-03 Lab Assigned Report # or Job ID: 1311855-03

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 for Asbestos	☐ All 30	☐ All 21	☒ Trihalomethanes	☐ Single Sample	☐ All 14
☐ Partial	☐ All Except Dioxin	☐ Partial	☒ Haloacetic Acids	☐ Qtrly Composite	☐ Partial
☐ Nitrate	☐ Partial		☐ Chlorite		
☐ Nitrite	☐ Dioxin Only		☐ Bromate		
☐ Asbestos					

LAB CERTIFICATION

I, Francis I. Daniels (Print Name), Laboratory Director (Print Title) do HEREBY CERTIFY

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

Signature: Date: 11/12/2013

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

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

CONFIRMATION & NOTIFICATION IS REQUIRED WITHIN 24 HOURS FOR NITRATE AND NITRITE MCL EXCEEDANCES

NON-DETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" QUALIFIER (Non-detects reported as "BDL" or with a "<" are not acceptable.)

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

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

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

Reporting Format 62-550-730
Effective January 1995, Revised February 2010

SOUTHERN ANALYTICAL LABORATORIES, INC.
110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 813-855-1844 FAX 813-855-2218

ACCREDITED IN ACCORDANCE WITH

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

DISINFECTION BYPRODUCTS
62-550.310(3)

Report Number / Job ID: 1311855-03
Disinfectant Residual (mg/L) (From Page 1): 4.4
PWS ID (From Page 1):

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Reg MRL**	Analysis Date	Analysis Time	DOH Lab Certification #
2450	Monochloroacetic Acid	N/A	ug/L	0.80	U	EPA 552.2	0.80	2.0	11/8/13	7:42	E84129
2451	Dichloroacetic Acid	N/A	ug/L	4.4		EPA 552.2	0.72	1.0	11/8/13	7:42	E84129
2452	Trichloroacetic Acid	N/A	ug/L	2.9		EPA 552.2	0.36	1.0	11/8/13	7:42	E84129
2453	Monobromoacetic Acid	N/A	ug/L	0.35	U	EPA 552.2	0.35	1.0	11/8/13	7:42	E84129
2454	Dibromoacetic Acid	N/A	ug/L	0.94	I	EPA 552.2	0.28	1.0	11/8/13	7:42	E84129
2456	Total Haloacetic Acids (HAA5)	60	ug/L	8.24		EPA 552.2	0.28	—	11/8/13	7:42	E84129

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Reg MRL**	Analysis Date	Analysis Time	DOH Lab Certification #
2941	Chloroform	N/A	ug/L	8.5		EPA 524.2	0.2	1.0	11/8/13	0:46	E84129
2942	Bromoform	N/A	ug/L	1.6		EPA 524.2	0.2	1.0	11/8/13	0:46	E84129
2943	Bromodichloromethane	N/A	ug/L	3.4		EPA 524.2	0.2	1.0	11/8/13	0:46	E84129
2944	Dibromochloromethane	N/A	ug/L	3.2		EPA 524.2	0.1	1.0	11/8/13	0:46	E84129
2950	Total Trihalomethanes (TTHM)	80	ug/L	16.7		EPA 524.2	0.1	—	11/8/13	0:46	E84129

** Laboratories are required to adhere to minimum reporting level (MRL) requirements of 40 CFR 141.131(b)(2)(iv). Chlorite regulatory MRL is applicable to monitoring as prescribed in 40 CFR 141.132(b)(2)(i)(B) and (b)(2)(ii). Laboratories that use EPA Methods 317.0 Revision 2.0, 326.0 or 321.8 must meet a 1.0 ug/L MRL for bromate.

*Qualifiers:

U=Analyte was undetected. Indicated concentration is method detection limit.
I=The reported value is between the laboratory method detection limit and the laboratory practical quantitation limit.

SOUTHERN ANALYTICAL LABORATORIES, INC.
110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 813-855-1844 FAX 813-855-2218

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

City of Safety Harbor
THM and HAA Analyses

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

System Name: _____ PWS I.D. #: ☐☐☐☐☐☐☐

System Type (check one): ☐ Community ☐ Nontransient Noncommunity ☐ Transient Noncommunity

Address: _____

City: _____ Zip Code: _____

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

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: 1311855-04 Sample Date: 11/5/13 Sample Time: 9:45 am ☐ AM ☐ PM (Circle One)

Sample Location (be specific): SH-20 1604 Huntington Lane S Family Residence Location Code: _____

Disinfection Residual (Required when reporting results for trihalomethanes and haloacetic acids): 4.1 mg/L Field pH: 8.4

Sample Type (Check Only One)

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

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

- ☐ Routine Compliance with 62-550
- ☐ Confirmation of MCL Exceedance*
- ☐ Composite of Multiple Sites **
- ☐ Other: _____

Sampling Procedure Used or Other Comments: _____

- ☐ Replacement (of Invalidated Sample)
- ☐ Special (not for compliance with 62-550)
- ☐ Clearance (permitting)

* See 62-550.500(6) for requirements and restrictions. And 62-550.5.12(3) for nitrate or nitrite exceedances.

** See 62-550.500(4) for requirements and attach a results page for each site

SAMPLER CERTIFICATION

I, Steve Blauvelt (Print Name), _____ (Print Title) do HEREBY CERTIFY that the above public water system and sample collection information is complete and correct.

Signature: _____ Date: _____

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

Sampler's E-Mail: _____

Reporting Format 62-550-730
Effective January 1995, Revised February 2010

SOUTHERN ANALYTICAL LABORATORIES, INC.
110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 813-855-1844 FAX 813-855-2218

ACCREDITED IN ACCORDANCE WITH

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

City of Safety Harbor
THM and HAA Analyses

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

Lab Name: Southern Analytical Laboratories, Inc. Florida DOH Certification #: E84129 Certification Expiration Date: 06/30/2014

ATTACH CURRENT DOH ANALYTE SHEET*

Address: 110 Bayview Blvd Oldsmar,FL 34677 Phone: (813) 855-1844

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

ATTACH CURRENT DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB*

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 11/05/2013

PWS ID (From Page 1): _____ Sample Number (From Page 1): 1311855-04 Lab Assigned Report # or Job ID: 1311855-04

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 for Asbestos	☐ All 30	☐ All 21	☒ Trihalomethanes	☐ Single Sample	☐ All 14
☐ Partial	☐ All Except Dioxin	☐ Partial	☒ Haloacetic Acids	☐ Qtrly Composite	☐ Partial
☐ Nitrate	☐ Partial		☐ Chlorite		
☐ Nitrite	☐ Dioxin Only		☐ Bromate		
☐ Asbestos					

LAB CERTIFICATION

I, Francis I. Daniels (Print Name), Laboratory Director (Print Title) do HEREBY CERTIFY

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

Signature: Francis Daniels Date: 11/12/2013

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

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

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

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

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

Person Notified: _____ Date Notified: _____ DEP/DOH Reviewing Official: _____

Reporting Format 62-550-730
Effective January 1995. Revised February 2010

SOUTHERN ANALYTICAL LABORATORIES, INC.
110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 813-855-1844 FAX 813-855-2218

ACCREDITED IN ACCORDANCE WITH

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

DISINFECTION BYPRODUCTS
62-550.310(3)

Report Number / Job ID: 1311855-04
Disinfectant Residual (mg/L) (From Page 1): 4.1
PWS ID (From Page 1):

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Reg MRL**	Analysis Date	Analysis Time	DOH Lab Certification #
2450	Monochloroacetic Acid	N/A	ug/L	0.79	U	EPA 552.2	0.79	2.0	11/8/13	8:04	E84129
2451	Dichloroacetic Acid	N/A	ug/L	5.4		EPA 552.2	0.71	1.0	11/8/13	8:04	E84129
2452	Trichloroacetic Acid	N/A	ug/L	3.2		EPA 552.2	0.35	1.0	11/8/13	8:04	E84129
2453	Monobromoacetic Acid	N/A	ug/L	0.34	U	EPA 552.2	0.34	1.0	11/8/13	8:04	E84129
2454	Dibromoacetic Acid	N/A	ug/L	1.1		EPA 552.2	0.27	1.0	11/8/13	8:04	E84129
2456	Total Haloacetic Acids (HAA5)	60	ug/L	9.70		EPA 552.2	0.27	—	11/8/13	8:04	E84129

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Reg MRL**	Analysis Date	Analysis Time	DOH Lab Certification #
2941	Chloroform	N/A	ug/L	8.8		EPA 524.2	0.2	1.0	11/8/13	1:19	E84129
2942	Bromoform	N/A	ug/L	1.5		EPA 524.2	0.2	1.0	11/8/13	1:19	E84129
2943	Bromodichloromethane	N/A	ug/L	3.6		EPA 524.2	0.2	1.0	11/8/13	1:19	E84129
2944	Dibromochloromethane	N/A	ug/L	3.1		EPA 524.2	0.1	1.0	11/8/13	1:19	E84129
2950	Total Trihalomethanes (TTHM)	80	ug/L	17.0		EPA 524.2	0.1	—	11/8/13	1:19	E84129

** Laboratories are required to adhere to minimum reporting level (MRL) requirements of 40 CFR 141.131(b)(2)(iv). Chlorite regulatory MRL is applicable to monitoring as prescribed in 40 CFR 141.132(b)(2)(i)(B) and (b)(2)(ii). Laboratories that use EPA Methods 317.0 Revision 2.0, 326.0 or 321.8 must meet a 1.0 ug/L MRL for bromate.

*Qualifiers:

U=Analyte was undetected. Indicated concentration is method detection limit.

SAL Project No. 1311855

SOUTHERN ANALYTICAL LABORATORIES, INC.

110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 813-855-1844 fax 813-855-2218

Client Name: City of Safety Harbor

Contact / Phone: 727 423 8990

Project Name / Location: THM & HAA Anlayses

Samplers: (Signature) Steve Blaunet

Matrix Codes:
DW-Drinking Water WW-Wastewater
SW-SurfaceWater SL-Sludge SO-Soil
GW-Groundwater SA-Saline Water O-Other
R-Reagent Water

PARAMETER / CONTAINER DESCRIPTION

SAL Use Only Sample No.	Sample Description	Date	Time	Matrix	Composite	Grab	40mL V, $Na_2S_2O_3$ 524.2-THM	40mL V, NH_4Cl 552.2-HAA		pH	Res. T. chlorine				No. of Containers (Total per each location)
01	SH-15 5008 Parrish Lane L/S	11/5/2013	10:35AM	DW		X	2	3		8.3	4.0				5
02	SH-17 3720 Phillippe Drive S. Family Resisence	11/5/2013	10:55AM	DW		X	2	3		8.4	3.9				5
03	SH-19 2 Fennery Lane S Family Residence	11/5/2013	10:07AM	DW		X	2	3		8.3	4.4				5
* 04	SH-20 1604 Huntington Lane S Family Residence	11/5/2013	9:45AM	DW		X	2	3		8.4	4.1				5
05	Trip Blank			R		X	1								1

Containers Prepared/ Relinquished:	Date/Time:	Received:	Date/Time:
S Lynn	11:55AM 10/28		
Relinquished: X Steve Blaunet	Date/Time: 1115 11/5/13	Received: K Mudmark	Date/Time: 1115 11/5/13
Relinquished:	Date/Time:	Received:	Date/Time:
Relinquished:	Date/Time:	Received:	Date/Time:
Relinquished:	Date/Time:	Received:	Date/Time:

Seal intact? (Y) N N/A
Samples intact upon arrival? (Y) N N/A
Received on ice? Temp_____ (Y) N N/A
Proper preservatives indicated? (Y) N N/A
Rec'd within holding time? (Y) N N/A
Volatiles rec'd w/out headspace? (Y) N N/A
Proper containers used? (Y) N N/A

Instructions / Remarks

Chain of Custody.xls
Rev.Date 11/19/01

Chain of Custody

SOUTHERN ANALYTICAL LABORATORIES, INC.
110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 813-855-1844 FAX 813-855-2218

ACCREDITED IN ACCORDANCE WITH

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

City of Safety Harbor
THM and HAA Analyses

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

System Name: _____ PWS I.D. #: ☐☐☐☐☐☐☐

System Type (check one): ☐ Community ☐ Nontransient Noncommunity ☐ Transient Noncommunity

Address: _____

City: _____ Zip Code: _____

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

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: 1308389-01 Sample Date: 8/14/13 Sample Time: 10:51 am AM PM (Circle One)

Sample Location (be specific): SH-15 5008 Parrish Lane L/S Location Code: _____

Disinfection Residual (Required when reporting results for trihalomethanes and haloacetic acids): 3.8 mg/L Field pH: 8.4

Sample Type (Check Only One)

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

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

- ☐ Routine Compliance with 62-550
- ☐ Confirmation of MCL Exceedance*
- ☐ Composite of Multiple Sites **
- ☐ Other: _____

- ☐ Replacement (of Invalidated Sample)
- ☐ Special (not for compliance with 62-550)
- ☐ Clearance (permitting)

Sampling Procedure Used or Other Comments: _____

* See 62-550.500(6) for requirements and restrictions. And 62-550.5.12(3) for nitrate or nitrite exceedances.

** See 62-550.500(4) for requirements and attach a results page for each site

SAMPLER CERTIFICATION

I, Steve Blauvelt (Print Name), _____ (Print Title) do HEREBY CERTIFY that the above public water system and sample collection information is complete and correct.

Signature: _____ Date: _____

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

Sampler's E-Mail: _____

Reporting Format 62-550-730
Effective January 1995. Revised February 2010

SOUTHERN ANALYTICAL LABORATORIES, INC.
110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 813-855-1844 FAX 813-855-2218

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

City of Safety Harbor
THM and HAA Analyses

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

Lab Name: Southern Analytical Laboratories, Inc. Florida DOH Certification #: E84129 Certification Expiration Date: 06/30/2014

ATTACH CURRENT DOH ANALYTE SHEET*

Address: 110 Bayview Blvd Oldsmar,FL 34677 Phone: (813) 855-1844

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

ATTACH CURRENT DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB*

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 08/14/2013

PWS ID (From Page 1): Sample Number (From Page 1): 1308389-01 Lab Assigned Report # or Job ID: 1308389-01

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 for Asbestos	☐ All 30	☐ All 21	☒ Trihalomethanes	☐ Single Sample	☐ All 14
☐ Partial	☐ All Except Dioxin	☐ Partial	☒ Haloacetic Acids	☐ Qtrly Composite	☐ Partial
☐ Nitrate	☐ Partial		☐ Chlorite		
☐ Nitrite	☐ Dioxin Only		☐ Bromate		
☐ Asbestos					

LAB CERTIFICATION

I, Francis I. Daniels (Print Name), Laboratory Director (Print Title) do HEREBY CERTIFY

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

Signature: Francis I. Daniels Date: 08/22/2013

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

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

CONFIRMATION & NOTIFICATION IS REQUIRED WITHIN 24 HOURS FOR NITRATE AND NITRITE MCL EXCEEDANCES

NON-DETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" QUALIFIER (Non-detects reported as "BDL" or with a "<" are not acceptable.)

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

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

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

Reporting Format 62-550-730
Effective January 1995. Revised February 2010

SOUTHERN ANALYTICAL LABORATORIES, INC.
110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 813-855-1844 FAX 813-855-2218

ACCREDITED IN ACCORDANCE WITH

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

DISINFECTION BYPRODUCTS - REVISED
62-550.310(3)

Report Number / Job ID: 1308389-01
Disinfectant Residual (mg/L) (From Page 1): 3.8
PWS ID (From Page 1):

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Reg MRL**	Analysis Date	Analysis Time	DOH Lab Certification #
2450	Monochloroacetic Acid	N/A	ug/L	3.4		EPA 552.2	0.76	2.0	8/20/13	11:01	E84129
2451	Dichloroacetic Acid	N/A	ug/L	21		EPA 552.2	0.68	1.0	8/20/13	11:01	E84129
2452	Trichloroacetic Acid	N/A	ug/L	21		EPA 552.2	0.34	1.0	8/20/13	11:01	E84129
2453	Monobromoacetic Acid	N/A	ug/L	1.2		EPA 552.2	0.33	1.0	8/20/13	11:01	E84129
2454	Dibromoacetic Acid	N/A	ug/L	0.52	I	EPA 552.2	0.26	1.0	8/20/13	11:01	E84129
2456	Total Haloacetic Acids (HAA5)	60	ug/L	47.12		EPA 552.2	0.26	—	8/20/13	11:01	E84129
Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Reg MRL**	Analysis Date	Analysis Time	DOH Lab Certification #
2941	Chloroform	N/A	ug/L	52		EPA 524.2	0.2	1.0	8/20/13	0:23	E84129
2942	Bromoform	N/A	ug/L	0.2	U	EPA 524.2	0.2	1.0	8/20/13	0:23	E84129
2943	Bromodichloromethane	N/A	ug/L	9.1		EPA 524.2	0.2	1.0	8/20/13	0:23	E84129
2944	Dibromochloromethane	N/A	ug/L	1.8		EPA 524.2	0.1	1.0	8/20/13	0:23	E84129
2950	Total Trihalomethanes (TTHM)	80	ug/L	62.9		EPA 524.2	0.1	—	8/20/13	0:23	E84129

** Laboratories are required to adhere to minimum reporting level (MRL) requirements of 40 CFR 141.131(b)(2)(iv). Chlorite regulatory MRL is applicable to monitoring as prescribed in 40 CFR 141.132(b)(2)(i)(B) and (b)(2)(ii). Laboratories that use EPA Methods 317.0 Revision 2.0, 326.0 or 321.8 must meet a 1.0 ug/L MRL for bromate.

*Qualifiers:

U=Analyte was undetected. Indicated concentration is method detection limit.
I=The reported value is between the laboratory method detection limit and the laboratory practical quantitation limit.

SOUTHERN ANALYTICAL LABORATORIES, INC.
110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 813-855-1844 FAX 813-855-2218

ACCREDITED IN ACCORDANCE WITH

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

City of Safety Harbor
THM and HAA Analyses

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

System Name: _____ PWS I.D. #: ☐☐☐☐☐☐☐

System Type (check one): ☐ Community ☐ Nontransient Noncommunity ☐ Transient Noncommunity

Address: _____

City: _____ Zip Code: _____

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

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: 1308389-02 Sample Date: 8/14/13 Sample Time: 11:06 am AM PM (Circle One)

Sample Location (be specific): SH-17 3720 Phillippe Drive S. Family Residence Location Code: _____

Disinfection Residual (Required when reporting results for trihalomethanes and haloacetic acids): 3.7 mg/L Field pH: 8.4

Sample Type (Check Only One)

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

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

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

Sampling Procedure Used or Other Comments: _____

* See 62-550.500(6) for requirements and restrictions. And 62-550.5.12(3) for nitrate or nitrite exceedances.

** See 62-550.500(4) for requirements and attach a results page for each site

SAMPLER CERTIFICATION

I, Steve Blauvelt (Print Name), _____ (Print Title) do HEREBY CERTIFY that the above public water system and sample collection information is complete and correct.

Signature: _____ Date: _____

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

Sampler's E-Mail: _____

Reporting Format 62-550-730
Effective January 1995. Revised February 2010

SOUTHERN ANALYTICAL LABORATORIES, INC.
110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 813-855-1844 FAX 813-855-2218

ACCREDITED IN ACCORDANCE WITH

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

City of Safety Harbor
THM and HAA Analyses

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

Lab Name: Southern Analytical Laboratories, Inc. Florida DOH Certification #: E84129 Certification Expiration Date: 06/30/2014

ATTACH CURRENT DOH ANALYTE SHEET*

Address: 110 Bayview Blvd Oldsmar,FL 34677 Phone: (813) 855-1844

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

ATTACH CURRENT DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB*

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 08/14/2013

PWS ID (From Page 1): Sample Number (From Page 1): 1308389-02 Lab Assigned Report # or Job ID: 1308389-02

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 for Asbestos	☐ All 30	☐ All 21	☒ Trihalomethanes	☐ Single Sample	☐ All 14
☐ Partial	☐ All Except Dioxin	☐ Partial	☒ Haloacetic Acids	☐ Qtrly Composite	☐ Partial
☐ Nitrate	☐ Partial		☐ Chlorite		
☐ Nitrite	☐ Dioxin Only		☐ Bromate		
☐ Asbestos					

LAB CERTIFICATION

I, Francis I. Daniels (Print Name), Laboratory Director (Print Title) do HEREBY CERTIFY

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

Signature: Fran Dail Date: 08/22/2013

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

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

CONFIRMATION & NOTIFICATION IS REQUIRED WITHIN 24 HOURS FOR NITRATE AND NITRITE MCL EXCEEDANCES

NON-DETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" QUALIFIER (Non-detects reported as "BDL" or with a "<" are not acceptable.)

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

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

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

Reporting Format 62-550-730
Effective January 1995. Revised February 2010

SOUTHERN ANALYTICAL LABORATORIES, INC.
110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 813-855-1844 FAX 813-855-2218

ACCREDITED IN ACCORDANCE WITH

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

DISINFECTION BYPRODUCTS - REVISED
62-550.310(3)

Report Number / Job ID: 1308389-02
Disinfectant Residual (mg/L) (From Page 1): 3.7
PWS ID (From Page 1):

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Reg MRL**	Analysis Date	Analysis Time	DOH Lab Certification #
2450	Monochloroacetic Acid	N/A	ug/L	2.9		EPA 552.2	0.77	2.0	8/20/13	11:24	E84129
2451	Dichloroacetic Acid	N/A	ug/L	19		EPA 552.2	0.69	1.0	8/20/13	11:24	E84129
2452	Trichloroacetic Acid	N/A	ug/L	21		EPA 552.2	0.34	1.0	8/20/13	11:24	E84129
2453	Monobromoacetic Acid	N/A	ug/L	1.1		EPA 552.2	0.33	1.0	8/20/13	11:24	E84129
2454	Dibromoacetic Acid	N/A	ug/L	0.44	I	EPA 552.2	0.27	1.0	8/20/13	11:24	E84129
2456	Total Haloacetic Acids (HAA5)	60	ug/L	44.44		EPA 552.2	0.27	—	8/20/13	11:24	E84129

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Reg MRL**	Analysis Date	Analysis Time	DOH Lab Certification #
2941	Chloroform	N/A	ug/L	51		EPA 524.2	0.2	1.0	8/20/13	0:55	E84129
2942	Bromoform	N/A	ug/L	0.2	U	EPA 524.2	0.2	1.0	8/20/13	0:55	E84129
2943	Bromodichloromethane	N/A	ug/L	8.9		EPA 524.2	0.2	1.0	8/20/13	0:55	E84129
2944	Dibromochloromethane	N/A	ug/L	1.7		EPA 524.2	0.1	1.0	8/20/13	0:55	E84129
2950	Total Trihalomethanes (TTHM)	80	ug/L	61.6		EPA 524.2	0.1	—	8/20/13	0:55	E84129

** Laboratories are required to adhere to minimum reporting level (MRL) requirements of 40 CFR 141.131(b)(2)(iv). Chlorite regulatory MRL is applicable to monitoring as prescribed in 40 CFR 141.132(b)(2)(i)(B) and (b)(2)(ii). Laboratories that use EPA Methods 317.0 Revision 2.0, 326.0 or 321.8 must meet a 1.0 ug/L MRL for bromate.

*Qualifiers:

U=Analyte was undetected. Indicated concentration is method detection limit.
I=The reported value is between the laboratory method detection limit and the laboratory practical quantitation limit.

SOUTHERN ANALYTICAL LABORATORIES, INC.
110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 813-855-1844 FAX 813-855-2218

ACCREDITED IN ACCORDANCE WITH

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

City of Safety Harbor
THM and HAA Analyses

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

System Name: _____ PWS I.D. #: ☐☐☐☐☐☐☐

System Type (check one): ☐ Community ☐ Nontransient Noncommunity ☐ Transient Noncommunity

Address: _____

City: _____ Zip Code: _____

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

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: 1308389-03 Sample Date: 8/14/13 Sample Time: 10:37 am AM PM (Circle One)

Sample Location (be specific): SH-19 2 Fennery Lane S Family Residence Location Code: _____

Disinfection Residual (Required when reporting results for trihalomethanes and haloacetic acids): 4.0 mg/L Field pH: 8.4

Sample Type (Check Only One)

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

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

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

Sampling Procedure Used or Other Comments: _____

* See 62-550.500(6) for requirements and restrictions. And 62-550.5.12(3) for nitrate or nitrite exceedances.

** See 62-550.500(4) for requirements and attach a results page for each site

SAMPLER CERTIFICATION

I, Steve Blauvelt (Print Name), _____ (Print Title) do HEREBY CERTIFY that the above public water system and sample collection information is complete and correct.

Signature: _____ Date: _____

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

Sampler's E-Mail: _____

Reporting Format 62-550-730
Effective January 1995. Revised February 2010

SOUTHERN ANALYTICAL LABORATORIES, INC.
110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 813-855-1844 FAX 813-855-2218

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

City of Safety Harbor
THM and HAA Analyses

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

Lab Name: Southern Analytical Laboratories, Inc. Florida DOH Certification #: E84129 Certification Expiration Date: 06/30/2014

ATTACH CURRENT DOH ANALYTE SHEET*

Address: 110 Bayview Blvd Oldsmar,FL 34677 Phone: (813) 855-1844

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

ATTACH CURRENT DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB*

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 08/14/2013

PWS ID (From Page 1): Sample Number (From Page 1): 1308389-03 Lab Assigned Report # or Job ID: 1308389-03

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 for Asbestos	☐ All 30	☐ All 21	☒ Trihalomethanes	☐ Single Sample	☐ All 14
☐ Partial	☐ All Except Dioxin	☐ Partial	☒ Haloacetic Acids	☐ Qtrly Composite	☐ Partial
☐ Nitrate	☐ Partial		☐ Chlorite		
☐ Nitrite	☐ Dioxin Only		☐ Bromate		
☐ Asbestos					

LAB CERTIFICATION

I, Francis I. Daniels (Print Name), Laboratory Director (Print Title) do HEREBY CERTIFY

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

Signature: Date: 08/22/2013

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

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

CONFIRMATION & NOTIFICATION IS REQUIRED WITHIN 24 HOURS FOR NITRATE AND NITRITE MCL EXCEEDANCES

NON-DETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" QUALIFIER (Non-detects reported as "BDL" or with a "<" are not acceptable.)

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

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

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

Reporting Format 62-550-730
Effective January 1995, Revised February 2010

SOUTHERN ANALYTICAL LABORATORIES, INC.
110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 813-855-1844 FAX 813-855-2218

ACCREDITED IN ACCORDANCE WITH

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

DISINFECTION BYPRODUCTS - REVISED
62-550.310(3)

Report Number / Job ID: 1308389-03
Disinfectant Residual (mg/L) (From Page 1): 4.0
PWS ID (From Page 1):

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Reg MRL**	Analysis Date	Analysis Time	DOH Lab Certification #
2450	Monochloroacetic Acid	N/A	ug/L	2.9		EPA 552.2	0.76	2.0	8/20/13	11:47	E84129
2451	Dichloroacetic Acid	N/A	ug/L	20		EPA 552.2	0.68	1.0	8/20/13	11:47	E84129
2452	Trichloroacetic Acid	N/A	ug/L	22		EPA 552.2	0.34	1.0	8/20/13	11:47	E84129
2453	Monobromoacetic Acid	N/A	ug/L	1.4		EPA 552.2	0.33	1.0	8/20/13	11:47	E84129
2454	Dibromoacetic Acid	N/A	ug/L	0.49	I	EPA 552.2	0.26	1.0	8/20/13	11:47	E84129
2456	Total Haloacetic Acids (HAA5)	60	ug/L	46.79		EPA 552.2	0.26	—	8/20/13	11:47	E84129
Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Reg MRL**	Analysis Date	Analysis Time	DOH Lab Certification #
2941	Chloroform	N/A	ug/L	50		EPA 524.2	0.2	1.0	8/20/13	1:27	E84129
2942	Bromoform	N/A	ug/L	0.2	U	EPA 524.2	0.2	1.0	8/20/13	1:27	E84129
2943	Bromodichloromethane	N/A	ug/L	8.8		EPA 524.2	0.2	1.0	8/20/13	1:27	E84129
2944	Dibromochloromethane	N/A	ug/L	1.6		EPA 524.2	0.1	1.0	8/20/13	1:27	E84129
2950	Total Trihalomethanes (TTHM)	80	ug/L	60.4		EPA 524.2	0.1	—	8/20/13	1:27	E84129

** Laboratories are required to adhere to minimum reporting level (MRL) requirements of 40 CFR 141.131(b)(2)(iv). Chlorite regulatory MRL is applicable to monitoring as prescribed in 40 CFR 141.132(b)(2)(i)(B) and (b)(2)(ii). Laboratories that use EPA Methods 317.0 Revision 2.0, 326.0 or 321.8 must meet a 1.0 ug/L MRL for bromate.

*Qualifiers:

U=Analyte was undetected. Indicated concentration is method detection limit.
I=The reported value is between the laboratory method detection limit and the laboratory practical quantitation limit.

SOUTHERN ANALYTICAL LABORATORIES, INC.
110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 813-855-1844 FAX 813-855-2218

ACCREDITED IN ACCORDANCE WITH

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

City of Safety Harbor
THM and HAA Analyses

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

System Name: _____ PWS I.D. #: ☐☐☐☐☐☐☐

System Type (check one): ☐ Community ☐ Nontransient Noncommunity ☐ Transient Noncommunity

Address: _____

City: _____ Zip Code: _____

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

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: 1308389-04 Sample Date: 8/14/13 Sample Time: 10:17 am AM PM (Circle One)

Sample Location (be specific): SH-20 1604 Huntington Lane S Family Residence Location Code: _____

Disinfection Residual (Required when reporting results for trihalomethanes and haloacetic acids): 3.9 mg/L Field pH: 8.4

Sample Type (Check Only One)

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

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

- ☐ Routine Compliance with 62-550
- ☐ Confirmation of MCL Exceedance*
- ☐ Composite of Multiple Sites **
- ☐ Other: _____

Sampling Procedure Used or Other Comments: _____

- ☐ Replacement (of Invalidated Sample)
- ☐ Special (not for compliance with 62-550)
- ☐ Clearance (permitting)

* See 62-550.500(6) for requirements and restrictions. And 62-550.5.12(3) for nitrate or nitrite exceedances.

** See 62-550.500(4) for requirements and attach a results page for each site

SAMPLER CERTIFICATION

I, Steve Blauvelt (Print Name), _____ (Print Title) do HEREBY CERTIFY that the above public water system and sample collection information is complete and correct.

Signature: _____ Date: _____

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

Sampler's E-Mail: _____

Reporting Format 62-550-730
Effective January 1995, Revised February 2010

SOUTHERN ANALYTICAL LABORATORIES, INC.

110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 813-855-1844 FAX 813-855-2218

ACCREDITED IN ACCORDANCE WITH

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

City of Safety Harbor
THM and HAA Analyses

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

Lab Name: Southern Analytical Laboratories, Inc. Florida DOH Certification #: E84129 Certification Expiration Date: 06/30/2014

ATTACH CURRENT DOH ANALYTE SHEET*

Address: 110 Bayview Blvd Oldsmar,FL 34677 Phone: (813) 855-1844

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

ATTACH CURRENT DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB*

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 08/14/2013

PWS ID (From Page 1): _____ Sample Number (From Page 1): 1308389-04 Lab Assigned Report # or Job ID: 1308389-04

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 for Asbestos	☐ All 30	☐ All 21	☒ Trihalomethanes	☐ Single Sample	☐ All 14
☐ Partial	☐ All Except Dioxin	☐ Partial	☒ Haloacetic Acids	☐ Qtrly Composite	☐ Partial
☐ Nitrate	☐ Partial		☐ Chlorite		
☐ Nitrite	☐ Dioxin Only		☐ Bromate		
☐ Asbestos					

LAB CERTIFICATION

I, Francis I. Daniels (Print Name), Laboratory Director (Print Title) do HEREBY CERTIFY

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

Signature: _____ Date: 08/22/2013

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

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

CONFIRMATION & NOTIFICATION IS REQUIRED WITHIN 24 HOURS FOR NITRATE AND NITRITE MCL EXCEEDANCES

NON-DETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" QUALIFIER (Non-detects reported as "BDL" or with a "<" are not acceptable.)

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

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

Person Notified: _____ Date Notified: _____ DEP/DOH Reviewing Official: _____

Reporting Format 62-550-730
Effective January 1995, Revised February 2010

SOUTHERN ANALYTICAL LABORATORIES, INC.
110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 813-855-1844 FAX 813-855-2218

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

DISINFECTION BYPRODUCTS - REVISED
62-550.310(3)

Report Number / Job ID: 1308389-04
Disinfectant Residual (mg/L) (From Page 1): 3.9
PWS ID (From Page 1):

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Reg MRL**	Analysis Date	Analysis Time	DOH Lab Certification #
2450	Monochloroacetic Acid	N/A	ug/L	3.5		EPA 552.2	0.77	2.0	8/20/13	12:10	E84129
2451	Dichloroacetic Acid	N/A	ug/L	21		EPA 552.2	0.69	1.0	8/20/13	12:10	E84129
2452	Trichloroacetic Acid	N/A	ug/L	23		EPA 552.2	0.34	1.0	8/20/13	12:10	E84129
2453	Monobromoacetic Acid	N/A	ug/L	1.7		EPA 552.2	0.33	1.0	8/20/13	12:10	E84129
2454	Dibromoacetic Acid	N/A	ug/L	0.50	I	EPA 552.2	0.27	1.0	8/20/13	12:10	E84129
2456	Total Haloacetic Acids (HAA5)	60	ug/L	49.70		EPA 552.2	0.27	—	8/20/13	12:10	E84129
Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Reg MRL**	Analysis Date	Analysis Time	DOH Lab Certification #
2941	Chloroform	N/A	ug/L	50		EPA 524.2	0.2	1.0	8/20/13	1:59	E84129
2942	Bromoform	N/A	ug/L	0.2	U	EPA 524.2	0.2	1.0	8/20/13	1:59	E84129
2943	Bromodichloromethane	N/A	ug/L	8.7		EPA 524.2	0.2	1.0	8/20/13	1:59	E84129
2944	Dibromochloromethane	N/A	ug/L	1.8		EPA 524.2	0.1	1.0	8/20/13	1:59	E84129
2950	Total Trihalomethanes (TTHM)	80	ug/L	60.5		EPA 524.2	0.1	—	8/20/13	1:59	E84129

** Laboratories are required to adhere to minimum reporting level (MRL) requirements of 40 CFR 141.131(b)(2)(iv). Chlorite regulatory MRL is applicable to monitoring as prescribed in 40 CFR 141.132(b)(2)(i)(B) and (b)(2)(ii). Laboratories that use EPA Methods 317.0 Revision 2.0, 326.0 or 321.8 must meet a 1.0 ug/L MRL for bromate.

*Qualifiers:

U=Analyte was undetected. Indicated concentration is method detection limit.
I=The reported value is between the laboratory method detection limit and the laboratory practical quantitation limit.

SOUTHERN ANALYTICAL LABORATORIES, INC.

110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 813-855-1844 fax 813-855-2218

SAL Project No. 1308389

Client Name	Contact / Phone:
City of Safety Harbor	727 423-8990
Project Name / Location: THM & HAA Anlayses	
Samplers: (Signature) Steve Blauvelt	

Matrix Codes: DW-Drinking Water WW-Wastewater SW-SurfaceWater SL-Sludge SO-Soil GW-Groundwater SA-Saline Water O-Other R-Reagent Water

SAL Use Only Sample No.	Sample Description	Date	Time	Matrix	Composite	Grab	40mL V, $Na_2S_2O_3$ 524.2-THM	40mL V, NH_4Cl 552.2-HAA		pH	Res. T. chlorine				No. of Containers (Total per each location)
01	SH-15 5008 Parrish Lane L/S	8/14/13	10:51 AM	DW		X	2	3		8.4	3.8				5
02	SH-17 3720 Phillippe Drive S. Family Resisence	8/14/13	11:06 AM	DW		X	2	3		8.4	3.7				5
03	SH-19 2 Fennery Lane S Family Residence	8/14/13	10:37 AM	DW		X	2	3		8.4	4.0				5
04	SH-20 1604 Huntington Lane S Family Residence	8/14/2013	10:17 AM	DW		X	2	3		8.4	3.9				5
05	Trip Blank			R		X	1								1

PARAMETER / CONTAINER DESCRIPTION

Containers Prepared/ Relinquished:	Date/Time:	Received:	Date/Time:
S Lynn	9:AM 8/16		8/14/13 1315
Relinquished:	Date/Time:	Received:	Date/Time:
Relinquished:	Date/Time:	Received:	Date/Time:
Relinquished:	Date/Time:	Received:	Date/Time:
Relinquished:	Date/Time:	Received:	Date/Time:

Seal intact? (Y) N N/A
Samples intact upon arrival? (Y) N N/A
Received on ice? Temp_____ (Y) N N/A
Proper preservatives indicated? (Y) N N/A
Rec'd within holding time? (Y) N N/A
Volatiles rec'd w/out headspace? (Y) N N/A
Proper containers used? (Y) N N/A

Instructions / Remarks

Chain of Custody

SOUTHERN ANALYTICAL LABORATORIES, INC.

110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 813-855-1844 FAX 813-855-2218

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PUBLIC WORKS

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

City of Safety Harbor
THM and HAA Analyses

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

System Name: _____ PWS I.D. #: 6 5 2 1 5 7 6

System Type (check one): ☐ Community ☐ Nontransient Noncommunity ☐ Transient Noncommunity

Address: _____

City: _____ Zip Code: _____

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

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: 1405251-01 Sample Date: 5/21/14 Sample Time: 10:15 am AM PM (Circle One)

Sample Location (be specific): SH-15 5008 Parrish Lane L/S Location Code: _____

Disinfection Residual (Required when reporting results for trihalomethanes and haloacetic acids): _____ mg/L Field pH: 8.2

Sample Type (Check Only One)

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

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

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

Sampling Procedure Used or Other Comments: _____

* See 62-550.500(6) for requirements and restrictions. And 62-550.5.12(3) for nitrate or nitrite exceedances.

** See 62-550.500(4) for requirements and attach a results page for each site

SAMPLER CERTIFICATION

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

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

Signature: _____ Date: _____

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

Sampler's E-Mail: _____

Reporting Format 62-550-730
Effective January 1995. Revised February 2010

SOUTHERN ANALYTICAL LABORATORIES, INC.

110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 813-855-1844 FAX 813-855-2218

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

City of Safety Harbor
THM and HAA Analyses

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

Lab Name: Southern Analytical Laboratories, Inc. Florida DOH Certification #: E84129 Certification Expiration Date: 06/30/2014

ATTACH CURRENT DOH ANALYTE SHEET*

Address: 110 Bayview Blvd Oldsmar,FL 34677 Phone: (813) 855-1844

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

ATTACH CURRENT DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB*

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 02/17/2014

PWS ID (From Page 1): _____ Sample Number (From Page 1): 1405251-01 Lab Assigned Report # or Job ID: 1405251-01

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 for Asbestos	☐ All 30	☐ All 21	☒ Trihalomethanes	☐ Single Sample	☐ All 14
☐ Partial	☐ All Except Dioxin	☐ Partial	☒ Haloacetic Acids	☐ Qtrly Composite	☐ Partial
☐ Nitrate	☐ Partial		☐ Chlorite		
☐ Nitrite	☐ Dioxin Only		☐ Bromate		
☐ Asbestos					

LAB CERTIFICATION

I, Francis I. Daniels (Print Name), Laboratory Director (Print Title) do HEREBY CERTIFY

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

Signature: _____ Date: 05/28/2014

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

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

CONFIRMATION & NOTIFICATION IS REQUIRED WITHIN 24 HOURS FOR NITRATE AND NITRITE MCL EXCEEDANCES

NON-DETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" QUALIFIER (Non-detects reported as "BDL" or with a "<" are not acceptable.)

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

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

Person Notified: _____ Date Notified: _____ DEP/DOH Reviewing Official: _____

Reporting Format 62-550-730
Effective January 1995, Revised February 2010

SOUTHERN ANALYTICAL LABORATORIES, INC.
110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 813-855-1844 FAX 813-855-2218

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

DISINFECTION BYPRODUCTS
62-550.310(3)

Report Number / Job ID: 1405251-01
Disinfectant Residual (mg/L) (From Page 1):
PWS ID (From Page 1):

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Reg MRL**	Analysis Date	Analysis Time	DOH Lab Certification #
2450	Monochloroacetic Acid	N/A	ug/L	5.7		EPA 552.2	0.77	2.0	5/23/14	18:10	E84129
2451	Dichloroacetic Acid	N/A	ug/L	22		EPA 552.2	0.69	1.0	5/23/14	18:10	E84129
2452	Trichloroacetic Acid	N/A	ug/L	22		EPA 552.2	0.35	1.0	5/23/14	18:10	E84129
2453	Monobromoacetic Acid	N/A	ug/L	0.34	U	EPA 552.2	0.34	1.0	5/23/14	18:10	E84129
2454	Dibromoacetic Acid	N/A	ug/L	0.27	I	EPA 552.2	0.27	1.0	5/23/14	18:10	E84129
2456	Total Haloacetic Acids (HAA5)	60	ug/L	49.97		EPA 552.2	0.27	---	5/23/14	18:10	E84129

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Reg MRL**	Analysis Date	Analysis Time	DOH Lab Certification #
2941	Chloroform	N/A	ug/L	60		EPA 524.2	0.2	1.0	5/21/14	18:12	E84129
2942	Bromoform	N/A	ug/L	0.6	I	EPA 524.2	0.2	1.0	5/21/14	18:12	E84129
2943	Bromodichloromethane	N/A	ug/L	8.5		EPA 524.2	0.2	1.0	5/21/14	18:12	E84129
2944	Dibromochloromethane	N/A	ug/L	1.1		EPA 524.2	0.1	1.0	5/21/14	18:12	E84129
2950	Total Trihalomethanes (TTHM)	80	ug/L	70.2		EPA 524.2	0.1	---	5/21/14	18:12	E84129

** Laboratories are required to adhere to minimum reporting level (MRL) requirements of 40 CFR 141.131(b)(2)(iv). Chlorite regulatory MRL is applicable to monitoring as prescribed in 40 CFR 141.132(b)(2)(i)(B) and (b)(2)(ii). Laboratories that use EPA Methods 317.0 Revision 2.0, 326.0 or 321.8 must meet a 1.0 ug/L MRL for bromate.

*Qualifiers:

U=Analyte was undetected. Indicated concentration is method detection limit.
I=The reported value is between the laboratory method detection limit and the laboratory practical quantitation limit.

SOUTHERN ANALYTICAL LABORATORIES, INC.
110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 813-855-1844 FAX 813-855-2218

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

City of Safety Harbor
THM and HAA Analyses

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

System Name: _____ PWS I.D. #: ☐☐☐☐☐☐☐

System Type (check one): ☐ Community ☐ Nontransient Noncommunity ☐ Transient Noncommunity

Address: _____

City: _____ Zip Code: _____

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

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: 1405251-02 Sample Date: 5/21/14 Sample Time: 10:27 am AM PM (Circle One)

Sample Location (be specific): SH-17 3720 Phillippe Drive S. Family Residence Location Code: _____

Disinfection Residual (Required when reporting results for trihalomethanes and haloacetic acids): _____ mg/L Field pH: 8.2

Sample Type (Check Only One)

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

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

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

Sampling Procedure Used or Other Comments: _____

* See 62-550.500(6) for requirements and restrictions. And 62-550.5.12(3) for nitrate or nitrite exceedances.

** See 62-550.500(4) for requirements and attach a results page for each site

SAMPLER CERTIFICATION

I, Steve Blauvelt (Print Name), _____ (Print Title) do HEREBY CERTIFY that the above public water system and sample collection information is complete and correct.

Signature: _____ Date: _____

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

Sampler's E-Mail: _____

Reporting Format 62-550-730
Effective January 1995. Revised February 2010

SOUTHERN ANALYTICAL LABORATORIES, INC.

110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 813-855-1844 FAX 813-855-2218

ACCREDITED IN ACCORDANCE WITH

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

City of Safety Harbor
THM and HAA Analyses

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

Lab Name: Southern Analytical Laboratories, Inc. Florida DOH Certification #: E84129 Certification Expiration Date: 06/30/2014

ATTACH CURRENT DOH ANALYTE SHEET*

Address: 110 Bayview Blvd Oldsmar,FL 34677 Phone: (813) 855-1844

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

ATTACH CURRENT DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB*

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 02/17/2014

PWS ID (From Page 1): Sample Number (From Page 1): 1405251-02 Lab Assigned Report # or Job ID: 1405251-02

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 for Asbestos	☐ All 30	☐ All 21	☒ Trihalomethanes	☐ Single Sample	☐ All 14
☐ Partial	☐ All Except Dioxin	☐ Partial	☒ Haloacetic Acids	☐ Qtrly Composite	☐ Partial
☐ Nitrate	☐ Partial		☐ Chlorite		
☐ Nitrite	☐ Dioxin Only		☐ Bromate		
☐ Asbestos					

LAB CERTIFICATION

I, Francis I. Daniels (Print Name), Laboratory Director (Print Title) do HEREBY CERTIFY that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).

Signature: Fran Dail Date: 05/28/2014

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

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

CONFIRMATION & NOTIFICATION IS REQUIRED WITHIN 24 HOURS FOR NITRATE AND NITRITE MCL EXCEEDANCES

NON-DETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" QUALIFIER (Non-detects reported as "BDL" or with a "<" are not acceptable.)

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

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

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

Reporting Format 62-550-730
Effective January 1995, Revised February 2010

SOUTHERN ANALYTICAL LABORATORIES, INC.
110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 813-855-1844 FAX 813-855-2218

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

DISINFECTION BYPRODUCTS
62-550.310(3)

Report Number / Job ID: 1405251-02
Disinfectant Residual (mg/L) (From Page 1):
PWS ID (From Page 1):

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Reg MRL**	Analysis Date	Analysis Time	DOH Lab Certification #
2450	Monochloroacetic Acid	N/A	ug/L	5.0		EPA 552.2	0.78	2.0	5/23/14	18:33	E84129
2451	Dichloroacetic Acid	N/A	ug/L	21		EPA 552.2	0.70	1.0	5/23/14	18:33	E84129
2452	Trichloroacetic Acid	N/A	ug/L	27		EPA 552.2	0.35	1.0	5/23/14	18:33	E84129
2453	Monobromoacetic Acid	N/A	ug/L	0.34	U	EPA 552.2	0.34	1.0	5/23/14	18:33	E84129
2454	Dibromoacetic Acid	N/A	ug/L	0.39	I	EPA 552.2	0.27	1.0	5/23/14	18:33	E84129
2456	Total Haloacetic Acids (HAA5)	60	ug/L	53.39		EPA 552.2	0.27	—	5/23/14	18:33	E84129

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Reg MRL**	Analysis Date	Analysis Time	DOH Lab Certification #
2941	Chloroform	N/A	ug/L	58		EPA 524.2	0.2	1.0	5/21/14	18:44	E84129
2942	Bromoform	N/A	ug/L	0.7	I	EPA 524.2	0.2	1.0	5/21/14	18:44	E84129
2943	Bromodichloromethane	N/A	ug/L	8.4		EPA 524.2	0.2	1.0	5/21/14	18:44	E84129
2944	Dibromochloromethane	N/A	ug/L	1.2		EPA 524.2	0.1	1.0	5/21/14	18:44	E84129
2950	Total Trihalomethanes (TTHM)	80	ug/L	68.3		EPA 524.2	0.1	—	5/21/14	18:44	E84129

** Laboratories are required to adhere to minimum reporting level (MRL) requirements of 40 CFR 141.131(b)(2)(iv). Chlorite regulatory MRL is applicable to monitoring as prescribed in 40 CFR 141.132(b)(2)(i)(B) and (b)(2)(ii). Laboratories that use EPA Methods 317.0 Revision 2.0, 326.0 or 321.8 must meet a 1.0 ug/L MRL for bromate.

*Qualifiers:

U=Analyte was undetected. Indicated concentration is method detection limit.
I=The reported value is between the laboratory method detection limit and the laboratory practical quantitation limit.

SOUTHERN ANALYTICAL LABORATORIES, INC.
110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 813-855-1844 FAX 813-855-2218

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

City of Safety Harbor
THM and HAA Analyses

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

System Name: _____ PWS I.D. #: ☐☐☐☐☐☐☐

System Type (check one): ☐ Community ☐ Nontransient Noncommunity ☐ Transient Noncommunity

Address: _____

City: _____ Zip Code: _____

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

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: 1405251-03 Sample Date: 5/21/14 Sample Time: 10:00 am AM PM (Circle One)

Sample Location (be specific): SH-19 2 Fennery Lane S Family Residence Location Code: _____

Disinfection Residual (Required when reporting results for trihalomethanes and haloacetic acids): _____ mg/L Field pH: 8.2

Sample Type (Check Only One)

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

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

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

Sampling Procedure Used or Other Comments: _____

* See 62-550.500(6) for requirements and restrictions. And 62-550.5.12(3) for nitrate or nitrite exceedances.

** See 62-550.500(4) for requirements and attach a results page for each site

SAMPLER CERTIFICATION

I, Steve Blauvelt (Print Name) _____ (Print Title) do HEREBY CERTIFY that the above public water system and sample collection information is complete and correct.

Signature: _____ Date: _____

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

Sampler's E-Mail: _____

Reporting Format 62-550-730
Effective January 1995. Revised February 2010

SOUTHERN ANALYTICAL LABORATORIES, INC.
110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 813-855-1244 FAX 813-855-2218

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

City of Safety Harbor
THM and HAA Analyses

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

Lab Name: Southern Analytical Laboratories, Inc. Florida DOH Certification #: E84129 Certification Expiration Date: 06/30/2014

ATTACH CURRENT DOH ANALYTE SHEET*

Address: 110 Bayview Blvd Oldsmar,FL 34677 Phone: (813) 855-1844

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

ATTACH CURRENT DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB*

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 02/17/2014

PWS ID (From Page 1): Sample Number (From Page 1): 1405251-03 Lab Assigned Report # or Job ID: 1405251-03

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 for Asbestos	☐ All 30	☐ All 21	☒ Trihalomethanes	☐ Single Sample	☐ All 14
☐ Partial	☐ All Except Dioxin	☐ Partial	☒ Haloacetic Acids	☐ Qtrly Composite	☐ Partial
☐ Nitrate	☐ Partial		☐ Chlorite		
☐ Nitrite	☐ Dioxin Only		☐ Bromate		
☐ Asbestos					

LAB CERTIFICATION

I, Francis I. Daniels (Print Name), Laboratory Director (Print Title) do HEREBY CERTIFY that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).

Signature: Date: 05/28/2014

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

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

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

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

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

Reporting Format 62-550-730
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SOUTHERN ANALYTICAL LABORATORIES, INC.
110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 813-855-1844 FAX 813-855-2218

ACCREDITED IN ACCORDANCE WITH

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

DISINFECTION BYPRODUCTS
62-550.310(3)

Report Number / Job ID: 1405251-03
Disinfectant Residual (mg/L) (From Page 1):
PWS ID (From Page 1):

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Reg MRL**	Analysis Date	Analysis Time	DOH Lab Certification #
2450	Monochloroacetic Acid	N/A	ug/L	6.2		EPA 552.2	0.77	2.0	5/23/14	18:56	E84129
2451	Dichloroacetic Acid	N/A	ug/L	21		EPA 552.2	0.69	1.0	5/23/14	18:56	E84129
2452	Trichloroacetic Acid	N/A	ug/L	22		EPA 552.2	0.35	1.0	5/23/14	18:56	E84129
2453	Monobromoacetic Acid	N/A	ug/L	0.34	U	EPA 552.2	0.34	1.0	5/23/14	18:56	E84129
2454	Dibromoacetic Acid	N/A	ug/L	0.32	I	EPA 552.2	0.27	1.0	5/23/14	18:56	E84129
2456	Total Haloacetic Acids (HAA5)	60	ug/L	49.52		EPA 552.2	0.27	—	5/23/14	18:56	E84129

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Reg MRL**	Analysis Date	Analysis Time	DOH Lab Certification #
2941	Chloroform	N/A	ug/L	58		EPA 524.2	0.2	1.0	5/21/14	19:16	E84129
2942	Bromoform	N/A	ug/L	0.6	I	EPA 524.2	0.2	1.0	5/21/14	19:16	E84129
2943	Bromodichloromethane	N/A	ug/L	7.9		EPA 524.2	0.2	1.0	5/21/14	19:16	E84129
2944	Dibromochloromethane	N/A	ug/L	1.2		EPA 524.2	0.1	1.0	5/21/14	19:16	E84129
2950	Total Trihalomethanes (TTHM)	80	ug/L	67.7		EPA 524.2	0.1	—	5/21/14	19:16	E84129

** Laboratories are required to adhere to minimum reporting level (MRL) requirements of 40 CFR 141.131(b)(2)(iv). Chlorite regulatory MRL is applicable to monitoring as prescribed in 40 CFR 141.132(b)(2)(i)(B) and (b)(2)(ii). Laboratories that use EPA Methods 317.0 Revision 2.0, 326.0 or 321.8 must meet a 1.0 ug/L MRL for bromate.

*Qualifiers:

U=Analyte was undetected. Indicated concentration is method detection limit.
I=The reported value is between the laboratory method detection limit and the laboratory practical quantitation limit.

SOUTHERN ANALYTICAL LABORATORIES, INC.
110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 813-855-1844 FAX 813-855-2218

ACCREDITED IN ACCORDANCE WITH

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

City of Safety Harbor
THM and HAA Analyses

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

System Name: _____ PWS I.D. #: ☐☐☐☐☐☐☐

System Type (check one): ☐ Community ☐ Nontransient Noncommunity ☐ Transient Noncommunity

Address: _____

City: _____ Zip Code: _____

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

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: 1405251-04 Sample Date: 5/21/14 Sample Time: 9:47 am AM PM (Circle One)

Sample Location (be specific): SH-20 1604 Huntington Lane S Family Residence Location Code: _____

Disinfection Residual (Required when reporting results for trihalomethanes and haloacetic acids): _____ mg/L Field pH: 8.2

Sample Type (Check Only One)

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

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

- ☐ Routine Compliance with 62-550
- ☐ Confirmation of MCL Exceedance*
- ☐ Composite of Multiple Sites **
- ☐ Other: _____

Sampling Procedure Used or Other Comments: _____

- ☐ Replacement (of Invalidated Sample)
- ☐ Special (not for compliance with 62-550)
- ☐ Clearance (permitting)

* See 62-550.500(6) for requirements and restrictions. And 62-550.5.12(3) for nitrate or nitrite exceedances.

** See 62-550.500(4) for requirements and attach a results page for each site

SAMPLER CERTIFICATION

I, Steve Blauvelt (Print Name) _____ (Print Title) do HEREBY CERTIFY that the above public water system and sample collection information is complete and correct.

Signature: _____ Date: _____

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

Sampler's E-Mail: _____

Reporting Format 62-550-730
Effective January 1995. Revised February 2010

SOUTHERN ANALYTICAL LABORATORIES, INC.

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

City of Safety Harbor
THM and HAA Analyses

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

Lab Name: Southern Analytical Laboratories, Inc. Florida DOH Certification #: E84129 Certification Expiration Date: 06/30/2014

ATTACH CURRENT DOH ANALYTE SHEET*

Address: 110 Bayview Blvd Oldsmar,FL 34677 Phone: (813) 855-1844

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

ATTACH CURRENT DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB*

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 02/17/2014

PWS ID (From Page 1): Sample Number (From Page 1): 1405251-04 Lab Assigned Report # or Job ID: 1405251-04

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 for Asbestos	☐ All 30	☐ All 21	☒ Trihalomethanes	☐ Single Sample	☐ All 14
☐ Partial	☐ All Except Dioxin	☐ Partial	☒ Haloacetic Acids	☐ Qtrly Composite	☐ Partial
☐ Nitrate	☐ Partial		☐ Chlorite		
☐ Nitrite	☐ Dioxin Only		☐ Bromate		
☐ Asbestos					

LAB CERTIFICATION

I, Francis I. Daniels (Print Name), Laboratory Director (Print Title) do HEREBY CERTIFY that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).

Signature: Francis Daniels Date: 05/28/2014

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

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

CONFIRMATION & NOTIFICATION IS REQUIRED WITHIN 24 HOURS FOR NITRATE AND NITRITE MCL EXCEEDANCES

NON-DETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" QUALIFIER (Non-detects reported as "BDL" or with a "<" are not acceptable.)

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

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

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

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

DISINFECTION BYPRODUCTS
62-550.310(3)

Report Number / Job ID: 1405251-04
Disinfectant Residual (mg/L) (From Page 1):
PWS ID (From Page 1):

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Reg MRL**	Analysis Date	Analysis Time	DOH Lab Certification #
2450	Monochloroacetic Acid	N/A	ug/L	3.3		EPA 552.2	0.77	2.0	5/23/14	19:19	E84129
2451	Dichloroacetic Acid	N/A	ug/L	22		EPA 552.2	0.69	1.0	5/23/14	19:19	E84129
2452	Trichloroacetic Acid	N/A	ug/L	24		EPA 552.2	0.35	1.0	5/23/14	19:19	E84129
2453	Monobromoacetic Acid	N/A	ug/L	0.34	U	EPA 552.2	0.34	1.0	5/23/14	19:19	E84129
2454	Dibromoacetic Acid	N/A	ug/L	0.27	I	EPA 552.2	0.27	1.0	5/23/14	19:19	E84129
2456	Total Haloacetic Acids (HAA5)	60	ug/L	49.57		EPA 552.2	0.27	---	5/23/14	19:19	E84129

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Reg MRL**	Analysis Date	Analysis Time	DOH Lab Certification #
2941	Chloroform	N/A	ug/L	60		EPA 524.2	0.2	1.0	5/21/14	19:49	E84129
2942	Bromoform	N/A	ug/L	0.6	I	EPA 524.2	0.2	1.0	5/21/14	19:49	E84129
2943	Bromodichloromethane	N/A	ug/L	8.6		EPA 524.2	0.2	1.0	5/21/14	19:49	E84129
2944	Dibromochloromethane	N/A	ug/L	1.1		EPA 524.2	0.1	1.0	5/21/14	19:49	E84129
2950	Total Trihalomethanes (TTHM)	80	ug/L	70.3		EPA 524.2	0.1	---	5/21/14	19:49	E84129

** Laboratories are required to adhere to minimum reporting level (MRL) requirements of 40 CFR 141.131(b)(2)(iv). Chlorite regulatory MRL is applicable to monitoring as prescribed in 40 CFR 141.132(b)(2)(i)(B) and (b)(2)(ii). Laboratories that use EPA Methods 317.0 Revision 2.0, 326.0 or 321.8 must meet a 1.0 ug/L MRL for bromate.

*Qualifiers:

U=Analyte was undetected. Indicated concentration is method detection limit.
I=The reported value is between the laboratory method detection limit and the laboratory practical quantitation limit.

SOUTHERN ANALYTICAL LABORATORIES, INC.

110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 813-855-1844 fax 813-855-2218

SAL Project No. 1405251

Client Name: City of Safety Harbor	Contact / Phone:
Project Name / Location: THM & HAA Anlayses	
Samplers: (Signature)	

Matrix Codes:
DW-Drinking Water WW-Wastewater
SW-SurfaceWater SL-Sludge SO-Soil
GW-Groundwater SA-Saline Water O-Other
R-Reagent Water

PARAMETER / CONTAINER DESCRIPTION

SAL Use Only Sample No.	Sample Description	Date	Time	Matrix	Composite	Grab	40mL V, $Na_2S_2O_3$ 524.2-THM	40mL V, NH_4Cl 552.2-HAA		pH	Res. T. chlorine				No. of Containers (Total per each location)
01	SH-15 5008 Parrish Lane L/S	5-21-14	10:15AM	DW		X	2	3		8.2					5
02	SH-17 3720 Phillippe Drive S. Family Resisence	5-21-14	10:27AM	DW		X	2	3		8.2					5
03	SH-19 2 Fennery Lane S Family Residence	5-21-14	10:00AM	DW		X	2	3		8.2					5
04	SH-20 1604 Huntington Lane S Family Residence	5-21-14	9:47AM	DW		X	2	3		8.2					5
05	Trip Blank			R		X	1								1

Containers Prepared/ Relinquished:	Date/Time:	Received:	Date/Time:
H Wright	1500 05-09-14	Steve Blaunt	1:00pm 5-13-2014
Steve Blaunt	5/21/14 10:39 AM	K Mulmer	1039 5/21/14

Seal intact? Y N (N/A)
Samples intact upon arrival? (Y) N N/A
Received on ice? Temp — (Y) N N/A
Proper preservatives indicated? (Y) N N/A
Rec'd within holding time? (Y) N N/A
Volatiles rec'd w/out headspace? (Y) N N/A
Proper containers used? (Y) N N/A

Instructions / Remarks

Chain of Custody.xls
Rev.Date 11/19/01

Chain of Custody

SOUTHERN ANALYTICAL LABORATORIES, INC.
110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 813-855-1844 FAX 813-855-2219

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

City of Safety Harbor
THM and HAA Analyses

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

System Name: _____ PWS I.D. #: 6 5 2 1 5 7 6

System Type (check one): ☐ Community ☐ Nontransient Noncommunity ☐ Transient Noncommunity

Address: _____

City: _____ Zip Code: _____

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

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: 1401811-01 Sample Date: 2/17/14 Sample Time: 10:12 am AM PM (Circle One)

Sample Location (be specific): SH-15 5008 Parrish Lane L/S Location Code: _____

Disinfection Residual (Required ~~when reporting results for trihalomethanes~~ and haloacetic acids): 3.8 mg/L Field pH: 8.0

Sample Type (Check Only One)

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

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

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

Sampling Procedure Used or Other Comments: _____

* See 62-550.500(6) for requirements and restrictions. And 62-550.5.12(3) for nitrate or nitrite exceedances.

** See 62-550.500(4) for requirements and attach a results page for each site

SAMPLER CERTIFICATION

I, _____ (Print Name) _____ (Print Title) do HEREBY CERTIFY that the above public water system and sample collection information is complete and correct.

Signature: _____ Date: _____

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

Sampler's E-Mail: _____

Reporting Format 62-550-730
Effective January 1995. Revised February 2010

SOUTHERN ANALYTICAL LABORATORIES, INC.
110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 813-855-1844 FAX 813-855-2218

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

City of Safety Harbor
THM and HAA Analyses

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

Lab Name: Southern Analytical Laboratories, Inc. Florida DOH Certification #: E84129 Certification Expiration Date: 06/30/2014

ATTACH CURRENT DOH ANALYTE SHEET*

Address: 110 Bayview Blvd Oldsmar,FL 34677 Phone: (813) 855-1844

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

ATTACH CURRENT DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB*

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 02/17/2014

PWS ID (From Page 1): _____ Sample Number (From Page 1): 1401811-01 Lab Assigned Report # or Job ID: 1401811-01

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 for Asbestos	☐ All 30	☐ All 21	☒ Trihalomethanes	☐ Single Sample	☐ All 14
☐ Partial	☐ All Except Dioxin	☐ Partial	☒ Haloacetic Acids	☐ Qtrly Composite	☐ Partial
☐ Nitrate	☐ Partial		☐ Chlorite		
☐ Nitrite	☐ Dioxin Only		☐ Bromate		
☐ Asbestos					

LAB CERTIFICATION

I, Francis I. Daniels (Print Name), Laboratory Director (Print Title) do HEREBY CERTIFY that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).

Signature: _____ Date: 02/25/2014

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

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

CONFIRMATION & NOTIFICATION IS REQUIRED WITHIN 24 HOURS FOR NITRATE AND NITRITE MCL EXCEEDANCES

NON-DETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" QUALIFIER (Non-detects reported as "BDL" or with a "<" are not acceptable.)

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

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

Person Notified: _____ Date Notified: _____ DEP/DOH Reviewing Official: _____

Reporting Format 62-550-730
Effective January 1995. Revised February 2010

SOUTHERN ANALYTICAL LABORATORIES, INC.
110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 813-855-1844 FAX 813-855-2218

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

DISINFECTION BYPRODUCTS
62-550.310(3)

Report Number / Job ID: 1401811-01
Disinfectant Residual (mg/L) (From Page 1): 3.8
PWS ID (From Page 1):

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Reg MRL**	Analysis Date	Analysis Time	DOH Lab Certification #
2450	Monochloroacetic Acid	N/A	ug/L	2.6		EPA 552.2	0.76	2.0	2/22/14	9:00	E84129
2451	Dichloroacetic Acid	N/A	ug/L	14		EPA 552.2	0.68	1.0	2/22/14	9:00	E84129
2452	Trichloroacetic Acid	N/A	ug/L	18		EPA 552.2	0.34	1.0	2/22/14	9:00	E84129
2453	Monobromoacetic Acid	N/A	ug/L	0.33	U	EPA 552.2	0.33	1.0	2/22/14	9:00	E84129
2454	Dibromoacetic Acid	N/A	ug/L	0.64	I	EPA 552.2	0.26	1.0	2/22/14	9:00	E84129
2456	Total Haloacetic Acids (HAA5)	60	ug/L	35.24		EPA 552.2	0.26	—	2/22/14	9:00	E84129

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Reg MRL**	Analysis Date	Analysis Time	DOH Lab Certification #
2941	Chloroform	N/A	ug/L	55		EPA 524.2	0.2	1.0	2/18/14	22:50	E84129
2942	Bromoform	N/A	ug/L	2.0		EPA 524.2	0.2	1.0	2/18/14	22:50	E84129
2943	Bromodichloromethane	N/A	ug/L	9.0		EPA 524.2	0.2	1.0	2/18/14	22:50	E84129
2944	Dibromochloromethane	N/A	ug/L	1.9		EPA 524.2	0.1	1.0	2/18/14	22:50	E84129
2950	Total Trihalomethanes (TTHM)	80	ug/L	67.9		EPA 524.2	0.1	—	2/18/14	22:50	E84129

** Laboratories are required to adhere to minimum reporting level (MRL) requirements of 40 CFR 141.131(b)(2)(iv). Chlorite regulatory MRL is applicable to monitoring as prescribed in 40 CFR 141.132(b)(2)(i)(B) and (b)(2)(ii). Laboratories that use EPA Methods 317.0 Revision 2.0, 326.0 or 321.8 must meet a 1.0 ug/L MRL for bromate.

*Qualifiers:

U=Analyte was undetected. Indicated concentration is method detection limit.
I=The reported value is between the laboratory method detection limit and the laboratory practical quantitation limit.

SOUTHERN ANALYTICAL LABORATORIES, INC.
110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 813-855-1844 FAX 813-855-2218

ACCREDITED IN ACCORDANCE WITH

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

City of Safety Harbor
THM and HAA Analyses

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

System Name: _____ PWS I.D. #: ☐☐☐☐☐☐☐

System Type (check one): ☐ Community ☐ Nontransient Noncommunity ☐ Transient Noncommunity

Address: _____

City: _____ Zip Code: _____

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

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: 1401811-02 Sample Date: 2/17/14 Sample Time: 10:35 am ☒ AM ☐ PM (Circle One)

Sample Location (be specific): SH-17 3720 Phillippe Drive S. Family Residence Location Code: _____

Disinfection Residual (Required when reporting results for trihalomethanes and haloacetic acids): 4.3 mg/L Field pH: 8.0

Sample Type (Check Only One)

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

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

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

Sampling Procedure Used or Other Comments: _____

* See 62-550.500(6) for requirements and restrictions. And 62-550.5.12(3) for nitrate or nitrite exceedances.

** See 62-550.500(4) for requirements and attach a results page for each site

SAMPLER CERTIFICATION

I, Joe Boggs (Print Name) _____ (Print Title) do HEREBY CERTIFY that the above public water system and sample collection information is complete and correct.

Signature: _____ Date: _____

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

Sampler's E-Mail: _____

Reporting Format 62-550-730
Effective January 1995. Revised February 2010

SOUTHERN ANALYTICAL LABORATORIES, INC.

110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 813-855-1844 FAX 813-855-2218

ACCREDITED IN ACCORDANCE WITH

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

City of Safety Harbor
THM and HAA Analyses

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

Lab Name: Southern Analytical Laboratories, Inc. Florida DOH Certification #: E84129 Certification Expiration Date: 06/30/2014

ATTACH CURRENT DOH ANALYTE SHEET*

Address: 110 Bayview Blvd Oldsmar,FL 34677 Phone: (813) 855-1844

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

ATTACH CURRENT DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB*

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 02/17/2014

PWS ID (From Page 1): Sample Number (From Page 1): 1401811-02 Lab Assigned Report # or Job ID: 1401811-02

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 for Asbestos	☐ All 30	☐ All 21	☒ Trihalomethanes	☐ Single Sample	☐ All 14
☐ Partial	☐ All Except Dioxin	☐ Partial	☒ Haloacetic Acids	☐ Qtrly Composite	☐ Partial
☐ Nitrate	☐ Partial		☐ Chlorite		
☐ Nitrite	☐ Dioxin Only		☐ Bromate		
☐ Asbestos					

LAB CERTIFICATION

I, Francis I. Daniels (Print Name), Laboratory Director (Print Title) do HEREBY CERTIFY that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Acceditation Conference (NELAC).

Signature: Francis Daniels Date: 02/25/2014

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

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

CONFIRMATION & NOTIFICATION IS REQUIRED WITHIN 24 HOURS FOR NITRATE AND NITRITE MCL EXCEEDANCES

NON-DETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" QUALIFIER (Non-detects reported as "BDL" or with a "<" are not acceptable.)

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

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

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

Reporting Format 62-550-730
Effective January 1995. Revised February 2010

SOUTHERN ANALYTICAL LABORATORIES, INC.
110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 813-855-1844 FAX 813-855-2216

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

DISINFECTION BYPRODUCTS
62-550.310(3)

Report Number / Job ID: 1401811-02
Disinfectant Residual (mg/L) (From Page 1): 4.3
PWS ID (From Page 1):

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Reg MRL**	Analysis Date	Analysis Time	DOH Lab Certification #
2450	Monochloroacetic Acid	N/A	ug/L	0.78	U	EPA 552.2	0.78	2.0	2/22/14	9:23	E84129
2451	Dichloroacetic Acid	N/A	ug/L	15		EPA 552.2	0.70	1.0	2/22/14	9:23	E84129
2452	Trichloroacetic Acid	N/A	ug/L	21		EPA 552.2	0.35	1.0	2/22/14	9:23	E84129
2453	Monobromoacetic Acid	N/A	ug/L	0.34	U	EPA 552.2	0.34	1.0	2/22/14	9:23	E84129
2454	Dibromoacetic Acid	N/A	ug/L	0.64	I	EPA 552.2	0.27	1.0	2/22/14	9:23	E84129
2456	Total Haloacetic Acids (HAA5)	60	ug/L	36.64		EPA 552.2	0.27	—	2/22/14	9:23	E84129
Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Reg MRL**	Analysis Date	Analysis Time	DOH Lab Certification #
2941	Chloroform	N/A	ug/L	58		EPA 524.2	0.2	1.0	2/18/14	23:24	E84129
2942	Bromoform	N/A	ug/L	2.2		EPA 524.2	0.2	1.0	2/18/14	23:24	E84129
2943	Bromodichloromethane	N/A	ug/L	9.4		EPA 524.2	0.2	1.0	2/18/14	23:24	E84129
2944	Dibromochloromethane	N/A	ug/L	1.9		EPA 524.2	0.1	1.0	2/18/14	23:24	E84129
2950	Total Trihalomethanes (TTHM)	80	ug/L	71.5		EPA 524.2	0.1	—	2/18/14	23:24	E84129

** Laboratories are required to adhere to minimum reporting level (MRL) requirements of 40 CFR 141.131(b)(2)(iv). Chlorite regulatory MRL is applicable to monitoring as prescribed in 40 CFR 141.132(b)(2)(i)(B) and (b)(2)(ii). Laboratories that use EPA Methods 317.0 Revision 2.0, 326.0 or 321.8 must meet a 1.0 ug/L MRL for bromate.

*Qualifiers:

U=Analyte was undetected. Indicated concentration is method detection limit.
I=The reported value is between the laboratory method detection limit and the laboratory practical quantitation limit.

SOUTHERN ANALYTICAL LABORATORIES, INC.
110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 813-855-1844 FAX 813-855-2218

ACCREDITED IN ACCORDANCE WITH

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

City of Safety Harbor
THM and HAA Analyses

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

System Name: _____ PWS I.D. #: ☐☐☐☐☐☐☐

System Type (check one): ☐ Community ☐ Nontransient Noncommunity ☐ Transient Noncommunity

Address: _____

City: _____ Zip Code: _____

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

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: 1401811-03 Sample Date: 2/17/14 Sample Time: 9:55 am ☒ AM ☐ PM (Circle One)

Sample Location (be specific): SH-19 2 Fennery Lane S Family Residence Location Code: _____

Disinfection Residual (Required when reporting results for trihalomethanes and haloacetic acids): 4.2 mg/L Field pH: 8.0

Sample Type (Check Only One)

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

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

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

Sampling Procedure Used or Other Comments: _____

* See 62-550.500(6) for requirements and restrictions. And 62-550.5.12(3) for nitrate or nitrite exceedances.

** See 62-550.500(4) for requirements and attach a results page for each site

SAMPLER CERTIFICATION

I, _____ (Print Name), _____ (Print Title) do HEREBY CERTIFY that the above public water system and sample collection information is complete and correct.

Signature: _____ Date: _____

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

Sampler's E-Mail: _____

Reporting Format 62-550-730
Effective January 1995. Revised February 2010

SOUTHERN ANALYTICAL LABORATORIES, INC.

110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 813-855-1844 FAX 813-855-2216

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

City of Safety Harbor
THM and HAA Analyses

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

Lab Name: Southern Analytical Laboratories, Inc. Florida DOH Certification #: E84129 Certification Expiration Date: 06/30/2014

ATTACH CURRENT DOH ANALYTE SHEET*

Address: 110 Bayview Blvd Oldsmar,FL 34677 Phone: (813) 855-1844

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

ATTACH CURRENT DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB*

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 02/17/2014

PWS ID (From Page 1): _____ Sample Number (From Page 1): 1401811-03 Lab Assigned Report # or Job ID: 1401811-03

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 for Asbestos	☐ All 30	☐ All 21	☒ Trihalomethanes	☐ Single Sample	☐ All 14
☐ Partial	☐ All Except Dioxin	☐ Partial	☒ Haloacetic Acids	☐ Qtrly Composite	☐ Partial
☐ Nitrate	☐ Partial		☐ Chlorite		
☐ Nitrite	☐ Dioxin Only		☐ Bromate		
☐ Asbestos					

LAB CERTIFICATION

I, Francis I. Daniels (Print Name), Laboratory Director (Print Title) do HEREBY CERTIFY that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).

Signature: _____ Date: 02/25/2014

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

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

CONFIRMATION & NOTIFICATION IS REQUIRED WITHIN 24 HOURS FOR NITRATE AND NITRITE MCL EXCEEDANCES

NON-DETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" QUALIFIER (Non-detects reported as "BDL" or with a "<" are not acceptable.)

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

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

Person Notified: _____ Date Notified: _____ DEP/DOH Reviewing Official: _____

Reporting Format 62-550-730
Effective January 1995. Revised February 2010

SOUTHERN ANALYTICAL LABORATORIES, INC.
110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 813-855-1844 FAX 813-855-2218

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

DISINFECTION BYPRODUCTS
62-550.310(3)

Report Number / Job ID: 1401811-03
Disinfectant Residual (mg/L) (From Page 1): 4.2
PWS ID (From Page 1):

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Reg MRL**	Analysis Date	Analysis Time	DOH Lab Certification #
2450	Monochloroacetic Acid	N/A	ug/L	1.6	I	EPA 552.2	0.79	2.0	2/22/14	9:46	E84129
2451	Dichloroacetic Acid	N/A	ug/L	14		EPA 552.2	0.71	1.0	2/22/14	9:46	E84129
2452	Trichloroacetic Acid	N/A	ug/L	20		EPA 552.2	0.36	1.0	2/22/14	9:46	E84129
2453	Monobromoacetic Acid	N/A	ug/L	0.35	U	EPA 552.2	0.35	1.0	2/22/14	9:46	E84129
2454	Dibromoacetic Acid	N/A	ug/L	0.57	I	EPA 552.2	0.27	1.0	2/22/14	9:46	E84129
2456	Total Haloacetic Acids (HAA5)	60	ug/L	36.17		EPA 552.2	0.27	—	2/22/14	9:46	E84129
Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Reg MRL**	Analysis Date	Analysis Time	DOH Lab Certification #
2941	Chloroform	N/A	ug/L	54		EPA 524.2	0.2	1.0	2/18/14	23:57	E84129
2942	Bromoform	N/A	ug/L	2.0		EPA 524.2	0.2	1.0	2/18/14	23:57	E84129
2943	Bromodichloromethane	N/A	ug/L	8.8		EPA 524.2	0.2	1.0	2/18/14	23:57	E84129
2944	Dibromochloromethane	N/A	ug/L	1.7		EPA 524.2	0.1	1.0	2/18/14	23:57	E84129
2950	Total Trihalomethanes (TTHM)	80	ug/L	66.5		EPA 524.2	0.1	—	2/18/14	23:57	E84129

** Laboratories are required to adhere to minimum reporting level (MRL) requirements of 40 CFR 141.131(b)(2)(iv). Chlorite regulatory MRL is applicable to monitoring as prescribed in 40 CFR 141.132(b)(2)(i)(B) and (b)(2)(ii). Laboratories that use EPA Methods 317.0 Revision 2.0, 326.0 or 321.8 must meet a 1.0 ug/L MRL for bromate.

*Qualifiers:

U=Analyte was undetected. Indicated concentration is method detection limit.
I=The reported value is between the laboratory method detection limit and the laboratory practical quantitation limit.

SOUTHERN ANALYTICAL LABORATORIES, INC.

110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 813-855-1844 FAX 813-855-2218

ACCREDITED IN ACCORDANCE WITH

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

City of Safety Harbor
THM and HAA Analyses

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

System Name: _____ PWS I.D. #: _____

System Type (check one): ☐ Community ☐ Nontransient Noncommunity ☐ Transient Noncommunity

Address: _____

City: _____ Zip Code: _____

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

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: 1401811-04 Sample Date: 2/17/14 Sample Time: 9:40 am AM PM (Circle One)

Sample Location (be specific): SH-20 1604 Huntington Lane S Family Residence Location Code: _____

Disinfection Residual (Required when reporting results for trihalomethanes and haloacetic acids): 3.8 mg/L Field pH: 8.1

Sample Type (Check Only One)

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

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

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

Sampling Procedure Used or Other Comments: _____

* See 62-550.500(6) for requirements and restrictions. And 62-550.5.12(3) for nitrate or nitrite exceedances.

** See 62-550.500(4) for requirements and attach a results page for each site

SAMPLER CERTIFICATION

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

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

Signature: _____ Date: _____

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

Sampler's E-Mail: _____

Reporting Format 62-550-730
Effective January 1995. Revised February 2010

SOUTHERN ANALYTICAL LABORATORIES, INC.

110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 813-855-1844 FAX 813-855-2218

ACCREDITED IN ACCORDANCE WITH

City of Safety Harbor
THM and HAA Analyses

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

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

Lab Name: Southern Analytical Laboratories, Inc. Florida DOH Certification #: E84129 Certification Expiration Date: 06/30/2014

ATTACH CURRENT DOH ANALYTE SHEET*

Address: 110 Bayview Blvd Oldsmar,FL 34677 Phone: (813) 855-1844

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

ATTACH CURRENT DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB*

ANALYSIS INFORMATION (to be completed by lab)

Date Sample(s) Received: 02/17/2014

PWS ID (From Page 1): _____ Sample Number (From Page 1): 1401811-04 Lab Assigned Report # or Job ID: 1401811-04

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 for Asbestos	☐ All 30	☐ All 21	☒ Trihalomethanes	☐ Single Sample	☐ All 14
☐ Partial	☐ All Except Dioxin	☐ Partial	☒ Haloacetic Acids	☐ Qtrly Composite	☐ Partial
☐ Nitrate	☐ Partial		☐ Chlorite		
☐ Nitrite	☐ Dioxin Only		☐ Bromate		
☐ Asbestos					

LAB CERTIFICATION

I, Francis I. Daniels (Print Name), Laboratory Director (Print Title) do HEREBY CERTIFY that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Acceditation Conference (NELAC).

Signature: Fran Daniels Date: 02/25/2014

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

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

CONFIRMATION & NOTIFICATION IS REQUIRED WITHIN 24 HOURS FOR NITRATE AND NITRITE MCL EXCEEDANCES

NON-DETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" QUALIFIER (Non-detects reported as "BDL" or with a "<" are not acceptable.)

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

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

Person Notified: _____ Date Notified: _____ DEP/DOH Reviewing Official: _____

Reporting Format 62-550-730
Effective January 1995. Revised February 2010

SOUTHERN ANALYTICAL LABORATORIES, INC.
110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 813-855-1844 FAX 813-855-2218

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

DISINFECTION BYPRODUCTS
62-550.310(3)

Report Number / Job ID: 1401811-04
Disinfectant Residual (mg/L) (From Page 1): 3.8
PWS ID (From Page 1):

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Reg MRL**	Analysis Date	Analysis Time	DOH Lab Certification #
2450	Monochloroacetic Acid	N/A	ug/L	2.6		EPA 552.2	0.77	2.0	2/22/14	10:09	E84129
2451	Dichloroacetic Acid	N/A	ug/L	15		EPA 552.2	0.69	1.0	2/22/14	10:09	E84129
2452	Trichloroacetic Acid	N/A	ug/L	20		EPA 552.2	0.35	1.0	2/22/14	10:09	E84129
2453	Monobromoacetic Acid	N/A	ug/L	0.34	U	EPA 552.2	0.34	1.0	2/22/14	10:09	E84129
2454	Dibromoacetic Acid	N/A	ug/L	0.54	I	EPA 552.2	0.27	1.0	2/22/14	10:09	E84129
2456	Total Haloacetic Acids (HAA5)	60	ug/L	38.14		EPA 552.2	0.27	—	2/22/14	10:09	E84129
Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Reg MRL**	Analysis Date	Analysis Time	DOH Lab Certification #
2941	Chloroform	N/A	ug/L	55		EPA 524.2	0.2	1.0	2/19/14	0:29	E84129
2942	Bromoform	N/A	ug/L	2.3		EPA 524.2	0.2	1.0	2/19/14	0:29	E84129
2943	Bromodichloromethane	N/A	ug/L	8.9		EPA 524.2	0.2	1.0	2/19/14	0:29	E84129
2944	Dibromochloromethane	N/A	ug/L	2.0		EPA 524.2	0.1	1.0	2/19/14	0:29	E84129
2950	Total Trihalomethanes (TTHM)	80	ug/L	68.2		EPA 524.2	0.1	—	2/19/14	0:29	E84129

** Laboratories are required to adhere to minimum reporting level (MRL) requirements of 40 CFR 141.131(b)(2)(iv). Chlorite regulatory MRL is applicable to monitoring as prescribed in 40 CFR 141.132(b)(2)(i)(B) and (b)(2)(ii). Laboratories that use EPA Methods 317.0 Revision 2.0, 326.0 or 321.8 must meet a 1.0 ug/L MRL for bromate.

*Qualifiers:

U=Analyte was undetected. Indicated concentration is method detection limit.
I=The reported value is between the laboratory method detection limit and the laboratory practical quantitation limit.

SOUTHERN ANALYTICAL LABORATORIES, INC.
110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 813-855-1844 fax 813-855-2218

SAL Project No. 1401811

Client Name	Contact / Phone:
City of Safety Harbor	
Project Name / Location	
THM & HAA Anlayses	
Samplers: (Signature)	

Matrix Codes: DW-Drinking Water WW-Wastewater SW-SurfaceWater SL-Sludge SO-Soil GW-Groundwater SA-Saline Water O-Other R-Reagent Water

PARAMETER / CONTAINER DESCRIPTION

SAL Use Only Sample No.	Sample Description	Date	Time	Matrix	Composite	Grab	40mL V, $Na_2S_2O_3$ 524.2-THM	40mL V, NH_4Cl 552.2-HAA		pH	Res. T. chlorine				No. of Containers (Total per each location)
01	SH-15 5008 Parrish Lane L/S	2-17-2014	10:12AM	DW		X	2	3		8.0	3.8				5
02	SH-17 3720 Phillippe Drive S. Family Resisence	2-17-2014	10:35AM	DW		X	2	3		8.0	4.3				5
03	SH-19 2 Fennery Lane S Family Residence	2-17-2014	9:55AM	DW		X	2	3		8.0	4.2				5
04	SH-20 1604 Huntington Lane S Family Residence	2-17-2014	9:40AM	DW		X	2	3		8.1	3.8				5
05	Trip Blank			R		X	1								1

Containers Prepared/ Relinquished:	Date/Time: 1440 2-17-14	Received: S. Blauvelt	Date/Time: 2/18/14 9:34 AM
Relinquished:	Date/Time: 1054 2/17/14	Received: K Mudmeck	Date/Time: 1054 2/17/14
Relinquished:	Date/Time:	Received:	Date/Time:
Relinquished:	Date/Time:	Received:	Date/Time:
Relinquished:	Date/Time:	Received:	Date/Time:

Seal intact?	Y N N/A	Instructions / Remarks
Samples intact upon arrival?	Y N N/A	
Received on ice? Temp.____	Y N N/A	
Proper preservatives indicated?	Y N N/A	
Rec'd within holding time?	Y N N/A	
Volatiles rec'd w/out headspace?	Y N N/A	
Proper containers used?	Y N N/A	

Chain of Custody.xls Rev Date 11/15/01

Chain of Custody

16

STAGE 2 TOTAL TRIHALOMETHANES (TTHM) AND HALOACETIC ACIDS FIVE (HAA5) EXAMPLE REPORTING FORMAT

Subpart H systems serving 500 or more persons and ground water systems serving 10,000 or more persons shall complete applicable pages of this format and submit them to the Department within 10 days after the end of any quarter in which TTHM/HAA5 monitoring is required. Systems on routine or reduced quarterly TTHM/HAA5 monitoring shall complete pages 1, 2, and 3 of this format. (Add additional rows to the tables on pages 2 and 3 as necessary.) Systems on reduced annual TTHM/HAA5 monitoring shall complete pages 1 and 4 of this format. Additionally, Subpart H systems seeking to qualify for, or remain on, reduced quarterly or annual TTHM/HAA5 monitoring shall complete page 5 of this format. (Add additional rows to the table on page 5 as necessary.)

D/DBPR = Disinfectant and Disinfection Byproducts Rule; LRAA = locational running annual average; MCL = maximum contaminant level; OE = operational evaluation; RAA = running annual average; TOC = total organic carbon.

QUARTERLY MONITORING PERIOD: ~~April—June 2012~~ July - Sept 2012 3rd Q

SYSTEM INFORMATION		
PWS ID Number: 6021576		
PWS Name: City of Safety Harbor		
Source Water Type and Population Size Category:		
☐ Ground Water:	☒ Subpart H:	
☐ 10,000 – 99,999	☐ 500 – 3,300	☐ 250,000 – 999,999
☐ 100,000 – 499,999	☐ 3,301 – 9,999	☐ 1,000,000 – 4,999,999
☐ ≥ 500,000	☒ 10,000 – 49,999	☐ ≥ 5,000,000
	☐ 50,000 – 249,999	
Monitoring Mode*: ☒ Routine Monitoring ☐ Reduced Monitoring		
Monitoring Frequency*: ☒ Quarterly ☐ Annually		
Total Number Of Distribution System Monitoring Locations*: 4		
Contact Person: Raymond D. Boler		
Phone Number: 727-724-1550		
E-Mail Address (optional): Rboler@cityofsafetyharbor.com		
Fax Number (optional): 727-724-1510		

* See 40 CFR 141.621 and 141.623 for more details.

QUARTERLY MONITORING PERIOD: July - September 2012 PWS ID Number: 6521576

TTHM COMPLIANCE SUMMARY FOR SYSTEMS MONITORING QUARTERLY

Monitoring Location*	This Quarter				Previous Quarter	2 Quarters Ago	3 Quarters Ago		
	No. of TTHM Samples Taken	Date Each TTHM Sample Taken (mo/da/yr)	TTHM Sample Result (mg/L)	TTHM Locational Quarterly Average (mg/L)	TTHM Locational Quarterly Average (mg/L)	TTHM Locational Quarterly Average (mg/L)	TTHM Locational Quarterly Average (mg/L)	TTHM LRAA (mg/L)	TTHM OE Value (mg/L)
				A	B	C	D	(A+B+C+D)/4	(2A+B+C)/4
SH-15 5008 Parrish Lane	2	8/14/2012		71.1	69.1			~~35.83~~	~~35.55~~
SH-17 3720 Philippe Dr.	2	8/14/2012		58.6	66.6			~~31.30~~	~~45.95~~
SH-19 2 Fernery Lane	2	8/14/2012		55.3	68.9			~~31.05~~	~~44.87~~
SH-20 1604 Huntington Lane	2	8/14/2012		56.7	68.1			~~31.2~~	~~45.37~~

Does the TTHM LRAA at any monitoring location violate the TTHM MCL of 0.080 mg/L? (YES/NO)	NO
Does the TTHM OE value at any monitoring location exceed 0.080 mg/L? (YES/NO)**	NO
If you are on reduced quarterly monitoring, does the TTHM LRAA exceed 0.040 mg/L at any monitoring location? (YES/NO/NA)***	

* Location names or numbers should correspond to those in your Stage 2 D/DBPR compliance monitoring plan required under 40 CFR 141.622.
** If any TTHM OE value at any location exceeds 0.080 mg/L, you must conduct an OE and submit an OE report in accordance with 40 CFR 141.626.
*** If any TTHM LRAA at any location exceeds 0.040 mg/L, you must resume routine quarterly monitoring under 40 CFR 141.621.

QUARTERLY MONITORING PERIOD: July - September 2012

PWS ID Number: 6521576

HAA5 COMPLIANCE SUMMARY FOR SYSTEMS MONITORING QUARTERLY

Monitoring Location*	This Quarter				Previous Quarter	2 Quarters Ago	3 Quarters Ago	HAA5 LRAA (mg/L)	HAA5 OE Value (mg/L)
	No. of HAA5 Samples Taken	Date Each HAA5 Sample Taken (mo/da/yr)	HAA5 Sample Result (mg/L)	HAA5 Locational Quarterly Average (mg/L)	HAA5 Locational Quarterly Average (mg/L)	HAA5 Locational Quarterly Average (mg/L)	HAA5 Locational Quarterly Average (mg/L)		
				A	B	C	D	(A+B+C+D)/4	(2A+B+C)/4
SH-15 5008 Parrish Lane	3	8/14/2012		35.6	50.9			~~21.62~~	~~30.52~~
SH-17 3720 Philippe Dr.	3	8/14/2012		34.6	48.2			~~20.7~~	~~29.35~~
SH-19 2 Fernery Lane	3	8/14/2012		35.5	48.2			~~20.92~~	~~29.8~~
SH-20 1604 Huntington Lane	3	8/14/2012		36.5	43.2			~~19.92~~	~~29.85~~

Does the HAA5 LRAA at any monitoring location violate the HAA5 MCL of 0.060 mg/L? (YES/NO)	NO
Does the HAA5 OE value at any monitoring location exceed 0.060 mg/L? (YES/NO)**	NO
If you are on reduced quarterly monitoring, does the HAA5 LRAA exceed 0.030 mg/L at any monitoring location? (YES/NO/NA)***	

* Location names or numbers should correspond to those in your Stage 2 D/DBPR compliance monitoring plan required under 40 CFR 141.622.

** If any HAA5 OE value at any location exceeds 0.060 mg/L, you must conduct an OE and submit an OE report in accordance with 40 CFR 141.626.

*** If any HAA5 LRAA at any location exceeds 0.030 mg/L, you must resume routine quarterly monitoring under 40 CFR 141.621.

SOUTHERN ANALYTICAL LABORATORIES, INC.

110 SAYVIEW BOULEVARD, OLDSMAR, FL 34677 813-855-1844 FAX 813-855-2218

ACCREDITED IN ACCORDANCE WITH

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

City of Safety Harbor
THM and HAA Analyses

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

System Name: City of Safety Harbor PWS I.D. #: 6 5 2 1 5 7 6

System Type (check one): ☒ Community ☐ Nontransient Noncommunity ☐ Transient Noncommunity

Address: 1200 Railroad Ave

City: Safety Harbor Zip Code: 34695

Phone: 727-724-1550 Fax: 727-724-1510 E-Mail Address: Rbaker@cityofsafetyHarbor.com

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: 1209053-01 Sample Date: 8/14/12 Sample Time: 9:45 am AM PM (Circle One)

Sample Location (be specific): SH-15 5008 Parrish Lane L/S Location Code:

Disinfection Residual (Required when reporting results for trihalomethanes and haloacetic acids): 4.1 mg/L Field pH: 8.2

Sample Type (Check Only One)

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

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

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

Sampling Procedure Used or Other Comments:

* See 62-550.500(6) for requirements and restrictions. And 62-550.5.12(3) for nitrate or nitrite exceedances.

** See 62-550.500(4) for requirements and attach a results page for each site

SAMPLER CERTIFICATION

I, Joe Boggs (Print Name), Utility maintenance III (Print Title) do HEREBY CERTIFY that the above public water system and sample collection information is complete and correct.

Signature: Joe Boggs Date: 8-29-12

Certified Operator #: 0015735 Phone #: 727-724-1550 Sampler's Fax #: 727-724-1510

Sampler's E-Mail: JBoggs@cityofSafetyHarbor.com

Reporting Format 62-550-730
Effective January 1995. Revised February 2010

SOUTHERN ANALYTICAL LABORATORIES, INC.

110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 813-855-1844 FAX 813-855-2218

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

City of Safety Harbor
THM and HAA Analyses

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

Lab Name: Southern Analytical Laboratories, Inc. Florida DOH Certification #: E84129 Certification Expiration Date: 06/30/2013

ATTACH CURRENT DOH ANALYTE SHEET*

Address: 110 Bayview Blvd Oldsmar,FL 34677 Phone: (813) 855-1844

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

ATTACH CURRENT DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB*

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 08/14/2012

PWS ID (From Page 1): Sample Number (From Page 1): 1209053-01 Lab Assigned Report # or Job ID: 1209053-01

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 for Asbestos	☐ All 30	☐ All 21	☒ Trihalomethanes	☐ Single Sample	☐ All 14
☐ Partial	☐ All Except Dioxin	☐ Partial	☒ Haloacetic Acids	☐ Qtrly Composite	☐ Partial
☐ Nitrate	☐ Partial		☐ Chlorite		
☐ Nitrite	☐ Dioxin Only		☐ Bromate		
☐ Asbestos					

LAB CERTIFICATION

I, Francis I. Daniels (Print Name), Laboratory Director (Print Title) do HEREBY CERTIFY that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).

Signature: Date: 08/23/2012

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

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

CONFIRMATION & NOTIFICATION IS REQUIRED WITHIN 24 HOURS FOR NITRATE AND NITRITE MCL EXCEEDANCES

NON-DETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" QUALIFIER (Non-detects reported as "BDL" or with a "<" are not acceptable.)

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

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

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

Reporting Format 62-550-730
Effective January 1995, Revised February 2010

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

DISINFECTION BYPRODUCTS
62-550.310(3)

Report Number / Job ID: 1209053-01
Disinfectant Residual (mg/L) (From Page 1): 4.1
PWS ID (From Page 1):

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Reg MRL**	Analysis Date	Analysis Time	DOH Lab Certification #
2450	Monochloroacetic Acid	N/A	ug/L	0.77	U	EPA 552.2	0.77	2.0	8/19/12	1:58	E84129
2451	Dichloroacetic Acid	N/A	ug/L	16		EPA 552.2	0.69	1.0	8/19/12	1:58	E84129
2452	Trichloroacetic Acid	N/A	ug/L	18		EPA 552.2	0.35	1.0	8/19/12	1:58	E84129
2453	Monobromoacetic Acid	N/A	ug/L	0.34	U	EPA 552.2	0.34	1.0	8/19/12	1:58	E84129
2454	Dibromoacetic Acid	N/A	ug/L	1.8		EPA 552.2	0.27	1.0	8/19/12	1:58	E84129
2456	Total Haloacetic Acids (HAA5)	60	ug/L	35.8		EPA 552.2	0.27	—	8/19/12	1:58	E84129

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Reg MRL**	Analysis Date	Analysis Time	DOH Lab Certification #
2941	Chloroform	N/A	ug/L	52		EPA 524.2	0.2	1.0	8/16/12	14:59	E84129
2942	Bromoform	N/A	ug/L	2.6		EPA 524.2	0.2	1.0	8/16/12	14:59	E84129
2943	Bromodichloromethane	N/A	ug/L	11		EPA 524.2	0.2	1.0	8/16/12	14:59	E84129
2944	Dibromochloromethane	N/A	ug/L	5.5		EPA 524.2	0.1	1.0	8/16/12	14:59	E84129
2950	Total Trihalomethanes (TTHM)	80	ug/L	71.1		EPA 524.2	0.1	—	8/16/12	14:59	E84129

** Laboratories are required to adhere to minimum reporting level (MRL) requirements of 40 CFR 141.131(b)(2)(iv). Chlorite regulatory MRL is applicable to monitoring as prescribed in 40 CFR 141.132(b)(2)(i)(B) and (b)(2)(ii). Laboratories that use EPA Methods 317.0 Revision 2.0, 326.0 or 321.8 must meet a 1.0 ug/L MRL for bromate.

*Qualifiers:

U=Analyte was undetected. Indicated concentration is method detection limit.

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City of Safety Harbor
THM and HAA Analyses

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

System Name: City of Safety Harbor PWS I.D. #: 6 5 2 1 5 7 6

System Type (check one): [X] Community [ ] Nontransient Noncommunity [ ] Transient Noncommunity

Address: 1200 Railroad Ave

City: Safety Harbor Zip Code: 34695

Phone: 727-724-1550 Fax: 727-724-1510 E-Mail Address: Rboler@cityofSafetyHarbor.com

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: 1209053-02 Sample Date: 8/14/12 Sample Time: 10:00 am [AM] PM (Circle One)

Sample Location (be specific): SH-17 3720 Philippe Drive S Family Residence Location Code:

Disinfection Residual (Required when reporting results for trihalomethanes and haloacetic acids): 4.1 mg/L Field pH: 8.2

Sample Type (Check Only One)

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

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

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

Sampling Procedure Used or Other Comments:

* See 62-550.500(6) for requirements and restrictions. And 62-550.5.12(3) for nitrate or nitrite exceedances.

** See 62-550.500(4) for requirements and attach a results page for each site

SAMPLER CERTIFICATION

I, Joe Boggs (Print Name), Utility Maintenance III (Print Title) do HEREBY CERTIFY that the above public water system and sample collection information is complete and correct.

Signature: Joe Boggs Date: 8-29-12

Certified Operator #: 0015735 Phone #: 727-724-1550 Sampler's Fax #: 727-724-1510

Sampler's E-Mail: JBoggs@cityofSafetyHarbor.com

Reporting Format 62-550-730
Effective January 1995, Revised February 2010

SOUTHERN ANALYTICAL LABORATORIES, INC.

110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 813-855-1844 FAX 813-855-2218

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

City of Safety Harbor
THM and HAA Analyses

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

Lab Name: Southern Analytical Laboratories, Inc. Florida DOH Certification #: E84129 Certification Expiration Date: 06/30/2013

ATTACH CURRENT DOH ANALYTE SHEET*

Address: 110 Bayview Blvd Oldsmar,FL 34677 Phone: (813) 855-1844

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

ATTACH CURRENT DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB*

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 08/14/2012

PWS ID (From Page 1): _____ Sample Number (From Page 1): 1209053-02 Lab Assigned Report # or Job ID: 1209053-02

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 for Asbestos	☐ All 30	☐ All 21	☒ Trihalomethanes	☐ Single Sample	☐ All 14
☐ Partial	☐ All Except Dioxin	☐ Partial	☒ Haloacetic Acids	☐ Qtrly Composite	☐ Partial
☐ Nitrate	☐ Partial		☐ Chlorite		
☐ Nitrite	☐ Dioxin Only		☐ Bromate		
☐ Asbestos					

LAB CERTIFICATION

I, Francis I. Daniels (Print Name), Laboratory Director (Print Title) do HEREBY CERTIFY that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).

Signature: _____ Date: 08/23/2012

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

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

CONFIRMATION & NOTIFICATION IS REQUIRED WITHIN 24 HOURS FOR NITRATE AND NITRITE MCL EXCEEDANCES

NON-DETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" QUALIFIER (Non-detects reported as "BDL" or with a "<" are not acceptable.)

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

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

Person Notified: _____ Date Notified: _____ DEP/DOH Reviewing Official: _____

Reporting Format 62-550-730
Effective January 1995. Revised February 2010

SOUTHERN ANALYTICAL LABORATORIES, INC.
110 SAYVIEW BOULEVARD, OLDSMAR, FL 34677 813-855-1844 FAX 813-855-2218

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

DISINFECTION BYPRODUCTS
62-550.310(3)

Report Number / Job ID: 1209053-02
Disinfectant Residual (mg/L) (From Page 1): 4.1
PWS ID (From Page 1):

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Reg MRL**	Analysis Date	Analysis Time	DOH Lab Certification #
2450	Monochloroacetic Acid	N/A	ug/L	0.77	U	EPA 552.2	0.77	2.0	8/19/12	2:20	E84129
2451	Dichloroacetic Acid	N/A	ug/L	18		EPA 552.2	0.69	1.0	8/19/12	2:20	E84129
2452	Trichloroacetic Acid	N/A	ug/L	17		EPA 552.2	0.34	1.0	8/19/12	2:20	E84129
2453	Monobromoacetic Acid	N/A	ug/L	0.33	U	EPA 552.2	0.35	1.0	8/19/12	2:20	E84129
2454	Dibromoacetic Acid	N/A	ug/L	1.6		EPA 552.2	0.27	1.0	8/19/12	2:20	E84129
2456	Total Haloacetic Acids (HAA5)	60	ug/L	34.6		EPA 552.2	0.27	—	8/19/12	2:20	E84129
Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Reg MRL**	Analysis Date	Analysis Time	DOH Lab Certification #
2941	Chloroform	N/A	ug/L	42		EPA 524.2	0.2	1.0	8/16/12	15:34	E84129
2942	Bromoform	N/A	ug/L	2.4		EPA 524.2	0.2	1.0	8/16/12	15:34	E84129
2943	Bromodichloromethane	N/A	ug/L	9.5		EPA 524.2	0.2	1.0	8/16/12	15:34	E84129
2944	Dibromochloromethane	N/A	ug/L	4.7		EPA 524.2	0.1	1.0	8/16/12	15:34	E84129
2950	Total Trihalomethanes (TTHM)	80	ug/L	56.6		EPA 524.2	0.1	—	8/16/12	15:34	E84129

** Laboratories are required to adhere to minimum reporting level (MRL) requirements of 40 CFR 141.131(b)(2)(iv). Chlorite regulatory MRL is applicable to monitoring as prescribed in 40 CFR 141.132(b)(2)(i)(B) and (b)(2)(ii). Laboratories that use EPA Methods 317.0 Revision 2.0, 326.0 or 321.8 must meet a 1.0 ug/L MRL for bromate.

*Qualifiers:

U=Analyte was undetected. Indicated concentration is method detection limit.

SOUTHERN ANALYTICAL LABORATORIES, INC.

110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 813-855-1844 FAX 813-855-2218

ACCREDITED IN ACCORDANCE WITH

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

City of Safety Harbor
THM and HAA Analyses

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

System Name: City of Safety Harbor PWS I.D. #: 6 5 2 1 5 7 6

System Type (check one): [X] Community [ ] Nontransient Noncommunity [ ] Transient Noncommunity

Address: 1200 Railroad Ave.

City: Safety Harbor Zip Code: 34695

Phone: 727-724-1550 Fax: 727-724-1510 E-Mail Address: Rbaker@CityofSafetyHarbor.com

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: 1209053-03 Sample Date: 8/14/12 Sample Time: 10:30 am [AM] PM (Circle One)

Sample Location (be specific): SH-19 Fennary Lane S Family Residence Location Code:

Disinfection Residual (Required when reporting results for trihalomethanes and haloacetic acids): 4.2 mg/L Field pH: 8.1

Sample Type (Check Only One)

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

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

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

Sampling Procedure Used or Other Comments:

* See 62-550.500(6) for requirements and restrictions. And 62-550.5.12(3) for nitrate or nitrite exceedances.

** See 62-550.500(4) for requirements and attach a results page for each site

SAMPLER CERTIFICATION

I, Joe Boggs (Print Name), Utility Maintenance III (Print Title) do HEREBY CERTIFY that the above public water system and sample collection information is complete and correct.

Signature: Joe Boggs Date: 8-29-12

Certified Operator #: 0015735 Phone #: 727-724-1550 Sampler's Fax #: 727-724-1510

Sampler's E-Mail: JBoggs@CityofSafetyHarbor.com

Reporting Format 62-550-730
Effective January 1995, Revised February 2010

SOUTHERN ANALYTICAL LABORATORIES, INC.
110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 813-855-1844 FAX 813-855-2218

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

City of Safety Harbor
THM and HAA Analyses

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

Lab Name: Southern Analytical Laboratories, Inc. Florida DOH Certification #: E84129 Certification Expiration Date: 06/30/2013

ATTACH CURRENT DOH ANALYTE SHEET*

Address: 110 Bayview Blvd Oldsmar,FL 34677 Phone: (813) 855-1844

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

ATTACH CURRENT DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB*

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 08/14/2012

PWS ID (From Page 1): _____ Sample Number (From Page 1): 1209053-03 Lab Assigned Report # or Job ID: 1209053-03

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 for Asbestos	☐ All 30	☐ All 21	☒ Trihalomethanes	☐ Single Sample	☐ All 14
☐ Partial	☐ All Except Dioxin	☐ Partial	☒ Haloacetic Acids	☐ Qtrly Composite	☐ Partial
☐ Nitrate	☐ Partial		☐ Chlorite		
☐ Nitrite	☐ Dioxin Only		☐ Bromate		
☐ Asbestos					

LAB CERTIFICATION

I, Francis I. Daniels (Print Name), Laboratory Director (Print Title) do HEREBY CERTIFY that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).

Signature: _____ Date: 08/23/2012

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

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

CONFIRMATION & NOTIFICATION IS REQUIRED WITHIN 24 HOURS FOR NITRATE AND NITRITE MCL EXCEEDANCES

NON-DETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" QUALIFIER (Non-detects reported as "BDL" or with a "<" are not acceptable.)

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

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

Person Notified: _____ Date Notified: _____ DEP/DOH Reviewing Official: _____

Reporting Format 62-550-730
Effective January 1995. Revised February 2010

SOUTHERN ANALYTICAL LABORATORIES, INC.
110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 813-855-1844 FAX 813-855-2218

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

DISINFECTION BYPRODUCTS
62-550.310(3)

Report Number / Job ID: 1209053-03
Disinfectant Residual (mg/L) (From Page 1): 4.2
PWS ID (From Page 1):

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Reg MRL**	Analysis Date	Analysis Time	DOH Lab Certification #
2450	Monochloroacetic Acid	N/A	ug/L	0.77	U	EPA 552.2	0.77	2.0	8/19/12	2:43	E84129
2451	Dichloroacetic Acid	N/A	ug/L	16		EPA 552.2	0.59	1.0	8/19/12	2:43	E84129
2452	Trichloroacetic Acid	N/A	ug/L	18		EPA 552.2	0.34	1.0	8/19/12	2:43	E84129
2453	Monobromoacetic Acid	N/A	ug/L	0.33	U	EPA 552.2	0.33	1.0	8/19/12	2:43	E84129
2454	Dibromoacetic Acid	N/A	ug/L	1.5		EPA 552.2	0.27	1.0	8/19/12	2:43	E84129
2456	Total Haloacetic Acids (HAA5)	60	ug/L	35.5		EPA 552.2	0.27	—	8/19/12	2:43	E84129
Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Reg MRL**	Analysis Date	Analysis Time	DOH Lab Certification #
2941	Chloroform	N/A	ug/L	40		EPA 524.2	0.2	1.0	8/16/12	16:09	E84129
2942	Bromoform	N/A	ug/L	2.1		EPA 524.2	0.2	1.0	8/16/12	16:09	E84129
2943	Bromodichloromethane	N/A	ug/L	8.9		EPA 524.2	0.2	1.0	8/16/12	16:09	E84129
2944	Dibromochloromethane	N/A	ug/L	4.3		EPA 524.2	0.1	1.0	8/16/12	16:09	E84129
2950	Total Trihalomethanes (TTHM)	80	ug/L	55.3		EPA 524.2	0.1	—	8/16/12	16:09	E84129

** Laboratories are required to adhere to minimum reporting level (MRL) requirements of 40 CFR 141.131(b)(2)(iv). Chlorite regulatory MRL is applicable to monitoring as prescribed in 40 CFR 141.132(b)(2)(i)(B) and (b)(2)(ii). Laboratories that use EPA Methods 317.0 Revision 2.0, 326.0 or 321.8 must meet a 1.0 ug/L MRL for bromate.

*Qualifiers:

U=Analyte was undetected. Indicated concentration is method detection limit.

SOUTHERN ANALYTICAL LABORATORIES, INC.
110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 813-855-1844 FAX 813-855-2218

ACCREDITED IN ACCORDANCE WITH

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

City of Safety Harbor
THM and HAA Analyses

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

System Name: City of Safety Harbor PWS I.D. #: 6 5 2 1 5 7 6

System Type (check one): ☒ Community ☐ Nontransient Noncommunity ☐ Transient Noncommunity

Address: 1200 Railroad Ave.

City: Safety Harbor Zip Code: 34695

Phone: 727-724-1550 Fax: 727-724-1510 E-Mail Address: Rbaker@cityofsafetyharbor.com

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: 1209053-04 Sample Date: 8/14/12 Sample Time: 11:00 am AM PM (Circle One)

Sample Location (be specific): SH-20 1604 Huntington Lane S Family Residence Location Code:

Disinfection Residual (Required when reporting results for trihalomethanes and haloacetic acids): 4.0 mg/L Field pH: 8.1

Sample Type (Check Only One)

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

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

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

Sampling Procedure Used or Other Comments:

* See 62-550.500(6) for requirements and restrictions. And 62-550.5.12(3) for nitrate or nitrite exceedances.

** See 62-550.500(4) for requirements and attach a results page for each site

SAMPLER CERTIFICATION

I, Joe Boggs (Print Name), Utility Maintenance III (Print Title) do HEREBY CERTIFY that the above public water system and sample collection information is complete and correct.

Signature: Joe Boggs Date: 8-29-12

Certified Operator #: 0015735 Phone #: 727-724-1550 Sampler's Fax #: 727-724-1510

Sampler's E-Mail: Jboggs@cityofsafetyharbor.com

Reporting Format 62-550-730
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SOUTHERN ANALYTICAL LABORATORIES, INC.

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

City of Safety Harbor
THM and HAA Analyses

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

Lab Name: Southern Analytical Laboratories, Inc. Florida DOH Certification #: E84129 Certification Expiration Date: 06/30/2013

ATTACH CURRENT DOH ANALYTE SHEET*

Address: 110 Bayview Blvd Oldsmar,FL 34677 Phone: (813) 855-1844

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

ATTACH CURRENT DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB*

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 08/14/2012

PWS ID (From Page 1): _____ Sample Number (From Page 1): 1209053-04 Lab Assigned Report # or Job ID: 1209053-04

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 for Asbestos	☐ All 30	☐ All 21	☒ Trihalomethanes	☐ Single Sample	☐ All 14
☐ Partial	☐ All Except Dioxin	☐ Partial	☒ Haloacetic Acids	☐ Qtrly Composite	☐ Partial
☐ Nitrate	☐ Partial		☐ Chlorite		
☐ Nitrite	☐ Dioxin Only		☐ Bromate		
☐ Asbestos					

LAB CERTIFICATION

I, Francis I. Daniels (Print Name), Laboratory Director (Print Title) do HEREBY CERTIFY

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

Signature: _____ Date: 08/23/2012

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

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

CONFIRMATION & NOTIFICATION IS REQUIRED WITHIN 24 HOURS FOR NITRATE AND NITRITE MCL EXCEEDANCES

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

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

Person Notified: _____ Date Notified: _____ DEP/DOH Reviewing Official: _____

Reporting Format 62-550-730
Effective January 1995, Revised February 2010

SOUTHERN ANALYTICAL LABORATORIES, INC.
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Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format

DISINFECTION BYPRODUCTS
62-550.310(3)

Report Number / Job ID: 1209053-04
Disinfectant Residual (mg/L) (From Page 1): 4.0
PWS ID (From Page 1):

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Reg MRL**	Analysis Date	Analysis Time	DOH Lab Certification #
2450	Monochloroacetic Acid	N/A	ug/L	0.76	U	EPA 552.2	0.76	2.0	8/19/12	3:05	E84129
2451	Dichloroacetic Acid	N/A	ug/L	17		EPA 552.2	0.69	1.0	8/19/12	3:05	E84129
2452	Trichloroacetic Acid	N/A	ug/L	18		EPA 552.2	0.34	1.0	8/19/12	3:05	E84129
2453	Monobromoacetic Acid	N/A	ug/L	0.33	U	EPA 552.2	0.33	1.0	8/19/12	3:05	E84129
2454	Dibromoacetic Acid	N/A	ug/L	1.5		EPA 552.2	0.26	1.0	8/19/12	3:05	E84129
2456	Total Haloacetic Acids (HAA5)	60	ug/L	36.5		EPA 552.2	0.26	—	8/19/12	3:05	E84129
Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Reg MRL**	Analysis Date	Analysis Time	DOH Lab Certification #
2941	Chloroform	N/A	ug/L	41		EPA 524.2	0.2	1.0	8/16/12	16:45	E84129
2942	Bromoform	N/A	ug/L	2.3		EPA 524.2	0.2	1.0	8/16/12	16:45	E84129
2943	Bromodichloromethane	N/A	ug/L	9.0		EPA 524.2	0.2	1.0	8/16/12	16:45	E84129
2944	Dibromochloromethane	N/A	ug/L	4.4		EPA 524.2	0.1	1.0	8/16/12	16:45	E84129
2950	Total Trihalomethanes (TTHM)	80	ug/L	56.7		EPA 524.2	0.1	—	8/16/12	16:45	E84129

** Laboratories are required to adhere to minimum reporting level (MRL) requirements of 40 CFR 141.131(b)(2)(iv). Chlorite regulatory MRL is applicable to monitoring as prescribed in 40 CFR 141.132(b)(2)(i)(B) and (b)(2)(ii). Laboratories that use EPA Methods 317.0 Revision 2.0, 326.0 or 321.8 must meet a 1.0 ug/L MRL for bromate.

*Qualifiers:

U=Analyte was undetected. Indicated concentration is method detection limit.

SOUTHERN ANALYTICAL LABORATORIES, INC.

110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 813-855-1844 fax 813-855-2219

SAL Project No. 120953

Client Name	Contact / Phone:
City of Safety Harbor	
Project Name / Location: THM & HAA Anlayses	
Samplers: (Signature)	

Matrix Codes: DW-Drinking Water WW-Wastewater SW-SurfaceWater SL-Sludge SO-Soil GW-Groundwater SA-Saline Water O-Other R-Reagent Water

PARAMETER / CONTAINER DESCRIPTION

SAL Use Only Sample No.	Sample Description	Date	Time	Matrix	Composite	Grab	40ml. V. $Na_2S_2O_3$ 524.2-THM	40ml. V. NH_4Cl 552.2-HAA		pH	Res. T. chlorine				No. of Containers (Total per each location)
01	SH-15 5008 Parrish Lane L/S	8-14-12	9:45 A.M.	DW		X	2	3		8.2	4.1				5
02	SH-17 3720 Phillippe Drive S. Family Residence	8-14-12	10:00 A.M.	DW		X	2	3		8.2	4.1				5
03	SH-19 2 Fennery Lane S Family Residence	8-14-12	10:30 A.M.	DW		X	2	3		8.1	4.2				5
04	SH-20 1604 Huntington Lane S Family Residence	8-14-12	11:00 A.M.	DW		X	2	3		8.1	4.0				5
05	Trip Blank	8/7/12	1600	DW R		X	≈1	≈5							≈1

Containers Prepared/ Relinquished:	Date/Time: 1610 8/7/12	Received:	Date/Time:
Relinquished:	Date/Time:	Received:	Date/Time: 1140 8-14-12
Relinquished:	Date/Time:	Received:	Date/Time:
Relinquished:	Date/Time:	Received:	Date/Time:
Relinquished:	Date/Time:	Received:	Date/Time:

Seal intact?	Ⓨ N N/A
Samples intact upon arrival?	Ⓨ N N/A
Received on ice? Temp.____	Ⓨ N N/A
Proper preservatives indicated?	Ⓨ N N/A
Rec'd w/in holding time?	Ⓨ N N/A
Volatiles rec'd w/out headspace?	Ⓨ N N/A
Proper containers used?	Ⓨ N N/A

Instructions / Remarks

Chain of Custody.xls Rev.Date 11/19/01

Chain of Custody

SOUTHERN ANALYTICAL LABORATORIES, INC.
110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 813-855-1844 FAX 813-855-2218

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

City of Safety Harbor
THM and HAA Analyses

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

System Name: _____ PWS I.D. #: ☐☐☐☐☐☐☐

System Type (check one): ☐ Community ☐ Nontransient Noncommunity ☐ Transient Noncommunity

Address: _____

City: _____ Zip Code: _____

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

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: 1304163-01 Sample Date: 4/17/13 Sample Time: 10:04 am AM PM (Circle One)

Sample Location (be specific): SH-15 5008 Parrish Lane L/S Location Code: _____

Disinfection Residual (Required when reporting results for trihalomethanes and haloacetic acids): 4.5 mg/L Field pH: 8.3

Sample Type (Check Only One)

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

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

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

Sampling Procedure Used or Other Comments: _____

* See 62-550.500(6) for requirements and restrictions. And 62-550.5.12(3) for nitrate or nitrite exceedances.

** See 62-550.500(4) for requirements and attach a results page for each site

SAMPLER CERTIFICATION

I, Steve Blauvelt (Print Name) _____ (Print Title) do HEREBY CERTIFY that the above public water system and sample collection information is complete and correct.

Signature: _____ Date: _____

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

Sampler's E-Mail: _____

Reporting Format 62-550-730
Effective January 1995. Revised February 2010

SOUTHERN ANALYTICAL LABORATORIES, INC.
110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 813-855-1844 FAX 813-855-2218

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

City of Safety Harbor
THM and HAA Analyses

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

Lab Name: Southern Analytical Laboratories, Inc. Florida DOH Certification #: E84129 Certification Expiration Date: 06/30/2013

ATTACH CURRENT DOH ANALYTE SHEET*

Address: 110 Bayview Blvd Oldsmar,FL 34677 Phone: (813) 855-1844

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

ATTACH CURRENT DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB*

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 04/17/2013

PWS ID (From Page 1): Sample Number (From Page 1): 1304163-01 Lab Assigned Report # or Job ID: 1304163-01

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 for Asbestos	☐ All 30	☐ All 21	☒ Trihalomethanes	☐ Single Sample	☐ All 14
☐ Partial	☐ All Except Dioxin	☐ Partial	☒ Haloacetic Acids	☐ Qtrly Composite	☐ Partial
☐ Nitrate	☐ Partial		☐ Chlorite		
☐ Nitrite	☐ Dioxin Only		☐ Bromate		
☐ Asbestos					

LAB CERTIFICATION

I, Francis I. Daniels (Print Name), Laboratory Director (Print Title) do HEREBY CERTIFY

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

Signature: Date: 04/24/2013

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

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

CONFIRMATION & NOTIFICATION IS REQUIRED WITHIN 24 HOURS FOR NITRATE AND NITRITE MCL EXCEEDANCES

NON-DETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" QUALIFIER (Non-detects reported as "BDL" or with a "<" are not acceptable.)

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

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

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

SOUTHERN ANALYTICAL LABORATORIES, INC.
110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 813-855-1844 FAX 813-855-2218

ACCREDITED IN ACCORDANCE WITH

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

DISINFECTION BYPRODUCTS
62-550.310(3)

Report Number / Job ID: 1304163-01
Disinfectant Residual (mg/L) (From Page 1): 4.5
PWS ID (From Page 1):

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Reg MRL**	Analysis Date	Analysis Time	DOH Lab Certification #
2450	Monochloroacetic Acid	N/A	ug/L	0.0060		EPA 552.2	0.00084	2.0	4/23/13	3:49	E84129
2451	Dichloroacetic Acid	N/A	ug/L	0.024		EPA 552.2	0.00075	1.0	4/23/13	3:49	E84129
2452	Trichloroacetic Acid	N/A	ug/L	0.027		EPA 552.2	0.00038	1.0	4/23/13	3:49	E84129
2453	Monobromoacetic Acid	N/A	ug/L	0.00088	I	EPA 552.2	0.00036	1.0	4/23/13	3:49	E84129
2454	Dibromoacetic Acid	N/A	ug/L	0.00029	I	EPA 552.2	0.00029	1.0	4/23/13	3:49	E84129
2456	Total Haloacetic Acids (HAA5)	60	ug/L	0.05788		EPA 552.2	0.00029	—	4/23/13	3:49	E84129

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Reg MRL**	Analysis Date	Analysis Time	DOH Lab Certification #
2941	Chloroform	N/A	ug/L	0.060		EPA 524.2	0.0002	1.0	4/18/13	15:58	E84129
2942	Bromoform	N/A	ug/L	0.0004	I	EPA 524.2	0.0002	1.0	4/18/13	15:58	E84129
2943	Bromodichloromethane	N/A	ug/L	0.0093		EPA 524.2	0.0002	1.0	4/18/13	15:58	E84129
2944	Dibromochloromethane	N/A	ug/L	0.0019		EPA 524.2	0.0001	1.0	4/18/13	15:58	E84129
2950	Total Trihalomethanes (TTHM)	80	ug/L	0.0716		EPA 524.2	0.0001	—	4/18/13	15:58	E84129

** Laboratories are required to adhere to minimum reporting level (MRL) requirements of 40 CFR 141.131(b)(2)(iv). Chlorite regulatory MRL is applicable to monitoring as prescribed in 40 CFR 141.132(b)(2)(i)(B) and (b)(2)(ii). Laboratories that use EPA Methods 317.0 Revision 2.0, 326.0 or 321.8 must meet a 1.0 ug/L MRL for bromate.

*Qualifiers:

I=The reported value is between the laboratory method detection limit and the laboratory practical quantitation limit.

SOUTHERN ANALYTICAL LABORATORIES, INC.
110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 813-855-1844 FAX 813-855-2218

ACCREDITED IN ACCORDANCE WITH

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

City of Safety Harbor
THM and HAA Analyses

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

System Name: _____ PWS I.D. #: ☐☐☐☐☐☐☐

System Type (check one): ☐ Community ☐ Nontransient Noncommunity ☐ Transient Noncommunity

Address: _____

City: _____ Zip Code: _____

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

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: 1304163-02 Sample Date: 4/17/13 Sample Time: 11:15 am AM PM (Circle One)

Sample Location (be specific): SH-17 3720 Phillippe Drive S Family Residence Location Code: _____

Disinfection Residual (Required when reporting results for trihalomethanes and haloacetic acids): 4.5 mg/L Field pH: 8.3

Sample Type (Check Only One)

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

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

- ☐ Routine Compliance with 62-550
- ☐ Confirmation of MCL Exceedance*
- ☐ Composite of Multiple Sites **
- ☐ Other: _____

Sampling Procedure Used or Other Comments: _____

- ☐ Replacement (of Invalidated Sample)
- ☐ Special (not for compliance with 62-550)
- ☐ Clearance (permitting)

* See 62-550.500(6) for requirements and restrictions. And 62-550.5.12(3) for nitrate or nitrite exceedances.

** See 62-550.500(4) for requirements and attach a results page for each site

SAMPLER CERTIFICATION

I, Steve Blauvelt (Print Name) _____ (Print Title) do HEREBY CERTIFY that the above public water system and sample collection information is complete and correct.

Signature: _____ Date: _____

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

Sampler's E-Mail: _____

Reporting Format 62-550-730
Effective January 1995. Revised February 2010

SOUTHERN ANALYTICAL LABORATORIES, INC.
110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 813-855-1844 FAX 813-855-2218

ACCREDITED IN ACCORDANCE WITH

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

City of Safety Harbor
THM and HAA Analyses

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

Lab Name: Southern Analytical Laboratories, Inc. Florida DOH Certification #: E84129 Certification Expiration Date: 06/30/2013

ATTACH CURRENT DOH ANALYTE SHEET*

Address: 110 Bayview Blvd Oldsmar,FL 34677 Phone: (813) 855-1844

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

ATTACH CURRENT DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB*

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 04/17/2013

PWS ID (From Page 1): Sample Number (From Page 1): 1304163-02 Lab Assigned Report # or Job ID: 1304163-02

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 for Asbestos	☐ All 30	☐ All 21	☒ Trihalomethanes	☐ Single Sample	☐ All 14
☐ Partial	☐ All Except Dioxin	☐ Partial	☒ Haloacetic Acids	☐ Qtrly Composite	☐ Partial
☐ Nitrate	☐ Partial		☐ Chlorite		
☐ Nitrite	☐ Dioxin Only		☐ Bromate		
☐ Asbestos					

LAB CERTIFICATION

I, Francis I. Daniels (Print Name), Laboratory Director (Print Title) do HEREBY CERTIFY

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

Signature: Fran Daniels Date: 04/24/2013

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

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

CONFIRMATION & NOTIFICATION IS REQUIRED WITHIN 24 HOURS FOR NITRATE AND NITRITE MCL EXCEEDANCES

NON-DETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" QUALIFIER (Non-detects reported as "BDL" or with a "<" are not acceptable.)

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

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

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

Reporting Format 62-550-730
Effective January 1995. Revised February 2010

SOUTHERN ANALYTICAL LABORATORIES, INC.
110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 813-855-1844 FAX 813-855-2218

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

DISINFECTION BYPRODUCTS
62-550.310(3)

Report Number / Job ID: 1304163-02
Disinfectant Residual (mg/L) (From Page 1): 4.5
PWS ID (From Page 1):

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Reg MRL**	Analysis Date	Analysis Time	DOH Lab Certification #
2450	Monochloroacetic Acid	N/A	ug/L	0.0052		EPA 552.2	0.00082	2.0	4/23/13	4:11	E84129
2451	Dichloroacetic Acid	N/A	ug/L	0.024		EPA 552.2	0.00073	1.0	4/23/13	4:11	E84129
2452	Trichloroacetic Acid	N/A	ug/L	0.026		EPA 552.2	0.00037	1.0	4/23/13	4:11	E84129
2453	Monobromoacetic Acid	N/A	ug/L	0.0010		EPA 552.2	0.00036	1.0	4/23/13	4:11	E84129
2454	Dibromoacetic Acid	N/A	ug/L	0.00031	I	EPA 552.2	0.00028	1.0	4/23/13	4:11	E84129
2456	Total Haloacetic Acids (HAA5)	60	ug/L	0.05651		EPA 552.2	0.00028	—	4/23/13	4:11	E84129
Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Reg MRL**	Analysis Date	Analysis Time	DOH Lab Certification #
2941	Chloroform	N/A	ug/L	0.058		EPA 524.2	0.0002	1.0	4/18/13	16:30	E84129
2942	Bromoform	N/A	ug/L	0.0005	I	EPA 524.2	0.0002	1.0	4/18/13	16:30	E84129
2943	Bromodichloromethane	N/A	ug/L	0.0091		EPA 524.2	0.0002	1.0	4/18/13	16:30	E84129
2944	Dibromochloromethane	N/A	ug/L	0.0018		EPA 524.2	0.0001	1.0	4/18/13	16:30	E84129
2950	Total Trihalomethanes (TTHM)	80	ug/L	0.0694		EPA 524.2	0.0001	—	4/18/13	16:30	E84129

** Laboratories are required to adhere to minimum reporting level (MRL) requirements of 40 CFR 141.131(b)(2)(iv). Chlorite regulatory MRL is applicable to monitoring as prescribed in 40 CFR 141.132(b)(2)(i)(B) and (b)(2)(ii). Laboratories that use EPA Methods 317.0 Revision 2.0, 326.0 or 321.8 must meet a 1.0 ug/L MRL for bromate.

*Qualifiers:

I=The reported value is between the laboratory method detection limit and the laboratory practical quantitation limit.

SOUTHERN ANALYTICAL LABORATORIES, INC.
110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 813-855-1844 FAX 813-855-2218

ACCREDITED IN ACCORDANCE WITH

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

City of Safety Harbor
THM and HAA Analyses

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

System Name: _____ PWS I.D. #: ☐☐☐☐☐☐☐

System Type (check one): ☐ Community ☐ Nontransient Noncommunity ☐ Transient Noncommunity

Address: _____

City: _____ Zip Code: _____

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

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: 1304163-03 Sample Date: 4/17/13 Sample Time: 10:30 am AM PM (Circle One)

Sample Location (be specific): SH-19 2 Fennery Lane S Family Residence Location Code: _____

Disinfection Residual (Required when reporting results for trihalomethanes and haloacetic acids): 4.4 mg/L Field pH: 8.3

Sample Type (Check Only One)

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

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

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

Sampling Procedure Used or Other Comments: _____

* See 62-550.500(6) for requirements and restrictions. And 62-550.5.12(3) for nitrate or nitrite exceedances.

** See 62-550.500(4) for requirements and attach a results page for each site

SAMPLER CERTIFICATION

I, Steve Blauvelt (Print Name), _____ (Print Title) do HEREBY CERTIFY that the above public water system and sample collection information is complete and correct.

Signature: _____ Date: _____

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

Sampler's E-Mail: _____

Reporting Format 62-550-730
Effective January 1995. Revised February 2010

SOUTHERN ANALYTICAL LABORATORIES, INC.
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Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format

City of Safety Harbor
THM and HAA Analyses

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

Lab Name: Southern Analytical Laboratories, Inc. Florida DOH Certification #: E84129 Certification Expiration Date: 06/30/2013

ATTACH CURRENT DOH ANALYTE SHEET*

Address: 110 Bayview Blvd Oldsmar,FL 34677 Phone: (813) 855-1844

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

ATTACH CURRENT DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB*

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 04/17/2013

PWS ID (From Page 1): Sample Number (From Page 1): 1304163-03 Lab Assigned Report # or Job ID: 1304163-03

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 for Asbestos	☐ All 30	☐ All 21	☒ Trihalomethanes	☐ Single Sample	☐ All 14
☐ Partial	☐ All Except Dioxin	☐ Partial	☒ Haloacetic Acids	☐ Qtrly Composite	☐ Partial
☐ Nitrate	☐ Partial		☐ Chlorite		
☐ Nitrite	☐ Dioxin Only		☐ Bromate		
☐ Asbestos					

LAB CERTIFICATION

I, Francis I. Daniels (Print Name), Laboratory Director (Print Title) do HEREBY CERTIFY

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

Signature: Date: 04/24/2013

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

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

CONFIRMATION & NOTIFICATION IS REQUIRED WITHIN 24 HOURS FOR NITRATE AND NITRITE MCL EXCEEDANCES

NON-DETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" QUALIFIER (Non-detects reported as "BDL" or with a "<" are not acceptable.)

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

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

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

Reporting Format 62-550-730
Effective January 1995, Revised February 2010

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

DISINFECTION BYPRODUCTS
62-550.310(3)

Report Number / Job ID: 1304163-03
Disinfectant Residual (mg/L) (From Page 1): 4.4
PWS ID (From Page 1):

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Reg MRL**	Analysis Date	Analysis Time	DOH Lab Certification #
2450	Monochloroacetic Acid	N/A	ug/L	0.0059		EPA 552.2	0.00083	2.0	4/23/13	4:33	E84129
2451	Dichloroacetic Acid	N/A	ug/L	0.024		EPA 552.2	0.00075	1.0	4/23/13	4:33	E84129
2452	Trichloroacetic Acid	N/A	ug/L	0.026		EPA 552.2	0.00037	1.0	4/23/13	4:33	E84129
2453	Monobromoacetic Acid	N/A	ug/L	0.00099	I	EPA 552.2	0.00036	1.0	4/23/13	4:33	E84129
2454	Dibromoacetic Acid	N/A	ug/L	0.00029	U	EPA 552.2	0.00029	1.0	4/23/13	4:33	E84129
2456	Total Haloacetic Acids (HAA5)	60	ug/L	0.05689		EPA 552.2	0.00029	—	4/23/13	4:33	E84129

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Reg MRL**	Analysis Date	Analysis Time	DOH Lab Certification #
2941	Chloroform	N/A	ug/L	0.057		EPA 524.2	0.0002	1.0	4/18/13	17:03	E84129
2942	Bromoform	N/A	ug/L	0.0003	I	EPA 524.2	0.0002	1.0	4/18/13	17:03	E84129
2943	Bromodichloromethane	N/A	ug/L	0.0090		EPA 524.2	0.0002	1.0	4/18/13	17:03	E84129
2944	Dibromochloromethane	N/A	ug/L	0.0018		EPA 524.2	0.0001	1.0	4/18/13	17:03	E84129
2950	Total Trihalomethanes (TTHM)	80	ug/L	0.0681		EPA 524.2	0.0001	—	4/18/13	17:03	E84129

** Laboratories are required to adhere to minimum reporting level (MRL) requirements of 40 CFR 141.131(b)(2)(iv). Chlorite regulatory MRL is applicable to monitoring as prescribed in 40 CFR 141.132(b)(2)(i)(B) and (b)(2)(ii). Laboratories that use EPA Methods 317.0 Revision 2.0, 326.0 or 321.8 must meet a 1.0 ug/L MRL for bromate.

*Qualifiers:

U=Analyte was undetected. Indicated concentration is method detection limit.
I=The reported value is between the laboratory method detection limit and the laboratory practical quantitation limit.

SOUTHERN ANALYTICAL LABORATORIES, INC.
110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 813-855-1844 FAX 813-855-2218

ACCREDITED IN ACCORDANCE WITH

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

City of Safety Harbor
THM and HAA Analyses

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

System Name: _____ PWS I.D. #: ☐☐☐☐☐☐☐

System Type (check one): ☐ Community ☐ Nontransient Noncommunity ☐ Transient Noncommunity

Address: _____

City: _____ Zip Code: _____

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

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: 1304163-04 Sample Date: 4/17/13 Sample Time: 10:10 am AM PM (Circle One)

Sample Location (be specific): SH-20 1604 Huntington Lane S Family Residence Location Code: _____

Disinfection Residual (Required when reporting results for trihalomethanes and haloacetic acids): 4.7 mg/L Field pH: 8.3

Sample Type (Check Only One)

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

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

- ☐ Routine Compliance with 62-550
- ☐ Confirmation of MCL Exceedance*
- ☐ Composite of Multiple Sites **
- ☐ Other: _____

Sampling Procedure Used or Other Comments: _____

- ☐ Replacement (of Invalidated Sample)
- ☐ Special (not for compliance with 62-550)
- ☐ Clearance (permitting)

* See 62-550.500(6) for requirements and restrictions. And 62-550.5.12(3) for nitrate or nitrite exceedances.

** See 62-550.500(4) for requirements and attach a results page for each site

SAMPLER CERTIFICATION

I, Steve Blauvelt (Print Name), _____ (Print Title) do HEREBY CERTIFY that the above public water system and sample collection information is complete and correct.

Signature: _____ Date: _____

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

Sampler's E-Mail: _____

Reporting Format 62-550-730
Effective January 1995, Revised February 2010

SOUTHERN ANALYTICAL LABORATORIES, INC.
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City of Safety Harbor
THM and HAA Analyses

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

Lab Name: Southern Analytical Laboratories, Inc. Florida DOH Certification #: E84129 Certification Expiration Date: 06/30/2013

ATTACH CURRENT DOH ANALYTE SHEET*

Address: 110 Bayview Blvd Oldsmar,FL 34677 Phone: (813) 855-1844

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

ATTACH CURRENT DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB*

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 04/17/2013

PWS ID (From Page 1): Sample Number (From Page 1): 1304163-04 Lab Assigned Report # or Job ID: 1304163-04

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 for Asbestos	☐ All 30	☐ All 21	☒ Trihalomethanes	☐ Single Sample	☐ All 14
☐ Partial	☐ All Except Dioxin	☐ Partial	☒ Haloacetic Acids	☐ Qtrly Composite	☐ Partial
☐ Nitrate	☐ Partial		☐ Chlorite		
☐ Nitrite	☐ Dioxin Only		☐ Bromate		
☐ Asbestos					

LAB CERTIFICATION

I, Francis I. Daniels (Print Name), Laboratory Director (Print Title) do HEREBY CERTIFY

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

Signature: Fran Daniels Date: 04/24/2013

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

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

CONFIRMATION & NOTIFICATION IS REQUIRED WITHIN 24 HOURS FOR NITRATE AND NITRITE MCL EXCEEDANCES

NON-DETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" QUALIFIER (Non-detects reported as "BDL" or with a "<" are not acceptable.)

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

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

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

Reporting Format 62-550-730
Effective January 1995. Revised February 2010

SOUTHERN ANALYTICAL LABORATORIES, INC.
110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 813-855-1844 FAX 813-855-2218

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

DISINFECTION BYPRODUCTS
62-550.310(3)

Report Number / Job ID: 1304163-04
Disinfectant Residual (mg/L) (From Page 1): 4.7
PWS ID (From Page 1):

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Reg MRL**	Analysis Date	Analysis Time	DOH Lab Certification #
2450	Monochloroacetic Acid	N/A	ug/L	0.0044		EPA 552.2	0.00082	2.0	4/23/13	6:02	E84129
2451	Dichloroacetic Acid	N/A	ug/L	0.025		EPA 552.2	0.00073	1.0	4/23/13	6:02	E84129
2452	Trichloroacetic Acid	N/A	ug/L	0.026		EPA 552.2	0.00037	1.0	4/23/13	6:02	E84129
2453	Monobromoacetic Acid	N/A	ug/L	0.0011		EPA 552.2	0.00036	1.0	4/23/13	6:02	E84129
2454	Dibromoacetic Acid	N/A	ug/L	0.00028	U	EPA 552.2	0.00028	1.0	4/23/13	6:02	E84129
2456	Total Haloacetic Acids (HAA5)	60	ug/L	0.0565		EPA 552.2	0.00028	—	4/23/13	6:02	E84129
Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Reg MRL**	Analysis Date	Analysis Time	DOH Lab Certification #
2941	Chloroform	N/A	ug/L	0.059		EPA 524.2	0.0002	1.0	4/18/13	17:36	E84129
2942	Bromoform	N/A	ug/L	0.0003	I	EPA 524.2	0.0002	1.0	4/18/13	17:36	E84129
2943	Bromodichloromethane	N/A	ug/L	0.0093		EPA 524.2	0.0002	1.0	4/18/13	17:36	E84129
2944	Dibromochloromethane	N/A	ug/L	0.0018		EPA 524.2	0.0001	1.0	4/18/13	17:36	E84129
2950	Total Trihalomethanes (TTHM)	80	ug/L	0.0704		EPA 524.2	0.0001	—	4/18/13	17:36	E84129

** Laboratories are required to adhere to minimum reporting level (MRL) requirements of 40 CFR 141.131(b)(2)(iv). Chlorite regulatory MRL is applicable to monitoring as prescribed in 40 CFR 141.132(b)(2)(i)(B) and (b)(2)(ii). Laboratories that use EPA Methods 317.0 Revision 2.0, 326.0 or 321.8 must meet a 1.0 ug/L MRL for bromate.

*Qualifiers:

U=Analyte was undetected. Indicated concentration is method detection limit.
I=The reported value is between the laboratory method detection limit and the laboratory practical quantitation limit.

SOUTHERN ANALYTICAL LABORATORIES, INC.

110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 813-855-1844 fax 813-855-2218

SAL Project No. 1304163

Client Name: City of Safety Harbor	Contact / Phone: 727-423-8990
Project Name / Location: THM & HAA Anlayses	
Samplers: (Signature) Steve Blaunett	

Matrix Codes:
DW-Drinking Water WW-Wastewater
SW-SurfaceWater SL-Sludge SO-Soil
GW-Groundwater SA-Saline Water O-Other
R-Reagent Water

PARAMETER / CONTAINER DESCRIPTION

SAL Use Only Sample No.	Sample Description	Date	Time	Matrix	Composite	Grab	40mL V, $Na_2S_2O_3$ 524.2-THM	40mL V, NH_4Cl 552.2-HAA		pH	Res. T. chlorine				No. of Containers (Total per each location)
01	SH-15 5008 Parrish Lane L/S	4-17-2013	10:54 AM	DW		X	2	3		8.3	4.5				5
02	SH-17 3720 Phillippe Drive S. Family Resisence	4-17-13	11:15 AM	DW		X	2	3		8.3	4.5				5
03	SH-19 2 Fennery Lane S Family Residence	4-17-13	10:30 AM	DW		X	2	3		8.3	4.4				5
04	SH-20 1604 Huntington Lane S Family Residence	4-17-13	10:10 AM	DW		X	2	3		8.3	4.7				5
05	Trip Blank			R		X	1								1

Containers Prepared/ Relinquished:	Date/Time: 4-11-13 1200	Received:	Date/Time:
Relinquished: X Steve Blaunett	Date/Time: 4/17/13 1230	Received:	Date/Time: 4/17/13 1230
Relinquished:	Date/Time:	Received:	Date/Time:
Relinquished:	Date/Time:	Received:	Date/Time:
Relinquished:	Date/Time:	Received:	Date/Time:

Seal intact? Y N N/A
Samples intact upon arrival? Y N N/A
Received on ice? Temp_____ Y N N/A
Proper preservatives indicated? Y N N/A
Rec'd within holding time? Y N N/A
Volatiles rec'd w/out headspace? Y N N/A
Proper containers used? Y N N/A

Instructions / Remarks

Chain of Custody.xls
Rev.Date 11/19/01

Chain of Custody

STAGE 2 TOTAL TRIHALOMETHANES (TTHM) AND HALOACETIC ACIDS FIVE (HAA5) EXAMPLE REPORTING FORMAT

Subpart H systems serving 500 or more persons and ground water systems serving 10,000 or more persons shall complete applicable pages of this format and submit them to the Department within 10 days after the end of any quarter in which TTHM/HAA5 monitoring is required. Systems on routine or reduced quarterly TTHM/HAA5 monitoring shall complete pages 1, 2, and 3 of this format. (Add additional rows to the tables on pages 2 and 3 as necessary.) Systems on reduced annual TTHM/HAA5 monitoring shall complete pages 1 and 4 of this format. Additionally, Subpart H systems seeking to qualify for, or remain on, reduced quarterly or annual TTHM/HAA5 monitoring shall complete page 5 of this format. (Add additional rows to the table on page 5 as necessary.)

D/DBPR = Disinfectant and Disinfection Byproducts Rule; LRAA = locational running annual average; MCL = maximum contaminant level; OE = operational evaluation; RAA = running annual average; TOC = total organic carbon.

QUARTERLY MONITORING PERIOD: January-March 2013

SYSTEM INFORMATION

PWS ID Number: 6521576

PWS Name: City of Safety Harbor

Source Water Type and Population Size Category:

☐ Ground Water:
- ☐ 10,000 – 99,999
- ☐ 100,000 – 499,999
- ☐ ≥ 500,000

☒ Subpart H:
- ☐ 500 – 3,300
- ☐ 3,301 – 9,999
- ☒ 10,000 – 49,999
- ☐ 50,000 – 249,999
- ☐ 250,000 – 999,999
- ☐ 1,000,000 – 4,999,999
- ☐ ≥ 5,000,000

Monitoring Mode*: ☒Routine Monitoring ☐Reduced Monitoring

Monitoring Frequency*: ☒Quarterly ☐Annually

Total Number Of Distribution System Monitoring Locations*: 4

Contact Person: Raymond D. Boler

Phone Number: 727-724-1550

E-Mail Address (optional):Rboler@cityofsafetyharbor.com

Fax Number (optional): 727-724-1510

* See 40 CFR 141.621 and 141.623 for more details.

Dept. Of Environmental Protection
FEB 28 2013
Southwest District

QUARTERLY MONITORING PERIOD: January-March 2013

PWS ID Number: 6521576

TTHM COMPLIANCE SUMMARY FOR SYSTEMS MONITORING QUARTERLY

Monitoring Location*	This Quarter				Previous Quarter	2 Quarters Ago	3 Quarters Ago		
	No. of TTHM Samples Taken	Date Each TTHM Sample Taken (mo/da/yr)	TTHM Sample Result (mg/L)	TTHM Locational Quarterly Average (mg/L)	TTHM Locational Quarterly Average (mg/L)	TTHM Locational Quarterly Average (mg/L)	TTHM Locational Quarterly Average (mg/L)	TTHM LRAA (mg/L)	TTHM OE Value (mg/L)
				A	B	C	D	(A+B+C+D)/4	(2A+B+C)/4
SH-15 5008 Parrish Lane	2	02/14/2013	0.0692	0.0692	.0682	.0711	.0691	.0694	.069425
SH-17 3720 Philippe Dr.	2	03/14/2013	0.0679	0.0679	.0711	.0586	.0666	.06605	.066375
SH-19 2 Fernery Lane	2	02/14/2013	0.06720001	0.06720001	.0698	.0553	.0689	.0653000025	.064875005
SH-20 1604 Huntington Lane	2	02/14/2013	0.0685	0.0685	.0716	.0567	.0681	.066225	.066325

Does the TTHM LRAA at any monitoring location violate the TTHM MCL of 0.080 mg/L? (YES/NO)	no
Does the TTHM OE value at any monitoring location exceed 0.080 mg/L? (YES/NO)**	no
If you are on reduced quarterly monitoring, does the TTHM LRAA exceed 0.040 mg/L at any monitoring location? (YES/NO/NA)***	

* Location names or numbers should correspond to those in your Stage 2 D/DBPR compliance monitoring plan required under 40 CFR 141.622.

** If any TTHM OE value at any location exceeds 0.080 mg/L, you must conduct an OE and submit an OE report in accordance with 40 CFR 141.626.

*** If any TTHM LRAA at any location exceeds 0.040 mg/L, you must resume routine quarterly monitoring under 40 CFR 141.621.

QUARTERLY MONITORING PERIOD: January-March 2013 PWS ID Number: 6521576

HAA5 COMPLIANCE SUMMARY FOR SYSTEMS MONITORING QUARTERLY

Monitoring Location*	This Quarter				Previous Quarter	2 Quarters Ago	3 Quarters Ago		
	No. of HAA5 Samples Taken	Date Each HAA5 Sample Taken (mo/da/yr)	HAA5 Sample Result (mg/L)	HAA5 Locational Quarterly Average (mg/L)	HAA5 Locational Quarterly Average (mg/L)	HAA5 Locational Quarterly Average (mg/L)	HAA5 Locational Quarterly Average (mg/L)	HAA5 LRAA (mg/L)	HAA5 OE Value (mg/L)
				A	B	C	D	(A+B+C+D)/4	(2A+B+C)/4
SH-15 5008 Parrish Lane	3	02/14/2013	0.045	0.045	.04373	.0356	.0509	.0438075	.0423325
SH-17 3720 Philippe Dr.	3	02/14/2013	0.0476	0.0476	.02851	.0346	.0482	.0397275	.0395775
SH-19 2 Fernery Lane	3	02/14/2013	0.0436	0.0436	.03568	.0355	.0482	.040745	.039595
SH-20 1604 Huntington Lane	3	02/14/2013	0.041	0.041	.03761	.0365	.0432	.0395775	.0390275

Does the HAA5 LRAA at any monitoring location violate the HAA5 MCL of 0.060 mg/L? (YES/NO)	no
Does the HAA5 OE value at any monitoring location exceed 0.060 mg/L? (YES/NO)**	no
If you are on reduced quarterly monitoring, does the HAA5 LRAA exceed 0.030 mg/L at any monitoring location? (YES/NO/NA)***	

* Location names or numbers should correspond to those in your Stage 2 D/DBPR compliance monitoring plan required under 40 CFR 141.622.

** If any HAA5 OE value at any location exceeds 0.060 mg/L, you must conduct an OE and submit an OE report in accordance with 40 CFR 141.626.

*** If any HAA5 LRAA at any location exceeds 0.030 mg/L, you must resume routine quarterly monitoring under 40 CFR 141.621.

SOUTHERN ANALYTICAL LABORATORIES, INC.

110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 813-855-1844 FAX 813-855-2218

ACCREDITED IN ACCORDANCE WITH

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

City of Safety Harbor
THM and HAA Analyses

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

System Name: City of Safety Harbor PWS I.D. #: 6 5 2 1 5 7 6

System Type (check one): ☒ Community ☐ Nontransient Noncommunity ☐ Transient Noncommunity

Address: 1200 Railroad Ave

City: Safety Harbor Zip Code: 34695

Phone: 727-724-1550 Fax: 727-724-1510 E-Mail Address: Rbaker@CityofSafetyHarbor.com

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: 1301832-01 Sample Date: 2/14/13 Sample Time: 9:58 am AM PM (Circle One)

Sample Location (be specific): SH-15 5008 Parrish Lane L/S Location Code:

Disinfection Residual (Required when reporting results for trihalomethanes and haloacetic acids): 3.3 mg/L Field pH: 8.2

Sample Type (Check Only One)

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

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

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

Sampling Procedure Used or Other Comments:

* See 62-550.500(6) for requirements and restrictions. And 62-550.5.12(3) for nitrate or nitrite exceedances.

** See 62-550.500(4) for requirements and attach a results page for each site

SAMPLER CERTIFICATION

I, Steve Blauvelt (Print Name), Utility Maintence II (Print Title) do HEREBY CERTIFY that the above public water system and sample collection information is complete and correct.

Signature: Steve Blauvelt Date: 2-26-13

Certified Operator #: 0018686 Phone #: 727-724-1550 Sampler's Fax #: 727-724-1510

Sampler's E-Mail: SBlauvelt@CityofSafetyHarbor.com

Reporting Format 62-550-730
Effective January 1995, Revised February 2010

SOUTHERN ANALYTICAL LABORATORIES, INC.
110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 813-855-1844 FAX 813-855-2218

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

City of Safety Harbor
THM and HAA Analyses

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

Lab Name: Southern Analytical Laboratories, Inc. Florida DOH Certification #: E84129 Certification Expiration Date: 06/30/2013

ATTACH CURRENT DOH ANALYTE SHEET*

Address: 110 Bayview Blvd Oldsmar,FL 34677 Phone: (813) 855-1844

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

ATTACH CURRENT DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB*

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 02/14/2013

PWS ID (From Page 1): Sample Number (From Page 1): 1301832-01 Lab Assigned Report # or Job ID: 1301832-01

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 for Asbestos	☐ All 30	☐ All 21	☒ Trihalomethanes	☐ Single Sample	☐ All 14
☐ Partial	☐ All Except Dioxin	☐ Partial	☒ Haloacetic Acids	☐ Qtrly Composite	☐ Partial
☐ Nitrate	☐ Partial		☐ Chlorite		
☐ Nitrite	☐ Dioxin Only		☐ Bromate		
☐ Asbestos					

LAB CERTIFICATION

I, Francis I. Daniels (Print Name), Laboratory Director (Print Title) do HEREBY CERTIFY that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).

Signature: Date: 02/25/2013

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

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

CONFIRMATION & NOTIFICATION IS REQUIRED WITHIN 24 HOURS FOR NITRATE AND NITRITE MCL EXCEEDANCES

NON-DETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" QUALIFIER (Non-detects reported as "BDL" or with a "<" are not acceptable.)

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

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

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

Reporting Format 62-550-730
Effective January 1995. Revised February 2010

SOUTHERN ANALYTICAL LABORATORIES, INC.
110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 813-855-1844 FAX 813-855-2218

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

DISINFECTION BYPRODUCTS
62-550.310(3)

Report Number / Job ID: 1301832-01
Disinfectant Residual (mg/L) (From Page 1): 3.3
PWS ID (From Page 1):

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Reg MRL**	Analysis Date	Analysis Time	DOH Lab Certification #
2450	Monochloroacetic Acid	N/A	ug/L	0.00083	U	EPA 552.2	0.00083	2.0	2/22/13	5:35	E84129
2451	Dichloroacetic Acid	N/A	ug/L	0.023		EPA 552.2	0.00074	1.0	2/22/13	5:35	E84129
2452	Trichloroacetic Acid	N/A	ug/L	0.022		EPA 552.2	0.00037	1.0	2/22/13	5:35	E84129
2453	Monobromoacetic Acid	N/A	ug/L	0.00036	U	EPA 552.2	0.00036	1.0	2/22/13	5:35	E84129
2454	Dibromoacetic Acid	N/A	ug/L	0.00029	U	EPA 552.2	0.00029	1.0	2/22/13	5:35	E84129
2456	Total Haloacetic Acids (HAA5)	60	ug/L	0.045		EPA 552.2	0.00029	—	2/22/13	5:35	E84129
Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Reg MRL**	Analysis Date	Analysis Time	DOH Lab Certification #
2941	Chloroform	N/A	ug/L	0.058		EPA 524.2	0.0002	1.0	2/15/13	15:42	E84129
2942	Bromoform	N/A	ug/L	0.0007	I	EPA 524.2	0.0002	1.0	2/15/13	15:42	E84129
2943	Bromodichloromethane	N/A	ug/L	0.0090		EPA 524.2	0.0002	1.0	2/15/13	15:42	E84129
2944	Dibromochloromethane	N/A	ug/L	0.0015		EPA 524.2	0.0001	1.0	2/15/13	15:42	E84129
2950	Total Trihalomethanes (TTHM)	80	ug/L	0.0692		EPA 524.2	0.0001	—	2/15/13	15:42	E84129

** Laboratories are required to adhere to minimum reporting level (MRL) requirements of 40 CFR 141.131(b)(2)(iv). Chlorite regulatory MRL is applicable to monitoring as prescribed in 40 CFR 141.132(b)(2)(i)(B) and (b)(2)(ii). Laboratories that use EPA Methods 317.0 Revision 2.0, 326.0 or 321.8 must meet a 1.0 ug/L MRL for bromate.

*Qualifiers:

U=Analyte was undetected. Indicated concentration is method detection limit.
I=The reported value is between the laboratory method detection limit and the laboratory practical quantitation limit.

SOUTHERN ANALYTICAL LABORATORIES, INC.

110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 813-855-1844 FAX 813-855-2218

ACCREDITED IN ACCORDANCE WITH

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

City of Safety Harbor
THM and HAA Analyses

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

System Name: City of Safety Harbor PWS I.D. #: 6 5 2 1 5 7 6

System Type (check one): [X] Community [ ] Nontransient Noncommunity [ ] Transient Noncommunity

Address: 1200 Railroad Ave

City: Safety Harbor Zip Code: 34695

Phone: 727-724-1550 Fax: 727-724-1510 E-Mail Address: Rboles@CityofSafetyHarbor.com

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: 1301832-02 Sample Date: 2/14/13 Sample Time: 10:28 am AM PM (Circle One)

Sample Location (be specific): SH-17 3720 Phillippe Drive S. Family Residence Location Code:

Disinfection Residual (Required when reporting results for trihalomethanes and haloacetic acids): 4.6 mg/L Field pH: 8.2

Sample Type (Check Only One)

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

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

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

Sampling Procedure Used or Other Comments:

* See 62-550.500(6) for requirements and restrictions. And 62-550.5.12(3) for nitrate or nitrite exceedances.

** See 62-550.500(4) for requirements and attach a results page for each site

SAMPLER CERTIFICATION

I, Steve Blauvelt (Print Name), Utility Maintence II (Print Title) do HEREBY CERTIFY that the above public water system and sample collection information is complete and correct.

Signature: Steve Blauvelt Date: 2-26-2013

Certified Operator #: 0018686 Phone #: 727-724-1550 Sampler's Fax #: 727-724-1510

Sampler's E-Mail: SBlauvelt@CityofSafetyHarbor.com

Reporting Format 62-550-730
Effective January 1995. Revised February 2010

SOUTHERN ANALYTICAL LABORATORIES, INC.
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Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format

City of Safety Harbor
THM and HAA Analyses

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

Lab Name: Southern Analytical Laboratories, Inc. Florida DOH Certification #: E84129 Certification Expiration Date: 06/30/2013

ATTACH CURRENT DOH ANALYTE SHEET*

Address: 110 Bayview Blvd Oldsmar,FL 34677 Phone: (813) 855-1844

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

ATTACH CURRENT DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB*

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 02/14/2013

PWS ID (From Page 1): Sample Number (From Page 1): 1301832-02 Lab Assigned Report # or Job ID: 1301832-02

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 for Asbestos	☐ All 30	☐ All 21	☒ Trihalomethanes	☐ Single Sample	☐ All 14
☐ Partial	☐ All Except Dioxin	☐ Partial	☒ Haloacetic Acids	☐ Qtrly Composite	☐ Partial
☐ Nitrate	☐ Partial		☐ Chlorite		
☐ Nitrite	☐ Dioxin Only		☐ Bromate		
☐ Asbestos					

LAB CERTIFICATION

I, Francis I. Daniels (Print Name), Laboratory Director (Print Title) do HEREBY CERTIFY that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Acceditation Conference (NELAC).

Signature: Date: 02/25/2013

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

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

CONFIRMATION & NOTIFICATION IS REQUIRED WITHIN 24 HOURS FOR NITRATE AND NITRITE MCL EXCEEDANCES

NON-DETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" QUALIFIER (Non-detects reported as "BDL" or with a "<" are not acceptable.)

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

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

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

Reporting Format 62-550-730
Effective January 1995. Revised February 2010

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

DISINFECTION BYPRODUCTS
62-550.310(3)

Report Number / Job ID: 1301832-02
Disinfectant Residual (mg/L) (From Page 1): 4.6
PWS ID (From Page 1):

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Reg MRL**	Analysis Date	Analysis Time	DOH Lab Certification #
2450	Monochloroacetic Acid	N/A	ug/L	0.00081	U	EPA 552.2	0.00081	2.0	2/22/13	5:57	E84129
2451	Dichloroacetic Acid	N/A	ug/L	0.022		EPA 552.2	0.00073	1.0	2/22/13	5:57	E84129
2452	Trichloroacetic Acid	N/A	ug/L	0.022		EPA 552.2	0.00036	1.0	2/22/13	5:57	E84129
2453	Monobromoacetic Acid	N/A	ug/L	0.0036		EPA 552.2	0.00035	1.0	2/22/13	5:57	E84129
2454	Dibromoacetic Acid	N/A	ug/L	0.00028	U	EPA 552.2	0.00028	1.0	2/22/13	5:57	E84129
2456	Total Haloacetic Acids (HAA5)	60	ug/L	0.0478		EPA 552.2	0.00028	—	2/22/13	5:57	E84129
Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Reg MRL**	Analysis Date	Analysis Time	DOH Lab Certification #
2941	Chloroform	N/A	ug/L	0.057		EPA 524.2	0.0002	1.0	2/15/13	16:15	E84129
2942	Bromoform	N/A	ug/L	0.0007	I	EPA 524.2	0.0002	1.0	2/15/13	16:15	E84129
2943	Bromodichloromethane	N/A	ug/L	0.0087		EPA 524.2	0.0002	1.0	2/15/13	16:15	E84129
2944	Dibromochloromethane	N/A	ug/L	0.0015		EPA 524.2	0.0001	1.0	2/15/13	16:15	E84129
2950	Total Trihalomethanes (TTHM)	80	ug/L	0.0679		EPA 524.2	0.0001	—	2/15/13	16:15	E84129

** Laboratories are required to adhere to minimum reporting level (MRL) requirements of 40 CFR 141.131(b)(2)(iv). Chlorite regulatory MRL is applicable to monitoring as prescribed in 40 CFR 141.132(b)(2)(i)(B) and (b)(2)(ii). Laboratories that use EPA Methods 317.0 Revision 2.0, 326.0 or 321.8 must meet a 1.0 ug/L MRL for bromate.

*Qualifiers:

U=Analyte was undetected. Indicated concentration is method detection limit.
I=The reported value is between the laboratory method detection limit and the laboratory practical quantitation limit.

SOUTHERN ANALYTICAL LABORATORIES, INC.

110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 813-855-1844 FAX 813-855-2218

ACCREDITED IN ACCORDANCE WITH

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

City of Safety Harbor
THM and HAA Analyses

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

System Name: City of Safety Harbor PWS I.D. #: 6 5 2 1 5 7 6

System Type (check one): [X] Community [ ] Nontransient Noncommunity [ ] Transient Noncommunity

Address: 1200 Railroad Ave

City: Safety Harbor Zip Code: 34695

Phone: 727-724-1550 Fax: 727-724-1510 E-Mail Address: Rbaker@CityofSafetyHarbor.com

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: 1301832-03 Sample Date: 2/14/13 Sample Time: 10:51 am AM PM (Circle One)

Sample Location (be specific): SH-19 2 Fennery Lane S Family Residence Location Code:

Disinfection Residual (Required when reporting results for trihalomethanes and haloacetic acids): 4.5 mg/L Field pH: 8.2

Sample Type (Check Only One)

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

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

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

Sampling Procedure Used or Other Comments:

* See 62-550.500(6) for requirements and restrictions. And 62-550.5.12(3) for nitrate or nitrite exceedances.

** See 62-550.500(4) for requirements and attach a results page for each site

SAMPLER CERTIFICATION

I, Steve Blauvelt (Print Name), Utility Maintenance II (Print Title) do HEREBY CERTIFY that the above public water system and sample collection information is complete and correct.

Signature: Steve Blauvelt Date: 2-26-13

Certified Operator #: 0018686 Phone #: 727-724-1550 Sampler's Fax #: 727-724-1510

Sampler's E-Mail: sblauvelt@CityofSafetyHarbor.com

Reporting Format 62-550-730
Effective January 1995. Revised February 2010

SOUTHERN ANALYTICAL LABORATORIES, INC.
110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 813-855-1844 FAX 813-855-2218

ACCREDITED IN ACCORDANCE WITH

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

City of Safety Harbor
THM and HAA Analyses

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

Lab Name: Southern Analytical Laboratories, Inc. Florida DOH Certification #: E84129 Certification Expiration Date: 06/30/2013

ATTACH CURRENT DOH ANALYTE SHEET*

Address: 110 Bayview Blvd Oldsmar,FL 34677 Phone: (813) 855-1844

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

ATTACH CURRENT DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB*

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 02/14/2013

PWS ID (From Page 1): _____ Sample Number (From Page 1): 1301832-03 Lab Assigned Report # or Job ID: 1301832-03

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 for Asbestos	☐ All 30	☐ All 21	☒ Trihalomethanes	☐ Single Sample	☐ All 14
☐ Partial	☐ All Except Dioxin	☐ Partial	☒ Haloacetic Acids	☐ Qtrly Composite	☐ Partial
☐ Nitrate	☐ Partial		☐ Chlorite		
☐ Nitrite	☐ Dioxin Only		☐ Bromate		
☐ Asbestos					

LAB CERTIFICATION

I, Francis I. Daniels (Print Name), Laboratory Director (Print Title) do HEREBY CERTIFY

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

Signature: _____ Date: 02/25/2013

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

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

CONFIRMATION & NOTIFICATION IS REQUIRED WITHIN 24 HOURS FOR NITRATE AND NITRITE MCL EXCEEDANCES

NON-DETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" QUALIFIER (Non-detects reported as "BDL" or with a "<" are not acceptable.)

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

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

Person Notified: _____ Date Notified: _____ DEP/DOH Reviewing Official: _____

Reporting Format 62-550-730
Effective January 1995. Revised February 2010

SOUTHERN ANALYTICAL LABORATORIES, INC.
110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 813-855-1844 FAX 813-855-2218

ACCREDITED IN ACCORDANCE WITH

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

DISINFECTION BYPRODUCTS
62-550.310(3)

Report Number / Job ID: 1301832-03
Disinfectant Residual (mg/L) (From Page 1): 4.5
PWS ID (From Page 1):

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Reg MRL**	Analysis Date	Analysis Time	DOH Lab Certification #
2450	Monochloroacetic Acid	N/A	ug/L	0.0015	I	EPA 552.2	0.00081	2.0	2/22/13	6:20	E84129
2451	Dichloroacetic Acid	N/A	ug/L	0.021		EPA 552.2	0.00073	1.0	2/22/13	6:20	E84129
2452	Trichloroacetic Acid	N/A	ug/L	0.020		EPA 552.2	0.00037	1.0	2/22/13	6:20	E84129
2453	Monobromoacetic Acid	N/A	ug/L	0.0011		EPA 552.2	0.00036	1.0	2/22/13	6:20	E84129
2454	Dibromoacetic Acid	N/A	ug/L	0.00028	U	EPA 552.2	0.00028	1.0	2/22/13	6:20	E84129
2456	Total Haloacetic Acids (HAA5)	60	ug/L	0.0436		EPA 552.2	0.00028	—	2/22/13	6:20	E84129
Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Reg MRL**	Analysis Date	Analysis Time	DOH Lab Certification #
2941	Chloroform	N/A	ug/L	0.057		EPA 524.2	0.0002	1.0	2/15/13	16:48	E84129
2942	Bromoform	N/A	ug/L	0.0003	I	EPA 524.2	0.0002	1.0	2/15/13	16:48	E84129
2943	Bromodichloromethane	N/A	ug/L	0.0085		EPA 524.2	0.0002	1.0	2/15/13	16:48	E84129
2944	Dibromochloromethane	N/A	ug/L	0.0014		EPA 524.2	0.0001	1.0	2/15/13	16:48	E84129
2950	Total Trihalomethanes (TTHM)	80	ug/L	0.06720001		EPA 524.2	0.0001	—	2/15/13	16:48	E84129

** Laboratories are required to adhere to minimum reporting level (MRL) requirements of 40 CFR 141.131(b)(2)(iv). Chlorite regulatory MRL is applicable to monitoring as prescribed in 40 CFR 141.132(b)(2)(i)(B) and (b)(2)(ii). Laboratories that use EPA Methods 317.0 Revision 2.0, 326.0 or 321.8 must meet a 1.0 ug/L MRL for bromate.

*Qualifiers:

U=Analyte was undetected. Indicated concentration is method detection limit.
I=The reported value is between the laboratory method detection limit and the laboratory practical quantitation limit.

SOUTHERN ANALYTICAL LABORATORIES, INC.

110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 813-855-1844 FAX 813-855-2218

ACCREDITED IN ACCORDANCE WITH

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

City of Safety Harbor
THM and HAA Analyses

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

System Name: City of Safety Harbor PWS I.D. #: 6521576

System Type (check one): ☒ Community ☐ Nontransient Noncommunity ☐ Transient Noncommunity

Address: 1200 Railroad Ave

City: Safety Harbor Zip Code: 34695

Phone: 727-724-1550 Fax: 727-724-1510 E-Mail Address: Rboler@CityofSafetyHarbor.com

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: 1301832-04 Sample Date: 2/14/13 Sample Time: 11:07 am AM PM (Circle One)

Sample Location (be specific): SH-20 1604 Huntington Lane S Family Residence Location Code:

Disinfection Residual (Required when reporting results for trihalomethanes and haloacetic acids): 4.6 mg/L Field pH: 8.2

Sample Type (Check Only One)

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

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

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

Sampling Procedure Used or Other Comments:

* See 62-550.500(6) for requirements and restrictions. And 62-550.5.12(3) for nitrate or nitrite exceedances.

** See 62-550.500(4) for requirements and attach a results page for each site

SAMPLER CERTIFICATION

I, Steve Blauvelt (Print Name), Utility Maintenance II (Print Title) do HEREBY CERTIFY that the above public water system and sample collection information is complete and correct.

Signature: Steve Blauvelt Date: 2-26-2013

Certified Operator #: 0018686 Phone #: 727-724-1550 Sampler's Fax #: 727-724-1510

Sampler's E-Mail: SBlauvelt@CityofSafetyHarbor.com

Reporting Format 62-550-730
Effective January 1995. Revised February 2010

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110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 813-855-1844 FAX 813-855-2218

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

City of Safety Harbor
THM and HAA Analyses

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

Lab Name: Southern Analytical Laboratories, Inc. Florida DOH Certification #: E84129 Certification Expiration Date: 06/30/2013

ATTACH CURRENT DOH ANALYTE SHEET*

Address: 110 Bayview Blvd Oldsmar,FL 34677 Phone: (813) 855-1844

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

ATTACH CURRENT DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB*

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 02/14/2013

PWS ID (From Page 1): _____ Sample Number (From Page 1): 1301832-04 Lab Assigned Report # or Job ID: 1301832-04

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 for Asbestos	☐ All 30	☐ All 21	☒ Trihalomethanes	☐ Single Sample	☐ All 14
☐ Partial	☐ All Except Dioxin	☐ Partial	☒ Haloacetic Acids	☐ Qtrly Composite	☐ Partial
☐ Nitrate	☐ Partial		☐ Chlorite		
☐ Nitrite	☐ Dioxin Only		☐ Bromate		
☐ Asbestos					

LAB CERTIFICATION

I, Francis I. Daniels (Print Name), Laboratory Director (Print Title) do HEREBY CERTIFY that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).

Signature: _____ Date: 02/25/2013

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

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

CONFIRMATION & NOTIFICATION IS REQUIRED WITHIN 24 HOURS FOR NITRATE AND NITRITE MCL EXCEEDANCES

NON-DETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" QUALIFIER (Non-detects reported as "BDL" or with a "<" are not acceptable.)

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

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

Person Notified: _____ Date Notified: _____ DEP/DOH Reviewing Official: _____

Reporting Format 62-550-730
Effective January 1995, Revised February 2010

SOUTHERN ANALYTICAL LABORATORIES, INC.
110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 813-855-1844 FAX 813-855-2218

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

DISINFECTION BYPRODUCTS
62-550.310(3)

Report Number / Job ID: 1301832-04
Disinfectant Residual (mg/L) (From Page 1): 4.6
PWS ID (From Page 1):

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Reg MRL**	Analysis Date	Analysis Time	DOH Lab Certification #
2450	Monochloroacetic Acid	N/A	ug/L	0.00083	U	EPA 552.2	0.00083	2.0	2/22/13	6:42	E84129
2451	Dichloroacetic Acid	N/A	ug/L	0.021		EPA 552.2	0.00075	1.0	2/22/13	6:42	E84129
2452	Trichloroacetic Acid	N/A	ug/L	0.020		EPA 552.2	0.00037	1.0	2/22/13	6:42	E84129
2453	Monobromoacetic Acid	N/A	ug/L	0.00036	U	EPA 552.2	0.00036	1.0	2/22/13	6:42	E84129
2454	Dibromoacetic Acid	N/A	ug/L	0.00029	U	EPA 552.2	0.00029	1.0	2/22/13	6:42	E84129
2456	Total Haloacetic Acids (HAA5)	60	ug/L	0.041		EPA 552.2	0.00029	—	2/22/13	6:42	E84129
Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Reg MRL**	Analysis Date	Analysis Time	DOH Lab Certification #
2941	Chloroform	N/A	ug/L	0.058		EPA 524.2	0.0002	1.0	2/15/13	17:21	E84129
2942	Bromoform	N/A	ug/L	0.0003	I	EPA 524.2	0.0002	1.0	2/15/13	17:21	E84129
2943	Bromodichloromethane	N/A	ug/L	0.0087		EPA 524.2	0.0002	1.0	2/15/13	17:21	E84129
2944	Dibromochloromethane	N/A	ug/L	0.0015		EPA 524.2	0.0001	1.0	2/15/13	17:21	E84129
2950	Total Trihalomethanes (TTHM)	80	ug/L	0.0685		EPA 524.2	0.0001	—	2/15/13	17:21	E84129

** Laboratories are required to adhere to minimum reporting level (MRL) requirements of 40 CFR 141.131(b)(2)(iv). Chlorite regulatory MRL is applicable to monitoring as prescribed in 40 CFR 141.132(b)(2)(i)(B) and (b)(2)(ii). Laboratories that use EPA Methods 317.0 Revision 2.0, 326.0 or 321.8 must meet a 1.0 ug/L MRL for bromate.

*Qualifiers:

U=Analyte was undetected. Indicated concentration is method detection limit.
I=The reported value is between the laboratory method detection limit and the laboratory practical quantitation limit.

SOUTHERN ANALYTICAL LABORATORIES, INC.

110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 813-855-1844 fax 813-855-2218

SAL Project No. 1361832

Client Name	Contact / Phone:
City of Safety Harbor	727-724-1550
Project Name / Location	
THM & HAA Anlayses	
Samplers: (Signature) Steve Blauvelt	

Matrix Codes: DW-Drinking Water WW-Wastewater SW-SurfaceWater SL-Sludge SO-Soil GW-Groundwater SA-Saline Water O-Other R-Reagent Water

SAL Use Only Sample No.	Sample Description	Date	Time	Matrix	Composite	Grab	40mL V, $Na_2S_2O_3$ 524.2-THM	40mL V, NH_4Cl 552.2-HAA		PARAMETER / CONTAINER DESCRIPTION: pH	Res. T. chlorine				No. of Containers (Total per each location)
01	SH-15 5008 Parrish Lane L/S	2-14	9:50 AM	DW		X	2	3		8.2	3.3				5
02	SH-17 3720 Philippe Drive S. Family Resisance	2-14	10:28 AM	DW		X	2	3		8.2	4.6				5
03	SH-19 2 Fennery Lane S Family Residence	2-14	10:51 AM	DW		X	2	3		8.2	4.5				5
04	SH-20 1604 Huntington Lane S Family Residence	2-14	11:07	DW		X	2	3		8.2	4.6				5
05	Trip Blank	2-7-13	15:00	R		X	1								1

Containers Prepared/ Relinquished:	Date/Time:	Received:	Date/Time:
D. Chambers	2-7-13 16:20	S. Blauvelt	
Relinquished: S. Blauvelt	Date/Time:	Received:	Date/Time: 2-14-13 1200
Relinquished:	Date/Time:	Received:	Date/Time:
Relinquished:	Date/Time:	Received:	Date/Time:
Relinquished:	Date/Time:	Received:	Date/Time:

Seal Intact?	Y N N/A
Samples intact upon arrival?	Y N N/A
Received on ice? Temp.____	Y N N/A
Proper preservatives indicated?	Y N N/A
Rec'd within holding time?	Y N N/A
Volatiles rec'd w/out headspace?	Y N N/A
Proper containers used?	Y N N/A

Instructions / Remarks

Chain of Custody.xls
Rev.Date 11/18/01

Chain of Custody

STAGE 2 TOTAL TRIHALOMETHANES (TTHM) AND HALOACETIC ACIDS FIVE (HAA5) EXAMPLE REPORTING FORMAT

Subpart H systems serving 500 or more persons and ground water systems serving 10,000 or more persons shall complete applicable pages of this format and submit them to the Department within 10 days after the end of any quarter in which TTHM/HAA5 monitoring is required. Systems on routine or reduced quarterly TTHM/HAA5 monitoring shall complete pages 1, 2, and 3 of this format. (Add additional rows to the tables on pages 2 and 3 as necessary.) Systems on reduced annual TTHM/HAA5 monitoring shall complete pages 1 and 4 of this format. Additionally, Subpart H systems seeking to qualify for, or remain on, reduced quarterly or annual TTHM/HAA5 monitoring shall complete page 5 of this format. (Add additional rows to the table on page 5 as necessary.)

D/DBPR = Disinfectant and Disinfection Byproducts Rule; LRAA = locational running annual average; MCL = maximum contaminant level; OE = operational evaluation; RAA = running annual average; TOC = total organic carbon.

QUARTERLY MONITORING PERIOD: July-September 2014

SYSTEM INFORMATION
PWS ID Number: 6521576
PWS Name: City of Safety Harbor
Source Water Type and Population Size Category: ☐ Ground Water: ☐ 10,000 – 99,999 ☐ 100,000 – 499,999 ☐ ≥ 500,000 ☒ Subpart H: ☐ 500 – 3,300 ☐ 3,301 – 9,999 ☒ 10,000 – 49,999 ☐ 50,000 – 249,999 ☐ 250,000 – 999,999 ☐ 1,000,000 – 4,999,999 ☐ ≥ 5,000,000
Monitoring Mode*: ☒Routine Monitoring ☐Reduced Monitoring
Monitoring Frequency*: ☒Quarterly ☐Annually
Total Number Of Distribution System Monitoring Locations*: 4
Contact Person: Raymond D. Boler
Phone Number: 727-724-1550
E-Mail Address (optional):Rboler@cityofsafetyharbor.com
Fax Number (optional): 727-724-1510

* See 40 CFR 141.621 and 141.623 for more details.

QUARTERLY MONITORING PERIOD: July-September 2014 PWS ID Number: 6521576

TTHM COMPLIANCE SUMMARY FOR SYSTEMS MONITORING QUARTERLY

Monitoring Location*	This Quarter				Previous Quarter	2 Quarters Ago	3 Quarters Ago		
	No. of TTHM Samples Taken	Date Each TTHM Sample Taken (mo/da/yr)	TTHM Sample Result (mg/L)	TTHM Locational Quarterly Average (mg/L)	TTHM Locational Quarterly Average (mg/L)	TTHM Locational Quarterly Average (mg/L)	TTHM Locational Quarterly Average (mg/L)	TTHM LRAA (mg/L)	TTHM OE Value (mg/L)
				A	B	C	D	(A+B+C+D)/4	(2A+B+C)/4
SH-15 5008 Parrish Lane	2	(8-19-2014)	60.4	60.4	70.2	67.9	19.3	54.45	
SH-17 3720 Philippe Dr.	2	(8-19-2014)	37.1	37.1	68.3	71.5	20.6	49.38	
SH-19 2 Fernery Lane	2	(8-19-2014)	28.3	28.3	67.7	66.5	16.7	44.80	
SH-20 1604 Huntington Lane	2	(8-19-2014)	36.8	36.8	70.3	68.2	17.0	48.08	

Does the TTHM LRAA at any monitoring location violate the TTHM MCL of 0.080 mg/L? (YES/NO)	NO
Does the TTHM OE value at any monitoring location exceed 0.080 mg/L? (YES/NO)**	NO
If you are on reduced quarterly monitoring, does the TTHM LRAA exceed 0.040 mg/L at any monitoring location? (YES/NO/NA)***	

* Location names or numbers should correspond to those in your Stage 2 D/DBPR compliance monitoring plan required under 40 CFR 141.622.
** If any TTHM OE value at any location exceeds 0.080 mg/L, you must conduct an OE and submit an OE report in accordance with 40 CFR 141.626.
*** If any TTHM LRAA at any location exceeds 0.040 mg/L, you must resume routine quarterly monitoring under 40 CFR 141.621.

QUARTERLY MONITORING PERIOD: July-September 2014

PWS ID Number: 6521576

HAA5 COMPLIANCE SUMMARY FOR SYSTEMS MONITORING QUARTERLY

Monitoring Location*	This Quarter			HAA5 Locational Quarterly Average (mg/L)	Previous Quarter	2 Quarters Ago	3 Quarters Ago	HAA5 LRAA (mg/L)	HAA5 OE Value (mg/L)
	No. of HAA5 Samples Taken	Date Each HAA5 Sample Taken (mo/da/yr)	HAA5 Sample Result (mg/L)		HAA5 Locational Quarterly Average (mg/L)	HAA5 Locational Quarterly Average (mg/L)	HAA5 Locational Quarterly Average (mg/L)		
				A	B	C	D	(A+B+C+D)/4	(2A+B+C)/4
SH-15 5008 Parrish Lane	3	(8-19-2014)	28.36	28.36	49.97	35.24	8.70	30.57	
SH-17 3720 Philippe Dr.	3	(8-19-2014)	15.89	15.89	53.39	36.64	9.40	28.83	
SH-19 2 Fernery Lane	3	(8-19-2014)	11.73	11.73	49.52	36.17	8.24	26.42	
SH-20 1604 Huntington Lane	3	(8-19-2014)	17.40	17.40	49.57	38.14	9.70	28.70	

Does the HAA5 LRAA at any monitoring location violate the HAA5 MCL of 0.060 mg/L? (YES/NO)	NO
Does the HAA5 OE value at any monitoring location exceed 0.060 mg/L? (YES/NO)**	NO
If you are on reduced quarterly monitoring, does the HAA5 LRAA exceed 0.030 mg/L at any monitoring location? (YES/NO/NA)***	

* Location names or numbers should correspond to those in your Stage 2 D/DBPR compliance monitoring plan required under 40 CFR 141.622.

** If any HAA5 OE value at any location exceeds 0.060 mg/L, you must conduct an OE and submit an OE report in accordance with 40 CFR 141.626.

*** If any HAA5 LRAA at any location exceeds 0.030 mg/L, you must resume routine quarterly monitoring under 40 CFR 141.621.

QUARTERLY MONITORING PERIOD July-September 2014 PWS ID Number: 6521576

TTHM/HAA5 COMPLIANCE SUMMARY FOR SYSTEMS MONITORING ANNUALLY					
Monitoring Location*		TTHM		HAA5	
		Date TTHM Sample Taken (mo/da/yr)	TTHM Result** (mg/L)	Date HAA5 Sample Taken (mo/da/yr)	HAA5 Result** (mg/L)
SH-15	5008 Parrish Lane	(8-19-2014)	60.4	(8-19-2014)	28.36
SH-17	3720 Philippe Dr.	(8-19-2014)	37.1	(8-19-2014)	15.89
SH-19	2 Fernery Lane	(8-19-2014)	28.3	(8-19-2014)	11.73
SH-20	1604 Huntington Lane	(8-19-2014)	36.8	(8-19-2014)	17.40
		Does any sample result at any location exceed 0.060 mg/L for TTHM? (YES/NO)***		Does any sample result at any location exceed 0.045 mg/L for HAA5? (YES/NO)***	

* Location names or numbers should correspond to those in your Stage 2 D/DBPR compliance monitoring plan required under 40 CFR 141.622.

** If no TTHM sample exceeds the TTHM MCL of 0.080 mg/L and no HAA5 sample exceeds the HAA5 MCL of 0.060 mg/L, the sample result for each monitoring location is considered the LRAA for that monitoring location.

*** If any sample result at any location exceeds either 0.060 mg/L for TTHM or 0.045 mg/L for HAA5, you must resume routine quarterly monitoring under 40 CFR 141.621.

QUARTERLY MONITORING PERIOD: PWS ID Number:

SOURCE WATER TOC COMPLIANCE SUMMARY FOR SUBPART H SYSTEMS SEEKING TO QUALIFY FOR, OR REMAIN ON, REDUCED TTHM/HAA5 MONITORING*

Treatment Plant**	This Quarter						Previous Quarter	2 Quarters Ago	3 Quarters Ago	Source Water TOC RAA (mg/L)
	Month	No. of Source Water TOC Samples Taken Each Month	Date Each Source Water TOC Sample Taken (mo/da/yr)	Source Water TOC Sample Result (mg/L)	Source Water TOC Monthly Average (mg/L)	Source Water TOC Quarterly Average. of Monthly Averages (mg/L)	Source Water TOC Quarterly Average (mg/L)	Source Water TOC Quarterly Average (mg/L)	Source Water TOC Quarterly Average. (mg/L)	
						A	B	C	D	(A+BC+D)/4
	Does any source water TOC RAA at any listed treatment plant exceed 4.0 mg/L? (YES/NO)***									

* Subpart H wholesale systems that treat surface water, including ground water determined by the Department to be under the direct influence of surface water, and that qualify for reduced TTHM/HAA5 monitoring based on the source water TOC RAAs at their treatment plants should provide their source water TOC compliance information to their consecutive systems. Subpart H consecutive systems should obtain source water TOC compliance information from their wholesale systems that treat surface water.

** List each treatment plant treating surface water, including ground water determined by the Department to be under the direct influence of surface water, and delivering some or all of that treated surface water to the system completing and submitting this format.

*** If any source water TOC RAA at any listed treatment plant exceeds 4.0 mg/L, the system completing and submitting this format does not qualify for reduced TTHM/HAA5 monitoring (nor does any other system receiving some or all of its water from that plant).

STAGE 2 TOTAL TRIHALOMETHANES (TTHM) AND HALOACETIC ACIDS FIVE (HAA5) EXAMPLE REPORTING FORMAT

Subpart H systems serving 500 or more persons and ground water systems serving 10,000 or more persons shall complete applicable pages of this format and submit them to the Department within 10 days after the end of any quarter in which TTHM/HAA5 monitoring is required. Systems on routine or reduced quarterly TTHM/HAA5 monitoring shall complete pages 1, 2, and 3 of this format. (Add additional rows to the tables on pages 2 and 3 as necessary.) Systems on reduced annual TTHM/HAA5 monitoring shall complete pages 1 and 4 of this format. Additionally, Subpart H systems seeking to qualify for, or remain on, reduced quarterly or annual TTHM/HAA5 monitoring shall complete page 5 of this format. (Add additional rows to the table on page 5 as necessary.)

D/DBPR = Disinfectant and Disinfection Byproducts Rule; LRAA = locational running annual average; MCL = maximum contaminant level; OE = operational evaluation; RAA = running annual average; TOC = total organic carbon.

QUARTERLY MONITORING PERIOD: January-March 2014

SYSTEM INFORMATION		
PWS ID Number: 6521576		
PWS Name: City of Safety Harbor		
Source Water Type and Population Size Category:		
☐ Ground Water:	☒ Subpart H:	
☐ 10,000 – 99,999	☐ 500 – 3,300	☐ 250,000 – 999,999
☐ 100,000 – 499,999	☐ 3,301 – 9,999	☐ 1,000,000 – 4,999,999
☐ ≥ 500,000	☒ 10,000 – 49,999	☐ ≥ 5,000,000
	☐ 50,000 – 249,999	
Monitoring Mode*: ☒Routine Monitoring ☐Reduced Monitoring		
Monitoring Frequency*: ☒Quarterly ☐Annually		
Total Number Of Distribution System Monitoring Locations*: 4		
Contact Person: Raymond D. Boler		
Phone Number: 727-724-1550		
E-Mail Address (optional):Rboler@cityofsafetyharbor.com		
Fax Number (optional): 727-724-1510		

* See 40 CFR 141.621 and 141.623 for more details.

QUARTERLY MONITORING PERIOD: January – March 2014 PWS ID Number: 6521576

TTHM COMPLIANCE SUMMARY FOR SYSTEMS MONITORING QUARTERLY

Monitoring Location*	This Quarter			TTHM Locational Quarterly Average (mg/L)	Previous Quarter TTHM Locational Quarterly Average (mg/L)	2 Quarters Ago TTHM Locational Quarterly Average (mg/L)	3 Quarters Ago TTHM Locational Quarterly Average (mg/L)	TTHM LRAA (mg/L)	TTHM OE Value (mg/L)
	No. of TTHM Samples Taken	Date Each TTHM Sample Taken (mo/da/yr)	TTHM Sample Result (mg/L)	A	B	C	D	(A+B+C+D)/4	(2A+B+C)/4
SH-15 5008 Parrish Lane	2	2/17/2014	67.9	67.9	19.3	62.9	69.4	54.88	54.5
SH-17 3720 Philippe Dr.	2	2/17/2014	71.5	71.5	20.6	61.6	68.1	55.45	56.3
SH-19 2 Fernery Lane	2	2/17/2014	66.5	66.5	16.7	60.4	70.4	53.5	52.53
SH-20 1604 Huntington Lane	2	2/17/2014	68.2	68.2	17.0	60.5	71.6	54.33	53.48

Does the TTHM LRAA at any monitoring location violate the TTHM MCL of 0.080 mg/L? (YES/NO)	NO
Does the TTHM OE value at any monitoring location exceed 0.080 mg/L? (YES/NO)**	NO
If you are on reduced quarterly monitoring, does the TTHM LRAA exceed 0.040 mg/L at any monitoring location? (YES/NO/NA)***	

* Location names or numbers should correspond to those in your Stage 2 D/DBPR compliance monitoring plan required under 40 CFR 141.622.

** If any TTHM OE value at any location exceeds 0.080 mg/L, you must conduct an OE and submit an OE report in accordance with 40 CFR 141.626.

*** If any TTHM LRAA at any location exceeds 0.040 mg/L, you must resume routine quarterly monitoring under 40 CFR 141.621.

QUARTERLY MONITORING PERIOD: January – March 2014 PWS ID Number: 6521576

HAA5 COMPLIANCE SUMMARY FOR SYSTEMS MONITORING QUARTERLY

Monitoring Location*	This Quarter				Previous Quarter	2 Quarters Ago	3 Quarters Ago		
	No. of HAA5 Samples Taken	Date Each HAA5 Sample Taken (mo/da/yr)	HAA5 Sample Result (mg/L)	HAA5 Locational Quarterly Average (mg/L) A	HAA5 Locational Quarterly Average (mg/L) B	HAA5 Locational Quarterly Average (mg/L) C	HAA5 Locational Quarterly Average (mg/L) D	HAA5 LRAA (mg/L) (A+B+C+D)/4	HAA5 OE Value (mg/L) (2A+B+C)/4
SH-15 5008 Parrish Lane	3	2/17/2014	35.24	35.24	8.70	47.12	56.51	36.89	31.58
SH-17 3720 Philippe Dr.	3	2/17/2014	36.64	36.64	9.40	44.44	56.89	36.84	31.78
SH-19 2 Fernery Lane	3	2/17/2014	36.17	36.17	8.24	46.79	56.50	36.93	31.84
SH-20 1604 Huntington Lane	3	2/17/2014	38.14	38.14	9.70	49.70	57.88	38.86	33.92

Does the HAA5 LRAA at any monitoring location violate the HAA5 MCL of 0.060 mg/L? (YES/NO)	NO
Does the HAA5 OE value at any monitoring location exceed 0.060 mg/L? (YES/NO)**	NO
If you are on reduced quarterly monitoring, does the HAA5 LRAA exceed 0.030 mg/L at any monitoring location? (YES/NO/NA)***	

* Location names or numbers should correspond to those in your Stage 2 D/DBPR compliance monitoring plan required under 40 CFR 141.622.

** If any HAA5 OE value at any location exceeds 0.060 mg/L, you must conduct an OE and submit an OE report in accordance with 40 CFR 141.626.

*** If any HAA5 LRAA at any location exceeds 0.030 mg/L, you must resume routine quarterly monitoring under 40 CFR 141.621.

QUARTERLY MONITORING PERIOD: January – March 2014 PWS ID Number: 6521576

TTHM/HAA5 COMPLIANCE SUMMARY FOR SYSTEMS MONITORING ANNUALLY					
Monitoring Location*		TTHM		HAA5	
		Date TTHM Sample Taken (mo/da/yr)	TTHM Result** (mg/L)	Date HAA5 Sample Taken (mo/da/yr)	HAA5 Result** (mg/L)
SH-15	5008 Parrish Lane	2/17/2014	67.9	2/17/2014	35.24
SH-17	3720 Philippe Dr.	2/17/2014	71.5	2/17/2014	36.64
SH-19	2 Fernery Lane	2/17/2014	66.5	2/17/2014	36.17
SH-20	1604 Huntington Lane	2/17/2014	68.2	2/17/2014	38.14
		Does any sample result at any location exceed 0.060 mg/L for TTHM? (YES/NO)***		Does any sample result at any location exceed 0.045 mg/L for HAA5? (YES/NO)***	

* Location names or numbers should correspond to those in your Stage 2 D/DBPR compliance monitoring plan required under 40 CFR 141.622.

** If no TTHM sample exceeds the TTHM MCL of 0.080 mg/L and no HAA5 sample exceeds the HAA5 MCL of 0.060 mg/L, the sample result for each monitoring location is considered the LRAA for that monitoring location.

*** If any sample result at any location exceeds either 0.060 mg/L for TTHM or 0.045 mg/L for HAA5, you must resume routine quarterly monitoring under 40 CFR 141.621.

QUARTERLY MONITORING PERIOD: PWS ID Number:

SOURCE WATER TOC COMPLIANCE SUMMARY FOR SUBPART H SYSTEMS SEEKING TO QUALIFY FOR, OR REMAIN ON, REDUCED TTHM/HAA5 MONITORING*

Treatment Plant**	This Quarter						Previous Quarter	2 Quarters Ago	3 Quarters Ago	Source Water TOC RAA (mg/L)
	Month	No. of Source Water TOC Samples Taken Each Month	Date Each Source Water TOC Sample Taken (mo/da/yr)	Source Water TOC Sample Result (mg/L)	Source Water TOC Monthly Average (mg/L)	Source Water TOC Quarterly Average. of Monthly Averages (mg/L)	Source Water TOC Quarterly Average (mg/L)	Source Water TOC Quarterly Average (mg/L)	Source Water TOC Quarterly Average. (mg/L)	
						A	B	C	D	(A+BC+D)/4
	Does any source water TOC RAA at any listed treatment plant exceed 4.0 mg/L? (YES/NO)***									

* Subpart H wholesale systems that treat surface water, including ground water determined by the Department to be under the direct influence of surface water, and that qualify for reduced TTHM/HAA5 monitoring based on the source water TOC RAAs at their treatment plants should provide their source water TOC compliance information to their consecutive systems. Subpart H consecutive systems should obtain source water TOC compliance information from their wholesale systems that treat surface water.

** List each treatment plant treating surface water, including ground water determined by the Department to be under the direct influence of surface water, and delivering some or all of that treated surface water to the system completing and submitting this format.

*** If any source water TOC RAA at any listed treatment plant exceeds 4.0 mg/L, the system completing and submitting this format does not qualify for reduced TTHM/HAA5 monitoring (nor does any other system receiving some or all of its water from that plant).

Hernando County Board of County Commissioners
Environmental Services Division
Systems Operations Division (Water & Sewer Operations)

15400 Wiscon Rd.
Brooksville, Florida 34601
Telephone: 352-540-6549

To: Mr Earl Nash, Environmental Specialist II
Florida Department of Environmental Protection
Southwest District

Thru: Mack Washington, Water Plants Supervisor, MW
Environmental Services Division

From: James C. Howard Jr, Water Operator III,
Environmental Services Division

Date: September 10, 2014

RE: Reduced Quarterly Monitoring for TTHMs and HAA5s, Stage 2

Dear Mr Nash

Enclosed are the results for quarterly stage 2 monitoring for TTHMs and HAA5s as required by 40 CFR 141 Subpart V. The District Facility and corresponding PWS ID # is listed below.

1.) West Hernando PWS ID # 6277059

If you have any questions or require additional information please contact me at 352-754-4814.

Attachment

STAGE 2 TOTAL TRIHALOMETHANES (TTHM) AND HALOACETIC ACIDS FIVE (HAA5) REPORT FOR THE WEST HERNANDO SYSTEM

Subpart H systems serving 500 or more persons and ground water systems serving 10,000 or more persons shall complete applicable pages of this format and submit them to the Department within 10 days after the end of any quarter in which TTHM/HAA5 monitoring is required. Systems on routine or reduced quarterly TTHM/HAA5 monitoring shall complete pages 1, 2, and 3 of this format. (Add additional rows to the tables on pages 2 and 3 as necessary.) Systems on reduced annual TTHM/HAA5 monitoring shall complete pages 1 and 4 of this format. Additionally, Subpart H systems seeking to qualify for, or remain on, reduced quarterly or annual TTHM/HAA5 monitoring shall complete page 5 of this format. (Add additional rows to the table on page 5 as necessary.)

D/DBPR = Disinfectant and Disinfection Byproducts Rule; LRAA = locational running annual average; MCL = maximum contaminant level; OE = operational evaluation; RAA = running annual average; TOC = total organic carbon.

QUARTERLY MONITORING PERIOD*: July thru September 2014

*Indicate the quarterly monitoring period by months and year (e.g., April-June 2012).

SYSTEM INFORMATION

PWS ID Number: 6277059

PWS Name: West Hernando

Source Water Type and Population Size Category:

☒ Ground Water:
- ☐ 10,000 – 99,999
- ☒ 100,000 – 499,999
- ☐ ≥ 500,000

☐ Subpart H:
- ☐ 500 – 3,300
- ☐ 3,301 – 9,999
- ☐ 10,000 – 49,999
- ☐ 50,000 – 249,999
- ☐ 250,000 – 999,999
- ☐ 1,000,000 – 4,999,999
- ☐ ≥ 5,000,000

Monitoring Mode*: ☐Routine Monitoring ☒Reduced Monitoring

Monitoring Frequency*: ☒Quarterly ☐Annually

Total Number Of Distribution System Monitoring Locations*: 2

Contact Person: James C. Howard Jr.

Phone Number: 352-754-4490

E-Mail Address (optional):jhoward@co.hernando.fl.us

Fax Number (optional): 352-754-4167

* See 40 CFR 141.621 and 141.623 for more details.

QUARTERLY MONITORING PERIOD: July thru September 2014 PWS ID Number: 6277059

TTHM COMPLIANCE SUMMARY FOR SYSTEMS MONITORING QUARTERLY

Monitoring Location*	This Quarter				Previous Quarter	2 Quarters Ago	3 Quarters Ago	TTHM LRAA** (µg/L)	TTHM OE Value*** (µg/L)
	No. of TTHM Samples Taken	Date Each TTHM Sample Taken (mo/da/yr)	TTHM Sample Result (µg/L)	TTHM Locational Quarterly Average (µg/L)	TTHM Locational Quarterly Average (µg/L)	TTHM Locational Quarterly Average (µg/L)	TTHM Locational Quarterly Average (µg/L)		
				A	B	C	D	(A+B+C+D)/4	(2A+B+C)/4
1311 Kenlake Ave	3	08/12/14	5.42	5.42	5.35	16.0	4.93	7.93	
40 Gillian Dr	3	08/12/14	9.54	9.54	7.91	15.36	4.46	9.32	

Does the TTHM LRAA at any monitoring location violate the TTHM MCL of 80 µg/L? (YES/NO)	NO
Does the TTHM OE value at any monitoring location exceed 80 µg/L? (YES/NO)****	NO
If you are on reduced quarterly monitoring, does the TTHM LRAA exceed 40 µg/L at any monitoring location? (YES/NO/NA)*****	NO

* Location names or numbers should correspond to those in your Stage 2 D/DBPR compliance monitoring plan required under 40 CFR 141.622.

** Calculate and enter the LRAA beginning at the end of the fourth quarter of Stage 2 monitoring and at the end of each subsequent quarter. Also, if the LRAA calculated based on fewer than four quarters of data would cause the MCL to be exceeded regardless of the monitoring results of subsequent quarters, calculate and enter the LRAA (using zero for the results of subsequent quarters).

*** Calculate the OE value beginning at the end of the third quarter of Stage 2 monitoring and at the end of each subsequent quarter. Enter the OE value if it exceeds 80 µg/L.

**** If any TTHM OE value at any location exceeds 80 µg/L, conduct an OE and submit an OE report in accordance with 40 CFR 141.626.

***** If any TTHM LRAA at any location exceeds 40 µg/L, resume routine quarterly monitoring under 40 CFR 141.621.

QUARTERLY MONITORING PERIOD: July thru September 2014

PWS ID Number: 6277059

HAA5 COMPLIANCE SUMMARY FOR SYSTEMS MONITORING QUARTERLY

Monitoring Location*	This Quarter				Previous Quarter	2 Quarters Ago	3 Quarters Ago	HAA5 LRAA** (µg/L)	HAA5 OE Value*** (µg/L)
	No. of HAA5 Samples Taken	Date Each HAA5 Sample Taken (mo/da/yr)	HA5 Sample Result (µg/L)	HAA5 Locational Quarterly Average (µg/L)	HAA5 Locational Quarterly Average (µg/L)	HAA5 Locational Quarterly Average (µg/L)	HAA5 Locational Quarterly Average (µg/L)		
				A	B	C	D	(A+B+C+D)/4	(2A+B+C)/4
1311 Kenlake Ave	3	08/12/14	0.81	0.81	ND	9.09	ND	2.48	
40 Gillian Dr	3	08/12/14	2.12	2.12	1.15	6.84	ND	2.53	

Does the HAA5 LRAA at any monitoring location violate the HAA5 MCL of 60 µg/L? (YES/NO)	NO
Does the HAA5 OE value at any monitoring location exceed 60 µg/L? (YES/NO)****	NO
If you are on reduced quarterly monitoring, does the HAA5 LRAA exceed 30 µg/L at any monitoring location? (YES/NO/NA)*****	NO

* Location names or numbers should correspond to those in your Stage 2 D/DBPR compliance monitoring plan required under 40 CFR 141.622.

** Calculate and enter the LRAA beginning at the end of the fourth quarter of Stage 2 monitoring and at the end of each subsequent quarter. Also, if the LRAA calculated based on fewer than four quarters of data would cause the MCL to be exceeded regardless of the monitoring results of subsequent quarters, calculate and enter the LRAA (using zero for the results of subsequent quarters).

*** Calculate the OE value beginning at the end of the third quarter of Stage 2 monitoring and at the end of each subsequent quarter. Enter the OE value if it exceeds 60 µg/L.

**** If any HAA5 OE value at any location exceeds 60 µg/L, you must conduct an OE and submit an OE report in accordance with 40 CFR 141.626.

***** If any HAA5 LRAA at any location exceeds 30 µg/L, you must resume routine quarterly monitoring under 40 CFR 141.621.

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

PUBLIC WATER SYSTEM INFORMATION (to be completed by sampler – Please type or print legibly)

System Name: West Hernando PWS I.D.#: 6277059

System Type (check one): ☑ Community ☐ Nontransient Noncommunity ☐ Transient Noncommunity

Address: 15400 Wiscon Rd

City: Brooksville ZIP Code: 34601

Phone #: 352-754-4490 Fax #: 352-754-4167 E-Mail Address: jhawkes@hernandocounty.us

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: T1410446001 Sample Date: 08/12/2014 Sample Time: 14:45 AM PM (circle one)

Sample Location (be specific): W-1 1311 Kenlake Ave Location Code (if known) :

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): 1.60 mg/L Field pH:

Sample Type (Check Only One)

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

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

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

Sampling Procedure Used or Other Comments:

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

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

SAMPLER CERTIFICATION

I, Nick Tumolo (Print Name), WATER OPERATOR I (Print Title), do HEREBY CERTIFY that the above public water system and sample collection information is complete and correct.

Signature: Date: 9-11-2014

Certified Operator #: 0017220 Phone #: SAME Sampler's Fax #: SAME

Sampler's E-Mail: N/A

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

LABORATORY CERTIFICATION INFORMATION (to be completed by lab – Please type or print legibly)

Lab Name: Advanced Environmental Laboratories, Inc Florida DOH Certification #: E84589 Certification Expiration Date: 06/30/2014

ATTACH CURRENT DOH ANALYTE *

Address: 9610 Princess Palm Avenue Tampa, FL 33619 Phone #: (813)630-9616

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

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED *

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 08/13/2014

PWS ID (From Page 1): 6277059 Sample Number (From Page 1): T1410446001 Lab Assigned Report # or Job T1410446

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

Inorganics	Synthetic Organics	Volatile Organics	Disinfection Byproducts	Radionuclides	Secondaries
☐ All Except Asbestos	☐ All 30	☐ All 21	☒ Trihalomethanes	☐ Single Sample	☐ All 14
☐ Partial	☐ All Except Dioxin	☐ Partial	☒ Haloacetic Acids	☐ Qtrly Composite**	☐ Partial
☐ Nitrate	☐ Partial		☐ Chlorite		
☐ Nitrite	☐ Dioxin Only		☐ Bromate		
☐ Asbestos Only					

LAB CERTIFICATION

I, Heidi Brooks (Print Name), P (Print Title), do HEREBY CERTIFY that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference

Signature: _____ Date: 9/3/14

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

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

CONFIRMATION & NOTIFICATION IS REQUIRED WITHIN 24 HRS FOR NITRATE OR NITRITE MCL EXCEEDANCES

NON-DETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" QUALIFIER. (Non-detects reported as "BDL" or with a "<" are not acceptable.)

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

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

Person Notified: _____ Date Notified: _____ DEP/DOH Reviewing Official: EN

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

DISINFECTION BYPRODUCTS
62-550.310(3)

Report Number / Job ID: T1410446001
Disinfectant Residual (mg/L) 1.67
PWS ID (From Page 1): _____

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Regulatory MRL**	Analysis Date	Analysis Time	DOH Lab Certification #
2450	Monochloroacetic Acid	N/A	ug/L	0.20	U	EPA 552.2	0.20	2	08/23/2014	11:29	E84589
2451	Dichloroacetic Acid	N/A	ug/L	0.81	I	EPA 552.2	0.81	1	08/23/2014	11:29	E84589
2452	Trichloroacetic Acid	N/A	ug/L	0.91	U	EPA 552.2	0.91	1	08/23/2014	11:29	E84589
2453	Bromoacetic Acid	N/A	ug/L	0.54	U	EPA 552.2	0.54	1	08/23/2014	11:29	E84589
2454	Dibromoacetic Acid	N/A	ug/L	0.54	U	EPA 552.2	0.54	1	08/23/2014	11:29	E84589
2456	Total Haloacetic Acids (HAA5)	60	ug/L	0.81		EPA 552.2	0.20	—	08/23/2014	11:29	E84589

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Regulatory MRL**	Analysis Date	Analysis Time	DOH Lab Certification #
2941	Chloroform	N/A	ug/L	2.79		EPA 524.2	0.31	1	08/20/2014	06:02	E84589
2942	Bromoform	N/A	ug/L	0.46	U	EPA 524.2	0.46	1	08/20/2014	06:02	E84589
2943	Bromodichloromethane	N/A	ug/L	1.62		EPA 524.2	0.49	1	08/20/2014	06:02	E84589
2944	Dibromochloromethane	N/A	ug/L	0.81	I	EPA 524.2	0.56	1	08/20/2014	06:02	E84589
2950	Total Trihalomethanes	80	ug/L	5.42		EPA 524.2	0.31	—	08/20/2014	06:02	E84589

** Laboratories are required to adhere to the minimum reporting level (MRL) requirements of 40 CFR 141.131(b)(2)(iv).

*** Applicable to monitoring as prescribed in 40 CFR 141.132.(b)(2)(i)(B) and (b)(2)(ii).

**** Laboratories that use EPA Methods 317.0 Revision 2.0, 326.0 or 321.8 must meet a 1.0 µg/L MRL for bromate.

NOTE: Do not round values. Report results to the accuracy, precision, and sensitivity of the analytical method used.

*Results must be reported with appropriate qualifiers in accordance with Florida Administrative Code Rule 62-160, Table 1. Results qualified with A, F, H, N, O, T, Z, ?, *, are unacceptable for compliance with 62-550. Results qualified with a J, Q, R, or Y must be accompanied by written justification and will be evaluated on a case by case basis. To avoid a monitoring violation, unacceptable results must be replaced with acceptable results from samples collected during the same monitoring period.

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

PUBLIC WATER SYSTEM INFORMATION (to be completed by sampler – Please type or print legibly)

System Name: West Hernando PWS I.D.#: 6277059

System Type (check one): ☑ Community ☐ Nontransient Noncommunity ☐ Transient Noncommunity

Address: 15400 Wiscon Rd

City: Brooksville ZIP Code: 34601

Phone #: 352-754-4490 Fax #: 352-754-4167 E-Mail Address: jhoward@co.hernando.fl.us

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: T1410446002 Sample Date: 08/12/2014 Sample Time: 15:10 AM PM (circle one)

Sample Location (be specific): W-2 Gilliam Dr Location Code (if known) :

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): 1.37 mg/L Field pH:

Sample Type (Check Only One)

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

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

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

Sampling Procedure Used or Other Comments:

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

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

SAMPLER CERTIFICATION

I, Nick Tumolo (Print Name), Water Operator I (Print Title), do HEREBY CERTIFY that the above public water system and sample collection information is complete and correct.

Signature: [signature] Date: 9-11-14

Certified Operator #: 0017220 Phone #: Same Sampler's Fax #: Same

Sampler's E-Mail: N/A

Reporting Format 62-550.730
Effective January 1995, Revised February 2010

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

LABORATORY CERTIFICATION INFORMATION (to be completed by lab – Please type or print legibly)

Lab Name: Advanced Environmental Laboratories, Inc Florida DOH Certification #: E84589 Certification Expiration Date: 06/30/2014

ATTACH CURRENT DOH ANALYTE *

Address: 9610 Princess Palm Avenue Tampa, FL 33619 Phone #: (813)630-9616

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

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED *

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 08/13/2014

PWS ID (From Page 1): 6097055 Sample Number (From Page 1): T1410446002 Lab Assigned Report # or Job T1410446

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

Inorganics	Synthetic Organics	Volatile Organics	Disinfection Byproducts	Radionuclides	Secondaries
☐ All Except Asbestos	☐ All 30	☐ All 21	☒ Trihalomethanes	☐ Single Sample	☐ All 14
☐ Partial	☐ All Except Dioxin	☐ Partial	☒ Haloacetic Acids	☐ Qtrly Composite**	☐ Partial
☐ Nitrate	☐ Partial		☐ Chlorite		
☐ Nitrite	☐ Dioxin Only		☐ Bromate		
☐ Asbestos Only					

LAB CERTIFICATION

I, Heidi Brooks (Print Name), P (Print Title), do HEREBY CERTIFY that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference

Signature: _____ Date: 9/3/14

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

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

CONFIRMATION & NOTIFICATION IS REQUIRED WITHIN 24 HRS FOR NITRATE OR NITRITE MCL EXCEEDANCES

NON-DETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" QUALIFIER. (Non-detects reported as "BDL" or with a "<" are not acceptable.)

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

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

Person Notified: _____ Date Notified: _____ DEP/DOH Reviewing Official: EN

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

DISINFECTION BYPRODUCTS
62-550.310(3)

Report Number / Job ID: T1410446002
Disinfectant Residual (mg/L) 1.39
PWS ID (From Page 1): 627-7059

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Regulatory MRL**	Analysis Date	Analysis Time	DOH Lab Certification #
2450	Monochloroacetic Acid	N/A	ug/L	0.20	U	EPA 552.2	0.20	2	08/23/2014	11:56	E84589
2451	Dichloroacetic Acid	N/A	ug/L	1.45		EPA 552.2	0.81	1	08/23/2014	11:56	E84589
2452	Trichloroacetic Acid	N/A	ug/L	0.91	U	EPA 552.2	0.91	1	08/23/2014	11:56	E84589
2453	Bromoacetic Acid	N/A	ug/L	0.54	U	EPA 552.2	0.54	1	08/23/2014	11:56	E84589
2454	Dibromoacetic Acid	N/A	ug/L	0.67	I	EPA 552.2	0.54	1	08/23/2014	11:56	E84589
2456	Total Haloacetic Acids (HAA5)	60	ug/L	2.12		EPA 552.2	0.20	—	08/23/2014	11:56	E84589

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Regulatory MRL**	Analysis Date	Analysis Time	DOH Lab Certification #
2941	Chloroform	N/A	ug/L	3.88		EPA 524.2	0.31	1	08/20/2014	06:49	E84589
2942	Bromoform	N/A	ug/L	0.46	U	EPA 524.2	0.46	1	08/20/2014	06:49	E84589
2943	Bromodichloromethane	N/A	ug/L	3.69		EPA 524.2	0.49	1	08/20/2014	06:49	E84589
2944	Dibromochloromethane	N/A	ug/L	1.97		EPA 524.2	0.56	1	08/20/2014	06:49	E84589
2950	Total Trihalomethanes	80	ug/L	9.54		EPA 524.2	0.31	—	08/20/2014	06:49	E84589

** Laboratories are required to adhere to the minimum reporting level (MRL) requirements of 40 CFR 141.131(b)(2)(iv).

*** Applicable to monitoring as prescribed in 40 CFR 141.132.(b)(2)(i)(B) and (b)(2)(ii).

**** Laboratories that use EPA Methods 317.0 Revision 2.0, 326.0 or 321.8 must meet a 1.0 µg/L MRL for bromate.

NOTE: Do not round values. Report results to the accuracy, precision, and sensitivity of the analytical method used.

*Results must be reported with appropriate qualifiers in accordance with Florida Administrative Code Rule 62-160, Table 1. Results qualified with A, F, H, N, O, T, Z, ?, *, are unacceptable for compliance with 62-550. Results qualified with a J, Q, R, or Y must be accompanied by written justification and will be evaluated on a case by case basis. To avoid a monitoring violation, unacceptable results must be replaced with acceptable results from samples collected during the same monitoring period.

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
REGION 4
ATLANTA FEDERAL CENTER
61 FORSYTH STREET
ATLANTA, GEORGIA 30303-8960

APR 17 2007

Mr. Mack Washington
Water Plants Supervisor
Hernando County Utilities
15400 Wiscon Road
Brooksville, FL 34601

SUBJECT: Stage 2 Disinfectants and Disinfection Byproducts Rule
Approval of Standard Monitoring Plan
Hernando County Utilities Department – West System
PWS ID No. FL6277059

Dear Mr. Washington:

EPA Region 4 has reviewed your proposed Standard Monitoring Plan, and finds that it complies with the Initial Distribution System Evaluation (IDSE) regulation found in Title 40, Code of Federal Regulations Part 141, Subpart U. Your Standard Monitoring Plan is approved.

The IDSE Regulation is part of the Stage 2 Disinfectants and Disinfection Byproducts Rule (Stage 2 DBPR). According to the IDSE regulation, community water systems on your schedule (Schedule 1) are to begin their IDSE monitoring according to their submitted Standard Monitoring Plan. Standard Monitoring must be complete by September 30, 2008. At the conclusion of Standard Monitoring, you are required to write and submit an IDSE Report, where you will report on the results of your sampling and propose monitoring locations for the Stage 2 DBPR Locational Running Annual Averages. The IDSE Report will be due to EPA Region 4 no later than January 1, 2009. The Stage 2 DBPR monitoring and compliance calculation will not begin until April 1, 2012. For more information about the requirements of the IDSE Report, please refer to the IDSE Guidance Manual located on the Agency's website at http://www.epa.gov/safewater/disinfection/stage2/compliance_idse.html.

Your water system must continue to monitor for disinfection byproducts as required by the Stage 1 Disinfection Byproducts Rule. Primary enforcement authority for Stage 1 DBPR rests with the Florida Department of Environmental Protection, and you must be in compliance with Florida regulations during and after the IDSE Standard Monitoring period.

If you have any questions about this approval action and subsequent requirements, please contact Robert Burns at (404) 562-9456.

Sincerely,

Christopher B. Thomas, Chief
Drinking Water Section
Ground Water/Drinking Water Branch
Water Management Division

cc: Van Hoofnagle, Florida Department of Environmental Protection

Standard Monitoring - *Checklist*

Part 1. PWS Information

1.A. PWS Name: Hernando County Utilities West	1.B. PWS ID: FL6277059
1.C. PWS Address: 15400 Wiscon Road, Brooksville, FL 34601	
1.D. Date of Submission: 9/15/06	1.E. Date Assigned: 3/21/07
1.F. System Schedule: 1	

Part 2. Review of Standard Monitoring Plan

X YES ☐ NO 2.A	Was Standard Monitoring Plan submitted by the required date? – Schedule 1 – by October 1, 2006 – Schedule 2 – by April 1, 2007 – Schedule 3 – by October 1, 2007 – Schedule 4 – by April 1, 2008
X YES ☐ NO 2.B	Did the system include the required elements? – Population served by the system – System type – Distribution system schematic – Dates of standard monitoring and Stage 1 DBPR compliance monitoring sampling – Justification of standard monitoring site selection
☒ YES ☐ NO 2.C	Did the system include the correct number of each type of site? – Near Entry Points – Average Residence Time – High TTHM locations – High HAA5 locations
X YES ☐ NO 2.D	Did the system identify the peak historical month?
☐ YES ☐ NO 2.E	Did the system indicate representative sites on the schematic for proposed standard monitoring?
☐ YES ☐ NO 2.F	Did the system include appropriate monitoring dates?
☐ YES ☐ NO 2.G	Did the system include adequate justification for the site selections?

Part 3. Approval/Disapproval/Modification of Standard Monitoring Plan

☐ YES ☐ NO 3.A	Is it necessary to make any modifications to the Standard Monitoring Plan? If Yes use comment section to record required changes.
☐ YES ☐ NO 3.B	Was the system notified within 12 months after the due date of the submission that the plan has been: - Approved and system may conduct standard monitoring as indicated. - Approved with modifications and system must conduct standard monitoring including recommended modifications. - Disapproved, reviewer will work with system to submit a new standard monitoring plan. - Review has not been completed and system will not be able to start standard monitoring until the review is completed. Date System was Notified: __

☐ YES ☐ NO 3.C	Reviewer has entered the data into the Data Collection and Tracking System (DCTS). Date:_____
Comments: (Include notes from any discussions with the PWS. Use additional sheets if necessary)	
Initial Reviewer: Robert Burns	Date:
Final Reviewer: RDBurns	Date: 3/23/07

Standard Monitoring Plan Entry

I. IDSE General Information

*PWS ID	FL6277059
*PWS Name	HERNANDO CO. UTIL
*PWS Address	15400 WISCON ROAD
*City	BROOKSVILLE
*State	FL
*Zip	34601
*Population Served	127977
*System Type	CWS
*Source Water Type	GW
*Buying / Selling Relationships	Neither

C. PWS Operations

Residual Disinfectant Type	☑ Chlorine	☐ Chloramines	☐ Other		
Number of Disinfected Sources	Surface		GWUDI		
	Ground	2	Purchased		

D. Contact Person

*Contact Name	Mack Washington	
Title	Water Plants Supervis	
Phone Number	(352) 754-4490	ext.
Fax	(352) 754-4167	
E-mail Address	mackw@co.hernando.fl.us	

DEMO

Standard Monitoring Plan Entry

II. IDSE Requirements

A. Number of Required Standard Monitoring Sites

High TTHM	3
High HAA5	3
Near Entry Point Sites	1
Average Residence Time Sites	1
Total	8

Note: If you have fewer entry points than required near entry point sites, you will sample at more TTHM and/or HAA5 sites, but your total number of sites will not change. See chapter 7 step 2 of the IDSE Guidance Manual for more information.

B. Schedule

Schedule 1

C. Required Standard Monitoring Frequency

○

During peak historical month (1 monitoring period)

◉

Every 90 days (4 monitoring periods)

○

Every 60 days (6 monitoring periods)

DEMO

Standard Monitoring Plan Entry

III. Selecting Standard Monitoring Sites

A. Data Evaluated Check each box corresponding to the data that you used to select each type of standard monitoring site.

Data Type	Type of Site			
	Near Entry Point	Average Residence Time	High TTHM	High HAA5
System Configuration:				
Pipe layout, locations of storage facilities	☑	☐	☑	☑
Locations of sources and consecutive system entry points	☑	☐	☐	☐
Pressure zones	☐	☐	☐	☐
Information on population density	☐	☑	☑	☑
Locations of large customers	☐	☐	☐	☐
Water Quality and Operational Data:				
Disinfectant residual data	☑	☐	☑	☐
Stage 1 DBP data	☐	☐	☐	☐
Other DBP data	☐	☐	☐	☐
Microbial monitoring data	☐	☐	☑	☑
Tank levels data, pump run times	☐	☑	☑	☑
Customer billing records	☐	☐	☐	☐
Advanced Tools:				
Water distribution system model	☐	☐	☐	☐
Tracer study	☐	☐	☐	☐

DEMO

B. Summary of Data.* Provide a summary of data you relied on to justify standard monitoring site selection.

We used chlorie residual data, as well as, stage 1 dbp data and water distribution maps tp select our sites. We used the chlorine residual Running Annual Average (RAA) to determine our average residence time site. All sites were plotted on a map to ensure they are geographically and hydraulially representative.

Standard Monitoring Plan Entry

V. Justification of Standard Monitoring Sites *

You are required to complete this section in its entirety before submitting the Plan.

#	Standard Monitoring Site ID (from map)1	Site Type	Justification
1	1	Near Entry Point	This entry point has the highest annual flow
2	2	Average Residence Time	This site is centrally located in the system in an area with average chlorine residuals
3	3	High TTHM	This site is on a dead end line in a low consumption area with below average chlorine residuals. It also provides good geographical representation
4	4	High TTHM	This is a dead end line with low population density indicating high water age
5	5	High TTHM	This is also a dead end line. All irrigation in this area is provided from a separate source indicating high water age. It's also geographically representative
6	6	High HAA5	This site is downstream from a storage tank with a common inlet and outlet and booster chlorination. although residuals are average water age is believed to be high.
7	7	High HAA5	This site is in an area with low chlorine residuals indicating high water age. It's also geographically representative.
8	8	High HAA5	This site is one a dead end line with low population density indicating high water age

1 Verify that site IDs match IDs in Section IV and on your distribution system schematic (See Section VII of this form).

DEMO

Standard Monitoring Plan Entry

V. Peak Historical Month and Standard Monitoring Dates

A. *Peak Historical Month August

B. If multiple Sources, Source Used to Determine Peak Historical Month (enter "N/A" if only one source in your system):

Highest Average Temperature

C. *Peak Historical Month Based On (check all that apply):

☑ High TTHM

☐ Warmest water temperature

☑ High HAA5

If you used other information to select your peak historical month, explain here:

D. Proposed Standard Monitoring Dates

You are required to complete this section in its entirety before submitting the Plan

DEMO

Standard Monitoring Site ID (from map)*	Projected Sampling Date (day or week)**					
	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6
1	11/2007week 2	2/2008 week 2	5/2008 week 2	8/2008 week 2		
2	11/2007week2	2/2008 week 2	5/2008 week 2	8/2008 week 2		
3	11/2007week2	2/2008 week 2	5/2008 week 2	8/2008 week 2		
4	11/2007week2	2/2008 week 2	5/2008 week 2	8/2008 week 2		
5	11/2007week2	2/2008 week 2	5/2008 week 2	8/2008 week 2		
6	11/2007week2	2/2008 week 2	5/2008 week 2	8/2008 week 2		
7	11/2007week2	2/2008 week 2	5/2008 week 2	8/2008 week 2		
8	11/2007week2	2/2008 week 2	5/2008 week 2	8/2008 week 2		

*** Site IDs should match IDs on your distribution system schematic (See Section VII).**

**** period = monitoring period. Complete for the number of periods from Section II.C.**

Standard Monitoring Plan Entry

VI. Planned Stage 1 DBPR Compliance Monitoring Schedule

If you are a consecutive system that is not required to conduct Stage 1 DBPR compliance monitoring, enter none under Stage 1 DBPR Monitoring Site ID and none under Period 1.

Stage 1 DBPR Monitoring Site ID (from map)1	Projected Sampling Date (date or week)2			
	Period 1	Period 2	Period 3	Period 4
Triangle#1	8/2007week2	8/2008week2		
Triangle#2	/8/2007week2	8/2008week2		
Triangle#3	8/2007week2	8/2008week2		
Triangle#4	8/2007week2	8/2008week2		
Triangle#5	8/2007week2	8/2008week2		
Triangle#6	8/2007week2	8/2008week2		
Triangle#7	8/2007week2	8/2008week2		
Triangle#8	8/2007week2	8/2008week2		
Triangle#9	8/2007week2	8/2008week2		
Triangle10	8/2007week2	8/2008week2		
Triangle11	8/2007week2	8/2008week2		
Triangle12	8/2007week2	8/2008week2		
Triangle13	8/2007week2	8/2008week2		
Triangle14	8/2007week2	8/2008week2		
Triangle15	8/2007week2	8/2008week2		
Triangle16	8/2007week2	8/2008week2		
Triangle17	8/2007week2	8/2008week2		
Triangle18	8/2007week2	8/2008week2		
Triangle19	8/2007week2	8/2008week2		
Triangle20	8/2007week2	8/2008week2		
Triangle21	8/2007week2	8/2008week2		
Triangle22	8/2007week2	8/2008week2		

1 Verify that site IDs match IDs on your distribution system schematic (See Section VII of this form). Add additional monitoring sites if you are required to monitor at more than 8 Stage 1 DBPR sites.

2 period = monitoring period. Complete for the number of periods in which you must conduct Stage 1 DBPR monitoring during IDSE monitoring. Can list exact date or week (e.g., week of 7/9/07)

Standard Monitoring Plan Entry

VII & VIII Schematic & Attachments

The following is a list of attachments that have already been submitted.

File Name	Date Uploaded
Distribution System Schematic	2006-09-15 15:08:34.0
Entry Point Loc	2006-09-15 15:08:38.0
Stage 1Loc	2006-09-15 15:08:38.0
Stage 2 Loc	2006-09-15 15:08:38.0

If you prefer to send attachments via mail or e-mail, please check the box for "Sending attachments by mail". You may mail your attachments to one of the following addresses:

Mailing Address:
STAGE2 DBPR
US EPA-IPMC
PO Box 98
Dayton, OH 45401-0098

E-mail Address:

stage2mdbp@epa.gov

☐

Sending Attachments by Mail

Enter a description of the items that will be mailed.

DEMO
approvable

WEST HERNANDO WATER SYSTEM
PWS ID # 6277059 PROPOSED STAGE 2 DBPR
SAMPLING LOCATIONS ARE INDICATED BY AN ORANGE CIRCLE AND SAMPLE #

MAP LOCATION	SAMPLE ADDRESS
# 1	13161 LAUREN DR
# 2	11225 KANGLEY RD
# 3	3410 GULF WIND CIRCLE
# 4	2281 DOG LEG CT
# 5	9301 LAKE CYPRESS DR
# 6	2225 TERRACE VIEW LN
# 7	11509 STONEVILLE
# 8	4135 ELWOOD RD

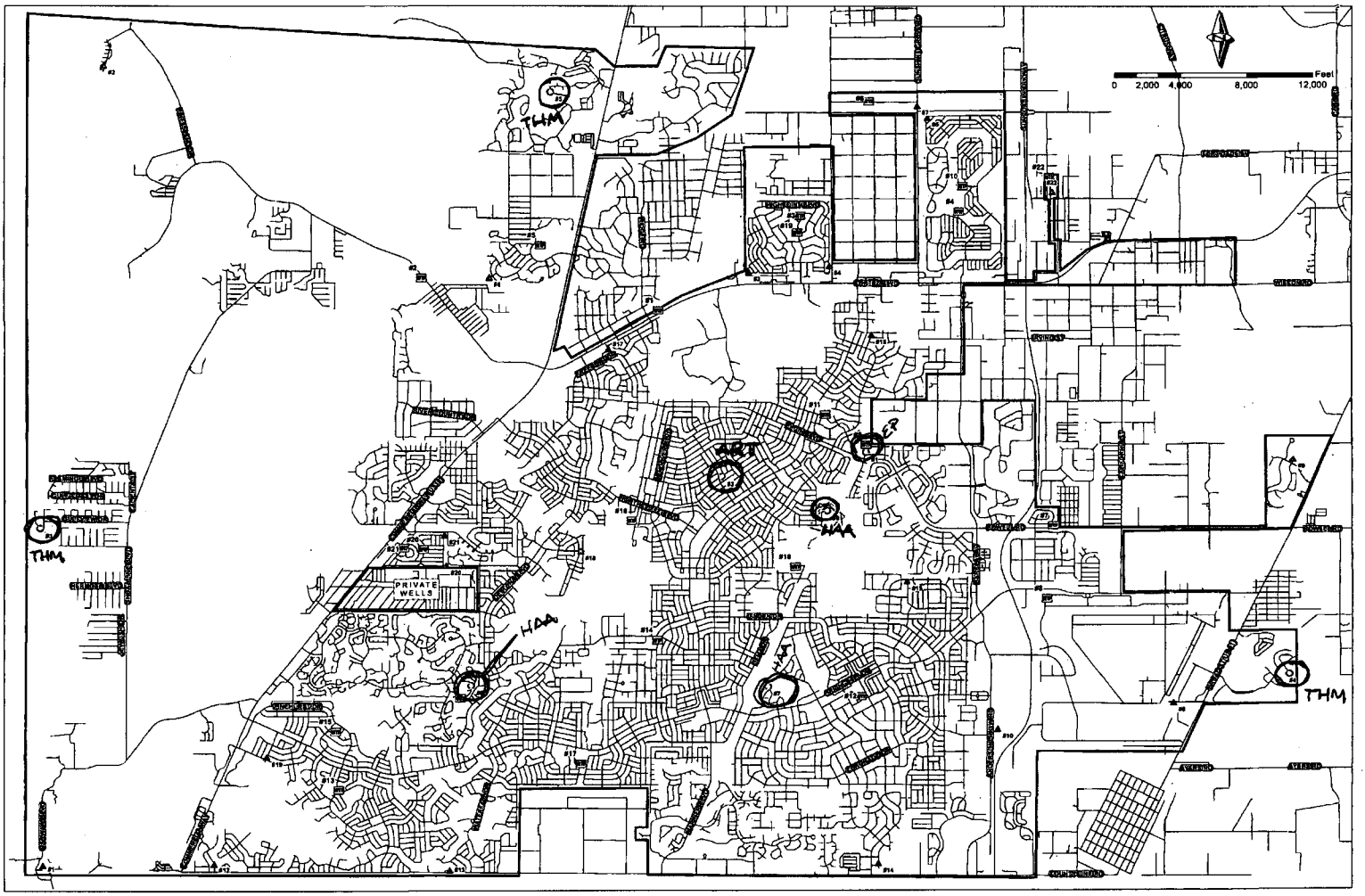
WEST HERNANDO WATER SYSTEM
PWS ID # 6277059 STAGE 1 DBPR
SAMPLING LOCATIONS ARE INDICATED BY A RED TRIANGLE AND SAMPLE #

MAP LOCATION	SAMPLE ADDRESS
# 1	221 OSAWAW BLVD
# 2	3461 PANDORA DR
# 3	7375 2ND LOOP AVE
# 4	12501 HARKER ST
# 5	9236 BASIL ST
# 6	7327 GLENCOVE DR
# 7	9319 SUNSHINE GROVE RD
# 8	16393 RUNWAY DR
# 9	5072 ARBORMARSH CIRCLE
# 10	ANDERSON/SNOW PARK
# 11	14488 DEHAVEN AVE
# 12	199 CALLAWAY AVE
# 13	8009 TRUCE CIRCLE
# 14	40 GILLIAN DR
# 15	13367 BANYAN RD
# 16	6535 GRAPEWOOD DR
# 17	6310 MELSHIRE AVE
# 18	8631 BAY DR
# 19	1311 KENLAKE AVE
# 20	7518 APACHE TR
# 21	4056 TOMAHAWK AVE
# 22	15263 MERLE CT

WEST HERNANDO WATER SYSTEM ENTRY POINTS
PWS ID # 6277059

MAP LOCATION	WATER PLANT NAME
WTP # 1	WEST HERNANDO
WTP # 2	WEEKI WACHEE
WTP # 3	HIGHPOINT # 2
WTP # 4	BROOKRIDGE # 1
WTP # 5	ROYAL HIGHLANDS
WTP # 6	SUN ROAD
WTP # 7	AIRPORT INDUSTRIAL PARK
WTP # 8	SPRINGWOOD ESTATES
WTP # 9 EP	SOUTHWEST SUB-REGIONAL
WTP # 10	BROOKRIDGE # 2
WTP # 11	KILLIAN
WTP # 12	ANTELOPE
WTP # 13	PIONEER PARK
WTP # 14	LINDEN & DEER ST
WTP # 15	JAMAICA
WTP # 16	CARTEE & KEYSVILLE
WTP # 17	ELDRIDGE
WTP # 18	GRETNA
WTP # 19	HIGHPOINT # 1
WTP # 20	WEEKI WACHEE WOODLANDS # 1
WTP # 21	WEEKI WACHEE WOODLANDS # 2
WTP # 22	LINDSEY ACRES
GST	TIMBER PINES PRESSURE BOOSTING STATION

NOTE! WTP # 22 LINDSEY ACRES will be interconnected to the West Hernando Water System by October 31st , 2006 under the West Hernando PWS number so it is being included in the West Hernando Stage 2 DBPR monitoring plan.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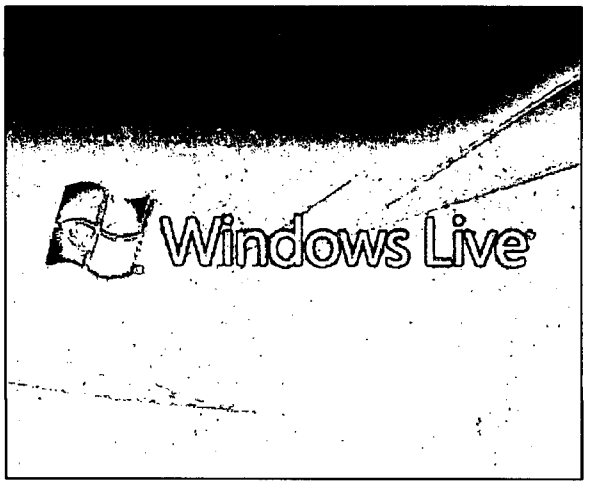
PRIVATE WELLS
THM
HAA
ART

Live Search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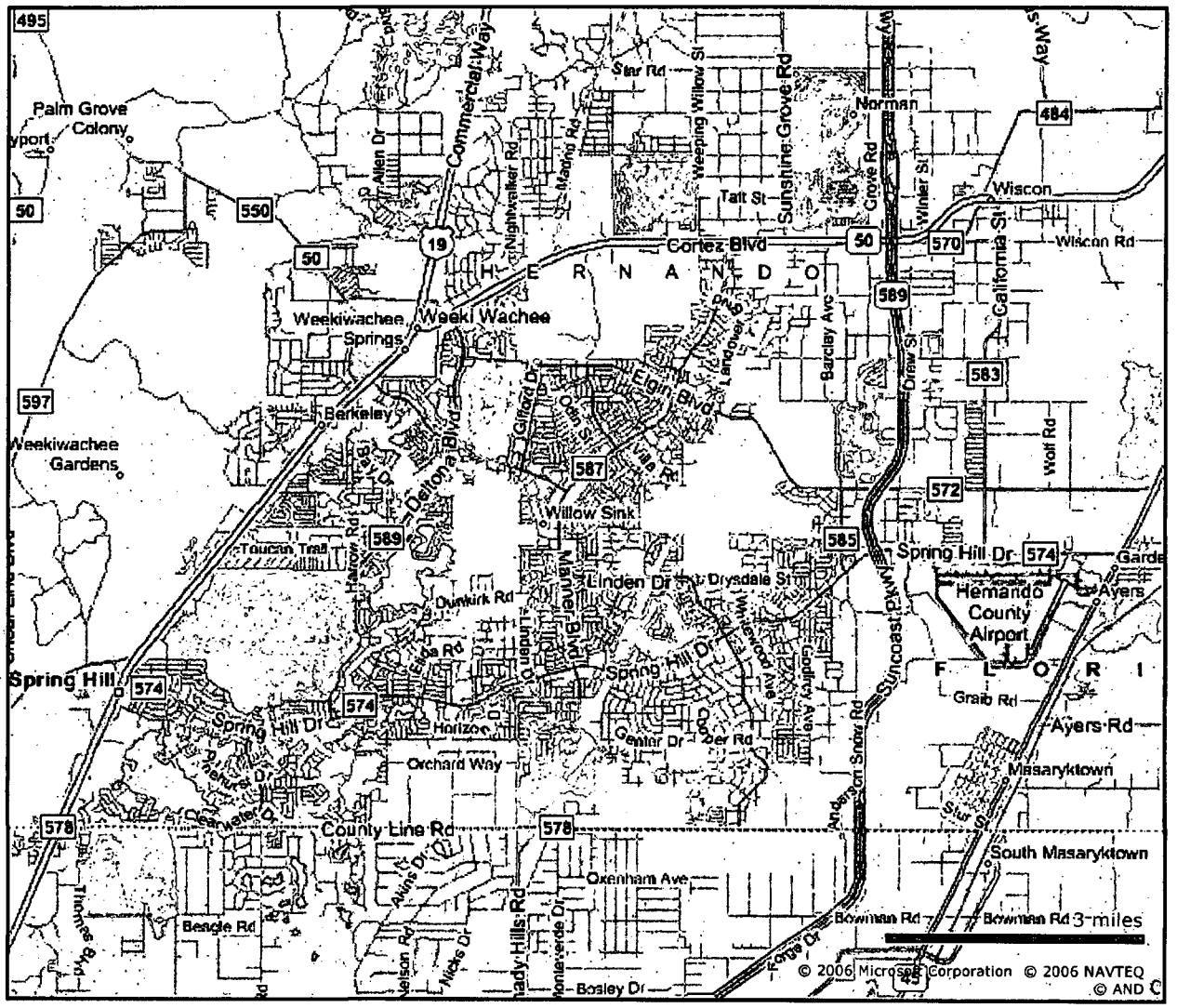
Palm Grove Colony
Weekiwachee Springs
Weeki Wachee
Berkeley
Weekiwachee Gardens
Spring Hill
Cortez Blvd
Norman
Wiscon
Wiscon Rd
Elgin Blvd
Willow Sink
Linden Dr
Spring Hill Dr
Hernando County Airport
Ayers
Ayers Rd
Masaryktown
South Masaryktown
Orchard Way
County Line Rd
Oxenham Ave
Bowman Rd
Bosley Dr
Beagle Rd
Toucan Trail
Dunkirk Rd
Horizon
Graib Rd
Star Rd
Tait St
Sunshine Grove Rd
Crove Rd
Winter St
California St
Wolf Rd
Barclay Ave
Drew St
Landover Blvd
Gifford Dr
Delton Blvd
Manner Blvd
Drysdale St
Suncoast Pkwy
Andersen Snow Rd
Nightwalker Rd
Allen Dr
Commercial Way
Weeping Willow St
Madrid Rd
Harrow Rd
Elba Rd
Center Dr
Cooper Rd
Akins Dr
Nelson Rd
Nicks Dr
Monteverde Dr
Lorge Dr
Stur St
Thomas Blvd
Clearwater Dr
Pinehurst Dr
Lindenwood Ave
Godfrey Ave
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3 miles
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Hernando County Board of County Commissioners

Environmental Services Division
Systems Operations Division (Water & Sewer Operations)

15400 Wiscon Rd.
Brooksville, Florida 34601
Telephone: 352-540-6549

To: Ms Rachel McGraw, Environmental Specialist II
Florida Department of Environmental Protection
Southwest District

Thru: Mack Washington, Water Plants Supervisor, MW
Environmental Services Division

From: James C. Howard Jr, Water Operator III
Environmental Services Division

Date: December 10, 2013

RE: Reduced Quarterly Monitoring for TTHMs and HAA5s, Stage 2

Dear Ms McGraw

Enclosed are the results for quarterly stage 2 monitoring for TTHMs and HAA5s as required by 40 CFR 141 Subpart V. The District Facility and corresponding PWS ID # is listed below.

1.) West Hernando PWS ID # 6277059

If you have any questions or require additional information please contact me at 352-754-4814.

Attachment

STAGE 2 TOTAL TRIHALOMETHANES (TTHM) AND HALOACETIC ACIDS FIVE (HAA5) REPORT FOR THE WEST HERNANDO SYSTEM

Subpart H systems serving 500 or more persons and ground water systems serving 10,000 or more persons shall complete applicable pages of this format and submit them to the Department within 10 days after the end of any quarter in which TTHM/HAA5 monitoring is required. Systems on routine or reduced quarterly TTHM/HAA5 monitoring shall complete pages 1, 2, and 3 of this format. (Add additional rows to the tables on pages 2 and 3 as necessary.) Systems on reduced annual TTHM/HAA5 monitoring shall complete pages 1 and 4 of this format. Additionally, Subpart H systems seeking to qualify for, or remain on, reduced quarterly or annual TTHM/HAA5 monitoring shall complete page 5 of this format. (Add additional rows to the table on page 5 as necessary.)

D/DBPR = Disinfectant and Disinfection Byproducts Rule; LRAA = locational running annual average; MCL = maximum contaminant level; OE = operational evaluation; RAA = running annual average; TOC = total organic carbon.

QUARTERLY MONITORING PERIOD*: October Thru December 2013

*Indicate the quarterly monitoring period by months and year (e.g., April-June 2012).

SYSTEM INFORMATION		
PWS ID Number: 6277059		
PWS Name: West Hernando		
Source Water Type and Population Size Category:		
☒ Ground Water: ☐ 10,000 – 99,999 ☒ 100,000 – 499,999 ☐ ≥ 500,000	☐ Subpart H: ☐ 500 – 3,300 ☐ 3,301 – 9,999 ☐ 10,000 – 49,999 ☐ 50,000 – 249,999	☐ 250,000 – 999,999 ☐ 1,000,000 – 4,999,999 ☐ ≥ 5,000,000
Monitoring Mode*: ☐Routine Monitoring ☒Reduced Monitoring		
Monitoring Frequency*: ☒Quarterly ☐Annually		
Total Number Of Distribution System Monitoring Locations*: 2		
Contact Person: James C. Howard Jr.		
Phone Number: 352-754-4490		
E-Mail Address (optional):jhoward@co.hernando.fl.us		
Fax Number (optional): 352-754-4167		

* See 40 CFR 141.621 and 141.623 for more details.

QUARTERLY MONITORING PERIOD: October Thru December 2013 PWS ID Number: 6277059

TTHM COMPLIANCE SUMMARY FOR SYSTEMS MONITORING QUARTERLY

Monitoring Location*	This Quarter				Previous Quarter	2 Quarters Ago	3 Quarters Ago	TTHM LRAA** (µg/L)	TTHM OE Value*** (µg/L)
	No. of TTHM Samples Taken	Date Each TTHM Sample Taken (mo/da/yr)	TTHM Sample Result (µg/L)	TTHM Locational Quarterly Average (µg/L)	TTHM Locational Quarterly Average (µg/L)	TTHM Locational Quarterly Average (µg/L)	TTHM Locational Quarterly Average (µg/L)		
				A	B	C	D	(A+B+C+D)/4	(2A+B+C)/4
1311 Kenlake Ave	3	11/14/13	4.93	4.93	15.59	4.71	7.58	8.2	
40 Gillian Dr	3	11/14/13	4.46	4.46	4.24	6.38	7.85	5.73	

Does the TTHM LRAA at any monitoring location violate the TTHM MCL of 80 µg/L? (YES/NO)	NO
Does the TTHM OE value at any monitoring location exceed 80 µg/L? (YES/NO)****	NO
If you are on reduced quarterly monitoring, does the TTHM LRAA exceed 40 µg/L at any monitoring location? (YES/NO/NA)*****	NO

* Location names or numbers should correspond to those in your Stage 2 D/DBPR compliance monitoring plan required under 40 CFR 141.622.

** Calculate and enter the LRAA beginning at the end of the fourth quarter of Stage 2 monitoring and at the end of each subsequent quarter. Also, if the LRAA calculated based on fewer than four quarters of data would cause the MCL to be exceeded regardless of the monitoring results of subsequent quarters, calculate and enter the LRAA (using zero for the results of subsequent quarters).

*** Calculate the OE value beginning at the end of the third quarter of Stage 2 monitoring and at the end of each subsequent quarter. Enter the OE value if it exceeds 80 µg/L.

**** If any TTHM OE value at any location exceeds 80 µg/L, conduct an OE and submit an OE report in accordance with 40 CFR 141.626.

***** If any TTHM LRAA at any location exceeds 40 µg/L, resume routine quarterly monitoring under 40 CFR 141.621.

QUARTERLY MONITORING PERIOD: October Thru December 2013 PWS ID Number: 6277059

HAA5 COMPLIANCE SUMMARY FOR SYSTEMS MONITORING QUARTERLY

Monitoring Location*	This Quarter				Previous Quarter	2 Quarters Ago	3 Quarters Ago	HAA5 LRAA** (µg/L)	HAA5 OE Value*** (µg/L)
	No. of HAA5 Samples Taken	Date Each HAA5 Sample Taken (mo/da/yr)	HA5 Sample Result (µg/L)	HAA5 Locational Quarterly Average (µg/L)	HAA5 Locational Quarterly Average (µg/L)	HAA5 Locational Quarterly Average (µg/L)	HAA5 Locational Quarterly Average (µg/L)		
				A	B	C	D	(A+B+C+D)/4	(2A+B+C)/4
1311 Kenlake Ave	3	11/14/13	N/D	N/D	5.91	ND	.093	1.5	
40 Gillian Dr	3	11/14/13	N/D	N/D	ND	ND	ND	N/D	

Does the HAA5 LRAA at any monitoring location violate the HAA5 MCL of 60 µg/L? (YES/NO)	NO
Does the HAA5 OE value at any monitoring location exceed 60 µg/L? (YES/NO)****	NO
If you are on reduced quarterly monitoring, does the HAA5 LRAA exceed 30 µg/L at any monitoring location? (YES/NO/NA)*****	NO

* Location names or numbers should correspond to those in your Stage 2 D/DBPR compliance monitoring plan required under 40 CFR 141.622.

** Calculate and enter the LRAA beginning at the end of the fourth quarter of Stage 2 monitoring and at the end of each subsequent quarter. Also, if the LRAA calculated based on fewer than four quarters of data would cause the MCL to be exceeded regardless of the monitoring results of subsequent quarters, calculate and enter the LRAA (using zero for the results of subsequent quarters).

*** Calculate the OE value beginning at the end of the third quarter of Stage 2 monitoring and at the end of each subsequent quarter. Enter the OE value if it exceeds 60 µg/L.

**** If any HAA5 OE value at any location exceeds 60 µg/L, you must conduct an OE and submit an OE report in accordance with 40 CFR 141.626.

***** If any HAA5 LRAA at any location exceeds 30 µg/L, you must resume routine quarterly monitoring under 40 CFR 141.621.

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

PUBLIC WATER SYSTEM INFORMATION (to be completed by sampler – Please type or print legibly)

System Name: Hernando County Utilities PWS I.D.#: 6270159

System Type (check one): ☑ Community ☐ Nontransient Noncommunity ☐ Transient Noncommunity

Address: 15400 Wiscon Road

City: Brooksville ZIP Code: 34601

Phone #: 352-754-4490 Fax #: 352-754-4167 E-Mail Address: jhoward@hernando.fl.us

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: T1314686001 Sample Date: 11/14/2013 Sample Time: 08:15 AM PM (circle one)

Sample Location (be specific): W-1 1311 Kenlake Ave Location Code (if known) :

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): 1.4 mg/L Field pH:

Sample Type (Check Only One)

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

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

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

Sampling Procedure Used or Other Comments:

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

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

SAMPLER CERTIFICATION

I, James C Howard Jr (Print Name), Operator III (Print Title), do HEREBY CERTIFY that the above public water system and sample collection information is complete and correct.

Signature: James C Howard Jr Date: 12-10-13

Certified Operator #: 0005965 Phone #: Same Sampler's Fax #: Same

Sampler's E-Mail: Same

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

LABORATORY CERTIFICATION INFORMATION (to be completed by lab – Please type or print legibly)

Lab Name: Advanced Environmental Laboratories, Inc Florida DOH Certification #: E84589 Certification Expiration Date: 06/30/2014

ATTACH CURRENT DOH ANALYTE *

Address: 9610 Princess Palm Avenue Tampa, FL 33619 Phone #: (813)630-9616

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

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED *

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 11/14/2013

PWS ID (From Page 1): 6270059 Sample Number (From Page 1): T1314686001 Lab Assigned Report # or Job T1314686

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

Inorganics	Synthetic Organics	Volatile Organics	Disinfection Byproducts	Radionuclides	Secondaries
☐ All Except Asbestos	☐ All 30	☐ All 21	☒ Trihalomethanes	☐ Single Sample	☐ All 14
☐ Partial	☐ All Except Dioxin	☐ Partial	☒ Haloacetic Acids	☐ Qtrly Composite**	☐ Partial
☐ Nitrate	☐ Partial		☐ Chlorite		
☐ Nitrite	☐ Dioxin Only		☐ Bromate		
☐ Asbestos Only					

LAB CERTIFICATION

I, Heidi Brooks (Print Name), P (Print Title), do HEREBY CERTIFY that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference

Signature: _____ Date: 12/3/13

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

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

CONFIRMATION & NOTIFICATION IS REQUIRED WITHIN 24 HRS FOR NITRATE OR NITRITE MCL EXCEEDANCES

NON-DETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" QUALIFIER. (Non-detects reported as "BDL" or with a "<" are not acceptable.)

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

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

Person Notified: _____ Date Notified: _____ DEP/DOH Reviewing Official: _____

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

DISINFECTION BYPRODUCTS
62-550.310(3)

Report Number / Job ID: T1314686001

Disinfectant Residual (mg/L)

PWS ID (From Page 1): 627-7059

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Regulatory MRL	Analysis Date	Analysis Time	DOH Lab Certification #
[illegible]	[illegible]	[illegible]	[illegible]	0.20	U	EPA 552.2	0.20	2	11/27/2013	23:38	E84589
[illegible]	[illegible]	[illegible]	[illegible]	0.81	U	EPA 552.2	0.81	1	11/27/2013	23:38	E84589
[illegible]	[illegible]	[illegible]	[illegible]	0.91	U	EPA 552.2	0.91	1	11/27/2013	23:38	E84589
[illegible]	[illegible]	[illegible]	[illegible]	0.54	U	EPA 552.2	0.54	1	11/27/2013	23:38	E84589
[illegible]	[illegible]	[illegible]	[illegible]	0.54	U	EPA 552.2	0.54	1	11/27/2013	23:38	E84589
[illegible]	[illegible]	[illegible]	[illegible]	0.20	U	EPA 552.2	0.20	—	11/27/2013	23:38	E84589

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Regulatory MRL	Analysis Date	Analysis Time	DOH Lab Certification #
[illegible]	[illegible]	[illegible]	[illegible]	2.04		EPA 524.2	0.31	1	11/20/2013	22:15	E84589
[illegible]	[illegible]	[illegible]	[illegible]	0.46	U	EPA 524.2	0.46	1	11/20/2013	22:15	E84589
[illegible]	[illegible]	[illegible]	[illegible]	1.66		EPA 524.2	0.49	1	11/20/2013	22:15	E84589
[illegible]	[illegible]	[illegible]	[illegible]	1.23		EPA 524.2	0.58	1	11/20/2013	22:15	E84589
[illegible]	[illegible]	[illegible]	[illegible]	4.93		EPA 524.2	0.31	—	11/20/2013	22:15	E84589

** Laboratories are required to adhere to the minimum reporting level (MRL) requirements of 40 CFR 141.131(b)(2)(iv).

*** Applicable to monitoring as prescribed in 40 CFR 141.132.(b)(2)(i)(B) and (b)(2)(ii).

**** Laboratories that use EPA Methods 317.0 Revision 2.0, 326.0 or 321.8 must meet a 1.0 µg/L MRL for bromate.

NOTE: Do not round values. Report results to the accuracy, precision, and sensitivity of the analytical method used.

*Results must be reported with appropriate qualifiers in accordance with Florida Administrative Code Rule 62-160, Table 1. Results qualified with A, F, H, N, O, T, Z, ?, *, are unacceptable for compliance with 62-550. Results qualified with a J, Q, R, or Y must be accompanied by written justification and will be evaluated on a case by case basis. To avoid a monitoring violation, unacceptable results must be replaced with acceptable results from samples collected during the same monitoring period.

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

PUBLIC WATER SYSTEM INFORMATION (to be completed by sampler – Please type or print legibly)

System Name: Hernando County Utilities PWS I.D.#: 6277059

System Type (check one): ☒ Community ☐ Nontransient Noncommunity ☐ Transient Noncommunity

Address: 15400 Wiscon Road

City: Brooksville ZIP Code: 34601

Phone #: 352-754-4480 Fax #: 352-754-4167 E-Mail Address: jhoward@co.hernando.fl.us

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: T1314686002 Sample Date: 11/14/2013 Sample Time: 09:05 ☒ AM ☐ PM (circle one)

Sample Location (be specific): W-2 40 Gillian Dr Location Code (if known) :

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): 1.5 mg/L Field pH:

Sample Type (Check Only One)

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

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

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

Sampling Procedure Used or Other Comments:

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

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

SAMPLER CERTIFICATION

I, James C Howard JR (Print Name), Operator III (Print Title), do HEREBY CERTIFY that the above public water system and sample collection information is complete and correct.

Signature: James C Howard JR Date: 12-10-13

Certified Operator #: 0005965 Phone #: Same Sampler's Fax #: Same

Sampler's E-Mail: Same

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

LABORATORY CERTIFICATION INFORMATION (to be completed by lab – Please type or print legibly)

Lab Name: Advanced Environmental Laboratories, Inc Florida DOH Certification #: E84589 Certification Expiration Date: 06/30/2014

ATTACH CURRENT DOH ANALYTE *

Address: 9610 Princess Palm Avenue Tampa, FL 33619 Phone #: (813)630-9616

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

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED *

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 11/14/2013

PWS ID (From Page 1): 6027-7059 Sample Number (From Page 1): T1314686002 Lab Assigned Report # or Job T1314686

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

Inorganics	Synthetic Organics	Volatile Organics	Disinfection Byproducts	Radionuclides	Secondaries
☐ All Except Asbestos	☐ All 30	☐ All 21	☒ Trihalomethanes	☐ Single Sample	☐ All 14
☐ Partial	☐ All Except Dioxin	☐ Partial	☒ Haloacetic Acids	☐ Qtrly Composite**	☐ Partial
☐ Nitrate	☐ Partial		☐ Chlorite		
☐ Nitrite	☐ Dioxin Only		☐ Bromate		
☐ Asbestos Only					

LAB CERTIFICATION

I, Heidi Brooks (Print Name), _____ (Print Title), do HEREBY CERTIFY that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference

Signature: _____ Date: 12/3/13

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

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

CONFIRMATION & NOTIFICATION IS REQUIRED WITHIN 24 HRS FOR NITRATE OR NITRITE MCL EXCEEDANCES

NON-DETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" QUALIFIER. (Non-detects reported as "BDL" or with a "<" are not acceptable.)

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

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

Person Notified: _____ Date Notified: _____ DEP/DOH Reviewing Official: _____

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

DISINFECTION BYPRODUCTS
62-550.310(3)

Report Number / Job ID: T1314686002

Disinfectant Residual (mg/L)_____

PWS ID (From Page 1): 6277059

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier	Analytical Method	Lab MDL	Regulatory MRL	Analysis Date	Analysis Time	DOH Lab Certification #
				0.20	U	EPA 552.2	0.20	2	11/28/2013	00:33	E84589
				0.81	U	EPA 552.2	0.81	1	11/28/2013	00:33	E84589
				0.91	U	EPA 552.2	0.91	1	11/28/2013	00:33	E84589
				0.54	U	EPA 552.2	0.54	1	11/28/2013	00:33	E84589
				0.54	U	EPA 552.2	0.54	1	11/28/2013	00:33	E84589
				0.20	U	EPA 552.2	0.20	—	11/28/2013	00:33	E84589

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier	Analytical Method	Lab MDL	Regulatory MRL	Analysis Date	Analysis Time	DOH Lab Certification #
				1.38		EPA 524.2	0.31	1	11/20/2013	23:01	E84589
				0.46	U	EPA 524.2	0.46	1	11/20/2013	23:01	E84589
				1.60		EPA 524.2	0.49	1	11/20/2013	23:01	E84589
				1.48		EPA 524.2	0.56	1	11/20/2013	23:01	E84589
				4.46		EPA 524.2	0.31	—	11/20/2013	23:01	E84589

** Laboratories are required to adhere to the minimum reporting level (MRL) requirements of 40 CFR 141.131(b)(2)(iv).

*** Applicable to monitoring as prescribed in 40 CFR 141.132.(b)(2)(i)(B) and (b)(2)(ii).

**** Laboratories that use EPA Methods 317.0 Revision 2.0, 326.0 or 321.8 must meet a 1.0 µg/L MRL for bromate.

NOTE: Do not round values. Report results to the accuracy, precision, and sensitivity of the analytical method used.

*Results must be reported with appropriate qualifiers in accordance with Florida Administrative Code Rule 62-160, Table 1. Results qualified with A, F, H, N, O, T, Z, ?, *, are unacceptable for compliance with 62-550. Results qualified with a J, Q, R, or Y must be accompanied by written justification and will be evaluated on a case by case basis. To avoid a monitoring violation, unacceptable results must be replaced with acceptable results from samples collected during the same monitoring period.

Advanced Environmental Laboratories, Inc.

☐ **Altamonte Springs:** 528 S. Northlake Blvd., Ste. 1016 • Altamonte Springs, FL 32701 • 407.937.1594 • Fax 407.937.1597
☐ **Gainesville:** 4965 SW 41st Blvd. • Gainesville, FL 32608 • 352.377.2349 • Fax 352.395.6639
☐ **Jacksonville:** 6681 Southpoint Pkwy. • Jacksonville, FL 32216 • 904.363.9350 • Fax 904.363.9354
☐ **Miramar:** 10200 USA Today Way, Miramar, FL 33025 • 954.889.2288 • Fax 954.889.2281
☐ **Tallahassee:** 1288 Cedar Center Drive, Tallahassee, FL 32301 • 850.219.6274 • Fax 850.219.6275
☑ **Tampa:** 9610 Princess Palm Ave. • Tampa, FL 33619 • 813.630.9616 • Fax 813.630.4327

T13146 8

Client Name: Hernando Co. Utilities
Address: 15400 Wiscon Rd
Brooksville, Fla 34601
Phone: 352-754-4490
FAX: 352-754-4167
Contact: Mack Washington
Sampled By:
Turn Around Time: ☑ STANDARD ☐ RUSH
Page ____ of ____

Project Name: Stage 2
P.O. Number/Project Number:
Project Location: West Hernando
REMARKS/SPECIAL INSTRUCTIONS:
PWS# 6277059

BOTTLE SIZE & TYPE

ANALYSIS REQUIRED

SAMPLE ID	SAMPLE DESCRIPTION	Grab Comp	SAMPLING DATE	SAMPLING TIME	MATRIX	NO. COUNT	PRESERVATION	TTHM T	HAA5 NH4 CL			Cl2 Rest						LABORATORY I.D. NUMBER
W-1	1311 Kenlake Ave	G	11-14-13	8:15a	DW	6		3	3			1.4						001
W-2	40 Gillian Dr	G	11-14-13	9:05a	DW	6		3	3			1.5						002

Matrix Code: WW = wastewater SW = surface water GW = ground water DW = drinking water O = oil A = air SO = soil SL = sludge **Preservation Code:** I = ice H=(HCl) S = (H2SO4) N = (HNO3) T = (Sodium Thiosulfate)

Received on Ice ☑ Yes ☐ No ☑ Temp taken from sample ☐ Temp from blank ☑ Where required, pH checked Temperature when received 3 (in degrees celcius)

Form revised 08/15/2013 Device used for measuring Temp by unique identifier (circle IR temp gun used) J: 9A G: LT-1 LT-2 T: 10A A: 3A M: 3A S: 1V

	Relinquished by:	Date	Time	Received by:	Date	Time
1	[signature]	11/14/13	1130a	[signature]	11-14-13	1255
2	[signature]	11-14		[signature]	11/14/13	1545
3						
4						

FOR DRINKING WATER USE:
(When PWS information not otherwise supplied) PWS ID: ____
Contact Person: ____ Phone: ____
Supplier of Water: ____
Site-Address: ____

Hernando County Board of County Commissioners
Environmental Services Division
Systems Operations Division (Water & Sewer Operations)

15400 Wiscon Rd.
Brooksville, Florida 34601
Telephone: 352-540-6549

To: Ms Rachel McGraw, Environmental Specialist II
Florida Department of Environmental Protection
Southwest District

Thru: Mack Washington, Water Plants Supervisor, MW
Environmental Services Division

From: James C. Howard Jr, Water Operator III,
Environmental Services Division

Date: March 4, 2014

RE: Reduced Quarterly Monitoring for TTHMs and HAA5s, Stage 2

Dear Ms McGraw

Enclosed are the results for quarterly stage 2 monitoring for TTHMs and HAA5s as required by 40 CFR 141 Subpart V. The District Facility and corresponding PWS ID # is listed below.

1.) West Hernando PWS ID # 6277059

If you have any questions or require additional information please contact me at 352-754-4814.

Attachment

STAGE 2 TOTAL TRIHALOMETHANES (TTHM) AND HALOACETIC ACIDS FIVE (HAA5) REPORT FOR THE WEST HERNANDO SYSTEM

Subpart H systems serving 500 or more persons and ground water systems serving 10,000 or more persons shall complete applicable pages of this format and submit them to the Department within 10 days after the end of any quarter in which TTHM/HAA5 monitoring is required. Systems on routine or reduced quarterly TTHM/HAA5 monitoring shall complete pages 1, 2, and 3 of this format. (Add additional rows to the tables on pages 2 and 3 as necessary.) Systems on reduced annual TTHM/HAA5 monitoring shall complete pages 1 and 4 of this format. Additionally, Subpart H systems seeking to qualify for, or remain on, reduced quarterly or annual TTHM/HAA5 monitoring shall complete page 5 of this format. (Add additional rows to the table on page 5 as necessary.)

D/DBPR = Disinfectant and Disinfection Byproducts Rule; LRAA = locational running annual average; MCL = maximum contaminant level; OE = operational evaluation; RAA = running annual average; TOC = total organic carbon.

QUARTERLY MONITORING PERIOD*: January Thru March 2014

*Indicate the quarterly monitoring period by months and year (e.g., April-June 2012).

SYSTEM INFORMATION		
PWS ID Number: 6277059		
PWS Name: West Hernando		
Source Water Type and Population Size Category:		
☒ Ground Water:	☐ Subpart H:	
☐ 10,000 – 99,999	☐ 500 – 3,300	☐ 250,000 – 999,999
☒ 100,000 – 499,999	☐ 3,301 – 9,999	☐ 1,000,000 – 4,999,999
☐ ≥ 500,000	☐ 10,000 – 49,999	☐ ≥ 5,000,000
	☐ 50,000 – 249,999	
Monitoring Mode*: ☐Routine Monitoring ☒Reduced Monitoring		
Monitoring Frequency*: ☒Quarterly ☐Annually		
Total Number Of Distribution System Monitoring Locations*: 2		
Contact Person: James C. Howard Jr.		
Phone Number: 352-754-4490		
E-Mail Address (optional):jhoward@co.hernando.fl.us		
Fax Number (optional): 352-754-4167		

* See 40 CFR 141.621 and 141.623 for more details.

QUARTERLY MONITORING PERIOD: January Thru March 2014 PWS ID Number: 6277059

TTHM COMPLIANCE SUMMARY FOR SYSTEMS MONITORING QUARTERLY

Monitoring Location*	This Quarter				Previous Quarter	2 Quarters Ago	3 Quarters Ago	TTHM LRAA** (µg/L)	TTHM OE Value*** (µg/L)
	No. of TTHM Samples Taken	Date Each TTHM Sample Taken (mo/da/yr)	TTHM Sample Result (µg/L)	TTHM Locational Quarterly Average (µg/L)	TTHM Locational Quarterly Average (µg/L)	TTHM Locational Quarterly Average (µg/L)	TTHM Locational Quarterly Average (µg/L)		
				A	B	C	D	(A+B+C+D)/4	(2A+B+C)/4
1311 Kenlake Ave	3	02/13/14	16.0	16.0	4.93	15.59	4.71	10.31	
40 Gillian Dr	3	02/13/14	15.36	15.36	4.46	4.24	6.38	7.61	

Does the TTHM LRAA at any monitoring location violate the TTHM MCL of 80 µg/L? (YES/NO)	NO
Does the TTHM OE value at any monitoring location exceed 80 µg/L? (YES/NO)****	NO
If you are on reduced quarterly monitoring, does the TTHM LRAA exceed 40 µg/L at any monitoring location? (YES/NO/NA)*****	NO

* Location names or numbers should correspond to those in your Stage 2 D/DBPR compliance monitoring plan required under 40 CFR 141.622.

** Calculate and enter the LRAA beginning at the end of the fourth quarter of Stage 2 monitoring and at the end of each subsequent quarter. Also, if the LRAA calculated based on fewer than four quarters of data would cause the MCL to be exceeded regardless of the monitoring results of subsequent quarters, calculate and enter the LRAA (using zero for the results of subsequent quarters).

*** Calculate the OE value beginning at the end of the third quarter of Stage 2 monitoring and at the end of each subsequent quarter. Enter the OE value if it exceeds 80 µg/L.

**** If any TTHM OE value at any location exceeds 80 µg/L, conduct an OE and submit an OE report in accordance with 40 CFR 141.626.

***** If any TTHM LRAA at any location exceeds 40 µg/L, resume routine quarterly monitoring under 40 CFR 141.621.

QUARTERLY MONITORING PERIOD: January Thru March 2014

PWS ID Number: 6277059

HAA5 COMPLIANCE SUMMARY FOR SYSTEMS MONITORING QUARTERLY

Monitoring Location*	This Quarter				Previous Quarter	2 Quarters Ago	3 Quarters Ago	HAA5 LRAA** (µg/L)	HAA5 OE Value*** (µg/L)
	No. of HAA5 Samples Taken	Date Each HAA5 Sample Taken (mo/da/yr)	HA5 Sample Result (µg/L)	HAA5 Locational Quarterly Average (µg/L)	HAA5 Locational Quarterly Average (µg/L)	HAA5 Locational Quarterly Average (µg/L)	HAA5 Locational Quarterly Average (µg/L)		
				A	B	C	D	(A+B+C+D)/4	(2A+B+C)/4
1311 Kenlake Ave	3	02/13/14	9.09	9.09	N/D	5.91	ND	3.75	
40 Gillian Dr	3	02/13/14	6.84	6.84	ND	ND	ND	1.71	

Does the HAA5 LRAA at any monitoring location violate the HAA5 MCL of 60 µg/L? (YES/NO)	NO
Does the HAA5 OE value at any monitoring location exceed 60 µg/L? (YES/NO)****	NO
If you are on reduced quarterly monitoring, does the HAA5 LRAA exceed 30 µg/L at any monitoring location? (YES/NO/NA)*****	NO

* Location names or numbers should correspond to those in your Stage 2 D/DBPR compliance monitoring plan required under 40 CFR 141.622.

** Calculate and enter the LRAA beginning at the end of the fourth quarter of Stage 2 monitoring and at the end of each subsequent quarter. Also, if the LRAA calculated based on fewer than four quarters of data would cause the MCL to be exceeded regardless of the monitoring results of subsequent quarters, calculate and enter the LRAA (using zero for the results of subsequent quarters).

*** Calculate the OE value beginning at the end of the third quarter of Stage 2 monitoring and at the end of each subsequent quarter. Enter the OE value if it exceeds 60 µg/L.

**** If any HAA5 OE value at any location exceeds 60 µg/L, you must conduct an OE and submit an OE report in accordance with 40 CFR 141.626.

***** If any HAA5 LRAA at any location exceeds 30 µg/L, you must resume routine quarterly monitoring under 40 CFR 141.621.

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

PUBLIC WATER SYSTEM INFORMATION (to be completed by sampler – Please type or print legibly)

System Name: Hernando County Utilities PWS I.D.#: 6277059

System Type (check one): ☑ Community ☐ Nontransient Noncommunity ☐ Transient Noncommunity

Address: 15400 Wiscon Road

City: Brooksville ZIP Code: 34601

Phone #: 352-754-4490 Fax #: 352-754-4167 E-Mail Address: jmwade@co.hernando.fl.us

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: T1402005001 Sample Date: 02/13/2014 Sample Time: 09:00 AM PM (circle one)

Sample Location (be specific): W-1 1311 Kenlake L-2 Location Code (if known) :

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): 1.9 mg/L Field pH:

Sample Type (Check Only One)

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

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

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

Sampling Procedure Used or Other Comments:

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

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

SAMPLER CERTIFICATION

I, Darrell Rose (Print Name), Operator I (Print Title), do HEREBY CERTIFY that the above public water system and sample collection information is complete and correct.

Signature: Date: 03-04-14

Certified Operator #: C-0021926 Phone #: Same Sampler's Fax #: Same

Sampler's E-Mail: N/A

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

LABORATORY CERTIFICATION INFORMATION (to be completed by lab – Please type or print legibly)

Lab Name: Advanced Environmental Laboratories, Inc Florida DOH Certification #: E84589 Certification Expiration Date: 06/30/2014

ATTACH CURRENT DOH ANALYTE *

Address: 9610 Princess Palm Avenue Tampa, FL 33619 Phone #: (813)630-9616

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

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED *

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 02/13/2014

PWS ID (From Page 1): 6227059 Sample Number (From Page 1): T1402005001 Lab Assigned Report # or Job T1402005

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

Inorganics	Synthetic Organics	Volatile Organics	Disinfection Byproducts	Radionuclides	Secondaries
☐ All Except Asbestos	☐ All 30	☐ All 21	☒ Trihalomethanes	☐ Single Sample	☐ All 14
☐ Partial	☐ All Except Dioxin	☐ Partial	☒ Haloacetic Acids	☐ Qtrly Composite**	☐ Partial
☐ Nitrate	☐ Partial		☐ Chlorite		
☐ Nitrite	☐ Dioxin Only		☐ Bromate		
☐ Asbestos Only					

LAB CERTIFICATION

I, Heidi Brooks (Print Name), _____ (Print Title), do HEREBY CERTIFY that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference

Signature: _____ Date: 2/28/14

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

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

CONFIRMATION & NOTIFICATION IS REQUIRED WITHIN 24 HRS FOR NITRATE OR NITRITE MCL EXCEEDANCES

NON-DETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" QUALIFIER. (Non-detects reported as "BDL" or with a "<" are not acceptable.)

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

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

Person Notified: _____ Date Notified: _____ DEP/DOH Reviewing Official: _____

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

DISINFECTION BYPRODUCTS
62-550.310(3)

Report Number / Job ID: T1402005001
Disinfectant Residual (mg/L) 1.9
PWS ID (From Page 1): 627-7059

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Regulatory MRL**	Analysis Date	Analysis Time	DOH Lab Certification #
2450	Monochloroacetic Acid	N/A	ug/L	0.20	U	EPA 552.2	0.20	2	02/25/2014	23:52	E84589
2451	Dichloroacetic Acid	N/A	ug/L	6.43		EPA 552.2	0.81	1	02/25/2014	23:52	E84589
2452	Trichloroacetic Acid	N/A	ug/L	0.94	I	EPA 552.2	0.91	1	02/25/2014	23:52	E84589
2453	Bromoacetic Acid	N/A	ug/L	0.57	I	EPA 552.2	0.54	1	02/25/2014	23:52	E84589
2454	Dibromoacetic Acid	N/A	ug/L	1.15		EPA 552.2	0.54	1	02/25/2014	23:52	E84589
2456	Total Haloacetic Acids (HAA5)	60	ug/L	9.09		EPA 552.2	0.20	—	02/25/2014	23:52	E84589

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Regulatory MRL**	Analysis Date	Analysis Time	DOH Lab Certification #
2941	Chloroform	N/A	ug/L	6.18		EPA 524.2	0.31	1	02/21/2014	03:45	E84589
2942	Bromoform	N/A	ug/L	0.45	U	EPA 524.2	0.45	1	02/21/2014	03:45	E84589
2943	Bromodichloromethane	N/A	ug/L	5.87		EPA 524.2	0.49	1	02/21/2014	03:45	E84589
2944	Dibromochloromethane	N/A	ug/L	3.95		EPA 524.2	0.56	1	02/21/2014	03:45	E84589
2950	Total Trihalomethanes	80	ug/L	16.00		EPA 524.2	0.31	—	02/21/2014	03:45	E84589

** Laboratories are required to adhere to the minimum reporting level (MRL) requirements of 40 CFR 141.131(b)(2)(iv).

*** Applicable to monitoring as prescribed in 40 CFR 141.132.(b)(2)(i)(B) and (b)(2)(ii).

**** Laboratories that use EPA Methods 317.0 Revision 2.0, 326.0 or 321.8 must meet a 1.0 µg/L MRL for bromate.

NOTE: Do not round values. Report results to the accuracy, precision, and sensitivity of the analytical method used.

*Results must be reported with appropriate qualifiers in accordance with Florida Administrative Code Rule 62-160, Table 1. Results qualified with A, F, H, N, O, T, Z, ?, *, are unacceptable for compliance with 62-550. Results qualified with a J, Q, R, or Y must be accompanied by written justification and will be evaluated on a case by case basis. To avoid a monitoring violation, unacceptable results must be replaced with acceptable results from samples collected during the same monitoring period.

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

PUBLIC WATER SYSTEM INFORMATION (to be completed by sampler – Please type or print legibly)

System Name: Hernando County Utilities PWS I.D.#: 6277059

System Type (check one): ☑ Community ☐ Nontransient Noncommunity ☐ Transient Noncommunity

Address: 15400 Wiscon Road

City: Brooksville ZIP Code: 34601

Phone #: 352-754-4490 Fax #: 352-754-4467 E-Mail Address: jhaworth@co.hernando.fl.us

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: T1402005002 Sample Date: 02/13/2014 Sample Time: 10:30 AM PM (circle one)

Sample Location (be specific): W-2 Gillia Dr. L-3 Location Code (if known) : ~

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): 1.7 mg/L Field pH: ____

Sample Type (Check Only One)

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

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

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

Sampling Procedure Used or Other Comments: ____

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

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

SAMPLER CERTIFICATION

I, Darrell Rose (Print Name), Operator I (Print Title), do HEREBY CERTIFY that the above public water system and sample collection information is complete and correct.

Signature: ____ Date: 03-04-14

Certified Operator #: C-002926 Phone #: Same Sampler's Fax #: Same

Sampler's E-Mail: N/A

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

LABORATORY CERTIFICATION INFORMATION (to be completed by lab – Please type or print legibly)

Lab Name: Advanced Environmental Laboratories, Inc Florida DOH Certification #: E84589 Certification Expiration Date: 06/30/2014

ATTACH CURRENT DOH ANALYTE *

Address: 9610 Princess Palm Avenue Tampa, FL 33619 Phone #: (813)630-9616

Were any analyses subcontracted? ☐ Yes ☑ No If yes, please provide DOH certification numbers: _____

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED *

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 02/13/2014

PWS ID (From Page 1): 627-7059 Sample Number (From Page 1): T1402005002 Lab Assigned Report # or Job T1402005

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

Inorganics	Synthetic Organics	Volatile Organics	Disinfection Byproducts	Radionuclides	Secondaries
☐ All Except Asbestos	☐ All 30	☐ All 21	☒ Trihalomethanes	☐ Single Sample	☐ All 14
☐ Partial	☐ All Except Dioxin	☐ Partial	☒ Haloacetic Acids	☐ Qtrly Composite**	☐ Partial
☐ Nitrate	☐ Partial		☐ Chlorite		
☐ Nitrite	☐ Dioxin Only		☐ Bromate		
☐ Asbestos Only					

LAB CERTIFICATION

I, Heidi Brooks (Print Name), _____ (Print Title), do HEREBY CERTIFY that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference

Signature: _____ Date: 2/28/14

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

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

CONFIRMATION & NOTIFICATION IS REQUIRED WITHIN 24 HRS FOR NITRATE OR NITRITE MCL EXCEEDANCES

NON-DETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" QUALIFIER. (Non-detects reported as "BDL" or with a "<" are not acceptable.)

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

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

Person Notified: _____ Date Notified: _____ DEP/DOH Reviewing Official: _____

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

DISINFECTION BYPRODUCTS
62-550.310(3)

Report Number / Job ID: T1402005002
Disinfectant Residual (mg/L) 1.7
PWS ID (From Page 1): 6277059

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Regulatory MRL**	Analysis Date	Analysis Time	DOH Lab Certification #
2450	Monochloroacetic Acid	NA	ug/L	0.20	U	EPA 552.2	0.20	2	02/26/2014	00:19	E84589
2451	Dichloroacetic Acid	NA	ug/L	5.94		EPA 552.2	0.81	1	02/26/2014	00:19	E84589
2452	Trichloroacetic Acid	NA	ug/L	0.91	U	EPA 552.2	0.91	1	02/26/2014	00:19	E84589
2453	Bromoacetic Acid	NA	ug/L	0.54	U	EPA 552.2	0.54	1	02/26/2014	00:19	E84589
2454	Dibromoacetic Acid	NA	ug/L	0.90	I	EPA 552.2	0.54	1	02/26/2014	00:19	E84589
2456	Total Haloacetic Acids (HAA5)	60	ug/L	6.84		EPA 552.2	0.20	—	02/26/2014	00:19	E84589

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Regulatory MRL**	Analysis Date	Analysis Time	DOH Lab Certification #
2941	Chloroform	NA	ug/L	5.91		EPA 524.2	0.31	1	02/21/2014	04:34	E84589
2942	Bromoform	NA	ug/L	0.45	U	EPA 524.2	0.45	1	02/21/2014	04:34	E84589
2943	Bromodichloromethane	NA	ug/L	5.88		EPA 524.2	0.49	1	02/21/2014	04:34	E84589
2944	Dibromochloromethane	NA	ug/L	3.57		EPA 524.2	0.56	1	02/21/2014	04:34	E84589
2950	Total Trihalomethanes	80	ug/L	15.36		EPA 524.2	0.31	—	02/21/2014	04:34	E84589

** Laboratories are required to adhere to the minimum reporting level (MRL) requirements of 40 CFR 141.131(b)(2)(iv).

*** Applicable to monitoring as prescribed in 40 CFR 141.132.(b)(2)(i)(B) and (b)(2)(ii).

**** Laboratories that use EPA Methods 317.0 Revision 2.0, 326.0 or 321.8 must meet a 1.0 µg/L MRL for bromate.

NOTE: Do not round values. Report results to the accuracy, precision, and sensitivity of the analytical method used.

*Results must be reported with appropriate qualifiers in accordance with Florida Administrative Code Rule 62-160, Table 1. Results qualified with A, F, H, N, O, T, Z, ?, *, are unacceptable for compliance with 62-550. Results qualified with a J, Q, R, or Y must be accompanied by written justification and will be evaluated on a case by case basis. To avoid a monitoring violation, unacceptable results must be replaced with acceptable results from samples collected during the same monitoring period.

Advanced Environmental Laboratories, Inc.

☐ **Altamonte Springs:** 528 S. Northlake Blvd., Ste. 1016 • Altamonte Springs, FL 32701 • 407.937.1594 • Fax 407.937.1597
☐ **Gainesville:** 4955 SW 41st Blvd. • Gainesville, FL 32608 • 352.377.2349 • Fax 352.385.6639
☐ **Jacksonville:** 6601 Southpoint Pkwy. • Jacksonville, FL 32216 • 904.363.9350 • Fax 904.363.9354
☐ **Miramar:** 10200 USA Today Way, Miramar, FL 33025 • 954.889.2288 • Fax 954.889.2281
☐ **Tallahassee:** 1288 Cedar Center Drive, Tallahassee, FL 32301 • 850.219.6274 • Fax 850.219.6275
☐ **Tampa:** 9610 Princess Palm Ave. • Tampa, FL 33619 • 813.630.9616 • Fax 813.630.4327

7/4/2005

Client Name: H.C.U.D
Address: 15400 Wiscon Rd
Brooksville, FL
Phone: 352-754-4490
FAX: 352-754-4167
Contact: Mack Washington
Sampled By:
Turn Around Time: ☒ STANDARD ☐ RUSH
Page ____ of ____

Project Name: Stage 2
P.O. Number/Project Number:
Project Location: West Hernando
REMARKS/SPECIAL INSTRUCTIONS:
PWS# 6277059

SAMPLE ID	SAMPLE DESCRIPTION	Grab Comp	SAMPLING DATE	SAMPLING TIME	MATRIX	NO. COUNT	PRESERVATION	BOTTLE SIZE & TYPE	ANALYSIS REQUIRED: TT HM	HAA5		Cl2 Res						LABORATORY I.D. NUMBER
									T	NH4 CL								
W-1	1311 Kenlake	G	2-13-14	9:00A	DW	6			3	3		1.9						W1
W-2	40 Gillia DR	G	2-13-14	1030A	DW	6			3	3		1.7						W2

Matrix Code: WW = wastewater SW = surface water GW = ground water DW = drinking water O = oil A = air SO = soil SL = sludge
Preservation Code: I = ice H=(HCl) S = (H2SO4) N = (HNO3) T = (Sodium Thiosulfate)

Received on ice ☐ Yes ☐ No ☐ Temp taken from sample ☐ Temp from blank ☐ Where required, pH checked Temperature when received 4 (in degrees celcius)

Form revised 01/19/2012 Device used for measuring Temp by unique identifier (circle IR temp gun used) J: 9A G: LT-1 LT-2 (T: 10A) A: 3A M: 1A S: 1V

	Relinquished by:	Date	Time	Received by:	Date	Time
1		2/13	11:00A		2/13	12:10
2		2/13	1515		2/13	1530
3						
4						

FOR DRINKING WATER USE:
(When PWS information not otherwise supplied) PWS ID: _____
Contact Person: _____ Phone: _____
Supplier of Water: _____
Site-Address: _____

Hernando County Board of County Commissioners
Environmental Services Division
Systems Operations Division (Water & Sewer Operations)

15400 Wiscon Rd.
Brooksville, Florida 34601
Telephone: 352-540-6549

To: Ms Rachel McGraw, Environmental Specialist I
Florida Department of Environmental Protection
Southwest District

Thru: Mack Washington, Water Plants Supervisor, MW
Environmental Services Division

From: James C. Howard Jr, Water Operator III,
Environmental Services Division

Date: November 26, 2012

RE: Quarterly Monitoring for TTHMs and HAA5s, Stage 2

Dear Ms McGraw

Enclosed are the results for quarterly stage 2 monitoring, 3rd set, for TTHMs and HAA5s as required by 40 CFR 141 Subpart V. The District Facility and corresponding PWS ID # is listed below.

1.) West Hernando PWS ID # 6277059

If you have any questions or require additional information please contact me at 352-754-4814.

Attachment

STAGE 2 TOTAL TRIHALOMETHANES (TTHM) AND HALOACETIC ACIDS FIVE (HAA5) REPORT FOR THE WEST HERNANDO SYSTEM

Subpart H systems serving 500 or more persons and ground water systems serving 10,000 or more persons shall complete applicable pages of this format and submit them to the Department within 10 days after the end of any quarter in which TTHM/HAA5 monitoring is required. Systems on routine or reduced quarterly TTHM/HAA5 monitoring shall complete pages 1, 2, and 3 of this format. (Add additional rows to the tables on pages 2 and 3 as necessary.) Systems on reduced annual TTHM/HAA5 monitoring shall complete pages 1 and 4 of this format. Additionally, Subpart H systems seeking to qualify for, or remain on, reduced quarterly or annual TTHM/HAA5 monitoring shall complete page 5 of this format. (Add additional rows to the table on page 5 as necessary.)

D/DBPR = Disinfectant and Disinfection Byproducts Rule; LRAA = locational running annual average; MCL = maximum contaminant level; OE = operational evaluation; RAA = running annual average; TOC = total organic carbon.

QUARTERLY MONITORING PERIOD*: OCTOBER – DECEMBER 2012

*Indicate the quarterly monitoring period by months and year (e.g., April-June 2012).

SYSTEM INFORMATION		
PWS ID Number: 6277059		
PWS Name: West Hernando		
Source Water Type and Population Size Category:		
☒ Ground Water: ☐ 10,000 – 99,999 ☒ 100,000 – 499,999 ☐ ≥ 500,000	☐ Subpart H: ☐ 500 – 3,300 ☐ 3,301 – 9,999 ☐ 10,000 – 49,999 ☐ 50,000 – 249,999	☐ 250,000 – 999,999 ☐ 1,000,000 – 4,999,999 ☐ ≥ 5,000,000
Monitoring Mode*: ☒Routine Monitoring ☐Reduced Monitoring		
Monitoring Frequency*: ☒Quarterly ☐Annually		
Total Number Of Distribution System Monitoring Locations*: 6		
Contact Person: James C. Howard Jr.		
Phone Number: 352-754-4490		
E-Mail Address (optional):jhoward@co.hernando.fl.us		
Fax Number (optional): 352-754-4167		

* See 40 CFR 141.621 and 141.623 for more details.

QUARTERLY MONITORING PERIOD: Octobet – December - 2012

PWS ID Number: 6277059

TTHM COMPLIANCE SUMMARY FOR SYSTEMS MONITORING QUARTERLY

Monitoring Location*	This Quarter				Previous Quarter	2 Quarters Ago	3 Quarters Ago	TTHM LRAA** (µg/L)	TTHM OE Value*** (µg/L)
	No. of TTHM Samples Taken	Date Each TTHM Sample Taken (mo/da/yr)	TTHM Sample Result (µg/L)	TTHM Locational Quarterly Average (µg/L)	TTHM Locational Quarterly Average (µg/L)	TTHM Locational Quarterly Average (µg/L)	TTHM Locational Quarterly Average (µg/L)		
				A	B	C	D	(A+B+C+D)/4	(2A+B+C)/4
3461 Pandora Dr	2	11/13/12	4.3	4.3	7.7	8.6			6.23
1311 Kenlake Ave	2	11/13/12	4.3	4.3	14.2	6.6			7.35
40 Gillian Dr	2	11/13/12	4.5	4.5	9.1	4.2			5.58
11509 Stoneville Ct	2	11/13/12	3.8	3.8	5.7	3.3			4.15
5072 Arbormarsh Cir.	2	11/13/12	4.1	4.1	9.2	4.8			5.55
15263 Merle Ct.	2	11/13/12	6.0	6.0	8.7	0.5			5.3

Does the TTHM LRAA at any monitoring location violate the TTHM MCL of 80 µg/L? (YES/NO)	NO
Does the TTHM OE value at any monitoring location exceed 80 µg/L? (YES/NO)****	NO
If you are on reduced quarterly monitoring, does the TTHM LRAA exceed 40 µg/L at any monitoring location? (YES/NO/NA)*****	N/A

* Location names or numbers should correspond to those in your Stage 2 D/DBPR compliance monitoring plan required under 40 CFR 141.622.

** Calculate and enter the LRAA beginning at the end of the fourth quarter of Stage 2 monitoring and at the end of each subsequent quarter. Also, if the LRAA calculated based on fewer than four quarters of data would cause the MCL to be exceeded regardless of the monitoring results of subsequent quarters, calculate and enter the LRAA (using zero for the results of subsequent quarters).

*** Calculate the OE value beginning at the end of the third quarter of Stage 2 monitoring and at the end of each subsequent quarter. Enter the OE value if it exceeds 80 µg/L.

**** If any TTHM OE value at any location exceeds 80 µg/L, conduct an OE and submit an OE report in accordance with 40 CFR 141.626.

***** If any TTHM LRAA at any location exceeds 40 µg/L, resume routine quarterly monitoring under 40 CFR 141.621.

QUARTERLY MONITORING PERIOD: October – December - 2012

PWS ID Number: 6277059

HAA5 COMPLIANCE SUMMARY FOR SYSTEMS MONITORING QUARTERLY

Monitoring Location*	This Quarter				Previous Quarter	2 Quarters Ago	3 Quarters Ago	HAA5 LRAA** (µg/L)	HAA5 OE Value*** (µg/L)
	No. of HAA5 Samples Taken	Date Each HAA5 Sample Taken (mo/da/yr)	HA5 Sample Result (µg/L)	HAA5 Locational Quarterly Average (µg/L)	HAA5 Locational Quarterly Average (µg/L)	HAA5 Locational Quarterly Average (µg/L)	HAA5 Locational Quarterly Average (µg/L)		
				A	B	C	D	(A+B+C+D)/4	(2A+B+C)/4
3461 Pandora Dr	3	11/13/12	1.13	1.13	2.51	2.58			1.84
1311 Kenlake Ave	3	11/13/12	1.33	1.33	4.71	2.28			2.41
40 Gillian Dr	3	11/13/12	1.32	1.32	2.71	1.16			1.63
11509 Stoneville Ct	3	11/13/12	0.77	0.77	2.5	1.03			1.27
5072 Arbormarsh Cir.	3	11/13/12	1.26	1.26	2.93	0.62			1.38
15263 Merle Ct.	3	11/13/12	0.59	.059	3.05	N/D			0.79

Does the HAA5 LRAA at any monitoring location violate the HAA5 MCL of 60 µg/L? (YES/NO)	NO
Does the HAA5 OE value at any monitoring location exceed 60 µg/L? (YES/NO)****	NO
If you are on reduced quarterly monitoring, does the HAA5 LRAA exceed 30 µg/L at any monitoring location? (YES/NO/NA)*****	N/A

* Location names or numbers should correspond to those in your Stage 2 D/DBPR compliance monitoring plan required under 40 CFR 141.622.

** Calculate and enter the LRAA beginning at the end of the fourth quarter of Stage 2 monitoring and at the end of each subsequent quarter. Also, if the LRAA calculated based on fewer than four quarters of data would cause the MCL to be exceeded regardless of the monitoring results of subsequent quarters, calculate and enter the LRAA (using zero for the results of subsequent quarters).

*** Calculate the OE value beginning at the end of the third quarter of Stage 2 monitoring and at the end of each subsequent quarter. Enter the OE value if it exceeds 60 µg/L.

**** If any HAA5 OE value at any location exceeds 60 µg/L, you must conduct an OE and submit an OE report in accordance with 40 CFR 141.626.

***** If any HAA5 LRAA at any location exceeds 30 µg/L, you must resume routine quarterly monitoring under 40 CFR 141.621.

SOUTHERN ANALYTICAL LABORATORIES, INC.
110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 813-855-1844 FAX 813-855-2218

ACCREDITED IN ACCORDANCE WITH

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

Hernando County Utilities Water Department
Stage II DBP Analyses

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

System Name: Hernando Co. Utilities - West PWS I.D. #: 6 2 7 7 0 5 9

System Type (check one): [X] Community [ ] Nontransient Noncommunity [ ] Transient Noncommunity

Address: 15400 Wiscon Road

City: Brooksville Zip Code: 34601

Phone: (352) 754-4490 Fax: (352) 754-4167 E-Mail Address: jhoward@co.hernando.fl.us

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: 1213201-01 Sample Date: 11/13/12 Sample Time: 8:20 am AM PM (Circle One)

Sample Location (be specific): 3461 Pandora Dr. Location Code:

Disinfection Residual (Required when reporting results for trihalomethanes and haloacetic acids): 1.1 mg/L Field pH:

Sample Type (Check Only One)

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

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

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

Sampling Procedure Used or Other Comments:

* See 62-550.500(6) for requirements and restrictions. And 62-550.5.12(3) for nitrate or nitrite exceedances.

** See 62-550.500(4) for requirements and attach a results page for each site

SAMPLER CERTIFICATION

I, Ron Shani / Various Operators (Print Name) Water Operator I (Print Title) do HEREBY CERTIFY that the above public water system and sample collection information is complete and correct.

Signature: Date: 11/27/12

Certified Operator #: 17325 Phone #: 352-754-4490 Sampler's Fax #: 352-754-4167

Sampler's E-Mail: N/A

Reporting Format 62-550-730
Effective January 1995. Revised February 2010

SOUTHERN ANALYTICAL LABORATORIES, INC.

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

Hernando County Utilities Water Department
Stage II DBP Analyses

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

Lab Name: Southern Analytical Laboratories, Inc. Florida DOH Certification #: E84129 Certification Expiration Date: 06/30/2013

ATTACH CURRENT DOH ANALYTE SHEET*

Address: 110 Bayview Blvd Oldsmar,FL 34677 Phone: (813) 855-1844

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

ATTACH CURRENT DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB*

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 11/13/2012

PWS ID (From Page 1): 6277059 Sample Number (From Page 1): 1213201-01 Lab Assigned Report # or Job ID: 1213201-01

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 for Asbestos	☐ All 30	☐ All 21	☒ Trihalomethanes	☐ Single Sample	☐ All 14
☐ Partial	☐ All Except Dioxin	☐ Partial	☒ Haloacetic Acids	☐ Qtrly Composite	☐ Partial
☐ Nitrate	☐ Partial		☐ Chlorite		
☐ Nitrite	☐ Dioxin Only		☐ Bromate		
☐ Asbestos					

LAB CERTIFICATION

I, Francis I. Daniels (Print Name), Laboratory Director (Print Title) do HEREBY CERTIFY that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).

Signature: Francis Daniels Date: 11/20/2012

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

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

CONFIRMATION & NOTIFICATION IS REQUIRED WITHIN 24 HOURS FOR NITRATE AND NITRITE MCL EXCEEDANCES

NON-DETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" QUALIFIER (Non-detects reported as "BDL" or with a "<" are not acceptable.)

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

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

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

Reporting Format 62-550-730
Effective January 1995. Revised February 2010

SOUTHERN ANALYTICAL LABORATORIES, INC.
110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 813-855-1844 FAX 813-855-2218

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

DISINFECTION BYPRODUCTS
62-550.310(3)

Report Number / Job ID: 1213201-01
Disinfectant Residual (mg/L) (From Page 1): 1.1
PWS ID (From Page 1): 6277059

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Reg MRL**	Analysis Date	Analysis Time	DOH Lab Certification #
2450	Monochloroacetic Acid	N/A	ug/L	0.78	U	EPA 552.2	0.78	2.0	11/17/12	6:10	E84129
2451	Dichloroacetic Acid	N/A	ug/L	0.72	I	EPA 552.2	0.70	1.0	11/17/12	6:10	E84129
2452	Trichloroacetic Acid	N/A	ug/L	0.35	U	EPA 552.2	0.35	1.0	11/17/12	6:10	E84129
2453	Monobromoacetic Acid	N/A	ug/L	0.34	U	EPA 552.2	0.34	1.0	11/17/12	6:10	E84129
2454	Dibromoacetic Acid	N/A	ug/L	0.41	I	EPA 552.2	0.27	1.0	11/17/12	6:10	E84129
2456	Total Haloacetic Acids (HAA5)	60	ug/L	1.13		EPA 552.2	0.27	—	11/17/12	6:10	E84129
Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Reg MRL**	Analysis Date	Analysis Time	DOH Lab Certification #
2941	Chloroform	N/A	ug/L	1.7		EPA 524.2	0.2	1.0	11/15/12	13:08	E84129
2942	Bromoform	N/A	ug/L	0.2	U	EPA 524.2	0.2	1.0	11/15/12	13:08	E84129
2943	Bromodichloromethane	N/A	ug/L	1.6		EPA 524.2	0.2	1.0	11/15/12	13:08	E84129
2944	Dibromochloromethane	N/A	ug/L	1.0		EPA 524.2	0.1	1.0	11/15/12	13:08	E84129
2950	Total Trihalomethanes (TTHM)	80	ug/L	4.3		EPA 524.2	0.1	—	11/15/12	13:08	E84129

** Laboratories are required to adhere to minimum reporting level (MRL) requirements of 40 CFR 141.131(b)(2)(iv). Chlorite regulatory MRL is applicable to monitoring as prescribed in 40 CFR 141.132(b)(2)(i)(B) and (b)(2)(ii). Laboratories that use EPA Methods 317.0 Revision 2.0, 326.0 or 321.8 must meet a 1.0 ug/L MRL for bromate.

*Qualifiers:

U=Analyte was undetected. Indicated concentration is method detection limit.
I=The reported value is between the laboratory method detection limit and the laboratory practical quantitation limit.

SOUTHERN ANALYTICAL LABORATORIES, INC.
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ACCREDITED IN ACCORDANCE WITH

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

Hernando County Utilities Water Department
Stage II DBP Analyses

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

System Name: Hernando Co. Utilities - West PWS I.D. #: 6 2 7 7 0 5 9

System Type (check one): [X] Community [ ] Nontransient Noncommunity [ ] Transient Noncommunity

Address: 15400 Wiscon Road

City: Brooksville Zip Code: 34601

Phone: (352) 754-4490 Fax: (352) 754-4167 E-Mail Address: jhoward@co.hernando.fl.us

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: 1213201-02 Sample Date: 11/13/12 Sample Time: 8:30 am AM PM (Circle One)

Sample Location (be specific): 1311 Kenlake Ave. Location Code:

Disinfection Residual (Required when reporting results for trihalomethanes and haloacetic acids): 1.4 mg/L Field pH:

Sample Type (Check Only One)

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

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

- [✓] Routine Compliance with 62-550
- [ ] Confirmation of MCL Exceedance*
- [ ] Composite of Multiple Sites **
- [ ] Other:

Sampling Procedure Used or Other Comments:

- [ ] Replacement (of Invalidated Sample)
- [ ] Special (not for compliance with 62-550)
- [ ] Clearance (permitting)

* See 62-550.500(6) for requirements and restrictions. And 62-550.5.12(3) for nitrate or nitrite exceedances.

** See 62-550.500(4) for requirements and attach a results page for each site

SAMPLER CERTIFICATION

I, Jim Shive Various Operators (Print Name), Water Operator I (Print Title) do HEREBY CERTIFY that the above public water system and sample collection information is complete and correct.

Signature: Jim Shive Date: 11-21-2012

Certified Operator #: 6644 Phone #: 352-754-4490 Sampler's Fax #: 352-754-4167

Sampler's E-Mail: N/A

Reporting Format 62-550-730
Effective January 1995. Revised February 2010

SOUTHERN ANALYTICAL LABORATORIES, INC.

110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 813-855-1844 FAX 813-855-2218

ACCREDITED IN ACCORDANCE WITH

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

Hernando County Utilities Water Department
Stage II DBP Analyses

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

Lab Name: Southern Analytical Laboratories, Inc. Florida DOH Certification #: E84129 Certification Expiration Date: 06/30/2013

ATTACH CURRENT DOH ANALYTE SHEET*

Address: 110 Bayview Blvd Oldsmar,FL 34677 Phone: (813) 855-1844

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

ATTACH CURRENT DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB*

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 11/13/2012

PWS ID (From Page 1): 6277059 Sample Number (From Page 1): 1213201-02 Lab Assigned Report # or Job ID: 1213201-02

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 for Asbestos	☐ All 30	☐ All 21	☒ Trihalomethanes	☐ Single Sample	☐ All 14
☐ Partial	☐ All Except Dioxin	☐ Partial	☒ Haloacetic Acids	☐ Qtrly Composite	☐ Partial
☐ Nitrate	☐ Partial		☐ Chlorite		
☐ Nitrite	☐ Dioxin Only		☐ Bromate		
☐ Asbestos					

LAB CERTIFICATION

I, Francis I. Daniels (Print Name), Laboratory Director (Print Title) do HEREBY CERTIFY

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

Signature: _____ Date: 11/20/2012

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

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

CONFIRMATION & NOTIFICATION IS REQUIRED WITHIN 24 HOURS FOR NITRATE AND NITRITE MCL EXCEEDANCES

NON-DETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" QUALIFIER (Non-detects reported as "BDL" or with a "<" are not acceptable.)

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

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

Person Notified: _____ Date Notified: _____ DEP/DOH Reviewing Official: _____

Reporting Format 62-550-730
Effective January 1995. Revised February 2010

SOUTHERN ANALYTICAL LABORATORIES, INC.
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Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format

DISINFECTION BYPRODUCTS
62-550.310(3)

Report Number / Job ID: 1213201-02
Disinfectant Residual (mg/L) (From Page 1): 1.4
PWS ID (From Page 1): 6277059

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Reg MRL**	Analysis Date	Analysis Time	DOH Lab Certification #
2450	Monochloroacetic Acid	N/A	ug/L	0.77	U	EPA 552.2	0.77	2.0	11/17/12	6:32	E84129
2451	Dichloroacetic Acid	N/A	ug/L	0.88	I	EPA 552.2	0.69	1.0	11/17/12	6:32	E84129
2452	Trichloroacetic Acid	N/A	ug/L	0.35	U	EPA 552.2	0.35	1.0	11/17/12	6:32	E84129
2453	Monobromoacetic Acid	N/A	ug/L	0.34	U	EPA 552.2	0.34	1.0	11/17/12	6:32	E84129
2454	Dibromoacetic Acid	N/A	ug/L	0.45	I	EPA 552.2	0.27	1.0	11/17/12	6:32	E84129
2456	Total Haloacetic Acids (HAA5)	60	ug/L	1.33		EPA 552.2	0.27	—	11/17/12	6:32	E84129
Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Reg MRL**	Analysis Date	Analysis Time	DOH Lab Certification #
2941	Chloroform	N/A	ug/L	1.8		EPA 524.2	0.2	1.0	11/15/12	13:41	E84129
2942	Bromoform	N/A	ug/L	0.2	U	EPA 524.2	0.2	1.0	11/15/12	13:41	E84129
2943	Bromodichloromethane	N/A	ug/L	1.5		EPA 524.2	0.2	1.0	11/15/12	13:41	E84129
2944	Dibromochloromethane	N/A	ug/L	1.0		EPA 524.2	0.1	1.0	11/15/12	13:41	E84129
2950	Total Trihalomethanes (TTHM)	80	ug/L	4.3		EPA 524.2	0.1	—	11/15/12	13:41	E84129

** Laboratories are required to adhere to minimum reporting level (MRL) requirements of 40 CFR 141.131(b)(2)(iv). Chlorite regulatory MRL is applicable to monitoring as prescribed in 40 CFR 141.132(b)(2)(i)(B) and (b)(2)(ii). Laboratories that use EPA Methods 317.0 Revision 2.0, 326.0 or 321.8 must meet a 1.0 ug/L MRL for bromate.

*Qualifiers:

U=Analyte was undetected. Indicated concentration is method detection limit.
I=The reported value is between the laboratory method detection limit and the laboratory practical quantitation limit.

SOUTHERN ANALYTICAL LABORATORIES, INC.
110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 813-855-1844 FAX 813-855-2218

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

Hernando County Utilities Water Department
Stage II DBP Analyses

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

System Name: Hernando Co. Utilities - West PWS I.D. #: 6 2 7 7 0 5 9

System Type (check one): [X] Community [ ] Nontransient Noncommunity [ ] Transient Noncommunity

Address: 15400 Wiscon Road

City: Brooksville Zip Code: 34601

Phone: (352) 754-4490 Fax: (352) 754-4167 E-Mail Address: jhoward@co.hernando.fl.us

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: 1213201-03 Sample Date: 11/13/12 Sample Time: 8:50 am AM PM (Circle One)

Sample Location (be specific): 40 Gillian Dr. Location Code:

Disinfection Residual (Required when reporting results for trihalomethanes and haloacetic acids): 1.4 mg/L Field pH:

Sample Type (Check Only One)

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

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

- [x] Routine Compliance with 62-550
- [ ] Confirmation of MCL Exceedance*
- [ ] Composite of Multiple Sites **
- [ ] Other:

Sampling Procedure Used or Other Comments:

- [ ] Replacement (of Invalidated Sample)
- [ ] Special (not for compliance with 62-550)
- [ ] Clearance (permitting)

* See 62-550.500(6) for requirements and restrictions. And 62-550.5.12(3) for nitrate or nitrite exceedances.

** See 62-550.500(4) for requirements and attach a results page for each site

SAMPLER CERTIFICATION

I, Jim Shive Various Operators (Print Name), WATER OPERATOR I (Print Title) do HEREBY CERTIFY that the above public water system and sample collection information is complete and correct.

Signature: Jim Shive Date: 11-21-2012

Certified Operator #: 66409 Phone #: 352-754-4490 Sampler's Fax #: 352-754-4167

Sampler's E-Mail: N/A

Reporting Format 62-550-730
Effective January 1995. Revised February 2010

SOUTHERN ANALYTICAL LABORATORIES, INC.
110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 813-855-1844 FAX 813-855-2218

Florida Department of Environmental Protection
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Hernando County Utilities Water Department
Stage II DBP Analyses

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

Lab Name: Southern Analytical Laboratories, Inc. Florida DOH Certification #: E84129 Certification Expiration Date: 06/30/2013

ATTACH CURRENT DOH ANALYTE SHEET*

Address: 110 Bayview Blvd Oldsmar,FL 34677 Phone: (813) 855-1844

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

ATTACH CURRENT DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB*

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 11/13/2012

PWS ID (From Page 1): 6277059 Sample Number (From Page 1): 1213201-03 Lab Assigned Report # or Job ID: 1213201-03

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 for Asbestos	☐ All 30	☐ All 21	☒ Trihalomethanes	☐ Single Sample	☐ All 14
☐ Partial	☐ All Except Dioxin	☐ Partial	☒ Haloacetic Acids	☐ Qtrly Composite	☐ Partial
☐ Nitrate	☐ Partial		☐ Chlorite		
☐ Nitrite	☐ Dioxin Only		☐ Bromate		
☐ Asbestos					

LAB CERTIFICATION

I, Francis I. Daniels (Print Name), Laboratory Director (Print Title) do HEREBY CERTIFY that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).

Signature: Fran Daniels Date: 11/20/2012

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

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

CONFIRMATION & NOTIFICATION IS REQUIRED WITHIN 24 HOURS FOR NITRATE AND NITRITE MCL EXCEEDANCES

NON-DETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" QUALIFIER (Non-detects reported as "BDL" or with a "<" are not acceptable.)

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

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

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

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

DISINFECTION BYPRODUCTS
62-550.310(3)

Report Number / Job ID: 1213201-03
Disinfectant Residual (mg/L) (From Page 1): 1.4
PWS ID (From Page 1): 6277059

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Reg MRL**	Analysis Date	Analysis Time	DOH Lab Certification #
2450	Monochloroacetic Acid	N/A	ug/L	0.78	U	EPA 552.2	0.78	2.0	11/17/12	6:55	E84129
2451	Dichloroacetic Acid	N/A	ug/L	0.76	I	EPA 552.2	0.70	1.0	11/17/12	6:55	E84129
2452	Trichloroacetic Acid	N/A	ug/L	0.35	U	EPA 552.2	0.35	1.0	11/17/12	6:55	E84129
2453	Monobromoacetic Acid	N/A	ug/L	0.34	U	EPA 552.2	0.34	1.0	11/17/12	6:55	E84129
2454	Dibromoacetic Acid	N/A	ug/L	0.56	I	EPA 552.2	0.27	1.0	11/17/12	6:55	E84129
2456	Total Haloacetic Acids (HAA5)	60	ug/L	1.32		EPA 552.2	0.27	—	11/17/12	6:55	E84129
Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Reg MRL**	Analysis Date	Analysis Time	DOH Lab Certification #
2941	Chloroform	N/A	ug/L	1.4		EPA 524.2	0.2	1.0	11/15/12	14:13	E84129
2942	Bromoform	N/A	ug/L	0.2	U	EPA 524.2	0.2	1.0	11/15/12	14:13	E84129
2943	Bromodichloromethane	N/A	ug/L	1.6		EPA 524.2	0.2	1.0	11/15/12	14:13	E84129
2944	Dibromochloromethane	N/A	ug/L	1.5		EPA 524.2	0.1	1.0	11/15/12	14:13	E84129
2950	Total Trihalomethanes (TTHM)	80	ug/L	4.5		EPA 524.2	0.1	—	11/15/12	14:13	E84129

** Laboratories are required to adhere to minimum reporting level (MRL) requirements of 40 CFR 141.131(b)(2)(iv). Chlorite regulatory MRL is applicable to monitoring as prescribed in 40 CFR 141.132(b)(2)(i)(B) and (b)(2)(ii). Laboratories that use EPA Methods 317.0 Revision 2.0, 326.0 or 321.8 must meet a 1.0 ug/L MRL for bromate.

*Qualifiers:

U=Analyte was undetected. Indicated concentration is method detection limit.
I=The reported value is between the laboratory method detection limit and the laboratory practical quantitation limit.

SOUTHERN ANALYTICAL LABORATORIES, INC.

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Hernando County Utilities Water Department
Stage II DBP Analyses

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

System Name: Hernando Co. Utilities - West PWS I.D. #: 6 2 7 7 0 5 9

System Type (check one): [X] Community [ ] Nontransient Noncommunity [ ] Transient Noncommunity

Address: 15400 Wiscon Road

City: Brooksville Zip Code: 34601

Phone: (352) 754-4490 Fax: (352) 754-4167 E-Mail Address: jhoward@co.hernando.fl.us

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: 1213201-04 Sample Date: 11/13/12 Sample Time: 9:13 am AM PM (Circle One)

Sample Location (be specific): 11509 Stoneville Ct. Location Code:

Disinfection Residual (Required when reporting results for trihalomethanes and haloacetic acids): 1.5 mg/L Field pH:

Sample Type (Check Only One)

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

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

- [x] Routine Compliance with 62-550
- [ ] Confirmation of MCL Exceedance*
- [ ] Composite of Multiple Sites **
- [ ] Other:

- [ ] Replacement (of Invalidated Sample)
- [ ] Special (not for compliance with 62-550)
- [ ] Clearance (permitting)

Sampling Procedure Used or Other Comments:

* See 62-550.500(6) for requirements and restrictions. And 62-550.5.12(3) for nitrate or nitrite exceedances.

** See 62-550.500(4) for requirements and attach a results page for each site

SAMPLER CERTIFICATION

I, Jim Shive Various Operators (Print Name) , WATER OPERATOR I (Print Title) do HEREBY CERTIFY that the above public water system and sample collection information is complete and correct.

Signature: Jim Shive Date: 11-21-2012

Certified Operator #: 6644 Phone #: 352-754-4490 Sampler's Fax #: 352-754-4167

Sampler's E-Mail: N/A

Reporting Format 62-550-730
Effective January 1995. Revised February 2010

SOUTHERN ANALYTICAL LABORATORIES, INC.
110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 813-855-1844 FAX 813-855-2218

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

Hernando County Utilities Water Department
Stage II DBP Analyses

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

Lab Name: Southern Analytical Laboratories, Inc. Florida DOH Certification #: E84129 Certification Expiration Date: 06/30/2013

ATTACH CURRENT DOH ANALYTE SHEET*

Address: 110 Bayview Blvd Oldsmar,FL 34677 Phone: (813) 855-1844

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

ATTACH CURRENT DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB*

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 11/13/2012

PWS ID (From Page 1): 6277059 Sample Number (From Page 1): 1213201-04 Lab Assigned Report # or Job ID: 1213201-04

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 for Asbestos	☐ All 30	☐ All 21	☒ Trihalomethanes	☐ Single Sample	☐ All 14
☐ Partial	☐ All Except Dioxin	☐ Partial	☒ Haloacetic Acids	☐ Qtrly Composite	☐ Partial
☐ Nitrate	☐ Partial		☐ Chlorite		
☐ Nitrite	☐ Dioxin Only		☐ Bromate		
☐ Asbestos					

LAB CERTIFICATION

I, Francis I. Daniels (Print Name), Laboratory Director (Print Title) do HEREBY CERTIFY that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).

Signature: Francis Daniels Date: 11/20/2012

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

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

CONFIRMATION & NOTIFICATION IS REQUIRED WITHIN 24 HOURS FOR NITRATE AND NITRITE MCL EXCEEDANCES

NON-DETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" QUALIFIER (Non-detects reported as "BDL" or with a "<" are not acceptable.)

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

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

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

Reporting Format 62-550-730
Effective January 1995. Revised February 2010

SOUTHERN ANALYTICAL LABORATORIES, INC.
110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 813-855-1844 FAX 813-855-2218

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

DISINFECTION BYPRODUCTS
62-550.310(3)

Report Number / Job ID: 1213201-04
Disinfectant Residual (mg/L) (From Page 1): 1.5
PWS ID (From Page 1): 6277059

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Reg MRL**	Analysis Date	Analysis Time	DOH Lab Certification #
2450	Monochloroacetic Acid	N/A	ug/L	0.78	U	EPA 552.2	0.78	2.0	11/17/12	7:18	E84129
2451	Dichloroacetic Acid	N/A	ug/L	0.70	U	EPA 552.2	0.70	1.0	11/17/12	7:18	E84129
2452	Trichloroacetic Acid	N/A	ug/L	0.35	U	EPA 552.2	0.35	1.0	11/17/12	7:18	E84129
2453	Monobromoacetic Acid	N/A	ug/L	0.34	U	EPA 552.2	0.34	1.0	11/17/12	7:18	E84129
2454	Dibromoacetic Acid	N/A	ug/L	0.77	I	EPA 552.2	0.27	1.0	11/17/12	7:18	E84129
2456	Total Haloacetic Acids (HAA5)	60	ug/L	0.77	I	EPA 552.2	0.27	—	11/17/12	7:18	E84129
Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Reg MRL**	Analysis Date	Analysis Time	DOH Lab Certification #
2941	Chloroform	N/A	ug/L	0.8		EPA 524.2	0.2	1.0	11/15/12	14:45	E84129
2942	Bromoform	N/A	ug/L	0.5	I	EPA 524.2	0.2	1.0	11/15/12	14:45	E84129
2943	Bromodichloromethane	N/A	ug/L	1.3		EPA 524.2	0.2	1.0	11/15/12	14:45	E84129
2944	Dibromochloromethane	N/A	ug/L	1.2		EPA 524.2	0.1	1.0	11/15/12	14:45	E84129
2950	Total Trihalomethanes (TTHM)	80	ug/L	3.8		EPA 524.2	0.1	—	11/15/12	14:45	E84129

** Laboratories are required to adhere to minimum reporting level (MRL) requirements of 40 CFR 141.131(b)(2)(iv). Chlorite regulatory MRL is applicable to monitoring as prescribed in 40 CFR 141.132(b)(2)(i)(B) and (b)(2)(ii). Laboratories that use EPA Methods 317.0 Revision 2.0, 326.0 or 321.8 must meet a 1.0 ug/L MRL for bromate.

*Qualifiers:

U=Analyte was undetected. Indicated concentration is method detection limit.
I=The reported value is between the laboratory method detection limit and the laboratory practical quantitation limit.

SOUTHERN ANALYTICAL LABORATORIES, INC.
110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 813-855-1844 FAX 813-855-2218

ACCREDITED IN ACCORDANCE WITH

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

Hernando County Utilities Water Department
Stage II DBP Analyses

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

System Name: Hernando Co. Utilities - West PWS I.D. #: 6 2 7 7 0 5 9

System Type (check one): [X] Community [ ] Nontransient Noncommunity [ ] Transient Noncommunity

Address: 15400 Wiscon Road

City: Brooksville Zip Code: 34601

Phone: (352) 754-4490 Fax: (352) 754-4167 E-Mail Address: jhoward@co.hernando.fl.us

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: 1213201-05 Sample Date: 11/13/12 Sample Time: 8:35 am AM PM (Circle One)

Sample Location (be specific): 5072 Arbormarsh Cir. Location Code:

Disinfection Residual (Required when reporting results for trihalomethanes and haloacetic acids): 1.2 mg/L Field pH:

Sample Type (Check Only One)

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

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

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

Sampling Procedure Used or Other Comments:

* See 62-550.500(6) for requirements and restrictions. And 62-550.5.12(3) for nitrate or nitrite exceedances.

** See 62-550.500(4) for requirements and attach a results page for each site

SAMPLER CERTIFICATION

I, Ray Ercoland Various Operators (Print Name), WATER OPERATOR I (Print Title) do HEREBY CERTIFY that the above public water system and sample collection information is complete and correct.

Signature: Date: 11-21-12

Certified Operator #: 0020817 Phone #: 352-754-4425 Sampler's Fax #: 352-754-4167

Sampler's E-Mail: N/A

Reporting Format 62-550-730
Effective January 1995. Revised February 2010

SOUTHERN ANALYTICAL LABORATORIES, INC.

110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 813-855-1844 FAX 813-855-2218

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

Hernando County Utilities Water Department
Stage II DBP Analyses

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

Lab Name: Southern Analytical Laboratories, Inc. Florida DOH Certification #: E84129 Certification Expiration Date: 06/30/2013

ATTACH CURRENT DOH ANALYTE SHEET*

Address: 110 Bayview Blvd Oldsmar,FL 34677 Phone: (813) 855-1844

Were any analyses subcontracted? ☐ Yes ☒ No If yes, please provide DOH certification number(s):

ATTACH CURRENT DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB*

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 11/13/2012

PWS ID (From Page 1): 6277059 Sample Number (From Page 1): 1213201-05 Lab Assigned Report # or Job ID: 1213201-05

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 for Asbestos	☐ All 30	☐ All 21	☒ Trihalomethanes	☐ Single Sample	☐ All 14
☐ Partial	☐ All Except Dioxin	☐ Partial	☒ Haloacetic Acids	☐ Qtrly Composite	☐ Partial
☐ Nitrate	☐ Partial		☐ Chlorite		
☐ Nitrite	☐ Dioxin Only		☐ Bromate		
☐ Asbestos					

LAB CERTIFICATION

I, Francis I. Daniels (Print Name), Laboratory Director (Print Title) do HEREBY CERTIFY

that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Acceditation Conference (NELAC).

Signature: Fran Dail Date: 11/20/2012

* Failure to provide a valid and current Florida DOH lab certification number and a current Analyte Sheet for the attached analysis results will result in rejection of the report, possible enforcement against the public water system for failure to sample, and may result in notification of the DOH Bureau of Laboratory Services.

** Please provide radiological sample dates & locations for each quarter.

CONFIRMATION & NOTIFICATION IS REQUIRED WITHIN 24 HOURS FOR NITRATE AND NITRITE MCL EXCEEDANCES

NON-DETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" QUALIFIER (Non-detects reported as "BDL" or with a "<" are not acceptable.)

COMPLIANCE DETERMINATION (to be completed by DEP or DOH - attach notes as necessary)

Sample Collection & Analysis Satisfactory: ☐ Yes ☐ No Replacement Sample or Report Requested (circle or highlight group(s) above)

Person Notified: Date Notified: DEP/DOH Reviewing Official:

Reporting Format 62-550-730
Effective January 1995. Revised February 2010

SOUTHERN ANALYTICAL LABORATORIES, INC.
110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 813-855-1844 FAX 813-855-2218

Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format

DISINFECTION BYPRODUCTS
62-550.310(3)

Report Number / Job ID: 1213201-05
Disinfectant Residual (mg/L) (From Page 1): 1.2
PWS ID (From Page 1): 6277059

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Reg MRL**	Analysis Date	Analysis Time	DOH Lab Certification #
2450	Monochloroacetic Acid	N/A	ug/L	0.77	U	EPA 552.2	0.77	2.0	11/17/12	7:40	E84129
2451	Dichloroacetic Acid	N/A	ug/L	0.76	I	EPA 552.2	0.69	1.0	11/17/12	7:40	E84129
2452	Trichloroacetic Acid	N/A	ug/L	0.34	U	EPA 552.2	0.34	1.0	11/17/12	7:40	E84129
2453	Monobromoacetic Acid	N/A	ug/L	0.33	U	EPA 552.2	0.33	1.0	11/17/12	7:40	E84129
2454	Dibromoacetic Acid	N/A	ug/L	0.50	I	EPA 552.2	0.27	1.0	11/17/12	7:40	E84129
2456	Total Haloacetic Acids (HAA5)	60	ug/L	1.26		EPA 552.2	0.27	—	11/17/12	7:40	E84129
Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Reg MRL**	Analysis Date	Analysis Time	DOH Lab Certification #
2941	Chloroform	N/A	ug/L	1.2		EPA 524.2	0.2	1.0	11/15/12	15:17	E84129
2942	Bromoform	N/A	ug/L	0.2	U	EPA 524.2	0.2	1.0	11/15/12	15:17	E84129
2943	Bromodichloromethane	N/A	ug/L	1.7		EPA 524.2	0.2	1.0	11/15/12	15:17	E84129
2944	Dibromochloromethane	N/A	ug/L	1.2		EPA 524.2	0.1	1.0	11/15/12	15:17	E84129
2950	Total Trihalomethanes (TTHM)	80	ug/L	4.1		EPA 524.2	0.1	—	11/15/12	15:17	E84129

** Laboratories are required to adhere to minimum reporting level (MRL) requirements of 40 CFR 141.131(b)(2)(iv). Chlorite regulatory MRL is applicable to monitoring as prescribed in 40 CFR 141.132(b)(2)(i)(B) and (b)(2)(ii). Laboratories that use EPA Methods 317.0 Revision 2.0, 326.0 or 321.8 must meet a 1.0 ug/L MRL for bromate.

*Qualifiers:

U=Analyte was undetected. Indicated concentration is method detection limit.
I=The reported value is between the laboratory method detection limit and the laboratory practical quantitation limit.

SOUTHERN ANALYTICAL LABORATORIES, INC.

110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 813-855-1844 FAX 813-855-2218

ACCREDITED IN ACCORDANCE WITH

Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format

Hernando County Utilities Water Department
Stage II DBP Analyses

PUBLIC WATER SYSTEM INFORMATION (to be completed by sampler - please type or print legibly)

System Name: Hernando Co. Utilities - West PWS I.D. #: 6 2 7 7 0 5 9

System Type (check one): [X] Community [ ] Nontransient Noncommunity [ ] Transient Noncommunity

Address: 15400 Wiscon Road

City: Brooksville Zip Code: 34601

Phone: (352) 754-4490 Fax: (352) 754-4167 E-Mail Address: jhoward@co.hernando.fl.us

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: 1213201-06 Sample Date: 11/13/12 Sample Time: 8:00 am AM PM (Circle One)

Sample Location (be specific): 15263 Merle Ct. Location Code:

Disinfection Residual (Required when reporting results for trihalomethanes and haloacetic acids): 1.2 mg/L Field pH:

Sample Type (Check Only One)

- [ ] Distribution
- [ ] Entry Point (to Distribution)
- [ ] Plant Tap (not for compliance with 62-550)
- [ ] Raw (at well or intake)
- [x] Max. Residence Time
- [ ] Ave. Residence Time
- [ ] Near First Customer

Reason (s) for Sample (Check all that apply)

- [x] Routine Compliance with 62-550
- [ ] Confirmation of MCL Exceedance*
- [ ] Composite of Multiple Sites **
- [ ] Other:
- [ ] Replacement (of Invalidated Sample)
- [ ] Special (not for compliance with 62-550)
- [ ] Clearance (permitting)

Sampling Procedure Used or Other Comments:

* See 62-550.500(6) for requirements and restrictions. And 62-550.5.12(3) for nitrate or nitrite exceedances.

** See 62-550.500(4) for requirements and attach a results page for each site

SAMPLER CERTIFICATION

I, Ray Girolano Various Operators (Print Name) Water Operator I (Print Title) do HEREBY CERTIFY that the above public water system and sample collection information is complete and correct.

Signature: Ray Girolano Date: 11-21-12

Certified Operator #: T23215 Phone #: 352-754-4490 Sampler's Fax #: 352-754-4167

Sampler's E-Mail: n/a

Reporting Format 62-550-730
Effective January 1995. Revised February 2010

SOUTHERN ANALYTICAL LABORATORIES, INC.
110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 813-855-1844 FAX 813-855-2218

Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format

Hernando County Utilities Water Department
Stage II DBP Analyses

LABORATORY CERTIFICATION INFORMATION (to be completed by lab - please type or print legibly)

Lab Name: Southern Analytical Laboratories, Inc. Florida DOH Certification #: E84129 Certification Expiration Date: 06/30/2013

ATTACH CURRENT DOH ANALYTE SHEET*

Address: 110 Bayview Blvd Oldsmar,FL 34677 Phone: (813) 855-1844

Were any analyses subcontracted? ☐ Yes ☒ No If yes, please provide DOH certification number(s): _____

ATTACH CURRENT DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB*

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 11/13/2012

PWS ID (From Page 1): 6277059 Sample Number (From Page 1): 1213201-06 Lab Assigned Report # or Job ID: 1213201-06

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 for Asbestos	☐ All 30	☐ All 21	☒ Trihalomethanes	☐ Single Sample	☐ All 14
☐ Partial	☐ All Except Dioxin	☐ Partial	☒ Haloacetic Acids	☐ Qtrly Composite	☐ Partial
☐ Nitrate	☐ Partial		☐ Chlorite		
☐ Nitrite	☐ Dioxin Only		☐ Bromate		
☐ Asbestos					

LAB CERTIFICATION

I, Francis I. Daniels (Print Name), Laboratory Director (Print Title) do HEREBY CERTIFY that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).

Signature: _____ Date: 11/20/2012

* Failure to provide a valid and current Florida DOH lab certification number and a current Analyte Sheet for the attached analysis results will result in rejection of the report, possible enforcement against the public water system for failure to sample, and may result in notification of the DOH Bureau of Laboratory Services.

** Please provide radiological sample dates & locations for each quarter.

CONFIRMATION & NOTIFICATION IS REQUIRED WITHIN 24 HOURS FOR NITRATE AND NITRITE MCL EXCEEDANCES

NON-DETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" QUALIFIER (Non-detects reported as "BDL" or with a "<" are not acceptable.)

COMPLIANCE DETERMINATION (to be completed by DEP or DOH - attach notes as necessary)

Sample Collection & Analysis Satisfactory: ☐ Yes ☐ No _____ Replacement Sample or Report Requested (circle or highlight group(s) above)

Person Notified: _____ Date Notified: _____ DEP/DOH Reviewing Official: _____

Reporting Format 62-550-730
Effective January 1995, Revised February 2010

SOUTHERN ANALYTICAL LABORATORIES, INC.
110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 813-855-1844 FAX 813-855-2218

Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format

DISINFECTION BYPRODUCTS
62-550.310(3)

Report Number / Job ID: 1213201-06
Disinfectant Residual (mg/L) (From Page 1): 1.2
PWS ID (From Page 1): 6277059

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Reg MRL**	Analysis Date	Analysis Time	DOH Lab Certification #
2450	Monochloroacetic Acid	N/A	ug/L	0.77	U	EPA 552.2	0.77	2.0	11/17/12	8:03	E84129
2451	Dichloroacetic Acid	N/A	ug/L	0.69	U	EPA 552.2	0.69	1.0	11/17/12	8:03	E84129
2452	Trichloroacetic Acid	N/A	ug/L	0.35	U	EPA 552.2	0.35	1.0	11/17/12	8:03	E84129
2453	Monobromoacetic Acid	N/A	ug/L	0.34	U	EPA 552.2	0.34	1.0	11/17/12	8:03	E84129
2454	Dibromoacetic Acid	N/A	ug/L	0.59	I	EPA 552.2	0.27	1.0	11/17/12	8:03	E84129
2456	Total Haloacetic Acids (HAA5)	60	ug/L	0.59	I	EPA 552.2	0.27	—	11/17/12	8:03	E84129
Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Reg MRL**	Analysis Date	Analysis Time	DOH Lab Certification #
2941	Chloroform	N/A	ug/L	1.8		EPA 524.2	0.2	1.0	11/15/12	15:50	E84129
2942	Bromoform	N/A	ug/L	0.2	U	EPA 524.2	0.2	1.0	11/15/12	15:50	E84129
2943	Bromodichloromethane	N/A	ug/L	2.2		EPA 524.2	0.2	1.0	11/15/12	15:50	E84129
2944	Dibromochloromethane	N/A	ug/L	2.0		EPA 524.2	0.1	1.0	11/15/12	15:50	E84129
2950	Total Trihalomethanes (TTHM)	80	ug/L	6.0		EPA 524.2	0.1	—	11/15/12	15:50	E84129

** Laboratories are required to adhere to minimum reporting level (MRL) requirements of 40 CFR 141.131(b)(2)(iv). Chlorite regulatory MRL is applicable to monitoring as prescribed in 40 CFR 141.132(b)(2)(i)(B) and (b)(2)(ii). Laboratories that use EPA Methods 317.0 Revision 2.0, 326.0 or 321.8 must meet a 1.0 ug/L MRL for bromate.

*Qualifiers:

U=Analyte was undetected. Indicated concentration is method detection limit.
I=The reported value is between the laboratory method detection limit and the laboratory practical quantitation limit.

SOUTHERN ANALYTICAL LABORATORIES, INC.

110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 813-855-1844 fax 813-855-2218

SAL Project No. 10-18201

Hernando County Utilities	Hernando County Utilities Water Department	Jim Howard 352-754-4490/Fax 352-754-4167
East Hernando System	Stage II DBPs PWS ID #6277059	
Samplers: (Signature) Various Operators		

Matrix Codes: DW-Drinking Water WW-Wastewater SW-SurfaceWater SL-Sludge SO-Soil GW-Groundwater SA-Saline Water O-Other R-Reagent Water

PARAMETER / CONTAINER DESCRIPTION

SAL Use Only Sample No.	Sample Description	Date	Time	Matrix	Composite	Grab	40mL V. $Na_2S_2O_3$ TTHM	40mLaV. NH_4Cl HAA		Cl2 Residual					No. of Containers (Total per each location)
01	3461 Pandora Dr.	11/12/12	8:45 AM	DW		X	2	3		1.1					5
02	1311 Kenlake Ave.	11/13/12	8:30 AM	DW		X	2	3		1.4					5
03	40 Gillian Dr.	11/13/12	8:50 AM	DW		X	2	3		1.4					5
04	11509 Stoneville Ct.	11/13/12	9:10 AM	DW		X	2	3		1.5					5
05	5072 Arbormarsh Cir.	11/13/12	8:05 AM	DW		X	2	3		1.2					5
06	15263 Merle Ct.	11/13/12	8:20 AM	DW		X	2	3		1.2					5
07	Trip Blank	10/30/12	1630	R		X	1								1

	Date/Time	Received	Date/Time
Containers Prepared/ Relinquished:	10/31/12 1000	Received:	10/31/12 1000
Relinquished:	11/13/12	Relinquished:	11-13-12 13:18
Relinquished:	11-13-12 1520	Received:	11-13-12 1520
Relinquished:		Received:	
Relinquished:		Received:	

Seal Intact? Y N (N/A)
Samples intact upon arrival? (Y) N N/A
Received on Ice? Temp ____ (Y) N N/A
Proper preservatives indicated? (Y) N N/A
Rec'd within holding time? (Y) N N/A
Volatiles rec'd w/out headspace? Y N (N/A)
Proper containers used? (Y) N N/A

Instructions / Remarks

Chain of Custody.xls
Rev.Date 11/19/01

4

Hernando County Board of County Commissioners

Environmental Services Division
Systems Operations Division (Water & Sewer Operations)

15400 Wiscon Rd.
Brooksville, Florida 34601
Telephone: 352-540-6549

To: Ms Rachel McGraw, Environmental Specialist II
Florida Department of Environmental Protection
Southwest District

Thru: Mack Washington, Water Plants Supervisor, MW
Environmental Services Division

From: James C. Howard Jr, Water Operator III,
Environmental Services Division

Dept. Of Environmental Protection
MAR 0 8 2013
Southwest District

Date: March 5, 2013

RE: Quarterly Monitoring for TTHMs and HAA5s, Stage 2

Dear Ms McGraw

Enclosed are the results for quarterly stage 2 monitoring, 4th set, for TTHMs and HAA5s as required by 40 CFR 141 Subpart V. The District Facility and corresponding PWS ID # is listed below.

1.) West Hernando PWS ID # 6277059

If you have any questions or require additional information please contact me at 352-754-4814.

Attachment

STAGE 2 TOTAL TRIHALOMETHANES (TTHM) AND HALOACETIC ACIDS FIVE (HAA5) REPORT FOR THE WEST HERNANDO SYSTEM

Subpart H systems serving 500 or more persons and ground water systems serving 10,000 or more persons shall complete applicable pages of this format and submit them to the Department within 10 days after the end of any quarter in which TTHM/HAA5 monitoring is required. Systems on routine or reduced quarterly TTHM/HAA5 monitoring shall complete pages 1, 2, and 3 of this format. (Add additional rows to the tables on pages 2 and 3 as necessary.) Systems on reduced annual TTHM/HAA5 monitoring shall complete pages 1 and 4 of this format. Additionally, Subpart H systems seeking to qualify for, or remain on, reduced quarterly or annual TTHM/HAA5 monitoring shall complete page 5 of this format. (Add additional rows to the table on page 5 as necessary.)

D/DBPR = Disinfectant and Disinfection Byproducts Rule; LRAA = locational running annual average; MCL = maximum contaminant level; OE = operational evaluation; RAA = running annual average; TOC = total organic carbon.

QUARTERLY MONITORING PERIOD*: JANUARY – MARCH 2013

*Indicate the quarterly monitoring period by months and year (e.g., April-June 2012).

SYSTEM INFORMATION		
PWS ID Number: 6277059		
PWS Name: West Hernando		
Source Water Type and Population Size Category:		
☒ Ground Water: ☐ 10,000 – 99,999 ☒ 100,000 – 499,999 ☐ ≥ 500,000	☐ Subpart H: ☐ 500 – 3,300 ☐ 3,301 – 9,999 ☐ 10,000 – 49,999 ☐ 50,000 – 249,999	☐ 250,000 – 999,999 ☐ 1,000,000 – 4,999,999 ☐ ≥ 5,000,000
Monitoring Mode*: ☒Routine Monitoring ☐Reduced Monitoring		
Monitoring Frequency*: ☒Quarterly ☐Annually		
Total Number Of Distribution System Monitoring Locations*: 6		
Contact Person: James C. Howard Jr.		
Phone Number: 352-754-4490		
E-Mail Address (optional):jhoward@co.hernando.fl.us		
Fax Number (optional): 352-754-4167		

* See 40 CFR 141.621 and 141.623 for more details.

QUARTERLY MONITORING PERIOD: January – March 2013 PWS ID Number: 6277059

TTHM COMPLIANCE SUMMARY FOR SYSTEMS MONITORING QUARTERLY

Monitoring Location*	This Quarter				Previous Quarter	2 Quarters Ago	3 Quarters Ago	TTHM LRAA** (µg/L)	TTHM OE Value*** (µg/L)
	No. of TTHM Samples Taken	Date Each TTHM Sample Taken (mo/da/yr)	TTHM Sample Result (µg/L)	TTHM Locational Quarterly Average (µg/L)	TTHM Locational Quarterly Average (µg/L)	TTHM Locational Quarterly Average (µg/L)	TTHM Locational Quarterly Average (µg/L)		
				A	B	C	D	(A+B+C+D)/4	(2A+B+C)/4
3461 Pandora Dr	3	02/13/13	1.16	1.16	4.3	7.7	8.6	5.44	
1311 Kenlake Ave	3	02/13/13	7.58	7.58	4.3	14.2	6.6	8.17	
40 Gillian Dr	3	02/13/13	4.85	7.85	4.5	9.1	4.2	6.41	
11509 Stoneville Ct	3	02/13/13	3.02	3.02	3.8	5.7	3.3	3.96	
5072 Arbormarsh Cir.	3	02/13/13	ND	ND	4.1	9.2	4.8	4.53	
15263 Merle Ct.	3	02/13/13	ND	ND	6.0	8.7	0.5	3.8	

Does the TTHM LRAA at any monitoring location violate the TTHM MCL of 80 µg/L? (YES/NO)	NO
Does the TTHM OE value at any monitoring location exceed 80 µg/L? (YES/NO)****	NO
If you are on reduced quarterly monitoring, does the TTHM LRAA exceed 40 µg/L at any monitoring location? (YES/NO/NA)*****	N/A

* Location names or numbers should correspond to those in your Stage 2 D/DBPR compliance monitoring plan required under 40 CFR 141.622.

** Calculate and enter the LRAA beginning at the end of the fourth quarter of Stage 2 monitoring and at the end of each subsequent quarter. Also, if the LRAA calculated based on fewer than four quarters of data would cause the MCL to be exceeded regardless of the monitoring results of subsequent quarters, calculate and enter the LRAA (using zero for the results of subsequent quarters).

*** Calculate the OE value beginning at the end of the third quarter of Stage 2 monitoring and at the end of each subsequent quarter. Enter the OE value if it exceeds 80 µg/L.

**** If any TTHM OE value at any location exceeds 80 µg/L, conduct an OE and submit an OE report in accordance with 40 CFR 141.626.

***** If any TTHM LRAA at any location exceeds 40 µg/L, resume routine quarterly monitoring under 40 CFR 141.621.

QUARTERLY MONITORING PERIOD: January – March 2013 PWS ID Number: 6277059

HAA5 COMPLIANCE SUMMARY FOR SYSTEMS MONITORING QUARTERLY

Monitoring Location*	This Quarter				Previous Quarter	2 Quarters Ago	3 Quarters Ago	HAA5 LRAA** (µg/L)	HAA5 OE Value*** (µg/L)
	No. of HAA5 Samples Taken	Date Each HAA5 Sample Taken (mo/da/yr)	HA5 Sample Result (µg/L)	HAA5 Locational Quarterly Average (µg/L)	HAA5 Locational Quarterly Average (µg/L)	HAA5 Locational Quarterly Average (µg/L)	HAA5 Locational Quarterly Average (µg/L)		
				A	B	C	D	(A+B+C+D)/4	(2A+B+C)/4
3461 Pandora Dr	3	02/13/13	ND	ND	1.13	2.51	2.58	1.56	
1311 Kenlake Ave	3	02/13/13	0.93	0.93	1.33	4.71	2.28	2.31	
40 Gillian Dr	3	02/13/13	ND	ND	1.32	2.71	1.16	1.3	
11509 Stoneville Ct	3	02/13/13	ND	ND	0.77	2.5	1.03	1.08	
5072 Arbormarsh Cir.	3	02/13/13	ND	ND	1.26	2.93	0.62	1.2	
15263 Merle Ct.	3	02/13/13	ND	ND	.059	3.05	N/D	0.78	

Does the HAA5 LRAA at any monitoring location violate the HAA5 MCL of 60 µg/L? (YES/NO)	NO
Does the HAA5 OE value at any monitoring location exceed 60 µg/L? (YES/NO)****	NO
If you are on reduced quarterly monitoring, does the HAA5 LRAA exceed 30 µg/L at any monitoring location? (YES/NO/NA)*****	N/A

* Location names or numbers should correspond to those in your Stage 2 D/DBPR compliance monitoring plan required under 40 CFR 141.622.

** Calculate and enter the LRAA beginning at the end of the fourth quarter of Stage 2 monitoring and at the end of each subsequent quarter. Also, if the LRAA calculated based on fewer than four quarters of data would cause the MCL to be exceeded regardless of the monitoring results of subsequent quarters, calculate and enter the LRAA (using zero for the results of subsequent quarters).

*** Calculate the OE value beginning at the end of the third quarter of Stage 2 monitoring and at the end of each subsequent quarter. Enter the OE value if it exceeds 60 µg/L.

**** If any HAA5 OE value at any location exceeds 60 µg/L, you must conduct an OE and submit an OE report in accordance with 40 CFR 141.626.

***** If any HAA5 LRAA at any location exceeds 30 µg/L, you must resume routine quarterly monitoring under 40 CFR 141.621.

Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format

PUBLIC WATER SYSTEM INFORMATION (to be completed by sampler – Please type or print legibly)

System Name: West Hernando PWS I.D.#: 6277059

System Type (check one): ☒ Community ☐ Nontransient Noncommunity ☐ Transient Noncommunity

Address: 16400 Wiscon Rd

City: Brooksville ZIP Code: 34601

Phone #: 352-754-4490 Fax #: 352-754-4167 E-Mail Address: jhoward@co.hernando.fl.us

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: T1301980001 Sample Date: 02/13/2013 Sample Time: 09:00 ☒ AM ☐ PM (circle one)

Sample Location (be specific): 3461 Pandora Dr. Location Code (if known) :

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): 1.4 mg/L Field pH:

Sample Type (Check Only One)

- ☐ Distribution
- ☐ Entry Point (to Distribution)
- ☐ Plant Tap (not for compliance with 62-550)
- ☐ Raw (at well or intake)
- ☒ Max Residence Time
- ☐ Ave Residence Time
- ☐ Near First Customer

Reason(s) for Sample (Check all that apply)

- ☒ Routine Compliance with 62-550
- ☐ Replacement (of Invalidated Sample)
- ☐ Confirmation of MCL Exceedance *
- ☐ Special (not for compliance with 62-550)
- ☐ Composite of Multiple Sites **
- ☐ Clearance (permitting)
- ☐ Other:

Sampling Procedure Used or Other Comments:

*See 62-550.500(6) for requirements and restrictions. And 62-550.512(3) for nitrate or nitrite exceedances.

**See 62-550.550(4) for requirements and attach a results page for each site.

SAMPLER CERTIFICATION

I, Darrell Rose/Jim Howard (Print Name), Operator (Print Title), do HEREBY CERTIFY that the above public water system and sample collection information is complete and correct.

Signature: James C Howard Jr Date: 3-5-13

Certified Operator #: 5965 Phone #: Same Sampler's Fax #: Same

Sampler's E-Mail: Same As Above

Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format

LABORATORY CERTIFICATION INFORMATION (to be completed by lab – Please type or print legibly)

Lab Name: Advanced Environmental Laboratories, Inc Florida DOH Certification #: E84589 Certification Expiration Date: 06/30/2013
ATTACH CURRENT DOH ANALYTE *

Address: 9610 Princess Palm Avenue Tampa, FL 33619 Phone #: (813)630-9616

Were any analyses subcontracted? [X] Yes [X] No If yes, please provide DOH certification numbers: E82574
ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED *

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 02/13/2013

PWS ID (From Page 1): 6277059 Sample Number (From Page 1): T1301980001 Lab Assigned Report # or Job T1301980

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	[X] Trihalomethanes	[ ] Single Sample	[ ] All 14
[ ] Partial	[ ] All Except Dioxin	[ ] Partial	[X] Haloacetic Acids	[ ] Qtrly Composite**	[ ] Partial
[ ] Nitrate	[ ] Partial		[ ] Chlorite		
[ ] Nitrite	[ ] Dioxin Only		[ ] Bromate		
[ ] Asbestos Only					

LAB CERTIFICATION

I, Angela Harlan (Print Name), PM (Print Title), do HEREBY CERTIFY that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference

Signature: Angela Harlan Date: 3/4/13

* Failure to provide a valid and current Florida DOH lab certification number and a current Analyte Sheet for the attached analysis results will result in rejection of the report, possible enforcement against the public water system for failure to sample, and may result in notification of the DOH Bureau of Laboratory Services.

** Please provide radiological sample dates & locations for each quarter.

CONFIRMATION & NOTIFICATION IS REQUIRED WITHIN 24 HRS FOR NITRATE OR NITRITE MCL EXCEEDANCES

NON-DETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" QUALIFIER. (Non-detects reported as "BDL" or with a "<" are not acceptable.)

COMPLIANCE DETERMINATION (to be completed by DEP or DOH -- attach notes as necessary)

Sample Collection & Analysis Satisfactory: [ ] Yes [ ] No Replacement Sample or Report Requested: [ ] Yes [ ] No (circle or highlight group(s) above)

Person Notified: _____ Date Notified: _____ DEP/DOH Reviewing Official: _____

Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format

DISINFECTION BYPRODUCTS
62-550.310(3)

Report Number / Job ID: T1301980001
Disinfectant Residual (mg/L) 1.4
PWS ID (From Page 1): 627-7059

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Regulatory MRL**	Analysis Date	Analysis Time	DOH Lab Certification #

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Regulatory MRL**	Analysis Date	Analysis Time	DOH Lab Certification #
2450	Monochloroacetic Acid	N/A	ug/L	0.89	U	EPA 552.2	0.89	2	02/27/2013	00:03	E82574
2451	Dichloroacetic Acid	N/A	ug/L	0.89	U	EPA 552.2	0.89	1	02/27/2013	00:03	E82574
2452	Trichloroacetic Acid	N/A	ug/L	0.67	U	EPA 552.2	0.67	1	02/27/2013	00:03	E82574
2453	Bromoacetic Acid	N/A	ug/L	0.52	U	EPA 552.2	0.52	1	02/27/2013	00:03	E82574
2454	Dibromoacetic Acid	N/A	ug/L	0.73	U	EPA 552.2	0.73	1	02/27/2013	00:03	E82574
2456	Total Haloacetic Acids (HAA5)	60	ug/L	0.52	U	EPA 552.2	0.52	—	02/27/2013	00:03	E82574

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Regulatory MRL**	Analysis Date	Analysis Time	DOH Lab Certification #
2941	Chloroform	N/A	ug/L	1.16		EPA 524.2	0.99	1	02/20/2013	04:42	E84589
2942	Bromoform	N/A	ug/L	0.45	U	EPA 524.2	0.45	1	02/20/2013	04:42	E84589
2943	Bromodichloromethane	N/A	ug/L	0.49	U	EPA 524.2	0.49	1	02/20/2013	04:42	E84589
2944	Dibromochloromethane	N/A	ug/L	0.56	U	EPA 524.2	0.56	1	02/20/2013	04:42	E84589
2950	Total Trihalomethanes	80	ug/L	1.16		EPA 524.2	0.45	—	02/20/2013	04:42	E84589

** Laboratories are required to adhere to the minimum reporting level (MRL) requirements of 40 CFR 141.131(b)(2)(iv).

*** Applicable to monitoring as prescribed in 40 CFR 141.132.(b)(2)(i)(B) and (b)(2)(ii).

**** Laboratories that use EPA Methods 317.0 Revision 2.0, 326.0 or 321.8 must meet a 1.0 µg/L MRL for bromate.

NOTE: Do not round values. Report results to the accuracy, precision, and sensitivity of the analytical method used.

*Results must be reported with appropriate modifiers in accordance with Florida Administrative Code Rule 62-160, Table I. Results qualified with A, F, H, J, T, Z, or * are unacceptable for compliance with 62-550. Results qualified with J, T, or Z must be accompanied by written explanation and will be evaluated on a case-by-case basis to avoid a laboratory violation. Unacceptable results must be replaced with acceptable results from samples collected during the same monitoring period.

Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format

PUBLIC WATER SYSTEM INFORMATION (to be completed by sampler – Please type or print legibly)

System Name: West Hernando PWS I.D.#: 6277059

System Type (check one): ☑ Community ☐ Nontransient Noncommunity ☐ Transient Noncommunity

Address: 15400 Wiscon Rd

City: Brooksville ZIP Code: 34601

Phone #: 352-754-4490 Fax #: 352-754-4167 E-Mail Address: jhoward@co.hernando.fl.us

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: T1301980002 Sample Date: 02/13/2013 Sample Time: 08:15 AM PM (circle one)

Sample Location (be specific): 1311 Kenlake Ave Location Code (if known) :

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): 1.4 mg/L Field pH: ____

Sample Type (Check Only One)

- ☐ Distribution
- ☐ Entry Point (to Distribution)
- ☐ Plant Tap (not for compliance with 62-550)
- ☐ Raw (at well or intake)
- ☑ Max Residence Time
- ☐ Ave Residence Time
- ☐ Near First Customer

Reason(s) for Sample (Check all that apply)

- ☑ Routine Compliance with 62-550
- ☐ Replacement (of Invalidated Sample)
- ☐ Confirmation of MCL Exceedance *
- ☐ Special (not for compliance with 62-550)
- ☐ Composite of Multiple Sites **
- ☐ Clearance (permitting)
- ☐ Other:

Sampling Procedure Used or Other Comments:

*See 62-550.500(6) for requirements and restrictions. And 62-550.512(3) for nitrate or nitrite exceedances.

**See 62-550.550(4) for requirements and attach a results page for each site.

SAMPLER CERTIFICATION

I, Darrell Rose/Jim Howard (Print Name), Operator (Print Title), do HEREBY CERTIFY that the above public water system and sample collection information is complete and correct.

Signature: James C Howard Jr Date: 2-5-13

Certified Operator #: [redacted]5965 Phone #: Same Sampler's Fax #: Same

Sampler's E-Mail: Same As Above

Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format

LABORATORY CERTIFICATION INFORMATION (to be completed by lab – Please type or print legibly)

Lab Name: Advanced Environmental Laboratories, Inc Florida DOH Certification #: E84589 Certification Expiration Date: 06/30/2013

ATTACH CURRENT DOH ANALYTE *

Address: 9610 Princess Palm Avenue Tampa, FL 33619 Phone #: (813)630-9616

Were any analyses subcontracted? [X] Yes [X] No AH If yes, please provide DOH certification numbers: E82574

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED *

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 02/13/2013

PWS ID (From Page 1): 627-7059 Sample Number (From Page 1): T1301980002 Lab Assigned Report # or Job T1301980

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	[X] Trihalomethanes	[ ] Single Sample	[ ] All 14
[ ] Partial	[ ] All Except Dioxin	[ ] Partial	[X] Haloacetic Acids	[ ] Qtrly Composite**	[ ] Partial
[ ] Nitrate	[ ] Partial		[ ] Chlorite		
[ ] Nitrite	[ ] Dioxin Only		[ ] Bromate		
[ ] Asbestos Only					

LAB CERTIFICATION

I, Angela Harlan (Print Name), PM (Print Title), do HEREBY CERTIFY that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference

Signature: Angela Harlan Date: 2/4/13

* Failure to provide a valid and current Florida DOH lab certification number and a current Analyte Sheet for the attached analysis results will result in rejection of the report, possible enforcement against the public water system for failure to sample, and may result in notification of the DOH Bureau of Laboratory Services.

** Please provide radiological sample dates & locations for each quarter.

CONFIRMATION & NOTIFICATION IS REQUIRED WITHIN 24 HRS FOR NITRATE OR NITRITE MCL EXCEEDANCES

NON-DETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" QUALIFIER. (Non-detects reported as "BDL" or with a "<" are not acceptable.)

COMPLIANCE DETERMINATION (to be completed by DEP or DOH – attach notes as necessary)

Sample Collection & Analysis Satisfactory: [ ] Yes [ ] No Replacement Sample or Report Requested: [ ] Yes [ ] No (circle or highlight group(s) above)

Person Notified: _____ Date Notified: _____ DEP/DOH Reviewing Official: _____

Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format

DISINFECTION BYPRODUCTS
62-550.310(3)

Report Number / Job ID: T1301980002
Disinfectant Residual (mg/L) 1.4
PWS ID (From Page 1): 627-7059

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Regulatory MRL**	Analysis Date	Analysis Time	DOH Lab Certification #

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Regulatory MRL**	Analysis Date	Analysis Time	DOH Lab Certification #
2450	Monochloroacetic Acid	N/A	ug/L	0.89	U	EPA 552.2	0.89	2	02/27/2013	00:28	E82574
2451	Dichloroacetic Acid	N/A	ug/L	0.93	I	EPA 552.2	0.89	1	02/27/2013	00:28	E82574
2452	Trichloroacetic Acid	N/A	ug/L	0.67	U	EPA 552.2	0.67	1	02/27/2013	00:28	E82574
2453	Bromoacetic Acid	N/A	ug/L	0.52	U	EPA 552.2	0.52	1	02/27/2013	00:28	E82574
2454	Dibromoacetic Acid	N/A	ug/L	0.73	U	EPA 552.2	0.73	1	02/27/2013	00:28	E82574
2456	Total Haloacetic Acids (HAA5)	60	ug/L	0.93	I	EPA 552.2	0.52	—	02/27/2013	00:28	E82574

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Regulatory MRL**	Analysis Date	Analysis Time	DOH Lab Certification #
2941	Chloroform	N/A	ug/L	3.06		EPA 524.2	0.99	1	02/20/2013	05:29	E84589
2942	Bromoform	N/A	ug/L	0.45	U	EPA 524.2	0.45	1	02/20/2013	05:29	E84589
2943	Bromodichloromethane	N/A	ug/L	2.58		EPA 524.2	0.49	1	02/20/2013	05:29	E84589
2944	Dibromochloromethane	N/A	ug/L	1.94		EPA 524.2	0.56	1	02/20/2013	05:29	E84589
2950	Total Trihalomethanes	80	ug/L	7.58		EPA 524.2	0.45	—	02/20/2013	05:29	E84589

** Laboratories are required to adhere to the minimum reporting level (MRL) requirements of 40 CFR 141.131(b)(2)(iv).

*** Applicable to monitoring as prescribed in 40 CFR 141.132.(b)(2)(i)(B) and (b)(2)(ii).

**** Laboratories that use EPA Methods 317.0 Revision 2.0, 326.0 or 321.8 must meet a 1.0 µg/L MRL for bromate.

NOTE: Do not round values. Report results to the accuracy, precision, and sensitivity of the analytical method used.

[illegible]

Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format

PUBLIC WATER SYSTEM INFORMATION (to be completed by sampler – Please type or print legibly)

System Name: West Hernando PWS I.D.#: 6277059

System Type (check one): ☑ Community ☐ Nontransient Noncommunity ☐ Transient Noncommunity

Address: 15400 Wiscon Rd

City: Brooksville ZIP Code: 34601

Phone #: 352-754-4490 Fax #: 352-754-4167 E-Mail Address: jhoward@co.hernando.fl.us

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: T1301980003 Sample Date: 02/13/2013 Sample Time: 10:30 [AM] PM (circle one)

Sample Location (be specific): 40 Gillian Dr. Location Code (if known) :

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): 1.5 mg/L Field pH:

Sample Type (Check Only One)

- ☐ Distribution
- ☐ Entry Point (to Distribution)
- ☐ Plant Tap (not for compliance with 62-550)
- ☐ Raw (at well or intake)
- ☑ Max Residence Time
- ☐ Ave Residence Time
- ☐ Near First Customer

Reason(s) for Sample (Check all that apply)

- ☑ Routine Compliance with 62-550
- ☐ Replacement (of Invalidated Sample)
- ☐ Confirmation of MCL Exceedance *
- ☐ Special (not for compliance with 62-550)
- ☐ Composite of Multiple Sites **
- ☐ Clearance (permitting)
- ☐ Other:

Sampling Procedure Used or Other Comments:

*See 62-550.500(6) for requirements and restrictions. And 62-550.512(3) for nitrate or nitrite exceedances.

**See 62-550.550(4) for requirements and attach a results page for each site.

SAMPLER CERTIFICATION

I, Darrell Rose/Jim Howard (Print Name), Operator (Print Title), do HEREBY CERTIFY that the above public water system and sample collection information is complete and correct.

Signature: James Howard Jr Date: 2-6-13

Certified Operator #: FR65 Phone #: Same Sampler's Fax #: Same

Sampler's E-Mail: Same As Above

Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format

LABORATORY CERTIFICATION INFORMATION (to be completed by lab – Please type or print legibly)

Lab Name: Advanced Environmental Laboratories, Inc Florida DOH Certification #: E84589 Certification Expiration Date: 06/30/2013

ATTACH CURRENT DOH ANALYTE *

Address: 9610 Princess Palm Avenue Tampa, FL 33619 Phone #: (813)630-9616

Were any analyses subcontracted? [X] Yes [X] No AH If yes, please provide DOH certification numbers: E82574

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED *

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 02/13/2013

PWS ID (From Page 1): 627-7059 Sample Number (From Page 1): T1301980003 Lab Assigned Report # or Job T1301980

Group(s) Analyzed & Results attached for compliance with Chapter 62-550, F.A.C. (Check all that apply):

Inorganics	Synthetic Organics	Volatile Organics	Disinfection Byproducts	Radionuclides	Secondaries
☐ All Except Asbestos	☐ All 30	☐ All 21	☒ Trihalomethanes	☐ Single Sample	☐ All 14
☐ Partial	☐ All Except Dioxin	☐ Partial	☒ Haloacetic Acids	☐ Qtrly Composite**	☐ Partial
☐ Nitrate	☐ Partial		☐ Chlorite		
☐ Nitrite	☐ Dioxin Only		☐ Bromate		
☐ Asbestos Only					

LAB CERTIFICATION

I, Angela Harlan (Print Name), PM (Print Title), do HEREBY CERTIFY that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference

Signature: Angela Harlan Date: 3/4/13

* Failure to provide a valid and current Florida DOH lab certification number and a current Analyte Sheet for the attached analysis results will result in rejection of the report, possible enforcement against the public water system for failure to sample, and may result in notification of the DOH Bureau of Laboratory Services.

** Please provide radiological sample dates & locations for each quarter.

CONFIRMATION & NOTIFICATION IS REQUIRED WITHIN 24 HRS FOR NITRATE OR NITRITE MCL EXCEEDANCES

NON-DETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" QUALIFIER. (Non-detects reported as "BDL" or with a "<" are not acceptable.)

COMPLIANCE DETERMINATION (to be completed by DEP or DOH -- attach notes as necessary)

Sample Collection & Analysis Satisfactory: ☐ Yes ☐ No Replacement Sample or Report Requested: ☐ Yes ☐ No (circle or highlight group(s) above)

Person Notified: _____ Date Notified: _____ DEP/DOH Reviewing Official: _____

Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format

DISINFECTION BYPRODUCTS
62-550.310(3)

Report Number / Job ID: T1301980003
Disinfectant Residual (mg/L) 1.5
PWS ID (From Page 1): 627-7059

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Regulatory MRL**	Analysis Date	Analysis Time	DOH Lab Certification #

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Regulatory MRL**	Analysis Date	Analysis Time	DOH Lab Certification #
2450	Monochloroacetic Acid	N/A	ug/L	0.89	U	EPA 552.2	0.89	2	02/27/2013	00:55	E82574
2451	Dichloroacetic Acid	N/A	ug/L	0.89	U	EPA 552.2	0.89	1	02/27/2013	00:55	E82574
2452	Trichloroacetic Acid	N/A	ug/L	0.67	U	EPA 552.2	0.67	1	02/27/2013	00:55	E82574
2453	Bromoacetic Acid	N/A	ug/L	0.52	U	EPA 552.2	0.52	1	02/27/2013	00:55	E82574
2454	Dibromoacetic Acid	N/A	ug/L	0.73	U	EPA 552.2	0.73	1	02/27/2013	00:55	E82574
2456	Total Haloacetic Acids (HAA5)	60	ug/L	0.52	U	EPA 552.2	0.52	—	02/27/2013	00:55	E82574

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Regulatory MRL**	Analysis Date	Analysis Time	DOH Lab Certification #
2941	Chloroform	N/A	ug/L	1.61		EPA 524.2	0.99	1	02/20/2013	06:17	E84589
2942	Bromoform	N/A	ug/L	0.45	U	EPA 524.2	0.45	1	02/20/2013	06:17	E84589
2943	Bromodichloromethane	N/A	ug/L	1.83		EPA 524.2	0.49	1	02/20/2013	06:17	E84589
2944	Dibromochloromethane	N/A	ug/L	1.41		EPA 524.2	0.56	1	02/20/2013	06:17	E84589
2950	Total Trihalomethanes	80	ug/L	4.85		EPA 524.2	0.45	—	02/20/2013	06:17	E84589

** Laboratories are required to adhere to the minimum reporting level (MRL) requirements of 40 CFR 141.131(b)(2)(iv).

*** Applicable to monitoring as prescribed in 40 CFR 141.132.(b)(2)(i)(B) and (b)(2)(ii).

**** Laboratories that use EPA Methods 317.0 Revision 2.0, 326.0 or 321.8 must meet a 1.0 µg/L MRL for bromate.

NOTE: Do not round values. Report results to the accuracy, precision, and sensitivity of the analytical method used.

Results must be reported with appropriate qualifiers in accordance with Florida Administrative Code Rule 62-160, Table 1. Results qualified with A, P, N, Q, T, Z, [illegible] are unacceptable for compliance with 62-550. Results qualified with [illegible] must be accompanied by written certification and will be [illegible] by case basis. To avoid a monitoring violation, unacceptable results [illegible] replaced [illegible] results from samples [illegible] during the same monitoring period.

Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format

PUBLIC WATER SYSTEM INFORMATION (to be completed by sampler – Please type or print legibly)

System Name: West Hernando PWS I.D.#: 6277059

System Type (check one): ☑ Community ☐ Nontransient Noncommunity ☐ Transient Noncommunity

Address: 15400 Wiscon Rd

City: Brooksville ZIP Code: 34601

Phone #: 352-754-4490 Fax #: 352-754-4167 E-Mail Address: jhoward@bcohernando.fl.us

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: T1301980004 Sample Date: 02/13/2013 Sample Time: 11:30 AM PM (circle one)

Sample Location (be specific): 11509 Stoneville Ct. Location Code (if known) :

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): 1.4 mg/L Field pH: ____

Sample Type (Check Only One)

- ☐ Distribution
- ☐ Entry Point (to Distribution)
- ☐ Plant Tap (not for compliance with 62-550)
- ☐ Raw (at well or intake)
- ☑ Max Residence Time
- ☐ Ave Residence Time
- ☐ Near First Customer

Reason(s) for Sample (Check all that apply)

- ☑ Routine Compliance with 62-550
- ☐ Replacement (of Invalidated Sample)
- ☐ Confirmation of MCL Exceedance *
- ☐ Special (not for compliance with 62-550)
- ☐ Composite of Multiple Sites **
- ☐ Clearance (permitting)
- ☐ Other: ____

Sampling Procedure Used or Other Comments: ____

*See 62-550.500(6) for requirements and restrictions. And 62-550.512(3) for nitrate or nitrite exceedances.

**See 62-550.550(4) for requirements and attach a results page for each site.

SAMPLER CERTIFICATION

I, Darrell Rose/Jim Howard (Print Name), Operator (Print Title), do HEREBY CERTIFY that the above public water system and sample collection information is complete and correct.

Signature: James A Howard Jr Date: 3-5-13

Certified Operator #: 5965 Phone #: Same Sampler's Fax #: Same

Sampler's E-Mail: Same As Above

Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format

LABORATORY CERTIFICATION INFORMATION (to be completed by lab – Please type or print legibly)

Lab Name: Advanced Environmental Laboratories, Inc Florida DOH Certification #: E84589 Certification Expiration Date: 06/30/2013

ATTACH CURRENT DOH ANALYTE *

Address: 9610 Princess Palm Avenue Tampa, FL 33619 Phone #: (813)630-9616

Were any analyses subcontracted? [X] Yes [X] No AH If yes, please provide DOH certification numbers: E82574

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED *

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 02/13/2013

PWS ID (From Page 1): 627-7059 Sample Number (From Page 1): T1301980004 Lab Assigned Report # or Job T1301980

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	[X] Trihalomethanes	[ ] Single Sample	[ ] All 14
[ ] Partial	[ ] All Except Dioxin	[ ] Partial	[X] Haloacetic Acids	[ ] Qtrly Composite**	[ ] Partial
[ ] Nitrate	[ ] Partial		[ ] Chlorite		
[ ] Nitrite	[ ] Dioxin Only		[ ] Bromate		
[ ] Asbestos Only					

LAB CERTIFICATION

I, Angela Harlan (Print Name), PM (Print Title), do HEREBY CERTIFY that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference

Signature: Angela Harlan Date: 3/4/13

* Failure to provide a valid and current Florida DOH lab certification number and a current Analyte Sheet for the attached analysis results will result in rejection of the report, possible enforcement against the public water system for failure to sample, and may result in notification of the DOH Bureau of Laboratory Services.

** Please provide radiological sample dates & locations for each quarter.

CONFIRMATION & NOTIFICATION IS REQUIRED WITHIN 24 HRS FOR NITRATE OR NITRITE MCL EXCEEDANCES

NON-DETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" QUALIFIER. (Non-detects reported as "BDL" or with a "<" are not acceptable.)

COMPLIANCE DETERMINATION (to be completed by DEP or DOH – attach notes as necessary)

Sample Collection & Analysis Satisfactory: [ ] Yes [ ] No Replacement Sample or Report Requested: [ ] Yes [ ] No (circle or highlight group(s) above)

Person Notified: _____ Date Notified: _____ DEP/DOH Reviewing Official: _____

Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format

DISINFECTION BYPRODUCTS
62-550.310(3)

Report Number / Job ID: T1301980004
Disinfectant Residual (mg/L) 1.4
PWS ID (From Page 1): 6277059

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Regulatory MRL**	Analysis Date	Analysis Time	DOH Lab Certification #

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Regulatory MRL**	Analysis Date	Analysis Time	DOH Lab Certification #
2450	Monochloroacetic Acid	N/A	ug/L	0.89	U	EPA 552.2	0.89	2	02/27/2013	01:47	E82574
2451	Dichloroacetic Acid	N/A	ug/L	0.89	U	EPA 552.2	0.89	1	02/27/2013	01:47	E82574
2452	Trichloroacetic Acid	N/A	ug/L	0.67	U	EPA 552.2	0.67	1	02/27/2013	01:47	E82574
2453	Bromoacetic Acid	N/A	ug/L	0.52	U	EPA 552.2	0.52	1	02/27/2013	01:47	E82574
2454	Dibromoacetic Acid	N/A	ug/L	0.73	U	EPA 552.2	0.73	1	02/27/2013	01:47	E82574
2456	Total Haloacetic Acids (HAA5)	60	ug/L	0.52	U	EPA 552.2	0.52	---	02/27/2013	01:47	E82574

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Regulatory MRL**	Analysis Date	Analysis Time	DOH Lab Certification #
2941	Chloroform	N/A	ug/L	1.26		EPA 524.2	0.99	1	02/20/2013	07:04	E84589
2942	Bromoform	N/A	ug/L	0.45	U	EPA 524.2	0.45	1	02/20/2013	07:04	E84589
2943	Bromodichloromethane	N/A	ug/L	1.76		EPA 524.2	0.49	1	02/20/2013	07:04	E84589
2944	Dibromochloromethane	N/A	ug/L	0.56	U	EPA 524.2	0.56	1	02/20/2013	07:04	E84589
2950	Total Trihalomethanes	80	ug/L	3.02		EPA 524.2	0.45	---	02/20/2013	07:04	E84589

** Laboratories are required to adhere to the minimum reporting level (MRL) requirements of 40 CFR 141.131(b)(2)(iv).

*** Applicable to monitoring as prescribed in 40 CFR 141.132.(b)(2)(i)(B) and (b)(2)(ii).

**** Laboratories that use EPA Methods 317.0 Revision 2.0, 326.0 or 321.8 must meet a 1.0 µg/L MRL for bromate.

NOTE: Do not round values. Report results to the accuracy, precision, and sensitivity of the analytical method used.

Results must be reported for all appropriate analytes in accordance with Florida Administrative Code Rule 62-160, Table I. Rule 62-160.300(1) requires that all laboratories seeking certification under Chapter 62-160, F.A.C., must be approved by written notification and will be evaluated by onsite audits. To avoid unnecessary rejection of data, analytical results must be reported with appropriate units from analyses performed using the same methods cited.

Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format

PUBLIC WATER SYSTEM INFORMATION (to be completed by sampler – Please type or print legibly)

System Name: West Hernando PWS I.D.#: 6277059

System Type (check one): ☑ Community ☐ Nontransient Noncommunity ☐ Transient Noncommunity

Address: 16400 Wiscon Rd

City: Brooksville ZIP Code: 34601

Phone #: 352-754-4490 Fax #: 352-754-4167 E-Mail Address: jhoward@co.hernando.fl.us

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: T1301980005 Sample Date: 02/13/2013 Sample Time: 09:45 AM PM (circle one)

Sample Location (be specific): 5072 Arbormarsh Cir. Location Code (if known) :

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): 1.5 mg/L Field pH:

Sample Type (Check Only One)

- ☐ Distribution
- ☐ Entry Point (to Distribution)
- ☐ Plant Tap (not for compliance with 62-550)
- ☐ Raw (at well or intake)
- ☑ Max Residence Time
- ☐ Ave Residence Time
- ☐ Near First Customer

Reason(s) for Sample (Check all that apply)

- ☑ Routine Compliance with 62-550
- ☐ Replacement (of Invalidated Sample)
- ☐ Confirmation of MCL Exceedance *
- ☐ Special (not for compliance with 62-550)
- ☐ Composite of Multiple Sites **
- ☐ Clearance (permitting)
- ☐ Other:

Sampling Procedure Used or Other Comments:

*See 62-550.500(6) for requirements and restrictions. And 62-550.512(3) for nitrate or nitrite exceedances.

**See 62-550.550(4) for requirements and attach a results page for each site.

SAMPLER CERTIFICATION

I, Darrell Rose/Jim Howard (Print Name), Operator (Print Title), do HEREBY CERTIFY that the above public water system and sample collection information is complete and correct.

Signature: James C Howard Jr Date: 3-5-13

Certified Operator #: 5965 Phone #: Same Sampler's Fax #: Same

Sampler's E-Mail: Same As Above

Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format

LABORATORY CERTIFICATION INFORMATION (to be completed by lab – Please type or print legibly)

Lab Name: Advanced Environmental Laboratories, Inc Florida DOH Certification #: E84589 Certification Expiration Date: 06/30/2013

ATTACH CURRENT DOH ANALYTE *

Address: 9610 Princess Palm Avenue Tampa, FL 33619 Phone #: (813)630-9616

Were any analyses subcontracted? [X] Yes [ ] No If yes, please provide DOH certification numbers: E82574

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED *

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 02/13/2013

PWS ID (From Page 1): 627-7059 Sample Number (From Page 1): T1301980005 Lab Assigned Report # or Job T1301980

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	[X] Trihalomethanes	[ ] Single Sample	[ ] All 14
[ ] Partial	[ ] All Except Dioxin	[ ] Partial	[X] Haloacetic Acids	[ ] Qtrly Composite**	[ ] Partial
[ ] Nitrate	[ ] Partial		[ ] Chlorite		
[ ] Nitrite	[ ] Dioxin Only		[ ] Bromate		
[ ] Asbestos Only					

LAB CERTIFICATION

I, Angela Harlan (Print Name), PM (Print Title), do HEREBY CERTIFY that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference

Signature: Angela Harlan Date: 3/4/13

* Failure to provide a valid and current Florida DOH lab certification number and a current Analyte Sheet for the attached analysis results will result in rejection of the report, possible enforcement against the public water system for failure to sample, and may result in notification of the DOH Bureau of Laboratory Services.

** Please provide radiological sample dates & locations for each quarter.

CONFIRMATION & NOTIFICATION IS REQUIRED WITHIN 24 HRS FOR NITRATE OR NITRITE MCL EXCEEDANCES

NON-DETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" QUALIFIER. (Non-detects reported as "BDL" or with a "<" are not acceptable.)

COMPLIANCE DETERMINATION (to be completed by DEP or DOH -- attach notes as necessary)

Sample Collection & Analysis Satisfactory: [ ] Yes [ ] No Replacement Sample or Report Requested: [ ] Yes [ ] No (circle or highlight group(s) above)

Person Notified: _____ Date Notified: _____ DEP/DOH Reviewing Official: _____

Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format

DISINFECTION BYPRODUCTS
62-550.310(3)

Report Number / Job ID: T1301980005
Disinfectant Residual (mg/L) 1.5
PWS ID (From Page 1): 627-7059

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Regulatory MRL**	Analysis Date	Analysis Time	DOH Lab Certification #
2450	Monochloroacetic Acid	N/A	ug/L	0.89	U	EPA 552.2	0.89	2	02/27/2013	02:14	E82574
2451	Dichloroacetic Acid	N/A	ug/L	0.89	U	EPA 552.2	0.89	1	02/27/2013	02:14	E82574
2452	Trichloroacetic Acid	N/A	ug/L	0.67	U	EPA 552.2	0.67	1	02/27/2013	02:14	E82574
2453	Bromoacetic Acid	N/A	ug/L	0.52	U	EPA 552.2	0.52	1	02/27/2013	02:14	E82574
2454	Dibromoacetic Acid	N/A	ug/L	0.73	U	EPA 552.2	0.73	1	02/27/2013	02:14	E82574
2456	Total Haloacetic Acids (HAA5)	60	ug/L	0.52	U	EPA 552.2	0.52	—	02/27/2013	02:14	E82574

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Regulatory MRL**	Analysis Date	Analysis Time	DOH Lab Certification #
2941	Chloroform	N/A	ug/L	0.99	U	EPA 524.2	0.99	1	02/20/2013	07:51	E84589
2942	Bromoform	N/A	ug/L	0.45	U	EPA 524.2	0.45	1	02/20/2013	07:51	E84589
2943	Bromodichloromethane	N/A	ug/L	0.49	U	EPA 524.2	0.49	1	02/20/2013	07:51	E84589
2944	Dibromochloromethane	N/A	ug/L	0.56	U	EPA 524.2	0.56	1	02/20/2013	07:51	E84589
2950	Total Trihalomethanes	80	ug/L	0.45	U	EPA 524.2	0.45	—	02/20/2013	07:51	E84589

** Laboratories are required to adhere to the minimum reporting level (MRL) requirements of 40 CFR 141.131(b)(2)(iv).

*** Applicable to monitoring as prescribed in 40 CFR 141.132.(b)(2)(i)(B) and (b)(2)(ii).

**** Laboratories that use EPA Methods 317.0 Revision 2.0, 326.0 or 321.8 must meet a 1.0 µg/L MRL for bromate.

NOTE: Do not round values. Report results to the accuracy, precision, and sensitivity of the analytical method used.

Results are to be reported only for analytes in accordance with Florida Administrative Code Rule 62-550, Table I. Results pertaining to P.H. Nos. 1, 2, 3, 4, and unregulated contaminants, compliance with Rule 62-550, Florida Administrative Code, cannot be established. Data by inspection of this monitoring will not substitute for compliance monitoring. Failure to monitor as prescribed may result in your being liable for penalties. Report results from monitoring wells on a separate report.

Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format

PUBLIC WATER SYSTEM INFORMATION (to be completed by sampler – Please type or print legibly)

System Name: West Hernando PWS I.D.#: 6277059

System Type (check one): ☑ Community ☐ Nontransient Noncommunity ☐ Transient Noncommunity

Address: 15400 Wiscon Rd

City: Brooksville ZIP Code: 34601

Phone #: 352-754-4490 Fax #: 352-754-4167 E-Mail Address: jhoward@co.hernando.fl.us

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: T1301980006 Sample Date: 02/13/2013 Sample Time: 11:00 AM PM (circle one)

Sample Location (be specific): 15263 Merle Ct Location Code (if known) : _____

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): 1.5 mg/L Field pH: _____

Sample Type (Check Only One)

- ☐ Distribution
- ☐ Entry Point (to Distribution)
- ☐ Plant Tap (not for compliance with 62-550)
- ☐ Raw (at well or intake)
- ☑ Max Residence Time
- ☐ Ave Residence Time
- ☐ Near First Customer

Reason(s) for Sample (Check all that apply)

- ☑ Routine Compliance with 62-550
- ☐ Replacement (of Invalidated Sample)
- ☐ Confirmation of MCL Exceedance *
- ☐ Special (not for compliance with 62-550)
- ☐ Composite of Multiple Sites **
- ☐ Clearance (permitting)
- ☐ Other: _____

Sampling Procedure Used or Other Comments:

*See 62-550.500(6) for requirements and restrictions. And 62-550.512(3) for nitrate or nitrite exceedances.

**See 62-550.550(4) for requirements and attach a results page for each site.

SAMPLER CERTIFICATION

I, Darrell Rose/Jime Howard (Print Name), Operator (Print Title), do HEREBY CERTIFY that the above public water system and sample collection information is complete and correct.

Signature: James A Howard Jr Date: 3-5-13

Certified Operator #: 5965 Phone #: Same Sampler's Fax #: Same

Sampler's E-Mail: Same As Above

Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format

LABORATORY CERTIFICATION INFORMATION (to be completed by lab – Please type or print legibly)

Lab Name: Advanced Environmental Laboratories, Inc Florida DOH Certification #: E84589 Certification Expiration Date: 06/30/2013

ATTACH CURRENT DOH ANALYTE *

Address: 9610 Princess Palm Avenue Tampa, FL 33619 Phone #: (813)630-9616

Were any analyses subcontracted? [X] Yes [ ] No If yes, please provide DOH certification numbers: E82574

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED *

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 02/13/2013

PWS ID (From Page 1): 6277059 Sample Number (From Page 1): T1301980006 Lab Assigned Report # or Job T1301980

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	[X] Trihalomethanes	[ ] Single Sample	[ ] All 14
[ ] Partial	[ ] All Except Dioxin	[ ] Partial	[X] Haloacetic Acids	[ ] Qtrly Composite**	[ ] Partial
[ ] Nitrate	[ ] Partial		[ ] Chlorite		
[ ] Nitrite	[ ] Dioxin Only		[ ] Bromate		
[ ] Asbestos Only					

LAB CERTIFICATION

I, Angela Harlan (Print Name), PM (Print Title), do HEREBY CERTIFY that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference

Signature: Angela Harlan Date: 3/4/13

* Failure to provide a valid and current Florida DOH lab certification number and a current Analyte Sheet for the attached analysis results will result in rejection of the report, possible enforcement against the public water system for failure to sample, and may result in notification of the DOH Bureau of Laboratory Services.

** Please provide radiological sample dates & locations for each quarter.

CONFIRMATION & NOTIFICATION IS REQUIRED WITHIN 24 HRS FOR NITRATE OR NITRITE MCL EXCEEDANCES

NON-DETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" QUALIFIER. (Non-detects reported as "BDL" or with a "<" are not acceptable.)

COMPLIANCE DETERMINATION (to be completed by DEP or DOH – attach notes as necessary)

Sample Collection & Analysis Satisfactory: [ ] Yes [ ] No Replacement Sample or Report Requested: [ ] Yes [ ] No (circle or highlight group(s) above)

Person Notified: _____ Date Notified: _____ DEP/DOH Reviewing Official: _____

Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format

DISINFECTION BYPRODUCTS
62-550.310(3)

Report Number / Job ID: T1301980006
Disinfectant Residual (mg/L) 1.5
PWS ID (From Page 1): 6277059

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Regulatory MRL**	Analysis Date	Analysis Time	DOH Lab Certification #
2450	Monochloroacetic Acid	N/A	ug/L	0.89	U	EPA 552.2	0.89	2	02/27/2013	02:41	E82574
2451	Dichloroacetic Acid	N/A	ug/L	0.89	U	EPA 552.2	0.89	1	02/27/2013	02:41	E82574
2452	Trichloroacetic Acid	N/A	ug/L	0.67	U	EPA 552.2	0.67	1	02/27/2013	02:41	E82574
2453	Bromoacetic Acid	N/A	ug/L	0.52	U	EPA 552.2	0.52	1	02/27/2013	02:41	E82574
2454	Dibromoacetic Acid	N/A	ug/L	0.73	U	EPA 552.2	0.73	1	02/27/2013	02:41	E82574
2456	Total Haloacetic Acids (HAA5)	60	ug/L	0.52	U	EPA 552.2	0.52	---	02/27/2013	02:41	E82574

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Regulatory MRL**	Analysis Date	Analysis Time	DOH Lab Certification #
2941	Chloroform	N/A	ug/L	0.99	U	EPA 524.2	0.99	1	02/20/2013	08:38	E84589
2942	Bromoform	N/A	ug/L	0.45	U	EPA 524.2	0.45	1	02/20/2013	08:38	E84589
2943	Bromodichloromethane	N/A	ug/L	0.49	U	EPA 524.2	0.49	1	02/20/2013	08:38	E84589
2944	Dibromochloromethane	N/A	ug/L	0.56	U	EPA 524.2	0.56	1	02/20/2013	08:38	E84589
2950	Total Trihalomethanes	80	ug/L	0.45	U	EPA 524.2	0.45	---	02/20/2013	08:38	E84589

** Laboratories are required to adhere to the minimum reporting level (MRL) requirements of 40 CFR 141.131(b)(2)(iv).

*** Applicable to monitoring as prescribed in 40 CFR 141.132.(b)(2)(i)(B) and (b)(2)(ii).

**** Laboratories that use EPA Methods 317.0 Revision 2.0, 326.0 or 321.8 must meet a 1.0 µg/L MRL for bromate.

NOTE: Do not round values. Report results to the accuracy, precision, and sensitivity of the analytical method used.

Results must be reported with significant figures consistent with the Florida Administrative Code. Results reported with "<" [illegible] Table I. Results reported with "<" [illegible] 62-550. Results reported with "<" [illegible] accompanied by written procedure and must be available [illegible] case basis. [illegible] monitoring violation. Inaccurate [illegible] results must be rejected. [illegible] during the monitoring period.

Advanced Environmental Laboratories, Inc.

- ☐ **Altamonte Springs:** 528 S. Northlake Blvd., Ste. 1016 • Altamonte Springs, FL 32701 • 407.937.1594 • Fax 407.937.1597
- ☐ **Gainesville:** 4965 SW 41st Blvd. • Gainesville, FL 32608 • 352.377.2349 • Fax 352.395.6639
- ☐ **Jacksonville:** 6601 Southpoint Pkwy. • Jacksonville, FL 32216 • 904.363.9350 • Fax 904.363.9354
- ☐ **Miramar:** 10200 USA Today Way, Miramar, FL 33025 • 954.889.2288 • Fax 954.889.2281
- ☐ **Tallahassee:** 1288 Cedar Center Drive, Tallahassee, FL 32301 • 850.219.6274 • Fax 850.219.6275
- ☒ **Tampa:** 9610 Princess Palm Ave. • Tampa, FL 33619 • 813.630.9616 • Fax 813.630.4327

T1301980

Client Name: Hernando Co. Utilities
Address: 15400 Wiscon Rd
Brooksville, Fla. 34601
Phone: 352-754-4490
FAX: 352-754-4167
Contact: Mack Washington
Sampled By: Darrell Fox / Jim Howard
Turn Around Time: ☐ STANDARD ☐ RUSH
Page 1 of 1

Project Name: Stage 2
P.O. Number/Project Number: 13000353
Project Location: West Hernando
REMARKS/SPECIAL INSTRUCTIONS:
PWS #6277059
need results by
3-7-13

BOTTLE SIZE & TYPE

ANALYSIS REQUIRED

SAMPLE ID	SAMPLE DESCRIPTION	Grab Comp	SAMPLING DATE	SAMPLING TIME	MATRIX	NO. COUNT	PRESERVATION	TTHM	HAA5s				Chlorine Residual					LABORATORY I.D. NUMBER
1	3481 Pandora Dr	G	2/13/13	9:00 Am	DW	6		✓	✓				1.4					001
2	1311 Kenlake Ave	G	2/13/13	8:15 Am	DW	6		✓	✓				1.4					002
3	40 Gillian Dr	G	2/13/13	10:30 Am	DW	6		✓	✓				1.5					003
4	11509 Stoneville Ct	G	2/13/13	11:30 Am	DW	6		✓	✓				1.4					004
5	5072 Arbormarsh Cir	G	2/13/13	9:45 Am	DW	6		✓	✓				1.5					005
6	15263 Merle Ct	G	2/13/13	11:00 Am	DW	6		✓	✓				1.5					006

Matrix Code: WW = wastewater SW = surface water GW = ground water DW = drinking water O = oil A = air SO = soil SL = sludge

Preservation Code: I = ice H=(HCl) S = (H2SO4) N = (HNO3) T = (Sodium Thiosulfate)

Received on Ice ☑ Yes ☐ No ☑ Temp taken from sample ☐ Temp from blank ☑ Where required, pH checked Temperature when received 3 (in degrees celcius)

Form revised 01/19/2012

Device used for measuring Temp by unique identifier (circle IR temp gun used) J: 9A G: LT-1 LT-2 T: 10A A: 3A M: 1A S: 1V

	Relinquished by:	Date	Time	Received by:	Date	Time
1	[signature]	2/13/13		[signature]	2/13/13	1215
2	[signature]	2/13/13		[signature]	2/13/13	1425
3						
4						

FOR DRINKING WATER USE:
(When PWS Information not otherwise supplied) PWS ID:
Contact Person: Phone :
Supplier of Water:
Site-Address:

P919

STAGE 2 TOTAL TRIHALOMETHANES (TTHM) AND HALOACETIC ACIDS FIVE (HAA5) REPORT FOR THE WEST HERNANDO SYSTEM

Subpart H systems serving 500 or more persons and ground water systems serving 10,000 or more persons shall complete applicable pages of this format and submit them to the Department within 10 days after the end of any quarter in which TTHM/HAA5 monitoring is required. Systems on routine or reduced quarterly TTHM/HAA5 monitoring shall complete pages 1, 2, and 3 of this format. (Add additional rows to the tables on pages 2 and 3 as necessary.) Systems on reduced annual TTHM/HAA5 monitoring shall complete pages 1 and 4 of this format. Additionally, Subpart H systems seeking to qualify for, or remain on, reduced quarterly or annual TTHM/HAA5 monitoring shall complete page 5 of this format. (Add additional rows to the table on page 5 as necessary.)

D/DBPR = Disinfectant and Disinfection Byproducts Rule; LRAA = locational running annual average; MCL = maximum contaminant level; OE = operational evaluation; RAA = running annual average; TOC = total organic carbon.

QUARTERLY MONITORING PERIOD*: APRIL thru JUNE 2013

*Indicate the quarterly monitoring period by months and year (e.g., April-June 2012).

SYSTEM INFORMATION		
PWS ID Number: 6277059		
PWS Name: West Hernando		
Source Water Type and Population Size Category:		
☒ Ground Water: ☐ 10,000 – 99,999 ☒ 100,000 – 499,999 ☐ ≥ 500,000	☐ Subpart H: ☐ 500 – 3,300 ☐ 3,301 – 9,999 ☐ 10,000 – 49,999 ☐ 50,000 – 249,999	☐ 250,000 – 999,999 ☐ 1,000,000 – 4,999,999 ☐ ≥ 5,000,000
Monitoring Mode*: ☒Routine Monitoring ☐Reduced Monitoring		
Monitoring Frequency*: ☒Quarterly ☐Annually		
Total Number Of Distribution System Monitoring Locations*: 6		
Contact Person: James C. Howard Jr.		
Phone Number: 352-754-4490		
E-Mail Address (optional):jhoward@co.hernando.fl.us		
Fax Number (optional): 352-754-4167		

* See 40 CFR 141.621 and 141.623 for more details.

QUARTERLY MONITORING PERIOD: April thru June 2013 PWS ID Number: 6277059

TTHM COMPLIANCE SUMMARY FOR SYSTEMS MONITORING QUARTERLY

Monitoring Location*	This Quarter				Previous Quarter	2 Quarters Ago	3 Quarters Ago	TTHM LRAA** (µg/L)	TTHM OE Value*** (µg/L)
	No. of TTHM Samples Taken	Date Each TTHM Sample Taken (mo/da/yr)	TTHM Sample Result (µg/L)	TTHM Locational Quarterly Average (µg/L)	TTHM Locational Quarterly Average (µg/L)	TTHM Locational Quarterly Average (µg/L)	TTHM Locational Quarterly Average (µg/L)		
				A	B	C	D	(A+B+C+D)/4	(2A+B+C)/4
3461 Pandora Dr	3	05/09/13	5.22	5.22	1.16	4.3	7.7	4.6	
1311 Kenlake Ave	3	05/09/13	4.71	4.71	7.58	4.3	14.2	7.7	
40 Gillian Dr	3	05/09/13	6.38	6.38	7.85	4.5	9.1	7.0	
11509 Stoneville Ct	3	05/09/13	6.04	6.04	3.02	3.8	5.7	4.6	
5072 Arbormarsh Cir.	3	05/09/13	5.75	5.75	ND	4.1	9.2	4.8	
15263 Merle Ct.	3	05/09/13	8.23	8.23	ND	6.0	8.7	5.7	

Does the TTHM LRAA at any monitoring location violate the TTHM MCL of 80 µg/L? (YES/NO)	NO
Does the TTHM OE value at any monitoring location exceed 80 µg/L? (YES/NO)****	NO
If you are on reduced quarterly monitoring, does the TTHM LRAA exceed 40 µg/L at any monitoring location? (YES/NO/NA)*****	N/A

* Location names or numbers should correspond to those in your Stage 2 D/DBPR compliance monitoring plan required under 40 CFR 141.622.

** Calculate and enter the LRAA beginning at the end of the fourth quarter of Stage 2 monitoring and at the end of each subsequent quarter. Also, if the LRAA calculated based on fewer than four quarters of data would cause the MCL to be exceeded regardless of the monitoring results of subsequent quarters, calculate and enter the LRAA (using zero for the results of subsequent quarters).

*** Calculate the OE value beginning at the end of the third quarter of Stage 2 monitoring and at the end of each subsequent quarter. Enter the OE value if it exceeds 80 µg/L.

**** If any TTHM OE value at any location exceeds 80 µg/L, conduct an OE and submit an OE report in accordance with 40 CFR 141.626.

***** If any TTHM LRAA at any location exceeds 40 µg/L, resume routine quarterly monitoring under 40 CFR 141.621.

QUARTERLY MONITORING PERIOD: April thru June 2013

PWS ID Number: 6277059

HAA5 COMPLIANCE SUMMARY FOR SYSTEMS MONITORING QUARTERLY

Monitoring Location*	This Quarter			HAA5 Locational Quarterly Average (µg/L)	Previous Quarter HAA5 Locational Quarterly Average (µg/L)	2 Quarters Ago HAA5 Locational Quarterly Average (µg/L)	3 Quarters Ago HAA5 Locational Quarterly Average (µg/L)	HAA5 LRAA** (µg/L)	HAA5 OE Value*** (µg/L)
	No. of HAA5 Samples Taken	Date Each HAA5 Sample Taken (mo/da/yr)	HA5 Sample Result (µg/L)	A	B	C	D	(A+B+C+D)/4	(2A+B+C)/4
3461 Pandora Dr	3	05/09/13	ND	ND	ND	1.13	2.51	.9	
1311 Kenlake Ave	3	05/09/13	ND	ND	0.93	1.33	4.71	1.7	
40 Gillian Dr	3	05/09/13	ND	ND	ND	1.32	2.71	1.0	
11509 Stoneville Ct	3	05/09/13	ND	ND	ND	0.77	2.5	.82	
5072 Arbormarsh Cir.	3	05/09/13	ND	ND	ND	1.26	2.93	1.05	
15263 Merle Ct.	3	05/09/13	ND	ND	ND	.059	3.05	.9	

Does the HAA5 LRAA at any monitoring location violate the HAA5 MCL of 60 µg/L? (YES/NO)	NO
Does the HAA5 OE value at any monitoring location exceed 60 µg/L? (YES/NO)****	NO
If you are on reduced quarterly monitoring, does the HAA5 LRAA exceed 30 µg/L at any monitoring location? (YES/NO/NA)*****	N/A

* Location names or numbers should correspond to those in your Stage 2 D/DBPR compliance monitoring plan required under 40 CFR 141.622.

** Calculate and enter the LRAA beginning at the end of the fourth quarter of Stage 2 monitoring and at the end of each subsequent quarter. Also, if the LRAA calculated based on fewer than four quarters of data would cause the MCL to be exceeded regardless of the monitoring results of subsequent quarters, calculate and enter the LRAA (using zero for the results of subsequent quarters).

*** Calculate the OE value beginning at the end of the third quarter of Stage 2 monitoring and at the end of each subsequent quarter. Enter the OE value if it exceeds 60 µg/L.

**** If any HAA5 OE value at any location exceeds 60 µg/L, you must conduct an OE and submit an OE report in accordance with 40 CFR 141.626.

***** If any HAA5 LRAA at any location exceeds 30 µg/L, you must resume routine quarterly monitoring under 40 CFR 141.621.

QUARTERLY MONITORING PERIOD:

PWS ID Number:

TTHM/HAA5 COMPLIANCE SUMMARY FOR SYSTEMS MONITORING ANNUALLY				
Monitoring Location*	**TTHM**		**HAA5**	
	Date TTHM Sample Taken (mo/da/yr)	TTHM Result** (µg/L)	Date HAA5 Sample Taken (mo/da/yr)	HAA5 Result** (µg/L)
	Does any sample result at any location exceed 60 µg/L for TTHM? (YES/NO)***		Does any sample result at any location exceed 45 µg/L for HAA5? (YES/NO)***	

* Location names or numbers should correspond to those in your Stage 2 D/DBPR compliance monitoring plan required under 40 CFR 141.622.

** If no TTHM sample exceeds the TTHM MCL of 80 µg/L and no HAA5 sample exceeds the HAA5 MCL of 60 µg/L, the sample result for each monitoring location is considered the LRAA for that monitoring location.

*** If any sample result at any location exceeds either 60 µg/L for TTHM or 45 µg/L for HAA5, you must resume routine quarterly monitoring under 40 CFR 141.621.

QUARTERLY MONITORING PERIOD:

PWS ID Number:

SOURCE WATER TOC COMPLIANCE SUMMARY FOR SUBPART H SYSTEMS SEEKING TO QUALIFY FOR, OR REMAIN ON, REDUCED TTHM/HAA5 MONITORING*

Treatment Plant**	This Quarter						Previous Quarter	2 Quarters Ago	3 Quarters Ago	
	Month	No. of Source Water TOC Samples Taken Each Month	Date Each Source Water TOC Sample Taken (mo/da/yr)	Source Water TOC Sample Result (mg/L)	Source Water TOC Monthly Average (mg/L)	Source Water TOC Quarterly Average of Monthly Averages (mg/L)	Source Water TOC Quarterly Average (mg/L)	Source Water TOC Quarterly Average (mg/L)	Source Water TOC Quarterly Average (mg/L)	Source Water TOC RAA (mg/L)
						A	B	C	D	(A+B+C+D)/4
	Does any source water TOC RAA at any listed treatment plant exceed 4.0 mg/L? (YES/NO)***									

* Subpart H wholesale systems that treat surface water, including ground water determined by the Department to be under the direct influence of surface water, and that qualify for reduced TTHM/HAA5 monitoring based on the source water TOC RAAs at their treatment plants should provide their source water TOC compliance information to their consecutive systems. Subpart H consecutive systems should obtain source water TOC compliance information from their wholesale systems that treat surface water.

** List each treatment plant treating surface water, including ground water determined by the Department to be under the direct influence of surface water, and delivering some or all of that treated surface water to the system completing and submitting this format.

*** If any source water TOC RAA at any listed treatment plant exceeds 4.0 mg/L, the system completing and submitting this format does not qualify for reduced TTHM/HAA5 monitoring (nor does any other system receiving some or all of its water from that plant).

Hernando County Board of County Commissioners
Environmental Services Division
Systems Operations Division (Water & Sewer Operations)

15400 Wiscon Rd.
Brooksville, Florida 34601
Telephone: 352-540-6549

To: Ms Rachel McGraw, Environmental Specialist II
Florida Department of Environmental Protection
Southwest District

Thru: Mack Washington, Water Plants Supervisor,
Environmental Services Division

From: James C. Howard Jr, Water Operator III,
Environmental Services Division

Date: June 5, 2013

RE: Quarterly Monitoring for TTHMs and HAA5s, Stage 2

Dear Ms McGraw

Enclosed are the results for quarterly stage 2 monitoring for TTHMs and HAA5s as required by 40 CFR 141 Subpart V. The District Facility and corresponding PWS ID # is listed below.

1.) West Hernando PWS ID # 6277059

If you have any questions or require additional information please contact me at 352-754-4814.

Attachment

Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format

PUBLIC WATER SYSTEM INFORMATION (to be completed by sampler – Please type or print legibly)

System Name: West Hernando PWS I.D.#: 6277058

System Type (check one): ☑ Community ☐ Nontransient Noncommunity ☐ Transient Noncommunity

Address: 15400 Wiscon RD

City: Brooksville ZIP Code: 34601

Phone #: 352-754-4490 Fax #: 352-754-4167 E-Mail Address: jhoward@co.hernando.fl.us

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: T1305741001 Sample Date: 05/09/2013 Sample Time: 09:00 AM PM (circle one)

Sample Location (be specific): 3461 Pandora Dr. Location Code (if known) :

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): 1.3 mg/L Field pH: ____

Sample Type (Check Only One)

- ☐ Distribution
- ☐ Entry Point (to Distribution)
- ☐ Plant Tap (not for compliance with 62-550)
- ☐ Raw (at well or intake)
- ☑ Max Residence Time
- ☐ Ave Residence Time
- ☐ Near First Customer

Reason(s) for Sample (Check all that apply)

- ☑ Routine Compliance with 62-550
- ☐ Replacement (of Invalidated Sample)
- ☐ Confirmation of MCL Exceedance *
- ☐ Special (not for compliance with 62-550)
- ☐ Composite of Multiple Sites **
- ☐ Clearance (permitting)
- ☐ Other: ____

Sampling Procedure Used or Other Comments: ____

*See 62-550.500(6) for requirements and restrictions. And 62-550.512(3) for nitrate or nitrite exceedances.

**See 62-550.550(4) for requirements and attach a results page for each site.

SAMPLER CERTIFICATION

I, James C. Howard Jr (Print Name), Water Operator III (Print Title), do HEREBY CERTIFY that the above public water system and sample collection information is complete and correct.

Signature: James C. Howard Jr Date: 6-5-13

Certified Operator #: 0005965 Phone #: Same Sampler's Fax #: Same

Sampler's E-Mail: Same

Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format

LABORATORY CERTIFICATION INFORMATION (to be completed by lab – Please type or print legibly)

Lab Name: Advanced Environmental Laboratories, Inc Florida DOH Certification #: E84589 Certification Expiration Date: 06/30/2014

ATTACH CURRENT DOH ANALYTE *

Address: 9610 Princess Palm Avenue Tampa, FL 33619 Phone #: (813)630-9616

Were any analyses subcontracted? ☐ Yes ☒ No If yes, please provide DOH certification numbers: _____

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED *

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 05/09/2013

PWS ID (From Page 1): 627-7059 Sample Number (From Page 1): T1305741001 Lab Assigned Report # or Job T1305741

Group(s) Analyzed & Results attached for compliance with Chapter 62-550, F.A.C. (Check all that apply):

Inorganics	Synthetic Organics	Volatile Organics	Disinfection Byproducts	Radionuclides	Secondaries
☐ All Except Asbestos	☐ All 30	☐ All 21	☒ Trihalomethanes	☐ Single Sample	☐ All 14
☐ Partial	☐ All Except Dioxin	☐ Partial	☒ Haloacetic Acids	☐ Qtrly Composite**	☐ Partial
☐ Nitrate	☐ Partial		☐ Chlorite		
☐ Nitrite	☐ Dioxin Only		☐ Bromate		
☐ Asbestos Only					

LAB CERTIFICATION

I, Angela Harlan (Print Name), QM (Print Title), do HEREBY CERTIFY that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference

Signature: Angela Harlan Date: 5/29/13

* Failure to provide a valid and current Florida DOH lab certification number and a current Analyte Sheet for the attached analysis results will result in rejection of the report, possible enforcement against the public water system for failure to sample, and may result in notification of the DOH Bureau of Laboratory Services.

** Please provide radiological sample dates & locations for each quarter.

CONFIRMATION & NOTIFICATION IS REQUIRED WITHIN 24 HRS FOR NITRATE OR NITRITE MCL EXCEEDANCES

NON-DETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" QUALIFIER. (Non-detects reported as "BDL" or with a "<" are not acceptable.)

COMPLIANCE DETERMINATION (to be completed by DEP or DOH – attach notes as necessary)

Sample Collection & Analysis Satisfactory: ☒ Yes ☐ No Replacement Sample or Report Requested: ☐ Yes ☒ No (circle or highlight group(s) above)

Person Notified: _____ Date Notified: _____ DEP/DOH Reviewing Official: EV

Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format

DISINFECTION BYPRODUCTS
62-550.310(3)

Report Number / Job ID: T1305741001
Disinfectant Residual (mg/L) 1.3
PWS ID (From Page 1): 627-7059

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Regulatory MRL**	Analysis Date	Analysis Time	DOH Lab Certification #

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Regulatory MRL**	Analysis Date	Analysis Time	DOH Lab Certification #
2450	Monochloroacetic Acid	N/A	ug/L	0.20	U	EPA 552.2	0.20	2	05/15/2013	02:25	E84589
2451	Dichloroacetic Acid	N/A	ug/L	0.81	U	EPA 552.2	0.81	1	05/15/2013	02:25	E84589
2452	Trichloroacetic Acid	N/A	ug/L	0.91	U	EPA 552.2	0.91	1	05/15/2013	02:25	E84589
2453	Bromoacetic Acid	N/A	ug/L	0.54	U	EPA 552.2	0.54	1	05/15/2013	02:25	E84589
2454	Dibromoacetic Acid	N/A	ug/L	0.54	U	EPA 552.2	0.54	1	05/15/2013	02:25	E84589
2456	Total Haloacetic Acids (HAA5)	60	ug/L	0.20	U	EPA 552.2	0.20	--	05/15/2013	02:25	E84589

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Regulatory MRL**	Analysis Date	Analysis Time	DOH Lab Certification #
2941	Chloroform	N/A	ug/L	1.38		EPA 524.2	0.99	1	05/15/2013	09:39	E84589
2942	Bromoform	N/A	ug/L	0.81	I	EPA 524.2	0.45	1	05/15/2013	09:39	E84589
2943	Bromodichloromethane	N/A	ug/L	1.35		EPA 524.2	0.49	1	05/15/2013	09:39	E84589
2944	Dibromochloromethane	N/A	ug/L	1.68		EPA 524.2	0.56	1	05/15/2013	09:39	E84589
2950	Total Trihalomethanes	80	ug/L	5.22		EPA 524.2	0.45	--	05/15/2013	09:39	E84589

** Laboratories are required to adhere to the minimum reporting level (MRL) requirements of 40 CFR 141.131(b)(2)(iv).

*** Applicable to monitoring as prescribed in 40 CFR 141.132.(b)(2)(i)(B) and (b)(2)(ii).

**** Laboratories that use EPA Methods 317.0 Revision 2.0, 326.0 or 321.8 must meet a 1.0 µg/L MRL for bromate.

NOTE: Do not round values. Report results to the accuracy, precision, and sensitivity of the analytical method used.

Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format

PUBLIC WATER SYSTEM INFORMATION (to be completed by sampler – Please type or print legibly)

System Name: West Hernando PWS I.D.#: 6277059

System Type (check one): ☑ Community ☐ Nontransient Noncommunity ☐ Transient Noncommunity

Address: 15400 Wiscon Rd

City: Brooksville ZIP Code: 34601

Phone #: 352-754-4490 Fax #: 352-754-4167 E-Mail Address: jhoward@co.hernando.fl.us

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: T1305741002 Sample Date: 05/09/2013 Sample Time: 08:35 AM PM (circle one)

Sample Location (be specific): 1311 Kenlake Ave. Location Code (if known) :

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): 1.6 mg/L Field pH: ____

Sample Type (Check Only One)

- ☐ Distribution
- ☐ Entry Point (to Distribution)
- ☐ Plant Tap (not for compliance with 62-550)
- ☐ Raw (at well or intake)
- ☑ Max Residence Time
- ☐ Ave Residence Time
- ☐ Near First Customer

Reason(s) for Sample (Check all that apply)

- ☑ Routine Compliance with 62-550
- ☐ Replacement (of Invalidated Sample)
- ☐ Confirmation of MCL Exceedance *
- ☐ Special (not for compliance with 62-550)
- ☐ Composite of Multiple Sites **
- ☐ Clearance (permitting)
- ☐ Other: ____

Sampling Procedure Used or Other Comments:

*See 62-550.500(6) for requirements and restrictions. And 62-550.512(3) for nitrate or nitrite exceedances.

**See 62-550.550(4) for requirements and attach a results page for each site.

SAMPLER CERTIFICATION

I, James C. Howard Jr (Print Name) . Water Operator III (Print Title) do HEREBY CERTIFY that the above public water system and sample collection information is complete and correct.

Signature: James C Howard Jr Date: 6-5-13

Certified Operator #: 0005985 Phone #: Same Sampler's Fax #: Same

Sampler's E-Mail: Same

Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format

LABORATORY CERTIFICATION INFORMATION (to be completed by lab – Please type or print legibly)

Lab Name: Advanced Environmental Laboratories, Inc Florida DOH Certification #: E84589 Certification Expiration Date: 06/30/2014

ATTACH CURRENT DOH ANALYTE

Address: 9610 Princess Palm Avenue Tampa, FL 33619 Phone #: (813)630-9616

Were any analyses subcontracted? ☐ Yes ☒ No If yes, please provide DOH certification numbers: _____

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 05/09/2013

PWS ID (From Page 1): 627-7059 Sample Number (From Page 1): T1305741002 Lab Assigned Report # or Job T1305741

Group(s) Analyzed & Results attached for compliance with Chapter 62-550, F.A.C. (Check all that apply):

Inorganics	Synthetic Organics	Volatile Organics	Disinfection Byproducts	Radionuclides	Secondaries
☐ All Except Asbestos	☐ All 30	☐ All 21	☒ Trihalomethanes	☐ Single Sample	☐ All 14
☐ Partial	☐ All Except Dioxin	☐ Partial	☒ Haloacetic Acids	☐ Qtrly Composite**	☐ Partial
☐ Nitrate	☐ Partial		☐ Chlorite		
☐ Nitrite	☐ Dioxin Only		☐ Bromate		
☐ Asbestos Only					

LAB CERTIFICATION

I, Angela Harlan (Print Name), PM (Print Title), do HEREBY CERTIFY that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference

Signature: Angela Harlan Date: 5/29/13

* Failure to provide a valid and current Florida DOH lab certification number and a current Analyte Sheet for the attached analysis results will result in rejection of the report, possible enforcement against the public water system for failure to sample, and may result in notification of the DOH Bureau of Laboratory Services.

** Please provide radiological sample dates & locations for each quarter.

CONFIRMATION & NOTIFICATION IS REQUIRED WITHIN 24 HRS FOR NITRATE OR NITRITE MCL EXCEEDANCES

NON-DETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" QUALIFIER. (Non-detects reported as "BDL" or with a "<" are not acceptable.)

COMPLIANCE DETERMINATION (to be completed by DEP or DOH -- attach notes as necessary)

Sample Collection & Analysis Satisfactory: ☒ Yes ☐ No Replacement Sample or Report Requested: ☐ Yes ☒ No (circle or highlight group(s) above)

Person Notified: _____ Date Notified: _____ DEP/DOH Reviewing Official: EV

Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format

DISINFECTION BYPRODUCTS
62-550.310(3).

Report Number / Job ID: T1305741002
Disinfectant Residual (mg/L) 1.6
PWS ID (From Page 1): 627-7059

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Regulatory MRL**	Analysis Date	Analysis Time	DOH Lab Certification #

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Regulatory MRL**	Analysis Date	Analysis Time	DOH Lab Certification #
2450	Monochloroacetic Acid	N/A	ug/L	0.20	U	EPA 552.2	0.20	2	05/15/2013	02:52	E84589
2451	Dichloroacetic Acid	N/A	ug/L	0.81	U	EPA 552.2	0.81	1	05/15/2013	02:52	E84589
2452	Trichloroacetic Acid	N/A	ug/L	0.91	U	EPA 552.2	0.91	1	05/15/2013	02:52	E84589
2453	Bromoacetic Acid	N/A	ug/L	0.54	U	EPA 552.2	0.54	1	05/15/2013	02:52	E84589
2454	Dibromoacetic Acid	N/A	ug/L	0.54	U	EPA 552.2	0.54	1	05/15/2013	02:52	E84589
2456	Total Haloacetic Acids (HAA5)	60	ug/L	0.20	U	EPA 552.2	0.20	---	05/15/2013	02:52	E84589

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Regulatory MRL**	Analysis Date	Analysis Time	DOH Lab Certification #
2941	Chloroform	N/A	ug/L	1.84		EPA 524.2	0.99	1	05/15/2013	10:27	E84589
2942	Bromoform	N/A	ug/L	0.45	U	EPA 524.2	0.45	1	05/15/2013	10:27	E84589
2943	Bromodichloromethane	N/A	ug/L	1.57		EPA 524.2	0.49	1	05/15/2013	10:27	E84589
2944	Dibromochloromethane	N/A	ug/L	1.30		EPA 524.2	0.56	1	05/15/2013	10:27	E84589
2950	Total Trihalomethanes	80	ug/L	4.71		EPA 524.2	0.45	---	05/15/2013	10:27	E84589

** Laboratories are required to adhere to the minimum reporting level (MRL) requirements of 40 CFR 141.131(b)(2)(iv).

*** Applicable to monitoring as prescribed in 40 CFR 141.132.(b)(2)(i)(B) and (b)(2)(ii).

**** Laboratories that use EPA Methods 317.0 Revision 2.0, 326.0 or 321.8 must meet a 1.0 µg/L MRL for bromate.

NOTE: Do not round values. Report results to the accuracy, precision, and sensitivity of the analytical method used.

Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format

PUBLIC WATER SYSTEM INFORMATION (to be completed by sampler – Please type or print legibly)

System Name: West Hernando PWS I.D.#: 6277059

System Type (check one): ☑ Community ☐ Nontransient Noncommunity ☐ Transient Noncommunity

Address: 15400 Wiscon Rd

City: Brooksville ZIP Code: 34601

Phone #: 352-754-4490 Fax #: 352-754-4167 E-Mail Address: howardjc@hernandocounty.us

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: T1305741003 Sample Date: 05/09/2013 Sample Time: 09:35 ☑ AM ☐ PM (circle one)

Sample Location (be specific): 40 Gillian Dr. Location Code (if known) :

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): 1.5 mg/L Field pH:

Sample Type (Check Only One)

- ☐ Distribution
- ☐ Entry Point (to Distribution)
- ☐ Plant Tap (not for compliance with 62-550)
- ☐ Raw (at well or intake)
- ☑ Max Residence Time
- ☐ Ave Residence Time
- ☐ Near First Customer

Reason(s) for Sample (Check all that apply)

- ☑ Routine Compliance with 62-550
- ☐ Replacement (of Invalidated Sample)
- ☐ Confirmation of MCL Exceedance *
- ☐ Special (not for compliance with 62-550)
- ☐ Composite of Multiple Sites **
- ☐ Clearance (permitting)
- ☐ Other:

Sampling Procedure Used or Other Comments:

*See 62-550.500(6) for requirements and restrictions. And 62-550.512(3) for nitrate or nitrite exceedances.

**See 62-550.550(4) for requirements and attach a results page for each site.

SAMPLER CERTIFICATION

I, James C. Howard Jr (Print Name), Water Operator III (Print Title), do HEREBY CERTIFY that the above public water system and sample collection information is complete and correct.

Signature: James C Howard Jr Date: 6-5-13

Certified Operator #: 0005986 Phone #: Same Sampler's Fax #: Same

Sampler's E-Mail: Same

Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format

LABORATORY CERTIFICATION INFORMATION (to be completed by lab – Please type or print legibly)

Lab Name: Advanced Environmental Laboratories, Inc Florida DOH Certification #: E84589 Certification Expiration Date: 06/30/2014

ATTACH CURRENT DOH ANALYTE *

Address: 9610 Princess Palm Avenue Tampa, FL 33619 Phone #: (813)630-9616

Were any analyses subcontracted? ☐ Yes ☒ No If yes, please provide DOH certification numbers: _____

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED *

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 05/09/2013

PWS ID (From Page 1): 627-7059 Sample Number (From Page 1): T1305741003 Lab Assigned Report # or Job T1305741

Group(s) Analyzed & Results attached for compliance with Chapter 62-550, F.A.C. (Check all that apply):

Inorganics	Synthetic Organics	Volatile Organics	Disinfection Byproducts	Radionuclides	Secondaries
☐ All Except Asbestos	☐ All 30	☐ All 21	☒ Trihalomethanes	☐ Single Sample	☐ All 14
☐ Partial	☐ All Except Dioxin	☐ Partial	☒ Haloacetic Acids	☐ Qtrly Composite**	☐ Partial
☐ Nitrate	☐ Partial		☐ Chlorite		
☐ Nitrite	☐ Dioxin Only		☐ Bromate		
☐ Asbestos Only					

LAB CERTIFICATION

I, Angela Harlan (Print Name), PM (Print Title), do HEREBY CERTIFY that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference

Signature: Angela Harlan Date: 5/29/13

* Failure to provide a valid and current Florida DOH lab certification number and a current Analyte Sheet for the attached analysis results will result in rejection of the report, possible enforcement against the public water system for failure to sample, and may result in notification of the DOH Bureau of Laboratory Services.

** Please provide radiological sample dates & locations for each quarter.

CONFIRMATION & NOTIFICATION IS REQUIRED WITHIN 24 HRS FOR NITRATE OR NITRITE MCL EXCEEDANCES

NON-DETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" QUALIFIER. (Non-detects reported as "BDL" or with a "<" are not acceptable.)

COMPLIANCE DETERMINATION (to be completed by DEP or DOH -- attach notes as necessary)

Sample Collection & Analysis Satisfactory: ☒ Yes ☐ No Replacement Sample or Report Requested: ☐ Yes ☒ No (circle or highlight group(s) above)

Person Notified: _____ Date Notified: _____ DEP/DOH Reviewing Official: EN

Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format

DISINFECTION BYPRODUCTS
62-550.310(3)

Report Number / Job ID: T1305741003
Disinfectant Residual (mg/L) 1.5
PWS ID (From Page 1): 627-7059

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Regulatory MRL**	Analysis Date	Analysis Time	DOH Lab Certification #

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Regulatory MRL**	Analysis Date	Analysis Time	DOH Lab Certification #
2450	Monochloroacetic Acid	N/A	ug/L	0.20	U	EPA 552.2	0.20	2	05/15/2013	03:19	E84589
2451	Dichloroacetic Acid	N/A	ug/L	0.81	U	EPA 552.2	0.81	1	05/15/2013	03:19	E84589
2452	Trichloroacetic Acid	N/A	ug/L	0.91	U	EPA 552.2	0.91	1	05/15/2013	03:19	E84589
2453	Bromoacetic Acid	N/A	ug/L	0.54	U	EPA 552.2	0.54	1	05/15/2013	03:19	E84589
2454	Dibromoacetic Acid	N/A	ug/L	0.54	U	EPA 552.2	0.54	1	05/15/2013	03:19	E84589
2456	Total Haloacetic Acids (HAA5)	60	ug/L	0.20	U	EPA 552.2	0.20	--	05/15/2013	03:19	E84589

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Regulatory MRL**	Analysis Date	Analysis Time	DOH Lab Certification #
2941	Chloroform	N/A	ug/L	1.60		EPA 524.2	0.99	1	05/15/2013	11:15	E84589
2942	Bromoform	N/A	ug/L	0.84	I	EPA 524.2	0.45	1	05/15/2013	11:15	E84589
2943	Bromodichloromethane	N/A	ug/L	1.93		EPA 524.2	0.49	1	05/15/2013	11:15	E84589
2944	Dibromochloromethane	N/A	ug/L	2.01		EPA 524.2	0.56	1	05/15/2013	11:15	E84589
2950	Total Trihalomethanes	80	ug/L	6.38		EPA 524.2	0.45	--	05/15/2013	11:15	E84589

** Laboratories are required to adhere to the minimum reporting level (MRL) requirements of 40 CFR 141.131(b)(2)(iv).

*** Applicable to monitoring as prescribed in 40 CFR 141.132.(b)(2)(i)(B) and (b)(2)(ii).

**** Laboratories that use EPA Methods 317.0 Revision 2.0, 326.0 or 321.8 must meet a 1.0 µg/L MRL for bromate.

NOTE: Do not round values. Report results to the accuracy, precision, and sensitivity of the analytical method used.

Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format

PUBLIC WATER SYSTEM INFORMATION (to be completed by sampler – Please type or print legibly)

System Name: West Hernando PWS I.D.#: 6277059

System Type (check one): ☑ Community ☐ Nontransient Noncommunity ☐ Transient Noncommunity

Address: 15400 Wilson Rd

City: Brooksville ZIP Code: 34601

Phone #: 352-754-4490 Fax #: 352-754-4162 E-Mail Address: jhoward@co.hernando.fl.us

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: T1305741004 Sample Date: 05/09/2013 Sample Time: 10:10 AM PM (circle one)

Sample Location (be specific): 11509 Stoneville Ct. Location Code (if known) :

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): 1.4 mg/L Field pH: _____

Sample Type (Check Only One)

- ☐ Distribution
- ☐ Entry Point (to Distribution)
- ☐ Plant Tap (not for compliance with 62-550)
- ☐ Raw (at well or intake)
- ☑ Max Residence Time
- ☐ Ave Residence Time
- ☐ Near First Customer

Reason(s) for Sample (Check all that apply)

- ☑ Routine Compliance with 62-550
- ☐ Confirmation of MCL Exceedance *
- ☐ Composite of Multiple Sites **
- ☐ Other:
- ☐ Replacement (of Invalidated Sample)
- ☐ Special (not for compliance with 62-550)
- ☐ Clearance (permitting)

Sampling Procedure Used or Other Comments:

*See 62-550.500(6) for requirements and restrictions. And 62-550.512(3) for nitrate or nitrite exceedances.

**See 62-550.550(4) for requirements and attach a results page for each site.

SAMPLER CERTIFICATION

I, James C. Howard Jr (Print Name), Water Operator III (Print Title), do HEREBY CERTIFY that the above public water system and sample collection information is complete and correct.

Signature: James C Howard Jr Date: 6-5-13

Certified Operator #: 0005965 Phone #: Same Sampler's Fax #: Same

Sampler's E-Mail: Same

Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format

LABORATORY CERTIFICATION INFORMATION (to be completed by lab – Please type or print legibly)

Lab Name: Advanced Environmental Laboratories, Inc Florida DOH Certification #: E84589 Certification Expiration Date: 06/30/2014

ATTACH CURRENT DOH ANALYTE *

Address: 9610 Princess Palm Avenue Tampa, FL 33619 Phone #: (813)630-9616

Were any analyses subcontracted? ☐ Yes ☒ No If yes, please provide DOH certification numbers: _____

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED *

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 05/09/2013

PWS ID (From Page 1): 627-7059 Sample Number (From Page 1): T1305741004 Lab Assigned Report # or Job T1305741

Group(s) Analyzed & Results attached for compliance with Chapter 62-550, F.A.C. (Check all that apply):

Inorganics	Synthetic Organics	Volatile Organics	Disinfection Byproducts	Radionuclides	Secondaries
☐ All Except Asbestos	☐ All 30	☐ All 21	☒ Trihalomethanes	☐ Single Sample	☐ All 14
☐ Partial	☐ All Except Dioxin	☐ Partial	☒ Haloacetic Acids	☐ Qtrly Composite**	☐ Partial
☐ Nitrate	☐ Partial		☐ Chlorite		
☐ Nitrite	☐ Dioxin Only		☐ Bromate		
☐ Asbestos Only					

LAB CERTIFICATION

I, Angela Harlan (Print Name), PM (Print Title), do HEREBY CERTIFY that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference

Signature: Angela Harlan Date: 5/29/13

* Failure to provide a valid and current Florida DOH lab certification number and a current Analyte Sheet for the attached analysis results will result in rejection of the report, possible enforcement against the public water system for failure to sample, and may result in notification of the DOH Bureau of Laboratory Services.

** Please provide radiological sample dates & locations for each quarter.

CONFIRMATION & NOTIFICATION IS REQUIRED WITHIN 24 HRS FOR NITRATE OR NITRITE MCL EXCEEDANCES

NON-DETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" QUALIFIER. (Non-detects reported as "BDL" or with a "<" are not acceptable.)

COMPLIANCE DETERMINATION (to be completed by DEP or DOH -- attach notes as necessary)

Sample Collection & Analysis Satisfactory: ☒ Yes ☐ No Replacement Sample or Report Requested: ☐ Yes ☒ No (circle or highlight group(s) above)

Person Notified: _____ Date Notified: _____ DEP/DOH Reviewing Official: EN

Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format

DISINFECTION BYPRODUCTS
62-550.310(3)

Report Number / Job ID: T1305741004
Disinfectant Residual (mg/L) 1.4
PWS ID (From Page 1): 627-7059

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Regulatory MRL**	Analysis Date	Analysis Time	DOH Lab Certification #

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Regulatory MRL**	Analysis Date	Analysis Time	DOH Lab Certification #
2450	Monochloroacetic Acid	N/A	ug/L	0.20	U	EPA 552.2	0.20	2	05/15/2013	03:45	E84589
2451	Dichloroacetic Acid	N/A	ug/L	0.81	U	EPA 552.2	0.81	1	05/15/2013	03:45	E84589
2452	Trichloroacetic Acid	N/A	ug/L	0.91	U	EPA 552.2	0.91	1	05/15/2013	03:45	E84589
2453	Bromoacetic Acid	N/A	ug/L	0.54	U	EPA 552.2	0.54	1	05/15/2013	03:45	E84589
2454	Dibromoacetic Acid	N/A	ug/L	0.54	U	EPA 552.2	0.54	1	05/15/2013	03:45	E84589
2456	Total Haloacetic Acids (HAA5)	60	ug/L	0.20	U	EPA 552.2	0.20	—	05/15/2013	03:45	E84589

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Regulatory MRL**	Analysis Date	Analysis Time	DOH Lab Certification #
2941	Chloroform	N/A	ug/L	1.20		EPA 524.2	0.99	1	05/15/2013	12:07	E84589
2942	Bromoform	N/A	ug/L	0.82	I	EPA 524.2	0.45	1	05/15/2013	12:07	E84589
2943	Bromodichloromethane	N/A	ug/L	1.82		EPA 524.2	0.49	1	05/15/2013	12:07	E84589
2944	Dibromochloromethane	N/A	ug/L	2.20		EPA 524.2	0.56	1	05/15/2013	12:07	E84589
2950	Total Trihalomethanes	80	ug/L	6.04		EPA 524.2	0.45	—	05/15/2013	12:07	E84589

** Laboratories are required to adhere to the minimum reporting level (MRL) requirements of 40 CFR 141.131(b)(2)(iv).

*** Applicable to monitoring as prescribed in 40 CFR 141.132.(b)(2)(i)(B) and (b)(2)(ii).

**** Laboratories that use EPA Methods 317.0 Revision 2.0, 326.0 or 321.8 must meet a 1.0 µg/L MRL for bromate.

NOTE: Do not round values. Report results to the accuracy, precision, and sensitivity of the analytical method used.

Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format

PUBLIC WATER SYSTEM INFORMATION (to be completed by sampler – Please type or print legibly)

System Name: West Hernando PWS I.D.#: 6277059

System Type (check one): ☑ Community ☐ Nontransient Noncommunity ☐ Transient Noncommunity

Address: 15480 Wiscon Rd

City: Brooksville ZIP Code: 34601

Phone #: 352-754-4490 Fax #: 352-754-4167 E-Mail Address: jhoward@co.hernando.fl.us

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: T1305741005 Sample Date: 05/09/2013 Sample Time: 10:55 AM PM (circle one)

Sample Location (be specific): 5072 Arbormarsh Cir. Location Code (if known) :

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): _____ mg/L Field pH: _____

Sample Type (Check Only One)

- ☐ Distribution
- ☐ Entry Point (to Distribution)
- ☐ Plant Tap (not for compliance with 62-550)
- ☐ Raw (at well or intake)
- ☑ Max Residence Time
- ☐ Ave Residence Time
- ☐ Near First Customer

Reason(s) for Sample (Check all that apply)

- ☑ Routine Compliance with 62-550
- ☐ Confirmation of MCL Exceedance *
- ☐ Composite of Multiple Sites **
- ☐ Replacement (of Invalidated Sample)
- ☐ Special (not for compliance with 62-550)
- ☐ Clearance (permitting)
- ☐ Other: _____

Sampling Procedure Used or Other Comments:

*See 62-550.500(6) for requirements and restrictions. And 62-550.512(3) for nitrate or nitrite exceedances.

**See 62-550.550(4) for requirements and attach a results page for each site.

SAMPLER CERTIFICATION

I, James C. Howard Jr (Print Name), Water Operator III (Print Title), do HEREBY CERTIFY that the above public water system and sample collection information is complete and correct.

Signature: James C. Howard Jr Date: 6-5-13

Certified Operator #: 0005965 Phone #: Same Sampler's Fax #: Same

Sampler's E-Mail: Same

Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format

LABORATORY CERTIFICATION INFORMATION (to be completed by lab – Please type or print legibly)

Lab Name: Advanced Environmental Laboratories, Inc Florida DOH Certification #: E84589 Certification Expiration Date: 06/30/2014

ATTACH CURRENT DOH ANALYTE *

Address: 9610 Princess Palm Avenue Tampa, FL 33619 Phone #: (813)630-9616

Were any analyses subcontracted? ☐ Yes ☒ No If yes, please provide DOH certification numbers: _____

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED *

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 05/09/2013

PWS ID (From Page 1): 6277059 Sample Number (From Page 1): T1305741005 Lab Assigned Report # or Job T1305741

Group(s) Analyzed & Results attached for compliance with Chapter 62-550, F.A.C. (Check all that apply):

Inorganics	Synthetic Organics	Volatile Organics	Disinfection Byproducts	Radionuclides	Secondaries
☐ All Except Asbestos	☐ All 30	☐ All 21	☒ Trihalomethanes	☐ Single Sample	☐ All 14
☐ Partial	☐ All Except Dioxin	☐ Partial	☒ Haloacetic Acids	☐ Qtrly Composite**	☐ Partial
☐ Nitrate	☐ Partial		☐ Chlorite		
☐ Nitrite	☐ Dioxin Only		☐ Bromate		
☐ Asbestos Only					

LAB CERTIFICATION

I, Angela Harlan (Print Name), PM (Print Title), do HEREBY CERTIFY that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference

Signature: Angela Harlan Date: 5/29/13

* Failure to provide a valid and current Florida DOH lab certification number and a current Analyte Sheet for the attached analysis results will result in rejection of the report, possible enforcement against the public water system for failure to sample. and may result in notification of the DOH Bureau of Laboratory Services.

** Please provide radiological sample dates & locations for each quarter.

CONFIRMATION & NOTIFICATION IS REQUIRED WITHIN 24 HRS FOR NITRATE OR NITRITE MCL EXCEEDANCES

NON-DETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" QUALIFIER. (Non-detects reported as "BDL" or with a "<" are not acceptable.)

COMPLIANCE DETERMINATION (to be completed by DEP or DOH -- attach notes as necessary)

Sample Collection & Analysis Satisfactory: ☒ Yes ☐ No Replacement Sample or Report Requested: ☐ Yes ☒ No (circle or highlight group(s) above)

Person Notified: _____ Date Notified: _____ DEP/DOH Reviewing Official: EN

Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format

DISINFECTION BYPRODUCTS
62-550.310(3)

Report Number / Job ID: T1305741005
Disinfectant Residual (mg/L) 1.4
PWS ID (From Page 1): 627-7059

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Regulatory MRL**	Analysis Date	Analysis Time	DOH Lab Certification #

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Regulatory MRL**	Analysis Date	Analysis Time	DOH Lab Certification #
2450	Monochloroacetic Acid	N/A	ug/L	0.20	U	EPA 552.2	0.20	2	05/15/2013	04:12	E84589
2451	Dichloroacetic Acid	N/A	ug/L	0.81	U	EPA 552.2	0.81	1	05/15/2013	04:12	E84589
2452	Trichloroacetic Acid	N/A	ug/L	0.91	U	EPA 552.2	0.91	1	05/15/2013	04:12	E84589
2453	Bromoacetic Acid	N/A	ug/L	0.54	U	EPA 552.2	0.54	1	05/15/2013	04:12	E84589
2454	Dibromoacetic Acid	N/A	ug/L	0.54	U	EPA 552.2	0.54	1	05/15/2013	04:12	E84589
2456	Total Haloacetic Acids (HAA5)	60	ug/L	0.20	U	EPA 552.2	0.20	---	05/15/2013	04:12	E84589

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Regulatory MRL**	Analysis Date	Analysis Time	DOH Lab Certification #
2941	Chloroform	N/A	ug/L	1.22		EPA 524.2	0.99	1	05/17/2013	20:36	E84589
2942	Bromoform	N/A	ug/L	0.80	I	EPA 524.2	0.45	1	05/17/2013	20:36	E84589
2943	Bromodichloromethane	N/A	ug/L	1.65		EPA 524.2	0.49	1	05/17/2013	20:36	E84589
2944	Dibromochloromethane	N/A	ug/L	2.08		EPA 524.2	0.56	1	05/17/2013	20:36	E84589
2950	Total Trihalomethanes	80	ug/L	5.75		EPA 524.2	0.45	---	05/17/2013	20:36	E84589

** Laboratories are required to adhere to the minimum reporting level (MRL) requirements of 40 CFR 141.131(b)(2)(iv).

*** Applicable to monitoring as prescribed in 40 CFR 141.132.(b)(2)(i)(B) and (b)(2)(ii).

**** Laboratories that use EPA Methods 317.0 Revision 2.0, 326.0 or 321.8 must meet a 1.0 µg/L MRL for bromate.

NOTE: Do not round values. Report results to the accuracy, precision, and sensitivity of the analytical method used.

Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format

PUBLIC WATER SYSTEM INFORMATION (to be completed by sampler – Please type or print legibly)

System Name: West Hernando PWS I.D.#: 6277058

System Type (check one): ☑ Community ☐ Nontransient Noncommunity ☐ Transient Noncommunity

Address: 15400 Wiscon Rd

City: Brooksville ZIP Code: 34601

Phone #: 352-754-4490 Fax #: 352-754-4167 E-Mail Address: jhoward@co.hernando.fl.us

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: T1305741006 Sample Date: 05/09/2013 Sample Time: 11:30 AM PM (circle one)

Sample Location (be specific): 15263 Merle Ct. Location Code (if known) :

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): 1.2 mg/L Field pH: ____

Sample Type (Check Only One)

- ☐ Distribution
- ☐ Entry Point (to Distribution)
- ☐ Plant Tap (not for compliance with 62-550)
- ☐ Raw (at well or intake)
- ☑ Max Residence Time
- ☐ Ave Residence Time
- ☐ Near First Customer

Reason(s) for Sample (Check all that apply)

- ☑ Routine Compliance with 62-550
- ☐ Confirmation of MCL Exceedance *
- ☐ Composite of Multiple Sites **
- ☐ Replacement (of Invalidated Sample)
- ☐ Special (not for compliance with 62-550)
- ☐ Clearance (permitting)
- ☐ Other: ____

Sampling Procedure Used or Other Comments:

*See 62-550.500(6) for requirements and restrictions. And 62-550.512(3) for nitrate or nitrite exceedances.

**See 62-550.550(4) for requirements and attach a results page for each site.

SAMPLER CERTIFICATION

I, James C. Howard Jr (Print Name), Water Operator III (Print Title), do HEREBY CERTIFY that the above public water system and sample collection information is complete and correct.

Signature: James C Howard Jr Date: 6-5-13

Certified Operator #: 0005985 Phone #: Same Sampler's Fax #: Same

Sampler's E-Mail: Same

Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format

LABORATORY CERTIFICATION INFORMATION (to be completed by lab – Please type or print legibly)

Lab Name: Advanced Environmental Laboratories, Inc Florida DOH Certification #: E84589 Certification Expiration Date: 06/30/2014

ATTACH CURRENT DOH ANALYTE *

Address: 9610 Princess Palm Avenue Tampa, FL 33619 Phone #: (813)630-9616

Were any analyses subcontracted? ☐ Yes ☒ No If yes, please provide DOH certification numbers: _____

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED *

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 05/09/2013

PWS ID (From Page 1): 627-7059 Sample Number (From Page 1): T1305741006 Lab Assigned Report # or Job T1305741

Group(s) Analyzed & Results attached for compliance with Chapter 62-550, F.A.C. (Check all that apply):

Inorganics	Synthetic Organics	Volatile Organics	Disinfection Byproducts	Radionuclides	Secondaries
☐ All Except Asbestos	☐ All 30	☐ All 21	☒ Trihalomethanes	☐ Single Sample	☐ All 14
☐ Partial	☐ All Except Dioxin	☐ Partial	☒ Haloacetic Acids	☐ Qtrly Composite**	☐ Partial
☐ Nitrate	☐ Partial		☐ Chlorite		
☐ Nitrite	☐ Dioxin Only		☐ Bromate		
☐ Asbestos Only					

LAB CERTIFICATION

I, Angela Harlan (Print Name), PM (Print Title), do HEREBY CERTIFY

that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference

Signature: Angela Harlan Date: 5/29/13

* Failure to provide a valid and current Florida DOH lab certification number and a current Analyte Sheet for the attached analysis results will result in rejection of the report, possible enforcement against the public water system for failure to sample, and may result in notification of the DOH Bureau of Laboratory Services.

** Please provide radiological sample dates & locations for each quarter.

CONFIRMATION & NOTIFICATION IS REQUIRED WITHIN 24 HRS FOR NITRATE OR NITRITE MCL EXCEEDANCES

NON-DETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" QUALIFIER. (Non-detects reported as "BDL" or with a "<" are not acceptable.)

COMPLIANCE DETERMINATION (to be completed by DEP or DOH -- attach notes as necessary)

Sample Collection & Analysis Satisfactory: ☒ Yes ☐ No Replacement Sample or Report Requested: ☐ Yes ☒ No (circle or highlight group(s) above)

Person Notified: _____ Date Notified: _____ DEP/DOH Reviewing Official: EN

Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format

DISINFECTION BYPRODUCTS
62-550.310(3)

Report Number / Job ID: T1305741006
Disinfectant Residual (mg/L) 1.2
PWS ID (From Page 1): 627-7059

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Regulatory MRL**	Analysis Date	Analysis Time	DOH Lab Certification #

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Regulatory MRL**	Analysis Date	Analysis Time	DOH Lab Certification #
2450	Monochloroacetic Acid	N/A	ug/L	0.20	U	EPA 552.2	0.20	2	05/15/2013	04:39	E84589
2451	Dichloroacetic Acid	N/A	ug/L	0.81	U	EPA 552.2	0.81	1	05/15/2013	04:39	E84589
2452	Trichloroacetic Acid	N/A	ug/L	0.91	U	EPA 552.2	0.91	1	05/15/2013	04:39	E84589
2453	Bromoacetic Acid	N/A	ug/L	0.54	U	EPA 552.2	0.54	1	05/15/2013	04:39	E84589
2454	Dibromoacetic Acid	N/A	ug/L	0.54	U	EPA 552.2	0.54	1	05/15/2013	04:39	E84589
2456	Total Haloacetic Acids (HAA5)	60	ug/L	0.20	U	EPA 552.2	0.20	---	05/15/2013	04:39	E84589

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Regulatory MRL**	Analysis Date	Analysis Time	DOH Lab Certification #
2941	Chloroform	N/A	ug/L	1.98		EPA 524.2	0.99	1	05/17/2013	21:23	E84589
2942	Bromoform	N/A	ug/L	0.96	I	EPA 524.2	0.45	1	05/17/2013	21:23	E84589
2943	Bromodichloromethane	N/A	ug/L	2.40		EPA 524.2	0.49	1	05/17/2013	21:23	E84589
2944	Dibromochloromethane	N/A	ug/L	2.89		EPA 524.2	0.56	1	05/17/2013	21:23	E84589
2950	Total Trihalomethanes	80	ug/L	8.23		EPA 524.2	0.45	---	05/17/2013	21:23	E84589

** Laboratories are required to adhere to the minimum reporting level (MRL) requirements of 40 CFR 141.131(b)(2)(iv).

*** Applicable to monitoring as prescribed in 40 CFR 141.132.(b)(2)(i)(B) and (b)(2)(ii).

**** Laboratories that use EPA Methods 317.0 Revision 2.0, 326.0 or 321.8 must meet a 1.0 µg/L MRL for bromate.

NOTE: Do not round values. Report results to the accuracy, precision, and sensitivity of the analytical method used.

Advanced Environmental Laboratories, Inc.

☐ **Altamonte Springs:** 628 S. Northlake Blvd., Ste. 1016 • Altamonte Springs, FL 32701 • 407.937.1594 • Fax 407.937.1597
☐ **Gainesville:** 4985 SW 41st Blvd. • Gainesville, FL 32608 • 352.377.2349 • Fax 352.395.8639
☐ **Jacksonville:** 6601 Southpoint Pkwy. • Jacksonville, FL 32216 • 904.363.9350 • Fax 904.363.9354
☐ **Miramar:** 10200 USA Today Way, Miramar, FL 33025 • 954.889.2288 • Fax 954.889.2281
☐ **Tallahassee:** 1288 Cedar Center Drive, Tallahassee, FL 32301 • 850.219.6274 • Fax 850.219.6275
☒ **Tampa:** 9610 Princess Palm Ave. • Tampa, FL 33619 • 813.630.9616 • Fax 813.630.4327

1305741

Client Name: Hernando Co. Utilities
Address: 15400 Wiscon Rd
Brooksville, FLA 34601
Phone: 352-754-4490
FAX: 352-754-4167
Contact: Mark Washington
Sampled By: J. M Howard
Turn Around Time: ☒ STANDARD ☐ RUSH
Page 1 of 1

Project Name: Sts 2
P.O. Number/Project Number:
Project Location: West Hernando
REMARKS/SPECIAL INSTRUCTIONS:
PWS# 6277059

SAMPLE ID	SAMPLE DESCRIPTION	Grab Comp	SAMPLING DATE	SAMPLING TIME	MATRIX	NO. COUNT	PRESERVATION	BOTTLE SIZE & TYPE	ANALYSIS REQUIRED: TTHM	HAA5	Cl2 Res	LABORATORY I.D. NUMBER
								1/1L	1/1L			
							T	NH4 CL				
W-1	3461 Pendora Dr	G	5-9-13	9:00a	DW	6			✓	✓	1.3	001
W-2	1311 Kenlake Ave	G	5/9/13	8:35a	DW	6			✓	✓	1.6	002
W-3	40 Gillian Dr	G	5-9-13	9:35a	DW	6			✓	✓	1.5	003
W-4	11509 Stonecliff Ct	G	5-9-13	10:10a	DW	6			✓	✓	1.4	004
W-5	5072 Arbormarsh Ct	G	5-9-13	10:55a	DW	6			✓	✓	1.4	005
W-6	15263 Monte Ct	G	5-9-13	11:30a	DW	6			✓	✓	1.2	006

Matrix Code: WW = wastewater SW = surface water GW = ground water DW = drinking water O = oil A = air SO = soil SL = sludge
Preservation Code: I = Ice H=(HCl) S = (H_2SO_4) N = (HNO_3) T = (Sodium Thiosulfate)

Received on Ice ☒ Yes ☐ No ☒ Temp taken from sample ☐ Temp from blank ☒ Where required, pH checked Temperature when received 3 (in degrees celcius)

Form revised 01/18/2012 Device used for measuring Temp by unique identifier (circle IR temp gun used) J: 8A G: LT-1 LT-2 T: 10A A: 3A M: 1A S: 1V

	Relinquished by:	Date	Time	Received by:	Date	Time
1		5-9-13	12:00p		5/9/13	1225
2		5/9			5/9/13	1445
3						
4						

FOR DRINKING WATER USE:
(When PWS information not otherwise supplied) PWS ID: _____
Contact Person: _____ Phone: _____
Supplier of Water: _____
Site Address: _____

Pg 1 of 1

Hernando County Board of County Commissioners

Environmental Services Division
Systems Operations Division (Water & Sewer Operations)

15400 Wiscon Rd.
Brooksville, Florida 34601
Telephone: 352-540-6549

To: Dr. Ramandeep Kaur, Environmental Specialist I
Florida Department of Environmental Protection
Southwest District

Thru: Mack Washington, Water Plants Supervisor, MW
Environmental Services Division

From: James C. Howard Jr, Water Operator III,
Environmental Services Division

Date: June 6, 2012

RE: Quarterly Monitoring for TTHMs and HAA5s, Stage 2

Dear Dr. Kaur

Enclosed are the results for quarterly stage 2 monitoring for TTHMs and HAA5s as required by 40 CFR 141 Subpart V. The District Facility and corresponding PWS ID # is listed below.

1.) West Hernando PWS ID # 6277059

If you have any questions or require additional information please contact me at 352-754-4814.

Attachment

STAGE 2 TOTAL TRIHALOMETHANES (TTHM) AND HALOACETIC ACIDS FIVE (HAA5) REPORT FOR THE WEST HERNANDO SYSTEM

Subpart H systems serving 500 or more persons and ground water systems serving 10,000 or more persons shall complete applicable pages of this format and submit them to the Department within 10 days after the end of any quarter in which TTHM/HAA5 monitoring is required. Systems on routine or reduced quarterly TTHM/HAA5 monitoring shall complete pages 1, 2, and 3 of this format. (Add additional rows to the tables on pages 2 and 3 as necessary.) Systems on reduced annual TTHM/HAA5 monitoring shall complete pages 1 and 4 of this format. Additionally, Subpart H systems seeking to qualify for, or remain on, reduced quarterly or annual TTHM/HAA5 monitoring shall complete page 5 of this format. (Add additional rows to the table on page 5 as necessary.)

D/DBPR = Disinfectant and Disinfection Byproducts Rule; LRAA = locational running annual average; MCL = maximum contaminant level; OE = operational evaluation; RAA = running annual average; TOC = total organic carbon.

QUARTERLY MONITORING PERIOD*: April – June - 2012

*Indicate the quarterly monitoring period by months and year (e.g., April-June 2012).

SYSTEM INFORMATION		
PWS ID Number: 6277059		
PWS Name: West Hernando		
Source Water Type and Population Size Category:		
☒ Ground Water: ☐ 10,000 – 99,999 ☒ 100,000 – 499,999 ☐ ≥ 500,000	☐ Subpart H: ☐ 500 – 3,300 ☐ 3,301 – 9,999 ☐ 10,000 – 49,999 ☐ 50,000 – 249,999	☐ 250,000 – 999,999 ☐ 1,000,000 – 4,999,999 ☐ ≥ 5,000,000
Monitoring Mode*: ☒Routine Monitoring ☐Reduced Monitoring		
Monitoring Frequency*: ☒Quarterly ☐Annually		
Total Number Of Distribution System Monitoring Locations*: 6		
Contact Person: James C. Howard Jr.		
Phone Number: 352-754-4490		
E-Mail Address (optional):jhoward@co.hernando.fl.us		
Fax Number (optional): 352-754-4167		

* See 40 CFR 141.621 and 141.623 for more details.

QUARTERLY MONITORING PERIOD: April – June - 2012 PWS ID Number: 6277059

TTHM COMPLIANCE SUMMARY FOR SYSTEMS MONITORING QUARTERLY

Monitoring Location*	This Quarter				Previous Quarter	2 Quarters Ago	3 Quarters Ago	TTHM LRAA** (µg/L)	TTHM OE Value*** (µg/L)
	No. of TTHM Samples Taken	Date Each TTHM Sample Taken (mo/da/yr)	TTHM Sample Result (µg/L)	TTHM Locational Quarterly Average (µg/L)	TTHM Locational Quarterly Average (µg/L)	TTHM Locational Quarterly Average (µg/L)	TTHM Locational Quarterly Average (µg/L)		
				A	B	C	D	(A+B+C+D)/4	(2A+B+C)/4
3461 Pandora Dr	2	5/12/12	8.6	8.6					
1311 Kenlake Ave	2	5/12/12	6.6	6.6					
40 Gillian Dr	2	5/12/12	4.2	4.2					
11509 Stoneville Ct	2	5/12/12	3.3	3.3					
5072 Arbormarsh Cir.	2	5/12/12	4.8	4.8					
15263 Merle Ct.	2	5/12/12	0.5	0.5					

Does the TTHM LRAA at any monitoring location violate the TTHM MCL of 80 µg/L? (YES/NO)	NO
Does the TTHM OE value at any monitoring location exceed 80 µg/L? (YES/NO)****	NO
If you are on reduced quarterly monitoring, does the TTHM LRAA exceed 40 µg/L at any monitoring location? (YES/NO/NA)*****	N/A

* Location names or numbers should correspond to those in your Stage 2 D/DBPR compliance monitoring plan required under 40 CFR 141.622.

** Calculate and enter the LRAA beginning at the end of the fourth quarter of Stage 2 monitoring and at the end of each subsequent quarter. Also, if the LRAA calculated based on fewer than four quarters of data would cause the MCL to be exceeded regardless of the monitoring results of subsequent quarters, calculate and enter the LRAA (using zero for the results of subsequent quarters).

*** Calculate the OE value beginning at the end of the third quarter of Stage 2 monitoring and at the end of each subsequent quarter. Enter the OE value if it exceeds 80 µg/L.

**** If any TTHM OE value at any location exceeds 80 µg/L, conduct an OE and submit an OE report in accordance with 40 CFR 141.626.

***** If any TTHM LRAA at any location exceeds 40 µg/L, resume routine quarterly monitoring under 40 CFR 141.621.

QUARTERLY MONITORING PERIOD: April – June - 2012 PWS ID Number: 6277059

HAA5 COMPLIANCE SUMMARY FOR SYSTEMS MONITORING QUARTERLY

Monitoring Location*	This Quarter				Previous Quarter	2 Quarters Ago	3 Quarters Ago	HAA5 LRAA** (µg/L)	HAA5 OE Value*** (µg/L)
	No. of HAA5 Samples Taken	Date Each HAA5 Sample Taken (mo/da/yr)	HAA5 Sample Result (µg/L)	HAA5 Locational Quarterly Average (µg/L)	HAA5 Locational Quarterly Average (µg/L)	HAA5 Locational Quarterly Average (µg/L)	HAA5 Locational Quarterly Average (µg/L)		
				A	B	C	D	(A+B+C+D)/4	(2A+B+C)/4
3461 Pandora Dr	3	5/12/12	2.58	2.58					
1311 Kenlake Ave	3	5/12/12	2.28	2.28					
40 Gillian Dr	3	5/12/12	1.16	1.16					
11509 Stoneville Ct	3	5/12/12	1.03	1.03					
5072 Arbormarsh Cir.	3	5/12/12	0.62	0.62					
15263 Merle Ct.	3	5/12/12	N/D	N/D					

Does the HAA5 LRAA at any monitoring location violate the HAA5 MCL of 60 µg/L? (YES/NO)	NO
Does the HAA5 OE value at any monitoring location exceed 60 µg/L? (YES/NO)****	NO
If you are on reduced quarterly monitoring, does the HAA5 LRAA exceed 30 µg/L at any monitoring location? (YES/NO/NA)*****	N/A

* Location names or numbers should correspond to those in your Stage 2 D/DBPR compliance monitoring plan required under 40 CFR 141.622.

** Calculate and enter the LRAA beginning at the end of the fourth quarter of Stage 2 monitoring and at the end of each subsequent quarter. Also, if the LRAA calculated based on fewer than four quarters of data would cause the MCL to be exceeded regardless of the monitoring results of subsequent quarters, calculate and enter the LRAA (using zero for the results of subsequent quarters).

*** Calculate the OE value beginning at the end of the third quarter of Stage 2 monitoring and at the end of each subsequent quarter. Enter the OE value if it exceeds 60 µg/L.

**** If any HAA5 OE value at any location exceeds 60 µg/L, you must conduct an OE and submit an OE report in accordance with 40 CFR 141.626.

***** If any HAA5 LRAA at any location exceeds 30 µg/L, you must resume routine quarterly monitoring under 40 CFR 141.621.

SOUTHERN ANALYTICAL LABORATORIES, INC.

110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 813-855-1844 FAX 813-855-2218

ACCREDITED IN ACCORDANCE WITH

Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format

Hernando County Utilities Water Department
West Hernando Stage II DBPs

PUBLIC WATER SYSTEM INFORMATION (to be completed by sampler - please type or print legibly)

System Name: Hernando Co. Utilities - West PWS I.D. #: 6 2 7 7 0 5 9

System Type (check one): [X] Community [ ] Nontransient Noncommunity [ ] Transient Noncommunity

Address: 15400 Wiscon Road

City: Brooksville Zip Code: 34601

Phone: (352) 754-4490 Fax: (352) 754-4167 E-Mail Address: jhoward@co.hernando.fl.us

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: 1205318-01 Sample Date: 5/15/12 Sample Time: 1:50 pm AM [PM] (Circle One)

Sample Location (be specific): 3461 Pandora Dr. Location Code:

Disinfection Residual (Required when reporting results for trihalomethanes and haloacetic acids): 0.9 mg/L Field pH:

Sample Type (Check Only One)

- [ ] Distribution
- [ ] Entry Point (to Distribution)
- [ ] Plant Tap (not for compliance with 62-550)
- [ ] Raw (at well or intake)
- [✓] Max. Residence Time
- [ ] Ave. Residence Time
- [ ] Near First Customer

Reason (s) for Sample (Check all that apply)

- [✓] Routine Compliance with 62-550
- [ ] Confirmation of MCL Exceedance*
- [ ] Composite of Multiple Sites **
- [ ] Other:

Sampling Procedure Used or Other Comments:

- [ ] Replacement (of Invalidated Sample)
- [ ] Special (not for compliance with 62-550)
- [ ] Clearance (permitting)

* See 62-550.500(6) for requirements and restrictions. And 62-550.5.12(3) for nitrate or nitrite exceedances.

** See 62-550.500(4) for requirements and attach a results page for each site

SAMPLER CERTIFICATION

I, Ron Sloan, (Print Name) Water Operator I (Print Title) do HEREBY CERTIFY that the above public water system and sample collection information is complete and correct.

Signature: Date: 6/6/12

Certified Operator #: 17325 Phone #: Same Sampler's Fax #: Same

Sampler's E-Mail: N/A

Reporting Format 62-550-730
Effective January 1995. Revised February 2010

SOUTHERN ANALYTICAL LABORATORIES, INC.
110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 813-855-1844 FAX 813-855-2218

ACCREDITED IN ACCORDANCE WITH

Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format

Hernando County Utilities Water Department
West Hernando Stage II DBPs

LABORATORY CERTIFICATION INFORMATION (to be completed by lab - please type or print legibly)

Lab Name: Southern Analytical Laboratories, Inc. Florida DOH Certification #: E84129 Certification Expiration Date: 06/30/2012

ATTACH CURRENT DOH ANALYTE SHEET*

Address: 110 Bayview Blvd Oldsmar,FL 34677 Phone: (813) 855-1844

Were any analyses subcontracted? ☐ Yes ☒ No If yes, please provide DOH certification number(s):

ATTACH CURRENT DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB*

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 05/16/2012

PWS ID (From Page 1): 6277059 Sample Number (From Page 1): 1205318-01 Lab Assigned Report # or Job ID: 1205318-01

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 for Asbestos	☐ All 30	☐ All 21	☒ Trihalomethanes	☐ Single Sample	☐ All 14
☐ Partial	☐ All Except Dioxin	☐ Partial	☒ Haloacetic Acids	☐ Qtrly Composite	☐ Partial
☐ Nitrate	☐ Partial		☐ Chlorite		
☐ Nitrite	☐ Dioxin Only		☐ Bromate		
☐ Asbestos					

LAB CERTIFICATION

I, Francis I. Daniels (Print Name), Laboratory Director (Print Title) do HEREBY CERTIFY

that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Acceditation Conference (NELAC).

Signature: Francis Daniels Date: 05/29/2012

* Failure to provide a valid and current Florida DOH lab certification number and a current Analyte Sheet for the attached analysis results will result in rejection of the report, possible enforcement against the public water system for failure to sample, and may result in notification of the DOH Bureau of Laboratory Services.

** Please provide radiological sample dates & locations for each quarter.

CONFIRMATION & NOTIFICATION IS REQUIRED WITHIN 24 HOURS FOR NITRATE AND NITRITE MCL EXCEEDANCES

NON-DETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" QUALIFIER (Non-detects reported as "BDL" or with a "<" are not acceptable.)

COMPLIANCE DETERMINATION (to be completed by DEP or DOH - attach notes as necessary)

Sample Collection & Analysis Satisfactory: ☐ Yes ☐ No Replacement Sample or Report Requested (circle or highlight group(s) above)

Person Notified: Date Notified: DEP/DOH Reviewing Official: Randolph Kern

Reporting Format 62-550-730
Effective January 1995. Revised February 2010

SOUTHERN ANALYTICAL LABORATORIES, INC.
110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 813-855-1844 FAX 813-855-2218

Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format

DISINFECTION BYPRODUCTS
62-550.310(3)

Report Number / Job ID: 1205318-01
Disinfectant Residual (mg/L) (From Page 1): 0.9
PWS ID (From Page 1): 6277059

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Reg MRL**	Analysis Date	Analysis Time	DOH Lab Certification #
2450	Monochloroacetic Acid	N/A	ug/L	0.74	U	EPA 552.2	0.74	2.0	5/23/12	3:09	E84129
2451	Dichloroacetic Acid	N/A	ug/L	1.1		EPA 552.2	0.67	1.0	5/23/12	3:09	E84129
2452	Trichloroacetic Acid	N/A	ug/L	0.68	I	EPA 552.2	0.33	1.0	5/23/12	3:09	E84129
2453	Monobromoacetic Acid	N/A	ug/L	0.32	U	EPA 552.2	0.32	1.0	5/23/12	3:09	E84129
2454	Dibromoacetic Acid	N/A	ug/L	0.80	I	EPA 552.2	0.26	1.0	5/23/12	3:09	E84129
2456	Total Haloacetic Acids (HAA5)	60	ug/L	2.58		EPA 552.2	0.26	—	5/23/12	3:09	E84129
Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Reg MRL**	Analysis Date	Analysis Time	DOH Lab Certification #
2941	Chloroform	N/A	ug/L	3.1		EPA 524.2	0.2	1.0	5/16/12	19:56	E84129
2942	Bromoform	N/A	ug/L	0.5	I	EPA 524.2	0.2	1.0	5/16/12	19:56	E84129
2943	Bromodichloromethane	N/A	ug/L	2.7		EPA 524.2	0.2	1.0	5/16/12	19:56	E84129
2944	Dibromochloromethane	N/A	ug/L	2.3		EPA 524.2	0.1	1.0	5/16/12	19:56	E84129
2950	Total Trihalomethanes (TTHM)	80	ug/L	8.6		EPA 524.2	0.1	—	5/16/12	19:56	E84129

** Laboratories are required to adhere to minimum reporting level (MRL) requirements of 40 CFR 141.131(b)(2)(iv). Chlorite regulatory MRL is applicable to monitoring as prescribed in 40 CFR 141.132(b)(2)(i)(B) and (b)(2)(ii). Laboratories that use EPA Methods 317.0 Revision 2.0, 326.0 or 321.8 must meet a 1.0 ug/L MRL for bromate.

*Qualifiers:

U=Analyte was undetected. Indicated concentration is method detection limit.
I=The reported value is between the laboratory method detection limit and the laboratory practical quantitation limit.

SOUTHERN ANALYTICAL LABORATORIES, INC.
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Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format

Hernando County Utilities Water Department
West Hernando Stage II DBPs

PUBLIC WATER SYSTEM INFORMATION (to be completed by sampler - please type or print legibly)

System Name: Hernando Co. Utilities - West PWS I.D. #: 6 2 7 7 0 5 9

System Type (check one): [X] Community [ ] Nontransient Noncommunity [ ] Transient Noncommunity

Address: 15400 Wiscon Road

City: Brooksville Zip Code: 34601

Phone: (352) 754-4490 Fax: (352) 754-4167 E-Mail Address: jhoward@co.hernando.fl.us

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: 1205318-02 Sample Date: 5/15/12 Sample Time: 11:47 am [AM] PM (Circle One)

Sample Location (be specific): 1311 Kenlake Ave. Location Code:

Disinfection Residual (Required when reporting results for trihalomethanes and haloacetic acids): 1.2 mg/L Field pH:

Sample Type (Check Only One)

- [ ] Distribution
- [ ] Entry Point (to Distribution)
- [ ] Plant Tap (not for compliance with 62-550)
- [ ] Raw (at well or intake)
- [x] Max. Residence Time
- [ ] Ave. Residence Time
- [ ] Near First Customer

Reason (s) for Sample (Check all that apply)

- [x] Routine Compliance with 62-550
- [ ] Confirmation of MCL Exceedance*
- [ ] Composite of Multiple Sites **
- [ ] Other:
- [ ] Replacement (of Invalidated Sample)
- [ ] Special (not for compliance with 62-550)
- [ ] Clearance (permitting)

Sampling Procedure Used or Other Comments:

* See 62-550.500(6) for requirements and restrictions. And 62-550.5.12(3) for nitrate or nitrite exceedances.

** See 62-550.500(4) for requirements and attach a results page for each site

SAMPLER CERTIFICATION

I, Dale Barto (Print Name), Water Operator I (Print Title) do HEREBY CERTIFY that the above public water system and sample collection information is complete and correct.

Signature: Dale Barto Date: 6.6.12

Certified Operator #: 11928 Phone #: Same Sampler's Fax #: Same

Sampler's E-Mail: N/A

Reporting Format 62-550-730
Effective January 1995, Revised February 2010

SOUTHERN ANALYTICAL LABORATORIES, INC.
110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 813-855-1844 FAX 813-855-2218

Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format

Hernando County Utilities Water Department
West Hernando Stage II DBPs

LABORATORY CERTIFICATION INFORMATION (to be completed by lab - please type or print legibly)

Lab Name: Southern Analytical Laboratories, Inc. Florida DOH Certification #: E84129 Certification Expiration Date: 06/30/2012

ATTACH CURRENT DOH ANALYTE SHEET*

Address: 110 Bayview Blvd Oldsmar,FL 34677 Phone: (813) 855-1844

Were any analyses subcontracted? ☐ Yes ☒ No If yes, please provide DOH certification number(s):

ATTACH CURRENT DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB*

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 05/16/2012

PWS ID (From Page 1): 6277059 Sample Number (From Page 1): 1205318-02 Lab Assigned Report # or Job ID: 1205318-02

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 for Asbestos	☐ All 30	☐ All 21	☒ Trihalomethanes	☐ Single Sample	☐ All 14
☐ Partial	☐ All Except Dioxin	☐ Partial	☒ Haloacetic Acids	☐ Qtrly Composite	☐ Partial
☐ Nitrate	☐ Partial		☐ Chlorite		
☐ Nitrite	☐ Dioxin Only		☐ Bromate		
☐ Asbestos					

LAB CERTIFICATION

I. Francis I. Daniels (Print Name), Laboratory Director (Print Title) do HEREBY CERTIFY

that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).

Signature: Francis I. Daniels Date: 05/29/2012

* Failure to provide a valid and current Florida DOH lab certification number and a current Analyte Sheet for the attached analysis results will result in rejection of the report, possible enforcement against the public water system for failure to sample, and may result in notification of the DOH Bureau of Laboratory Services.

** Please provide radiological sample dates & locations for each quarter.

CONFIRMATION & NOTIFICATION IS REQUIRED WITHIN 24 HOURS FOR NITRATE AND NITRITE MCL EXCEEDANCES

NON-DETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" QUALIFIER (Non-detects reported as "BDL" or with a "<" are not acceptable.)

COMPLIANCE DETERMINATION (to be completed by DEP or DOH - attach notes as necessary)

Sample Collection & Analysis Satisfactory: ☐ Yes ☐ No Replacement Sample or Report Requested (circle or highlight group(s) above)

Person Notified: Date Notified: DEP/DOH Reviewing Official: Raymond A. Klein

Reporting Format 62-550-730
Effective January 1995. Revised February 2010

SOUTHERN ANALYTICAL LABORATORIES, INC.
110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 813-855-1844 FAX 813-855-2218

Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format

DISINFECTION BYPRODUCTS
62-550.310(3)

Report Number / Job ID: 1205318-02
Disinfectant Residual (mg/L) (From Page 1): 1.2
PWS ID (From Page 1): 6277059

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Reg MRL**	Analysis Date	Analysis Time	DOH Lab Certification #
2450	Monochloroacetic Acid	N/A	ug/L	0.75	U	EPA 552.2	0.75	2.0	5/23/12	3:32	E84129
2451	Dichloroacetic Acid	N/A	ug/L	0.94	I	EPA 552.2	0.67	1.0	5/23/12	3:32	E84129
2452	Trichloroacetic Acid	N/A	ug/L	0.66	I	EPA 552.2	0.34	1.0	5/23/12	3:32	E84129
2453	Monobromoacetic Acid	N/A	ug/L	0.33	U	EPA 552.2	0.33	1.0	5/23/12	3:32	E84129
2454	Dibromoacetic Acid	N/A	ug/L	0.68	I	EPA 552.2	0.26	1.0	5/23/12	3:32	E84129
2456	Total Haloacetic Acids (HAA5)	60	ug/L	2.28		EPA 552.2	0.26	—	5/23/12	3:32	E84129
Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Reg MRL**	Analysis Date	Analysis Time	DOH Lab Certification #
2941	Chloroform	N/A	ug/L	2.4		EPA 524.2	0.2	1.0	5/16/12	20:30	E84129
2942	Bromoform	N/A	ug/L	0.4	I	EPA 524.2	0.2	1.0	5/16/12	20:30	E84129
2943	Bromodichloromethane	N/A	ug/L	2.1		EPA 524.2	0.2	1.0	5/16/12	20:30	E84129
2944	Dibromochloromethane	N/A	ug/L	1.7		EPA 524.2	0.1	1.0	5/16/12	20:30	E84129
2950	Total Trihalomethanes (TTHM)	80	ug/L	6.6		EPA 524.2	0.1	—	5/16/12	20:30	E84129

** Laboratories are required to adhere to minimum reporting level (MRL) requirements of 40 CFR 141.131(b)(2)(iv). Chlorite regulatory MRL is applicable to monitoring as prescribed in 40 CFR 141.132(b)(2)(i)(B) and (b)(2)(ii). Laboratories that use EPA Methods 317.0 Revision 2.0, 326.0 or 321.8 must meet a 1.0 ug/L MRL for bromate.

*Qualifiers:

U=Analyte was undetected. Indicated concentration is method detection limit.
I=The reported value is between the laboratory method detection limit and the laboratory practical quantitation limit.

SOUTHERN ANALYTICAL LABORATORIES, INC.
110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 813-855-1844 FAX 813-855-2218

ACCREDITED IN ACCORDANCE WITH

Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format

Hernando County Utilities Water Department
West Hernando Stage II DBPs

PUBLIC WATER SYSTEM INFORMATION (to be completed by sampler - please type or print legibly)

System Name: Hernando Co. Utilities - West PWS I.D. #: 6 2 7 7 0 5 9

System Type (check one): [X] Community [ ] Nontransient Noncommunity [ ] Transient Noncommunity

Address: 15400 Wiscon Road

City: Brooksville Zip Code: 34601

Phone: (352) 754-4490 Fax: (352) 754-4167 E-Mail Address: jhoward@co.hernando.fl.us

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: 1205318-03 Sample Date: 5/15/12 Sample Time: 11:29 am [AM] PM (Circle One)

Sample Location (be specific): 40 Gillian Dr. Location Code:

Disinfection Residual (Required when reporting results for trihalomethanes and haloacetic acids): 1.0 mg/L Field pH:

Sample Type (Check Only One)

- [ ] Distribution
- [ ] Entry Point (to Distribution)
- [ ] Plant Tap (not for compliance with 62-550)
- [ ] Raw (at well or intake)
- [x] Max. Residence Time
- [ ] Ave. Residence Time
- [ ] Near First Customer

Reason (s) for Sample (Check all that apply)

- [x] Routine Compliance with 62-550
- [ ] Confirmation of MCL Exceedance*
- [ ] Composite of Multiple Sites **
- [ ] Other:
- [ ] Replacement (of Invalidated Sample)
- [ ] Special (not for compliance with 62-550)
- [ ] Clearance (permitting)

Sampling Procedure Used or Other Comments:

* See 62-550.500(6) for requirements and restrictions. And 62-550.5.12(3) for nitrate or nitrite exceedances.

** See 62-550.500(4) for requirements and attach a results page for each site

SAMPLER CERTIFICATION

I, KAREN LEWIS (Print Name), WATER OPERATOR I (Print Title), do HEREBY CERTIFY that the above public water system and sample collection information is complete and correct.

Signature: Karen Lewis Date: 06/06/12

Certified Operator #: 14144 Phone #: Same Sampler's Fax #: Same

Sampler's E-Mail: N/A

Reporting Format 62-550-730
Effective January 1995. Revised February 2010

SOUTHERN ANALYTICAL LABORATORIES, INC.
110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 813-855-1844 FAX 813-855-2218

ACCREDITED IN ACCORDANCE WITH

Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format

Hernando County Utilities Water Department
West Hernando Stage II DBPs

LABORATORY CERTIFICATION INFORMATION (to be completed by lab - please type or print legibly)

Lab Name: Southern Analytical Laboratories, Inc. Florida DOH Certification #: E84129 Certification Expiration Date: 06/30/2012

ATTACH CURRENT DOH ANALYTE SHEET*

Address: 110 Bayview Blvd Oldsmar,FL 34677 Phone: (813) 855-1844

Were any analyses subcontracted? ☐ Yes ☒ No If yes, please provide DOH certification number(s):

ATTACH CURRENT DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB*

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 05/16/2012

PWS ID (From Page 1): 6277059 Sample Number (From Page 1): 1205318-03 Lab Assigned Report # or Job ID: 1205318-03

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 for Asbestos	☐ All 30	☐ All 21	☒ Trihalomethanes	☐ Single Sample	☐ All 14
☐ Partial	☐ All Except Dioxin	☐ Partial	☒ Haloacetic Acids	☐ Qtrly Composite	☐ Partial
☐ Nitrate	☐ Partial		☐ Chlorite		
☐ Nitrite	☐ Dioxin Only		☐ Bromate		
☐ Asbestos					

LAB CERTIFICATION

I, Francis I. Daniels (Print Name), Laboratory Director (Print Title) do HEREBY CERTIFY

that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).

Signature: Fran Dail Date: 05/29/2012

* Failure to provide a valid and current Florida DOH lab certification number and a current Analyte Sheet for the attached analysis results will result in rejection of the report, possible enforcement against the public water system for failure to sample, and may result in notification of the DOH Bureau of Laboratory Services.

** Please provide radiological sample dates & locations for each quarter.

CONFIRMATION & NOTIFICATION IS REQUIRED WITHIN 24 HOURS FOR NITRATE AND NITRITE MCL EXCEEDANCES

NON-DETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" QUALIFIER (Non-detects reported as "BDL" or with a "<" are not acceptable.)

COMPLIANCE DETERMINATION (to be completed by DEP or DOH - attach notes as necessary)

Sample Collection & Analysis Satisfactory: ☐ Yes ☐ No Replacement Sample or Report Requested (circle or highlight group(s) above)

Person Notified: Date Notified: DEP/DOH Reviewing Official: Ramadell Kan

Reporting Format 62-550-730
Effective January 1995. Revised February 2010

SOUTHERN ANALYTICAL LABORATORIES, INC.
110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 813-855-1844 FAX 813-855-2218

Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format

DISINFECTION BYPRODUCTS
62-550.310(3)

Report Number / Job ID: 1205318-03
Disinfectant Residual (mg/L) (From Page 1) 1.0
PWS ID (From Page 1): 6277059

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Reg MRL**	Analysis Date	Analysis Time	DOH Lab Certification #
2450	Monochloroacetic Acid	N/A	ug/L	0.75	U	EPA 552.2	0.75	2.0	5/23/12	3:54	E84129
2451	Dichloroacetic Acid	N/A	ug/L	0.67	U	EPA 552.2	0.67	1.0	5/23/12	3:54	E84129
2452	Trichloroacetic Acid	N/A	ug/L	0.47	I	EPA 552.2	0.34	1.0	5/23/12	3:54	E84129
2453	Monobromoacetic Acid	N/A	ug/L	0.33	U	EPA 552.2	0.33	1.0	5/23/12	3:54	E84129
2454	Dibromoacetic Acid	N/A	ug/L	0.69	I	EPA 552.2	0.26	1.0	5/23/12	3:54	E84129
2456	Total Haloacetic Acids (HAA5)	60	ug/L	1.16		EPA 552.2	0.26	—	5/23/12	3:54	E84129
Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Reg MRL**	Analysis Date	Analysis Time	DOH Lab Certification #
2941	Chloroform	N/A	ug/L	1.2		EPA 524.2	0.2	1.0	5/16/12	21:06	E84129
2942	Bromoform	N/A	ug/L	0.3	I	EPA 524.2	0.2	1.0	5/16/12	21:06	E84129
2943	Bromodichloromethane	N/A	ug/L	1.3		EPA 524.2	0.2	1.0	5/16/12	21:06	E84129
2944	Dibromochloromethane	N/A	ug/L	1.4		EPA 524.2	0.1	1.0	5/16/12	21:06	E84129
2950	Total Trihalomethanes (TTHM)	80	ug/L	4.2		EPA 524.2	0.1	—	5/16/12	21:06	E84129

** Laboratories are required to adhere to minimum reporting level (MRL) requirements of 40 CFR 141.131(b)(2)(iv). Chlorite regulatory MRL is applicable to monitoring as prescribed in 40 CFR 141.132(b)(2)(i)(B) and (b)(2)(ii). Laboratories that use EPA Methods 317.0 Revision 2.0, 326.0 or 321.8 must meet a 1.0 ug/L MRL for bromate.

*Qualifiers:

U=Analyte was undetected. Indicated concentration is method detection limit.
I=The reported value is between the laboratory method detection limit and the laboratory practical quantitation limit.

SOUTHERN ANALYTICAL LABORATORIES, INC.
110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 813-855-1844 FAX 813-855-2218

ACCREDITED IN ACCORDANCE WITH

Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format

Hernando County Utilities Water Department
West Hernando Stage II DBPs

PUBLIC WATER SYSTEM INFORMATION (to be completed by sampler - please type or print legibly)

System Name: Hernando Co. Utilities - West PWS I.D. #: 6 2 7 7 0 5 9

System Type (check one): [X] Community [ ] Nontransient Noncommunity [ ] Transient Noncommunity

Address: 15400 Wiscon Road

City: Brooksville Zip Code: 34601

Phone: (352) 754-4490 Fax: (352) 754-4167 E-Mail Address: jhoward@co.hernando.fl.us

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: 1205318-04 Sample Date: 5/15/12 Sample Time: 11:49 am [AM] PM (Circle One)

Sample Location (be specific): 11509 Stoneville Ct. Location Code:

Disinfection Residual (Required when reporting results for trihalomethanes and haloacetic acids): 1.7 mg/L Field pH:

Sample Type (Check Only One)

- [ ] Distribution
- [ ] Entry Point (to Distribution)
- [ ] Plant Tap (not for compliance with 62-550)
- [ ] Raw (at well or intake)
- [✓] Max. Residence Time
- [ ] Ave. Residence Time
- [ ] Near First Customer

Reason (s) for Sample (Check all that apply)

- [✓] Routine Compliance with 62-550
- [ ] Confirmation of MCL Exceedance*
- [ ] Composite of Multiple Sites **
- [ ] Other:
- [ ] Replacement (of Invalidated Sample)
- [ ] Special (not for compliance with 62-550)
- [ ] Clearance (permitting)

Sampling Procedure Used or Other Comments:

* See 62-550.500(6) for requirements and restrictions. And 62-550.5.12(3) for nitrate or nitrite exceedances.

** See 62-550.500(4) for requirements and attach a results page for each site

SAMPLER CERTIFICATION

I, Karen Lewis (Print Name) Water Operator I (Print Title) do HEREBY CERTIFY that the above public water system and sample collection information is complete and correct.

Signature: Karen Lewis Date: 06/06/12

Certified Operator #: 14164 Phone #: Same Sampler's Fax #: Same

Sampler's E-Mail: N/A

Reporting Format 62-550-730
Effective January 1995. Revised February 2010

SOUTHERN ANALYTICAL LABORATORIES, INC.
110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 813-855-1844 FAX 813-855-2218

Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format

Hernando County Utilities Water Department
West Hernando Stage II DBPs

LABORATORY CERTIFICATION INFORMATION (to be completed by lab - please type or print legibly)

Lab Name: Southern Analytical Laboratories, Inc. Florida DOH Certification #: E84129 Certification Expiration Date: 06/30/2012

ATTACH CURRENT DOH ANALYTE SHEET*

Address: 110 Bayview Blvd Oldsmar,FL 34677 Phone: (813) 855-1844

Were any analyses subcontracted? ☐ Yes ☒ No If yes, please provide DOH certification number(s):

ATTACH CURRENT DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB*

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 05/16/2012

PWS ID (From Page 1): 6277059 Sample Number (From Page 1): 1205318-04 Lab Assigned Report # or Job ID: 1205318-04

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 for Asbestos	☐ All 30	☐ All 21	☒ Trihalomethanes	☐ Single Sample	☐ All 14
☐ Partial	☐ All Except Dioxin	☐ Partial	☒ Haloacetic Acids	☐ Qtrly Composite	☐ Partial
☐ Nitrate	☐ Partial		☐ Chlorite		
☐ Nitrite	☐ Dioxin Only		☐ Bromate		
☐ Asbestos					

LAB CERTIFICATION

I, Francis I. Daniels (Print Name), Laboratory Director (Print Title) do HEREBY CERTIFY

that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Acceditation Conference (NELAC).

Signature: Francis Daniels Date: 05/29/2012

* Failure to provide a valid and current Florida DOH lab certification number and a current Analyte Sheet for the attached analysis results will result in rejection of the report, possible enforcement against the public water system for failure to sample, and may result in notification of the DOH Bureau of Laboratory Services.

** Please provide radiological sample dates & locations for each quarter.

CONFIRMATION & NOTIFICATION IS REQUIRED WITHIN 24 HOURS FOR NITRATE AND NITRITE MCL EXCEEDANCES

NON-DETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" QUALIFIER (Non-detects reported as "BDL" or with a "<" are not acceptable.)

COMPLIANCE DETERMINATION (to be completed by DEP or DOH - attach notes as necessary)

Sample Collection & Analysis Satisfactory: ☐ Yes ☐ No Replacement Sample or Report Requested (circle or highlight group(s) above)

Person Notified: Date Notified: DEP/DOH Reviewing Official: Ronald Klein

Reporting Format 62-550-730
Effective January 1995. Revised February 2010

SOUTHERN ANALYTICAL LABORATORIES, INC.
110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 813-855-1844 FAX 813-855-2218

Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format

DISINFECTION BYPRODUCTS
62-550.310(3)

Report Number / Job ID: 1205318-04
Disinfectant Residual (mg/L) (From Page 1): 1.7
PWS ID (From Page 1): 6277059

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Reg MRL**	Analysis Date	Analysis Time	DOH Lab Certification #
2450	Monochloroacetic Acid	N/A	ug/L	0.74	U	EPA 552.2	0.74	2.0	5/23/12	4:17	E84129
2451	Dichloroacetic Acid	N/A	ug/L	0.67	U	EPA 552.2	0.67	1.0	5/23/12	4:17	E84129
2452	Trichloroacetic Acid	N/A	ug/L	0.48	I	EPA 552.2	0.33	1.0	5/23/12	4:17	E84129
2453	Monobromoacetic Acid	N/A	ug/L	0.32	U	EPA 552.2	0.32	1.0	5/23/12	4:17	E84129
2454	Dibromoacetic Acid	N/A	ug/L	0.55	I	EPA 552.2	0.26	1.0	5/23/12	4:17	E84129
2456	Total Haloacetic Acids (HAA5)	60	ug/L	1.03		EPA 552.2	0.26	—	5/23/12	4:17	E84129

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Reg MRL**	Analysis Date	Analysis Time	DOH Lab Certification #
2941	Chloroform	N/A	ug/L	0.8		EPA 524.2	0.2	1.0	5/16/12	21:41	E84129
2942	Bromoform	N/A	ug/L	0.3	I	EPA 524.2	0.2	1.0	5/16/12	21:41	E84129
2943	Bromodichloromethane	N/A	ug/L	1.1		EPA 524.2	0.2	1.0	5/16/12	21:41	E84129
2944	Dibromochloromethane	N/A	ug/L	1.1		EPA 524.2	0.1	1.0	5/16/12	21:41	E84129
2950	Total Trihalomethanes (TTHM)	80	ug/L	3.3		EPA 524.2	0.1	—	5/16/12	21:41	E84129

** Laboratories are required to adhere to minimum reporting level (MRL) requirements of 40 CFR 141.131(b)(2)(iv). Chlorite regulatory MRL is applicable to monitoring as prescribed in 40 CFR 141.132(b)(2)(i)(B) and (b)(2)(ii). Laboratories that use EPA Methods 317.0 Revision 2.0, 326.0 or 321.8 must meet a 1.0 ug/L MRL for bromate.

*Qualifiers:

U=Analyte was undetected. Indicated concentration is method detection limit.
I=The reported value is between the laboratory method detection limit and the laboratory practical quantitation limit.

SOUTHERN ANALYTICAL LABORATORIES, INC.
110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 813-855-1844 FAX 813-855-2218

ACCREDITED IN ACCORDANCE WITH

Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format

Hernando County Utilities Water Department
West Hernando Stage II DBPs

PUBLIC WATER SYSTEM INFORMATION (to be completed by sampler - please type or print legibly)

System Name: Hernando Co. Utilities - West PWS I.D. #: 6 2 7 7 0 5 9

System Type (check one): [X] Community [ ] Nontransient Noncommunity [ ] Transient Noncommunity

Address: 15400 Wiscon Road

City: Brooksville Zip Code: 34601

Phone: (352) 754-4490 Fax: (352) 754-4167 E-Mail Address: jhoward@co.hernando.fl.us

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: 1205318-05 Sample Date: 5/15/12 Sample Time: 10:00 am [AM] PM (Circle One)

Sample Location (be specific): 5072 Arbormarsh Cir. Location Code:

Disinfection Residual (Required when reporting results for trihalomethanes and haloacetic acids): 1.4 mg/L Field pH:

Sample Type (Check Only One)

- [ ] Distribution
- [ ] Entry Point (to Distribution)
- [ ] Plant Tap (not for compliance with 62-550)
- [ ] Raw (at well or intake)
- [x] Max. Residence Time
- [ ] Ave. Residence Time
- [ ] Near First Customer

Reason (s) for Sample (Check all that apply)

- [x] Routine Compliance with 62-550
- [ ] Confirmation of MCL Exceedance*
- [ ] Composite of Multiple Sites **
- [ ] Other:

Sampling Procedure Used or Other Comments:

- [ ] Replacement (of Invalidated Sample)
- [ ] Special (not for compliance with 62-550)
- [ ] Clearance (permitting)

* See 62-550.500(6) for requirements and restrictions. And 62-550.5.12(3) for nitrate or nitrite exceedances.

** See 62-550.500(4) for requirements and attach a results page for each site

SAMPLER CERTIFICATION

I, Jim Shive (on vacation) (Print Name) WATER OPERATOR I (Print Title) do HEREBY CERTIFY

that the above public water system and sample collection information is complete and correct.

Signature: James C Howard Jr Date: 6-6-12

Certified Operator #: 6644 Phone #: Same Sampler's Fax #: Same

Sampler's E-Mail: N/A

Reporting Format 62-550-730
Effective January 1995. Revised February 2010

SOUTHERN ANALYTICAL LABORATORIES, INC.

110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 813-855-1844 FAX 813-855-2218

Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format

Hernando County Utilities Water Department
West Hernando Stage II DBPs

LABORATORY CERTIFICATION INFORMATION (to be completed by lab - please type or print legibly)

Lab Name: Southern Analytical Laboratories, Inc. Florida DOH Certification #: E84129 Certification Expiration Date: 06/30/2012

ATTACH CURRENT DOH ANALYTE SHEET*

Address: 110 Bayview Blvd Oldsmar,FL 34677 Phone: (813) 855-1844

Were any analyses subcontracted? ☐ Yes ☒ No If yes, please provide DOH certification number(s):

ATTACH CURRENT DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB*

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 05/16/2012

PWS ID (From Page 1): 6277059 Sample Number (From Page 1): 1205318-05 Lab Assigned Report # or Job ID: 1205318-05

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 for Asbestos	☐ All 30	☐ All 21	☒ Trihalomethanes	☐ Single Sample	☐ All 14
☐ Partial	☐ All Except Dioxin	☐ Partial	☒ Haloacetic Acids	☐ Qtrly Composite	☐ Partial
☐ Nitrate	☐ Partial		☐ Chlorite		
☐ Nitrite	☐ Dioxin Only		☐ Bromate		
☐ Asbestos					

LAB CERTIFICATION

I, Francis I. Daniels (Print Name), Laboratory Director (Print Title) do HEREBY CERTIFY

that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Acceditation Conference (NELAC).

Signature: Francis Daniels Date: 05/29/2012

* Failure to provide a valid and current Florida DOH lab certification number and a current Analyte Sheet for the attached analysis results will result in rejection of the report, possible enforcement against the public water system for failure to sample, and may result in notification of the DOH Bureau of Laboratory Services.

** Please provide radiological sample dates & locations for each quarter.

CONFIRMATION & NOTIFICATION IS REQUIRED WITHIN 24 HOURS FOR NITRATE AND NITRITE MCL EXCEEDANCES

NON-DETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" QUALIFIER (Non-detects reported as "BDL" or with a "<" are not acceptable.)

COMPLIANCE DETERMINATION (to be completed by DEP or DOH - attach notes as necessary)

Sample Collection & Analysis Satisfactory: ☐ Yes ☐ No Replacement Sample or Report Requested (circle or highlight group(s) above)

Person Notified: Date Notified: DEP/DOH Reviewing Official: Randolph Kinn

Reporting Format 62-550-730
Effective January 1995. Revised February 2010

SOUTHERN ANALYTICAL LABORATORIES, INC.
110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 813-855-1844 FAX 813-855-2218

Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format

DISINFECTION BYPRODUCTS
62-550.310(3)

Report Number / Job ID: 1205318-05
Disinfectant Residual (mg/L) (From Page 1): 1.4
PWS ID (From Page 1): 6277059

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Reg MRL**	Analysis Date	Analysis Time	DOH Lab Certification #
2450	Monochloroacetic Acid	N/A	ug/L	0.75	U	EPA 552.2	0.75	2.0	5/23/12	4:39	E84129
2451	Dichloroacetic Acid	N/A	ug/L	0.67	U	EPA 552.2	0.67	1.0	5/23/12	4:39	E84129
2452	Trichloroacetic Acid	N/A	ug/L	0.34	U	EPA 552.2	0.34	1.0	5/23/12	4:39	E84129
2453	Monobromoacetic Acid	N/A	ug/L	0.33	U	EPA 552.2	0.33	1.0	5/23/12	4:39	E84129
2454	Dibromoacetic Acid	N/A	ug/L	0.62	I	EPA 552.2	0.26	1.0	5/23/12	4:39	E84129
2456	Total Haloacetic Acids (HAA5)	60	ug/L	0.62	I	EPA 552.2	0.26	—	5/23/12	4:39	E84129
Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Reg MRL**	Analysis Date	Analysis Time	DOH Lab Certification #
2941	Chloroform	N/A	ug/L	1.2		EPA 524.2	0.2	1.0	5/16/12	22:17	E84129
2942	Bromoform	N/A	ug/L	0.4	I	EPA 524.2	0.2	1.0	5/16/12	22:17	E84129
2943	Bromodichloromethane	N/A	ug/L	1.6		EPA 524.2	0.2	1.0	5/16/12	22:17	E84129
2944	Dibromochloromethane	N/A	ug/L	1.6		EPA 524.2	0.1	1.0	5/16/12	22:17	E84129
2950	Total Trihalomethanes (TTHM)	80	ug/L	4.8		EPA 524.2	0.1	—	5/16/12	22:17	E84129

** Laboratories are required to adhere to minimum reporting level (MRL) requirements of 40 CFR 141.131(b)(2)(iv). Chlorite regulatory MRL is applicable to monitoring as prescribed in 40 CFR 141.132(b)(2)(i)(B) and (b)(2)(ii). Laboratories that use EPA Methods 317.0 Revision 2.0, 326.0 or 321.8 must meet a 1.0 ug/L MRL for bromate.

*Qualifiers:

U=Analyte was undetected. Indicated concentration is method detection limit.
I=The reported value is between the laboratory method detection limit and the laboratory practical quantitation limit.

SOUTHERN ANALYTICAL LABORATORIES, INC.
110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 813-855-1844 FAX 813-855-2218

ACCREDITED IN ACCORDANCE WITH

Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format

Hernando County Utilities Water Department
West Hernando Stage II DBPs

PUBLIC WATER SYSTEM INFORMATION (to be completed by sampler - please type or print legibly)

System Name: Hernando Co. Utilities - West PWS I.D. #: 6 2 7 7 0 5 9

System Type (check one): [X] Community [ ] Nontransient Noncommunity [ ] Transient Noncommunity

Address: 15400 Wiscon Road

City: Brooksville Zip Code: 34601

Phone: (352) 754-4490 Fax: (352) 754-4167 E-Mail Address: jhoward@co.hernando.fl.us

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: 1205318-06 Sample Date: 5/15/12 Sample Time: 10:43 am [AM] PM (Circle One)

Sample Location (be specific): 15263 Merle Ct. Location Code:

Disinfection Residual (Required when reporting results for trihalomethanes and haloacetic acids): 1.2 mg/L Field pH:

Sample Type (Check Only One)

- [ ] Distribution
- [ ] Entry Point (to Distribution)
- [ ] Plant Tap (not for compliance with 62-550)
- [ ] Raw (at well or intake)
- [x] Max. Residence Time
- [ ] Ave. Residence Time
- [ ] Near First Customer

Reason (s) for Sample (Check all that apply)

- [x] Routine Compliance with 62-550
- [ ] Confirmation of MCL Exceedance*
- [ ] Composite of Multiple Sites **
- [ ] Other:

Sampling Procedure Used or Other Comments:

- [ ] Replacement (of Invalidated Sample)
- [ ] Special (not for compliance with 62-550)
- [ ] Clearance (permitting)

* See 62-550.500(6) for requirements and restrictions. And 62-550.5.12(3) for nitrate or nitrite exceedances.

** See 62-550.500(4) for requirements and attach a results page for each site

SAMPLER CERTIFICATION

I, Jim Shive (Vacation) (Print Name) WATER OPERATOR I (Print Title) do HEREBY CERTIFY

that the above public water system and sample collection information is complete and correct.

Signature: James Howard Jr Date:

Certified Operator #: 6644 Phone #: Same Sampler's Fax #: Same

Sampler's E-Mail: N/A

Reporting Format 62-550-730
Effective January 1995. Revised February 2010

SOUTHERN ANALYTICAL LABORATORIES, INC.
110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 813-855-1844 FAX 813-855-2218

Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format

Hernando County Utilities Water Department
West Hernando Stage II DBPs

LABORATORY CERTIFICATION INFORMATION (to be completed by lab - please type or print legibly)

Lab Name: Southern Analytical Laboratories, Inc. Florida DOH Certification #: E84129 Certification Expiration Date: 06/30/2012

ATTACH CURRENT DOH ANALYTE SHEET*

Address: 110 Bayview Blvd Oldsmar,FL 34677 Phone: (813) 855-1844

Were any analyses subcontracted? ☐ Yes ☒ No If yes, please provide DOH certification number(s):

ATTACH CURRENT DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB*

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 05/16/2012

PWS ID (From Page 1): 6277059 Sample Number (From Page 1): 1205318-06 Lab Assigned Report # or Job ID: 1205318-06

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 for Asbestos	☐ All 30	☐ All 21	☒ Trihalomethanes	☐ Single Sample	☐ All 14
☐ Partial	☐ All Except Dioxin	☐ Partial	☒ Haloacetic Acids	☐ Qtrly Composite	☐ Partial
☐ Nitrate	☐ Partial		☐ Chlorite		
☐ Nitrite	☐ Dioxin Only		☐ Bromate		
☐ Asbestos					

LAB CERTIFICATION

I, Francis I. Daniels (Print Name), Laboratory Director (Print Title) do HEREBY CERTIFY

that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Acceditation Conference (NELAC).

Signature: Francis Daniels Date: 05/29/2012

* Failure to provide a valid and current Florida DOH lab certification number and a current Analyte Sheet for the attached analysis results will result in rejection of the report, possible enforcement against the public water system for failure to sample, and may result in notification of the DOH Bureau of Laboratory Services.

** Please provide radiological sample dates & locations for each quarter.

CONFIRMATION & NOTIFICATION IS REQUIRED WITHIN 24 HOURS FOR NITRATE AND NITRITE MCL EXCEEDANCES

NON-DETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" QUALIFIER (Non-detects reported as "BDL" or with a "<" are not acceptable.)

COMPLIANCE DETERMINATION (to be completed by DEP or DOH - attach notes as necessary)

Sample Collection & Analysis Satisfactory: ☐ Yes ☐ No Replacement Sample or Report Requested (circle or highlight group(s) above)

Person Notified: Date Notified: DEP/DOH Reviewing Official: Raymond F. Kern

Reporting Format 62-550-730
Effective January 1995, Revised February 2010

SOUTHERN ANALYTICAL LABORATORIES, INC.
110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 813-855-1844 FAX 813-855-2218

Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format

DISINFECTION BYPRODUCTS
62-550.310(3)

Report Number / Job ID: 1205318-06
Disinfectant Residual (mg/L) (From Page 1): 1.2
PWS ID (From Page 1): 6277059

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Reg MRL**	Analysis Date	Analysis Time	DOH Lab Certification #
2450	Monochloroacetic Acid	N/A	ug/L	0.76	U	EPA 552.2	0.76	2.0	5/23/12	6:31	E84129
2451	Dichloroacetic Acid	N/A	ug/L	0.68	U	EPA 552.2	0.68	1.0	5/23/12	6:31	E84129
2452	Trichloroacetic Acid	N/A	ug/L	0.34	U	EPA 552.2	0.34	1.0	5/23/12	6:31	E84129
2453	Monobromoacetic Acid	N/A	ug/L	0.33	U	EPA 552.2	0.33	1.0	5/23/12	6:31	E84129
2454	Dibromoacetic Acid	N/A	ug/L	0.26	I	EPA 552.2	0.26	1.0	5/23/12	6:31	E84129
2456	Total Haloacetic Acids (HAA5)	60	ug/L	0.26	U	EPA 552.2	0.26	—	5/23/12	6:31	E84129

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Reg MRL**	Analysis Date	Analysis Time	DOH Lab Certification #
2941	Chloroform	N/A	ug/L	0.2	U	EPA 524.2	0.2	1.0	5/16/12	22:52	E84129
2942	Bromoform	N/A	ug/L	0.2	U	EPA 524.2	0.2	1.0	5/16/12	22:52	E84129
2943	Bromodichloromethane	N/A	ug/L	0.2	I	EPA 524.2	0.2	1.0	5/16/12	22:52	E84129
2944	Dibromochloromethane	N/A	ug/L	0.3	I	EPA 524.2	0.1	1.0	5/16/12	22:52	E84129
2950	Total Trihalomethanes (TTHM)	80	ug/L	0.5	I	EPA 524.2	0.1	—	5/16/12	22:52	E84129

** Laboratories are required to adhere to minimum reporting level (MRL) requirements of 40 CFR 141.131(b)(2)(iv). Chlorite regulatory MRL is applicable to monitoring as prescribed in 40 CFR 141.132(b)(2)(i)(B) and (b)(2)(ii). Laboratories that use EPA Methods 317.0 Revision 2.0, 326.0 or 321.8 must meet a 1.0 ug/L MRL for bromate.

*Qualifiers:

U=Analyte was undetected. Indicated concentration is method detection limit.
I=The reported value is between the laboratory method detection limit and the laboratory practical quantitation limit.

SOUTHERN ANALYTICAL LABORATORIES, INC.

110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 813-855-1844 fax 813-855-2218

SAL Project No. 1205318

Hernando County Utilities	Hernando County Utilities Water Department	Jim Howard 352-754-4490/Fax 352-754-4167
East Hernando System	West Hernando Stage II DBPs PWS ID #6277059	
Samplers: (Signature) Various Operators		

Matrix Codes: DW-Drinking Water WW-Wastewater SW-SurfaceWater SL-Sludge SO-Soil GW-Groundwater SA-Saline Water O-Other R-Reagent Water

PARAMETER / CONTAINER DESCRIPTION

SAL Use Only Sample No.	Sample Description	Date	Time	Matrix	Composite	Grab	40mL V. $Na_2S_2O_3$ TTHM	40mLaV, NH_4Cl HAA		Chlorine Residual					No. of Containers (Total per each location)
01	3461 Pandora Dr.	5/15/12	11:50 am	DW		X	2	3		1.2					5
02	1311 Kenlake Ave.	5/15/12	11:14 am	DW		X	2	3		1.2					5
03	40 Gillian Dr.	5/15/12	11:39 am	DW		X	2	3		1.0					5
04	11509 Stoneville Ct.	5/15/12	11:47 am	DW		X	2	3		1.7					5
05	5072 Arbormarsh Cir.	5/15/12	10:00 am	DW		X	2	3		1.4					5
06	15263 Merle Ct.	5/15/12	10:43 am	DW		X	2	3		1.2					5
07	Trip Blank			R		X	1								1

Containers Prepared/ Relinquished:	Date/Time:	Received:	Date/Time:
J. Chambers	5-2-12 12:39		
Relinquished:	Date/Time:	Received:	Date/Time:
[signature]	5-16-12	[signature]	3:25 5-16-12
Relinquished:	Date/Time:	Received:	Date/Time:
[signature]	4:25 5-16-12	[signature]	5/16/12 1425
Relinquished:	Date/Time:	Received:	Date/Time:
Relinquished:	Date/Time:	Received:	Date/Time:

Seal intact?	Y N (N/A)	Instructions / Remarks
Samples intact upon arrival?	(Y) N N/A	
Received on ice? Temp.____	(Y) N N/A	
Proper preservatives indicated?	(Y) N N/A	
Rec'd within holding time?	(Y) N N/A	
Volatiles rec'd w/out headspace?	(Y) N N/A	
Proper containers used?	(Y) N N/A	

Chain of Custody.xls
Rev.Date 11/15/01

STAGE 2 TOTAL TRIHALOMETHANES (TTHM) AND HALOACETIC ACIDS FIVE (HAA5) REPORT FOR THE WEST HERNANDO SYSTEM

Subpart H systems serving 500 or more persons and ground water systems serving 10,000 or more persons shall complete applicable pages of this format and submit them to the Department within 10 days after the end of any quarter in which TTHM/HAA5 monitoring is required. Systems on routine or reduced quarterly TTHM/HAA5 monitoring shall complete pages 1, 2, and 3 of this format. (Add additional rows to the tables on pages 2 and 3 as necessary.) Systems on reduced annual TTHM/HAA5 monitoring shall complete pages 1 and 4 of this format. Additionally, Subpart H systems seeking to qualify for, or remain on, reduced quarterly or annual TTHM/HAA5 monitoring shall complete page 5 of this format. (Add additional rows to the table on page 5 as necessary.)

D/DBPR = Disinfectant and Disinfection Byproducts Rule; LRAA = locational running annual average; MCL = maximum contaminant level; OE = operational evaluation; RAA = running annual average; TOC = total organic carbon.

QUARTERLY MONITORING PERIOD*: JULY – SEPTEMBER 2012

*Indicate the quarterly monitoring period by months and year (e.g., April-June 2012).

SYSTEM INFORMATION

PWS ID Number: 6277059

PWS Name: West Hernando

Source Water Type and Population Size Category:

☒ Ground Water:
- ☐ 10,000 – 99,999
- ☒ 100,000 – 499,999
- ☐ ≥ 500,000

☐ Subpart H:
- ☐ 500 – 3,300
- ☐ 3,301 – 9,999
- ☐ 10,000 – 49,999
- ☐ 50,000 – 249,999
- ☐ 250,000 – 999,999
- ☐ 1,000,000 – 4,999,999
- ☐ ≥ 5,000,000

Monitoring Mode*: ☒Routine Monitoring ☐Reduced Monitoring

Monitoring Frequency*: ☒Quarterly ☐Annually

Total Number Of Distribution System Monitoring Locations*: 6

Contact Person: James C. Howard Jr.

Phone Number: 352-754-4490

E-Mail Address (optional):jhoward@co.hernando.fl.us

Fax Number (optional): 352-754-4167

Dept. Of Environmental Protection
SEP 14 2012
Southwest District

* See 40 CFR 141.621 and 141.623 for more details.

QUARTERLY MONITORING PERIOD: July – September - 2012

PWS ID Number: 6277059

TTHM COMPLIANCE SUMMARY FOR SYSTEMS MONITORING QUARTERLY

Monitoring Location*	This Quarter				Previous Quarter	2 Quarters Ago	3 Quarters Ago	TTHM LRAA** (µg/L)	TTHM OE Value*** (µg/L)
	No. of TTHM Samples Taken	Date Each TTHM Sample Taken (mo/da/yr)	TTHM Sample Result (µg/L)	TTHM Locational Quarterly Average (µg/L) A	TTHM Locational Quarterly Average (µg/L) B	TTHM Locational Quarterly Average (µg/L) C	TTHM Locational Quarterly Average (µg/L) D	(A+B+C+D)/4	(2A+B+C)/4
3461 Pandora Dr	2	8/14/12	7.7	7.7	8.6				
1311 Kenlake Ave	2	8/14/12	14.2	14.2	6.6				
40 Gillian Dr	2	8/14/12	9.1	9.1	4.2				
11509 Stoneville Ct	2	8/14/12	5.7	5.7	3.3				
5072 Arbormarsh Cir.	2	8/14/12	9.2	9.2	4.8				
15263 Merle Ct.	2	8/14/12	8.7	8.7	0.5				

Does the TTHM LRAA at any monitoring location violate the TTHM MCL of 80 µg/L? (YES/NO)	NO
Does the TTHM OE value at any monitoring location exceed 80 µg/L? (YES/NO)****	NO
If you are on reduced quarterly monitoring, does the TTHM LRAA exceed 40 µg/L at any monitoring location? (YES/NO/NA)*****	N/A

* Location names or numbers should correspond to those in your Stage 2 D/DBPR compliance monitoring plan required under 40 CFR 141.622.

** Calculate and enter the LRAA beginning at the end of the fourth quarter of Stage 2 monitoring and at the end of each subsequent quarter. Also, if the LRAA calculated based on fewer than four quarters of data would cause the MCL to be exceeded regardless of the monitoring results of subsequent quarters, calculate and enter the LRAA (using zero for the results of subsequent quarters).

*** Calculate the OE value beginning at the end of the third quarter of Stage 2 monitoring and at the end of each subsequent quarter. Enter the OE value if it exceeds 80 µg/L.

**** If any TTHM OE value at any location exceeds 80 µg/L, conduct an OE and submit an OE report in accordance with 40 CFR 141.626.

***** If any TTHM LRAA at any location exceeds 40 µg/L, resume routine quarterly monitoring under 40 CFR 141.621.

QUARTERLY MONITORING PERIOD: July – September - 2012 PWS ID Number: 6277059

HAA5 COMPLIANCE SUMMARY FOR SYSTEMS MONITORING QUARTERLY

Monitoring Location*	This Quarter				Previous Quarter	2 Quarters Ago	3 Quarters Ago	HAA5 LRAA** (µg/L)	HAA5 OE Value*** (µg/L)
	No. of HAA5 Samples Taken	Date Each HAA5 Sample Taken (mo/da/yr)	HAA5 Sample Result (µg/L)	HAA5 Locational Quarterly Average (µg/L) A	HAA5 Locational Quarterly Average (µg/L) B	HAA5 Locational Quarterly Average (µg/L) C	HAA5 Locational Quarterly Average (µg/L) D	(A+B+C+D)/4	(2A+B+C)/4
3461 Pandora Dr	3	8/14/12	2.51	2.51	2.58				
1311 Kenlake Ave	3	8/14/12	4.71	4.71	2.28				
40 Gillian Dr	3	8/14/12	2.71	2.71	1.16				
11509 Stoneville Ct	3	8/14/12	2.5	2.5	1.03				
5072 Arbormarsh Cir.	3	8/14/12	2.93	2.93	0.62				
15263 Merle Ct.	3	8/14/12	3.05	3.05	N/D				

Does the HAA5 LRAA at any monitoring location violate the HAA5 MCL of 60 µg/L? (YES/NO)	NO
Does the HAA5 OE value at any monitoring location exceed 60 µg/L? (YES/NO)****	NO
If you are on reduced quarterly monitoring, does the HAA5 LRAA exceed 30 µg/L at any monitoring location? (YES/NO/NA)*****	N/A

* Location names or numbers should correspond to those in your Stage 2 D/DBPR compliance monitoring plan required under 40 CFR 141.622.

** Calculate and enter the LRAA beginning at the end of the fourth quarter of Stage 2 monitoring and at the end of each subsequent quarter. Also, if the LRAA calculated based on fewer than four quarters of data would cause the MCL to be exceeded regardless of the monitoring results of subsequent quarters, calculate and enter the LRAA (using zero for the results of subsequent quarters).

*** Calculate the OE value beginning at the end of the third quarter of Stage 2 monitoring and at the end of each subsequent quarter. Enter the OE value if it exceeds 60 µg/L.

**** If any HAA5 OE value at any location exceeds 60 µg/L, you must conduct an OE and submit an OE report in accordance with 40 CFR 141.626.

***** If any HAA5 LRAA at any location exceeds 30 µg/L, you must resume routine quarterly monitoring under 40 CFR 141.621.

SOUTHERN ANALYTICAL LABORATORIES, INC.
110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 813-855-1844 FAX 813-855-2218

Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format

Hernando County Utilities Water Department
Stage II DBP Analyses

PUBLIC WATER SYSTEM INFORMATION (to be completed by sampler - please type or print legibly)

System Name: Hernando Co. Utilities - West PWS I.D. #: 6 2 7 7 0 5 9

System Type (check one): [X] Community [ ] Nontransient Noncommunity [ ] Transient Noncommunity

Address: 15400 Wiscon Road

City: Brooksville Zip Code: 34601

Phone: (352) 754-4490 Fax: (352) 754-4167 E-Mail Address: jhoward@co.hernando.fl.us

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: 1209163-01 Sample Date: 8/14/12 Sample Time: 8:34 am [AM] PM (Circle One)

Sample Location (be specific): 3461 Pandora Dr. Location Code:

Disinfection Residual (Required when reporting results for trihalomethanes and haloacetic acids): 1.5 mg/L Field pH:

Sample Type (Check Only One)
- [ ] Distribution
- [ ] Entry Point (to Distribution)
- [ ] Plant Tap (not for compliance with 62-550)
- [ ] Raw (at well or intake)
- [x] Max. Residence Time
- [ ] Ave. Residence Time
- [ ] Near First Customer

Reason (s) for Sample (Check all that apply)
- [x] Routine Compliance with 62-550
- [ ] Confirmation of MCL Exceedance*
- [ ] Composite of Multiple Sites **
- [ ] Other:
- [ ] Replacement (of Invalidated Sample)
- [ ] Special (not for compliance with 62-550)
- [ ] Clearance (permitting)

Sampling Procedure Used or Other Comments:

* See 62-550.500(6) for requirements and restrictions. And 62-550.5.12(3) for nitrate or nitrite exceedances.

** See 62-550.500(4) for requirements and attach a results page for each site

SAMPLER CERTIFICATION

I, Karen Lewis (Print Name), Operator (Print Title) do HEREBY CERTIFY that the above public water system and sample collection information is complete and correct.

Signature: Karen Lewis Date: 09/04/12

Certified Operator #: 14144 Phone #: (352) 754-4490 Sampler's Fax #: (352) 754-4167

Sampler's E-Mail:

Reporting Format 62-550-730
Effective January 1995. Revised February 2010

SOUTHERN ANALYTICAL LABORATORIES, INC.
110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 813-855-1844 FAX 813-855-2218

Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format

Hernando County Utilities Water Department
Stage II DBP Analyses

LABORATORY CERTIFICATION INFORMATION (to be completed by lab - please type or print legibly)

Lab Name: Southern Analytical Laboratories, Inc. Florida DOH Certification #: E84129 Certification Expiration Date: 06/30/2013

ATTACH CURRENT DOH ANALYTE SHEET*

Address: 110 Bayview Blvd Oldsmar,FL 34677 Phone: (813) 855-1844

Were any analyses subcontracted? ☐ Yes ☒ No If yes, please provide DOH certification number(s):

ATTACH CURRENT DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB*

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 08/15/2012

PWS ID (From Page 1): 6277059 Sample Number (From Page 1): 1209163-01 Lab Assigned Report # or Job ID: 1209163-01

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 for Asbestos	☐ All 30	☐ All 21	☒ Trihalomethanes	☐ Single Sample	☐ All 14
☐ Partial	☐ All Except Dioxin	☐ Partial	☒ Haloacetic Acids	☐ Qtrly Composite	☐ Partial
☐ Nitrate	☐ Partial		☐ Chlorite		
☐ Nitrite	☐ Dioxin Only		☐ Bromate		
☐ Asbestos					

LAB CERTIFICATION

I, Francis I. Daniels (Print Name), Laboratory Director (Print Title) do HEREBY CERTIFY

that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).

Signature: Date: 08/30/2012

* Failure to provide a valid and current Florida DOH lab certification number and a current Analyte Sheet for the attached analysis results will result in rejection of the report, possible enforcement against the public water system for failure to sample, and may result in notification of the DOH Bureau of Laboratory Services.

** Please provide radiological sample dates & locations for each quarter.

CONFIRMATION & NOTIFICATION IS REQUIRED WITHIN 24 HOURS FOR NITRATE AND NITRITE MCL EXCEEDANCES

NON-DETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" QUALIFIER (Non-detects reported as "BDL" or with a "<" are not acceptable.)

COMPLIANCE DETERMINATION (to be completed by DEP or DOH - attach notes as necessary)

Sample Collection & Analysis Satisfactory: ☐ Yes ☐ No Replacement Sample or Report Requested (circle or highlight group(s) above)

Person Notified: Date Notified: DEP/DOH Reviewing Official:

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Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format

DISINFECTION BYPRODUCTS
62-550.310(3)

Report Number / Job ID: 1209163-01
Disinfectant Residual (mg/L) (From Page 1): 1.5
PWS ID (From Page 1): 6277059

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Reg MRL**	Analysis Date	Analysis Time	DOH Lab Certification #
2450	Monochloroacetic Acid	N/A	ug/L	0.75	U	EPA 552.2	0.75	2.0	8/24/12	11:22	E84129
2451	Dichloroacetic Acid	N/A	ug/L	1.2		EPA 552.2	0.68	1.0	8/24/12	11:22	E84129
2452	Trichloroacetic Acid	N/A	ug/L	0.77	I	EPA 552.2	0.34	1.0	8/24/12	11:22	E84129
2453	Monobromoacetic Acid	N/A	ug/L	0.33	U	EPA 552.2	0.33	1.0	8/24/12	11:22	E84129
2454	Dibromoacetic Acid	N/A	ug/L	0.54	I	EPA 552.2	0.26	1.0	8/24/12	11:22	E84129
2456	Total Haloacetic Acids (HAA5)	60	ug/L	2.51		EPA 552.2	0.26	—	8/24/12	11:22	E84129
Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Reg MRL**	Analysis Date	Analysis Time	DOH Lab Certification #
2941	Chloroform	N/A	ug/L	2.1		EPA 524.2	0.2	1.0	8/17/12	3:55	E84129
2942	Bromoform	N/A	ug/L	1.0		EPA 524.2	0.2	1.0	8/17/12	3:55	E84129
2943	Bromodichloromethane	N/A	ug/L	2.5		EPA 524.2	0.2	1.0	8/17/12	3:55	E84129
2944	Dibromochloromethane	N/A	ug/L	2.1		EPA 524.2	0.1	1.0	8/17/12	3:55	E84129
2950	Total Trihalomethanes (TTHM)	80	ug/L	7.7		EPA 524.2	0.1	—	8/17/12	3:55	E84129

** Laboratories are required to adhere to minimum reporting level (MRL) requirements of 40 CFR 141.131(b)(2)(iv). Chlorite regulatory MRL is applicable to monitoring as prescribed in 40 CFR 141.132(b)(2)(i)(B) and (b)(2)(ii). Laboratories that use EPA Methods 317.0 Revision 2.0, 326.0 or 321.8 must meet a 1.0 ug/L MRL for bromate.

*Qualifiers:

U=Analyte was undetected. Indicated concentration is method detection limit.
I=The reported value is between the laboratory method detection limit and the laboratory practical quantitation limit.

ENTERED
OCT 09 2012
DIANE MUSSANO

SOUTHERN ANALYTICAL LABORATORIES, INC.
110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 813-855-1844 FAX 813-855-2218

Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format

Hernando County Utilities Water Department
Stage II DBP Analyses

PUBLIC WATER SYSTEM INFORMATION (to be completed by sampler - please type or print legibly)

System Name: Hernando Co. Utilities - West PWS I.D. #: 6 2 7 7 0 5 9

System Type (check one): [X] Community [ ] Nontransient Noncommunity [ ] Transient Noncommunity

Address: 15400 Wiscon Road

City: Brooksville Zip Code: 34601

Phone: (352) 754-4490 Fax: (352) 754-4167 E-Mail Address: jhoward@co.hernando.fl.us

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: 1209163-02 Sample Date: 8/14/12 Sample Time: 9:30 am [AM] PM (Circle One)

Sample Location (be specific): 1311 Kenlake Ave. Location Code:

Disinfection Residual (Required when reporting results for trihalomethanes and haloacetic acids): 0.9 mg/L Field pH:

Sample Type (Check Only One)
- [ ] Distribution
- [ ] Entry Point (to Distribution)
- [ ] Plant Tap (not for compliance with 62-550)
- [ ] Raw (at well or intake)
- [x] Max. Residence Time
- [ ] Ave. Residence Time
- [ ] Near First Customer

Reason (s) for Sample (Check all that apply)
- [x] Routine Compliance with 62-550
- [ ] Confirmation of MCL Exceedance*
- [ ] Composite of Multiple Sites **
- [ ] Other:
- [ ] Replacement (of Invalidated Sample)
- [ ] Special (not for compliance with 62-550)
- [ ] Clearance (permitting)

Sampling Procedure Used or Other Comments:

* See 62-550.500(6) for requirements and restrictions. And 62-550.5.12(3) for nitrate or nitrite exceedances.

** See 62-550.500(4) for requirements and attach a results page for each site

SAMPLER CERTIFICATION

I, Karen Lewis (Print Name), Operator (Print Title) do HEREBY CERTIFY that the above public water system and sample collection information is complete and correct.

Signature: Karen Lewis Date: 09/04/12

Certified Operator #: 14144 Phone #: (352) 754-4490 Sampler's Fax #: (352) 754-4167

Sampler's E-Mail:

Reporting Format 62-550-730
Effective January 1995. Revised February 2010

SOUTHERN ANALYTICAL LABORATORIES, INC.
110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 813-855-1844 FAX 813-855-2218

Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format

Hernando County Utilities Water Department
Stage II DBP Analyses

LABORATORY CERTIFICATION INFORMATION (to be completed by lab - please type or print legibly)

Lab Name: Southern Analytical Laboratories, Inc. Florida DOH Certification #: E84129 Certification Expiration Date: 06/30/2013

ATTACH CURRENT DOH ANALYTE SHEET*

Address: 110 Bayview Blvd Oldsmar,FL 34677 Phone: (813) 855-1844

Were any analyses subcontracted? ☐ Yes ☒ No If yes, please provide DOH certification number(s):

ATTACH CURRENT DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB*

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 08/15/2012

PWS ID (From Page 1): 6277059 Sample Number (From Page 1): 1209163-02 Lab Assigned Report # or Job ID: 1209163-02

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 for Asbestos	☐ All 30	☐ All 21	☒ Trihalomethanes	☐ Single Sample	☐ All 14
☐ Partial	☐ All Except Dioxin	☐ Partial	☒ Haloacetic Acids	☐ Qtrly Composite	☐ Partial
☐ Nitrate	☐ Partial		☐ Chlorite		
☐ Nitrite	☐ Dioxin Only		☐ Bromate		
☐ Asbestos					

LAB CERTIFICATION

I, Francis I. Daniels (Print Name), Laboratory Director (Print Title) do HEREBY CERTIFY that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).

Signature: Date: 08/30/2012

* Failure to provide a valid and current Florida DOH lab certification number and a current Analyte Sheet for the attached analysis results will result in rejection of the report, possible enforcement against the public water system for failure to sample, and may result in notification of the DOH Bureau of Laboratory Services.

** Please provide radiological sample dates & locations for each quarter.

CONFIRMATION & NOTIFICATION IS REQUIRED WITHIN 24 HOURS FOR NITRATE AND NITRITE MCL EXCEEDANCES

NON-DETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" QUALIFIER (Non-detects reported as "BDL" or with a "<" are not acceptable.)

COMPLIANCE DETERMINATION (to be completed by DEP or DOH - attach notes as necessary)

Sample Collection & Analysis Satisfactory: ☐ Yes ☐ No Replacement Sample or Report Requested (circle or highlight group(s) above)

Person Notified: Date Notified: DEP/DOH Reviewing Official: Ramandeep Kaur

Reporting Format 62-550-730
Effective January 1995. Revised February 2010

SOUTHERN ANALYTICAL LABORATORIES, INC.
110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 813-855-1844 FAX 813-855-2218

Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format

DISINFECTION BYPRODUCTS
62-550.310(3)

Report Number / Job ID: 1209163-02
Disinfectant Residual (mg/L) (From Page 1): 0.9
PWS ID (From Page 1): 6277059

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Reg MRL**	Analysis Date	Analysis Time	DOH Lab Certification #
2450	Monochloroacetic Acid	N/A	ug/L	0.77	U	EPA 552.2	0.77	2.0	8/24/12	11:56	E84129
2451	Dichloroacetic Acid	N/A	ug/L	2.2		EPA 552.2	0.69	1.0	8/24/12	11:56	E84129
2452	Trichloroacetic Acid	N/A	ug/L	1.7		EPA 552.2	0.35	1.0	8/24/12	11:56	E84129
2453	Monobromoacetic Acid	N/A	ug/L	0.34	U	EPA 552.2	0.34	1.0	8/24/12	11:56	E84129
2454	Dibromoacetic Acid	N/A	ug/L	0.81	I	EPA 552.2	0.27	1.0	8/24/12	11:56	E84129
2456	Total Haloacetic Acids (HAA5)	60	ug/L	4.71		EPA 552.2	0.27	—	8/24/12	11:56	E84129

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Reg MRL**	Analysis Date	Analysis Time	DOH Lab Certification #
2941	Chloroform	N/A	ug/L	5.1		EPA 524.2	0.2	1.0	8/17/12	4:28	E84129
2942	Bromoform	N/A	ug/L	1.0		EPA 524.2	0.2	1.0	8/17/12	4:28	E84129
2943	Bromodichloromethane	N/A	ug/L	4.7		EPA 524.2	0.2	1.0	8/17/12	4:28	E84129
2944	Dibromochloromethane	N/A	ug/L	3.4		EPA 524.2	0.1	1.0	8/17/12	4:28	E84129
2950	Total Trihalomethanes (TTHM)	80	ug/L	14.2		EPA 524.2	0.1	—	8/17/12	4:28	E84129

** Laboratories are required to adhere to minimum reporting level (MRL) requirements of 40 CFR 141.131(b)(2)(iv). Chlorite regulatory MRL is applicable to monitoring as prescribed in 40 CFR 141.132(b)(2)(i)(B) and (b)(2)(ii). Laboratories that use EPA Methods 317.0 Revision 2.0, 326.0 or 321.8 must meet a 1.0 ug/L MRL for bromate.

*Qualifiers:

U=Analyte was undetected. Indicated concentration is method detection limit.
I=The reported value is between the laboratory method detection limit and the laboratory practical quantitation limit.

ENTERED
OCT 09 2012
DIANE MUSSANO

SOUTHERN ANALYTICAL LABORATORIES, INC.
110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 813-855-1844 FAX 813-855-2218

Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format

Hernando County Utilities Water Department
Stage II DBP Analyses

PUBLIC WATER SYSTEM INFORMATION (to be completed by sampler - please type or print legibly)

System Name: Hernando Co. Utilities - West PWS I.D. #: 6 2 7 7 0 5 9

System Type (check one): [X] Community [ ] Nontransient Noncommunity [ ] Transient Noncommunity

Address: 15400 Wiscon Road

City: Brooksville Zip Code: 34601

Phone: (352) 754-4490 Fax: (352) 754-4167 E-Mail Address: jhoward@co.hernando.fl.us

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: 1209163-03 Sample Date: 8/14/12 Sample Time: 10:10 am [AM] PM (Circle One)

Sample Location (be specific): 40 Gillian Dr. Location Code:

Disinfection Residual (Required when reporting results for trihalomethanes and haloacetic acids): 1.2 mg/L Field pH:

Sample Type (Check Only One)

- [ ] Distribution
- [ ] Entry Point (to Distribution)
- [ ] Plant Tap (not for compliance with 62-550)
- [ ] Raw (at well or intake)
- [x] Max. Residence Time
- [ ] Ave. Residence Time
- [ ] Near First Customer

Reason (s) for Sample (Check all that apply)

- [x] Routine Compliance with 62-550
- [ ] Confirmation of MCL Exceedance*
- [ ] Composite of Multiple Sites **
- [ ] Other:

- [ ] Replacement (of Invalidated Sample)
- [ ] Special (not for compliance with 62-550)
- [ ] Clearance (permitting)

Sampling Procedure Used or Other Comments:

* See 62-550.500(6) for requirements and restrictions. And 62-550.5.12(3) for nitrate or nitrite exceedances.

** See 62-550.500(4) for requirements and attach a results page for each site

SAMPLER CERTIFICATION

I, Karen Lewis (Print Name), Operator (Print Title) do HEREBY CERTIFY that the above public water system and sample collection information is complete and correct.

Signature: Karen Lewis Date: 09/04/12

Certified Operator #: 14144 Phone #: (352) 754-4490 Sampler's Fax #: (352) 754-4167

Sampler's E-Mail:

Reporting Format 62-550-730
Effective January 1995. Revised February 2010

SOUTHERN ANALYTICAL LABORATORIES, INC.
110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 813-855-1844 FAX 813-855-2218

Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format

Hernando County Utilities Water Department
Stage II DBP Analyses

LABORATORY CERTIFICATION INFORMATION (to be completed by lab - please type or print legibly)

Lab Name: Southern Analytical Laboratories, Inc. Florida DOH Certification #: E84129 Certification Expiration Date: 06/30/2013

ATTACH CURRENT DOH ANALYTE SHEET*

Address: 110 Bayview Blvd Oldsmar,FL 34677 Phone: (813) 855-1844

Were any analyses subcontracted? ☐ Yes ☒ No If yes, please provide DOH certification number(s):

ATTACH CURRENT DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB*

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 08/15/2012

PWS ID (From Page 1): 6277059 Sample Number (From Page 1): 1209163-03 Lab Assigned Report # or Job ID: 1209163-03

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 for Asbestos	☐ All 30	☐ All 21	☒ Trihalomethanes	☐ Single Sample	☐ All 14
☐ Partial	☐ All Except Dioxin	☐ Partial	☒ Haloacetic Acids	☐ Qtrly Composite	☐ Partial
☐ Nitrate	☐ Partial		☐ Chlorite		
☐ Nitrite	☐ Dioxin Only		☐ Bromate		
☐ Asbestos					

LAB CERTIFICATION

I, Francis I. Daniels (Print Name), Laboratory Director (Print Title) do HEREBY CERTIFY

that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).

Signature: Date: 08/30/2012

* Failure to provide a valid and current Florida DOH lab certification number and a current Analyte Sheet for the attached analysis results will result in rejection of the report, possible enforcement against the public water system for failure to sample, and may result in notification of the DOH Bureau of Laboratory Services.

** Please provide radiological sample dates & locations for each quarter.

CONFIRMATION & NOTIFICATION IS REQUIRED WITHIN 24 HOURS FOR NITRATE AND NITRITE MCL EXCEEDANCES

NON-DETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" QUALIFIER (Non-detects reported as "BDL" or with a "<" are not acceptable.)

COMPLIANCE DETERMINATION (to be completed by DEP or DOH - attach notes as necessary)

Sample Collection & Analysis Satisfactory: ☐ Yes ☐ No Replacement Sample or Report Requested (circle or highlight group(s) above)

Person Notified: Date Notified: DEP/DOH Reviewing Official:

Reporting Format 62-550-730
Effective January 1995, Revised February 2010

SOUTHERN ANALYTICAL LABORATORIES, INC.
110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 813-855-1844 FAX 813-855-2218

Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format

DISINFECTION BYPRODUCTS
62-550.310(3)

Report Number / Job ID: 1209163-03
Disinfectant Residual (mg/L) (From Page 1): 1.2
PWS ID (From Page 1): 6277059

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Reg MRL**	Analysis Date	Analysis Time	DOH Lab Certification #
2450	Monochloroacetic Acid	N/A	ug/L	0.77	U	EPA 552.2	0.77	2.0	8/24/12	12:18	E84129
2451	Dichloroacetic Acid	N/A	ug/L	1.3		EPA 552.2	0.69	1.0	8/24/12	12:18	E84129
2452	Trichloroacetic Acid	N/A	ug/L	0.73	I	EPA 552.2	0.35	1.0	8/24/12	12:18	E84129
2453	Monobromoacetic Acid	N/A	ug/L	0.34	U	EPA 552.2	0.34	1.0	8/24/12	12:18	E84129
2454	Dibromoacetic Acid	N/A	ug/L	0.68	I	EPA 552.2	0.27	1.0	8/24/12	12:18	E84129
2456	Total Haloacetic Acids (HAA5)	60	ug/L	2.71		EPA 552.2	0.27	—	8/24/12	12:18	E84129
Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Reg MRL**	Analysis Date	Analysis Time	DOH Lab Certification #
2941	Chloroform	N/A	ug/L	1.9		EPA 524.2	0.2	1.0	8/17/12	5:00	E84129
2942	Bromoform	N/A	ug/L	1.3		EPA 524.2	0.2	1.0	8/17/12	5:00	E84129
2943	Bromodichloromethane	N/A	ug/L	2.9		EPA 524.2	0.2	1.0	8/17/12	5:00	E84129
2944	Dibromochloromethane	N/A	ug/L	3.0		EPA 524.2	0.1	1.0	8/17/12	5:00	E84129
2950	Total Trihalomethanes (TTHM)	80	ug/L	9.1		EPA 524.2	0.1	—	8/17/12	5:00	E84129

** Laboratories are required to adhere to minimum reporting level (MRL) requirements of 40 CFR 141.131(b)(2)(iv).
Chlorite regulatory MRL is applicable to monitoring as prescribed in 40 CFR 141.132(b)(2)(i)(B) and (b)(2)(ii).
Laboratories that use EPA Methods 317.0 Revision 2.0, 326.0 or 321.8 must meet a 1.0 ug/L MRL for bromate.

*Qualifiers:

U=Analyte was undetected. Indicated concentration is method detection limit.
I=The reported value is between the laboratory method detection limit and the laboratory practical quantitation limit.

ENTERED
OCT 09 2012
DIANE MUSSANO

SOUTHERN ANALYTICAL LABORATORIES, INC.
110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 813-855-1844 FAX 813-855-2218

Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format

Hernando County Utilities Water Department
Stage II DBP Analyses

PUBLIC WATER SYSTEM INFORMATION (to be completed by sampler - please type or print legibly)

System Name: Hernando Co. Utilities - West PWS I.D. #: 6 2 7 7 0 5 9

System Type (check one): [X] Community [ ] Nontransient Noncommunity [ ] Transient Noncommunity

Address: 15400 Wiscon Road

City: Brooksville Zip Code: 34601

Phone: (352) 754-4490 Fax: (352) 754-4167 E-Mail Address: jhoward@co.hernando.fl.us

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: 1209163-04 Sample Date: 8/14/12 Sample Time: 9:55 am [AM] PM (Circle One)

Sample Location (be specific): 11509 Stoneville Ct. Location Code:

Disinfection Residual (Required when reporting results for trihalomethanes and haloacetic acids): 1.4 mg/L Field pH:

Sample Type (Check Only One)

- [ ] Distribution
- [ ] Entry Point (to Distribution)
- [ ] Plant Tap (not for compliance with 62-550)
- [ ] Raw (at well or intake)
- [x] Max. Residence Time
- [ ] Ave. Residence Time
- [ ] Near First Customer

Reason (s) for Sample (Check all that apply)

- [x] Routine Compliance with 62-550
- [ ] Confirmation of MCL Exceedance*
- [ ] Composite of Multiple Sites **
- [ ] Other:

- [ ] Replacement (of Invalidated Sample)
- [ ] Special (not for compliance with 62-550)
- [ ] Clearance (permitting)

Sampling Procedure Used or Other Comments:

* See 62-550.500(6) for requirements and restrictions. And 62-550.5.12(3) for nitrate or nitrite exceedances.

** See 62-550.500(4) for requirements and attach a results page for each site

SAMPLER CERTIFICATION

I, Karen Lewis (Print Name), Operator (Print Title) do HEREBY CERTIFY that the above public water system and sample collection information is complete and correct.

Signature: Karen Lewis Date: 09/04/12

Certified Operator #: 14144 Phone #: (352) 754-4490 Sampler's Fax #: (352) 754-4167

Sampler's E-Mail:

Reporting Format 62-550-730
Effective January 1995. Revised February 2010

SOUTHERN ANALYTICAL LABORATORIES, INC.
110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 813-855-1844 FAX 813-855-2218

Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format

Hernando County Utilities Water Department
Stage II DBP Analyses

LABORATORY CERTIFICATION INFORMATION (to be completed by lab - please type or print legibly)

Lab Name: Southern Analytical Laboratories, Inc. Florida DOH Certification #: E84129 Certification Expiration Date: 06/30/2013

ATTACH CURRENT DOH ANALYTE SHEET*

Address: 110 Bayview Blvd Oldsmar,FL 34677 Phone: (813) 855-1844

Were any analyses subcontracted? ☐ Yes ☒ No If yes, please provide DOH certification number(s):

ATTACH CURRENT DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB*

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 08/15/2012

PWS ID (From Page 1): 6277059 Sample Number (From Page 1): 1209163-04 Lab Assigned Report # or Job ID: 1209163-04

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 for Asbestos	☐ All 30	☐ All 21	☒ Trihalomethanes	☐ Single Sample	☐ All 14
☐ Partial	☐ All Except Dioxin	☐ Partial	☒ Haloacetic Acids	☐ Qtrly Composite	☐ Partial
☐ Nitrate	☐ Partial		☐ Chlorite		
☐ Nitrite	☐ Dioxin Only		☐ Bromate		
☐ Asbestos					

LAB CERTIFICATION

I, Francis I. Daniels (Print Name), Laboratory Director (Print Title) do HEREBY CERTIFY

that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Acceditation Conference (NELAC).

Signature: Date: 08/30/2012

* Failure to provide a valid and current Florida DOH lab certification number and a current Analyte Sheet for the attached analysis results will result in rejection of the report, possible enforcement against the public water system for failure to sample, and may result in notification of the DOH Bureau of Laboratory Services.

** Please provide radiological sample dates & locations for each quarter.

CONFIRMATION & NOTIFICATION IS REQUIRED WITHIN 24 HOURS FOR NITRATE AND NITRITE MCL EXCEEDANCES

NON-DETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" QUALIFIER (Non-detects reported as "BDL" or with a "<" are not acceptable.)

COMPLIANCE DETERMINATION (to be completed by DEP or DOH - attach notes as necessary)

Sample Collection & Analysis Satisfactory: ☐ Yes ☐ No Replacement Sample or Report Requested (circle or highlight group(s) above)

Person Notified: Date Notified: DEP/DOH Reviewing Official: Ramanda P Kaur

Reporting Format 62-550-730
Effective January 1995. Revised February 2010

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Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format

DISINFECTION BYPRODUCTS
62-550.310(3)

Report Number / Job ID: 1209163-04
Disinfectant Residual (mg/L) (From Page 1): 1.4
PWS ID (From Page 1): 6277059

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Reg MRL**	Analysis Date	Analysis Time	DOH Lab Certification #
2450	Monochloroacetic Acid	N/A	ug/L	0.76	U	EPA 552.2	0.76	2.0	8/24/12	12:41	E84129
2451	Dichloroacetic Acid	N/A	ug/L	1.2		EPA 552.2	0.68	1.0	8/24/12	12:41	E84129
2452	Trichloroacetic Acid	N/A	ug/L	0.76	I	EPA 552.2	0.34	1.0	8/24/12	12:41	E84129
2453	Monobromoacetic Acid	N/A	ug/L	0.33	U	EPA 552.2	0.33	1.0	8/24/12	12:41	E84129
2454	Dibromoacetic Acid	N/A	ug/L	0.54	I	EPA 552.2	0.26	1.0	8/24/12	12:41	E84129
2456	Total Haloacetic Acids (HAA5)	60	ug/L	2.50		EPA 552.2	0.26	—	8/24/12	12:41	E84129
Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Reg MRL**	Analysis Date	Analysis Time	DOH Lab Certification #
2941	Chloroform	N/A	ug/L	1.1		EPA 524.2	0.2	1.0	8/17/12	5:33	E84129
2942	Bromoform	N/A	ug/L	1.0		EPA 524.2	0.2	1.0	8/17/12	5:33	E84129
2943	Bromodichloromethane	N/A	ug/L	1.8		EPA 524.2	0.2	1.0	8/17/12	5:33	E84129
2944	Dibromochloromethane	N/A	ug/L	1.8		EPA 524.2	0.1	1.0	8/17/12	5:33	E84129
2950	Total Trihalomethanes (TTHM)	80	ug/L	5.7		EPA 524.2	0.1	—	8/17/12	5:33	E84129

** Laboratories are required to adhere to minimum reporting level (MRL) requirements of 40 CFR 141.131(b)(2)(iv). Chlorite regulatory MRL is applicable to monitoring as prescribed in 40 CFR 141.132(b)(2)(i)(B) and (b)(2)(ii). Laboratories that use EPA Methods 317.0 Revision 2.0, 326.0 or 321.8 must meet a 1.0 ug/L MRL for bromate.

*Qualifiers:

U=Analyte was undetected. Indicated concentration is method detection limit.
I=The reported value is between the laboratory method detection limit and the laboratory practical quantitation limit.

ENTERED
OCT 09 2012
DIANE MUSSANO

SOUTHERN ANALYTICAL LABORATORIES, INC.
110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 :813-855-1844 FAX 813-855-2218

Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format

Hernando County Utilities Water Department
Stage II DBP Analyses

PUBLIC WATER SYSTEM INFORMATION (to be completed by sampler - please type or print legibly)

System Name: Hernando Co. Utilities - West PWS I.D. #: 6 2 7 7 0 5 9

System Type (check one): [X] Community [ ] Nontransient Noncommunity [ ] Transient Noncommunity

Address: 15400 Wiscon Road

City: Brooksville Zip Code: 34601

Phone: (352) 754-4490 Fax: (352) 754-4167 E-Mail Address: jhoward@co.hernando.fl.us

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: 1209163-05 Sample Date: 8/14/12 Sample Time: 10:45 am [AM] PM (Circle One)

Sample Location (be specific): 5072 Arbormarsh Cir. Location Code:

Disinfection Residual (Required when reporting results for trihalomethanes and haloacetic acids): 1.0 mg/L Field pH:

Sample Type (Check Only One)

- [ ] Distribution
- [ ] Entry Point (to Distribution)
- [ ] Plant Tap (not for compliance with 62-550)
- [ ] Raw (at well or intake)
- [x] Max. Residence Time
- [ ] Ave. Residence Time
- [ ] Near First Customer

Reason (s) for Sample (Check all that apply)

- [x] Routine Compliance with 62-550
- [ ] Confirmation of MCL Exceedance*
- [ ] Composite of Multiple Sites **
- [ ] Other:

Sampling Procedure Used or Other Comments:

- [ ] Replacement (of Invalidated Sample)
- [ ] Special (not for compliance with 62-550)
- [ ] Clearance (permitting)

* See 62-550.500(6) for requirements and restrictions. And 62-550.5.12(3) for nitrate or nitrite exceedances.

** See 62-550.500(4) for requirements and attach a results page for each site

SAMPLER CERTIFICATION

I, Karen Lewis (Print Name), Operator (Print Title) do HEREBY CERTIFY that the above public water system and sample collection information is complete and correct.

Signature: Karen Lewis Date: 09/04/12

Certified Operator #: 14144 Phone #: (352) 754-4490 Sampler's Fax #: (352) 754-4167

Sampler's E-Mail:

Reporting Format 62-550-730
Effective January 1995. Revised February 2010

SOUTHERN ANALYTICAL LABORATORIES, INC.
110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 813-855-1844 FAX 813-855-2218

Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format

Hernando County Utilities Water Department
Stage II DBP Analyses

LABORATORY CERTIFICATION INFORMATION (to be completed by lab - please type or print legibly)

Lab Name: Southern Analytical Laboratories, Inc. Florida DOH Certification #: E84129 Certification Expiration Date: 06/30/2013

ATTACH CURRENT DOH ANALYTE SHEET*

Address: 110 Bayview Blvd Oldsmar,FL 34677 Phone: (813) 855-1844

Were any analyses subcontracted? ☐ Yes ☒ No If yes, please provide DOH certification number(s):

ATTACH CURRENT DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB*

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 08/15/2012

PWS ID (From Page 1): 6277059 Sample Number (From Page 1): 1209163-05 Lab Assigned Report # or Job ID: 1209163-05

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 for Asbestos	☐ All 30	☐ All 21	☒ Trihalomethanes	☐ Single Sample	☐ All 14
☐ Partial	☐ All Except Dioxin	☐ Partial	☒ Haloacetic Acids	☐ Qtrly Composite	☐ Partial
☐ Nitrate	☐ Partial		☐ Chlorite		
☐ Nitrite	☐ Dioxin Only		☐ Bromate		
☐ Asbestos					

LAB CERTIFICATION

I, Francis I. Daniels (Print Name), Laboratory Director (Print Title) do HEREBY CERTIFY

that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).

Signature: Date: 08/30/2012

* Failure to provide a valid and current Florida DOH lab certification number and a current Analyte Sheet for the attached analysis results will result in rejection of the report, possible enforcement against the public water system for failure to sample, and may result in notification of the DOH Bureau of Laboratory Services.

** Please provide radiological sample dates & locations for each quarter.

CONFIRMATION & NOTIFICATION IS REQUIRED WITHIN 24 HOURS FOR NITRATE AND NITRITE MCL EXCEEDANCES

NON-DETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" QUALIFIER (Non-detects reported as "BDL" or with a "<" are not acceptable.)

COMPLIANCE DETERMINATION (to be completed by DEP or DOH - attach notes as necessary)

Sample Collection & Analysis Satisfactory: ☐ Yes ☐ No Replacement Sample or Report Requested (circle or highlight group(s) above)

Person Notified: Date Notified: DEP/DOH Reviewing Official:

Reporting Format 62-550-730
Effective January 1995. Revised February 2010

SOUTHERN ANALYTICAL LABORATORIES, INC.
110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 813-855-1844 FAX 813-855-2218

Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format

DISINFECTION BYPRODUCTS
62-550.310(3)

Report Number / Job ID: 1209163-05
Disinfectant Residual (mg/L) (From Page 1): 1.0
PWS ID (From Page 1): 6277059

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Reg MRL**	Analysis Date	Analysis Time	DOH Lab Certification #
2450	Monochloroacetic Acid	N/A	ug/L	0.77	U	EPA 552.2	0.77	2.0	8/24/12	13:04	E84129
2451	Dichloroacetic Acid	N/A	ug/L	1.3		EPA 552.2	0.69	1.0	8/24/12	13:04	E84129
2452	Trichloroacetic Acid	N/A	ug/L	0.74	I	EPA 552.2	0.34	1.0	8/24/12	13:04	E84129
2453	Monobromoacetic Acid	N/A	ug/L	0.33	U	EPA 552.2	0.33	1.0	8/24/12	13:04	E84129
2454	Dibromoacetic Acid	N/A	ug/L	0.89	I	EPA 552.2	0.27	1.0	8/24/12	13:04	E84129
2456	Total Haloacetic Acids (HAA5)	60	ug/L	2.93		EPA 552.2	0.27	—	8/24/12	13:04	E84129
Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Reg MRL**	Analysis Date	Analysis Time	DOH Lab Certification #
2941	Chloroform	N/A	ug/L	2.4		EPA 524.2	0.2	1.0	8/17/12	6:06	E84129
2942	Bromoform	N/A	ug/L	1.3		EPA 524.2	0.2	1.0	8/17/12	6:06	E84129
2943	Bromodichloromethane	N/A	ug/L	2.8		EPA 524.2	0.2	1.0	8/17/12	6:06	E84129
2944	Dibromochloromethane	N/A	ug/L	2.7		EPA 524.2	0.1	1.0	8/17/12	6:06	E84129
2950	Total Trihalomethanes (TTHM)	80	ug/L	9.2		EPA 524.2	0.1	—	8/17/12	6:06	E84129

** Laboratories are required to adhere to minimum reporting level (MRL) requirements of 40 CFR 141.131(b)(2)(iv). Chlorite regulatory MRL is applicable to monitoring as prescribed in 40 CFR 141.132(b)(2)(i)(B) and (b)(2)(ii). Laboratories that use EPA Methods 317.0 Revision 2.0, 326.0 or 321.8 must meet a 1.0 ug/L MRL for bromate.

*Qualifiers:

U=Analyte was undetected. Indicated concentration is method detection limit.
I=The reported value is between the laboratory method detection limit and the laboratory practical quantitation limit.

ENTERED
OCT 09 2012
DIANE MUSSANO

SOUTHERN ANALYTICAL LABORATORIES, INC.
110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 813-855-1844 FAX 813-855-2218

Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format

Hernando County Utilities Water Department
Stage II DBP Analyses

PUBLIC WATER SYSTEM INFORMATION (to be completed by sampler - please type or print legibly)

System Name: Hernando Co. Utilities - West PWS I.D. #: 6 2 7 7 0 5 9

System Type (check one): [X] Community [ ] Nontransient Noncommunity [ ] Transient Noncommunity

Address: 15400 Wiscon Road

City: Brooksville Zip Code: 34601

Phone: (352) 754-4490 Fax: (352) 754-4167 E-Mail Address: jhoward@co.hernando.fl.us

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: 1209163-06 Sample Date: 8/14/12 Sample Time: 11:14 am [AM] PM (Circle One)

Sample Location (be specific): 15263 Merle Ct. Location Code:

Disinfection Residual (Required when reporting results for trihalomethanes and haloacetic acids): 1.3 mg/L Field pH:

Sample Type (Check Only One)

- [ ] Distribution
- [ ] Entry Point (to Distribution)
- [ ] Plant Tap (not for compliance with 62-550)
- [ ] Raw (at well or intake)
- [✓] Max. Residence Time
- [ ] Ave. Residence Time
- [ ] Near First Customer

Reason (s) for Sample (Check all that apply)

- [✓] Routine Compliance with 62-550
- [ ] Confirmation of MCL Exceedance*
- [ ] Composite of Multiple Sites **
- [ ] Other:

- [ ] Replacement (of Invalidated Sample)
- [ ] Special (not for compliance with 62-550)
- [ ] Clearance (permitting)

Sampling Procedure Used or Other Comments:

* See 62-550.500(6) for requirements and restrictions. And 62-550.5.12(3) for nitrate or nitrite exceedances.

** See 62-550.500(4) for requirements and attach a results page for each site

SAMPLER CERTIFICATION

I, Karen Lewis (Print Name), Operator (Print Title) do HEREBY CERTIFY that the above public water system and sample collection information is complete and correct.

Signature: Karen Lewis Date: 09/04/12

Certified Operator #: 14144 Phone #: (352) 754-4490 Sampler's Fax #: (352) 754-4167

Sampler's E-Mail:

Reporting Format 62-550-730
Effective January 1995. Revised February 2010

SOUTHERN ANALYTICAL LABORATORIES, INC.
110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 813-855-1844 FAX 813-855-2218

Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format

Hernando County Utilities Water Department
Stage II DBP Analyses

LABORATORY CERTIFICATION INFORMATION (to be completed by lab - please type or print legibly)

Lab Name: Southern Analytical Laboratories, Inc. Florida DOH Certification #: E84129 Certification Expiration Date: 06/30/2013

ATTACH CURRENT DOH ANALYTE SHEET*

Address: 110 Bayview Blvd Oldsmar,FL 34677 Phone: (813) 855-1844

Were any analyses subcontracted? ☐ Yes ☒ No If yes, please provide DOH certification number(s):

ATTACH CURRENT DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB*

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 08/15/2012

PWS ID (From Page 1): 6277059 Sample Number (From Page 1): 1209163-06 Lab Assigned Report # or Job ID: 1209163-06

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 for Asbestos	☐ All 30	☐ All 21	☒ Trihalomethanes	☐ Single Sample	☐ All 14
☐ Partial	☐ All Except Dioxin	☐ Partial	☒ Haloacetic Acids	☐ Qtrly Composite	☐ Partial
☐ Nitrate	☐ Partial		☐ Chlorite		
☐ Nitrite	☐ Dioxin Only		☐ Bromate		
☐ Asbestos					

LAB CERTIFICATION

I, Francis I. Daniels (Print Name), Laboratory Director (Print Title) do HEREBY CERTIFY

that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).

Signature: Francis Daniels Date: 08/30/2012

* Failure to provide a valid and current Florida DOH lab certification number and a current Analyte Sheet for the attached analysis results will result in rejection of the report, possible enforcement against the public water system for failure to sample, and may result in notification of the DOH Bureau of Laboratory Services.

** Please provide radiological sample dates & locations for each quarter.

CONFIRMATION & NOTIFICATION IS REQUIRED WITHIN 24 HOURS FOR NITRATE AND NITRITE MCL EXCEEDANCES

NON-DETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" QUALIFIER (Non-detects reported as "BDL" or with a "<" are not acceptable.)

COMPLIANCE DETERMINATION (to be completed by DEP or DOH - attach notes as necessary)

Sample Collection & Analysis Satisfactory: ☐ Yes ☐ No Replacement Sample or Report Requested (circle or highlight group(s) above)

Person Notified: Date Notified: DEP/DOH Reviewing Official: Ramandeep Kaur

Reporting Format 62-550-730
Effective January 1995. Revised February 2010

SOUTHERN ANALYTICAL LABORATORIES, INC.
110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 813-855-1844 FAX 813-855-2218

Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format

DISINFECTION BYPRODUCTS
62-550.310(3)

Report Number / Job ID: 1209163-06
Disinfectant Residual (mg/L) (From Page 1): 1.3
PWS ID (From Page 1): 6277059

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Reg MRL**	Analysis Date	Analysis Time	DOH Lab Certification #
2450	Monochloroacetic Acid	N/A	ug/L	0.78	U	EPA 552.2	0.78	2.0	8/24/12	13:27	E84129
2451	Dichloroacetic Acid	N/A	ug/L	1.3		EPA 552.2	0.70	1.0	8/24/12	13:27	E84129
2452	Trichloroacetic Acid	N/A	ug/L	0.82	I	EPA 552.2	0.35	1.0	8/24/12	13:27	E84129
2453	Monobromoacetic Acid	N/A	ug/L	0.34	U	EPA 552.2	0.34	1.0	8/24/12	13:27	E84129
2454	Dibromoacetic Acid	N/A	ug/L	0.93	I	EPA 552.2	0.27	1.0	8/24/12	13:27	E84129
2456	Total Haloacetic Acids (HAA5)	60	ug/L	3.05		EPA 552.2	0.27	—	8/24/12	13:27	E84129

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab - MDL	Reg MRL**	Analysis Date	Analysis Time	DOH Lab Certification #
2941	Chloroform	N/A	ug/L	1.9		EPA 524.2	0.2	1.0	8/17/12	6:38	E84129
2942	Bromoform	N/A	ug/L	1.3		EPA 524.2	0.2	1.0	8/17/12	6:38	E84129
2943	Bromodichloromethane	N/A	ug/L	2.8		EPA 524.2	0.2	1.0	8/17/12	6:38	E84129
2944	Dibromochloromethane	N/A	ug/L	2.7		EPA 524.2	0.1	1.0	8/17/12	6:38	E84129
2950	Total Trihalomethanes (TTHM)	80	ug/L	8.7		EPA 524.2	0.1	—	8/17/12	6:38	E84129

** Laboratories are required to adhere to minimum reporting level (MRL) requirements of 40 CFR 141.131(b)(2)(iv). Chlorite regulatory MRL is applicable to monitoring as prescribed in 40 CFR 141.132(b)(2)(i)(B) and (b)(2)(ii). Laboratories that use EPA Methods 317.0 Revision 2.0, 326.0 or 321.8 must meet a 1.0 ug/L MRL for bromate.

*Qualifiers:

U=Analyte was undetected. Indicated concentration is method detection limit.
I=The reported value is between the laboratory method detection limit and the laboratory practical quantitation limit.

ENTERED
OCT 09 2012
DIANE MUSSANO

SOUTHERN ANALYTICAL LABORATORIES, INC.
110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 813-855-1844 fax 813-855-2218

SAL Project No. 1209163

Hernando County Utilities
Hernando County Utilities Water Department
[redacted] System
Stage II DBPs PWS ID #6277059

Jim Howard
352-754-4490/Fax 352-754-4167

Samplers: (Signature) Karen Lewis

Matrix Codes:
DW-Drinking Water WW-Wastewater
SW-SurfaceWater SL-Sludge SO-Soil
GW-Groundwater SA-Saline Water O-Other
R-Reagent Water

SAL Use Only Sample No.	Sample Description	Date	Time	Matrix	Composite	Grab	PARAMETER / CONTAINER DESCRIPTION: 40mL V, $Na_2S_2O_3$ THM	40mL aV, NH_4Cl HAA	CL_2						No. of Containers (Total per each location)
01	3461 Pandora Dr.	8/14/12	8:34	DW		X	2	3	1.5						5
02	1311 Kenlake Ave.	8/14/12	9:30	DW		X	2	3	.9						5
03	40 Gillian Dr.	8/14/12	10:10	DW		X	2	3	1.2						5
04	11509 Stoneville Ct.	8/14/12	9:55	DW		X	2	3	1.4						5
05	5072 Arbormarsh Cir.	8/14/12	10:45	DW		X	2	3	1.0						5
06	15263 Merle Ct.	8/14/12	11:14	DW		X	2	3	1.3						5
07	Trip Blank	7/24/12	930	R		X	1								1

Containers Prepared/ Relinquished:	Date/Time:	Received:	Date/Time:
Keeling	7/24/12 1030		
Relinquished:	Date/Time:	Received:	Date/Time:
[redacted]	8/15/12 1325	L Hartley	8/15/12 1325
Relinquished:	Date/Time:	Received:	Date/Time:
L Hartley	8/15/12 1440	K Niedmann	8/15/12 1440
Relinquished:	Date/Time:	Received:	Date/Time:
Relinquished:	Date/Time:	Received:	Date/Time:

Seal intact? Y N (N/A)
Samples intact upon arrival? (Y) N N/A
Received on ice? Temp. 0.2 (Y) N N/A
Proper preservatives indicated? Y N (N/A)
Rec'd within holding time? (Y) N N/A
Volatiles rec'd w/out headspace? (Y) N N/A
Proper containers used? (Y) N N/A

Instructions / Remarks

Chain of Custody.xls
Rev.Date 11/19/01

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#2

PASCO COUNTY, FLORIDA

"Bringing Opportunities Home"

DADE CITY (352) 521-4274
LAND O' LAKES (813) 996-7341
NEW PORT RICHEY (727) 847-8145

UTILITIES SERVICES BRANCH
PUB. WKS./UTILITIES BLDG. S-213
7530 LITTLE ROAD
NEW PORT RICHEY, FL 34654

July 31, 2012

Mr. Jayme Brock
Drinking Water Section
Florida Department of Environmental Protection
13051 N. Telecom Pkwy
Temple Terrace, FL 33637

RE: Blanton Potable Water System
PWS ID #651-2033
THM/HAA Monitoring Results

Dear Mr. Brock:

Enclosed please find the analytical results of THM and HAA5 analysis conducted on one distribution point in the Blanton Potable Water System, PWS ID #651-2033. These results are submitted in compliance with the Safe Drinking Water Act THM/HAA monitoring requirements for groundwater systems.

If you have any questions please feel free to contact me.

Sincerely,

Candia E. Mulhern
Laboratory Manager

Enc.

cc: Robert J. Sigmond, Utilities Business/Fiscal Services Director
Jim Hircock, Utilities Compliance Officer
Kendra Phillips, Plant Operator

SOUTHERN ANALYTICAL LABORATORIES, INC.
10 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 (813) 855-1844 FAX (813) 855-2515

ACCREDITED IN ACCORDANCE WITH

Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format

DISINFECTION BYPRODUCTS
62-550.310(3)

Report Number / Job ID: 1207419-01
Disinfectant Residual (mg/L) (From Page 1): 3.0
PWS ID (From Page 1): 6512033

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Reg MRL**	Analysis Date	Analysis Time	DOH Lab Certification #
2450	Monochloroacetic Acid	N/A	ug/L	0.77	U	EPA 552.2	0.77	2.0	7/13/12	12:49	E84129
2451	Dichloroacetic Acid	N/A	ug/L	9.4		EPA 552.2	0.69	1.0	7/13/12	12:49	E84129
2452	Trichloroacetic Acid	N/A	ug/L	15		EPA 552.2	0.35	1.0	7/13/12	12:49	E84129
2453	Monobromoacetic Acid	N/A	ug/L	0.51	I	EPA 552.2	0.34	1.0	7/13/12	12:49	E84129
2454	Dibromoacetic Acid	N/A	ug/L	0.27	U	EPA 552.2	0.27	1.0	7/13/12	12:49	E84129
2456	Total Haloacetic Acids (HAA5)	60	ug/L	24.91		EPA 552.2	0.27	—	7/13/12	12:49	E84129

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Reg MRL**	Analysis Date	Analysis Time	DOH Lab Certification #
2941	Chloroform	N/A	ug/L	31		EPA 524.2	0.2	1.0	7/12/12	12:18	E84129
2942	Bromoform	N/A	ug/L	0.2	U	EPA 524.2	0.2	1.0	7/12/12	12:18	E84129
2943	Bromodichloromethane	N/A	ug/L	4.2		EPA 524.2	0.2	1.0	7/12/12	12:18	E84129
2944	Dibromochloromethane	N/A	ug/L	0.5	I	EPA 524.2	0.1	1.0	7/12/12	12:18	E84129
2950	Total Trihalomethanes (TTHM)	80	ug/L	35.7		EPA 524.2	0.1	—	7/12/12	12:18	E84129

** Laboratories are required to adhere to minimum reporting level (MRL) requirements of 40 CFR 141.131(b)(2)(iv). Chlorite regulatory MRL is applicable to monitoring as prescribed in 40 CFR 141.132(b)(2)(i)(B) and (b)(2)(ii). Laboratories that use EPA Methods 317.0 Revision 2.0, 326.0 or 321.8 must meet a 1.0 ug/L MRL for bromate.

*Qualifiers:

U=Analyte was undetected. Indicated concentration is method detection limit.
I=The reported value is between the laboratory method detection limit and the laboratory practical quantitation limit.

ENTERED
AUG 06 2012
DIANE MUSSANO

SOUTHERN ANALYTICAL LABORATORIES, INC.

110 BAYVIEW BOULEVARD OLDSMAR, FL 34677 (813) 855-1844 FAX 813-855-2622

Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format

Pasco County Environmental Laboratory
Blanton

LABORATORY CERTIFICATION INFORMATION (to be completed by lab - please type or print legibly)

Lab Name: Southern Analytical Laboratories, Inc. Florida DOH Certification #: E84129 Certification Expiration Date: 06/30/2013

ATTACH CURRENT DOH ANALYTE SHEET*

Address: 110 Bayview Blvd Oldsmar,FL 34677 Phone: (813) 855-1844

Were any analyses subcontracted? ☐ Yes ☒ No If yes, please provide DOH certification number(s):

ATTACH CURRENT DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB*

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 07/11/2012

PWS ID (From Page 1): 6512033 Sample Number (From Page 1): 1207419-01 Lab Assigned Report # or Job ID: 1207419-01

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 for Asbestos	☐ All 30	☐ All 21	☒ Trihalomethanes	☐ Single Sample	☐ All 14
☐ Partial	☐ All Except Dioxin	☐ Partial	☒ Haloacetic Acids	☐ Qtrly Composite	☐ Partial
☐ Nitrate	☐ Partial		☐ Chlorite		
☐ Nitrite	☐ Dioxin Only		☐ Bromate		
☐ Asbestos					

LAB CERTIFICATION

I, Francis I. Daniels (Print Name), Laboratory Director (Print Title) do HEREBY CERTIFY that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).

Signature: Francis Daniels Date: 07/19/2012

* Failure to provide a valid and current Florida DOH lab certification number and a current Analyte Sheet for the attached analysis results will result in rejection of the report, possible enforcement against the public water system for failure to sample, and may result in notification of the DOH Bureau of Laboratory Services.

** Please provide radiological sample dates & locations for each quarter.

CONFIRMATION & NOTIFICATION IS REQUIRED WITHIN 24 HOURS FOR NITRATE AND NITRITE MCL EXCEEDANCES

NON-DETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" QUALIFIER (Non-detects reported as "BDL" or with a "<" are not acceptable.)

COMPLIANCE DETERMINATION (to be completed by DEP or DOH - attach notes as necessary)

Sample Collection & Analysis Satisfactory: ☐ Yes ☐ No Replacement Sample or Report Requested (circle or highlight group(s) above)

Person Notified: Date Notified: DEP/DOH Reviewing Official:

Reporting Format 62-550-730
Effective January 1995. Revised February 2010

SOUTHERN ANALYTICAL LABORATORIES, INC.

10 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 813-855-1844 FAX 813-855-2216

ACCREDITED IN ACCORDANCE WITH

Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format

Pasco County Environmental Laboratory
Blanton

PUBLIC WATER SYSTEM INFORMATION (to be completed by sampler - please type or print legibly)

System Name: PCUD-Blanton Lake Park PWS I.D. #: 6 5 1 2 0 3 3

System Type (check one): [X] Community [ ] Nontransient Noncommunity [ ] Transient Noncommunity

Address: Blanton Rd/Ade100(Adalia St)Ad

City: San Antonio Zip Code: 33525

Phone: (813) 847-8144 Fax: E-Mail Address:

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: 1207419-01 Sample Date: 7/10/12 Sample Time: 11:30 am [AM] PM (Circle One)

Sample Location (be specific): 17227 Adela Location Code:

Disinfection Residual (Required when reporting results for trihalomethanes and haloacetic acids): 3.0 mg/L Field pH: 7.8

Sample Type (Check Only One)

- [ ] Distribution
- [ ] Entry Point (to Distribution)
- [ ] Plant Tap (not for compliance with 62-550)
- [ ] Raw (at well or intake)
- [X] Max. Residence Time
- [ ] Ave. Residence Time
- [ ] Near First Customer

Reason (s) for Sample (Check all that apply)

- [ ] Routine Compliance with 62-550
- [ ] Confirmation of MCL Exceedance*
- [ ] Composite of Multiple Sites **
- [X] Other: Triannual THM/HAAs (DBPs)
- [ ] Replacement (of Invalidated Sample)
- [ ] Special (not for compliance with 62-550)
- [ ] Clearance (permitting)

Sampling Procedure Used or Other Comments:

* See 62-550.500(6) for requirements and restrictions. And 62-550.5.12(3) for nitrate or nitrite exceedances.

** See 62-550.500(4) for requirements and attach a results page for each site

SAMPLER CERTIFICATION

I, Kendra Phillips (Print Name), Water Plant Operator (Print Title) do HEREBY CERTIFY

that the above public water system and sample collection information is complete and correct.

Signature: Date:

Certified Operator #: B-14366 Phone #: (727) 834-3255 Sampler's Fax #: (727) 834-3229

Sampler's E-Mail:

Reporting Format 62-550-730
Effective January 1995, Revised February 2010

SOUTHERN ANALYTICAL LABORATORIES, INC.
110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 813-855-1844 FAX 813-855-2218

Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format

DISINFECTION BYPRODUCTS
62-550.310(3)

Report Number / Job ID: 1304516-01
Disinfectant Residual (mg/L) (From Page 1): 0.51
PWS ID (From Page 1): 6512033

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Reg MRL**	Analysis Date	Analysis Time	DOH Lab Certification #
2450	Monochloroacetic Acid	N/A	ug/L	2.0	I	EPA 552.2	0.84	2.0	5/4/13	8:12	E84129
2451	Dichloroacetic Acid	N/A	ug/L	15		EPA 552.2	0.75	1.0	5/4/13	8:12	E84129
2452	Trichloroacetic Acid	N/A	ug/L	23		EPA 552.2	0.38	1.0	5/4/13	8:12	E84129
2453	Monobromoacetic Acid	N/A	ug/L	0.36	U	EPA 552.2	0.36	1.0	5/4/13	8:12	E84129
2454	Dibromoacetic Acid	N/A	ug/L	0.29	U	EPA 552.2	0.29	1.0	5/4/13	8:12	E84129
2456	Total Haloacetic Acids (HAA5)	60	ug/L	40.0		EPA 552.2	0.29	---	5/4/13	8:12	E84129
Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Reg MRL**	Analysis Date	Analysis Time	DOH Lab Certification #
2941	Chloroform	N/A	ug/L	48		EPA 524.2	0.2	1.0	5/1/13	15:10	E84129
2942	Bromoform	N/A	ug/L	0.2	U	EPA 524.2	0.2	1.0	5/1/13	15:10	E84129
2943	Bromodichloromethane	N/A	ug/L	8.1		EPA 524.2	0.2	1.0	5/1/13	15:10	E84129
2944	Dibromochloromethane	N/A	ug/L	1.0		EPA 524.2	0.1	1.0	5/1/13	15:10	E84129
2950	Total Trihalomethanes (TTHM)	80	ug/L	57.1		EPA 524.2	0.1	---	5/1/13	15:10	E84129

** Laboratories are required to adhere to minimum reporting level (MRL) requirements of 40 CFR 141.131(b)(2)(iv). Chlorite regulatory MRL is applicable to monitoring as prescribed in 40 CFR 141.132(b)(2)(i)(B) and (b)(2)(ii). Laboratories that use EPA Methods 317.0 Revision 2.0, 326.0 or 321.8 must meet a 1.0 ug/L MRL for bromate.

*Qualifiers:

U=Analyte was undetected. Indicated concentration is method detection limit.
I=The reported value is between the laboratory method detection limit and the laboratory practical quantitation limit.

SOUTHERN ANALYTICAL LABORATORIES, INC.

110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 813-855-1844 FAX 813-855-2218

ACCREDITED IN ACCORDANCE WITH

Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format

Pasco County Environmental Laboratory
DBP Analyses

LABORATORY CERTIFICATION INFORMATION (to be completed by lab - please type or print legibly)

Lab Name: Southern Analytical Laboratories, Inc. Florida DOH Certification #: E84129 Certification Expiration Date: 06/30/2013

ATTACH CURRENT DOH ANALYTE SHEET*

Address: 110 Bayview Blvd Oldsmar,FL 34677 Phone: (813) 855-1844

Were any analyses subcontracted? ☐ Yes ☒ No If yes, please provide DOH certification number(s):

ATTACH CURRENT DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB*

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 04/29/2013

PWS ID (From Page 1): 6512033 Sample Number (From Page 1): 1304516-01 Lab Assigned Report # or Job ID: 1304516-01

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 for Asbestos	☐ All 30	☐ All 21	☒ Trihalomethanes	☐ Single Sample	☐ All 14
☐ Partial	☐ All Except Dioxin	☐ Partial	☒ Haloacetic Acids	☐ Qtrly Composite	☐ Partial
☐ Nitrate	☐ Partial		☐ Chlorite		
☐ Nitrite	☐ Dioxin Only		☐ Bromate		
☐ Asbestos					

LAB CERTIFICATION

I, Francis I. Daniels (Print Name), Laboratory Director (Print Title) do HEREBY CERTIFY that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).

Signature: Francis Daniels Date: 05/06/2013

* Failure to provide a valid and current Florida DOH lab certification number and a current Analyte Sheet for the attached analysis results will result in rejection of the report, possible enforcement against the public water system for failure to sample, and may result in notification of the DOH Bureau of Laboratory Services.

** Please provide radiological sample dates & locations for each quarter.

CONFIRMATION & NOTIFICATION IS REQUIRED WITHIN 24 HOURS FOR NITRATE AND NITRITE MCL EXCEEDANCES

NON-DETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" QUALIFIER (Non-detects reported as "BDL" or with a "<" are not acceptable.)

COMPLIANCE DETERMINATION (to be completed by DEP or DOH - attach notes as necessary)

Sample Collection & Analysis Satisfactory: ☐ Yes ☐ No Replacement Sample or Report Requested (circle or highlight group(s) above)

Person Notified: Date Notified: DEP/DOH Reviewing Official:

Reporting Format 62-550-730
Effective January 1995. Revised February 2010

SOUTHERN ANALYTICAL LABORATORIES, INC.

110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 813-855-1844 FAX 813-855-2218

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Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format

Pasco County ~~Environmental Laboratory~~
DBP Analyses

PUBLIC WATER SYSTEM INFORMATION (to be completed by sampler - please type or print legibly)

System Name: PCUD-Blanton Lake Park PWS I.D. #: 6 5 1 2 0 3 3

System Type (check one): [X] Community [ ] Nontransient Noncommunity [ ] Transient Noncommunity

Address: Blanton Rd/Ade100(Adalia St)Ad

City: San Antonio Zip Code: 33525

Phone: (813) 847-8144 Fax: E-Mail Address:

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: 1304516-01 Sample Date: 4/29/13 Sample Time: 9:30 am AM PM (Circle One)

Sample Location (be specific): 17224 Adela Location Code:

Disinfection Residual (Required when ~~reporting results for~~ trihalomethanes and haloacetic acids): 0.51 mg/L Field pH:

Sample Type (Check Only One)

- [ ] Distribution
- [ ] Entry Point (to Distribution)
- [ ] Plant Tap (not for compliance with 62-550)
- [ ] Raw (at well or intake)
- [X] Max. Residence Time
- [ ] Ave. Residence Time
- [ ] Near First Customer

Reason (s) for Sample (Check all that apply)

- [ ] Routine Compliance with 62-550
- [ ] Confirmation of MCL Exceedance*
- [ ] Composite of Multiple Sites **
- [X] Other: Quarterly THM/HAA5s
- [ ] Replacement (of Invalidated Sample)
- [ ] Special (not for compliance with 62-550)
- [ ] Clearance (permitting)

Sampling Procedure Used or Other Comments:

* See 62-550.500(6) for requirements and restrictions. And 62-550.5.12(3) for nitrate or nitrite exceedances.

** See 62-550.500(4) for requirements and attach a results page for each site

SAMPLER CERTIFICATION

I, _____ (Print Name) _____ (Print Title) do HEREBY CERTIFY that the above public water system and sample collection information is complete and correct.

Signature: _____ Date: _____

Certified Operator #: _____ Phone #: _____ Sampler's Fax #: _____

Sampler's E-Mail: _____

Reporting Format 62-550-730
Effective January 1995. Revised February 2010

Dept. of Environmental Protection
MAY 17 2013
Southwest District

PASCO COUNTY, FLORIDA

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Dept. of Environmental Protection

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LAND O' LAKES (813) 996-7341
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UTILITIES SERVICES BRANCH
PUB. WKS./UTILITIES BLDG. S-213
7530 LITTLE ROAD
NEW PORT RICHEY, FL 34654

May 13, 2013

Mr. Jaime Brock
Drinking Water Section
Florida Department of Environmental Protection
13051 N. Telecom Pkwy
Temple Terrace, FL 33637

RE: Blanton Potable Water System
PWS ID #651-2033
THM/HAA Monitoring Results, Qtr II 2013

Dear Mr. Brock:

Enclosed please find the analytical results of THM and HAA5 analysis conducted on one distribution point in the Blanton Potable Water System, PWS ID #651-2033. These results are submitted in compliance with the quarterly monitoring requirements for this system.

If you have any questions please feel free to contact me.

Sincerely,

Candia E. Mulhern
Laboratory Manager

Enc.

cc: Robert J. Sigmond, Utilities Fiscal and Business Services Director
Jim Hircock, Utilities Compliance Officer
Kendra Phillips, Plant Operator

SOUTHERN ANALYTICAL LABORATORIES, INC.
110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 813-855-1844 FAX 813-855-2218

ACCREDITED IN ACCORDANCE WITH TNI

Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format

DISINFECTION BYPRODUCTS
62-550.310(3)

Report Number / Job ID: 1307807-01
Disinfectant Residual (mg/L) (From Page 1): 2.9
PWS ID (From Page 1): 6512033

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Reg MRL**	Analysis Date	Analysis Time	DOH Lab Certification #
2450	Monochloroacetic Acid	N/A	ug/L	1.3	I	EPA 552.2	0.76	2.0	8/2/13	9:27	E84129
2451	Dichloroacetic Acid	N/A	ug/L	10		EPA 552.2	0.69	1.0	8/2/13	9:27	E84129
2452	Trichloroacetic Acid	N/A	ug/L	16		EPA 552.2	0.34	1.0	8/2/13	9:27	E84129
2453	Monobromoacetic Acid	N/A	ug/L	0.33	U	EPA 552.2	0.33	1.0	8/2/13	9:27	E84129
2454	Dibromoacetic Acid	N/A	ug/L	0.26	U	EPA 552.2	0.26	1.0	8/2/13	9:27	E84129
2456	Total Haloacetic Acids (HAA5)	60	ug/L	27.30		EPA 552.2	0.26	—	8/2/13	9:27	E84129

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Reg MRL**	Analysis Date	Analysis Time	DOH Lab Certification #
2941	Chloroform	N/A	ug/L	36		EPA 524.2	0.2	1.0	8/1/13	20:07	E84129
2942	Bromoform	N/A	ug/L	0.2	U	EPA 524.2	0.2	1.0	8/1/13	20:07	E84129
2943	Bromodichloromethane	N/A	ug/L	4.3		EPA 524.2	0.2	1.0	8/1/13	20:07	E84129
2944	Dibromochloromethane	N/A	ug/L	0.3	I	EPA 524.2	0.1	1.0	8/1/13	20:07	E84129
2950	Total Trihalomethanes (TTHM)	80	ug/L	40.6		EPA 524.2	0.1	—	8/1/13	20:07	E84129

** Laboratories are required to adhere to minimum reporting level (MRL) requirements of 40 CFR 141.131(b)(2)(iv). Chlorite regulatory MRL is applicable to monitoring as prescribed in 40 CFR 141.132(b)(2)(i)(B) and (b)(2)(ii). Laboratories that use EPA Methods 317.0 Revision 2.0, 326.0 or 321.8 must meet a 1.0 ug/L MRL for bromate.

*Qualifiers:

U=Analyte was undetected. Indicated concentration is method detection limit.
I=The reported value is between the laboratory method detection limit and the laboratory practical quantitation limit.

SOUTHERN ANALYTICAL LABORATORIES, INC.

110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 813-855-1844 FAX 813-855-2218

Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format

Pasco County Environmental Laboratory
[none]

LABORATORY CERTIFICATION INFORMATION (to be completed by lab - please type or print legibly)

Lab Name: Southern Analytical Laboratories, Inc. Florida DOH Certification #: E84129 Certification Expiration Date: 06/30/2014

ATTACH CURRENT DOH ANALYTE SHEET*

Address: 110 Bayview Blvd Oldsmar,FL 34677 Phone: (813) 855-1844

Were any analyses subcontracted? ☐ Yes ☒ No If yes, please provide DOH certification number(s): _____

ATTACH CURRENT DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB*

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 07/31/2013

PWS ID (From Page 1): 6512033 Sample Number (From Page 1): 1307807-01 Lab Assigned Report # or Job ID: 1307807-01

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 for Asbestos	☐ All 30	☐ All 21	☒ Trihalomethanes	☐ Single Sample	☐ All 14
☐ Partial	☐ All Except Dioxin	☐ Partial	☒ Haloacetic Acids	☐ Qtrly Composite	☐ Partial
☐ Nitrate	☐ Partial		☐ Chlorite		
☐ Nitrite	☐ Dioxin Only		☐ Bromate		
☐ Asbestos					

LAB CERTIFICATION

I, Francis I. Daniels (Print Name), Laboratory Director (Print Title) do HEREBY CERTIFY

that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).

Signature: _____ Date: 08/05/2013

* Failure to provide a valid and current Florida DOH lab certification number and a current Analyte Sheet for the attached analysis results will result in rejection of the report, possible enforcement against the public water system for failure to sample, and may result in notification of the DOH Bureau of Laboratory Services.

** Please provide radiological sample dates & locations for each quarter.

CONFIRMATION & NOTIFICATION IS REQUIRED WITHIN 24 HOURS FOR NITRATE AND NITRITE MCL EXCEEDANCES

NON-DETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" QUALIFIER (Non-detects reported as "BDL" or with a "<" are not acceptable.)

COMPLIANCE DETERMINATION (to be completed by DEP or DOH - attach notes as necessary)

Sample Collection & Analysis Satisfactory: ☐ Yes ☐ No _____ Replacement Sample or Report Requested (circle or highlight group(s) above)

Person Notified: _____ Date Notified: _____ DEP/DOH Reviewing Official: _____

Reporting Format 62-550-730
Effective January 1995. Revised February 2010

SOUTHERN ANALYTICAL LABORATORIES, INC.

110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 813-855-1844 FAX 813-855-2218

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Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format

Pasco County Environmental Laboratory
[none]

PUBLIC WATER SYSTEM INFORMATION (to be completed by sampler - please type or print legibly)

System Name: PCUD-Blanton Lake Park PWS I.D. #: 6 5 1 2 0 3 3

System Type (check one): [X] Community [ ] Nontransient Noncommunity [ ] Transient Noncommunity

Address: Blanton Rd/Ade100(Adalia St)Ad

City: San Antonio Zip Code: 33525

Phone: (813) 847-8144 Fax: E-Mail Address:

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: 1307807-01 Sample Date: 7/30/13 Sample Time: 11:00 am [AM] PM (Circle One)

Sample Location (be specific): 17224 Adela Location Code:

Disinfection Residual (Required when reporting results for trihalomethanes and haloacetic acids): 2.9 mg/L Field pH: 7.6

Sample Type (Check Only One)

- [ ] Distribution
- [ ] Entry Point (to Distribution)
- [ ] Plant Tap (not for compliance with 62-550)
- [ ] Raw (at well or intake)
- [X] Max. Residence Time
- [ ] Ave. Residence Time
- [ ] Near First Customer

Reason (s) for Sample (Check all that apply)

- [X] Routine Compliance with 62-550
- [ ] Confirmation of MCL Exceedance*
- [ ] Composite of Multiple Sites **
- [ ] Other:
- [ ] Replacement (of Invalidated Sample)
- [ ] Special (not for compliance with 62-550)
- [ ] Clearance (permitting)

Sampling Procedure Used or Other Comments:

* See 62-550.500(6) for requirements and restrictions. And 62-550.5.12(3) for nitrate or nitrite exceedances.

** See 62-550.500(4) for requirements and attach a results page for each site

SAMPLER CERTIFICATION

I, Kendra Phillips (Print Name), Water Plant Operator (Print Title) do HEREBY CERTIFY that the above public water system and sample collection information is complete and correct.

Signature: Date:

Certified Operator #: B-14368 Phone #: (727) 834-3255 Sampler's Fax #: (727) 834-3229

Sampler's E-Mail:

Dept. of Environmental Protection
AUG 19 2013
Southwest District

Reporting Format 62-550-730
Effective January 1995. Revised February 2010

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UTILITIES SERVICES BRANCH
PUB. WKS./UTILITIES BLDG. S-213
7530 LITTLE ROAD
NEW PORT RICHEY, FL 34654

August 15, 2013

Mr. Jaime Brock
Drinking Water Section
Florida Department of Environmental Protection
13051 N. Telecom Pkwy
Temple Terrace, FL 33637

RE: Blanton Potable Water System
PWS ID #651-2033
THM/HAA Monitoring Results, Qtr III 2013

Dear Mr. Brock:

Enclosed please find the analytical results of THM and HAA5 analysis conducted on one distribution point in the Blanton Potable Water System, PWS ID #651-2033. These results are submitted in compliance with the quarterly monitoring requirements for this system.

If you have any questions please feel free to contact me.

Sincerely,

Candia E. Mulhern
Laboratory Manager

Enc.

cc: Robert J. Sigmond, Utilities Fiscal and Business Services Director
Jim Hircock, Utilities Compliance Officer
Kendra Phillips, Plant Operator

SOUTHERN ANALYTICAL LABORATORIES, INC.

4101 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 813-855-1844 Fax 813-855-2219

13.9° SAL Project No. 211624

Client Name	Contact / Phone
Pasco County Utilities Lab	Candia E. Mulhern 727-847-8902
Project Name / Location: DBP Analyses - Blanton-651-2033	
Samplers: (Signature) Kendra Phillips	

Matrix Codes: DW-Drinking Water WW-Wastewater SW-SurfaceWater SL-Sludge SO-Soil GW-Groundwater SA-Saline Water O-Other R-Reagent Water

PARAMETER / CONTAINER DESCRIPTION

SAL Use Only Sample No	Sample Description	Date	Time	Matrix	Composite	Grab	40mL V. $Na_2S_2O_3$ 524.2-THM	40mL V. NH_4Cl 552.2-HAA	free Cl2						No. of Containers (Total per each location)
01	17224 Adela	10-2-12	10:40 am	DW		X	2	3	0.4mg/L						5
02	Trip Blank			R		X	1								1
													Sent to S.A.L 10/3/12		

Containers Prepared/ Relinquished	Date/Time	Received	Date/Time
[illegible]	[illegible]	KP	9-11-12 700
Relinquished KP	Date/Time 10-2-12 14:15	Received	Date/Time 14:15
Relinquished	Date/Time 10/3/12	Received	Date/Time 1430 10-3-12
Relinquished	Date/Time 1515 10-3-12	Received	Date/Time 1515 10-3-12
Relinquished	Date/Time	Received	Date/Time

Seal intact?	Y	N	N/A
Samples intact upon arrival?	Y	N	N/A
Received on ice? Temp 0.8	Y	N	N/A
Proper preservatives indicated?	Y	N	N/A
Rec'd within holding time?	Y	N	N/A
Volatiles rec'd w/out headspace?	Y	N	N/A
Proper containers used?	Y	N	N/A

Instructions / Remarks

Chain of Custody

Page 4 of 4

SOUTHERN ANALYTICAL LABORATORIES, INC.
110 S. YVI W BOULEVARD, OLDSMAR, FL 34677 813 855 1643 FAX 813 855 0215

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Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format

DISINFECTION BYPRODUCTS
62-550.310(3)

Report Number / Job ID: 1211624-01
Disinfectant Residual (mg/L) (From Page 1): 0.4
PWS ID (From Page 1): 6512033

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Reg MRL**	Analysis Date	Analysis Time	DOH Lab Certification #
2450	Monochloroacetic Acid	N/A	ug/L	0.76	U	EPA 552.2	0.76	2.0	10/10/12	13:12	E84129
2451	Dichloroacetic Acid	N/A	ug/L	12		EPA 552.2	0.68	1.0	10/10/12	13:12	E84129
2452	Trichloroacetic Acid	N/A	ug/L	22		EPA 552.2	0.34	1.0	10/10/12	13:12	E84129
2453	Monobromoacetic Acid	N/A	ug/L	0.33	U	EPA 552.2	0.33	1.0	10/10/12	13:12	E84129
2454	Dibromoacetic Acid	N/A	ug/L	0.30	I	EPA 552.2	0.26	1.0	10/10/12	13:12	E84129
2456	Total Haloacetic Acids (HAA5)	60	ug/L	34.30		EPA 552.2	0.26	---	10/10/12	13:12	E84129
Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Reg MRL**	Analysis Date	Analysis Time	DOH Lab Certification #
2941	Chloroform	N/A	ug/L	47		EPA 524.2	0.2	1.0	10/4/12	4:11	E84129
2942	Bromoform	N/A	ug/L	0.2	U	EPA 524.2	0.2	1.0	10/4/12	4:11	E84129
2943	Bromodichloromethane	N/A	ug/L	7.3		EPA 524.2	0.2	1.0	10/4/12	4:11	E84129
2944	Dibromochloromethane	N/A	ug/L	0.9		EPA 524.2	0.1	1.0	10/4/12	4:11	E84129
2950	Total Trihalomethanes (TTHM)	80	ug/L	55.2		EPA 524.2	0.1	---	10/4/12	4:11	E84129

** Laboratories are required to adhere to minimum reporting level (MRL) requirements of 40 CFR 141.131(b)(2)(iv). Chlorite regulatory MRL is applicable to monitoring as prescribed in 40 CFR 141.132(b)(2)(i)(B) and (b)(2)(ii). Laboratories that use EPA Methods 317.0 Revision 2.0, 326.0 or 321.8 must meet a 1.0 ug/L MRL for bromate.

*Qualifiers:

U=Analyte was undetected. Indicated concentration is method detection limit.
I=The reported value is between the laboratory method detection limit and the laboratory practical quantitation limit.

SOUTHERN ANALYTICAL LABORATORIES, INC.
110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 813 855-1844 FAX 813 855-2819

Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format

Pasco County Environmental Laboratory
Blanton

LABORATORY CERTIFICATION INFORMATION (to be completed by lab - please type or print legibly)

Lab Name: Southern Analytical Laboratories, Inc. Florida DOH Certification #: E84129 Certification Expiration Date: 06/30/2013

ATTACH CURRENT DOH ANALYTE SHEET*

Address: 110 Bayview Blvd Oldsmar,FL 34677 Phone: (813) 855-1844

Were any analyses subcontracted? ☐ Yes ☒ No If yes, please provide DOH certification number(s):

ATTACH CURRENT DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB*

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 10/03/2012

PWS ID (From Page 1): 6512033 Sample Number (From Page 1): 1211624-01 Lab Assigned Report # or Job ID: 1211624-01

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 for Asbestos	☐ All 30	☐ All 21	☒ Trihalomethanes	☐ Single Sample	☐ All 14
☐ Partial	☐ All Except Dioxin	☐ Partial	☒ Haloacetic Acids	☐ Qtrly Composite	☐ Partial
☐ Nitrate	☐ Partial		☐ Chlorite		
☐ Nitrite	☐ Dioxin Only		☐ Bromate		
☐ Asbestos					

LAB CERTIFICATION

I, Francis I. Daniels (Print Name), Laboratory Director (Print Title) do HEREBY CERTIFY

that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).

Signature: Fran Daniels Date: 10/11/2012

* Failure to provide a valid and current Florida DOH lab certification number and a current Analyte Sheet for the attached analysis results will result in rejection of the report, possible enforcement against the public water system for failure to sample, and may result in notification of the DOH Bureau of Laboratory Services.

** Please provide radiological sample dates & locations for each quarter.

CONFIRMATION & NOTIFICATION IS REQUIRED WITHIN 24 HOURS FOR NITRATE AND NITRITE MCL EXCEEDANCES

NON-DETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" QUALIFIER (Non-detects reported as "BDL" or with a "<" are not acceptable.)

COMPLIANCE DETERMINATION (to be completed by DEP or DOH - attach notes as necessary)

Sample Collection & Analysis Satisfactory: ☐ Yes ☐ No Replacement Sample or Report Requested (circle or highlight group(s) above)

Person Notified: Date Notified: DEP/DOH Reviewing Official:

Reporting Format 62-550-730
Effective January 1995, Revised February 2010

SOUTHERN ANALYTICAL LABORATORIES, INC.

110 BAYVIEW BOULEVARD, CLEARWATER, FL 34677 (813) 855-1844 FAX (813) 855-2015

Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format

Pasco County Environmental Laboratory
Blanton

PUBLIC WATER SYSTEM INFORMATION (to be completed by sampler - please type or print legibly)

System Name: PCUD-Blanton Lake Park PWS I.D. #: 6 5 1 2 0 3 3

System Type (check one): [X] Community [ ] Nontransient Noncommunity [ ] Transient Noncommunity

Address: Blanton Rd/Ade100(Adalia St)Ad

City: San Antonio Zip Code: 33525

Phone: (813) 847-8144 Fax: E-Mail Address:

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: 1211624-01 Sample Date: 10/2/12 Sample Time: 10:40 am AM PM (Circle One)

Sample Location (be specific): 17224 Adela Location Code:

Disinfection Residual (Required when reporting results for trihalomethanes and haloacetic acids): 0.4 mg/L Field pH: 7.5

Sample Type (Check Only One)

- [ ] Distribution
- [ ] Entry Point (to Distribution)
- [ ] Plant Tap (not for compliance with 62-550)
- [ ] Raw (at well or intake)
- [X] Max. Residence Time
- [ ] Ave. Residence Time
- [ ] Near First Customer

Reason (s) for Sample (Check all that apply)

- [ ] Routine Compliance with 62-550
- [ ] Confirmation of MCL Exceedance*
- [ ] Composite of Multiple Sites **
- [X] Other: THMs-HAA5s
- [ ] Replacement (of Invalidated Sample)
- [ ] Special (not for compliance with 62-550)
- [ ] Clearance (permitting)

Sampling Procedure Used or Other Comments:

* See 62-550.500(6) for requirements and restrictions. And 62-550.5.12(3) for nitrate or nitrite exceedances.

** See 62-550.500(4) for requirements and attach a results page for each site

SAMPLER CERTIFICATION

I, Kendra Phillips (Print Name), Water Plant Operator (Print Title) do HEREBY CERTIFY that the above public water system and sample collection information is complete and correct.

Signature: Date:

Certified Operator #: B-14366 Phone #: (727) 834-3255 Sampler's Fax #: (727) 834-3229

Sampler's E-Mail:

Reporting Format 62-550-730
Effective January 1996, Revised February 2010

Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format

PUBLIC WATER SYSTEM INFORMATION (to be completed by sampler -- please type or print legibly)

System Name: Blanton PWS I.D. #: 6 5 1 2 0 3 5

System Type (check one): ☒ Community ☐ Nontransient Noncommunity ☐ Transient Noncommunity

Address:

City: N P R. ZIP Code:

Phone #: 727-834-3255 Fax #: 727-834-3227 E-Mail Address:

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: Sample Date: 10-2-12 Sample Time: 10:40 AM PM (Circle One)

Sample Location (be specific): 17224 Adela Location Code:

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): 0.4 mg/L Field pH: 7.5

Sample Type (Check Only One)

- ☐ Distribution
- ☐ Entry Point (to Distribution)
- ☐ Plant Tap (not for compliance with 62-550)
- ☐ Raw (at well or intake)
- ☒ Max Residence Time
- ☐ Ave Residence Time
- ☐ Near First Customer

Reason(s) for Sample (Check all that apply)

- ☐ Routine Compliance with 62-550
- ☐ Confirmation of MCL Exceedance
- ☐ Composite of Multiple Sites*
- ☒ Other: HAA5's distribution sampling [illegible]
- ☐ Replacement (of Invalidated Sample)
- ☒ Special (not for compliance with 62-550)
- ☐ Clearance (permitting)

Sampling Procedure Used or Other Comments:

*See 62-550.500(6) for requirements and reductions and 62-550.512(3) for nitrate or nitrite exceedances

**See 62-550.550(6) for requirements and attach a results page for each site

SAMPLER CERTIFICATION

I, Kendra Phillips (Print Name), water operator (Print Title), do HEREBY CERTIFY that the above public water system and sample collection information is complete and correct.

Signature: Kendra Phillips Date: 10-2-12

Certified Operator #: B-14366 Phone #: 727-834-3255 Sampler's Fax #: 727-834-3227

Sampler's E-mail:

SOUTHERN ANALYTICAL LABORATORIES, INC.

110 BAYVILLE BOULEVARD, GLOSMAR, FL 34677 813-833-1844 Fax 813-833-2210

13.9°

S.A. Project No _____

Client Name: Pasco County Utilities Lab	Contact / Phone: Candia E. Mulhern 727-847-8902
Project Name / Location: DBP Analyses - Blanton-651-2033	
Samplers: (Signature) Kendra Phillips	

Matrix Codes: DW-Drinking Water WW-Wastewater SW-SurfaceWater SL-Sludge SO-Soil GW-Groundwater SA-Saline Water O-Other R-Reagent Water

PARAMETER / CONTAINER DESCRIPTION

SAL Use Only Sample No.	Sample Description	Date	Time	Matrix	Composite	Grab	40mL V. $Na_2S_2O_3$ 524.2-THM	40mL V. NH_4Cl 552.2-HAA	free Cl2						No. of Containers (Total per each location)
01	17224 Adela	10-2-12	10:40am	DW		X	2	3	0.4mg/L						5
02	Trip Blank			R		X	1								1

Containers Prepared/ Relinquished	Date/Time	Received	Date/Time
[illegible]	[illegible]	KP	9-11-12 7:00 am
KP	10-2-12 14:15	[illegible]	14:15 10/2/12

Seal intact?	Y N N/A
Samples intact upon arrival?	Y N N/A
Received on ice? Temp_____	Y N N/A
Proper preservatives indicated?	Y N N/A
Rec'd within holding time?	Y N N/A
Volatiles rec'd w/out headspace?	Y N N/A
Proper containers used?	Y N N/A

Instructions / Remarks

Chain of Custody

Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Report Format

DISINFECTION BYPRODUCTS
62-550.310(3)

Report Number / Job ID: AB70974

Disinfectant Residual (mg/L) (From Page 1): 2.6

PWS ID (From Page 1): 651-5194

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Regulatory MRL**	Analysis Date	Analysis Time	DOH Lab Cert #
2450	Monochloroacetic Acid	N/A	µg/L	1.26		EPA 552	0.22	2.0	10/09/2014	19:31	E54715
2451	Dichloroacetic Acid	N/A	µg/L	19.6		EPA 552	0.22	1.0	10/09/2014	19:31	E54715
2452	Trichloroacetic Acid	N/A	µg/L	26.6		EPA 552	0.38	1.0	10/09/2014	19:31	E54715
2453	Monobromoacetic Acid	N/A	µg/L	1.83		EPA 552	0.24	1.0	10/09/2014	19:31	E54715
2454	Dibromoacetic Acid	N/A	µg/L	0.23	U	EPA 552	0.23	1.0	10/09/2014	19:31	E54715
2456	Total Haloacetic Acids (HAA5)	60	µg/L	49.5		EPA 552	0.59	-	10/09/2014	19:31	E54715

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Regulatory MRL**	Analysis Date	Analysis Time	DOH Lab Cert #
2941	Chloroform	N/A	µg/L	35.2		EPA 524.2	0.09	1.0	10/02/2014	23:08	E54715
2942	Bromoform	N/A	µg/L	0.10	U	EPA 524.2	0.10	1.0	10/02/2014	23:08	E54715
2943	Bromodichloromethane	N/A	µg/L	4.39		EPA 524.2	0.13	1.0	10/02/2014	23:08	E54715
2944	Dibromochloromethane	N/A	µg/L	0.04	U	EPA 524.2	0.04	1.0	10/02/2014	23:08	E54715
2950	Total Trihalomethanes	80	µg/L	39.7		EPA 524.2	0.19	-	10/02/2014	23:08	E54715

** Laboratories are required to adhere to the minimum reporting level (MRL) requirements of CFR 141.131(b)(2)(iv).
*** Applicable to monitoring as prescribed in 40 CFR 141.132(b)(2)(i)(B) and (b)(2)(ii).
**** Laboratories that use EPA Methods 317.0 Revision 2.0, 326.0 or 321.8 must meet a 1.0 µg/L MRL for bromate.

NOTE: Do not round values. Report results to the accuracy, precision, and sensitivity of the analytical method used.

*Results must be reported with appropriate qualifiers in accordance with Florida Administrative Code Rule 62-160, Table 1. Results qualified with A, F, H, N, O, T, Z, ?, *, are unacceptable for compliance with 62-550. Results qualified with a J, Q, R, or Y must be accompanied by written justification and will be evaluated on a case by case basis. To avoid a monitoring violation, unacceptable results must be replaced with acceptable results from samples collected during the same monitoring period.

Florida Department of Environmental Protection
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LABORATORY CERTIFICATION INFORMATION (to be completed by lab – Please type or print legibly)

Lab Name: Tampa Bay Water Laboratory Florida Certification #: E54715 Certification Expiration Date: 06/30/2015

ATTACH CURRENT DOH ANALYTE SHEET*

Address: 8825 Pump Station Road Phone #: (813) 929-4514

Were any analyses subcontracted? Yes X No If yes, please provide DOH certification numbers:

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB*

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 10/01/2014

PWS ID (From Page 1): 651-2033 Sample Number (From Page 1): AB70974 Lab Assigned Report Number or Job ID:

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 17	All 30	All 21	x Trihalomethanes	Single Sample	All 14
Partial	All Except Dioxin	Partial	x Haloacetic Acids	Qtrly Composite**	x Partial
Nitrate	Partial		Bromate		
Nitrite	Dioxin Only		Chlorite		
Asbestos Only					

LAB CERTIFICATION

I, Stephen M. Foster (Print Name), Laboratory Manager (Print Title), do HEREBY CERTIFY that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).

Signature: Stephen M. Foster Date: 11/12/2014

* Failure to provide a valid and current Florida DOH lab certification number and a current Analyte Sheet for the attached analysis results will result in rejection of the report, possible enforcement against the public water system for failure to sample, and may result in notification of the DOH Bureau of Laboratory Services.

** Please provide radiological sample dates & locations for each quarter.

CONFIRMATION & NOTIFICATION IS REQUIRED WITHIN 24 HRS for NITRATE OR NITRITE MCL EXCEEDANCES

NON-DETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" QUALIFIER. (Non-detects reported as "BLD" or with a "<" are not acceptable

COMPLIANCE DETERMINATION (to be completed by DEP or DOH- attach notes as necessary)

Sample Collection and Analysis Satisfactory: ☐Yes ☐No Replacement Sample(s) Requested (circle or highlight group(s) above

Person Notified: Date Notified: DOH Reviewing Official:

*Results must be reported with appropriate qualifiers in accordance with Florida Administrative Code Rule 62-160, Table 1. Results qualified with A, F, H, N, O, T, Z, ?, *, are unacceptable for compliance with 62-550. Results qualified with a J, Q, R, or Y must be accompanied by written justification and will be evaluated on a case by case basis. To avoid a monitoring violation, unacceptable results must be replaced with acceptable results from samples collected during the same monitoring period.

Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Report Format

PUBLIC WATER SYSTEM INFORMATION (to be completed by sampler – Please type or print legibly)

System Name: Blanton Lake Park PWS I.D. #: **651-2033**

System Type (check one): X Community Nontransient Noncommunity Transient Noncommunity

Address: Caller Avenue

City: Blanton State: FL ZIP Code: 33525

Phone #: Fax #:

E-Mail Address:

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: AB70974 Sample Date: 09/30/2014 Sample Time: 01:45 PM

Sample Location (be specific): Pasco 17224 Adela Location Code (if known): SPECIAL

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): 2.6 mg/L Field pH: 7.6

Sample Type (Check Only One)

X Distribution
Entry Point (to Distribution)
Plant Tap (not for compliance with 62-550
Raw (at well or intake)
Max Residence Time
Ave Residence Time
Near First Customer

Reason(s) for Sample (Check all that apply)

X Routine Compliance (with 62-550)
Confirmation of MCL Exceedance*
Composite of Multiple Sites**
Other:

Replacement (of Invalidated Sample)
Special (not for compliance with 62-550)
Clearance (permitting)

Sampling Procedure Used or Other Comments:

*See 62-550.500(6) for requirements and restrictions. **See 62-550.550(4) for requirements and attach a results page for each site.
NOTE: See 62-550.512(3) for additional requirements for nitrate or nitrite MCL exceedances.

SAMPLER CERTIFICATION

I, **MIKE AVILA** (Print Name), _____ (Print Title), do HEREBY CERTIFY

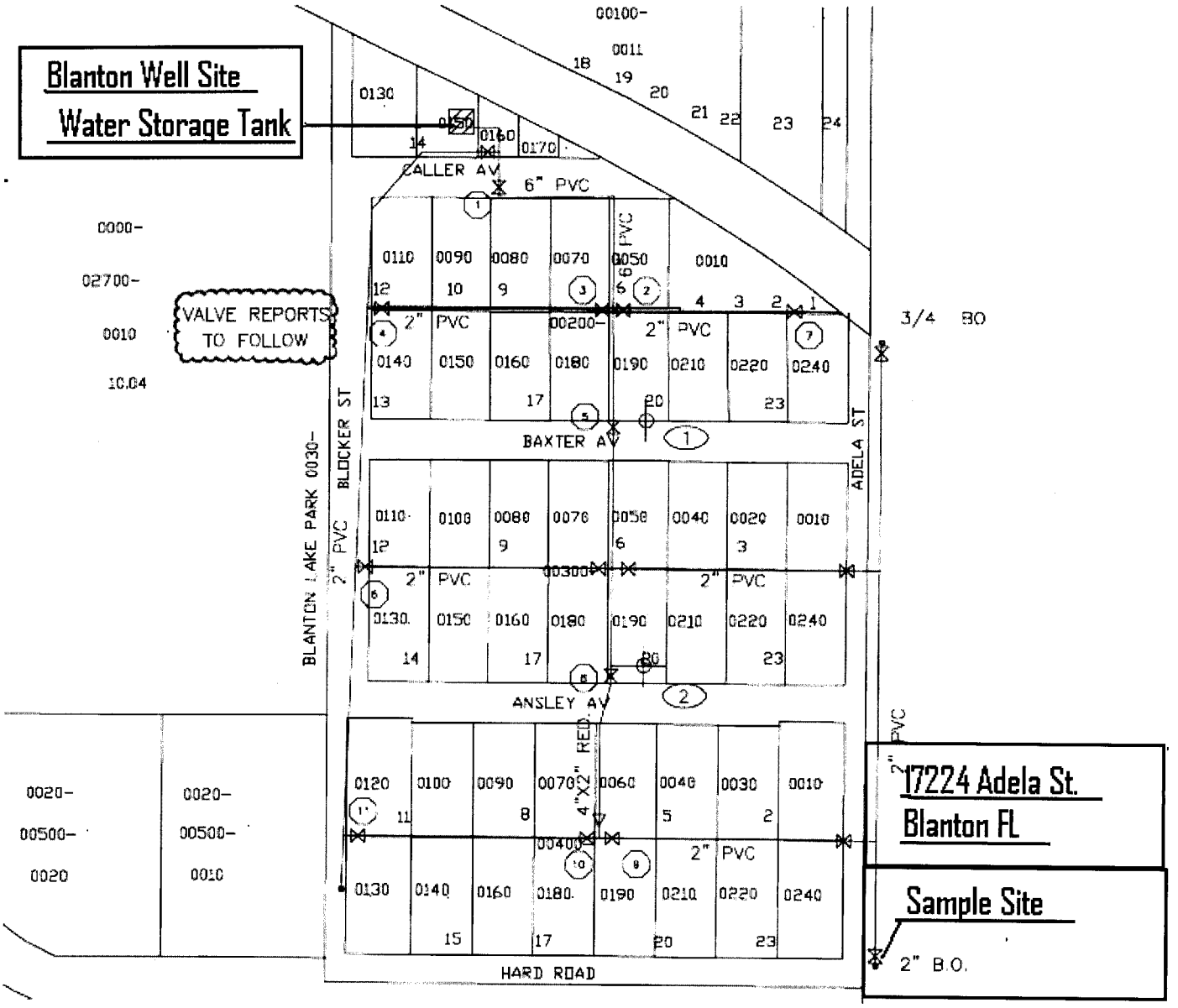
that the above public water system and sample collectioninformation is complete and correct.

Signature: Michael Avila Date: 11/12/14

Certified Operator #: < 22352 Phone #: Sampler's Fax #:

Sampler's E-Mail Address:

*Results must be reported with appropriate qualifiers in accordance with Florida Administrative Code Rule 62-160, Table 1. Results qualified with A, F, H, N, O, T, Z, ?, *, are unacceptable for compliance with 62-550. Results qualified with a J, Q, R, or Y must be accompanied by written justification and will be evaluated on a case by case basis. To avoid a monitoring violation, unacceptable results must be replaced with acceptable results from samples collected during the same monitoring period.


Blanton Well Site
Water Storage Tank
VALVE REPORTS TO FOLLOW
CALLER AV
BAXTER AV
ANSLEY AV
HARD ROAD
BLOCKER ST
ADELA ST
BLANTON LAKE PARK
6" PVC
2" PVC
4"X2" RED
3/4 BO
17224 Adela St.
Blanton FL
Sample Site
2" B.O.

SECTION 14: METHOD FOR CALCULATING COMPLIANCE WITH THE MAXIMUM CONTAMINANT LEVELS FOR TTHMS AND HAA5

Compliance Determination: In accordance with 40 CFR 141.133(b)(1), for systems monitoring quarterly (ground water systems serving > 10,000 persons) compliance is based on a running annual average computed quarterly, using the quarterly arithmetic averages of all samples collected by the system.

For systems monitoring less frequently than quarterly; (ground water systems (GWS) serving less than 10,000 persons that monitor annually) compliance is demonstrated if the single sample collected in the month of the warmest water temperature at a location representing the maximum residence time is in compliance with the MCL of 0.080 mg/L for TTHMs and 0.060 mg/L for HAA5. If the average of these samples exceeds the MCL, the facility is not immediately out of compliance. The system must increase to quarterly monitoring immediately. Compliance is then based on the running annual average, computed quarterly, using all of the quarterly sample results. (Note if the sum of fewer than four quarters of data exceeds 0.320 mg/L for TTHM or 0.240 mg/L for HAA5, then the system is immediately in violation since they will exceed the applicable MCL even if the remaining quarters are zero.)

How to Determine Compliance with the MCLs for TTHM and HAA5 for Systems Monitoring Quarterly:

1. Determine the quarterly average. To calculate the quarterly average, add together the concentrations of all samples taken during the quarter (Please note that TTHM and HAA5 samples should be averaged separately.) Divide by the total number of samples to obtain the quarterly average.
2. Determine the running annual average. To determine the running annual average, add the four most recent consecutive quarterly averages together, then divide by four. This is your running annual average.
3. Compare your running annual averages for TTHM and HAA5. If your running annual average for TTHM and HAA5 is less than or equal to 0.080 mg/L or 0.060 mg/L respectively, the facility is in compliance with the MCLs.

An example of a TTHM compliance calculation is provided below. All values listed are in ug/L. (MCL in ug/L= TTHM= 80 ug/L HAA5 = 60 ug/L)

Quarter	Number of Sampling Points	TTHM Quarterly Average	TTHM Running Annual Average
Q1=Jan-Mar	3	$\frac{50 + 45 + 39}{3} = 45$	Q1 Average = 45 Q2 Average = 50 Q3 Average = 84 Q4 Average = 70 $\frac{45 + 50 + 84 + 70}{4} = \mathbf{62}$
Q2=Apr-Jun	3	$\frac{57 + 49 + 43}{3} = 50$	
Q3 =Jul-Sep	3	$\frac{75 + 80 + 98}{3} = 84$	
Q4 =Oct-Dec	**3**	$\mathbf{\frac{60 + 72 + 79}{3} = 70}$	

The running annual average for TTHM in this example is 62 ug/L. Therefore, the system is in compliance with the MCL of 80 ug/L.

SECTION 13: METHOD FOR CALCULATING COMPLIANCE FOR MAXIMUM RESIDUAL DISINFECTANT LEVELS (MRDL) (CHLORINE AND/OR CHLORAMINES)

Sample Locations: Within the distribution system at the same time and locations where samples for total coliform are collected in accordance with 62-550.518, F.A.C.

Compliance Determination: In accordance with 40 CFR 141.133(c)(1), compliance is based on a running annual arithmetic average computed quarterly, using the monthly averages of all samples collected

How to Determine Compliance with the MRDL:

1. Each month, add together the disinfectant residual results of all the samples taken during the month at the total coliform sampling locations. Divide by the total number of total number of samples. This is your monthly MRDL average.
2. Determine the running annual average. To determine the running annual average, add the twelve most recent consecutive monthly MRDL averages together, then divide by twelve. This is your running annual average.
3. Compare your running annual average to the MRDL for chlorine / chloramines of 4.0 mg/L. If your running annual average for the MRDL is less than 4.0 mg/L, the facility is in compliance with the maximum residual disinfectant level.

An example MRDL compliance calculation is provided below. The results are listed in mg/L.

Month	MRDL Monthly Averages	Reporting the MRDL to the Department
January 2004	4.5	♦ Report your Monthly MRDL results to the Department on a quarterly basis. ♦ Submit the quarterly RAA within 10 days of the end of each quarter ♦ For example, January-March 2004 results are due to the Department on April 10, 2004.
February 2004	3.5	
March 2004	3.2	
April 2004	4.6	
May 2004	3.3	
June 2004	2.4	
July 2004	3.4	
August 2004	2.9	
September 2004	2.8	
October 2004	**2.7**	
November 2004	**2.4**	
December 2004	**3.1**	
MRDL Running Annual Average	**Add the last 12 monthly averages to calculate the RAA 4.5 + 3.5 + 3.2 + 4.6 + 3.3 + 2.4 + 3.4 + 2.9 + 2.8 + 2.7 + 2.4 +3.1= 38.8/12 (Most Recent Months) =3.2 mg/L**	

The running annual average is 3.2 mg/L. Therefore, the system in the example is in compliance with the MRDL of 4.0 mg/L.

SECTION 12: MONITORING SUMMARY/CONDITIONS FOR REDUCED MONITORING FOR GROUND WATER SYSTEMS[1]

PARAMETER	APPLICIBILITY		ROUTINE MONITORING FREQUENCY	CRITERIA FOR REDUCED MONITORING	REDUCED MONITORING FREQUENCY*	IS YOUR SYSTEM CONDUCTING ROUTINE, REDUCED, OR INCREASED MONITORING?
Chlorine/ Chloramines	PWSs that use the disinfectants		At the same time and location and frequency as total coliform sampling	Monitoring may not be reduced.	Not Applicable	
Total Trihalomethanes (TTHMs) & Haloacetic Acids 5 (HAA5s)	All CWS & NTNC systems that are adding a chemical disinfectant	Ground water systems serving at least 10,000 persons	One sample/ per quarter/ per treatment plant	≤ 50% of the TTHM & HAA5 RAA MCLs	One sample/ per year/ per treatment plant at maximum residence time location(s) in the distribution system during the month of warmest water temperature.	
		Ground water systems serving fewer than 10,000 persons	One sample/ per treatment plant/ during the month of the warmest water temperature	≤ 50% of the TTHM & HAA5 RAA MCLs for 2 years OR ≤25 % of the TTHM & HAA5 RAA MCLs for 1 year	One sample/ Every 3 years/ At max residence time location(s) in the distribution system during the month of warmest water temperature.	

1 Please review 40 CFR 141.132 "Monitoring Requirements" for complete details on routine and reduced monitoring requirements.

*In accordance with 40 CFR 141.132(5)(b)(1)(iii), systems on reduced monitoring may remain on a reduced schedule as long as the average of all samples taken in a year (for systems monitoring quarterly or more frequently) or the result of the sample (for systems monitoring annually during the month of the warmest water temperature) is no more than 0.060 mg/L and 0.045 mg/L for TTHMs and HAA5s respectively. Systems that do not meet these criteria must return to routine monitoring.

SECTION 11: SAMPLE COLLECTION PROCEDURES

Parameter	Container	Cap/Septa Material	Sample Collection Guidelines	Preservative(s)	Maximum Holding Time	Analytical Method(s)
Chlorine	> 500 mL Plastic or Glass	N/A	Grab sample. Either free or total residual chlorine measurement is acceptable	None	Analysis should be completed within 15 minutes of collection	Free-Standard Methods (SM) 4500-C1D, CL F, 4500-C1 G **(DPD Colormetric)**
						Combined- SM 4500 Cl D, F, G
						Total-SM 4500-Cl D, E, F, G, I
Chloramines	> 500 mL Plastic or Glass	N/A	Grab sample. The residual measurement must be combined or total chlorine	None	Analysis should be completed within 15 minutes of collection	Standard Methods 4500C1 D, 4500C1E, 4500CL F4500-C1 I 4500-C1G-**(DPD Colormetric)** ASTM Method D 1253-86
HAA5	>100 mL amber glass	Teflon-lined septum	1. Fill bottle completely but be careful not to flush out preservatives 2. Sample should not have bubbles 3. Sample disinfectant at time of collection	NH_4CL (ammonium chloride) Review the specific method for max holding times/preservation procedures.	28 days @ 4°C	EPA Method 552.1
	>50 mL amber glass				7-14 days @ 4°C	EPA Method 552.2
	40-60 mL glass vial				9 days @ 4°C to extraction, 21 days to analysis @ -11°C	Standard Method 6251B
pH	Plastic or Glass	N/A	Grab Sample	None	Sample should be analyzed within 15 minutes of collection	All methods allowed in 40 CFR 141.23(k)(1) including but not limited to Standard Method 4500 H B, EPA Method 150.1 & 150.2
TTHM	40-120 mL Glass vial	Teflon- lined septum	1 **Samples must be dechlorinated prior to acidification.** 2 Sample residual disinfectant at time of collection.	Dechlorination with $Na_2S_2O_3$ and acidification using HCL to pH <2	14 Days @ 4°C	EPA Methods 502.2 , 524.2
	60 mL Glass vial	Teflon- lined septum		Sodium sulfite or NH_4CL (ammonium chloride) with a phosphate buffer (pH = 4.5-5.5)	14 Days @ 4°C	EPA Method 551.1

SECTION 10: ROUTINE MONITORING SCHEDULE FOR HALOACETIC ACIDS FIVE (HAA5)

Sample ID Number	Sample Location	Distribution System Location (Average, or Maximum Residence Time)	Sample Time (Frequency)	Analytical Method*	Sampling Handling and Preservation Requirements	ANALYSIS INFORMATION	
						Laboratory Name	DOH ID Number

*The analytical method selected for HAA5s affects the maximum holding time.

SECTION 9: ROUTINE MONITORING SCHEDULE FOR TOTAL TRIHALOMETHANES (TTHM)							
Sample ID Number	Sample Location	Distribution System Location (Average, or Maximum Residence Time)	Sample Time (Frequency)	Analytical Method	Sampling Handling and Preservation Requirements	**ANALYSIS INFORMATION**	
						Laboratory Name	DOH ID Number

Consecutive System				

SECTION 8: ROUTINE MONITORING FREQUENCY FOR TTHM AND HAA5

System Population	Minimum Monitoring Frequency	Sample Location(s)	Number of Treatment Plants[1]	Minimum Number of Samples Required[3]	Number of samples your facility will collect	Indicate the month(s) that samples will be collected	Conditions for Increased Monitoring
Ground water system serving at least 10,000 persons	One sample per quarter per treatment plant	Locations representing the maximum residence time[2]					N/A
Ground water system serving less than 10,000 persons	One sample per year per treatment plant during the warmest month of water temperature	Locations representing the maximum residence time[2]					If the sample (or average if more than one sample is collected) exceeds the MCL, the system must increase monitoring to one sample per treatment plant per quarter, taken at a point representative of the maximum residence time

[1]If your system has submitted a request in accordance with 62-550.821(9), F.A.C. to consider multiple plants treating water from multiple wells in the same aquifer as one treatment plant, please complete the TTHM / HAA5 system consolidation information table below. Consecutive systems with multiple entry points into their distribution system that have requested to be considered as one plant should also complete the consolidation table below. (In accordance with 62-550.821(5), an entry point from a wholesale system to a consecutive system is considered a plant for the consecutive system.)

[2]Locations representing maximum residence time. If the system elects to sample more frequently than the minimum required, at least 25 percent of all samples collected each quarter (including those taken in excess of the required frequency) must be taken at locations that represent the maximum residence time of the water in the distribution system.

[3]Multiply the number of treatment plants by one (1) to obtain the minimum number of compliance samples required annually.

TTHM / HAA5 SYSTEM CONSOLIDATION TABLE

(This Section is only applicable for systems wishing to consolidate multiple entry points from a wholesale system or multiple plants treating water from the same aquifer in accordance with 62-550.821(5)(a) or 62-550.821(9), F.A.C.

System Type	Total Number of Treatment Plants/Number of Entry Points from the wholesale system	Date Request Submitted	Date DEP/DOH Approval Received (Attach letter of approval)	Total Number of Consolidated Treatment Plants or Wholesale System Entry Points
Ground Water System (multiple plants treating water from the same aquifer)				

SECTION 7: DISINFECTANT MONITORING SCHEDULE FOR CHLORINE/CHLORAMINES

Samples should be collected in the distribution system at the same time and place that total coliform samples are collected.

Sample ID Number	Sample Location	Sample Time (Frequency)	Analytical Method	Sample Handling & Preservation Requirements	Analysis Information (Indicate one of the following) Sample(s) will be analyzed by: 1. A licensed operator 2. A person under the direct supervision of a licensed operator 3. Analyzed at a certified laboratory
1	17224 Adela St. Blanton FL	Once every 3 years (July)	3	1	1, 3

SECTION 6: DISTRIBUTION SYSTEM CHARACTERISTICS

In accordance with 62-550.821(11)(f) F.A.C., provide a summary of typical distribution system operating characteristics. The summary should address seasonal operating characteristics and identify the areas where average and maximum residence times are expected to occur in the distribution system. Provide a brief explanation of why you believe the locations that you selected represent the maximum residence time(s). (You may have more than one location to represent your maximum residence time sampling point.) For example, "the maximum residence time is located in an area with several dead-ends"; "in the summer months few residents are served by our water system resulting in extended residence times", etc).

SECTION 4: DISINFECTANTS
INDICATE THE DISINFECTANTS UTILIZED IN THE TREATMENT PROCESS AS A DISINFECTANT OR OXIDANT (CHECK ALL THAT APPLY)

☐ Chlorine	If chlorine is selected as the primary disinfectant, indicate the chlorine type below	Does your system have one or more disinfection addition points after the entrance to the distribution system? (i.e. booster chlorination) ☐ *Yes* ☒ *No*
☒ Chloramines	☐ Chlorine Gas ☒ Sodium Hypochlorite	
☐ Other (Specify[1])	☐ Calcium Hypochlorite ☐ Other (Specify)	*If yes, indicate the number of addition points in your system:*

[1]Monitoring plans must be prepared in accordance with 62-550.821(11), F.A.C. This example format does not address the monitoring plan requirements for subpart H systems or for PWSs using chlorine dioxide or ozone.

SECTION 5: SCHEMATIC DRAWING OF THE DISTRIBUTION SYSTEM

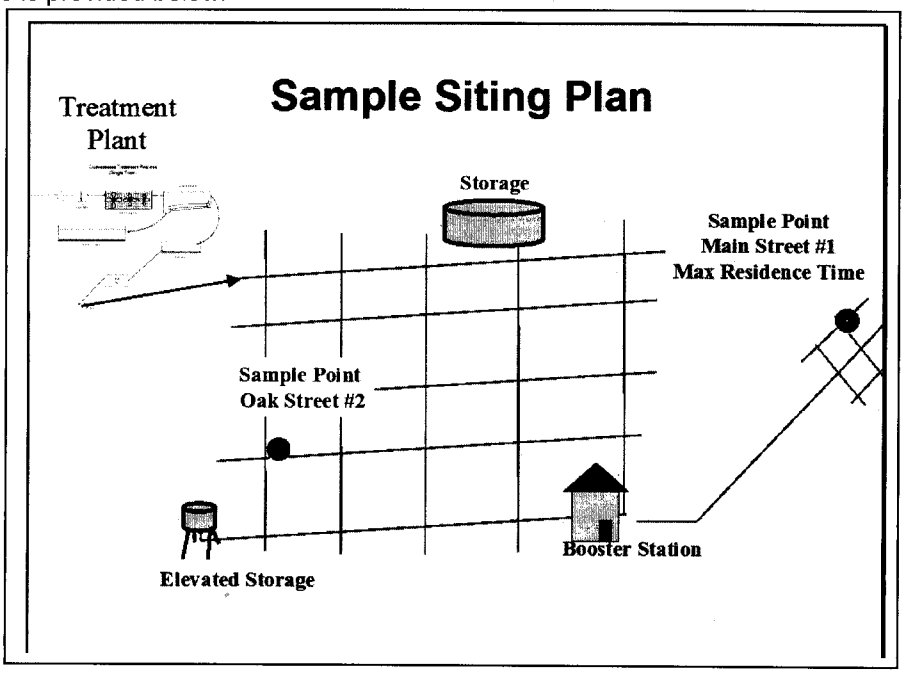
In accordance with Rule 62-550.821(11) (e) attach a schematic drawing of the system's distribution system. The schematic drawing at a minimum, must include the following information: (An example is provided below)

Entry points to the distribution system (i.e. water treatment plants and, if the system is a consecutive system, entry points from the wholesale systems)

Finished water storage facilities and booster chlorination facilities

Sampling locations identified and numbered

An example is provided below.



STAGE 1 DISINFECTANTS/DISINFECTION BYPRODUCTS RULE MONITORING PLAN EXAMPLE FORMAT FOR GROUND WATER SYSTEMS[1]

SECTION 1: SYSTEM INFORMATION		
System Name:Blanton lakes WTP		County: Pasco
PWS ID Number: 651-2033		Contact Person: James Kaplan
Phone Number: 813-991-1879	Cell (optional):	Fax Number (optional) 727-834-3229
e-mail address (optional): jkaplan@pascocountyfl.net		

SECTION 2: SYSTEM CHARACTERISTICS			
SYSTEM TYPE		**POPULATION DATA**	
☒	Community	Total Population Served[1*]:	**107**
☐	Non-Transient, Non Community	Number of Service Connections-	**41**
☐	Transient Non-Community[2*]	Source of Population Data (i.e. U.S. Census, Based on number of service connections (indicate multiplier) etc.)	**PC Cust Serv. 2.61x41=107**
☐	Consecutive	Effective Date of Population Data	**5/1/12**

[1*] In accordance with 62-550.821(2)(a), the number of persons served by a wholesale system must include the number of persons served by the consecutive systems that receive finished water from the wholesale system.
[2*] The Stage 1 D/DBP Rule **only** applies to TWS that are using chlorine dioxide.

SECTION 3: SOURCES OF RAW WATER/NUMBER OF TREATMENT PLANTS:			
☒ Ground	How Many Wells?	1	
☐ Purchased	If finished or raw water is purchased from a wholesale system(s), indicate the name and PWS ID Number for the system.	Wholesale System Name	PWS ID Number
Total number of water treatment plants =			1

- In accordance with 62-550.821(5), an entry point from a wholesale system to a consecutive system is considered a plant for the consecutive system.
- If your system has submitted a request in accordance with 62-550.821(5)(a) or 62-550.821(9), F.A.C. to consolidate multiple entry points from a wholesale system or multiple plants treating water from multiple wells in the same aquifer as one treatment plant, please complete the TTHM/HAA5 consolidation table in Section 8.
- Please note that booster chlorination stations should not be considered as separate water treatment plant(s).

[1] Monitoring plans must be prepared in accordance with 62-550.821(11), F.A.C. This example format does not address the monitoring plan requirements for subpart H systems or for PWSs using chlorine dioxide or ozone. Example format prepared by the Florida Department of Environmental Protection and the Florida Rural Water Association. Effective date 09/30/03.

SOUTHERN ANALYTICAL LABORATORIES, INC.
110 E. [illegible] BOULEVARD, OLDSMAR, FL 34677 [illegible] FAX [illegible]

Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format

DISINFECTION BYPRODUCTS
62-550.310(3)

Report Number / Job ID: 1213986-01
Disinfectant Residual (mg/L) (From Page 1): 0.5
PWS ID (From Page 1): 6512033

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Reg MRL**	Analysis Date	Analysis Time	DOH Lab Certification #
2450	Monochloroacetic Acid	N/A	ug/L	0.83	U	EPA 552.2	0.83	2.0	12/13/12	2:59	E84129
2451	Dichloroacetic Acid	N/A	ug/L	18		EPA 552.2	0.74	1.0	12/13/12	2:59	E84129
2452	Trichloroacetic Acid	N/A	ug/L	28		EPA 552.2	0.37	1.0	12/13/12	2:59	E84129
2453	Monobromoacetic Acid	N/A	ug/L	0.36	U	EPA 552.2	0.36	1.0	12/13/12	2:59	E84129
2454	Dibromoacetic Acid	N/A	ug/L	0.36	I	EPA 552.2	0.29	1.0	12/13/12	2:59	E84129
2456	Total Haloacetic Acids (HAA5)	60	ug/L	46.36		EPA 552.2	0.29	---	12/13/12	2:59	E84129

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Reg MRL**	Analysis Date	Analysis Time	DOH Lab Certification #
2941	Chloroform	N/A	ug/L	57		EPA 524.2	0.2	1.0	12/11/12	14:02	E84129
2942	Bromoform	N/A	ug/L	0.2	U	EPA 524.2	0.2	1.0	12/11/12	14:02	E84129
2943	Bromodichloromethane	N/A	ug/L	9.4		EPA 524.2	0.2	1.0	12/11/12	14:02	E84129
2944	Dibromochloromethane	N/A	ug/L	1.1		EPA 524.2	0.1	1.0	12/11/12	14:02	E84129
2950	Total Trihalomethanes (TTHM)	80	ug/L	67.5		EPA 524.2	0.1	---	12/11/12	14:02	E84129

** Laboratories are required to adhere to minimum reporting level (MRL) requirements of 40 CFR 141.131(b)(2)(iv). Chlorite regulatory MRL is applicable to monitoring as prescribed in 40 CFR 141.132(b)(2)(i)(B) and (b)(2)(ii). Laboratories that use EPA Methods 317.0 Revision 2.0, 326.0 or 321.8 must meet a 1.0 ug/L MRL for bromate.

*Qualifiers:

U=Analyte was undetected. Indicated concentration is method detection limit.
I=The reported value is between the laboratory method detection limit and the laboratory practical quantitation limit.

SOUTHERN ANALYTICAL LABORATORIES, INC.
110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 [illegible] FAX (813) [illegible]

Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format

Pasco County Environmental Laboratory
Blanton

LABORATORY CERTIFICATION INFORMATION (to be completed by lab - please type or print legibly)

Lab Name: Southern Analytical Laboratories, Inc. Florida DOH Certification #: E84129 Certification Expiration Date: 06/30/2013

ATTACH CURRENT DOH ANALYTE SHEET*

Address: 110 Bayview Blvd Oldsmar,FL 34677 Phone: (813) 855-1844

Were any analyses subcontracted? ☐ Yes ☒ No If yes, please provide DOH certification number(s):

ATTACH CURRENT DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB*

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 12/05/2012

PWS ID (From Page 1): 6512033 Sample Number (From Page 1): 1213986-01 Lab Assigned Report # or Job ID: 1213986-01

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 for Asbestos	☐ All 30	☐ All 21	☒ Trihalomethanes	☐ Single Sample	☐ All 14
☐ Partial	☐ All Except Dioxin	☐ Partial	☒ Haloacetic Acids	☐ Qtrly Composite	☐ Partial
☐ Nitrate	☐ Partial		☐ Chlorite		
☐ Nitrite	☐ Dioxin Only		☐ Bromate		
☐ Asbestos					

LAB CERTIFICATION

I, Francis I. Daniels (Print Name), Laboratory Director (Print Title) do HEREBY CERTIFY that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).

Signature: [signature] Date: 12/19/2012

* Failure to provide a valid and current Florida DOH lab certification number and a current Analyte Sheet for the attached analysis results will result in rejection of the report, possible enforcement against the public water system for failure to sample, and may result in notification of the DOH Bureau of Laboratory Services.

** Please provide radiological sample dates & locations for each quarter.

CONFIRMATION & NOTIFICATION IS REQUIRED WITHIN 24 HOURS FOR NITRATE AND NITRITE MCL EXCEEDANCES

NON-DETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" QUALIFIER (Non-detects reported as "BDL" or with a "<" are not acceptable.)

COMPLIANCE DETERMINATION (to be completed by DEP or DOH - attach notes as necessary)

Sample Collection & Analysis Satisfactory: ☐ Yes ☐ No Replacement Sample or Report Requested (circle or highlight group(s) above)

Person Notified: Date Notified: DEP/DOH Reviewing Official:

Reporting Format 62-550-730
Effective January 1995, Revised February 2010

SOUTHERN ANALYTICAL LABORATORIES, INC.

110 FAYVIEW BLVD, VARIOUS OLDSMAR FL 34677 (813) 855-1844 FAX 813-855-2818

ACCREDITED IN ACCORDANCE WITH

Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format

Pasco County Environmental Laboratory
Blanton

PUBLIC WATER SYSTEM INFORMATION (to be completed by sampler - please type or print legibly)

System Name: PCUD-Blanton Lake Park PWS I.D. #: 6 5 1 2 0 3 3

System Type (check one): [X] Community [ ] Nontransient Noncommunity [ ] Transient Noncommunity

Address: Blanton Rd/Ade100(Adalia St)Ad

City: San Antonio Zip Code: 33525

Phone: (813) 847-8144 Fax: E-Mail Address:

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: 1213986-01 Sample Date: 12/4/12 Sample Time: 11:00 am AM PM (Circle One)

Sample Location (be specific): 17224 Adela Location Code:

Disinfection Residual (Required ~~when reporting results~~ for trihalomethanes and haloacetic acids): 0.5 mg/L Field pH: 7.5

Sample Type (Check Only One)

- [ ] Distribution
- [ ] Entry Point (to Distribution)
- [ ] Plant Tap (not for compliance with 62-550)
- [ ] Raw (at well or intake)
- [X] Max. Residence Time
- [ ] Ave. Residence Time
- [ ] Near First Customer

~~Reason (s) for~~ Sample (Check all that apply)

- [ ] Routine Compliance with 62-550
- [ ] Confirmation of MCL Exceedance*
- [ ] Composite of Multiple Sites **
- [X] Other: THMs and HAAs
- [ ] Replacement (of Invalidated Sample)
- [ ] Special (not for compliance with 62-550)
- [ ] Clearance (permitting)

Sampling Procedure Used or Other Comments:

* See 62-550.500(6) for requirements and restrictions. And 62-550.5.12(3) for nitrate or nitrite exceedances.

** See 62-550.500(4) for requirements and attach a results page for each site

SAMPLER CERTIFICATION

I, Kendra Phillips (Print Name), Water Plant Operator (Print Title) do HEREBY CERTIFY that the above public water system and sample collection information is complete and correct.

Signature: Date:

Certified Operator #: B-14366 Phone #: (727) 834-3255 Sampler's Fax #: (727) 834-3229

Sampler's E-Mail:

Reporting Format 62-550-730
Effective January 1995. Revised February 2010

Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format

PUBLIC WATER SYSTEM INFORMATION (to be completed by sampler -- please type or print legibly)

System Name: Blanton PWS I.D. #: 6 5 1 2 0 3 3

System Type (check one): ☒ Community ☐ Nontransient Noncommunity ☐ Transient Noncommunity

Address:

City: N P R. ZIP Code:

Phone # 727-834-3255 Fax # 727-834-3221 E-Mail Address

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: Sample Date: 12-4-12 Sample Time: 11:00 AM PM (Circle One)

Sample Location (be specific): 17224 Adela Location Code:

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): 0.5 mg/L Field pH: 7.5

Sample Type (Check Only One)

- ☐ Distribution
- ☐ Entry Point (to Distribution)
- ☐ Plant Tap (not for compliance with 62-550)
- ☐ Raw (at well or intake)
- ☒ Max Residence Time
- ☐ Ave Residence Time
- ☐ Near First Customer

Reason(s) for Sample (Check all that apply)

- ☐ Routine Compliance with 62-550
- ☐ Confirmation of MCL Exceedance
- ☐ Composite of Multiple Sites**
- ☒ Other: THM's/HAA5's distribution sampling [illegible]
- ☐ Replacement (of Invalidated Sample)
- ☒ Special (not for compliance with 62-550)
- ☐ Clearance (permitting)

Sampling Procedure Used or Other Comments:

*See 62-550.500(3) 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, Kendra Phillips (Print Name), water operator (Print Title), do HEREBY CERTIFY that the above public water system and sample collection information is complete and correct.

Signature: Kendra Phillips Date: 12-4-12

Certified Operator # B-[illegible] Phone # 727-834-3255 Sampler's Fax #: 727-834-3227

Sampler's E-mail:

SOUTHERN ANALYTICAL LABORATORIES, INC.

1101 AYVIEW / BOULEVARD, OLDSMAR, FL 34677 813-855-1844 Fax 813-855-2219

SAL Project No. _____

Client Name: Pasco County Utilities Lab	Contact / Phone: Candia E. Mulhern 727-847-8902
Project Name / Location: DBP Analyses - Blanton · 651. 2033	
Samplers (Signature): Kendra Phillips	

Matrix Codes:
DW-Drinking Water WW-Wastewater
SW-SurfaceWater SL-Sludge SO-Soil
GW-Groundwater SA-Saline Water O-Other
R-Reagent Water

PARAMETER / CONTAINER DESCRIPTION

SAL Use Only Sample No.	Sample Description	Date	Time	Matrix	Composite	Grab	40mL V. $Na_2S_2O_3$ 524.2-THM	40mL V. NH_4Cl 552.2-HAA	free Cl_2						No. of Containers (Total per each location)
01	17224 Adela	12-4-12	11:00 am	DW		X	2	3	0.5mg/L						5
02	Trip Blank			R		X	1								1

Containers Prepared/ Relinquished	Date/Time	Received	Date/Time
[illegible]	[illegible]	KP	12-4-12
KP	12-4-12 14:04	[illegible]	12/4/12 14:04

Seal intact?	Y N N/A	Instructions / Remarks	
Samples intact upon arrival?	Y N N/A		
Received on ice? Temp_____	Y N N/A		
Proper preservatives indicated?	Y N N/A		
Rec'd within holding time?	Y N N/A		
Volatiles rec'd w/out headspace?	Y N N/A		
Proper containers used?	Y N N/A		

Chain of Custody

SOUTHERN ANALYTICAL LABORATORIES, INC.
110 BAYVIEW BOULEVARD, OLDSMAR FL 34677 (813)855-1844 FAX 813-855-2218

ACCREDITED IN ACCORDANCE WITH

Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format

DISINFECTION BYPRODUCTS
62-550.310(3)

Report Number / Job ID: 1212992-01
Disinfectant Residual (mg/L) (From Page 1): 0.2
PWS ID (From Page 1): 6512033

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Reg MRL**	Analysis Date	Analysis Time	DOH Lab Certification #
2450	Monochloroacetic Acid	N/A	ug/L	0.78	U	EPA 552.2	0.78	2.0	11/10/12	1:05	E84129
2451	Dichloroacetic Acid	N/A	ug/L	5.5		EPA 552.2	0.70	1.0	11/10/12	1:05	E84129
2452	Trichloroacetic Acid	N/A	ug/L	6.9		EPA 552.2	0.35	1.0	11/10/12	1:05	E84129
2453	Monobromoacetic Acid	N/A	ug/L	0.34	U	EPA 552.2	0.34	1.0	11/10/12	1:05	E84129
2454	Dibromoacetic Acid	N/A	ug/L	0.27	U	EPA 552.2	0.27	1.0	11/10/12	1:05	E84129
2456	Total Haloacetic Acids (HAA5)	60	ug/L	12.4		EPA 552.2	0.27	---	11/10/12	1:05	E84129

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Reg MRL**	Analysis Date	Analysis Time	DOH Lab Certification #
2941	Chloroform	N/A	ug/L	21		EPA 524.2	0.2	1.0	11/8/12	22:14	E84129
2942	Bromoform	N/A	ug/L	0.2	U	EPA 524.2	0.2	1.0	11/8/12	22:14	E84129
2943	Bromodichloromethane	N/A	ug/L	2.2		EPA 524.2	0.2	1.0	11/8/12	22:14	E84129
2944	Dibromochloromethane	N/A	ug/L	0.8		EPA 524.2	0.1	1.0	11/8/12	22:14	E84129
2950	Total Trihalomethanes (TTHM)	80	ug/L	24.0		EPA 524.2	0.1	---	11/8/12	22:14	E84129

** Laboratories are required to adhere to minimum reporting level (MRL) requirements of 40 CFR 141.131(b)(2)(iv).
Chlorite regulatory MRL is applicable to monitoring as prescribed in 40 CFR 141.132(b)(2)(i)(B) and (b)(2)(ii).
Laboratories that use EPA Methods 317.0 Revision 2.0, 326.0 or 321.8 must meet a 1.0 ug/L MRL for bromate.

*Qualifiers:

U=Analyte was undetected. Indicated concentration is method detection limit.

SOUTHERN ANALYTICAL LABORATORIES, INC.
110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 813-855-1844 FAX 813-855-2218

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Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format

Pasco County Environmental Laboratory
Blanton

LABORATORY CERTIFICATION INFORMATION (to be completed by lab - please type or print legibly)

Lab Name: Southern Analytical Laboratories, Inc. Florida DOH Certification #: E84129 Certification Expiration Date: 06/30/2013

ATTACH CURRENT DOH ANALYTE SHEET*

Address: 110 Bayview Blvd Oldsmar,FL 34677 Phone: (813) 855-1844

Were any analyses subcontracted? ☐ Yes ☒ No If yes, please provide DOH certification number(s):

ATTACH CURRENT DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB*

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 11/07/2012

PWS ID (From Page 1): 6512033 Sample Number (From Page 1): 1212992-01 Lab Assigned Report # or Job ID: 1212992-01

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 for Asbestos	☐ All 30	☐ All 21	☒ Trihalomethanes	☐ Single Sample	☐ All 14
☐ Partial	☐ All Except Dioxin	☐ Partial	☒ Haloacetic Acids	☐ Qtrly Composite	☐ Partial
☐ Nitrate	☐ Partial		☐ Chlorite		
☐ Nitrite	☐ Dioxin Only		☐ Bromate		
☐ Asbestos					

LAB CERTIFICATION

I, Francis I. Daniels (Print Name), Laboratory Director (Print Title) do HEREBY CERTIFY

that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).

Signature: Francis Daniels Date: 11/14/2012

* Failure to provide a valid and current Florida DOH lab certification number and a current Analyte Sheet for the attached analysis results will result in rejection of the report, possible enforcement against the public water system for failure to sample, and may result in notification of the DOH Bureau of Laboratory Services.

** Please provide radiological sample dates & locations for each quarter.

CONFIRMATION & NOTIFICATION IS REQUIRED WITHIN 24 HOURS FOR NITRATE AND NITRITE MCL EXCEEDANCES

NON-DETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" QUALIFIER (Non-detects reported as "BDL" or with a "<" are not acceptable.)

COMPLIANCE DETERMINATION (to be completed by DEP or DOH - attach notes as necessary)

Sample Collection & Analysis Satisfactory: ☐ Yes ☐ No Replacement Sample or Report Requested (circle or highlight group(s) above)

Person Notified: Date Notified: DEP/DOH Reviewing Official:

Reporting Format 62-550-730
Effective January 1995. Revised February 2010

SOUTHERN ANALYTICAL LABORATORIES, INC.
113 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 813-855-1844 FAX 813-855-2218

ACCREDITED IN ACCORDANCE WITH

Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format

Pasco County Environmental Laboratory
Blanton

PUBLIC WATER SYSTEM INFORMATION (to be completed by sampler - please type or print legibly)

System Name: PCUD-Blanton Lake Park PWS I.D. #: 6 5 1 2 0 3 3

System Type (check one): [X] Community [ ] Nontransient Noncommunity [ ] Transient Noncommunity

Address: Blanton Rd/Ade100(Adalia St)Ad

City: San Antonio Zip Code: 33525

Phone: (813) 847-8144 Fax: E-Mail Address:

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: 1212992-01 Sample Date: 11/5/12 Sample Time: 10:00 am AM PM (Circle One)

Sample Location (be specific): 17224 Adela Location Code:

Disinfection Residual (Required when reporting results for trihalomethanes and haloacetic acids): 0.2 mg/L Field pH: 7.5

Sample Type (Check Only One)

- [ ] Distribution
- [ ] Entry Point (to Distribution)
- [ ] Plant Tap (not for compliance with 62-550)
- [ ] Raw (at well or intake)
- [X] Max. Residence Time
- [ ] Ave. Residence Time
- [ ] Near First Customer

Reason (s) for Sample (Check all that apply)

- [ ] Routine Compliance with 62-550
- [ ] Confirmation of MCL Exceedance*
- [ ] Composite of Multiple Sites **
- [X] Other: THM HAAs
- [ ] Replacement (of Invalidated Sample)
- [ ] Special (not for compliance with 62-550)
- [ ] Clearance (permitting)

Sampling Procedure Used or Other Comments:

* See 62-550.500(6) for requirements and restrictions. And 62-550.5.12(3) for nitrate or nitrite exceedances.

** See 62-550.500(4) for requirements and attach a results page for each site

SAMPLER CERTIFICATION

I, Kendra Phillips (Print Name), Water Plant Operator (Print Title) do HEREBY CERTIFY that the above public water system and sample collection information is complete and correct.

Signature: Date:

Certified Operator #: B-14366 Phone #: (727) 834-3255 Sampler's Fax #: (727) 834-3229

Sampler's E-Mail:

Reporting Format 62-550-730
Effective January 1995. Revised February 2010

Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format

PUBLIC WATER SYSTEM INFORMATION (to be completed by sampler -- please type or print legibly)

System Name: Blanton PWS I.D. #: 6 5 1 2 0 3 3

System Type (check one) ☒ Community ☐ Nontransient Noncommunity ☐ Transient Noncommunity

Address:

City: N P R. ZIP Code:

Phone # 727-834-3255 Fax # 727-834-3229 E-Mail Address:

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: Sample Date: 11-5-12 Sample Time: 10:00 AM PM (Circle One)

Sample Location (be specific): 17224 Adela Location Code:

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): 0.2 mg/L mg/L Field pH: 7.5

Sample Type (Check Only One)

- ☐ Distribution
- ☐ Entry Point (to Distribution)
- ☐ Plant Tap (not for compliance with 62-550)
- ☐ Raw (at well or intake)
- ☒ Max Residence Time
- ☐ Ave Residence Time
- ☐ Near First Customer

Reason(s) for Sample (Check all that apply)

- ☐ Routine Compliance with 62-550
- ☐ Confirmation of MCL Exceedance*
- ☐ Composite of Multiple Sites**
- ☒ Other: thm's/HAA5's distribution sampling free Cl project
- ☐ Replacement (of Invalidated Sample)
- ☒ Special (not for compliance with 62-550)
- ☐ Clearance (permitting)

Sampling Procedure Used or Other Comments:

*See 62-550.500(6) for requirements and restrictions and 62-550.512(3) for nitrate or nitrite exceedances.

**See 62-550.550(4) for requirements and attach a results page for each site.

SAMPLER CERTIFICATION

I, Kendra Phillips (Print Name), water operator (Print Title), do HEREBY CERTIFY that the above public water system and sample collection information is complete and correct.

Signature: Kendra Phillips Date: 11-5-12

Certified Operator # B-14366 Phone # 727-834-3255 Sampler's Fax # 727-834-3229

Sampler's E-mail:

SOUTHERN ANALYTICAL LABORATORIES, INC.

110 BAYVIEW BLVD. VAPO, OLDSMAR, FL 34677 813-855-1844 Fax 813-855-2918

SAL Project No.

Client Name: Pasco County Utilities Lab

Contact / Phone: Candia E. Mulhern 727-847-8902

Project Name / Location: DBP Analyses - Blanton 651-2033

Samplers (Signature): Kendra Phillips

Matrix Codes: DW-Drinking Water WW-Wastewater SW-SurfaceWater SL-Sludge SO-Soil GW-Groundwater SA-Saline Water O-Other R-Reagent Water

PARAMETER / CONTAINER DESCRIPTION

SAL Use Only Sample No.	Sample Description	Date	Time	Matrix	Composite	Grab	40mL V. $Na_2S_2O_3$ 524.2-THM	40mL V. NH_4Cl 552.2-HAA	free Cl_2						No. of Containers (Total per each location)
01	17224 Adela	11-5-12	10 00	DW		X	2	3	0.2mg/L						5
02	Trip Blank			R		X	1								1

Containers Prepared/ Relinquished	Date/Time	Received	Date/Time
[illegible]	[illegible]	KP	9-11-12 [illegible]
KP	11-5-12 14:48	[illegible]	11/5/12 14:48

Seal intact? Y N N/A

Samples intact upon arrival? Y N N/A

Received on ice? Temp_____ Y N N/A

Proper preservatives indicated? Y N N/A

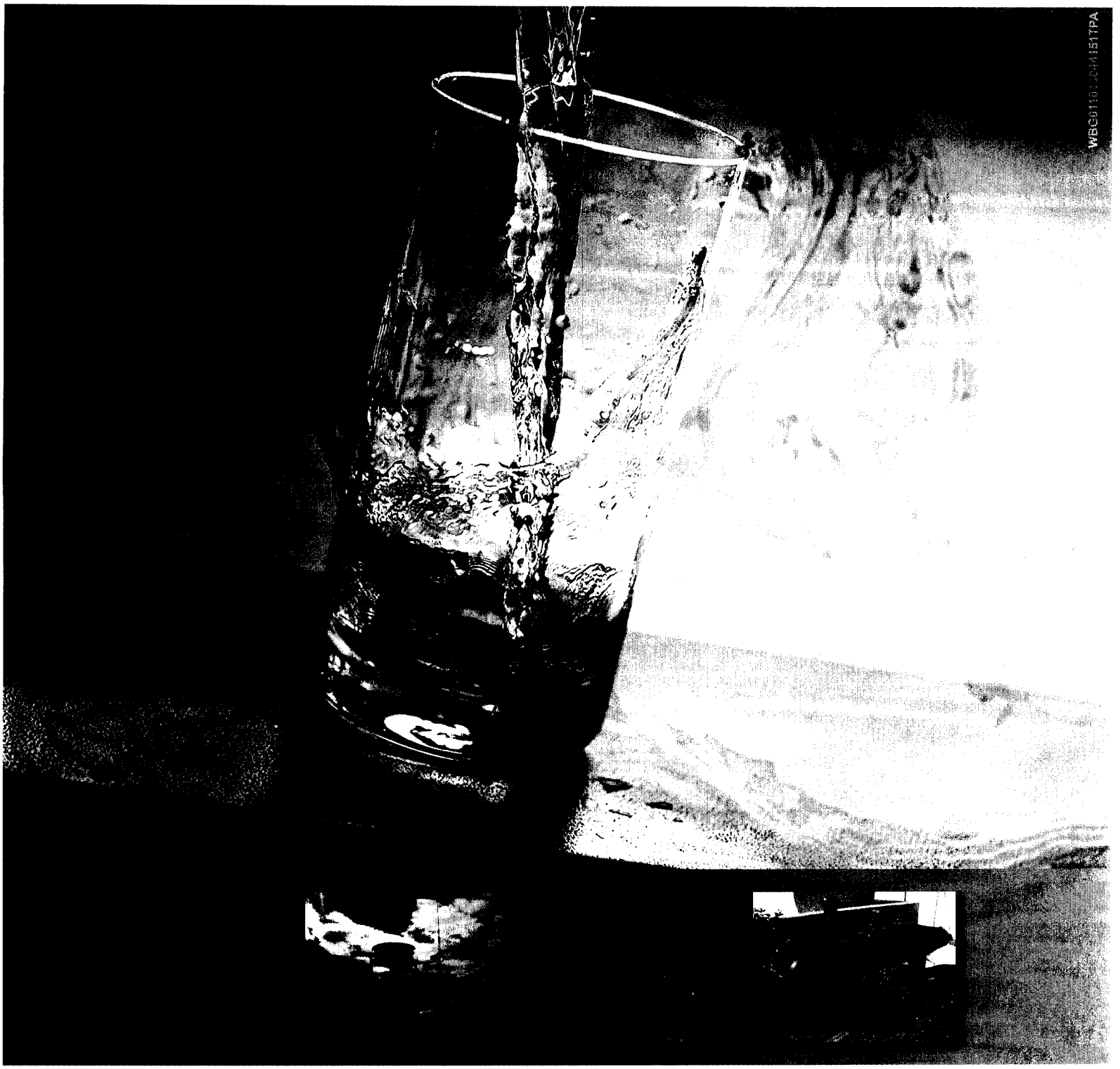
Rec'd within holding time? Y N N/A

Volatiles rec'd w/out headspace? Y N N/A

Proper containers used? Y N N/A

Instructions / Remarks

Chain of Custody



Pasco County
Utilities Services Branch

PCU 11-017.00

CH2MHILL.

PN 240075

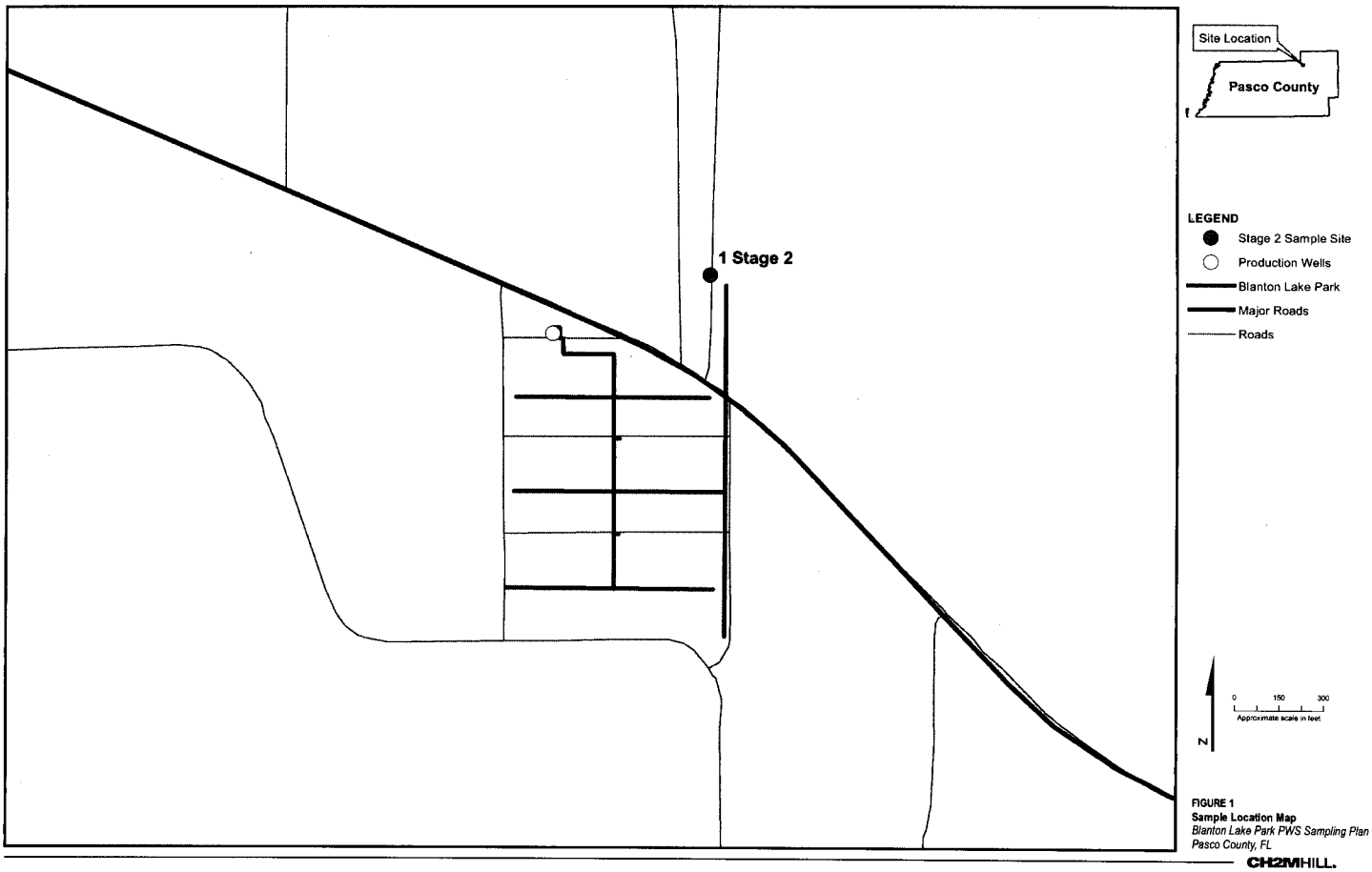


FIGURE 1
Sample Location Map
Blanton Lake Park PWS Sampling Plan
Pasco County, FL

CH2MHILL.

The OEL is a method to predict if a MCL will be exceeded if the next sampled concentration is the same as the currently sampled concentration. If an OEL calculation performed for samples taken at each location exceeds the MCL of TTHM or HAA_5, then an operational evaluation must be conducted and submitted to FDEP within 90 days of receiving the analytical result that caused the exceedance.

The operational evaluation must include an examination of the system treatment and distribution operational practices. It must include storage tank operations, excess storage capacity, distribution system flushing, changes in sources or source water quality, and treatment changes or problems that may contribute to TTHM and HAA_5 formation. It must then identify opportunities to reduce DBP concentrations in the distribution system and steps that could be considered to minimize future exceedances. The forms to fill out for an operational evaluation and their corresponding guidance pages are contained in Appendix A.

1.8 Methods

Approved methods are referenced in 62-550.550, F.A.C. (*Certified Laboratories and Analytical Methods for Public Water Systems*) and also referenced in *Analytical Methods Recommended for Drinking Water Monitoring of Secondary Contaminants*, USEPA, December 2009.

1.4 Sampling Frequency

As presented in **Table 1-1**, Stage 2 DBPR categorizes this PWS as having to sample for DBPs at its Stage 2 compliance location annually in order to comply with routine monitoring. One event must take place during the month where peak DBP formation occurs. **Table 1-2** shows data from the third quarter of each year, which is considered to be the peak period for DBP formation at the selected Stage 2 compliance location. Therefore, samples for the stage 2 compliance sites will be taken in July.

A dual sample set (both TTHM and HAA_5 sampled for at the same site) will be taken and Pasco County will monitor these data for compliance with the maximum contaminant level (MCL) of DBPs. The MCL of TTHM is 0.08 mg/L, and the MCL of HAA_5 is 0.06 mg/L.

1.5 Sample Concentration Calculation

The concentration of each contaminant at each sample site is to be analyzed using the Locational Running Annual Average (LRAA) method. The LRAA is used to compare contaminant concentrations to MCLs. For systems with more than one monitoring site, system-wide averages will not be calculated. LRAA averages the concentrations gathered for each of the most recent four quarters.

If monitoring quarterly, $LRAA = (Q_1 + Q_2 + Q_3 + Q_4)/4$

Where Q_4 = Current Quarter

Q_3 = Previous Quarter

Q_2 = Quarter before Previous Quarter

Q_1 = Quarter before Quarter before Previous Quarter

If monitoring annually, LRAA = concentration

1.6 Reduced Monitoring

According to 40 CFR 141.623, since this system will be monitoring for TTHM and HAA_5 at the same locations as Stage 1 DBPR, this system may begin Stage 2 DBPR compliance monitoring under reduced monitoring provided that at all locations the LRAA of TTHM and HAA_5 is less than or equal to 0.040 and 0.030 mg/L, respectively. To continue reduced monitoring, recorded LRAA of TTHM and HAA_5 at all locations must be less than or equal to 0.060 and 0.045 mg/L, respectively. Reduced monitoring only requires sampling every third year in July.

1.7 Increased Monitoring

If any single sample taken for this PWS contains a TTHM concentration greater than 0.080 mg/L or an HAA_5 concentration of 0.060 mg/L, monitoring must be increased to taking a dual sample set quarterly. If under increased monitoring, this PWS will require dual sample sets in January, April, July, and October of each year.

If the system is conducting increased monitoring prior to beginning Stage 2 DBPR sampling, it must continue increased monitoring until the LRAA for TTHM and HAA_5 does not exceed 0.06 mg/L and 0.045 mg/L, respectively after conducting at least four quarterly sampling events.

The system may return to routine monitoring if the LRAA for TTHM and HAA_5 does not exceed 0.06 mg/L and 0.045 mg/L, respectively after conducting at least four quarterly sampling events.

In addition to using the quarterly LRAA calculation during increased monitoring, this system must perform an Operation Evaluation Level (OEL) calculation as follows:

$$OEL = (Q_2 + Q_3 + 2*Q_4)/4$$

Where the Q variables are consistent with the definitions above in the "Sample Concentration Calculation" section.

TABLE 1-1
Required Number of Samples as Defined in 40 CFR 141.605
Pasco County's Blanton Lake Park PWS DBP Sampling Plan

Source Water Type	Population Size Category	Monitoring Frequency	Distribution System Monitoring Location			
			Total per Monitoring Period	Highest TTHM Locations	Highest HAA5 Locations	Existing Stage 1 DBPR Compliance Locations
Subpart H:						
	<500	per year	2	1	1	
	500–3,300	per quarter	2	1	1	
	3,301–9,999	per quarter	2	1	1	
	10,000–49,999	per quarter	4	2	1	1
	50,000–249,999[1]	per quarter	8	3	3	2
	250,000–999,999	per quarter	12	5	4	3
	1,000,000–4,999,999	per quarter	16	6	6	4
	≥5,000,000	per quarter	20	8	7	5
Groundwater:						
	<500	**per year**	**2**	**1**	**1**	
	500–9,999	per year	2	1	1	
	10,000–99,999	per quarter	4	2	1	1
	100,000–499,999	per quarter	6	3	2	1
	≥500,000	per quarter	8	3	3	2

Blanton Lake Park PWS population range denoted in bold

1.3 Sampling Locations

The two Stage 2 DBPR compliance sampling locations are determined by the TTHM and HAA_5 concentrations gathered from the existing Stage 1 DBPR compliance sampling results. Data from Pasco County's Blanton Lake Park Stage 1 DBPR monitoring site are presented in **Table 1-2**. Blanton Lake Park PWS is currently conducting sampling on a reduced monitoring schedule. These data reflect the highest DBP contaminant levels for each monitoring location on an annual basis.

TABLE 1-2
Stage 1 Sampling Results
Pasco County's Blanton Lake Park PWS DBP Sampling Plan

Site	Address	3rd Quarter 2009		3rd Quarter 2012	
		TTHM (µg/L)	HAA (µg/L)	TTHM (µg/L)	HAA (µg/L)
1	17727 Adela Street	35.3	27.9	35.7	24.9

Sample site 1 represents the Stage 1 DBPR compliance sampling location. This VSS will continue TTHM and HAA_5 data collection at this location. This sample site will be renamed to "1 Stage 2" to be consistent with naming conventions for other Pasco County PWS. This sampling location is presented in **Figure 1-1**.

SECTION 1

Blanton Lake Park Public Water System (PWSID 651-2033)

- **Service Area Population:** 107 (as of 11/6/2012)
- **System Category:** Very Small System
- **Water Source Type:** Groundwater

1.1 Overview

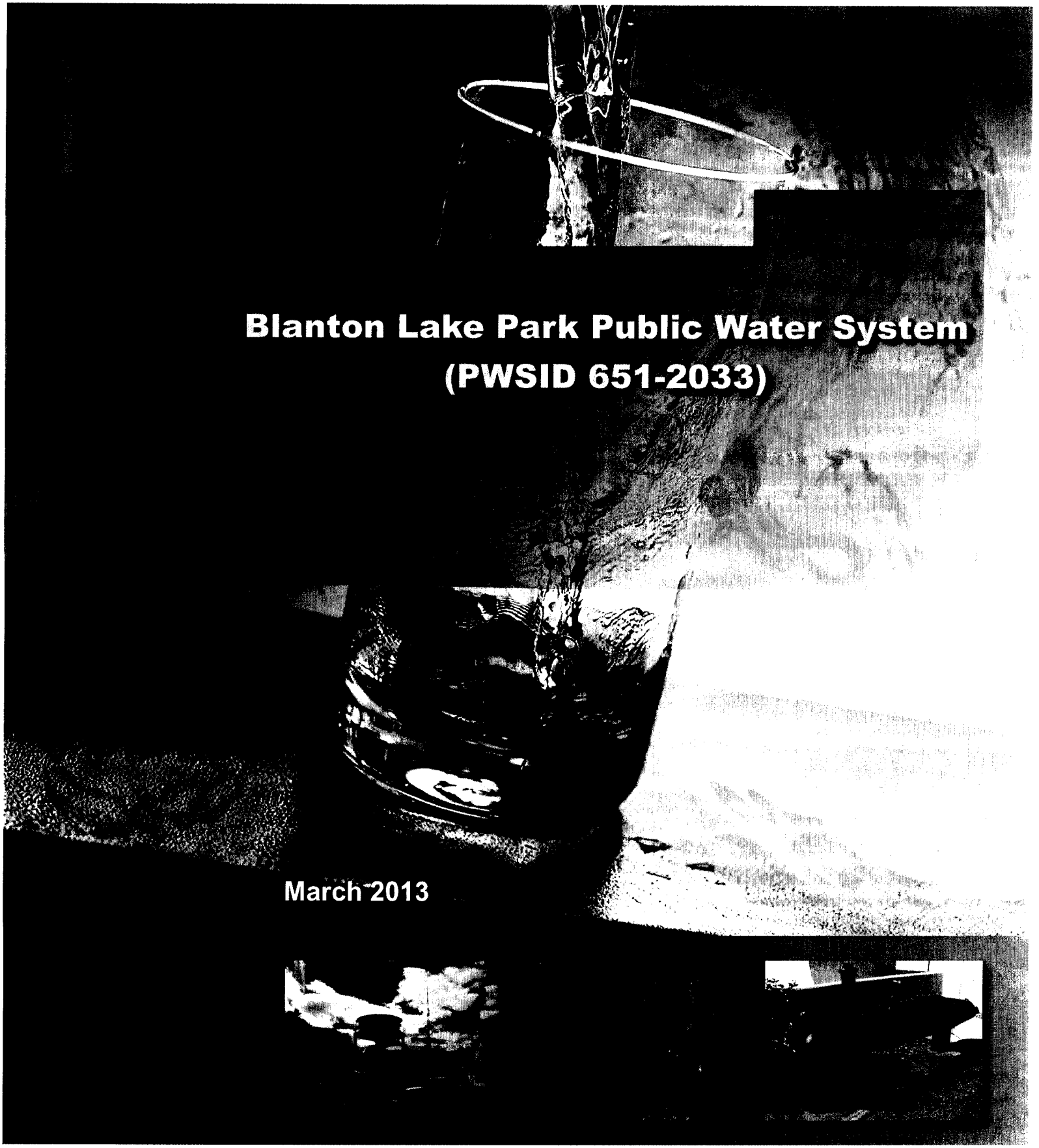
The Blanton Lake Park Public Water System (PWS) has a population of 107 and is considered a Very Small System (VSS), as defined in 71 Federal Register (FR) 388, with groundwater as its source water. Like all public water systems, the Blanton Lake Park PWS is required to conduct disinfection byproducts (DBP) sampling in accordance with 40 Code of Federal Regulations (CFR) 141 and the Stage 2 Disinfectant and Disinfection Byproducts Rule (DBPR) outlined in 71 FR 388. According to this rule, any PWS serving less than 10,000 people and is not currently conducting cryptosporidium monitoring under the Long Term 2 Enhanced Surface Water Treatment Rule (LT2ESWTR) must begin Stage 2 DBPR compliance monitoring by October 1, 2013. VSS Stage 2 DBPR sampling plans do not require Florida Department of Environmental Protection (FDEP) review, but they are required to be kept on file.

Public water systems must collect DBP samples at sites that are representative of the highest DBP concentrations throughout the distribution system in accordance with a written sampling plan. The purpose of this sampling plan is to define the number of required samples, sampling locations, frequency, and timing that meet the sampling requirements dictated by the CFR and FR and to improve public health protection by reducing carcinogens to minimal levels through the control of trihalomethanes (THM) and haloacetic acids (HAA_5). The United States Environmental Protection Agency (USEPA) developed an Initial Distribution System Evaluation (IDSE) Guidance Manual in January 2006 for sampling plan development.

In compliance with the Stage 2 DBPR an IDSE was conducted in order to evaluate the levels of TTHM and HAA_5 at existing monitoring locations. For systems serving less than 500 people with previous THM and HAA_5 compliant sampling, a VSS IDSE waiver was given so no additional system evaluation was necessary beyond routine monitoring. DBP data collected within this PWS prior to the IDSE study supported the granting of a VSS waiver.

1.2 Number of Required Stage 2 Compliance Samples

The number of distribution system samples required is dependent on both the population served and the water type. **Table 1-1** shows a sliding scale for the required numbers of DBP samples based on a system's population as defined in 40 CFR 141.605. The population for the Blanton Lake Park PWS service area is 107 as of November 2012. The minimum number of annual distribution system samples is two.



Blanton Lake Park Public Water System (PWSID 651-2033)

March 2013

Prepared for

Pasco County
Utilities Services Branch

Prepared by

CH2MHILL®

PN 240075

BLANK PAGE

2013 2nd Qtr. Blanton / thm's / HAA5's

#3

PASCO COUNTY, FLORIDA

"Bringing Opportunities Home"

DADE CITY (352) 521-4274
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7530 LITTLE ROAD
NEW PORT RICHEY, FL 34654

April 18, 2013

Mr. Jaime Brock
Drinking Water Section
Florida Department of Environmental Protection
13051 N. Telecom Pkwy
Temple Terrace, FL 33637

RE: Blanton Potable Water System
PWS ID #651-2033
THM/HAA Monitoring Results, Qtr II 2013

Dear Mr. Brock:

Enclosed please find the analytical results of THM and HAA5 analysis conducted on one distribution point in the Blanton Potable Water System, PWS ID #651-2033. These results are submitted in compliance with the quarterly monitoring requirements for this system.

If you have any questions please feel free to contact me.

Sincerely,

Candia E. Mulhern
Laboratory Manager

Enc.

cc: Robert J. Sigmond, Utilities Fiscal and Business Services Director
Jim Hircock, Utilities Compliance Officer
Kendra Phillips, Plant Operator

* HAA5 exceedance

SOUTHERN ANALYTICAL LABORATORIES, INC.

110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 813-855-1844 FAX 813-855-2218

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Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format

Pasco County Environmental Laboratory
Blanton

PUBLIC WATER SYSTEM INFORMATION (to be completed by sampler - please type or print legibly)

System Name: PCUD-Blanton Lake Park PWS I.D. #: 6 5 1 2 0 3 3

System Type (check one): [X] Community [ ] Nontransient Noncommunity [ ] Transient Noncommunity

Address: Blanton Rd/Ade100(Adalia St)Ad

City: San Antonio Zip Code: 33525

Phone: (813) 847-8144 Fax: E-Mail Address:

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: 1303550-01 Sample Date: 4/2/13 Sample Time: 10:00 am AM PM (Circle One)

Sample Location (be specific): 17224 Adela Location Code:

Disinfection Residual (Required when reporting results for trihalomethanes and haloacetic acids): 0.46 mg/L Field pH: 7.6

Sample Type (Check Only One)

- [ ] Distribution
- [ ] Entry Point (to Distribution)
- [ ] Plant Tap (not for compliance with 62-550)
- [ ] Raw (at well or intake)
- [X] Max. Residence Time
- [ ] Ave. Residence Time
- [ ] Near First Customer

Reason (s) for Sample (Check all that apply)

- [ ] Routine Compliance with 62-550
- [ ] Confirmation of MCL Exceedance*
- [ ] Composite of Multiple Sites **
- [X] Other: Quarterly THM/HAA5s
- [ ] Replacement (of Invalidated Sample)
- [ ] Special (not for compliance with 62-550)
- [ ] Clearance (permitting)

Sampling Procedure Used or Other Comments:

* See 62-550.500(6) for requirements and restrictions. And 62-550.5.12(3) for nitrate or nitrite exceedances.

** See 62-550.500(4) for requirements and attach a results page for each site

SAMPLER CERTIFICATION

I, Kendra Phillips (Print Name), Water Plant Operator (Print Title) do HEREBY CERTIFY that the above public water system and sample collection information is complete and correct.

Signature: Date:

Certified Operator #: B-14366 Phone #: (727) 834-3255 Sampler's Fax #: (727) 834-3229

Sampler's E-Mail:

Reporting Format 62-550-730
Effective January 1995. Revised February 2010

SOUTHERN ANALYTICAL LABORATORIES, INC.
110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 813-855-1844 fax 813-855-2218

SAL Project No. 1302165

Client Name: Pasco County Utilities Lab * In-house *	Contact / Phone: Candia E. Mulhern 727-847-8902
Project Name / Location: DBP Analyses - Blanton - 651-2033	
Samplers: (Signature) Kendra Phillips	

Matrix Codes:
DW-Drinking Water WW-Wastewater
SW-SurfaceWater SL-Sludge SO-Soil
GW-Groundwater SA-Saline Water O-Other
R-Reagent Water

PARAMETER / CONTAINER DESCRIPTION

SAL Use Only Sample No.	Sample Description	Date	Time	Matrix	Composite	Grab	40mL V. $Na_2S_2O_3$ 524.2-THM	40mL V. NH_4Cl 552.2-HAA		free Cl_2 (mg/L)					No. of Containers (Total per each location)
01	17224 Adela	2-25-13	11:20	DW		X	2	3		0.22					5
02	Trip Blank			R		X	1								1

Containers Prepared/ Relinquished	Date/Time	Received	Date/Time
[illegible]	[illegible]	KP	2-25-13 [illegible]
KP	2-25-13 1305	K Mudmark	1305 2/25/13

Seal intact?	Y N N/A
Samples intact upon arrival?	Y N N/A
Received on ice? Temp_____	Y N N/A
Proper preservatives indicated?	Y N N/A
Rec'd within holding time?	Y N N/A
Volatiles rec'd w/out headspace?	Y N N/A
Proper containers used?	Y N N/A

Instructions / Remarks

Chain of Custody

Chain of Custody
Rev Date 11/19/03

Page 4 of 4

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Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format

DISINFECTION BYPRODUCTS
62-550.310(3)

Report Number / Job ID: 1302165-01
Disinfectant Residual (mg/L) (From Page 1): 0.22
PWS ID (From Page 1): 6512033

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Reg MRL**	Analysis Date	Analysis Time	DOH Lab Certification #
2450	Monochloroacetic Acid	N/A	ug/L	0.76	U	EPA 552.2	0.76	2.0	2/27/13	7:44	E84129
2451	Dichloroacetic Acid	N/A	ug/L	7.4		EPA 552.2	0.69	1.0	2/27/13	7:44	E84129
2452	Trichloroacetic Acid	N/A	ug/L	6.7		EPA 552.2	0.34	1.0	2/27/13	7:44	E84129
2453	Monobromoacetic Acid	N/A	ug/L	0.33	U	EPA 552.2	0.33	1.0	2/27/13	7:44	E84129
2454	Dibromoacetic Acid	N/A	ug/L	0.26	U	EPA 552.2	0.26	1.0	2/27/13	7:44	E84129
2456	Total Haloacetic Acids (HAA5)	60	ug/L	14.1		EPA 552.2	0.26	—	2/27/13	7:44	E84129

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Reg MRL**	Analysis Date	Analysis Time	DOH Lab Certification #
2941	Chloroform	N/A	ug/L	19		EPA 524.2	0.2	1.0	2/26/13	5:46	E84129
2942	Bromoform	N/A	ug/L	0.2	U	EPA 524.2	0.2	1.0	2/26/13	5:46	E84129
2943	Bromodichloromethane	N/A	ug/L	2.2		EPA 524.2	0.2	1.0	2/26/13	5:46	E84129
2944	Dibromochloromethane	N/A	ug/L	0.7	I	EPA 524.2	0.1	1.0	2/26/13	5:46	E84129
2950	Total Trihalomethanes (TTHM)	80	ug/L	21.9		EPA 524.2	0.1	—	2/26/13	5:46	E84129

** Laboratories are required to adhere to minimum reporting level (MRL) requirements of 40 CFR 141.131(b)(2)(iv). Chlorite regulatory MRL is applicable to monitoring as prescribed in 40 CFR 141.132(b)(2)(i)(B) and (b)(2)(ii). Laboratories that use EPA Methods 317.0 Revision 2.0, 326.0 or 321.8 must meet a 1.0 ug/L MRL for bromate.

*Qualifiers:

U=Analyte was undetected. Indicated concentration is method detection limit.
I=The reported value is between the laboratory method detection limit and the laboratory practical quantitation limit.

SOUTHERN ANALYTICAL LABORATORIES, INC.

110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 813-855-1844 FAX 813-855-2218

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Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format

Pasco County Environmental Laboratory
DBP Analyses - Blanton

LABORATORY CERTIFICATION INFORMATION (to be completed by lab - please type or print legibly)

Lab Name: Southern Analytical Laboratories, Inc. Florida DOH Certification #: E84129 Certification Expiration Date: 06/30/2013

ATTACH CURRENT DOH ANALYTE SHEET*

Address: 110 Bayview Blvd Oldsmar,FL 34677 Phone: (813) 855-1844

Were any analyses subcontracted? ☐ Yes ☒ No If yes, please provide DOH certification number(s):

ATTACH CURRENT DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB*

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 02/25/2013

PWS ID (From Page 1): 6512033 Sample Number (From Page 1): 1302165-01 Lab Assigned Report # or Job ID: 1302165-01

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 for Asbestos	☐ All 30	☐ All 21	☒ Trihalomethanes	☐ Single Sample	☐ All 14
☐ Partial	☐ All Except Dioxin	☐ Partial	☒ Haloacetic Acids	☐ Qtrly Composite	☐ Partial
☐ Nitrate	☐ Partial		☐ Chlorite		
☐ Nitrite	☐ Dioxin Only		☐ Bromate		
☐ Asbestos					

LAB CERTIFICATION

I, Francis I. Daniels (Print Name), Laboratory Director (Print Title) do HEREBY CERTIFY

that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Acceditation Conference (NELAC).

Signature: Francis I. Daniels Date: 02/28/2013

* Failure to provide a valid and current Florida DOH lab certification number and a current Analyte Sheet for the attached analysis results will result in rejection of the report, possible enforcement against the public water system for failure to sample, and may result in notification of the DOH Bureau of Laboratory Services.

** Please provide radiological sample dates & locations for each quarter.

CONFIRMATION & NOTIFICATION IS REQUIRED WITHIN 24 HOURS FOR NITRATE AND NITRITE MCL EXCEEDANCES

NON-DETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" QUALIFIER (Non-detects reported as "BDL" or with a "<" are not acceptable.)

COMPLIANCE DETERMINATION (to be completed by DEP or DOH - attach notes as necessary)

Sample Collection & Analysis Satisfactory: ☐ Yes ☐ No Replacement Sample or Report Requested (circle or highlight group(s) above)

Person Notified: Date Notified: DEP/DOH Reviewing Official:

Reporting Format 62-550-730
Effective January 1995. Revised February 2010

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110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 813-855-1844 FAX 813-855-2218

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Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format

Pasco County Environmental Laboratory
DBP Analyses - Blanton

PUBLIC WATER SYSTEM INFORMATION (to be completed by sampler - please type or print legibly)

System Name: PCUD-Blanton Lake Park PWS I.D. #: 6 5 1 2 0 3 3

System Type (check one): [X] Community [ ] Nontransient Noncommunity [ ] Transient Noncommunity

Address: Blanton Rd/Ade100(Adalia St)Ad

City: San Antonio Zip Code: 33525

Phone: (813) 847-8144 Fax: E-Mail Address:

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: 1302165-01 Sample Date: 2/25/13 Sample Time: 11:20 am AM PM (Circle One)

Sample Location (be specific): 17224 Adela Location Code:

Disinfection Residual (Required when reporting results for trihalomethanes and haloacetic acids): 0.22 mg/L Field pH:

Sample Type (Check Only One)

- [ ] Distribution
- [ ] Entry Point (to Distribution)
- [ ] Plant Tap (not for compliance with 62-550)
- [ ] Raw (at well or intake)
- [X] Max. Residence Time
- [ ] Ave. Residence Time
- [ ] Near First Customer

Reason (s) for Sample (Check all that apply)

- [ ] Routine Compliance with 62-550
- [ ] Confirmation of MCL Exceedance*
- [ ] Composite of Multiple Sites **
- [X] Other: Quarterly THM/HAA5s

Sampling Procedure Used or Other Comments:
Rush Due Thursday 2-28-13

- [ ] Replacement (of Invalidated Sample)
- [ ] Special (not for compliance with 62-550)
- [ ] Clearance (permitting)

* See 62-550.500(6) for requirements and restrictions. And 62-550.5.12(3) for nitrate or nitrite exceedances.

** See 62-550.500(4) for requirements and attach a results page for each site

SAMPLER CERTIFICATION

I, Kendra Phillips (Print Name), Water Plant Operator (Print Title) do HEREBY CERTIFY that the above public water system and sample collection information is complete and correct.

Signature: Date:

Certified Operator #: B-14366 Phone #: (727) 834-3255 Sampler's Fax #: (727) 834-3229

Sampler's E-Mail:

Reporting Format 62-550-730
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Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format

DISINFECTION BYPRODUCTS
62-550.310(3)

Report Number / Job ID: 1307807-01
Disinfectant Residual (mg/L) (From Page 1): 2.9
PWS ID (From Page 1): 6512033

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Reg MRL**	Analysis Date	Analysis Time	DOH Lab Certification #
2450	Monochloroacetic Acid	N/A	ug/L	1.3	I	EPA 552.2	0.76	2.0	8/2/13	9:27	E84129
2451	Dichloroacetic Acid	N/A	ug/L	10		EPA 552.2	0.69	1.0	8/2/13	9:27	E84129
2452	Trichloroacetic Acid	N/A	ug/L	16		EPA 552.2	0.34	1.0	8/2/13	9:27	E84129
2453	Monobromoacetic Acid	N/A	ug/L	0.33	U	EPA 552.2	0.33	1.0	8/2/13	9:27	E84129
2454	Dibromoacetic Acid	N/A	ug/L	0.26	U	EPA 552.2	0.26	1.0	8/2/13	9:27	E84129
2456	Total Haloacetic Acids (HAA5)	60	ug/L	27.30		EPA 552.2	0.26	—	8/2/13	9:27	E84129

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Reg MRL**	Analysis Date	Analysis Time	DOH Lab Certification #
2941	Chloroform	N/A	ug/L	36		EPA 524.2	0.2	1.0	8/1/13	20:07	E84129
2942	Bromoform	N/A	ug/L	0.2	U	EPA 524.2	0.2	1.0	8/1/13	20:07	E84129
2943	Bromodichloromethane	N/A	ug/L	4.3		EPA 524.2	0.2	1.0	8/1/13	20:07	E84129
2944	Dibromochloromethane	N/A	ug/L	0.3	I	EPA 524.2	0.1	1.0	8/1/13	20:07	E84129
2950	Total Trihalomethanes (TTHM)	80	ug/L	40.6		EPA 524.2	0.1	—	8/1/13	20:07	E84129

** Laboratories are required to adhere to minimum reporting level (MRL) requirements of 40 CFR 141.131(b)(2)(iv). Chlorite regulatory MRL is applicable to monitoring as prescribed in 40 CFR 141.132(b)(2)(i)(B) and (b)(2)(ii). Laboratories that use EPA Methods 317.0 Revision 2.0, 326.0 or 321.8 must meet a 1.0 ug/L MRL for bromate.

*Qualifiers:

U=Analyte was undetected. Indicated concentration is method detection limit.
I=The reported value is between the laboratory method detection limit and the laboratory practical quantitation limit.

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ACCREDITED IN ACCORDANCE WITH

Pasco County Environmental Laboratory
[none]

Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format

LABORATORY CERTIFICATION INFORMATION (to be completed by lab - please type or print legibly)

Lab Name: Southern Analytical Laboratories, Inc. Florida DOH Certification #: E84129 Certification Expiration Date: 06/30/2014

ATTACH CURRENT DOH ANALYTE SHEET*

Address: 110 Bayview Blvd Oldsmar,FL 34677 Phone: (813) 855-1844

Were any analyses subcontracted? ☐ Yes ☒ No If yes, please provide DOH certification number(s):

ATTACH CURRENT DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB*

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 07/31/2013

PWS ID (From Page 1): 6512033 Sample Number (From Page 1): 1307807-01 Lab Assigned Report # or Job ID: 1307807-01

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 for Asbestos	☐ All 30	☐ All 21	☒ Trihalomethanes	☒ Single Sample	☐ All 14
☐ Partial	☐ All Except Dioxin	☐ Partial	☒ Haloacetic Acids	☐ Qtrly Composite	☐ Partial
☐ Nitrate	☐ Partial		☐ Chlorite		
☐ Nitrite	☐ Dioxin Only		☐ Bromate		
☐ Asbestos					

LAB CERTIFICATION

I, Francis I. Daniels (Print Name), Laboratory Director (Print Title) do HEREBY CERTIFY that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).

Signature: Fran Daniels Date: 08/05/2013

* Failure to provide a valid and current Florida DOH lab certification number and a current Analyte Sheet for the attached analysis results will result in rejection of the report, possible enforcement against the public water system for failure to sample, and may result in notification of the DOH Bureau of Laboratory Services.

** Please provide radiological sample dates & locations for each quarter.

CONFIRMATION & NOTIFICATION IS REQUIRED WITHIN 24 HOURS FOR NITRATE AND NITRITE MCL EXCEEDANCES

NON-DETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" QUALIFIER (Non-detects reported as "BDL" or with a "<" are not acceptable.)

COMPLIANCE DETERMINATION (to be completed by DEP or DOH - attach notes as necessary)

Sample Collection & Analysis Satisfactory: ☐ Yes ☐ No Replacement Sample or Report Requested (circle or highlight group(s) above)

Person Notified: Date Notified: DEP/DOH Reviewing Official:

Reporting Format 62-550-730
Effective January 1995. Revised February 2010

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SOUTHERN ANALYTICAL LABORATORIES, INC.

110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 813-855-1844 FAX 813-855-2218

ACCREDITED IN ACCORDANCE WITH

Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format

Pasco County Environmental Laboratory
~~[none]~~

PUBLIC WATER SYSTEM INFORMATION (to be completed by sampler - please type or print legibly)

System Name: PCUD-Blanton Lake Park PWS I.D. #: 6 5 1 2 0 3 3

System Type (check one): [X] Community [ ] Nontransient Noncommunity [ ] Transient Noncommunity

Address: Blanton Rd/Ade100(Adalia St)Ad

City: San Antonio Zip Code: 33525

Phone: (813) 847-8144 Fax: E-Mail Address:

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: 1307807-01 Sample Date: 7/30/13 Sample Time: 11:00 am [AM] PM (Circle One)

Sample Location (be specific): 17224 Adela Location Code:

Disinfection Residual (Required when reporting results for trihalomethanes and haloacetic acids): 2.9 mg/L Field pH: 7.6

Sample Type (Check Only One)

- [ ] Distribution
- [ ] Entry Point (to Distribution)
- [ ] Plant Tap (not for compliance with 62-550)
- [ ] Raw (at well or intake)
- [X] Max. Residence Time
- [ ] Ave. Residence Time
- [ ] Near First Customer

Reason (s) for Sample (Check all that apply)

- [X] Routine Compliance with 62-550
- [ ] Confirmation of MCL Exceedance*
- [ ] Composite of Multiple Sites **
- [ ] Other:
- [ ] Replacement (of Invalidated Sample)
- [ ] Special (not for compliance with 62-550)
- [ ] Clearance (permitting)

Sampling Procedure Used or Other Comments:

* See 62-550.500(6) for requirements and restrictions. And 62-550.5.12(3) for nitrate or nitrite exceedances.

** See 62-550.500(4) for requirements and attach a results page for each site

SAMPLER CERTIFICATION

I, Kendra Phillips (Print Name), Water Plant Operator (Print Title), do HEREBY CERTIFY that the above public water system and sample collection information is complete and correct.

Signature: Date:

Certified Operator #: B-14366 Phone #: (727) 834-3255 Sampler's Fax #: (727) 834-3229

Sampler's E-Mail:

Reporting Format 62-550-730
Effective January 1995. Revised February 2010

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#4

CITY OF CLEARWATER

POST OFFICE BOX 4748, CLEARWATER, FLORIDA 33758-4748
1650 N. ARCTURAS AVENUE, BLDG. C, CLEARWATER, FLORIDA 33765-1945
TELEPHONE (727) 562-4960 FAX (727) 562-4963

PUBLIC UTILITIES

Date: July 26, 2012

Bill Ryland or Gerald Foster
Florida Department of Environmental Protection
Southwest District
13051 N. Telecom Parkway
Temple Terrace, FL 33637-0926

Re: **Thirds** Quarter 2012 Stage II DBP Report
City of Clearwater Public Water System
PWS I.D. No. 6520336

Enclosed, please find the Stage II DBP sampling results for the Third Quarter of 2012. Included are TTHM and HAA5 results. All sampling locations are designated sample stations.
If you have any questions or concerns, please contact Greg Turman, Water Production Coordinator, at (727) 462-6326.

Sincerely,

Greg Turman
Water Production Coordinator

Attachments

Cc: Tracy Mercer
Glenn Daniel

SOUTHERN ANALYTICAL LABORATORIES, INC.
110 BAYVIEW BOULEVARD OLDSMAR, FL 34677 813-855-1844 fax 813-855-2318

SAL Project No 1203419

Client Name: City of Clearwater Water Department

Contact / Phone: Greg Turman

Project Name / Location: Stage 2 Disinfection By-Products

Samplers: (Signature) Dave Murray

Matrix Codes: DW-Drinking Water WW-Wastewater SW-SurfaceWater SL-Sludge SO-Soil GW-Groundwater SA Saline Water O-Other R-Reagent Water

PARAMETER / CONTAINER DESCRIPTION

SAL Use Only Sample No.	Sample Description	Date	Time	Matrix	Composite	Grab	40mL V, $Na_2S_2O_3$ 524 TTHM	40mLeV, NH_4Cl 552.2 HAA	Residual Chlorine	pH	Temp									Total number of containers
[illegible]	[illegible]			DW		X	2	3												5
[illegible]	[illegible]			DW		X	2	3												5
[illegible]	[illegible]			DW		X	2	3												5
[illegible]	[illegible]			DW		X	2	3												5
05	1616 Ridge Top Way	7-17-12	9:05	DW		X	2	3	3.6	7.78	28.9									5
06	1951 Edgewater Drive	7-17-12	8:05	DW		X	2	3	2.1	7.77	28.6									5
07	710 Maple Street	7-17-12	8:35	DW		X	2	3	3.0	7.81	30.2									5
08	2456 Morse Haven Drive	7-17-12	7:40	DW		X	2	3	4.5	7.96	27.6									5
09	Trip Blank			R		X	1													1

Containers Prepared/ Relinquished	Date/Time	Received	Date/Time
J. Chambers	4/2/12		
Dave Murray	07-17-12	[signature]	0948 07-17-12

Seal intact? Y N N/A
Sample intact upon arrival? Y N N/A
Received on ice? Temp ___ Y N N/A
Proper preservatives indicated? Y N N/A
Rec'd within holding time? Y N N/A
Volatiles rec'd w/out headspace? Y N N/A
Proper containers used? Y N N/A

Instructions / Remarks:

1203419

Chain of Custody

Chain of Custody.xls
Rev. Date 11/16/01

SOUTHERN ANALYTICAL LABORATORIES, INC.

110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 813-855-1844 fax 813-855-3216

SAL Project No. 1203419

Client Name	Contact / Phone:
City of Clearwater Water Department	Greg Tiernan
Project Name / Location	
Stage 2 Disinfection By-Products	
Samplers: (Signature) Michael Olen	

Matrix Codes: DW-Drinking Water WW-Wastewater SW-SurfaceWater SL-Sludge SO-Soil GW-Groundwater SA-Saline Water O-Other R-Reagent Water

PARAMETER / CONTAINER DESCRIPTION

	Sample Description	Date	Time	Matrix	Composite	Grab	40mL V, $Na_2S_2O_3$ 524 TTHM	40mL/pV, NH_4Cl 552.2 HAA	Residual Chlorine	pH	Temp T										Total number of containers
01	3271 Windchime	7-17-12	8:30	DW		X	2	3	1.3	7.86	27.9										5
02	3357 Artic Ave.	7-17-12	9:00	DW		X	2	3	1.7	7.88	27.9										5
03	2429 Sabre Court	7-17-12	8:00	DW		X	2	3	3.5	7.88	26.8										5
04	1885 Byram Drive	7-17-12	7:30	DW		X	2	3	3.9	7.50	26.9										5
05	1616 Ridge Top Way			DW		X	2	3													5
06	1951 Edgewater Drive			DW		X	2	3													5
07	710 Maple Street			DW		X	2	3													5
08	2466 Maple Haven Drive			DW		X	2	3													5
09	Trip Blank			R		X	1														1

Relinquished:	Date/Time:	Received:	Date/Time:
Containers Prepared: J. Chambers	7/21 4/2/12		
Relinquished: M. Wilder	7-17-12 900	Received:	7-17-12 920
Relinquished:	Date/Time:	Received:	Date/Time:
Relinquished:	Date/Time:	Received:	Date/Time:
Relinquished:	Date/Time:	Received:	Date/Time:

Chain of Custody Signature Variation

Seal Intact?	Y	N N/A
Samples Intact upon arrival?	Y	N N/A
Received on Ice? Temp.	Y	N N/A
Proper preservatives Indicated?	Y	N N/A
Rec'd within holding time?	Y	N N/A
Volatiles rec'd w/out headspace?	Y	N N/A
Proper containers used?	Y	N N/A

Instructions / Remarks:

1203419

Chain of Custody

SOUTHERN ANALYTICAL LABORATORIES, INC.
110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 813-855-1844 FAX 813 855 2218

Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format

DISINFECTION BYPRODUCTS
62-550.310(3)

Report Number / Job ID: 1203419-08
Disinfectant Residual (mg/L) (From Page 1): 4.5
PWS ID (From Page 1): 6520396

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Reg MRL**	Analysis Date	Analysis Time	DOH Lab Certification #
2450	Monochloroacetic Acid	N/A	ug/L	0.77	U	EPA 552.2	0.77	2.0	7/20/12	14:15	E84129
2451	Dichloroacetic Acid	N/A	ug/L	18		EPA 552.2	0.69	1.0	7/20/12	14:15	E84129
2452	Trichloroacetic Acid	N/A	ug/L	15		EPA 552.2	0.35	1.0	7/20/12	14:15	E84129
2453	Bromochloroacetic Acid	N/A	ug/L	2.2		EPA 552.2	0.34	1.0	7/20/12	14:15	E84129
2454	Dibromoacetic Acid	N/A	ug/L	6.3		EPA 552.2	0.27	1.0	7/20/12	14:15	E84129
2456	Total Haloacetic Acids (HAA5)	60	ug/L	41.5		EPA 552.2	0.27	—	7/20/12	14:15	E84129
Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Reg MRL**	Analysis Date	Analysis Time	DOH Lab Certification #
2941	Chloroform	N/A	ug/L	37		EPA 524.2	0.2	1.0	7/18/12	6:09	E84129
2942	Bromoform	N/A	ug/L	19		EPA 524.2	0.2	1.0	7/18/12	6:09	E84129
2943	Bromodichloromethane	N/A	ug/L	15		EPA 524.2	0.2	1.0	7/18/12	6:09	E84129
2944	Dibromochloromethane	N/A	ug/L	18		EPA 524.2	0.1	1.0	7/18/12	6:09	E84129
2950	Total Trihalomethanes (TTHM)	80	ug/L	90		EPA 524.2	0.1	—	7/18/12	6:09	E84129

** Laboratories are required to adhere to minimum reporting level (MRL) requirements of 40 CFR 141.131(b)(2)(iv). Chlorite regulatory MRL is applicable to monitoring as prescribed in 40 CFR 141.132(b)(2)(i)(B) and (b)(2)(ii). Laboratories that use EPA Methods 317.0 Revision 2.0, 326.0 or 321.8 must meet a 1.0 ug/L MRL for bromate.

*Qualifiers:

U=Analyte was undetected. Indicated concentration is method detection limit.

SOUTHERN ANALYTICAL LABORATORIES, INC.

110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 813-855-1844 FAX 813-855-2218

Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format

City of Clearwater Water Department
Stage 2 Disinfection By-Products

LABORATORY CERTIFICATION INFORMATION (to be completed by lab - please type or print legibly)

Lab Name: Southern Analytical Laboratories, Inc. Florida DOH Certification #: E84129 Certification Expiration Date: 06/30/2013

ATTACH CURRENT DOH ANALYTE SHEET*

Address: 110 Bayview Blvd Oldsmar,FL 34677 Phone: (813) 855-1844

Were any analyses subcontracted? ☐ Yes ☒ No If yes, please provide DOH certification number(s):

ATTACH CURRENT DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB*

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 07/17/2012

PWS ID (From Page 1): 8520336 Sample Number (From Page 1): 1203419-09 Lab Assigned Report # or Job ID: 1203419-09

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 for Asbestos	☐ All 30	☐ All 21	☒ Trihalomethanes	☐ Single Sample	☐ All 14
☐ Partial	☐ All Except Dioxin	☐ Partial	☒ Haloacetic Acids	☐ Qtrly Composite	☐ Partial
☐ Nitrate	☐ Partial		☐ Chlorite		
☐ Nitrite	☐ Dioxin Only		☐ Bromate		
☐ Asbestos					

LAB CERTIFICATION

I, Francis I. Daniels (Print Name), Laboratory Director (Print Title) do HEREBY CERTIFY

that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).

Signature: Fran Daniels Date: 07/24/2012

* Failure to provide a valid and current Florida DOH lab certification number and a current Analyte Sheet for the attached analysis results will result in rejection of the report, possible enforcement against the public water system for failure to sample, and may result in notification of the DOH Bureau of Laboratory Services.

** Please provide radiological sample dates & locations for each quarter.

CONFIRMATION & NOTIFICATION IS REQUIRED WITHIN 24 HOURS FOR NITRATE AND NITRITE MCL EXCEEDANCES

NON-DETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" QUALIFIER (Non-detects reported as "MDL" 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:

Reporting Format 62-550-730
Effective January 1995. Revised February 2010

SOUTHERN ANALYTICAL LABORATORIES, INC.

110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 813-855-1844 FAX 813-855-2218

Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format

City of Clearwater Water Department
Stage 2 Disinfection By-Products

PUBLIC WATER SYSTEM INFORMATION (to be completed by sampler - please type or print legibly)

System Name: City of Clearwater Water Dept PWS I.D. #: 6 5 2 0 3 3 6

System Type (check one): [X] Community [ ] Nontransient Noncommunity [ ] Transient Nonconmmunity

Address: 1650 N. Arcturus Ave.

City: Clearwater Zip Code: 33765

Phone: (727) 562-4060 Fax: E-Mail Address:

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: 1203418-08 Sample Date: 7/17/12 Sample Time: 7:40 am [AM] PM (Circle One)

Sample Location (be specific): 2488 Moore Haven Dr. Location Code:

Disinfection Residual (Required when reporting results for trihalomethanes and haloacetic acids): 4.5 mg/L Field pH: 7.96

Sample Type (Check Only One)

- [X] Distribution
- [ ] Entry Point (to Distribution)
- [ ] Plant Tap (not for compliance with 62-550)
- [ ] Raw (at well or intake)
- [ ] Max. Residence Time
- [ ] Ave. Residence Time
- [ ] Near First Customer

Reason (s) for Sample (Check all that apply)

- [X] Routine Compliance with 62-550
- [ ] Confirmation of MCL Exceedance*
- [ ] Composite of Multiple Sites **
- [ ] Replacement (of Invalidated Sample)
- [ ] Special (not for compliance with 62-550)
- [ ] Clearance (permitting)
- [ ] Other:

Sampling Procedure Used or Other Comments:

* See 62-550.500(6) for requirements and restrictions. And 62-550.5.12(3) for nitrate or nitrite exceedances.

** See 62-550.500(4) for requirements and attach a results page for each site

SAMPLER CERTIFICATION

I, Deane Murray (Print Name), (Print Title) do HEREBY CERTIFY

that the above public water system and sample collection information is complete and correct.

Signature: for D. Murray Date: 7/23/12

Certified Operator #: DW96440 Phone #: Sampler's Fax #:

Sampler's E-Mail:

Reporting Format 62-550-730
Effective January 1996, Revised February 2010

SOUTHERN ANALYTICAL LABORATORIES, INC.
110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 813 855 1844 FAX 813-855-2218

Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format

DISINFECTION BYPRODUCTS
62-550.310(3)

Report Number / Job ID: 1203419-07
Disinfectant Residual (mg/L) (From Page 1): 3.0
PWS ID (From Page 1): 6526336

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Reg MRL**	Analysis Date	Analysis Time	DOH Lab Certification #
2450	Monochloroacetic Acid	N/A	ug/L	0.78	U	EPA 552.2	0.78	2.0	7/20/12	13:51	E84129
2451	Dichloroacetic Acid	N/A	ug/L	13		EPA 552.2	0.70	1.0	7/20/12	13:51	E84129
2452	Trichloroacetic Acid	N/A	ug/L	9.3		EPA 552.2	0.36	1.0	7/20/12	13:51	E84129
2453	Monobromoacetic Acid	N/A	ug/L	0.67	I	EPA 552.2	0.34	1.0	7/20/12	13:51	E84129
2454	Dibromoacetic Acid	N/A	ug/L	5.6		EPA 552.2	0.27	1.0	7/20/12	13:51	E84129
2456	Total Haloacetic Acids (HAA5)	60	ug/L	28.77		EPA 552.2	0.27	—	7/20/12	13:51	E84129

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Reg MRL**	Analysis Date	Analysis Time	DOH Lab Certification #
2941	Chloroform	N/A	ug/L	24		EPA 524.2	0.2	1.0	7/16/12	5:37	E84129
2942	Bromoform	N/A	ug/L	24		EPA 524.2	0.2	1.0	7/16/12	5:37	E84129
2943	Bromodichloromethane	N/A	ug/L	13		EPA 524.2	0.2	1.0	7/16/12	5:37	E84129
2944	Dibromochloromethane	N/A	ug/L	20		EPA 524.2	0.1	1.0	7/16/12	5:37	E84129
2950	Total Trihalomethanes (TTHM)	80	ug/L	81		EPA 524.2	0.1	—	7/16/12	5:37	E84129

** Laboratories are required to adhere to minimum reporting level (MRL) requirements of 40 CFR 141.131(b)(2)(iv).
Chlorite regulatory MRL is applicable to monitoring as prescribed in 40 CFR 141.132(b)(2)(i)(B) and (b)(2)(ii).
Laboratories that use EPA Methods 317.0 Revision 2.0, 326.0 or 321.8 must meet a 1.0 ug/L MRL for bromate.

*Qualifiers:

U=Analyte was undetected. Indicated concentration is method detection limit.
I=The reported value is between the laboratory method detection limit and the laboratory practical quantitation limit.

SOUTHERN ANALYTICAL LABORATORIES, INC.
110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 813-855-1844 FAX 813-855-2216

ACCREDITED IN ACCORDANCE WITH

Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format

City of Clearwater Water Department
Stage 2 Disinfection By-Products

LABORATORY CERTIFICATION INFORMATION (to be completed by lab - please type or print legibly)

Lab Name: Southern Analytical Laboratories, Inc. Florida DOH Certification #: E84129 Certification Expiration Date: 06/30/2013

ATTACH CURRENT DOH ANALYTE SHEET*

Address: 110 Bayview Blvd Oldsmar,FL 34677 Phone: (813) 855-1844

Were any analyses subcontracted? ☐ Yes ☒ No If yes, please provide DOH certification number(s): _____

ATTACH CURRENT DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB*

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 07/17/2012

PWS ID (From Page 1): 8520338 Sample Number (From Page 1): 1203419-07 Lab Assigned Report # or Job ID: 1203419-07

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 for Asbestos	☐ All 30	☐ All 21	☒ Trihalomethanes	☐ Single Sample	☐ All 14
☐ Partial	☐ All Except Dioxin	☐ Partial	☒ Haloacetic Acids	☐ Qtrly Composite	☐ Partial
☐ Nitrate	☐ Partial		☐ Chlorite		
☐ Nitrite	☐ Dioxin Only		☐ Bromate		
☐ Asbestos					

LAB CERTIFICATION

I, Francis I. Daniels (Print Name), Laboratory Director (Print Title) do HEREBY CERTIFY that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).

Signature: _____ Date: 07/24/2012

* Failure to provide a valid and current Florida DOH lab certification number and a current Analyte Sheet for the attached analysis results will result in rejection of the report, possible enforcement against the public water system for failure to sample, and may result in notification of the DOH Bureau of Laboratory Services.

** Please provide radiological sample dates & locations for each quarter.

CONFIRMATION & NOTIFICATION IS REQUIRED WITHIN 24 HOURS FOR NITRATE AND NITRITE MCL EXCEEDANCES
NON-DETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" QUALIFIER (Non-detects reported as "BDL" or with a "<" are not acceptable.)

COMPLIANCE DETERMINATION (to be completed by DEP or DOH - attach notes as necessary)

Sample Collection & Analysis Satisfactory: ☐ Yes ☐ No _____ Replacement Sample or Report Requested (circle or highlight group(s) above)

Person Notified: _____ Date Notified: _____ DEP/DOH Reviewing Official: _____

Reporting Format 62-550-730
Effective January 1995, Revised February 2010

SOUTHERN ANALYTICAL LABORATORIES, INC.

110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 813-855-1844 FAX 813-855-2218

Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format

City of Clearwater Water Department
Stage 2 Disinfection By-Products

PUBLIC WATER SYSTEM INFORMATION (to be completed by sampler - please type or print legibly)

System Name: City of Clearwater Water Dept PWS I.D. #: 6 5 2 0 3 3 6

System Type (check one): [X] Community [ ] Nontransient Noncommunity [ ] Transient Noncommunity

Address: 1650 N. Arcturus Ave.

City: Clearwater Zip Code: 33765

Phone: (727) 562-4960 Fax: E-Mail Address:

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: 1203419-07 Sample Date: 7/17/12 Sample Time: 8:35 am [AM] PM (Circle One)

Sample Location (be specific): 710 Maple Street Location Code:

Disinfection Residual (Required when reporting results for trihalomethanes and haloacetic acids): 3.0 mg/L Field pH: 7.81

Sample Type (Check Only One)

- [X] Distribution
- [ ] Entry Point (to Distribution)
- [ ] Plant Tap (not for compliance with 62-550)
- [ ] Raw (at well or intake)
- [ ] Max. Residence Time
- [ ] Ave. Residence Time
- [ ] Near First Customer

Reason (s) for Sample (Check all that apply)

- [X] Routine Compliance with 62-550
- [ ] Confirmation of MCL Exceedance*
- [ ] Composite of Multiple Sites **
- [ ] Other:
- [ ] Replacement (of Invalidated Sample)
- [ ] Special (not for compliance with 62-550)
- [ ] Clearance (permitting)

Sampling Procedure Used or Other Comments:

* See 62-550.500(6) for requirements and restrictions. And 62-550.5:12(3) for nitrate or nitrite exceedances.

** See 62-550.500(4) for requirements and attach a results page for each site

SAMPLER CERTIFICATION

I, Deana Murray (Print Name) , (Print Title) do HEREBY CERTIFY that the above public water system and sample collection information is complete and correct.

Signature: for D. Murray Date: 7/25/12

Certified Operator #: DW A6440 Phone #: Sampler's Fax #:

Sampler's E-Mail:

Reporting Format 62-550-730
Effective January 1995. Revised February 2010

SOUTHERN ANALYTICAL LABORATORIES, INC.
110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 813-855-1844 FAX 813-855-2218

Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format

DISINFECTION BYPRODUCTS
62-550.310(3)

Report Number / Job ID: 1209419-08
Disinfectant Residual (mg/L) (From Page 1): 2.1
PWS ID (From Page 1): 6520356

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Reg MRL**	Analysis Date	Analysis Time	DOH Lab Certification #
2450	Monochloroacetic Acid	N/A	ug/L	0.77	U	EPA 552.2	0.77	2.0	7/20/12	13:27	E84129
2451	Dichloroacetic Acid	N/A	ug/L	20		EPA 552.2	0.60	1.0	7/20/12	13:27	E84129
2452	Trichloroacetic Acid	N/A	ug/L	14		EPA 552.2	0.36	1.0	7/20/12	13:27	E84129
2453	Monobromoacetic Acid	N/A	ug/L	1.2		EPA 552.2	0.54	1.0	7/20/12	13:27	E84129
2454	Dibromoacetic Acid	N/A	ug/L	8.1		EPA 552.2	0.27	1.0	7/20/12	13:27	E84129
2456	Total Haloacetic Acids (HAA5)	60	ug/L	43.3		EPA 552.2	0.27	—	7/20/12	13:27	E84129

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Reg MRL**	Analysis Date	Analysis Time	DOH Lab Certification #
2941	Chloroform	N/A	ug/L	38		EPA 524.2	0.2	1.0	7/18/12	5:04	E84129
2942	Bromoform	N/A	ug/L	22		EPA 524.2	0.2	1.0	7/18/12	5:04	E84129
2943	Bromodichloromethane	N/A	ug/L	20		EPA 524.2	0.2	1.0	7/18/12	5:04	E84129
2944	Dibromochloromethane	N/A	ug/L	24		EPA 524.2	0.1	1.0	7/18/12	5:04	E84129
2950	Total Trihalomethanes (TTHM)	80	ug/L	105		EPA 524.2	0.1	—	7/18/12	5:04	E84129

** Laboratories are required to adhere to minimum reporting level (MRL) requirements of 40 CFR 141.131(b)(2)(iv). Chlorite regulatory MRL is applicable to monitoring as prescribed in 40 CFR 141.132(b)(2)(i)(B) and (b)(2)(ii). Laboratories that use EPA Methods 317.0 Revision 2.0, 326.0 or 321.8 must meet a 1.0 ug/L MRL for bromate.

*Qualifiers:

U=Analyte was undetected. Indicated concentration is method detection limit.

SOUTHERN ANALYTICAL LABORATORIES, INC.

110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 813-855-1844 FAX 813-855-2218

Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format

City of Clearwater Water Department
Stage 2 Disinfection By-Products

LABORATORY CERTIFICATION INFORMATION (to be completed by lab - please type or print legibly)

Lab Name: Southern Analytical Laboratories, Inc. Florida DOH Certification #: E84129 Certification Expiration Date: 06/30/2013

ATTACH CURRENT DOH ANALYTE SHEET*

Address: 110 Bayview Blvd Oldsmar,FL 34677 Phone: (813) 855-1844

Were any analyses subcontracted? ☐ Yes ☒ No If yes, please provide DOH certification number(s):

ATTACH CURRENT DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB*

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 07/17/2012

PWS ID (From Page 1): 6520336 Sample Number (From Page 1): 1203419-06 Lab Assigned Report # or Job ID: 1203419-06

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 for Asbestos	☐ All 30	☐ All 21	☒ Trihalomethanes	☐ Single Sample	☐ All 14
☐ Partial	☐ All Except Dioxin	☐ Partial	☒ Haloacetic Acids	☐ Qtrly Composite	☐ Partial
☐ Nitrate	☐ Partial		☐ Chlorite		
☐ Nitrite	☐ Dioxin Only		☐ Bromate		
☐ Asbestos					

LAB CERTIFICATION

I, Francis I. Daniels (Print Name), Laboratory Director (Print Title) do HEREBY CERTIFY that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).

Signature: Date: 07/24/2012

* Failure to provide a valid and current Florida DOH lab certification number and a current Analyte Sheet for the attached analysis results will result in rejection of the report, possible enforcement against the public water system for failure to sample, and may result in notification of the DOH Bureau of Laboratory Services.

** Please provide radiological sample dates & locations for each quarter.

CONFIRMATION & NOTIFICATION IS REQUIRED WITHIN 24 HOURS FOR NITRATE AND NITRITE MCL EXCEEDANCES

NON-DETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" QUALIFIER (Non-detects reported as "BDL" or with a "<" are not acceptable.)

COMPLIANCE DETERMINATION (to be completed by DEP or DOH - attach notes as necessary)

Sample Collection & Analysis Satisfactory: ☐ Yes ☐ No Replacement Sample or Report Requested (circle or highlight group(s) above)

Person Notified: Date Notified: DEP/DOH Reviewing Official:

Reporting Format 62-550-730
Effective January 1995. Revised February 2010

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Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format

City of Clearwater Water Department
Stage 2 Disinfection By-Products

PUBLIC WATER SYSTEM INFORMATION (to be completed by sampler - please type or print legibly)

System Name: City of Clearwater Water Dept PWS I.D. #: 6 5 2 0 3 3 6

System Type (check one): [X] Community [ ] Nontransient Noncommunity [ ] Transient Noncommunity

Address: 1650 N. Arcturus Ave.

City: Clearwater Zip Code: 33765

Phone: (727) 562-4980 Fax: E-Mail Address:

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: 1203419-06 Sample Date: 7/17/12 Sample Time: 8:05 am [AM] PM (Circle One)

Sample Location (be specific): 1951 Edgewater Dr. Location Code:

Disinfection Residual (Required when reporting results for trihalomethanes and haloacetic acids): 2.1 mg/L Field pH: 7.77

Sample Type (Check Only One)

[X] Distribution
[ ] Entry Point (to Distribution)
[ ] Plant Tap (not for compliance with 62-550)
[ ] Raw (at well or intake)
[ ] Max. Residence Time
[ ] Ave. Residence Time
[ ] Near First Customer

Reason (s) for Sample (Check all that apply)

[X] Routine Compliance with 62-550
[ ] Confirmation of MCL Exceedance*
[ ] Composite of Multiple Sites **
[ ] Other:

[ ] Replacement (of Invalidated Sample)
[ ] Special (not for compliance with 62-550)
[ ] Clearance (permitting)

Sampling Procedure Used or Other Comments:

* See 62-550.500(3) for requirements and restrictions. And 62-550.6.12(3) for nitrate or nitrite exceedances.

** See 62-550.500(4) for requirements and attach a results page for each site

SAMPLER CERTIFICATION

I, Dawn Murray (Print Name), (Print Title) do HEREBY CERTIFY that the above public water system and sample collection information is complete and correct.

Signature: Dawn D. Murray Date: 7/25/12

Certified Operator #: DW16440 Phone #: Sampler's Fax #:

Sampler's E-Mail:

Reporting Format 62-550-730
Effective January 1995, Revised February 2010

SOUTHERN ANALYTICAL LABORATORIES, INC.
110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 813-855-1844 FAX 813-855-2218

Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format

DISINFECTION BYPRODUCTS
62-550.310(3)

Report Number / Job ID: 1203419-05
Disinfectant Residual (mg/L) (From Page 1): 3.6
PWS ID (From Page 1): 8520336

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Reg MRL**	Analysis Date	Analysis Time	DOH Lab Certification #
2450	Monochloroacetic Acid	N/A	ug/L	0.78	U	EPA 552.2	0.78	2.0	7/20/12	13:03	E84129
2451	Dichloroacetic Acid	N/A	ug/L	16		EPA 552.2	0.70	1.0	7/20/12	13:03	E84129
2452	Trichloroacetic Acid	N/A	ug/L	14		EPA 552.2	0.35	1.0	7/20/12	13:03	E84129
2453	Monobromoacetic Acid	N/A	ug/L	1.5		EPA 552.2	0.34	1.0	7/20/12	13:03	E84129
2454	Dibromoacetic Acid	N/A	ug/L	8.8		EPA 552.2	0.27	1.0	7/20/12	13:03	E84129
2456	Total Haloacetic Acids (HAA5)	60	ug/L	40.3		EPA 552.2	0.27	—	7/20/12	13:03	E84129

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Reg MRL**	Analysis Date	Analysis Time	DOH Lab Certification #
2941	Chloroform	N/A	ug/L	36		EPA 524.2	0.2	1.0	7/18/12	4:32	E84129
2942	Bromoform	N/A	ug/L	21		EPA 524.2	0.2	1.0	7/18/12	4:32	E84129
2943	Bromodichloromethane	N/A	ug/L	19		EPA 524.2	0.2	1.0	7/18/12	4:32	E84129
2944	Dibromochloromethane	N/A	ug/L	20		EPA 524.2	0.1	1.0	7/18/12	4:32	E84129
2950	Total Trihalomethanes (TTHM)	80	ug/L	93		EPA 524.2	0.1	—	7/18/12	4:32	E84129

** Laboratories are required to adhere to minimum reporting level (MRL) requirements of 40 CFR 141.131(b)(2)(iv).
Chlorite regulatory MRL is applicable to monitoring as prescribed in 40 CFR 141.132(b)(2)(i)(B) and (b)(2)(ii).
Laboratories that use EPA Methods 317.0 Revision 2.0, 326.0 or 321.8 must meet a 1.0 ug/L MRL for bromate.

*Qualifiers:

U=Analyte was undetected. Indicated concentration is method detection limit.

SOUTHERN ANALYTICAL LABORATORIES, INC.

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Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format

City of Clearwater Water Department
Stage 2 Disinfection By-Products

LABORATORY CERTIFICATION INFORMATION (to be completed by lab - please type or print legibly)

Lab Name: Southern Analytical Laboratories, Inc. Florida DOH Certification #: E84129 Certification Expiration Date: 06/30/2013

ATTACH CURRENT DOH ANALYTE SHEET*

Address: 110 Bayview Blvd Oldsmar,FL 34677 Phone: (813) 855-1844

Were any analyses subcontracted? ☐ Yes ☒ No If yes, please provide DOH certification number(s): _____

ATTACH CURRENT DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB*

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 07/17/2012

PWS ID (From Page 1): 6520386 Sample Number (From Page 1): 1203418-05 Lab Assigned Report # or Job ID: 1203418-05

Group(s) Analyzed & Results attached for compliance with Chapter 62-550, F.A.C. (Check all that apply):

Inorganics
- ☐ All Except for Asbestos
- ☐ Partial
- ☐ Nitrate
- ☐ Nitrite
- ☐ Asbestos

Synthetic Organics
- ☐ All 30
- ☐ All Except Dioxin
- ☐ Partial
- ☐ Dioxin Only

Volatile Organics
- ☐ All 21
- ☐ Partial

Disinfection Byproducts
- ☒ Trihalomethanes
- ☒ Haloacetic Acids
- ☐ Chlorite
- ☐ Bromate

Radionuclides
- ☐ Single Sample
- ☐ Only Composite

Secondaries
- ☐ All 14
- ☐ Partial

LAB CERTIFICATION

I, Francis I. Daniels (Print Name), Laboratory Director (Print Title) do HEREBY CERTIFY that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).

Signature: _____ Date: 07/24/2012

* Failure to provide a valid and current Florida DOH lab certification number and a current Analyte Sheet for the attached analysis results will result in rejection of the report, possible enforcement against the public water system for failure to sample, and may result in notification of the DOH Bureau of Laboratory Services.

** Please provide radiological sample dates & locations for each quarter.

CONFIRMATION & NOTIFICATION IS REQUIRED WITHIN 24 HOURS FOR NITRATE AND NITRITE MCL EXCEEDANCES

NON-DETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" QUALIFIER (Non-detects reported as "BDL" or with a "<" are not acceptable.)

COMPLIANCE DETERMINATION (to be completed by DEP or DOH - attach notes as necessary)

Sample Collection & Analysis Satisfactory: ☐ Yes ☐ No _____ Replacement Sample or Report Requested (circle or highlight group(s) above)

Person Notified: _____ Date Notified: _____ DEP/DOH Reviewing Official: _____

Reporting Format 62-550-730
Effective January 1996, Revised February 2010

SOUTHERN ANALYTICAL LABORATORIES, INC.
110 BAYVIEW BOULEVARD, OLDSMAR FL 34677 813-855-1844 FAX 813-855-2218

Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format

City of Clearwater Water Department
Stage 2 Disinfection By-Products

PUBLIC WATER SYSTEM INFORMATION (to be completed by sampler - please type or print legibly)

System Name: City of Clearwater Water Dept PWS I.D. #: 6 5 2 0 3 3 6

System Type (check one): [X] Community [ ] Nontransient Noncommunity [ ] Transient Noncommunity

Address: 1650 N. Arcturus Ave.

City: Clearwater Zip Code: 33765

Phone: (727) 562-4660 Fax: E-Mail Address:

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: 1203419-05 Sample Date: 7/17/12 Sample Time: 9:05 am [AM] PM (Circle One)

Sample Location (be specific): 1616 Ridge Top Way Location Code:

Disinfection Residual (Required when reporting results for trihalomethanes and haloacetic acids): 3.6 mg/L Field pH: 7.78

Sample Type (Check Only One)

- [X] Distribution
- [ ] Entry Point (to Distribution)
- [ ] Plant Tap (not for compliance with 62-550)
- [ ] Raw (at well or intake)
- [ ] Max. Residence Time
- [ ] Ave. Residence Time
- [ ] Near First Customer

Reason (s) for Sample (Check all that apply)

- [X] Routine Compliance with 62-550
- [ ] Confirmation of MCL Exceedance*
- [ ] Composite of Multiple Sites **
- [ ] Other:
- [ ] Replacement (of Invalidated Sample)
- [ ] Special (not for compliance with 62-550)
- [ ] Clearance (permitting)

Sampling Procedure Used or Other Comments:

* See 62-550.500(5) for requirements and restrictions. And 62-550.5.12(3) for nitrate or nitrite exceedances.

** See 62-550.500(4) for requirements and attach a results page for each site

SAMPLER CERTIFICATION

I, Deana Murray (Print Name), (Print Title) do HEREBY CERTIFY that the above public water system and sample collection information is complete and correct.

Signature: for D. Murray Date: 7/23/12

Certified Operator #: DW16440 Phone #: Sampler's Fax #:

Sampler's E-Mail:

Reporting Format 62-550-730
Effective January 1995, Revised February 2010

SOUTHERN ANALYTICAL LABORATORIES, INC.
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Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format

DISINFECTION BYPRODUCTS
62-550.310(3)

Report Number / Job ID: 1209419-04
Disinfectant Residual (mg/L) (From Page 1): 3.9
PWS ID (From Page 1): 6020335

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Reg MRL**	Analysis Date	Analysis Time	DOH Lab Certification #
2450	Monochloroacetic Acid	N/A	ug/L	0.78	U	EPA 552.2	0.78	2.0	7/20/12	12:40	E84129
2451	Dichloroacetic Acid	N/A	ug/L	17		EPA 552.2	0.70	1.0	7/20/12	12:40	E84129
2452	Trichloroacetic Acid	N/A	ug/L	14		EPA 552.2	0.35	1.0	7/20/12	12:40	E84129
2453	Monobromoacetic Acid	N/A	ug/L	2.0		EPA 552.2	0.34	1.0	7/20/12	12:40	E84129
2454	Dibromoacetic Acid	N/A	ug/L	8.5		EPA 552.2	0.27	1.0	7/20/12	12:40	E84129
2456	Total Haloacetic Acids (HAA5)	60	ug/L	39.5		EPA 552.2	0.27	—	7/20/12	12:40	E84129

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Reg MRL**	Analysis Date	Analysis Time	DOH Lab Certification #
2941	Chloroform	N/A	ug/L	36		EPA 524.2	0.2	1.0	7/18/12	3:59	E84129
2942	Bromoform	N/A	ug/L	22		EPA 524.2	0.2	1.0	7/18/12	3:59	E84129
2943	Bromodichloromethane	N/A	ug/L	15		EPA 524.2	0.2	1.0	7/18/12	3:59	E84129
2944	Dibromochloromethane	N/A	ug/L	20		EPA 524.2	0.1	1.0	7/18/12	3:59	E84129
2950	Total Trihalomethanes (TTHM)	80	ug/L	93		EPA 524.2	0.1	—	7/18/12	3:59	E84129

** Laboratories are required to adhere to minimum reporting level (MRL) requirements of 40 CFR 141.131(b)(2)(iv).
Chlorite regulatory MRL is applicable to monitoring as prescribed in 40 CFR 141.132(b)(2)(i)(B) and (b)(2)(ii).
Laboratories that use EPA Methods 317.0 Revision 2.0, 326.0 or 321.8 must meet a 1.0 ug/L MRL for bromate.

*Qualifiers:

U=Analyte was undetected. Indicated concentration is method detection limit.

SOUTHERN ANALYTICAL LABORATORIES, INC.

110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 813-855-1844 FAX 813-855-2218

Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format

City of Clearwater Water Department
Stage 2 Disinfection By-Products

LABORATORY CERTIFICATION INFORMATION (to be completed by lab - please type or print legibly)

Lab Name: Southern Analytical Laboratories, Inc. Florida DOH Certification #: E84129 Certification Expiration Date: 06/30/2013

ATTACH CURRENT DOH ANALYTE SHEET*

Address: 110 Bayview Blvd Oldsmar,FL 34677 Phone: (813) 855-1844

Were any analyses subcontracted? ☐ Yes ☒ No If yes, please provide DOH certification number(s):

ATTACH CURRENT DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB*

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 07/17/2012

PWS ID (From Page 1): 6520336 Sample Number (From Page 1): 1203418-04 Lab Assigned Report # or Job ID: 1203418-04

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 for Asbestos	☐ All 30	☐ All 21	☒ Trihalomethanes	☐ Single Sample	☐ All 14
☐ Partial	☐ All Except Dioxin	☐ Partial	☒ Haloacetic Acids	☐ Qtrly Composite	☐ Partial
☐ Nitrate	☐ Partial		☐ Chlorite		
☐ Nitrite	☐ Dioxin Only		☐ Bromate		
☐ Asbestos					

LAB CERTIFICATION

I, Francis L Daniels (Print Name), Laboratory Director (Print Title) do HEREBY CERTIFY

that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).

Signature: [signature] Date: 07/24/2012

* Failure to provide a valid and current Florida DOH lab certification number and a current Analyte Sheet for the attached analysis results will result in rejection of the report, possible enforcement against the public water system for failure to sample, and may result in notification of the DOH Bureau of Laboratory Services.

** Please provide radiological sample dates & locations for each quarter.

CONFIRMATION & NOTIFICATION IS REQUIRED WITHIN 24 HOURS FOR NITRATE AND NITRITE MCL EXCEEDANCES

NON-DETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" QUALIFIER (Non-detects reported as "BDL" or with a "<" are not acceptable.)

COMPLIANCE DETERMINATION (to be completed by DEP or DOH - attach notes as necessary)

Sample Collection & Analysis Satisfactory: ☐ Yes ☐ No _____ Replacement Sample or Report Requested (circle or highlight group(s) above)

Person Notified: _____ Date Notified: _____ DEP/DOH Reviewing Official: _____

Reporting Format 62-550-730
Effective January 1995, Revised February 2010

SOUTHERN ANALYTICAL LABORATORIES, INC.

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Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format

City of Clearwater Water Department
Stage 2 Disinfection By-Products

PUBLIC WATER SYSTEM INFORMATION (to be completed by sampler - please type or print legibly)

System Name: City of Clearwater Water Dept PWS I.D. #: 6 5 2 0 3 3 6

System Type (check one): [X] Community [ ] Nontransient Noncommunity [ ] Transient Noncommunity

Address: 1650 N. Arcturus Ave.

City: Clearwater Zip Code: 33765

Phone: (727) 562-4960 Fax: _____ E-Mail Address: _____

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: 1209419-04 Sample Date: 7/17/12 Sample Time: 7:30 am [AM] PM (Circle One)

Sample Location (be specific): 1985 Byram Drive Location Code: _____

Disinfection Residual (Required when reporting results for trihalomethanes and haloacetic acids): 3.8 mg/L Field pH: 7.50

Sample Type (Check Only One)

- [X] Distribution
- [ ] Entry Point (to Distribution)
- [ ] Plant Tap (not for compliance with 62-550)
- [ ] Raw (at well or intake)
- [ ] Max. Residence Time
- [ ] Ave. Residence Time
- [ ] Near First Customer

Reason (s) for Sample (Check all that apply)

- [X] Routine Compliance with 62-550
- [ ] Confirmation of MCL Exceedance*
- [ ] Composite of Multiple Sites **
- [ ] Other: _____
- [ ] Replacement (of Invalidated Sample)
- [ ] Special (not for compliance with 62-550)
- [ ] Clearance (permitting)

Sampling Procedure Used or Other Comments: _____

* See 62-550.300(6) for requirements and restrictions. And 62-550.6.12(3) for nitrate or nitrite exceedances.

** See 62-550.500(4) for requirements and attach a results page for each site

SAMPLER CERTIFICATION

I, Michael Olesh (Print Name), _____ (Print Title) do HEREBY CERTIFY that the above public water system and sample collection information is complete and correct.

Signature: Michael M. Olesh Date: 7/25/12

Certified Operator #: DW16440 Phone #: _____ Sampler's Fax #: _____

Sampler's E-Mail: _____

Reporting Format 62-550-730
Effective January 1995, Revised February 2010

SOUTHERN ANALYTICAL LABORATORIES, INC.
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Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format

DISINFECTION BYPRODUCTS
62-550.310(3)

Report Number / Job ID: 1203419-03
Disinfectant Residual (mg/L) (From Page 1): 3.8
PWS ID (From Page 1): 6520336

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Reg MRL**	Analysis Date	Analysis Time	DOH Lab Certification #
2450	Monochloroacetic Acid	N/A	ug/L	0.77	U	EPA 552.2	0.77	2.0	7/20/12	12:16	E84129
2451	Dichloroacetic Acid	N/A	ug/L	18		EPA 552.2	0.69	1.0	7/20/12	12:16	E84129
2452	Trichloroacetic Acid	N/A	ug/L	14		EPA 552.2	0.34	1.0	7/20/12	12:16	E84129
2453	Monobromoacetic Acid	N/A	ug/L	1.8		EPA 552.2	0.33	1.0	7/20/12	12:16	E84129
2454	Dibromoacetic Acid	N/A	ug/L	6.3		EPA 552.2	0.27	1.0	7/20/12	12:16	E84129
2456	Total Haloacetic Acids (HAA5)	60	ug/L	40.1		EPA 552.2	0.27	—	7/20/12	12:16	E84129

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Reg MRL**	Analysis Date	Analysis Time	DOH Lab Certification #
2941	Chloroform	N/A	ug/L	38		EPA 524.2	0.2	1.0	7/18/12	3:26	E84129
2942	Bromoform	N/A	ug/L	21		EPA 524.2	0.2	1.0	7/18/12	3:26	E84129
2943	Bromodichloromethane	N/A	ug/L	16		EPA 524.2	0.2	1.0	7/18/12	3:26	E84129
2944	Dibromochloromethane	N/A	ug/L	20		EPA 524.2	0.1	1.0	7/18/12	3:26	E84129
2950	Total Trihalomethanes (TTHM)	80	ug/L	95		EPA 524.2	0.1	—	7/18/12	3:26	E84129

** Laboratories are required to adhere to minimum reporting level (MRL) requirements of 40 CFR 141.131(b)(2)(iv). Chlorite regulatory MRL is applicable to monitoring as prescribed in 40 CFR 141.132(b)(2)(i)(B) and (b)(2)(ii). Laboratories that use EPA Methods 317.0 Revision 2.0, 326.0 or 321.8 must meet a 1.0 ug/L MRL for bromate.

*Qualifiers:

U=Analyte was undetected. Indicated concentration is method detection limit.

SOUTHERN ANALYTICAL LABORATORIES, INC.
110 BAYVIEW BOULEVARD. OLDSMAR, FL 34677 813-855-1844 FAX 813-855-2218

Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format

City of Clearwater Water Department
Stage 2 Disinfection By-Products

LABORATORY CERTIFICATION INFORMATION (to be completed by lab - please type or print legibly)

Lab Name: Southern Analytical Laboratories, Inc. Florida DOH Certification #: E84129 Certification Expiration Date: 06/30/2013

ATTACH CURRENT DOH ANALYTE SHEET*

Address: 110 Bayview Blvd Oldsmar,FL 34677 Phone: (813) 855-1844

Were any analyses subcontracted? ☐ Yes ☒ No If yes, please provide DOH certification number(s):

ATTACH CURRENT DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB*

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 07/17/2012

PWS ID (From Page 1): 6520336 Sample Number (From Page 1): 1203419-03 Lab Assigned Report # or Job ID: 1203419-03

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 for Asbestos	☐ All 30	☐ All 21	☒ Trihalomethanes	☐ Single Sample	☐ All 14
☐ Partial	☐ All Except Dioxin	☐ Partial	☒ Haloacetic Acids	☐ Qtrly Composite	☐ Partial
☐ Nitrate	☐ Partial		☐ Chlorite		
☐ Nitrite	☐ Dioxin Only		☐ Bromate		
☐ Asbestos					

LAB CERTIFICATION

I, Francis I. Daniels (Print Name), Laboratory Director (Print Title) do HEREBY CERTIFY that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).

Signature: Fran Dail Date: 07/24/2012

* Failure to provide a valid and current Florida DOH lab certification number and a current Analyte Sheet for the attached analysis results will result in rejection of the report, possible enforcement against the public water system for failure to sample, and may result in notification of the DOH Bureau of Laboratory Services.

** Please provide radiological sample dates & locations for each quarter.

CONFIRMATION & NOTIFICATION IS REQUIRED WITHIN 24 HOURS FOR NITRATE AND NITRITE MCL EXCEEDANCES

NON-DETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" QUALIFIER (Non-detects reported as "BDL" or with a "<" are not acceptable.)

COMPLIANCE DETERMINATION (to be completed by DEP or DOH - attach notes as necessary)

Sample Collection & Analysis Satisfactory: ☐ Yes ☐ No Replacement Sample or Report Requested (circle or highlight group(s) above)

Person Notified: Date Notified: DEP/DOH Reviewing Official:

Reporting Format 62-550-730
Effective January 1995, Revised February 2010

SOUTHERN ANALYTICAL LABORATORIES, INC.
110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 813-855-1844 FAX 813-855-2218

Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format

City of Clearwater Water Department
Stage 2 Disinfection By-Products

PUBLIC WATER SYSTEM INFORMATION (to be completed by sampler - please type or print legibly)

System Name: City of Clearwater Water Dept PWS I.D. #: 6 5 2 0 3 3 6

System Type (check one): [X] Community [ ] Nontransient Noncommunity [ ] Transient Noncommunity

Address: 1650 N. Arcturas Ave.

City: Clearwater Zip Code: 33765

Phone: (727) 562-4980 Fax: E-Mail Address:

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: 1203419-03 Sample Date: 7/17/12 Sample Time: 8:00 am [AM] PM (Circle One)

Sample Location (be specific): 2420 Sabre Court Location Code:

Disinfection Residual (Required when reporting results for trihalomethanes and haloacetic acids): 3.6 mg/L Field pH: 7.88

Sample Type (Check Only One)

- [X] Distribution
- [ ] Entry Point (to Distribution)
- [ ] Plant Tap (not for compliance with 62-550)
- [ ] Raw (at well or intake)
- [ ] Max. Residence Time
- [ ] Ave. Residence Time
- [ ] Near First Customer

Reason (s) for Sample (Check all that apply)

- [X] Routine Compliance with 62-550
- [ ] Confirmation of MCL Exceedance*
- [ ] Composite of Multiple Sites **
- [ ] Other:
- [ ] Replacement (of Invalidated Sample)
- [ ] Special (not for compliance with 62-550)
- [ ] Clearance (permitting)

Sampling Procedure Used or Other Comments:

* See 62-550.500(5) for requirements and restrictions. And 62-550.5.12(3) for nitrate or nitrite exceedances.

** See 62-550.500(4) for requirements and attach a results page for each site.

SAMPLER CERTIFICATION

I, Michael Olesh (Print Name) (Print Title) do HEREBY CERTIFY that the above public water system and sample collection information is complete and correct.

Signature: for M. Olesh Date: 7/25/12

Certified Operator #: DW46440 Phone #: Sampler's Fax #:

Sampler's E-Mail:

Reporting Format 62-550-730
Effective January 1995. Revised February 2010

SOUTHERN ANALYTICAL LABORATORIES, INC.

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Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format

City of Clearwater Water Department
Stage 2 Disinfection By-Products

LABORATORY CERTIFICATION INFORMATION (to be completed by lab - please type or print legibly)

Lab Name: Southern Analytical Laboratories, Inc. Florida DOH Certification #: E84129 Certification Expiration Date: 06/30/2013

ATTACH CURRENT DOH ANALYTE SHEET*

Address: 110 Bayview Blvd Oldsmar,FL 34677 Phone: (813) 855-1844

Were any analyses subcontracted? ☐ Yes ☒ No If yes, please provide DOH certification number(s):

ATTACH CURRENT DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB*

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 07/17/2012

PWS ID (From Page 1): 6520336 Sample Number (From Page 1): 1203419-01 Lab Assigned Report # or Job ID: 1203419-01

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 for Asbestos	☐ All 30	☐ All 21	☒ Trihalomethanes	☐ Single Sample	☐ All 14
☐ Partial	☐ All Except Dioxin	☐ Partial	☒ Haloacetic Acids	☐ Qtrly Composite	☐ Partial
☐ Nitrate	☐ Partial		☐ Chlorite		
☐ Nitrite	☐ Dioxin Only		☐ Bromate		
☐ Asbestos					

LAB CERTIFICATION

I, Francis I. Daniels (Print Name), Laboratory Director (Print Title) do HEREBY CERTIFY that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).

Signature: Fran Dail Date: 07/24/2012

* Failure to provide a valid and current Florida DOH lab certification number and a current Analyte Sheet for the attached analysis results will result in rejection of the report, possible enforcement against the public water system for failure to sample, and may result in notification of the DOH Bureau of Laboratory Services.

** Please provide radiological sample dates & locations for each quarter.

CONFIRMATION & NOTIFICATION IS REQUIRED WITHIN 24 HOURS FOR NITRATE AND NITRITE MCL EXCEEDANCES

NON-DETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" QUALIFIER (Non-detects reported as "BDL" or with a "<" are not acceptable.)

COMPLIANCE DETERMINATION (to be completed by DEP or DOH - attach notes as necessary)

Sample Collection & Analysis Satisfactory: ☐ Yes ☐ No Replacement Sample or Report Requested (circle or highlight group(s) above)

Person Notified: Date Notified: DEP/DOH Reviewing Official:

Reporting Format 62-550-730
Effective January 1995, Revised February 2010

SOUTHERN ANALYTICAL LABORATORIES, INC.

110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 813-855-1844 FAX 813-855-2218

ACCREDITED IN ACCORDANCE WITH

Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format

City of Clearwater Water Department
Stage 2 Disinfection By-Products

PUBLIC WATER SYSTEM INFORMATION (to be completed by sampler - please type or print legibly)

System Name: City of Clearwater Water Dept PWS I.D. #: 6 5 2 0 3 3 6

System Type (check one): [X] Community [ ] Nontransient Noncommunity [ ] Transient Noncommunity

Address: 1650 N. Arcturas Ave.

City: Clearwater Zip Code: 33765

Phone: (727) 562-4980 Fax: E-Mail Address:

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: 1203419-01 Sample Date: 7/17/12 Sample Time: 8:30 am [AM] PM (Circle One)

Sample Location (be specific): 3371 Windchime Location Code:

Disinfection Residual (Required when reporting results for trihalomethanes and haloacetic acids): 1.3 mg/L Field pH: 7.86

Sample Type (Check Only One)

- [X] Distribution
- [ ] Entry Point (to Distribution)
- [ ] Plant Tap (not for compliance with 62-550)
- [ ] Raw (at well or intake)
- [ ] Max. Residence Time
- [ ] Ave. Residence Time
- [ ] Near First Customer

Reason (s) for Sample (Check all that apply)

- [X] Routine Compliance with 62-550
- [ ] Confirmation of MCL Exceedance*
- [ ] Composite of Multiple Sites **
- [ ] Other:

Sampling Procedure Used or Other Comments:

- [ ] Replacement (of Invalidated Sample)
- [ ] Special (not for compliance with 62-550)
- [ ] Clearance (permitting)

* See 62-550.500(6) for requirements and restrictions. And 62-550.5.12(3) for nitrate or nitrite exceedances.

** See 62-550.500(4) for requirements and attach a results page for each site

SAMPLER CERTIFICATION

I, Michael Olsen (Print Name), _____ (Print Title) do HEREBY CERTIFY that the above public water system and sample collection information is complete and correct.

Signature: for M. Olsen Date: 7/25/12

Certified Operator #: DW A6440 Phone #: Sampler's Fax #:

Sampler's E-Mail:

Reporting Format 62-550-730
Effective January 1995. Revised February 2010

SOUTHERN ANALYTICAL LABORATORIES, INC.
110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 813-855-1844 FAX 813-855-2218

Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format

DISINFECTION BYPRODUCTS
62-550.310(3)

Report Number / Job ID: 1203419-01
Disinfectant Residual (mg/L) (From Page 1): 1.3
PWS ID (From Page 1): 6520336

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Reg MRL**	Analysis Date	Analysis Time	DOH Lab Certification #
2450	Monochloroacetic Acid	N/A	ug/L	0.78	U	EPA 552.2	0.78	2.0	7/20/12	10:19	E84129
2451	Dichloroacetic Acid	N/A	ug/L	22		EPA 552.2	0.70	1.0	7/20/12	10:19	E84129
2452	Trichloroacetic Acid	N/A	ug/L	15		EPA 552.2	0.35	1.0	7/20/12	10:19	E84129
2453	Monobromoacetic Acid	N/A	ug/L	1.1		EPA 552.2	0.34	1.0	7/20/12	10:19	E84129
2454	Dibromoacetic Acid	N/A	ug/L	7.4		EPA 552.2	0.27	1.0	7/20/12	10:19	E84129
2456	Total Haloacetic Acids (HAA5)	60	ug/L	45.5		EPA 552.2	0.27	—	7/20/12	10:19	E84129

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Reg MRL**	Analysis Date	Analysis Time	DOH Lab Certification #
2941	Chloroform	N/A	ug/L	42		EPA 524.2	0.2	1.0	7/18/12	2:21	E84129
2942	Bromoform	N/A	ug/L	19		EPA 524.2	0.2	1.0	7/18/12	2:21	E84129
2943	Bromodichloromethane	N/A	ug/L	19		EPA 524.2	0.2	1.0	7/18/12	2:21	E84129
2944	Dibromochloromethane	N/A	ug/L	22		EPA 524.2	0.1	1.0	7/18/12	2:21	E84129
2950	Total Trihalomethanes (TTHM)	80	ug/L	102		EPA 524.2	0.1	—	7/18/12	2:21	E84129

** Laboratories are required to adhere to minimum reporting level (MRL) requirements of 40 CFR 141.131(b)(2)(iv). Chlorite regulatory MRL is applicable to monitoring as prescribed in 40 CFR 141.132(b)(2)(i)(B) and (b)(2)(ii). Laboratories that use EPA Methods 317.0 Revision 2.0, 326.0 or 321.8 must meet a 1.0 ug/L MRL for bromate.

*Qualifiers:

U=Analyte was undetected. Indicated concentration is method detection limit.

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Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format

DISINFECTION BYPRODUCTS
62-550.310(3)

Report Number / Job ID: 1203419-02
Disinfectant Residual (mg/L) (From Page 1): 1.7
PWS ID (From Page 1): 6520336

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Reg MRL**	Analysis Date	Analysis Time	DOH Lab Certification #
2450	Monochloroacetic Acid	N/A	ug/L	0.77	U	EPA 552.2	0.77	2.0	7/20/12	11:52	E84129
2451	Dichloroacetic Acid	N/A	ug/L	21		EPA 552.2	0.69	1.0	7/20/12	11:52	E84129
2452	Trichloroacetic Acid	N/A	ug/L	14		EPA 552.2	0.95	1.0	7/20/12	11:52	E84129
2453	Monobromoacetic Acid	N/A	ug/L	0.36	I	EPA 552.2	0.34	1.0	7/20/12	11:52	E84129
2454	Dibromoacetic Acid	N/A	ug/L	7.6		EPA 552.2	0.27	1.0	7/20/12	11:52	E84129
2456	Total Haloacetic Acids (HAA5)	60	ug/L	43.56		EPA 552.2	0.27	—	7/20/12	11:52	E84129

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Reg MRL**	Analysis Date	Analysis Time	DOH Lab Certification #
2941	Chloroform	N/A	ug/L	40		EPA 524.2	0.2	1.0	7/18/12	2:54	E84129
2942	Bromoform	N/A	ug/L	19		EPA 524.2	0.2	1.0	7/18/12	2:54	E84129
2943	Bromodichloromethane	N/A	ug/L	16		EPA 524.2	0.2	1.0	7/18/12	2:54	E84129
2944	Dibromochloromethane	N/A	ug/L	21		EPA 524.2	0.1	1.0	7/18/12	2:54	E84129
2950	Total Trihalomethanes (TTHM)	80	ug/L	96		EPA 524.2	0.1	—	7/18/12	2:54	E84129

** Laboratories are required to adhere to minimum reporting level (MRL) requirements of 40 CFR 141.131(b)(2)(iv).
Chlorite regulatory MRL is applicable to monitoring as prescribed in 40 CFR 141.132(b)(2)(i)(B) and (b)(2)(ii).
Laboratories that use EPA Methods 317.0 Revision 2.0, 326.0 or 321.8 must meet a 1.0 ug/L MRL for bromate.

*Qualifiers:

U=Analyte was undetected. Indicated concentration is method detection limit.
I=The reported value is between the laboratory method detection limit and the laboratory practical quantitation limit.

SOUTHERN ANALYTICAL LABORATORIES, INC.
110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 813-855-1844 FAX 813-855-2218

ACCREDITED IN ACCORDANCE WITH

Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format

City of Clearwater Water Department
Stage 2 Disinfection By-Products

LABORATORY CERTIFICATION INFORMATION (to be completed by lab - please type or print legibly)

Lab Name: Southern Analytical Laboratories, Inc. Florida DOH Certification #: E84129 Certification Expiration Date: 06/30/2013

ATTACH CURRENT DOH ANALYTE SHEET*

Address: 110 Bayview Blvd Oldsmar,FL 34677 Phone: (813) 855-1844

Were any analyses subcontracted? ☐ Yes ☒ No If yes, please provide DOH certification number(s): _____

ATTACH CURRENT DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB*

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 07/17/2012

PWS ID (From Page 1): 6520336 Sample Number (From Page 1): 1203419-02 Lab Assigned Report # or Job ID: 1203419-02

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 for Asbestos	☐ All 30	☐ All 21	☒ Trihalomethanes	☐ Single Sample	☐ All 14
☐ Partial	☐ All Except Dioxin	☐ Partial	☒ Haloacetic Acids	☐ Qtrly Composite	☐ Partial
☐ Nitrate	☐ Partial		☐ Chlorite		
☐ Nitrite	☐ Dioxin Only		☐ Bromate		
☐ Asbestos					

LAB CERTIFICATION

I, Francis I. Daniels (Print Name), Laboratory Director (Print Title) do HEREBY CERTIFY

that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).

Signature: _____ Date: 07/24/2012

* Failure to provide a valid and current Florida DOH lab certification number and a current Analyte Sheet for the attached analysis results will result in rejection of the report, possible enforcement against the public water system for failure to sample, and may result in notification of the DOH Bureau of Laboratory Services.

↔ Please provide radiological sample dates & locations for each quarter.

CONFIRMATION & NOTIFICATION IS REQUIRED WITHIN 24 HOURS FOR NITRATE AND NITRITE MCL EXCEEDANCES

NON-DETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" QUALIFIER (Non-detects reported as "BDL" or with a "<" are not acceptable.)

COMPLIANCE DETERMINATION (to be completed by DEP or DOH - attach notes as necessary)

Sample Collection & Analysis Satisfactory: ☐ Yes ☐ No _____ Replacement Sample or Report Requested (circle or highlight group(s) above)

Person Notified: _____ Date Notified: _____ DEP/DOH Reviewing Official: _____

Reporting Format 62-550-730
Effective January 1995, Revised February 2010

SOUTHERN ANALYTICAL LABORATORIES, INC.

110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 813-855-1844 FAX 813-855-2218

STAGE II

Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format

City of Clearwater Water Department
Stage 2 Disinfection By-Products

PUBLIC WATER SYSTEM INFORMATION (to be completed by sampler - please type or print legibly)

System Name: City of Clearwater Water Dept PWS I.D. #: 6 5 2 0 3 3 6

System Type (check one): [X] Community [ ] Nontransient Noncommunity [ ] Transient Noncommunity

Address: 1650 N. Arcturus Ave.

City: Clearwater Zip Code: 33765

Phone: (727) 562-4990 Fax: E-Mail Address:

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: 1209419-02 Sample Date: 7/17/12 Sample Time: 9:00 am [AM] PM (Circle One)

Sample Location (be specific): 3387 Airis Ave. Location Code:

Disinfection Residual (Required when reporting results for trihalomethanes and haloacetic acids): 1.7 mg/L Field pH: 7.88

Sample Type (Check Only One)

- [X] Distribution
- [ ] Entry Point (to Distribution)
- [ ] Plant Tap (not for compliance with 62-550)
- [ ] Raw (at well or intake)
- [ ] Max. Residence Time
- [ ] Ave. Residence Time
- [ ] Near First Customer

Reason (s) for Sample (Check all that apply)

- [X] Routine Compliance with 62-550
- [ ] Confirmation of MCL Exceedance*
- [ ] Composite of Multiple Sites **
- [ ] Other:
- [ ] Replacement (of Invalidated Sample)
- [ ] Special (not for compliance with 62-550)
- [ ] Clearance (permitting)

Sampling Procedure Used or Other Comments:

* See 62-550.503(6) for requirements and restrictions. And 62-550.5.12(3) for nitrate or nitrite exceedances.

** See 62-550.500(8) for requirements and attach a results page for each site

SAMPLER CERTIFICATION

I, Michael Olesh (Print Name), (Print Title) do HEREBY CERTIFY that the above public water system and sample collection information is complete and correct.

Signature: for M. Olesh Date: 7/25/12

Certified Operator #: DWA 6440 Phone #: Sampler's Fax #:

Sampler's E-Mail:

Reporting Format 62-550-730
Effective January 1996. Revised February 2010

QUARTERLY MONITORING PERIOD: Second Quarter 2012 PWS ID Number: 6520336

1985 Byram Drive	1	7/17/2012	.0395	.0395	.0395			.0395	
1616 Ridge Top Way	1	7/17/2012	.0403	.0403	.0437			.0405	
1951 Edgewater Drive	1	7/17/2012	.0433	.0433	.03814			.04072	
710 Maple Street	1	7/17/2012	.02977	.02977	.0327			.031235	
2456 Moore Haven Drive	1	7/17/2012	.0415	.0415	.0457			.0436	
3371 Windchime	1	7/17/2012	.0455	.0455	.0451			.0453	
3387 Arlie Avenue	1	7/17/2012	.04356	.04356	.0424			.04298	
2420 Sabre Court	1	7/17/2012	.0401	.0401	.0456			.04285	

Does the HAA5 LRAA at any monitoring location violate the HAA5 MCL of 0.060 mg/L? (YES/NO)	NO
Does the HAA5 OE value at any monitoring location exceed 0.060 mg/L? (YES/NO)**	
If you are on reduced quarterly monitoring, does the HAA5 LRAA exceed 0.030 mg/L at any monitoring location? (YES/NO/NA)***	N/A

* Location names or numbers should correspond to those in your Stage 2 D/DBPR compliance monitoring plan required under 40 CFR 141.622.
** If any HAA5 OE value at any location exceeds 0.060 mg/L, you must conduct an OE and submit an OE report in accordance with 40 CFR 141.626.
*** If any HAA5 LRAA at any location exceeds 0.030 mg/L, you must resume routine quarterly monitoring under 40 CFR 141.621.

QUARTERLY MONITORING PERIOD: Second Quarter 2012 PWS ID Number: 6520336

1985 Byram Drive	1	7/17/2012	.093	.093	.065			.079	
1616 Ridge Top Way	1	7/17/2012	.093	.093	.074			.0835	
1951 Edgewater Drive	1	7/17/2012	.105	.105	.070			.0875	
710 Maple Street	1	7/17/2012	.081	.081	.0642			.0726	
2456 Moore Haven Drive	1	7/17/2012	.090	.090	.072			.081	
3371 Windchime	1	7/17/2012	.102	.102	.077			.0895	
3387 Arlie Avenue	1	7/17/2012	.098	.098	.068			.083	
2420 Sabre Court	1	7/17/2012	.095	.095	.0689			.08195	

Does the TTHM LRAA at any monitoring location violate the TTHM MCL of 0.080 mg/L? (YES/NO)	YES
Does the TTHM OE value at any monitoring location exceed 0.080 mg/L? (YES/NO)**	
If you are on reduced quarterly monitoring, does the TTHM LRAA exceed 0.040 mg/L at any monitoring location? (YES/NO/NA)***	N/A

* Location names or numbers should correspond to those in your Stage 2 D/DBPR compliance monitoring plan required under 40 CFR 141.622.
** If any TTHM OE value at any location exceeds 0.080 mg/L, you must conduct an OE and submit an OE report in accordance with 40 CFR 141.626.
*** If any TTHM LRAA at any location exceeds 0.040 mg/L, you must resume routine quarterly monitoring under 40 CFR 141.621.

30

STAGE 2 TOTAL TRIHALOMETHANES (TTHM) AND HALOACETIC ACIDS FIVE (HAA5) EXAMPLE REPORTING FORMAT

Subpart H systems serving 500 or more persons and ground water systems serving 10,000 or more persons shall complete applicable pages of this format and submit them to the Department within 10 days after the end of any quarter in which TTHM/HAA5 monitoring is required. Systems on routine or reduced quarterly TTHM/HAA5 monitoring shall complete pages 1, 2, and 3 of this format. (Add additional rows to the tables on pages 2 and 3 as necessary.) Systems on reduced annual TTHM/HAA5 monitoring shall complete pages 1 and 4 of this format. Additionally, Subpart H systems seeking to qualify for, or remain on, reduced quarterly or annual TTHM/HAA5 monitoring shall complete page 5 of this format. (Add additional rows to the table on page 5 as necessary.)

D/DBPR = Disinfectant and Disinfection Byproducts Rule; LRAA = locational running annual average; MCL = maximum contaminant level; OE = operational evaluation; RAA = running annual average; TOC = total organic carbon.

PWS ID Number: **8520336**

PWS Name: **City of Clearwater**

Source Water Type and Population Size Category:

☐ Ground Water:
- ☐ 10,000 – 99,999
- ☐ 100,000 – 499,999
- ☐ ≥ 500,000

X Subpart H:
- ☐ 500 – 3,300
- ☐ 3,301 – 9,999
- ☐ 10,000 – 49,999
- **X** 50,000 – 249,999
- ☐ 250,000 – 999,999
- ☐ 1,000,000 – 4,999,999
- ☐ ≥ 5,000,000

Monitoring Mode*: **X** Routine Monitoring ☐ Reduced Monitoring

Monitoring Frequency*: **X** Quarterly ☐ Annually

Total Number Of Distribution System Monitoring Locations*: **8**

Contact Person: **Greg Turman**

Phone Number: **727-462-6326**

E-Mail Address (optional): **greg.turman@myclearwater.com**

Fax Number (optional):

* See 40 CFR 141.621 and 141.623 for more details.

CITY OF CLEARWATER

POST OFFICE BOX 4748, CLEARWATER, FLORIDA 33758-4748
1650 N. ARCTURAS AVENUE, BLDG. C, CLEARWATER, FLORIDA 33765-1945
TELEPHONE (727) 562-4960 FAX (727) 562-4963

PUBLIC UTILITIES

Date: April 30, 2012

Bill Ryland or Gerald Foster
Florida Department of Environmental Protection
Southwest District
13051 N. Telecom Parkway
Temple Terrace, FL 33637-0926

☐ ORIGINAL

Re: **Second** Quarter 2012 Stage II DBP Report
City of Clearwater Public Water System
PWS I.D. No. 6520336

Enclosed, please find the Stage II DBP sampling results for the Second Quarter of 2012. Included are TTHM and HAA5 results. All sampling locations are designated sample stations.
If you have any questions or concerns, please contact Greg Turman, Water Production Coordinator, at (727) 462-6326.

Sincerely,

Greg Turman
Water Production Coordinator

Attachments

Cc: Tracy Mercer
Glenn Daniel

SOUTHERN ANALYTICAL LABORATORIES, INC.

110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 813-855-1844 fax 813-855-2218

SAL Project No. 1203171

Client Name	Contact / Phone:
City of Clearwater Water Department	Greg Turman
Project Name / Location	
Stage 2 Disinfection By-Products	
Samplers: (Signature) Michael Olesh	

Matrix Codes: DW-Drinking Water WW-Wastewater SW-SurfaceWater SL-Sludge SO-Soil GW-Groundwater SA-Saline Water O-Other R-Reagent Water

PARAMETER / CONTAINER DESCRIPTION

	Sample Description	Date	Time	Matrix	Composite	Grab	40mL V, $Na_2S_2O_3$ 524 TTHM	40mLaV, NH_4Cl 552.2 HAA	Residual Chlorine total	pH	monochloramine	temp								Total number of containers
01	3371 Windchime	4-12-12	10:25	DW		X	2	3	2.78	7.87	2.44	26.0								5
02	3387 Arlie Ave.	4-18-12	9:35	DW		X	2	3	2.2	7.78	1.99	28.3								5
03	2420 Sabre Court	4-18-12	10:00	DW		X	2	3	2.4	7.83	2.20	25.4								5
04	1985 Byram Drive	4-18-12	8:50	DW		X	2	3	3.0	7.64	0.89	24.9								5
05	1618 Ridge Top Way	4-18-12	7:50	DW		X	2	3	4.0	7.11	3.39	25.9								5
06	1951 Edgewater Drive	4-18-12	8:30	DW		X	2	3	1.0	7.56	0.91	24.3								5
07	710 Maple Street	4-18-12	8:00	DW		X	2	3	3.9	7.47	2.63	25.2								5
08	2456 Morre Haven Drive	4-18-12	9:10	DW		X	2	3	3.9	7.72	3.83	25.4								5
09	Trip Blank			R		X	1													1

Containers Prepared/ Relinquished:	Date/Time: 1400	Received:	Date/Time:
HH Whitten	03-26-12		
Relinquished: M. Olesh	Date/Time: 4-18-12	Received:	Date/Time: 4-18-12 1106
Relinquished:	Date/Time:	Received:	Date/Time:
Relinquished:	Date/Time:	Received:	Date/Time:
Relinquished:	Date/Time:	Received:	Date/Time:

Seal intact?	(Y) N N/A
Samples intact upon arrival?	(Y) N N/A
Received on ice? Temp_____	(Y) N N/A
Proper preservatives indicated?	(Y) N N/A
Rec'd within holding time?	(Y) N N/A
Volatiles rec'd w/out headspace?	Y N (N/A)
Proper containers used?	(Y) N N/A

Instructions / Remarks:

1203171

Chain of Custody.xls
Rev.Date 11/19/01

Chain of Custody

SOUTHERN ANALYTICAL LABORATORIES, INC.
[illegible] CYPRESS POND BLOOMFIELD, 34677 PH 352-568-1844 FAX PH 352-568-2618

ACCREDITED IN ACCORDANCE WITH

Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format

DISINFECTION BYPRODUCTS
62-550.310(3)

Report Number / Job ID: 1203171-08
Disinfectant Residual (mg/L) (From Page 1): 3.9
PWS ID (From Page 1): 6520336

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Reg MRL**	Analysis Date	Analysis Time	DOH Lab Certification #
2450	Monochloroacetic Acid	N/A	ug/L	0.75	U	EPA 552.2	0.75	2.0	4/20/12	13:21	E84129
2451	Dichloroacetic Acid	N/A	ug/L	17		EPA 552.2	0.67	1.0	4/20/12	13:21	E84129
2452	Trichloroacetic Acid	N/A	ug/L	20		EPA 552.2	0.34	1.0	4/20/12	13:21	E84129
2453	Monobromoacetic Acid	N/A	ug/L	2.2		EPA 552.2	0.33	1.0	4/20/12	13:21	E84129
2454	Dibromoacetic Acid	N/A	ug/L	6.5		EPA 552.2	0.26	1.0	4/20/12	13:21	E84129
2456	Total Haloacetic Acids (HAA5)	60	ug/L	45.7		EPA 552.2	0.26	—	4/20/12	13:21	E84129
Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Reg MRL**	Analysis Date	Analysis Time	DOH Lab Certification #
2941	Chloroform	N/A	ug/L	34		EPA 524.2	0.2	1.0	4/19/12	9:34	E84129
2942	Bromoform	N/A	ug/L	16		EPA 524.2	0.2	1.0	4/19/12	9:34	E84129
2943	Bromodichloromethane	N/A	ug/L	10		EPA 524.2	0.2	1.0	4/19/12	9:34	E84129
2944	Dibromochloromethane	N/A	ug/L	12		EPA 524.2	0.1	1.0	4/19/12	9:34	E84129
2950	Total Trihalomethanes (TTHM)	80	ug/L	72		EPA 524.2	0.1	—	4/19/12	9:34	E84129

** Laboratories are required to adhere to minimum reporting level (MRL) requirements of 40 CFR 141.131(b)(2)(iv). Chlorite regulatory MRL is applicable to monitoring as prescribed in 40 CFR 141.132(b)(2)(i)(B) and (b)(2)(ii). Laboratories that use EPA Methods 317.0 Revision 2.0, 326.0 or 321.8 must meet a 1.0 ug/L MRL for bromate.

*Qualifiers:

U=Analyte was undetected. Indicated concentration is method detection limit.

SOUTHERN ANALYTICAL LABORATORIES, INC.
110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 813-855-1844 FAX 813-855 2218

Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format

City of Clearwater Water Department
Stage 2 Disinfection By-Products

LABORATORY CERTIFICATION INFORMATION (to be completed by lab - please type or print legibly)

Lab Name: Southern Analytical Laboratories, Inc. Florida DOH Certification #: E84129 Certification Expiration Date: 06/30/2012

ATTACH CURRENT DOH ANALYTE SHEET*

Address: 110 Bayview Blvd Oldsmar,FL 34677 Phone: (813) 855-1844

Were any analyses subcontracted? ☐ Yes ☒ No If yes, please provide DOH certification number(s):

ATTACH CURRENT DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB*

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 04/18/2012

PWS ID (From Page 1): 6520336 Sample Number (From Page 1): 1203171-08 Lab Assigned Report # or Job ID: 1203171-08

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 for Asbestos	☐ All 30	☐ All 21	☒ Trihalomethanes	☐ Single Sample	☐ All 14
☐ Partial	☐ All Except Dioxin	☐ Partial	☒ Haloacetic Acids	☐ Qtrly Composite	☐ Partial
☐ Nitrate	☐ Partial		☐ Chlorite		
☐ Nitrite	☐ Dioxin Only		☐ Bromate		
☐ Asbestos					

LAB CERTIFICATION

I, Francis I. Daniels (Print Name), Laboratory Director (Print Title) do HEREBY CERTIFY that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Acceditation Conference (NELAC).

Signature: Francis Daniels Date: 04/23/2012

* Failure to provide a valid and current Florida DOH lab certification number and a current Analyte Sheet for the attached analysis results will result in rejection of the report, possible enforcement against the public water system for failure to sample, and may result in notification of the DOH Bureau of Laboratory Services.

** Please provide radiological sample dates & locations for each quarter.

CONFIRMATION & NOTIFICATION IS REQUIRED WITHIN 24 HOURS FOR NITRATE AND NITRITE MCL EXCEEDANCES

NON-DETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" QUALIFIER (Non-detects reported as "BDL" or with a "<" are not acceptable.)

COMPLIANCE DETERMINATION (to be completed by DEP or DOH - attach notes as necessary)

Sample Collection & Analysis Satisfactory: ☐ Yes ☐ No Replacement Sample or Report Requested (circle or highlight group(s) above)

Person Notified: Date Notified: DEP/DOH Reviewing Official: BK

Reporting Format 62-550-730
Effective January 1995, Revised February 2010

SOUTHERN ANALYTICAL LABORATORIES, INC.

[illegible] BOULEVARD, OLDSMAR, FL 34677 813-855-1044 FAX 813-855-2818

ACCREDITED IN ACCORDANCE WITH

Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format

City of Clearwater Water Department
Stage 2 Disinfection By-Products

PUBLIC WATER SYSTEM INFORMATION (to be completed by sampler - please type or print legibly)

System Name: City of Clearwater Water Dept PWS I.D. #: 6 5 2 0 3 3 6

System Type (check one): [X] Community [ ] Nontransient Noncommunity [ ] Transient Noncommunity

Address: 1650 N. Arcturas Ave.

City: Clearwater Zip Code: 33765

Phone: (727) 562-4960 Fax: E-Mail Address:

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: 1203171-08 Sample Date: 4/18/12 Sample Time: 9:10 am [AM] PM (Circle One)

Sample Location (be specific): 2456 Moore Haven Dr. Location Code:

Disinfection Residual (Required when reporting results for trihalomethanes and haloacetic acids): 3.9 mg/L Field pH: 7.72

Sample Type (Check Only One)

- [X] Distribution
- [ ] Entry Point (to Distribution)
- [ ] Plant Tap (not for compliance with 62-550)
- [ ] Raw (at well or intake)
- [ ] Max. Residence Time
- [ ] Ave. Residence Time
- [ ] Near First Customer

Reason(s) for Sample (Check all that apply)

- [X] Routine Compliance with 62-550
- [ ] Confirmation of MCL Exceedance*
- [ ] Composite of Multiple Sites**
- [ ] Other
- [ ] Replacement (of Invalidated Sample)
- [ ] Special (not for compliance with 62-550)
- [ ] Clearance (permitting)

Sampling Procedure Used or Other Comments:

* See 62-550.500(6) for requirements and restrictions. And 62-550.5.12(3) for nitrate or nitrite exceedances.

** See 62-550.500(4) for requirements and attach a results page for each site

SAMPLER CERTIFICATION

I, Michael Olesh (Print Name), (Print Title) do HEREBY CERTIFY that the above public water system and sample collection information is complete and correct.

Signature: Michael Olesh Date: 4-30-12

Certified Operator #: Phone #: Sampler's Fax #:

Sampler's E-Mail:

Reporting Format 62-550-730
Effective January 1995. Revised February 2010

SOUTHERN ANALYTICAL LABORATORIES, INC.
[illegible] VIEW BOULEVARD, DESMAR, FL [illegible] 813-855-1614 FAX 813-855-2019

ACCREDITED IN ACCORDANCE WITH

Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format

DISINFECTION BYPRODUCTS
62-550.310(3)

Report Number / Job ID: 1203171-07
Disinfectant Residual (mg/L) (From Page 1): 3.9
PWS ID (From Page 1): 6520336

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Reg MRL**	Analysis Date	Analysis Time	DOH Lab Certification #
2450	Monochloroacetic Acid	N/A	ug/L	0.76	U	EPA 552.2	0.76	2.0	4/20/12	12:58	E84129
2451	Dichloroacetic Acid	N/A	ug/L	13		EPA 552.2	0.68	1.0	4/20/12	12:58	E84129
2452	Trichloroacetic Acid	N/A	ug/L	12		EPA 552.2	0.34	1.0	4/20/12	12:58	E84129
2453	Monobromoacetic Acid	N/A	ug/L	1.8		EPA 552.2	0.33	1.0	4/20/12	12:58	E84129
2454	Dibromoacetic Acid	N/A	ug/L	5.9		EPA 552.2	0.26	1.0	4/20/12	12:58	E84129
2456	Total Haloacetic Acids (HAA5)	60	ug/L	32.7		EPA 552.2	0.26	—	4/20/12	12:58	E84129
Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Reg MRL**	Analysis Date	Analysis Time	DOH Lab Certification #
2941	Chloroform	N/A	ug/L	25		EPA 524.2	0.2	1.0	4/19/12	9:00	E84129
2942	Bromoform	N/A	ug/L	17		EPA 524.2	0.2	1.0	4/19/12	9:00	E84129
2943	Bromodichloromethane	N/A	ug/L	9.2		EPA 524.2	0.2	1.0	4/19/12	9:00	E84129
2944	Dibromochloromethane	N/A	ug/L	13		EPA 524.2	0.1	1.0	4/19/12	9:00	E84129
2950	Total Trihalomethanes (TTHM)	80	ug/L	64.2		EPA 524.2	0.1	—	4/19/12	9:00	E84129

** Laboratories are required to adhere to minimum reporting level (MRL) requirements of 40 CFR 141.131(b)(2)(iv).
Chlorite regulatory MRL is applicable to monitoring as prescribed in 40 CFR 141.132(b)(2)(i)(B) and (b)(2)(ii).
Laboratories that use EPA Methods 317.0 Revision 2.0, 326.0 or 321.8 must meet a 1.0 ug/L MRL for bromate.

*Qualifiers:

U=Analyte was undetected. Indicated concentration is method detection limit.

SOUTHERN ANALYTICAL LABORATORIES, INC.
110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 813-855-1844 FAX 813-855-2818

Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format

City of Clearwater Water Department
Stage 2 Disinfection By-Products

LABORATORY CERTIFICATION INFORMATION (to be completed by lab - please type or print legibly)

Lab Name: Southern Analytical Laboratories, Inc. Florida DOH Certification #: E84129 Certification Expiration Date: 06/30/2012

ATTACH CURRENT DOH ANALYTE SHEET*

Address: 110 Bayview Blvd Oldsmar,FL 34677 Phone: (813) 855-1844

Were any analyses subcontracted? ☐ Yes ☒ No If yes, please provide DOH certification number(s):

ATTACH CURRENT DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB*

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 04/18/2012

PWS ID (From Page 1): 6520336 Sample Number (From Page 1): 1203171-07 Lab Assigned Report # or Job ID: 1203171-07

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 for Asbestos	☐ All 30	☐ All 21	☒ Trihalomethanes	☐ Single Sample	☐ All 14
☐ Partial	☐ All Except Dioxin	☐ Partial	☒ Haloacetic Acids	☐ Qtrly Composite	☐ Partial
☐ Nitrate	☐ Partial		☐ Chlorite		
☐ Nitrite	☐ Dioxin Only		☐ Bromate		
☐ Asbestos					

LAB CERTIFICATION

I. Francis I. Daniels (Print Name), Laboratory Director (Print Title) do HEREBY CERTIFY that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Acceditation Conference (NELAC).

Signature: Fran Daniels Date: 04/23/2012

* Failure to provide a valid and current Florida DOH lab certification number and a current Analyte Sheet for the attached analysis results will result in rejection of the report, possible enforcement against the public water system for failure to sample, and may result in notification of the DOH Bureau of Laboratory Services.

** Please provide radiological sample dates & locations for each quarter.

CONFIRMATION & NOTIFICATION IS REQUIRED WITHIN 24 HOURS FOR NITRATE AND NITRITE MCL EXCEEDANCES

NON-DETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" QUALIFIER (Non-detects reported as "BDL" or with a "<" are not acceptable.)

COMPLIANCE DETERMINATION (to be completed by DEP or DOH - attach notes as necessary)

Sample Collection & Analysis Satisfactory: ☐ Yes ☐ No Replacement Sample or Report Requested (circle or highlight group(s) above)

Person Notified: Date Notified: DEP/DOH Reviewing Official:

Reporting Format 62-550-730
Effective January 1995. Revised February 2010

SOUTHERN ANALYTICAL LABORATORIES, INC.

110 BAY VIEW BOULEVARD, CLEARWATER, FL 34630 813-855-1844 FAX 813-855-2218

ACCREDITED IN ACCORDANCE WITH

Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format

City of Clearwater Water Department
Stage 2 Disinfection By-Products

PUBLIC WATER SYSTEM INFORMATION (to be completed by sampler - please type or print legibly)

System Name: City of Clearwater Water Dept PWS I.D. #: 6 5 2 0 3 3 6

System Type (check one): [X] Community [ ] Nontransient Noncommunity [ ] Transient Noncommunity

Address: 1650 N. Arcturas Ave.

City: Clearwater Zip Code: 33765

Phone: (727) 562-4960 Fax: E-Mail Address:

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: 1203171-07 Sample Date: 4/16/12 Sample Time: 8:00 am [AM] PM (Circle One)

Sample Location (be specific): 710 Maple Street Location Code:

Disinfection Residual (Required when reporting results for trihalomethanes and haloacetic acids): 3.9 mg/L Field pH: 7.47

Sample Type (Check Only One)

[X] Distribution
[ ] Entry Point (to Distribution)
[ ] Plant Tap (not for compliance with 62-550)
[ ] Raw (at well or intake)
[ ] Max. Residence Time
[ ] Ave. Residence Time
[ ] Near First Customer

Reason (s) for Sample (Check all that apply)

[X] Routine Compliance with 62-550
[ ] Confirmation of MCL Exceedance*
[ ] Composite of Multiple Sites **
[ ] Other:

Sampling Procedure Used or Other Comments:

[ ] Replacement (of Invalidated Sample)
[ ] Special (not for compliance with 62-550)
[ ] Clearance (permitting)

* See 62-550.500(6) for requirements and restrictions, And 62-550.5.12(3) for nitrate or nitrite exceedances.

** See 62-550.500(4) for requirements and attach a results page for each site

SAMPLER CERTIFICATION

I, Michael Olesh (Print Name), (Print Title) do HEREBY CERTIFY that the above public water system and sample collection information is complete and correct.

Signature: Michael Olesh Date: 4-30-12

Certified Operator #: Phone #: Sampler's Fax #:

Sampler's E-Mail:

Reporting Format 62-550-730
Effective January 1995, Revised February 2010

SOUTHERN ANALYTICAL LABORATORIES, INC.
[illegible] BOULEVARD OLDSMAR, FL 34677 813-855-1644 FAX 813-855-2219

ACCREDITED IN ACCORDANCE WITH

Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format

DISINFECTION BYPRODUCTS
62-550.310(3)

Report Number / Job ID: 1203171-06
Disinfectant Residual (mg/L) (From Page 1) 1.0
PWS ID (From Page 1) 6520336

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Reg MRL**	Analysis Date	Analysis Time	DOH Lab Certification #
2450	Monochloroacetic Acid	N/A	ug/L	0.76	U	EPA 552.2	0.76	2.0	4/20/12	12:36	E84129
2451	Dichloroacetic Acid	N/A	ug/L	16		EPA 552.2	0.69	1.0	4/20/12	12:36	E84129
2452	Trichloroacetic Acid	N/A	ug/L	15		EPA 552.2	0.34	1.0	4/20/12	12:36	E84129
2453	Monobromoacetic Acid	N/A	ug/L	0.94	I	EPA 552.2	0.33	1.0	4/20/12	12:36	E84129
2454	Dibromoacetic Acid	N/A	ug/L	6.2		EPA 552.2	0.26	1.0	4/20/12	12:36	E84129
2456	Total Haloacetic Acids (HAA5)	60	ug/L	38.14		EPA 552.2	0.26	—	4/20/12	12:36	E84129

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Reg MRL**	Analysis Date	Analysis Time	DOH Lab Certification #
2941	Chloroform	N/A	ug/L	33		EPA 524.2	0.2	1.0	4/19/12	8:27	E84129
2942	Bromoform	N/A	ug/L	14		EPA 524.2	0.2	1.0	4/19/12	8:27	E84129
2943	Bromodichloromethane	N/A	ug/L	11		EPA 524.2	0.2	1.0	4/19/12	8:27	E84129
2944	Dibromochloromethane	N/A	ug/L	12		EPA 524.2	0.1	1.0	4/19/12	8:27	E84129
2950	Total Trihalomethanes (TTHM)	80	ug/L	70		EPA 524.2	0.1	—	4/19/12	8:27	E84129

** Laboratories are required to adhere to minimum reporting level (MRL) requirements of 40 CFR 141.131(b)(2)(iv). Chlorite regulatory MRL is applicable to monitoring as prescribed in 40 CFR 141.132(b)(2)(i)(B) and (b)(2)(ii). Laboratories that use EPA Methods 317.0 Revision 2.0, 326.0 or 321.8 must meet a 1.0 ug/L MRL for bromate.

*Qualifiers.

U=Analyte was undetected. Indicated concentration is method detection limit.
I=The reported value is between the laboratory method detection limit and the laboratory practical quantitation limit.

SOUTHERN ANALYTICAL LABORATORIES, INC.

110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 813-855-1844 FAX 813-855-2218

Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format

City of Clearwater Water Department
Stage 2 Disinfection By-Products

LABORATORY CERTIFICATION INFORMATION (to be completed by lab - please type or print legibly)

Lab Name: Southern Analytical Laboratories, Inc. Florida DOH Certification #: E84129 Certification Expiration Date: 06/30/2012

ATTACH CURRENT DOH ANALYTE SHEET*

Address: 110 Bayview Blvd Oldsmar,FL 34677 Phone: (813) 855-1844

Were any analyses subcontracted? ☐ Yes ☒ No If yes, please provide DOH certification number(s):

ATTACH CURRENT DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB*

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 04/18/2012

PWS ID (From Page 1): 6520336 Sample Number (From Page 1): 1203171-06 Lab Assigned Report # or Job ID: 1203171-06

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 for Asbestos	☐ All 30	☐ All 21	☒ Trihalomethanes	☐ Single Sample	☐ All 14
☐ Partial	☐ All Except Dioxin	☐ Partial	☒ Haloacetic Acids	☐ Qtrly Composite	☐ Partial
☐ Nitrate	☐ Partial		☐ Chlorite		
☐ Nitrite	☐ Dioxin Only		☐ Bromate		
☐ Asbestos					

LAB CERTIFICATION

I, Francis I. Daniels (Print Name), Laboratory Director (Print Title) do HEREBY CERTIFY that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Acceditation Conference (NELAC).

Signature: Francis I. Daniels Date: 04/23/2012

* Failure to provide a valid and current Florida DOH lab certification number and a current Analyte Sheet for the attached analysis results will result in rejection of the report, possible enforcement against the public water system for failure to sample, and may result in notification of the DOH Bureau of Laboratory Services.

** Please provide radiological sample dates & locations for each quarter.

CONFIRMATION & NOTIFICATION IS REQUIRED WITHIN 24 HOURS FOR NITRATE AND NITRITE MCL EXCEEDANCES

NON-DETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" QUALIFIER (Non-detects reported as "BDL" or with a "<" are not acceptable.)

COMPLIANCE DETERMINATION (to be completed by DEP or DOH - attach notes as necessary)

Sample Collection & Analysis Satisfactory: ☐ Yes ☐ No Replacement Sample or Report Requested (circle or highlight group(s) above)

Person Notified: Date Notified: DEP/DOH Reviewing Official:

Reporting Format 62-550-730
Effective January 1995, Revised February 2010

SOUTHERN ANALYTICAL LABORATORIES, INC.

ACCREDITED IN ACCORDANCE WITH

Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format

City of Clearwater Water Department
Stage 2 Disinfection By-Products

PUBLIC WATER SYSTEM INFORMATION (to be completed by sampler - please type or print legibly)

System Name: City of Clearwater Water Dept PWS I.D. #: 6 5 2 0 3 3 6

System Type (check one): [X] Community [ ] Nontransient Noncommunity [ ] Transient Noncommunity

Address: 1650 N. Arcturas Ave.

City: Clearwater Zip Code: 33765

Phone: (727) 562-4960 Fax: E-Mail Address:

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: 1203171-06 Sample Date: 4/18/12 Sample Time: 8:30 am [AM] PM (Circle One)

Sample Location (be specific): 1951 Edgewater Dr. Location Code:

Disinfection Residual (Required when reporting results for trihalomethanes and haloacetic acids): 1.0 mg/L Field pH: 7.56

Sample Type (Check Only One)

- [X] Distribution
- [ ] Entry Point (to Distribution)
- [ ] Plant Tap (not for compliance with 62-550)
- [ ] Raw (at well or intake)
- [ ] Max. Residence Time
- [ ] Ave. Residence Time
- [ ] Near First Customer

Reason (s) for Sample (Check all that apply)

- [X] Routine Compliance with 62-550
- [ ] Confirmation of MCL Exceedance*
- [ ] Composite of Multiple Sites **
- [ ] Other:
- [ ] Replacement (of Invalidated Sample)
- [ ] Special (not for compliance with 62-550)
- [ ] Clearance (permitting)

Sampling Procedure Used or Other Comments:

* See 62-550.500(6) for requirements and restrictions. And 62-550.5.12(3) for nitrate or nitrite exceedances.

** See 62-550.500(4) for requirements and attach a results page for each site

SAMPLER CERTIFICATION

I, Michael Olesh (Print Name) (Print Title) do HEREBY CERTIFY

that the above public water system and sample collection information is complete and correct.

Signature: Michael Olesh Date: 4-30-12

Certified Operator #: Phone #: Sampler's Fax #:

Sampler's E-Mail:

Reporting Format 62-550-730
Effective January 1995. Revised February 2010

Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format

DISINFECTION BYPRODUCTS
62-550.310(3)

Report Number / Job ID: 1203171-05
Disinfectant Residual (mg/L) (From Page 1): 4.0
PWS ID (From Page 1): 6520336

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Reg MRL**	Analysis Date	Analysis Time	DOH Lab Certification #
2450	Monochloroacetic Acid	N/A	ug/L	0.76	U	EPA 552.2	0.76	2.0	4/20/12	12:13	E84129
2451	Dichloroacetic Acid	N/A	ug/L	18		EPA 552.2	0.68	1.0	4/20/12	12:13	E84129
2452	Trichloroacetic Acid	N/A	ug/L	18		EPA 552.2	0.34	1.0	4/20/12	12:13	E84129
2453	Monobromoacetic Acid	N/A	ug/L	1.8		EPA 552.2	0.33	1.0	4/20/12	12:13	E84129
2454	Dibromoacetic Acid	N/A	ug/L	5.9		EPA 552.2	0.26	1.0	4/20/12	12:13	E84129
2456	Total Haloacetic Acids (HAA5)	60	ug/L	43.7		EPA 552.2	0.26	—	4/20/12	12:13	E84129
Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Reg MRL**	Analysis Date	Analysis Time	DOH Lab Certification #
2941	Chloroform	N/A	ug/L	36		EPA 524.2	0.2	1.0	4/19/12	7:53	E84129
2942	Bromoform	N/A	ug/L	15		EPA 524.2	0.2	1.0	4/19/12	7:53	E84129
2943	Bromodichloromethane	N/A	ug/L	11		EPA 524.2	0.2	1.0	4/19/12	7:53	E84129
2944	Dibromochloromethane	N/A	ug/L	12		EPA 524.2	0.1	1.0	4/19/12	7:53	E84129
2950	Total Trihalomethanes (TTHM)	80	ug/L	74		EPA 524.2	0.1	—	4/19/12	7:53	E84129

** Laboratories are required to adhere to minimum reporting level (MRL) requirements of 40 CFR 141.131(b)(2)(iv). Chlorite regulatory MRL is applicable to monitoring as prescribed in 40 CFR 141.132(b)(2)(i)(B) and (b)(2)(ii). Laboratories that use EPA Methods 317.0 Revision 2.0, 326.0 or 321.8 must meet a 1.0 ug/L MRL for bromate.

*Qualifiers:

U=Analyte was undetected. Indicated concentration is method detection limit.

SOUTHERN ANALYTICAL LABORATORIES, INC.
110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 813 855-1844 FAX 813-855-2218

Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format

City of Clearwater Water Department
Stage 2 Disinfection By-Products

LABORATORY CERTIFICATION INFORMATION (to be completed by lab - please type or print legibly)

Lab Name: Southern Analytical Laboratories, Inc. Florida DOH Certification #: E84129 Certification Expiration Date: 06/30/2012

ATTACH CURRENT DOH ANALYTE SHEET*

Address: 110 Bayview Blvd Oldsmar,FL 34677 Phone: (813) 855-1844

Were any analyses subcontracted? ☐ Yes ☒ No If yes, please provide DOH certification number(s):

ATTACH CURRENT DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB*

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 04/18/2012

PWS ID (From Page 1): 6520336 Sample Number (From Page 1): 1203171-05 Lab Assigned Report # or Job ID: 1203171-05

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 for Asbestos	☐ All 30	☐ All 21	☒ Trihalomethanes	☐ Single Sample	☐ All 14
☐ Partial	☐ All Except Dioxin	☐ Partial	☒ Haloacetic Acids	☐ Qtrly Composite	☐ Partial
☐ Nitrate	☐ Partial		☐ Chlorite		
☐ Nitrite	☐ Dioxin Only		☐ Bromate		
☐ Asbestos					

LAB CERTIFICATION

I, Francis I. Daniels (Print Name), Laboratory Director (Print Title) do HEREBY CERTIFY

that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).

Signature: Francis Daniels Date: 04/23/2012

* Failure to provide a valid and current Florida DOH lab certification number and a current Analyte Sheet for the attached analysis results will result in rejection of the report, possible enforcement against the public water system for failure to sample, and may result in notification of the DOH Bureau of Laboratory Services.

** Please provide radiological sample dates & locations for each quarter.

CONFIRMATION & NOTIFICATION IS REQUIRED WITHIN 24 HOURS FOR NITRATE AND NITRITE MCL EXCEEDANCES

NON-DETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" QUALIFIER (Non-detects reported as "BDL" or with a "<" are not acceptable.)

COMPLIANCE DETERMINATION (to be completed by DEP or DOH - attach notes as necessary)

Sample Collection & Analysis Satisfactory: ☐ Yes ☐ No _____ Replacement Sample or Report Requested (circle or highlight group(s) above)

Person Notified: _____ Date Notified: _____ DEP/DOH Reviewing Official: _____

Reporting Format 62-550-730
Effective January 1995. Revised February 2010

SOUTHERN ANALYTICAL LABORATORIES, INC.

Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format

City of Clearwater Water Department
Stage 2 Disinfection By-Products

PUBLIC WATER SYSTEM INFORMATION (to be completed by sampler - please type or print legibly)

System Name: City of Clearwater Water Dept PWS I.D. #: 6 5 2 0 3 3 6

System Type (check one): [X] Community [ ] Nontransient Noncommunity [ ] Transient Noncommunity

Address: 1650 N. Arcturas Ave.

City: Clearwater Zip Code: 33765

Phone: (727) 562-4960 Fax: E-Mail Address:

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: 1203171-05 Sample Date: 4/18/12 Sample Time: 7:30 am [AM] PM (Circle One)

Sample Location (be specific): 1616 Ridge Top Way Location Code:

Disinfection Residual (Required when reporting results for trihalomethanes and haloacetic acids): 4.0 mg/L Field pH: 7.11

Sample Type (Check Only One)

- [X] Distribution
- [ ] Entry Point (to Distribution)
- [ ] Plant Tap (not for compliance with 62-550)
- [ ] Raw (at well or intake)
- [ ] Max. Residence Time
- [ ] Ave. Residence Time
- [ ] Near First Customer

Reason (s) for Sample (Check all that apply)

- [X] Routine Compliance with 62-550
- [ ] Confirmation of MCL Exceedance*
- [ ] Composite of Multiple Sites **
- [ ] Other:
- [ ] Replacement (of Invalidated Sample)
- [ ] Special (not for compliance with 62-550)
- [ ] Clearance (permitting)

Sampling Procedure Used or Other Comments:

* See 62-550.500(6) for requirements and restrictions. And 62-550.5.12(3) for nitrate or nitrite exceedances.

** See 62-550.500(4) for requirements and attach a results page for each site

SAMPLER CERTIFICATION

I, Michael Olesh (Print Name) _____ (Print Title) do HEREBY CERTIFY that the above public water system and sample collection information is complete and correct.

Signature: Michael Olesh Date: 4-30-12

Certified Operator #: Phone #: Sampler's Fax #:

Sampler's E-Mail:

Reporting Format 62-550-730
Effective January 1995, Revised February 2010

SOUTHERN ANALYTICAL LABORATORIES, INC.
[illegible] VIEW BOULEVARD [illegible] 813-855-1844 FAX [illegible]

ACCREDITED IN ACCORDANCE WITH

Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format

DISINFECTION BYPRODUCTS
62-550.310(3)

Report Number / Job ID: 1203171-04
Disinfectant Residual (mg/L) (From Page 1): 3.0
PWS ID (From Page 1): 6520336

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Reg MRL**	Analysis Date	Analysis Time	DOH Lab Certification #
2450	Monochloroacetic Acid	N/A	ug/L	0.78	U	EPA 552.2	0.78	2.0	4/20/12	9:56	E84129
2451	Dichloroacetic Acid	N/A	ug/L	17		EPA 552.2	0.70	1.0	4/20/12	9:56	E84129
2452	Trichloroacetic Acid	N/A	ug/L	14		EPA 552.2	0.35	1.0	4/20/12	9:56	E84129
2453	Monobromoacetic Acid	N/A	ug/L	2.1		EPA 552.2	0.34	1.0	4/20/12	9:56	E84129
2454	Dibromoacetic Acid	N/A	ug/L	6.4		EPA 552.2	0.27	1.0	4/20/12	9:56	E84129
2456	Total Haloacetic Acids (HAA5)	60	ug/L	39.5		EPA 552.2	0.27	—	4/20/12	9:56	E84129
Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Reg MRL**	Analysis Date	Analysis Time	DOH Lab Certification #
2941	Chloroform	N/A	ug/L	27		EPA 524.2	0.2	1.0	4/19/12	7:20	E84129
2942	Bromoform	N/A	ug/L	18		EPA 524.2	0.2	1.0	4/19/12	7:20	E84129
2943	Bromodichloromethane	N/A	ug/L	10		EPA 524.2	0.2	1.0	4/19/12	7:20	E84129
2944	Dibromochloromethane	N/A	ug/L	12		EPA 524.2	0.1	1.0	4/19/12	7:20	E84129
2950	Total Trihalomethanes (TTHM)	80	ug/L	65		EPA 524.2	0.1	—	4/19/12	7:20	E84129

** Laboratories are required to adhere to minimum reporting level (MRL) requirements of 40 CFR 141.131(b)(2)(iv).
Chlorite regulatory MRL is applicable to monitoring as prescribed in 40 CFR 141.132(b)(2)(i)(B) and (b)(2)(ii).
Laboratories that use EPA Methods 317.0 Revision 2.0, 326.0 or 321.8 must meet a 1.0 ug/L MRL for bromate.

*Qualifiers:

U=Analyte was undetected. Indicated concentration is method detection limit.

SOUTHERN ANALYTICAL LABORATORIES, INC.

110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 813-855 1844 FAX 813-855 2218

Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format

City of Clearwater Water Department
Stage 2 Disinfection By-Products

LABORATORY CERTIFICATION INFORMATION (to be completed by lab - please type or print legibly)

Lab Name: Southern Analytical Laboratories, Inc. Florida DOH Certification #: E84129 Certification Expiration Date: 06/30/2012

ATTACH CURRENT DOH ANALYTE SHEET*

Address: 110 Bayview Blvd Oldsmar,FL 34677 Phone: (813) 855-1844

Were any analyses subcontracted? ☐ Yes ☒ No If yes, please provide DOH certification number(s):

ATTACH CURRENT DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB*

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 04/18/2012

PWS ID (From Page 1): 6520336 Sample Number (From Page 1): 1203171-04 Lab Assigned Report # or Job ID: 1203171-04

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 for Asbestos	☐ All 30	☐ All 21	☒ Trihalomethanes	☐ Single Sample	☐ All 14
☐ Partial	☐ All Except Dioxin	☐ Partial	☒ Haloacetic Acids	☐ Qtrly Composite	☐ Partial
☐ Nitrate	☐ Partial		☐ Chlorite		
☐ Nitrite	☐ Dioxin Only		☐ Bromate		
☐ Asbestos					

LAB CERTIFICATION

I, Francis I. Daniels (Print Name), Laboratory Director (Print Title) do HEREBY CERTIFY

that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).

Signature: Francis Daniels Date: 04/23/2012

* Failure to provide a valid and current Florida DOH lab certification number and a current Analyte Sheet for the attached analysis results will result in rejection of the report, possible enforcement against the public water system for failure to sample, and may result in notification of the DOH Bureau of Laboratory Services.

** Please provide radiological sample dates & locations for each quarter.

CONFIRMATION & NOTIFICATION IS REQUIRED WITHIN 24 HOURS FOR NITRATE AND NITRITE MCL EXCEEDANCES

NON-DETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" QUALIFIER (Non-detects reported as "BDL" or with a "<" are not acceptable.)

COMPLIANCE DETERMINATION (to be completed by DEP or DOH - attach notes as necessary)

Sample Collection & Analysis Satisfactory: ☐ Yes ☐ No Replacement Sample or Report Requested (circle or highlight group(s) above)

Person Notified: Date Notified: DEP/DOH Reviewing Official:

Reporting Format 62-550-730
Effective January 1995, Revised February 2010

SOUTHERN ANALYTICAL LABORATORIES, INC.

[illegible] BOULEVARD OLDSMAR FL 34677 813 855 1844 FAX 813 855 2818

ACCREDITED IN ACCORDANCE WITH

Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format

City of Clearwater Water Department
Stage 2 Disinfection By-Products

PUBLIC WATER SYSTEM INFORMATION (to be completed by sampler - please type or print legibly)

System Name: City of Clearwater Water Dept PWS I.D. #: 6 5 2 0 3 3 6

System Type (check one): [X] Community [ ] Nontransient Noncommunity [ ] Transient Noncommunity

Address: 1650 N. Arcturas Ave.

City: Clearwater Zip Code: 33765

Phone: (727) 562-4960 Fax: E-Mail Address:

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: 1203171-04 Sample Date: 4/18/12 Sample Time: 8:50 am [AM] PM (Circle One)

Sample Location (be specific): 1985 Byram Drive Location Code:

Disinfection Residual (Required when reporting results for trihalomethanes and haloacetic acids): 3.8 mg/L Field pH: 7.64

Sample Type (Check Only One)

- [X] Distribution
- [ ] Entry Point (to Distribution)
- [ ] Plant Tap (not for compliance with 62-550)
- [ ] Raw (at well or intake)
- [ ] Max. Residence Time
- [ ] Ave. Residence Time
- [ ] Near First Customer

Reason (s) for Sample (Check all that apply)

- [X] Routine Compliance with 62-550
- [ ] Confirmation of MCL Exceedance*
- [ ] Composite of Multiple Sites**
- [ ] Other
- [ ] Replacement (of Invalidated Sample)
- [ ] Special (not for compliance with 62-550)
- [ ] Clearance (permitting)

Sampling Procedure Used or Other Comments:

* See 62-550.500(6) for requirements and restrictions. And 62-550.5.12(3) for nitrate or nitrite exceedances.

** See 62-550.500(4) for requirements and attach a results page for each site

SAMPLER CERTIFICATION

I, Michael Olesh (Print Name) (Print Title) do HEREBY CERTIFY that the above public water system and sample collection information is complete and correct.

Signature: Michael Olesh Date: 4-30-12

Certified Operator #: Phone #: Sampler's Fax #:

Sampler's E-Mail:

Reporting Format 62-550-730
Effective January 1995. Revised February 2010

SOUTHERN ANALYTICAL LABORATORIES, INC.
[illegible]

Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format

DISINFECTION BYPRODUCTS
62-550.310(3)

Report Number / Job ID: 1203171-03
Disinfectant Residual (mg/L) (From Page 1): 2.4
PWS ID (From Page 1): 6520336

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Reg MRL**	Analysis Date	Analysis Time	DOH Lab Certification #
2450	Monochloroacetic Acid	N/A	ug/L	0.77	U	EPA 552.2	0.77	2.0	4/20/12	9:33	E84129
2451	Dichloroacetic Acid	N/A	ug/L	17		EPA 552.2	0.69	1.0	4/20/12	9:33	E84129
2452	Trichloroacetic Acid	N/A	ug/L	20		EPA 552.2	0.35	1.0	4/20/12	9:33	E84129
2453	Monobromoacetic Acid	N/A	ug/L	2.0		EPA 552.2	0.34	1.0	4/20/12	9:33	E84129
2454	Dibromoacetic Acid	N/A	ug/L	6.6		EPA 552.2	0.27	1.0	4/20/12	9:33	E84129
2456	Total Haloacetic Acids (HAA5)	60	ug/L	45.6		EPA 552.2	0.27	—	4/20/12	9:33	E84129
Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Reg MRL**	Analysis Date	Analysis Time	DOH Lab Certification #
2941	Chloroform	N/A	ug/L	33		EPA 524.2	0.2	1.0	4/19/12	6:47	E84129
2942	Bromoform	N/A	ug/L	15		EPA 524.2	0.2	1.0	4/19/12	6:47	E84129
2943	Bromodichloromethane	N/A	ug/L	9.9		EPA 524.2	0.2	1.0	4/19/12	6:47	E84129
2944	Dibromochloromethane	N/A	ug/L	11		EPA 524.2	0.1	1.0	4/19/12	6:47	E84129
2950	Total Trihalomethanes (TTHM)	80	ug/L	68.9		EPA 524.2	0.1	—	4/19/12	6:47	E84129

** Laboratories are required to adhere to minimum reporting level (MRL) requirements of 40 CFR 141.131(b)(2)(iv).
Chlorite regulatory MRL is applicable to monitoring as prescribed in 40 CFR 141.132(b)(2)(i)(B) and (b)(2)(ii).
Laboratories that use EPA Methods 317.0 Revision 2.0, 326.0 or 321.8 must meet a 1.0 ug/L MRL for bromate.

*Qualifiers:

U=Analyte was undetected. Indicated concentration is method detection limit.

SOUTHERN ANALYTICAL LABORATORIES, INC.

110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 813-855-1844 FAX 813-855-2218

Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format

City of Clearwater Water Department
Stage 2 Disinfection By-Products

LABORATORY CERTIFICATION INFORMATION (to be completed by lab - please type or print legibly)

Lab Name: Southern Analytical Laboratories, Inc. Florida DOH Certification #: E84129 Certification Expiration Date: 06/30/2012

ATTACH CURRENT DOH ANALYTE SHEET*

Address: 110 Bayview Blvd Oldsmar,FL 34677 Phone: (813) 855-1844

Were any analyses subcontracted? ☐ Yes ☒ No If yes, please provide DOH certification number(s):

ATTACH CURRENT DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB*

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 04/18/2012

PWS ID (From Page 1): 6520336 Sample Number (From Page 1): 1203171-03 Lab Assigned Report # or Job ID: 1203171-03

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 for Asbestos	☐ All 30	☐ All 21	☒ Trihalomethanes	☐ Single Sample	☐ All 14
☐ Partial	☐ All Except Dioxin	☐ Partial	☒ Haloacetic Acids	☐ Qtrly Composite	☐ Partial
☐ Nitrate	☐ Partial		☐ Chlorite		
☐ Nitrite	☐ Dioxin Only		☐ Bromate		
☐ Asbestos					

LAB CERTIFICATION

I, Francis I. Daniels (Print Name), Laboratory Director (Print Title) do HEREBY CERTIFY that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).

Signature: Fran Daniels Date: 04/23/2012

* Failure to provide a valid and current Florida DOH lab certification number and a current Analyte Sheet for the attached analysis results will result in rejection of the report, possible enforcement against the public water system for failure to sample, and may result in notification of the DOH Bureau of Laboratory Services.

** Please provide radiological sample dates & locations for each quarter.

CONFIRMATION & NOTIFICATION IS REQUIRED WITHIN 24 HOURS FOR NITRATE AND NITRITE MCL EXCEEDANCES

NON-DETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" QUALIFIER (Non-detects reported as "BDL" or with a "<" are not acceptable.)

COMPLIANCE DETERMINATION (to be completed by DEP or DOH - attach notes as necessary)

Sample Collection & Analysis Satisfactory: ☐ Yes ☐ No Replacement Sample or Report Requested (circle or highlight group(s) above)

Person Notified: Date Notified: DEP/DOH Reviewing Official:

Reporting Format 62-550-730
Effective January 1995. Revised February 2010

SOUTHERN ANALYTICAL LABORATORIES, INC.

[illegible] BOULEVARD, OLDSMAR, FL 34677 (813) 855-1844 FAX (813) 855-2219

ACCREDITED IN ACCORDANCE WITH

Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format

City of Clearwater Water Department
Stage 2 Disinfection By-Products

PUBLIC WATER SYSTEM INFORMATION (to be completed by sampler - please type or print legibly)

System Name: City of Clearwater Water Dept PWS I.D. #: 6 5 2 0 3 3 6

System Type (check one): [X] Community [ ] Nontransient Noncommunity [ ] Transient Noncommunity

Address: 1650 N. Arcturas Ave.

City: Clearwater Zip Code: 33765

Phone: (727) 562-4960 Fax: E-Mail Address:

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: 1203171-03 Sample Date: 4/18/12 Sample Time: 10:00 am [AM] PM (Circle One)

Sample Location (be specific): 2420 Sabre Court Location Code:

Disinfection Residual (Required when reporting results for trihalomethanes and haloacetic acids): 2.4 mg/L Field pH: 7.83

Sample Type (Check Only One)

- [X] Distribution
- [ ] Entry Point (to Distribution)
- [ ] Plant Tap (not for compliance with 62-550)
- [ ] Raw (at well or intake)
- [ ] Max. Residence Time
- [ ] Ave. Residence Time
- [ ] Near First Customer

Reason (s) for Sample (Check all that apply)

- [X] Routine Compliance with 62-550
- [ ] Confirmation of MCL Exceedance*
- [ ] Composite of Multiple Sites **
- [ ] Other:

Sampling Procedure Used or Other Comments:

- [ ] Replacement (of Invalidated Sample)
- [ ] Special (not for compliance with 62-550)
- [ ] Clearance (permitting)

* See 62-560.500(6) for requirements and restrictions. And 62-550.5.12(3) for nitrate or nitrite exceedances.

** See 62-550.500(4) for requirements and attach a results page for each site

SAMPLER CERTIFICATION

I, Michael Olesh (Print Name) (Print Title) do HEREBY CERTIFY that the above public water system and sample collection information is complete and correct.

Signature: Michael Olesh Date: 4-30-12

Certified Operator #: Phone #: Sampler's Fax #:

Sampler's E-Mail:

Reporting Format 62-550.730
Effective January 1995, Revised February 2010

SOUTHERN ANALYTICAL LABORATORIES, INC.
841 HAYVIEW BOULEVARD, OLDSMAR, FL 34677 813.855.1844 FAX 813.855.2118

ACCREDITED IN ACCORDANCE WITH

Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format

DISINFECTION BYPRODUCTS
62-550.310(3)

Report Number / Job ID: 1203171-02
Disinfectant Residual (mg/L) (From Page 1): 2.2
PWS ID (From Page 1): 6520336

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Reg MRL**	Analysis Date	Analysis Time	DOH Lab Certification #
2450	Monochloroacetic Acid	N/A	ug/L	0.76	U	EPA 552.2	0.76	2.0	4/20/12	9:11	E84129
2451	Dichloroacetic Acid	N/A	ug/L	18		EPA 552.2	0.88	1.0	4/20/12	9:11	E84129
2452	Trichloroacetic Acid	N/A	ug/L	17		EPA 552.2	0.34	1.0	4/20/12	9:11	E84129
2453	Monobromoacetic Acid	N/A	ug/L	1.4		EPA 552.2	0.33	1.0	4/20/12	9:11	E84129
2454	Dibromoacetic Acid	N/A	ug/L	6.0		EPA 552.2	0.26	1.0	4/20/12	9:11	E84129
2456	Total Haloacetic Acids (HAA5)	60	ug/L	42.4		EPA 552.2	0.26	—	4/20/12	9:11	E84129

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Reg MRL**	Analysis Date	Analysis Time	DOH Lab Certification #
2941	Chloroform	N/A	ug/L	32		EPA 524.2	0.2	1.0	4/19/12	6:14	E84129
2942	Bromoform	N/A	ug/L	14		EPA 524.2	0.2	1.0	4/19/12	6:14	E84129
2943	Bromodichloromethane	N/A	ug/L	11		EPA 524.2	0.2	1.0	4/19/12	6:14	E84129
2944	Dibromochloromethane	N/A	ug/L	11		EPA 524.2	0.1	1.0	4/19/12	6:14	E84129
2950	Total Trihalomethanes (TTHM)	80	ug/L	68		EPA 524.2	0.1	—	4/19/12	6:14	E84129

** Laboratories are required to adhere to minimum reporting level (MRL) requirements of 40 CFR 141.131(b)(2)(iv). Chlorite regulatory MRL is applicable to monitoring as prescribed in 40 CFR 141.132(b)(2)(i)(B) and (b)(2)(ii). Laboratories that use EPA Methods 317.0 Revision 2.0, 326.0 or 321.8 must meet a 1.0 ug/L MRL for bromate.

*Qualifiers:

U=Analyte was undetected. Indicated concentration is method detection limit.

SOUTHERN ANALYTICAL LABORATORIES, INC.
110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 813-855-1844 FAX 813 855-2818

Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format

City of Clearwater Water Department
Stage 2 Disinfection By-Products

LABORATORY CERTIFICATION INFORMATION (to be completed by lab - please type or print legibly)

Lab Name: Southern Analytical Laboratories, Inc. Florida DOH Certification #: E84129 Certification Expiration Date: 06/30/2012

ATTACH CURRENT DOH ANALYTE SHEET*

Address: 110 Bayview Blvd Oldsmar,FL 34677 Phone: (813) 855-1844

Were any analyses subcontracted? ☐ Yes ☒ No If yes, please provide DOH certification number(s):

ATTACH CURRENT DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB*

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 04/18/2012

PWS ID (From Page 1): 6520336 Sample Number (From Page 1): 1203171-02 Lab Assigned Report # or Job ID: 1203171-02

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 for Asbestos	☐ All 30	☐ All 21	☒ Trihalomethanes	☐ Single Sample	☐ All 14
☐ Partial	☐ All Except Dioxin	☐ Partial	☒ Haloacetic Acids	☐ Qtrly Composite	☐ Partial
☐ Nitrate	☐ Partial		☐ Chlorite		
☐ Nitrite	☐ Dioxin Only		☐ Bromate		
☐ Asbestos					

LAB CERTIFICATION

I. Francis I. Daniels (Print Name), Laboratory Director (Print Title) do HEREBY CERTIFY that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).

Signature: Francis Daniels Date: 04/23/2012

* Failure to provide a valid and current Florida DOH lab certification number and a current Analyte Sheet for the attached analysis results will result in rejection of the report, possible enforcement against the public water system for failure to sample, and may result in notification of the DOH Bureau of Laboratory Services.

** Please provide radiological sample dates & locations for each quarter.

CONFIRMATION & NOTIFICATION IS REQUIRED WITHIN 24 HOURS FOR NITRATE AND NITRITE MCL EXCEEDANCES

NON-DETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" QUALIFIER (Non-detects reported as "BDL" or with a "<" are not acceptable.)

COMPLIANCE DETERMINATION (to be completed by DEP or DOH - attach notes as necessary)

Sample Collection & Analysis Satisfactory: ☐ Yes ☐ No Replacement Sample or Report Requested (circle or highlight group(s) above)

Person Notified: Date Notified: DEP/DOH Reviewing Official:

Reporting Format 62-550-730
Effective January 1995, Revised February 2010

SOUTHERN ANALYTICAL LABORATORIES, INC.

110 BAY VIEW BOULEVARD, OLDSMAR, FL 34677 (813) 855-1844 FAX (813) 855-2818

ACCREDITED IN ACCORDANCE WITH

Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format

City of Clearwater Water Department
Stage 2 Disinfection By-Products

PUBLIC WATER SYSTEM INFORMATION (to be completed by sampler - please type or print legibly)

System Name: City of Clearwater Water Dept PWS I.D. #: 6 5 2 0 3 3 6

System Type (check one): [X] Community [ ] Nontransient Noncommunity [ ] Transient Noncommunity

Address: 1650 N. Arcturas Ave.

City: Clearwater Zip Code: 33765

Phone: (727) 562-4960 Fax: E-Mail Address:

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: 1203171-02 Sample Date: 4/18/12 Sample Time: 9:35 am [AM] PM (Circle One)

Sample Location (be specific): 3387 Arlie Ave. Location Code:

Disinfection Residual (Required when reporting results for trihalomethanes and haloacetic acids): 2.2 mg/L Field pH: 7.78

Sample Type (Check Only One)

- [X] Distribution
- [ ] Entry Point (to Distribution)
- [ ] Plant Tap (not for compliance with 62-550)
- [ ] Raw (at well or intake)
- [ ] Max. Residence Time
- [ ] Ave. Residence Time
- [ ] Near First Customer

Reason (s) for Sample (Check all that apply)

- [X] Routine Compliance with 62-550
- [ ] Confirmation of MCL Exceedance*
- [ ] Composite of Multiple Sites **
- [ ] Replacement (of Invalidated Sample)
- [ ] Special (not for compliance with 62-550)
- [ ] Clearance (permitting)
- [ ] Other:

Sampling Procedure Used or Other Comments:

* See 62-550.500(6) for requirements and restrictions. And 62-550.5.12(3) for nitrate or nitrite exceedances.

** See 62-550.500(4) for requirements and attach a results page for each site

SAMPLER CERTIFICATION

I, Michael Olesh (Print Name) (Print Title) do HEREBY CERTIFY that the above public water system and sample collection information is complete and correct.

Signature: Michael Olesh Date: 4-30-12

Certified Operator #: Phone #: Sampler's Fax #:

Sampler's E-Mail:

Reporting Format 62-550-730
Effective January 1995. Revised February 2010

SOUTHERN ANALYTICAL LABORATORIES, INC.
[illegible] BAYVIEW BOULEVARD, OLDSMAR, FL 34677 813.855.1844 FAX 813.855.2219

ACCREDITED IN ACCORDANCE WITH

Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format

DISINFECTION BYPRODUCTS
62-550.310(3)

Report Number / Job ID: 1203171-01
Disinfectant Residual (mg/L) (From Page 1): 2.78
PWS ID (From Page 1): 6520336

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Reg MRL**	Analysis Date	Analysis Time	DOH Lab Certification #
2450	Monochloroacetic Acid	N/A	ug/L	0.75	U	EPA 552.2	0.75	2.0	4/20/12	8:48	E84129
2451	Dichloroacetic Acid	N/A	ug/L	18		EPA 552.2	0.68	1.0	4/20/12	8:48	E84129
2452	Trichloroacetic Acid	N/A	ug/L	19		EPA 552.2	0.34	1.0	4/20/12	8:48	E84129
2453	Monobromoacetic Acid	N/A	ug/L	1.8		EPA 552.2	0.33	1.0	4/20/12	8:48	E84129
2454	Dibromoacetic Acid	N/A	ug/L	6.3		EPA 552.2	0.26	1.0	4/20/12	8:48	E84129
2456	Total Haloacetic Acids (HAA5)	60	ug/L	45.1		EPA 552.2	0.26	—	4/20/12	8:48	E84129
Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Reg MRL**	Analysis Date	Analysis Time	DOH Lab Certification #
2941	Chloroform	N/A	ug/L	36		EPA 524.2	0.2	1.0	4/19/12	5:40	E84129
2942	Bromoform	N/A	ug/L	16		EPA 524.2	0.2	1.0	4/19/12	5:40	E84129
2943	Bromodichloromethane	N/A	ug/L	12		EPA 524.2	0.2	1.0	4/19/12	5:40	E84129
2944	Dibromochloromethane	N/A	ug/L	13		EPA 524.2	0.1	1.0	4/19/12	5:40	E84129
2950	Total Trihalomethanes (TTHM)	80	ug/L	77		EPA 524.2	0.1	—	4/19/12	5:40	E84129

** Laboratories are required to adhere to minimum reporting level (MRL) requirements of 40 CFR 141.131(b)(2)(iv).
Chlorite regulatory MRL is applicable to monitoring as prescribed in 40 CFR 141.132(b)(2)(i)(B) and (b)(2)(ii).
Laboratories that use EPA Methods 317.0 Revision 2.0, 326.0 or 321.8 must meet a 1.0 ug/L MRL for bromate.

*Qualifiers:

U=Analyte was undetected. Indicated concentration is method detection limit.

SOUTHERN ANALYTICAL LABORATORIES, INC.
110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 813-855-1844 FAX 813-855-2218

Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format

City of Clearwater Water Department
Stage 2 Disinfection By-Products

LABORATORY CERTIFICATION INFORMATION (to be completed by lab - please type or print legibly)

Lab Name: Southern Analytical Laboratories, Inc. Florida DOH Certification #: E84129 Certification Expiration Date: 06/30/2012

ATTACH CURRENT DOH ANALYTE SHEET*

Address: 110 Bayview Blvd Oldsmar,FL 34677 Phone: (813) 855-1844

Were any analyses subcontracted? ☐ Yes ☒ No If yes, please provide DOH certification number(s):

ATTACH CURRENT DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB*

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 04/18/2012

PWS ID (From Page 1): 6520336 Sample Number (From Page 1): 1203171-01 Lab Assigned Report # or Job ID: 1203171-01

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 for Asbestos	☐ All 30	☐ All 21	☒ Trihalomethanes	☐ Single Sample	☐ All 14
☐ Partial	☐ All Except Dioxin	☐ Partial	☒ Haloacetic Acids	☐ Qtrly Composite	☐ Partial
☐ Nitrate	☐ Partial		☐ Chlorite		
☐ Nitrite	☐ Dioxin Only		☐ Bromate		
☐ Asbestos					

LAB CERTIFICATION

I, Francis I. Daniels (Print Name), Laboratory Director (Print Title) do HEREBY CERTIFY that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).

Signature: Fran Daniels Date: 04/23/2012

* Failure to provide a valid and current Florida DOH lab certification number and a current Analyte Sheet for the attached analysis results will result in rejection of the report, possible enforcement against the public water system for failure to sample, and may result in notification of the DOH Bureau of Laboratory Services.

** Please provide radiological sample dates & locations for each quarter.

CONFIRMATION & NOTIFICATION IS REQUIRED WITHIN 24 HOURS FOR NITRATE AND NITRITE MCL EXCEEDANCES

NON-DETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" QUALIFIER (Non-detects reported as "BDL" or with a "<" are not acceptable.)

COMPLIANCE DETERMINATION (to be completed by DEP or DOH - attach notes as necessary)

Sample Collection & Analysis Satisfactory: ☐ Yes ☐ No Replacement Sample or Report Requested (circle or highlight group(s) above)

Person Notified: Date Notified: DEP/DOH Reviewing Official:

Reporting Format 62-550-730
Effective January 1995, Revised February 2010

SOUTHERN ANALYTICAL LABORATORIES, INC.

[illegible] 813-855-1844 FAX 813-855-2018

ACCREDITED IN ACCORDANCE WITH

Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format

City of Clearwater Water Department
Stage 2 Disinfection By-Products

PUBLIC WATER SYSTEM INFORMATION (to be completed by sampler - please type or print legibly)

System Name: City of Clearwater Water Dept PWS I.D. #: 6 5 2 0 3 3 6

System Type (check one): [X] Community [ ] Nontransient Noncommunity [ ] Transient Noncommunity

Address: 1650 N. Arcturas Ave.

City: Clearwater Zip Code: 33765

Phone: (727) 562-4960 Fax: E-Mail Address:

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: 1203171-01 Sample Date: 4/18/12 Sample Time: 10:25 am [AM] PM (Circle One)

Sample Location (be specific): 3371 Windchime Location Code:

Disinfection Residual (Required when reporting results for trihalomethanes and haloacetic acids): 2.78 mg/L Field pH: 7.87

Sample Type (Check Only One)

- [X] Distribution
- [ ] Entry Point (to Distribution)
- [ ] Plant Tap (not for compliance with 62-550)
- [ ] Raw (at well or intake)
- [ ] Max. Residence Time
- [ ] Ave. Residence Time
- [ ] Near First Customer

Reason (s) for Sample (Check all that apply)

- [X] Routine Compliance with 62-550
- [ ] Confirmation of MCL Exceedance*
- [ ] Composite of Multiple Sites **
- [ ] Other:
- [ ] Replacement (of Invalidated Sample)
- [ ] Special (not for compliance with 62-550)
- [ ] Clearance (permitting)

Sampling Procedure Used or Other Comments:

* See 62-550.500(6) for requirements and restrictions. And 62-550.5 12(3) for nitrate or nitrite exceedances.

** See 62-550.500(4) for requirements and attach a results page for each site

SAMPLER CERTIFICATION

I, Michael Olesh (Print Name) (Print Title) do HEREBY CERTIFY that the above public water system and sample collection information is complete and correct.

Signature: Michael Olesh Date: 4-30-12

Certified Operator #: Phone #: Sampler's Fax #:

Sampler's E-Mail:

Reporting Format 62-550-730
Effective January 1995. Revised February 2010

QUARTERLY MONITORING PERIOD: Second Quarter 2012

PWS ID Number: 6520336

HAA5 COMPLIANCE SUMMARY FOR SYSTEMS MONITORING QUARTERLY

Monitoring Location*	This Quarter				Previous Quarter	2 Quarters Ago	3 Quarters Ago	HAA5 LRAA (mg/L)	HAA5 OE Value (mg/L)
	No. of HAA5 Samples Taken	Date Each HAA5 Sample Taken (mo/da/yr)	HAA5 Sample Result (mg/L)	HAA5 Locational Quarterly Average (mg/L)	HAA5 Locational Quarterly Average (mg/L)	HAA5 Locational Quarterly Average (mg/L)	HAA5 Locational Quarterly Average (mg/L)		
				A	B	C	D	(A+B+C+D)/4	(2A+B+C)/4
1985 Byram Drive	1	4/18/2012	.039.5	.039.5					
1616 Ridge Top Way	1	4/18/2012	.043.7	.043.7					
1951 Edgewater Drive	1	4/18/2012	.038.14	.038.14					
710 Maple Street	1	4/18/2012	.032.7	.032.7					
2456 Moore Haven Drive	1	4/18/2012	.045.7	.045.7					
3371 Windchime	1	4/18/2012	.045.1	.045.1					
3387 Arlie Avenue	1	4/18/2012	.042.4	.042.4					
2420 Sabre Court	1	4/18/2012	.045.6	.045.6					

Does the HAA5 LRAA at any monitoring location violate the HAA5 MCL of 0.060 mg/L? (YES/NO)	NO
Does the HAA5 OE value at any monitoring location exceed 0.060 mg/L? (YES/NO)**	
If you are on reduced quarterly monitoring, does the HAA5 LRAA exceed 0.030 mg/L at any monitoring location? (YES/NO/NA)***	

* Location names or numbers should correspond to those in your Stage 2 D/DBPR compliance monitoring plan required under 40 CFR 141.622.

** If any HAA5 OE value at any location exceeds 0.060 mg/L, you must conduct an OE and submit an OE report in accordance with 40 CFR 141.626.

*** If any HAA5 LRAA at any location exceeds 0.030 mg/L, you must resume routine quarterly monitoring under 40 CFR 141.621.

QUARTERLY MONITORING PERIOD: Second Quarter 2012

PWS ID Number: 6520336

TTHM COMPLIANCE SUMMARY FOR SYSTEMS MONITORING QUARTERLY

Monitoring Location*	This Quarter				Previous Quarter	2 Quarters Ago	3 Quarters Ago	TTHM LRAA (mg/L)	TTHM OE Value (mg/L)
	No. of TTHM Samples Taken	Date Each TTHM Sample Taken (mo/da/yr)	TTHM Sample Result (mg/L)	TTHM Locational Quarterly Average (mg/L)	TTHM Locational Quarterly Average (mg/L)	TTHM Locational Quarterly Average (mg/L)	TTHM Locational Quarterly Average (mg/L)		
				A	B	C	D	(A+B+C+D)/4	(2A+B+C)/4
1985 Byram Drive	1	4/18/2012	.065	.065					
1616 Ridge Top Way	1	4/18/2012	.074	.074					
1951 Edgewater Drive	1	4/18/2012	.070	.070					
710 Maple Street	1	4/18/2012	.064.2	.064.2					
2456 Moore Haven Drive	1	4/18/2012	.072	.072					
3371 Windchime	1	4/18/2012	.077	.077					
3387 Arlie Avenue	1	4/18/2012	.068	.068					
2420 Sabre Court	1	4/18/2012	.068.9	.068.9					

Does the TTHM LRAA at any monitoring location violate the TTHM MCL of 0.080 mg/L? (YES/NO)	NO
Does the TTHM OE value at any monitoring location exceed 0.080 mg/L? (YES/NO)**	
If you are on reduced quarterly monitoring, does the TTHM LRAA exceed 0.040 mg/L at any monitoring location? (YES/NO/NA)***	

* Location names or numbers should correspond to those in your Stage 2 D/DBPR compliance monitoring plan required under 40 CFR 141.622.

** If any TTHM OE value at any location exceeds 0.080 mg/L, you must conduct an OE and submit an OE report in accordance with 40 CFR 141.626.

*** If any TTHM LRAA at any location exceeds 0.040 mg/L, you must resume routine quarterly monitoring under 40 CFR 141.621.

STAGE 2 TOTAL TRIHALOMETHANES (TTHM) AND HALOACETIC ACIDS FIVE (HAA5) EXAMPLE REPORTING FORMAT

Subpart H systems serving 500 or more persons and ground water systems serving 10,000 or more persons shall complete applicable pages of this format and submit them to the Department within 10 days after the end of any quarter in which TTHM/HAA5 monitoring is required. Systems on routine or reduced quarterly TTHM/HAA5 monitoring shall complete pages 1, 2, and 3 of this format. (Add additional rows to the tables on pages 2 and 3 as necessary.) Systems on reduced annual TTHM/HAA5 monitoring shall complete pages 1 and 4 of this format. Additionally, Subpart H systems seeking to qualify for, or remain on, reduced quarterly or annual TTHM/HAA5 monitoring shall complete page 5 of this format. (Add additional rows to the table on page 5 as necessary.)

D/DBPR = Disinfectant and Disinfection Byproducts Rule; LRAA = locational running annual average; MCL = maximum contaminant level; OE = operational evaluation; RAA = running annual average; TOC = total organic carbon.

QUARTERLY MONITORING PERIOD: Second Quarter 2012

SYSTEM INFORMATION		
PWS ID Number: **6520336**		
PWS Name: **City of Clearwater**		
Source Water Type and Population Size Category:		
☐ Ground Water:	**X** Subpart H:	
☐ 10,000 – 99,999	☐ 500 – 3,300	☐ 250,000 – 999,999
☐ 100,000 – 499,999	☐ 3,301 – 9,999	☐ 1,000,000 – 4,999,999
☐ ≥ 500,000	☐ 10,000 – 49,999	☐ ≥ 5,000,000
	X 50,000 – 249,999	
Monitoring Mode*: **X** Routine Monitoring ☐Reduced Monitoring		
Monitoring Frequency*: **X** Quarterly ☐Annually		
Total Number Of Distribution System Monitoring Locations*: **8**		
Contact Person: **Greg Turman**		
Phone Number: **727-462-6326**		
E-Mail Address (optional): **greg.turman@myclearwater.com**		
Fax Number (optional):		

* See 40 CFR 141.621 and 141.623 for more details.

SOUTHERN ANALYTICAL LABORATORIES, INC.
110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 813-855-1844 fax 813-855-2218

SAL Project No. 1400890

Client Name	Contact / Phone:
City of Clearwater Water Department	Greg Turman
Project Name / Location	
Stage 2 Disinfection By-Products	
Samplers: (Signature)	

Matrix Codes: DW-Drinking Water WW-Wastewater SW-SurfaceWater SL-Sludge SO-Soil GW-Groundwater SA-Saline Water O-Other R-Reagent Water

PARAMETER / CONTAINER DESCRIPTION

	Sample Description	Date	Time	Matrix	Composite	Grab	40mL V, $Na_2S_2O_3$ 524 TTHM	40mL aV, NH_4Cl 552.2 HAA	Residual Chlorine	pH										Total number of containers
01	3371 Windchime			DW		X	2	3												5
02	3387 Artie Ave.			DW		X	2	3												5
03	2420 Sabre Court			DW		X	2	3												5
04	1985 Byram Drive			DW		X	2	3												5
05	1816 Ridge Top Way	1-23-14	8:35	DW		X	2	3	2.6	7.80										5
06	1951 Edgewater Drive	1-23-14	7:35	DW		X	2	3	1.5	7.85										5
07	710 Maple Street	1-23-14	7:59	DW		X	2	3	2.6	7.72										5
08	2456 Morre Haven Drive	1-23-14	9:05	DW		X	2	3	3.9	7.85										5
09	Trip Blank	10/3	14:00	R		X	1													1

	Date/Time:	Received:	Date/Time:
Containers Prepared/ Relinquished: S Lynn	1:50 pm 10/3		
Relinquished: M. Olea	1-23-14 935		1-23-14 935
Relinquished:			
Relinquished:			
Relinquished:			

Seal Intact? Y N (N/A)
Samples intact upon arrival? (Y) N N/A
Received on Ice? Temp_____ (Y) N N/A
Proper preservatives indicated? Y N (N/A)
Rec'd w ithin holding time? (Y) N N/A
Volatiles rec'd w/out headspace? (Y) N N/A
Proper containers used? (Y) N N/A

Instructions / Remarks:

Chain of Custody.xls
Rev.Date 1/1/2001

Chain of Custody

SOUTHERN ANALYTICAL LABORATORIES, INC.
110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 813-855-1844 fax 813-855-2218

SAL Project No. i400890

Client Name	Contact / Phone:
City of Clearwater Water Department	Greg Turman
Project Name / Location	
Stage 2 Disinfection By-Products	
Samplers: (Signature)	

Matrix Codes: DW-Drinking Water WW-Wastewater SW-SurfaceWater SL-Sludge SO-Soil GW-Groundwater SA-Saline Water O-Other R-Reagent Water

PARAMETER / CONTAINER DESCRIPTION

	Sample Description	Date	Time	Matrix	Composite	Grab	40mL V, $Na_2S_2O_3$ 524 TTHM	40mLaV, NH_4Cl 552.2 HAA	Residual Chlorine	pH								Total number of containers
01	3371 Windchime	1-23-14	9:14	DW		X	2	3	1.4	7.25								5
02	3387 Artie Ave.	1-23-14	8:17	DW		X	2	3	2.1	7.27								5
03	2420 Sabre Court	1-23-14	8:44	DW		X	2	3	3.1	7.24								5
04	1985 Byram Drive	1-23-14	7:46	DW		X	2	3	3.5	7.31								5
05	~~1888 Ridge Top Way~~			DW		X	2	3										5
06	~~1854 Edgewater Drive~~			DW		X	2	3										5
07	~~749 Maple Street~~			DW		X	2	3										5
08	~~2459 Morro Haven Drive~~			DW		X	2	3										5
09	Trip Blank ~~###~~	10/3	14:00	R		X	1											1

Containers Prepared/ Relinquished:	Date/Time:	Received:	Date/Time:
	1:50 PM 10/3		
Relinquished:	Date/Time:	Received:	Date/Time:
	1-23-14 945		1-23-14 945
Relinquished:	Date/Time:	Received:	Date/Time:
Relinquished:	Date/Time:	Received:	Date/Time:
Relinquished:	Date/Time:	Received:	Date/Time:

Seal Intact?	Y N	N/A
Samples Intact upon arrival?	Y N	N/A
Received on Ice? Temp_____	Y N	N/A
Proper preservatives indicated?	Y N	N/A
Rec'd within holding time?	Y N	N/A
Volatiles rec'd w/out headspace?	Y N	N/A
Proper containers used?	Y N	N/A

Instructions / Remarks:

Chain of Custody #s
Rev.Date 11/1991

Chain of Custody

SOUTHERN ANALYTICAL LABORATORIES, INC.
110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 813-855-1844 FAX 813-855-2218

Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format

DISINFECTION BYPRODUCTS
62-550.310(3)

Report Number / Job ID: 1400890-08
Disinfectant Residual (mg/L) (From Page 1): 3.9
PWS ID (From Page 1): 6520336

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Reg MRL**	Analysis Date	Analysis Time	DOH Lab Certification #
2450	Monochloroacetic Acid	N/A	ug/L	8.4		EPA 552.2	0.79	2.0	1/25/14	15:30	E84129
2451	Dichloroacetic Acid	N/A	ug/L	3.0		EPA 552.2	0.71	1.0	1/25/14	15:30	E84129
2452	Trichloroacetic Acid	N/A	ug/L	2.4		EPA 552.2	0.36	1.0	1/25/14	15:30	E84129
2453	Monobromoacetic Acid	N/A	ug/L	0.35	U	EPA 552.2	0.35	1.0	1/25/14	15:30	E84129
2454	Dibromoacetic Acid	N/A	ug/L	3.7		EPA 552.2	0.27	1.0	1/25/14	15:30	E84129
2456	Total Haloacetic Acids (HAA5)	60	ug/L	17.50		EPA 552.2	0.27	—	1/25/14	15:30	E84129

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Reg MRL**	Analysis Date	Analysis Time	DOH Lab Certification #
2941	Chloroform	N/A	ug/L	7.0		EPA 524.2	0.2	1.0	1/24/14	4:48	E84129
2942	Bromoform	N/A	ug/L	14		EPA 524.2	0.2	1.0	1/24/14	4:48	E84129
2943	Bromodichloromethane	N/A	ug/L	5.4		EPA 524.2	0.2	1.0	1/24/14	4:48	E84129
2944	Dibromochloromethane	N/A	ug/L	7.3		EPA 524.2	0.1	1.0	1/24/14	4:48	E84129
2950	Total Trihalomethanes (TTHM)	80	ug/L	33.7		EPA 524.2	0.1	—	1/24/14	4:48	E84129

** Laboratories are required to adhere to minimum reporting level (MRL) requirements of 40 CFR 141.131(b)(2)(iv). Chlorite regulatory MRL is applicable to monitoring as prescribed in 40 CFR 141.132(b)(2)(i)(B) and (b)(2)(ii). Laboratories that use EPA Methods 317.0 Revision 2.0, 326.0 or 321.8 must meet a 1.0 ug/L MRL for bromate.

*Qualifiers:

U=Analyte was undetected. Indicated concentration is method detection limit.

SOUTHERN ANALYTICAL LABORATORIES, INC.
110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 813-855-1844 FAX 813-855-2218

Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format

City of Clearwater Water Department
Stage 2 Disinfection By-Products

LABORATORY CERTIFICATION INFORMATION (to be completed by lab - please type or print legibly)

Lab Name: Southern Analytical Laboratories, Inc. Florida DOH Certification #: E84129 Certification Expiration Date: 06/30/2014

ATTACH CURRENT DOH ANALYTE SHEET*

Address: 110 Bayview Blvd Oldsmar,FL 34677 Phone: (813) 855-1844

Were any analyses subcontracted? ☐ Yes ☒ No If yes, please provide DOH certification number(s): _____

ATTACH CURRENT DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB*

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 01/23/2014

PWS ID (From Page 1): 6520336 Sample Number (From Page 1): 1400890-08 Lab Assigned Report # or Job ID: 1400890-08

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 for Asbestos	☐ All 30	☐ All 21	☒ Trihalomethanes	☐ Single Sample	☐ All 14
☐ Partial	☐ All Except Dioxin	☐ Partial	☒ Haloacetic Acids	☐ Qtrly Composite	☐ Partial
☐ Nitrate	☐ Partial		☐ Chlorite		
☐ Nitrite	☐ Dioxin Only		☐ Bromate		
☐ Asbestos					

LAB CERTIFICATION

I, Francis I. Daniels (Print Name), Laboratory Director (Print Title) do HEREBY CERTIFY that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).

Signature: _____ Date: 01/28/2014

* Failure to provide a valid and current Florida DOH lab certification number and a current Analyte Sheet for the attached analysis results will result in rejection of the report, possible enforcement against the public water system for failure to sample, and may result in notification of the DOH Bureau of Laboratory Services.

** Please provide radiological sample dates & locations for each quarter.

CONFIRMATION & NOTIFICATION IS REQUIRED WITHIN 24 HOURS FOR NITRATE AND NITRITE MCL EXCEEDANCES

NON-DETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" QUALIFIER (Non-detects reported as "BDL" or with a "<" are not acceptable.)

COMPLIANCE DETERMINATION (to be completed by DEP or DOH - attach notes as necessary)

Sample Collection & Analysis Satisfactory: ☐ Yes ☐ No _____ Replacement Sample or Report Requested (circle or highlight group(s) above)

Person Notified: _____ Date Notified: _____ DEP/DOH Reviewing Official: _____

Reporting Format 62-550-730
Effective January 1995. Revised February 2010

SOUTHERN ANALYTICAL LABORATORIES, INC.
110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 813-855-1844 FAX 813-855-2218

Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format

City of Clearwater Water Department
Stage 2 Disinfection By-Products

PUBLIC WATER SYSTEM INFORMATION (to be completed by sampler - please type or print legibly)

System Name: City of Clearwater Water Dept PWS I.D. #: 6 5 2 0 3 3 6

System Type (check one): [X] Community [ ] Nontransient Noncommunity [ ] Transient Noncommunity

Address: 1650 N. Arcturas Ave.

City: Clearwater Zip Code: 33765

Phone: (727) 562-4960 Fax: E-Mail Address:

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: 1400890-08 Sample Date: 1/23/14 Sample Time: 9:05 am [AM] PM (Circle One)

Sample Location (be specific): 2456 Moore Haven Dr. Location Code:

Disinfection Residual (Required when reporting results for trihalomethanes and haloacetic acids): 3.9 mg/L Field pH: 7.85

Sample Type (Check Only One)

- [X] Distribution
- [ ] Entry Point (to Distribution)
- [ ] Plant Tap (not for compliance with 62-550)
- [ ] Raw (at well or intake)
- [ ] Max. Residence Time
- [ ] Ave. Residence Time
- [ ] Near First Customer

Reason (s) for Sample (Check all that apply)

- [X] Routine Compliance with 62-550
- [ ] Confirmation of MCL Exceedance*
- [ ] Composite of Multiple Sites **
- [ ] Other:
- [ ] Replacement (of Invalidated Sample)
- [ ] Special (not for compliance with 62-550)
- [ ] Clearance (permitting)

Sampling Procedure Used or Other Comments:

* See 62-550.500(6) for requirements and restrictions. And 62-550.5.12(3) for nitrate or nitrite exceedances.

** See 62-550.500(4) for requirements and attach a results page for each site

SAMPLER CERTIFICATION

I, Michael Olesh (Print Name), Water Quality Tech (Print Title) do HEREBY CERTIFY that the above public water system and sample collection information is complete and correct.

Signature: for M. Olesh Date: 1/30/2014

Certified Operator #: DW A6490 Phone #: Sampler's Fax #:

Sampler's E-Mail:

Reporting Format 62-550-730
Effective January 1995, Revised February 2010

SOUTHERN ANALYTICAL LABORATORIES, INC.
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Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format

DISINFECTION BYPRODUCTS
62-550.310(3)

Report Number / Job ID: 1400890-07
Disinfectant Residual (mg/L) (From Page 1): 2.6
PWS ID (From Page 1): 6520336

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Reg MRL**	Analysis Date	Analysis Time	DOH Lab Certification #
2450	Monochloroacetic Acid	N/A	ug/L	9.2		EPA 552.2	0.78	2.0	1/25/14	15:07	E84129
2451	Dichloroacetic Acid	N/A	ug/L	3.0		EPA 552.2	0.70	1.0	1/25/14	15:07	E84129
2452	Trichloroacetic Acid	N/A	ug/L	2.3		EPA 552.2	0.35	1.0	1/25/14	15:07	E84129
2453	Monobromoacetic Acid	N/A	ug/L	0.94	I	EPA 552.2	0.34	1.0	1/25/14	15:07	E84129
2454	Dibromoacetic Acid	N/A	ug/L	8.9		EPA 552.2	0.27	1.0	1/25/14	15:07	E84129
2456	Total Haloacetic Acids (HAA5)	60	ug/L	24.34		EPA 552.2	0.27	—	1/25/14	15:07	E84129

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Reg MRL**	Analysis Date	Analysis Time	DOH Lab Certification #
2941	Chloroform	N/A	ug/L	6.7		EPA 524.2	0.2	1.0	1/24/14	4:16	E84129
2942	Bromoform	N/A	ug/L	30		EPA 524.2	0.2	1.0	1/24/14	4:16	E84129
2943	Bromodichloromethane	N/A	ug/L	10		EPA 524.2	0.2	1.0	1/24/14	4:16	E84129
2944	Dibromochloromethane	N/A	ug/L	21		EPA 524.2	0.1	1.0	1/24/14	4:16	E84129
2950	Total Trihalomethanes (TTHM)	80	ug/L	67.7		EPA 524.2	0.1	—	1/24/14	4:16	E84129

** Laboratories are required to adhere to minimum reporting level (MRL) requirements of 40 CFR 141.131(b)(2)(iv). Chlorite regulatory MRL is applicable to monitoring as prescribed in 40 CFR 141.132(b)(2)(i)(B) and (b)(2)(ii). Laboratories that use EPA Methods 317.0 Revision 2.0, 326.0 or 321.8 must meet a 1.0 ug/L MRL for bromate.

*Qualifiers:

I=The reported value is between the laboratory method detection limit and the laboratory practical quantitation limit.

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Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format

City of Clearwater Water Department
Stage 2 Disinfection By-Products

LABORATORY CERTIFICATION INFORMATION (to be completed by lab - please type or print legibly)

Lab Name: Southern Analytical Laboratories, Inc. Florida DOH Certification #: E84129 Certification Expiration Date: 06/30/2014

ATTACH CURRENT DOH ANALYTE SHEET*

Address: 110 Bayview Blvd Oldsmar,FL 34677 Phone: (813) 855-1844

Were any analyses subcontracted? ☐ Yes ☒ No If yes, please provide DOH certification number(s): _____

ATTACH CURRENT DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB*

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 01/23/2014

PWS ID (From Page 1): 6520336 Sample Number (From Page 1): 1400890-07 Lab Assigned Report # or Job ID: 1400890-07

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 for Asbestos	☐ All 30	☐ All 21	☒ Trihalomethanes	☐ Single Sample	☐ All 14
☐ Partial	☐ All Except Dioxin	☐ Partial	☒ Haloacetic Acids	☐ Qtrly Composite	☐ Partial
☐ Nitrate	☐ Partial		☐ Chlorite		
☐ Nitrite	☐ Dioxin Only		☐ Bromate		
☐ Asbestos					

LAB CERTIFICATION

I, Francis I. Daniels (Print Name), Laboratory Director (Print Title) do HEREBY CERTIFY

that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).

Signature: _____ Date: 01/28/2014

* Failure to provide a valid and current Florida DOH lab certification number and a current Analyte Sheet for the attached analysis results will result in rejection of the report, possible enforcement against the public water system for failure to sample, and may result in notification of the DOH Bureau of Laboratory Services.

** Please provide radiological sample dates & locations for each quarter.

CONFIRMATION & NOTIFICATION IS REQUIRED WITHIN 24 HOURS FOR NITRATE AND NITRITE MCL EXCEEDANCES

NON-DETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" QUALIFIER (Non-detects reported as "BDL" or with a "<" are not acceptable.)

COMPLIANCE DETERMINATION (to be completed by DEP or DOH - attach notes as necessary)

Sample Collection & Analysis Satisfactory: ☐ Yes ☐ No _____ Replacement Sample or Report Requested (circle or highlight group(s) above)

Person Notified: _____ Date Notified: _____ DEP/DOH Reviewing Official: _____

Reporting Format 62-550-730
Effective January 1995. Revised February 2010

SOUTHERN ANALYTICAL LABORATORIES, INC.

110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 813-855-1844 FAX 813-855-2218

ACCREDITED IN ACCORDANCE WITH

Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format

City of Clearwater Water Department
Stage 2 Disinfection By-Products

PUBLIC WATER SYSTEM INFORMATION (to be completed by sampler - please type or print legibly)

System Name: City of Clearwater Water Dept PWS I.D. #: 6 5 2 0 3 3 6

System Type (check one): [X] Community [ ] Nontransient Noncommunity [ ] Transient Noncommunity

Address: 1650 N. Arcturas Ave.

City: Clearwater Zip Code: 33765

Phone: (727) 562-4960 Fax: E-Mail Address:

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: 1400890-07 Sample Date: 1/23/14 Sample Time: 7:59 am [AM] PM (Circle One)

Sample Location (be specific): 710 Maple Street Location Code:

Disinfection Residual (Required when reporting results for trihalomethanes and haloacetic acids): 2.6 mg/L Field pH: 7.72

Sample Type (Check Only One)

- [X] Distribution
- [ ] Entry Point (to Distribution)
- [ ] Plant Tap (not for compliance with 62-550)
- [ ] Raw (at well or intake)
- [ ] Max. Residence Time
- [ ] Ave. Residence Time
- [ ] Near First Customer

Reason (s) for Sample (Check all that apply)

- [X] Routine Compliance with 62-550
- [ ] Confirmation of MCL Exceedance*
- [ ] Composite of Multiple Sites **
- [ ] Other:
- [ ] Replacement (of Invalidated Sample)
- [ ] Special (not for compliance with 62-550)
- [ ] Clearance (permitting)

Sampling Procedure Used or Other Comments:

* See 62-550.500(6) for requirements and restrictions. And 62-550.5.12(3) for nitrate or nitrite exceedances.

** See 62-550.500(4) for requirements and attach a results page for each site

SAMPLER CERTIFICATION

I, Michael Oleah (Print Name), Water Quality Tech (Print Title) do HEREBY CERTIFY that the above public water system and sample collection information is complete and correct.

Signature: for M. Oleah Date: 1/30/2014

Certified Operator #: DW86440 Phone #: Sampler's Fax #:

Sampler's E-Mail:

Reporting Format 62-550-730
Effective January 1995, Revised February 2010

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Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format

DISINFECTION BYPRODUCTS
62-550.310(3)

Report Number / Job ID: 1400890-06
Disinfectant Residual (mg/L) (From Page 1): 1.5
PWS ID (From Page 1): 6520336

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Reg MRL**	Analysis Date	Analysis Time	DOH Lab Certification #
2450	Monochloroacetic Acid	N/A	ug/L	11		EPA 552.2	0.79	2.0	1/25/14	14:44	E84129
2451	Dichloroacetic Acid	N/A	ug/L	3.3		EPA 552.2	0.71	1.0	1/25/14	14:44	E84129
2452	Trichloroacetic Acid	N/A	ug/L	3.0		EPA 552.2	0.35	1.0	1/25/14	14:44	E84129
2453	Monobromoacetic Acid	N/A	ug/L	0.94	I	EPA 552.2	0.34	1.0	1/25/14	14:44	E84129
2454	Dibromoacetic Acid	N/A	ug/L	4.5		EPA 552.2	0.27	1.0	1/25/14	14:44	E84129
2456	Total Haloacetic Acids (HAA5)	60	ug/L	22.74		EPA 552.2	0.27	—	1/25/14	14:44	E84129

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Reg MRL**	Analysis Date	Analysis Time	DOH Lab Certification #
2941	Chloroform	N/A	ug/L	7.6		EPA 524.2	0.2	1.0	1/24/14	3:44	E84129
2942	Bromoform	N/A	ug/L	13		EPA 524.2	0.2	1.0	1/24/14	3:44	E84129
2943	Bromodichloromethane	N/A	ug/L	7.2		EPA 524.2	0.2	1.0	1/24/14	3:44	E84129
2944	Dibromochloromethane	N/A	ug/L	8.8		EPA 524.2	0.1	1.0	1/24/14	3:44	E84129
2950	Total Trihalomethanes (TTHM)	80	ug/L	36.6		EPA 524.2	0.1	—	1/24/14	3:44	E84129

** Laboratories are required to adhere to minimum reporting level (MRL) requirements of 40 CFR 141.131(b)(2)(iv). Chlorite regulatory MRL is applicable to monitoring as prescribed in 40 CFR 141.132(b)(2)(i)(B) and (b)(2)(ii). Laboratories that use EPA Methods 317.0 Revision 2.0, 326.0 or 321.8 must meet a 1.0 ug/L MRL for bromate.

*Qualifiers:

I=The reported value is between the laboratory method detection limit and the laboratory practical quantitation limit.

SOUTHERN ANALYTICAL LABORATORIES, INC.

110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 813-855-1844 FAX 813-855-2218

Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format

City of Clearwater Water Department
Stage 2 Disinfection By-Products

LABORATORY CERTIFICATION INFORMATION (to be completed by lab - please type or print legibly)

Lab Name: Southern Analytical Laboratories, Inc. Florida DOH Certification #: E84129 Certification Expiration Date: 06/30/2014

ATTACH CURRENT DOH ANALYTE SHEET*

Address: 110 Bayview Blvd Oldsmar,FL 34677 Phone: (813) 855-1844

Were any analyses subcontracted? ☐ Yes ☒ No If yes, please provide DOH certification number(s):

ATTACH CURRENT DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB*

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 01/23/2014

PWS ID (From Page 1): 6520336 Sample Number (From Page 1): 1400890-06 Lab Assigned Report # or Job ID: 1400890-06

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 for Asbestos	☐ All 30	☐ All 21	☒ Trihalomethanes	☐ Single Sample	☐ All 14
☐ Partial	☐ All Except Dioxin	☐ Partial	☒ Haloacetic Acids	☐ Qtrly Composite	☐ Partial
☐ Nitrate	☐ Partial		☐ Chlorite		
☐ Nitrite	☐ Dioxin Only		☐ Bromate		
☐ Asbestos					

LAB CERTIFICATION

I, Francis I. Daniels (Print Name), Laboratory Director (Print Title) do HEREBY CERTIFY that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).

Signature: Francis Daniels Date: 01/28/2014

* Failure to provide a valid and current Florida DOH lab certification number and a current Analyte Sheet for the attached analysis results will result in rejection of the report, possible enforcement against the public water system for failure to sample, and may result in notification of the DOH Bureau of Laboratory Services.

** Please provide radiological sample dates & locations for each quarter.

CONFIRMATION & NOTIFICATION IS REQUIRED WITHIN 24 HOURS FOR NITRATE AND NITRITE MCL EXCEEDANCES

NON-DETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" QUALIFIER (Non-detects reported as "BDL" or with a "<" are not acceptable.)

COMPLIANCE DETERMINATION (to be completed by DEP or DOH - attach notes as necessary)

Sample Collection & Analysis Satisfactory: ☐ Yes ☐ No Replacement Sample or Report Requested (circle or highlight group(s) above)

Person Notified: Date Notified: DEP/DOH Reviewing Official:

Reporting Format 62-550-730
Effective January 1995, Revised February 2010

SOUTHERN ANALYTICAL LABORATORIES, INC.

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Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format

City of Clearwater Water Department
Stage 2 Disinfection By-Products

PUBLIC WATER SYSTEM INFORMATION (to be completed by sampler - please type or print legibly)

System Name: City of Clearwater Water Dept PWS I.D. #: 6 5 2 0 3 3 6

System Type (check one): [X] Community [ ] Nontransient Noncommunity [ ] Transient Noncommunity

Address: 1650 N. Arcturas Ave.

City: Clearwater Zip Code: 33765

Phone: (727) 562-4960 Fax: E-Mail Address:

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: 1400890-06 Sample Date: 1/23/14 Sample Time: 7:35 am [AM] PM (Circle One)

Sample Location (be specific): 1951 Edgewater Dr. Location Code:

Disinfection Residual (Required when reporting results for trihalomethanes and haloacetic acids): 1.5 mg/L Field pH: 7.85

Sample Type (Check Only One)

[X] Distribution
[ ] Entry Point (to Distribution)
[ ] Plant Tap (not for compliance with 62-550)
[ ] Raw (at well or intake)
[ ] Max. Residence Time
[ ] Ave. Residence Time
[ ] Near First Customer

Reason (s) for Sample (Check all that apply)

[X] Routine Compliance with 62-550
[ ] Confirmation of MCL Exceedance*
[ ] Composite of Multiple Sites **
[ ] Other:

[ ] Replacement (of Invalidated Sample)
[ ] Special (not for compliance with 62-550)
[ ] Clearance (permitting)

Sampling Procedure Used or Other Comments:

* See 62-550.500(6) for requirements and restrictions. And 62-550.5.12(3) for nitrate or nitrite exceedances.

** See 62-550.500(4) for requirements and attach a results page for each site

SAMPLER CERTIFICATION

I, Michael Olesh (Print Name), Water Quality Tech (Print Title) do HEREBY CERTIFY that the above public water system and sample collection information is complete and correct.

Signature: for M. Olesh Date: 1/30/2014

Certified Operator #: DW86440 Phone #: Sampler's Fax #:

Sampler's E-Mail:

Reporting Format 62-550-730
Effective January 1995. Revised February 2010

SOUTHERN ANALYTICAL LABORATORIES, INC.
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Safe Drinking Water Program Laboratory Reporting Format

DISINFECTION BYPRODUCTS
62-550.310(3)

Report Number / Job ID: 1400890-05
Disinfectant Residual (mg/L) (From Page 1): 2.6
PWS ID (From Page 1): 6520336

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Reg MRL**	Analysis Date	Analysis Time	DOH Lab Certification #
2450	Monochloroacetic Acid	N/A	ug/L	8.4		EPA 552.2	0.79	2.0	1/25/14	14:21	E84129
2451	Dichloroacetic Acid	N/A	ug/L	3.2		EPA 552.2	0.71	1.0	1/25/14	14:21	E84129
2452	Trichloroacetic Acid	N/A	ug/L	2.3		EPA 552.2	0.36	1.0	1/25/14	14:21	E84129
2453	Monobromoacetic Acid	N/A	ug/L	0.43	I	EPA 552.2	0.35	1.0	1/25/14	14:21	E84129
2454	Dibromoacetic Acid	N/A	ug/L	4.0		EPA 552.2	0.27	1.0	1/25/14	14:21	E84129
2456	Total Haloacetic Acids (HAA5)	60	ug/L	18.33		EPA 552.2	0.27	—	1/25/14	14:21	E84129

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Reg MRL**	Analysis Date	Analysis Time	DOH Lab Certification #
2941	Chloroform	N/A	ug/L	7.9		EPA 524.2	0.2	1.0	1/24/14	3:12	E84129
2942	Bromoform	N/A	ug/L	15		EPA 524.2	0.2	1.0	1/24/14	3:12	E84129
2943	Bromodichloromethane	N/A	ug/L	6.7		EPA 524.2	0.2	1.0	1/24/14	3:12	E84129
2944	Dibromochloromethane	N/A	ug/L	8.8		EPA 524.2	0.1	1.0	1/24/14	3:12	E84129
2950	Total Trihalomethanes (TTHM)	80	ug/L	38.4		EPA 524.2	0.1	—	1/24/14	3:12	E84129

** Laboratories are required to adhere to minimum reporting level (MRL) requirements of 40 CFR 141.131(b)(2)(iv). Chlorite regulatory MRL is applicable to monitoring as prescribed in 40 CFR 141.132(b)(2)(i)(B) and (b)(2)(ii). Laboratories that use EPA Methods 317.0 Revision 2.0, 326.0 or 321.8 must meet a 1.0 ug/L MRL for bromate.

*Qualifiers:

I=The reported value is between the laboratory method detection limit and the laboratory practical quantitation limit.

SOUTHERN ANALYTICAL LABORATORIES, INC.

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Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format

City of Clearwater Water Department
Stage 2 Disinfection By-Products

LABORATORY CERTIFICATION INFORMATION (to be completed by lab - please type or print legibly)

Lab Name: Southern Analytical Laboratories, Inc. Florida DOH Certification #: E84129 Certification Expiration Date: 06/30/2014

ATTACH CURRENT DOH ANALYTE SHEET*

Address: 110 Bayview Blvd Oldsmar,FL 34677 Phone: (813) 855-1844

Were any analyses subcontracted? ☐ Yes ☒ No If yes, please provide DOH certification number(s):

ATTACH CURRENT DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB*

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 01/23/2014

PWS ID (From Page 1): 6520336 Sample Number (From Page 1): 1400890-05 Lab Assigned Report # or Job ID: 1400890-05

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 for Asbestos	☐ All 30	☐ All 21	☒ Trihalomethanes	☐ Single Sample	☐ All 14
☐ Partial	☐ All Except Dioxin	☐ Partial	☒ Haloacetic Acids	☐ Qtrly Composite	☐ Partial
☐ Nitrate	☐ Partial		☐ Chlorite		
☐ Nitrite	☐ Dioxin Only		☐ Bromate		
☐ Asbestos					

LAB CERTIFICATION

I, Francis I. Daniels (Print Name), Laboratory Director (Print Title) do HEREBY CERTIFY

that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Acceditation Conference (NELAC).

Signature: Francis Daniels Date: 01/28/2014

* Failure to provide a valid and current Florida DOH lab certification number and a current Analyte Sheet for the attached analysis results will result in rejection of the report, possible enforcement against the public water system for failure to sample, and may result in notification of the DOH Bureau of Laboratory Services.

** Please provide radiological sample dates & locations for each quarter.

CONFIRMATION & NOTIFICATION IS REQUIRED WITHIN 24 HOURS FOR NITRATE AND NITRITE MCL EXCEEDANCES

NON-DETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" QUALIFIER (Non-detects reported as "BDL" or with a "<" are not acceptable.)

COMPLIANCE DETERMINATION (to be completed by DEP or DOH - attach notes as necessary)

Sample Collection & Analysis Satisfactory: ☐ Yes ☐ No Replacement Sample or Report Requested (circle or highlight group(s) above)

Person Notified: Date Notified: DEP/DOH Reviewing Official:

Reporting Format 62-550-730
Effective January 1995. Revised February 2010

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Safe Drinking Water Program Laboratory Reporting Format

City of Clearwater Water Department
Stage 2 Disinfection By-Products

PUBLIC WATER SYSTEM INFORMATION (to be completed by sampler - please type or print legibly)

System Name: City of Clearwater Water Dept PWS I.D. #: 6 5 2 0 3 3 6

System Type (check one): [X] Community [ ] Nontransient Noncommunity [ ] Transient Noncommunity

Address: 1650 N. Arcturas Ave.

City: Clearwater Zip Code: 33765

Phone: (727) 562-4980 Fax: E-Mail Address:

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: 1400890-05 Sample Date: 1/23/14 Sample Time: 8:35 am [AM] PM (Circle One)

Sample Location (be specific): 1616 Ridge Top Way Location Code:

Disinfection Residual (Required when reporting results for trihalomethanes and haloacetic acids): 2.6 mg/L Field pH: 7.80

Sample Type (Check Only One)

[X] Distribution
[ ] Entry Point (to Distribution)
[ ] Plant Tap (not for compliance with 62-550)
[ ] Raw (at well or intake)
[ ] Max. Residence Time
[ ] Ave. Residence Time
[ ] Near First Customer

Reason(s) for Sample (Check all that apply)

[X] Routine Compliance with 62-550
[ ] Confirmation of MCL Exceedance*
[ ] Composite of Multiple Sites **
[ ] Other:

[ ] Replacement (of Invalidated Sample)
[ ] Special (not for compliance with 62-550)
[ ] Clearance (permitting)

Sampling Procedure Used or Other Comments:

* See 62-550.500(6) for requirements and restrictions. And 62-550.5.12(3) for nitrate or nitrite exceedances.

** See 62-550.500(4) for requirements and attach a results page for each site

SAMPLER CERTIFICATION

I, Michael Olesh (Print Name), Water Quality Tech (Print Title) do HEREBY CERTIFY that the above public water system and sample collection information is complete and correct.

Signature: for M. Olesh Date: 1/30/2014

Certified Operator #: DW0 6440 Phone #: Sampler's Fax #:

Sampler's E-Mail:

Reporting Format 62-550-730
Effective January 1995. Revised February 2010

SOUTHERN ANALYTICAL LABORATORIES, INC.
110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 813-855-1844 FAX 813-855-2218

Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format

DISINFECTION BYPRODUCTS
62-550.310(3)

Report Number / Job ID: 1400890-04
Disinfectant Residual (mg/L) (From Page 1): 3.5
PWS ID (From Page 1): 6520336

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Reg MRL**	Analysis Date	Analysis Time	DOH Lab Certification #
2450	Monochloroacetic Acid	N/A	ug/L	5.4		EPA 552.2	0.77	2.0	1/25/14	12:04	E84129
2451	Dichloroacetic Acid	N/A	ug/L	3.0		EPA 552.2	0.69	1.0	1/25/14	12:04	E84129
2452	Trichloroacetic Acid	N/A	ug/L	2.1		EPA 552.2	0.35	1.0	1/25/14	12:04	E84129
2453	Monobromoacetic Acid	N/A	ug/L	0.34	U	EPA 552.2	0.34	1.0	1/25/14	12:04	E84129
2454	Dibromoacetic Acid	N/A	ug/L	4.7		EPA 552.2	0.27	1.0	1/25/14	12:04	E84129
2456	Total Haloacetic Acids (HAA5)	60	ug/L	15.20		EPA 552.2	0.27	—	1/25/14	12:04	E84129

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Reg MRL**	Analysis Date	Analysis Time	DOH Lab Certification #
2941	Chloroform	N/A	ug/L	7.8		EPA 524.2	0.2	1.0	1/24/14	2:40	E84129
2942	Bromoform	N/A	ug/L	18		EPA 524.2	0.2	1.0	1/24/14	2:40	E84129
2943	Bromodichloromethane	N/A	ug/L	7.3		EPA 524.2	0.2	1.0	1/24/14	2:40	E84129
2944	Dibromochloromethane	N/A	ug/L	11		EPA 524.2	0.1	1.0	1/24/14	2:40	E84129
2950	Total Trihalomethanes (TTHM)	80	ug/L	44.1		EPA 524.2	0.1	—	1/24/14	2:40	E84129

** Laboratories are required to adhere to minimum reporting level (MRL) requirements of 40 CFR 141.131(b)(2)(iv). Chlorite regulatory MRL is applicable to monitoring as prescribed in 40 CFR 141.132(b)(2)(i)(B) and (b)(2)(ii). Laboratories that use EPA Methods 317.0 Revision 2.0, 326.0 or 321.8 must meet a 1.0 ug/L MRL for bromate.

*Qualifiers:

U=Analyte was undetected. Indicated concentration is method detection limit.

SOUTHERN ANALYTICAL LABORATORIES, INC.
110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 813-855-1844 FAX 813-855-2218

Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format

City of Clearwater Water Department
Stage 2 Disinfection By-Products

LABORATORY CERTIFICATION INFORMATION (to be completed by lab - please type or print legibly)

Lab Name: Southern Analytical Laboratories, Inc. Florida DOH Certification #: E84129 Certification Expiration Date: 06/30/2014

ATTACH CURRENT DOH ANALYTE SHEET*

Address: 110 Bayview Blvd Oldsmar,FL 34677 Phone: (813) 855-1844

Were any analyses subcontracted? ☐ Yes ☒ No If yes, please provide DOH certification number(s):

ATTACH CURRENT DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB*

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 01/23/2014

PWS ID (From Page 1): 6520336 Sample Number (From Page 1): 1400890-04 Lab Assigned Report # or Job ID: 1400890-04

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 for Asbestos	☐ All 30	☐ All 21	☒ Trihalomethanes	☐ Single Sample	☐ All 14
☐ Partial	☐ All Except Dioxin	☐ Partial	☒ Haloacetic Acids	☐ Qtrly Composite	☐ Partial
☐ Nitrate	☐ Partial		☐ Chlorite		
☐ Nitrite	☐ Dioxin Only		☐ Bromate		
☐ Asbestos					

LAB CERTIFICATION

I, Francis I. Daniels (Print Name), Laboratory Director (Print Title) do HEREBY CERTIFY that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).

Signature: Fran Daniels Date: 01/28/2014

* Failure to provide a valid and current Florida DOH lab certification number and a current Analyte Sheet for the attached analysis results will result in rejection of the report, possible enforcement against the public water system for failure to sample, and may result in notification of the DOH Bureau of Laboratory Services.

** Please provide radiological sample dates & locations for each quarter.

CONFIRMATION & NOTIFICATION IS REQUIRED WITHIN 24 HOURS FOR NITRATE AND NITRITE MCL EXCEEDANCES

NON-DETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" QUALIFIER (Non-detects reported as "BDL" or with a "<" are not acceptable.)

COMPLIANCE DETERMINATION (to be completed by DEP or DOH - attach notes as necessary)

Sample Collection & Analysis Satisfactory: ☐ Yes ☐ No Replacement Sample or Report Requested (circle or highlight group(s) above)

Person Notified: Date Notified: DEP/DOH Reviewing Official:

Reporting Format 62-550-730
Effective January 1995. Revised February 2010

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110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 813-855-1844 FAX 813-855-2218

ACCREDITED IN ACCORDANCE WITH

Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format

City of Clearwater Water Department
Stage 2 Disinfection By-Products

PUBLIC WATER SYSTEM INFORMATION (to be completed by sampler - please type or print legibly)

System Name: City of Clearwater Water Dept PWS I.D. #: 6 5 2 0 3 3 6

System Type (check one): [X] Community [ ] Nontransient Noncommunity [ ] Transient Noncommunity

Address: 1650 N. Arcturas Ave.

City: Clearwater Zip Code: 33765

Phone: (727) 562-4960 Fax: E-Mail Address:

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: 1400890-04 Sample Date: 1/23/14 Sample Time: 7:46 am [AM] PM (Circle One)

Sample Location (be specific): 1985 Byram Drive Location Code:

Disinfection Residual (Required when reporting results for trihalomethanes and haloacetic acids): 3.5 mg/L Field pH: 7.37

Sample Type (Check Only One)

[X] Distribution
[ ] Entry Point (to Distribution)
[ ] Plant Tap (not for compliance with 62-550)
[ ] Raw (at well or intake)
[ ] Max. Residence Time
[ ] Ave. Residence Time
[ ] Near First Customer

Reason (s) for Sample (Check all that apply)

[X] Routine Compliance with 62-550
[ ] Confirmation of MCL Exceedance*
[ ] Composite of Multiple Sites **
[ ] Other:

[ ] Replacement (of Invalidated Sample)
[ ] Special (not for compliance with 62-550)
[ ] Clearance (permitting)

Sampling Procedure Used or Other Comments:

* See 62-550.500(6) for requirements and restrictions. And 62-550.5.12(3) for nitrate or nitrite exceedances.

** See 62-550.500(4) for requirements and attach a results page for each site

SAMPLER CERTIFICATION

I, Deane Murray (Print Name), Water Quality Tech (Print Title) do HEREBY CERTIFY that the above public water system and sample collection information is complete and correct.

Signature: for D. Murray Date: 1/30/2014

Certified Operator #: DW66440 Phone #: Sampler's Fax #:

Sampler's E-Mail:

Reporting Format 62-550-730
Effective January 1995. Revised February 2010

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Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format

DISINFECTION BYPRODUCTS
62-550.310(3)

Report Number / Job ID: 1400890-03
Disinfectant Residual (mg/L) (From Page 1): 3.1
PWS ID (From Page 1): 6520336

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Reg MRL**	Analysis Date	Analysis Time	DOH Lab Certification #
2450	Monochloroacetic Acid	N/A	ug/L	0.77	U	EPA 552.2	0.77	2.0	1/25/14	11:41	E84129
2451	Dichloroacetic Acid	N/A	ug/L	2.8		EPA 552.2	0.69	1.0	1/25/14	11:41	E84129
2452	Trichloroacetic Acid	N/A	ug/L	2.4		EPA 552.2	0.35	1.0	1/25/14	11:41	E84129
2453	Monobromoacetic Acid	N/A	ug/L	0.41	I	EPA 552.2	0.34	1.0	1/25/14	11:41	E84129
2454	Dibromoacetic Acid	N/A	ug/L	3.8		EPA 552.2	0.27	1.0	1/25/14	11:41	E84129
2456	Total Haloacetic Acids (HAA5)	60	ug/L	9.41		EPA 552.2	0.27	—	1/25/14	11:41	E84129

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Reg MRL**	Analysis Date	Analysis Time	DOH Lab Certification #
2941	Chloroform	N/A	ug/L	7.6		EPA 524.2	0.2	1.0	1/24/14	2:08	E84129
2942	Bromoform	N/A	ug/L	16		EPA 524.2	0.2	1.0	1/24/14	2:08	E84129
2943	Bromodichloromethane	N/A	ug/L	6.1		EPA 524.2	0.2	1.0	1/24/14	2:08	E84129
2944	Dibromochloromethane	N/A	ug/L	8.7		EPA 524.2	0.1	1.0	1/24/14	2:08	E84129
2950	Total Trihalomethanes (TTHM)	80	ug/L	38.4		EPA 524.2	0.1	—	1/24/14	2:08	E84129

** Laboratories are required to adhere to minimum reporting level (MRL) requirements of 40 CFR 141.131(b)(2)(iv). Chlorite regulatory MRL is applicable to monitoring as prescribed in 40 CFR 141.132(b)(2)(i)(B) and (b)(2)(ii). Laboratories that use EPA Methods 317.0 Revision 2.0, 326.0 or 321.8 must meet a 1.0 ug/L MRL for bromate.

*Qualifiers:

U=Analyte was undetected. Indicated concentration is method detection limit.
I=The reported value is between the laboratory method detection limit and the laboratory practical quantitation limit.

SOUTHERN ANALYTICAL LABORATORIES, INC.

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Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format

City of Clearwater Water Department
Stage 2 Disinfection By-Products

LABORATORY CERTIFICATION INFORMATION (to be completed by lab - please type or print legibly)

Lab Name: Southern Analytical Laboratories, Inc. Florida DOH Certification #: E84129 Certification Expiration Date: 06/30/2014

ATTACH CURRENT DOH ANALYTE SHEET*

Address: 110 Bayview Blvd Oldsmar,FL 34677 Phone: (813) 855-1844

Were any analyses subcontracted? ☐ Yes ☒ No If yes, please provide DOH certification number(s):

ATTACH CURRENT DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB*

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 01/23/2014

PWS ID (From Page 1): 6520336 Sample Number (From Page 1): 1400890-03 Lab Assigned Report # or Job ID: 1400890-03

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 for Asbestos	☐ All 30	☐ All 21	☒ Trihalomethanes	☐ Single Sample	☐ All 14
☐ Partial	☐ All Except Dioxin	☐ Partial	☒ Haloacetic Acids	☐ Qtrly Composite	☐ Partial
☐ Nitrate	☐ Partial		☐ Chlorite		
☐ Nitrite	☐ Dioxin Only		☐ Bromate		
☐ Asbestos					

LAB CERTIFICATION

I, Francis I. Daniels (Print Name), Laboratory Director (Print Title) do HEREBY CERTIFY that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).

Signature: Francis Daniels Date: 01/28/2014

* Failure to provide a valid and current Florida DOH lab certification number and a current Analyte Sheet for the attached analysis results will result in rejection of the report, possible enforcement against the public water system for failure to sample, and may result in notification of the DOH Bureau of Laboratory Services.

** Please provide radiological sample dates & locations for each quarter.

CONFIRMATION & NOTIFICATION IS REQUIRED WITHIN 24 HOURS FOR NITRATE AND NITRITE MCL EXCEEDANCES

NON-DETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" QUALIFIER (Non-detects reported as "BDL" or with a "<" are not acceptable.)

COMPLIANCE DETERMINATION (to be completed by DEP or DOH - attach notes as necessary)

Sample Collection & Analysis Satisfactory: ☐ Yes ☐ No Replacement Sample or Report Requested (circle or highlight group(s) above)

Person Notified: Date Notified: DEP/DOH Reviewing Official:

Reporting Format 62-550-730
Effective January 1995. Revised February 2010

SOUTHERN ANALYTICAL LABORATORIES, INC.

110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 813-855-1844 FAX 813-855-2218

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Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format

City of Clearwater Water Department
Stage 2 Disinfection By-Products

PUBLIC WATER SYSTEM INFORMATION (to be completed by sampler - please type or print legibly)

System Name: City of Clearwater Water Dept PWS I.D. #: 6 5 2 0 3 3 6

System Type (check one): [X] Community [ ] Nontransient Noncommunity [ ] Transient Noncommunity

Address: 1650 N. Arcturas Ave.

City: Clearwater Zip Code: 33765

Phone: (727) 562-4960 Fax: E-Mail Address:

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: 1400890-03 Sample Date: 1/23/14 Sample Time: 8:44 am [AM] PM (Circle One)

Sample Location (be specific): 2420 Sabre Court Location Code:

Disinfection Residual (Required when reporting results for trihalomethanes and haloacetic acids): 3.1 mg/L Field pH: 7.24

Sample Type (Check Only One)

- [X] Distribution
- [ ] Entry Point (to Distribution)
- [ ] Plant Tap (not for compliance with 62-550)
- [ ] Raw (at well or intake)
- [ ] Max. Residence Time
- [ ] Ave. Residence Time
- [ ] Near First Customer

Reason (s) for Sample (Check all that apply)

- [X] Routine Compliance with 62-550
- [ ] Confirmation of MCL Exceedance*
- [ ] Composite of Multiple Sites **
- [ ] Other:
- [ ] Replacement (of Invalidated Sample)
- [ ] Special (not for compliance with 62-550)
- [ ] Clearance (permitting)

Sampling Procedure Used or Other Comments:

* See 62-550.500(6) for requirements and restrictions. And 62-550.5.12(3) for nitrate or nitrite exceedances.

** See 62-550.500(4) for requirements and attach a results page for each site

SAMPLER CERTIFICATION

I, Deane Murray (Print Name), Water Quality Tech (Print Title) do HEREBY CERTIFY that the above public water system and sample collection information is complete and correct.

Signature: for D. Murray Date: 1/30/2014

Certified Operator #: DW960440 Phone #: Sampler's Fax #:

Sampler's E-Mail:

Reporting Format 62-550-730
Effective January 1995. Revised February 2010

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Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format

DISINFECTION BYPRODUCTS
62-550.310(3)

Report Number / Job ID: 1400890-02
Disinfectant Residual (mg/L) (From Page 1): 2.1
PWS ID (From Page 1): 6520336

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Reg MRL**	Analysis Date	Analysis Time	DOH Lab Certification #
2450	Monochloroacetic Acid	N/A	ug/L	8.5		EPA 552.2	0.80	2.0	1/25/14	11:18	E84129
2451	Dichloroacetic Acid	N/A	ug/L	3.4		EPA 552.2	0.72	1.0	1/25/14	11:18	E84129
2452	Trichloroacetic Acid	N/A	ug/L	2.6		EPA 552.2	0.36	1.0	1/25/14	11:18	E84129
2453	Monobromoacetic Acid	N/A	ug/L	0.71	I	EPA 552.2	0.35	1.0	1/25/14	11:18	E84129
2454	Dibromoacetic Acid	N/A	ug/L	4.3		EPA 552.2	0.28	1.0	1/25/14	11:18	E84129
2456	Total Haloacetic Acids (HAA5)	60	ug/L	19.51		EPA 552.2	0.28	—	1/25/14	11:18	E84129

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Reg MRL**	Analysis Date	Analysis Time	DOH Lab Certification #
2941	Chloroform	N/A	ug/L	9.3		EPA 524.2	0.2	1.0	1/24/14	1:36	E84129
2942	Bromoform	N/A	ug/L	15		EPA 524.2	0.2	1.0	1/24/14	1:36	E84129
2943	Bromodichloromethane	N/A	ug/L	7.4		EPA 524.2	0.2	1.0	1/24/14	1:36	E84129
2944	Dibromochloromethane	N/A	ug/L	9.5		EPA 524.2	0.1	1.0	1/24/14	1:36	E84129
2950	Total Trihalomethanes (TTHM)	80	ug/L	41.2		EPA 524.2	0.1	—	1/24/14	1:36	E84129

** Laboratories are required to adhere to minimum reporting level (MRL) requirements of 40 CFR 141.131(b)(2)(iv). Chlorite regulatory MRL is applicable to monitoring as prescribed in 40 CFR 141.132(b)(2)(i)(B) and (b)(2)(ii). Laboratories that use EPA Methods 317.0 Revision 2.0, 326.0 or 321.8 must meet a 1.0 ug/L MRL for bromate.

*Qualifiers:

I=The reported value is between the laboratory method detection limit and the laboratory practical quantitation limit.

SOUTHERN ANALYTICAL LABORATORIES, INC.
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Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format

City of Clearwater Water Department
Stage 2 Disinfection By-Products

LABORATORY CERTIFICATION INFORMATION (to be completed by lab - please type or print legibly)

Lab Name: Southern Analytical Laboratories, Inc. Florida DOH Certification #: E84129 Certification Expiration Date: 06/30/2014

ATTACH CURRENT DOH ANALYTE SHEET*

Address: 110 Bayview Blvd Oldsmar,FL 34677 Phone: (813) 855-1844

Were any analyses subcontracted? ☐ Yes ☒ No If yes, please provide DOH certification number(s):

ATTACH CURRENT DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB*

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 01/23/2014

PWS ID (From Page 1): 6520336 Sample Number (From Page 1): 1400890-02 Lab Assigned Report # or Job ID: 1400890-02

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 for Asbestos	☐ All 30	☐ All 21	☒ Trihalomethanes	☐ Single Sample	☐ All 14
☐ Partial	☐ All Except Dioxin	☐ Partial	☒ Haloacetic Acids	☐ Qtrly Composite	☐ Partial
☐ Nitrate	☐ Partial		☐ Chlorite		
☐ Nitrite	☐ Dioxin Only		☐ Bromate		
☐ Asbestos					

LAB CERTIFICATION

I, Francis I. Daniels (Print Name), Laboratory Director (Print Title) do HEREBY CERTIFY that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).

Signature: Fran Dail Date: 01/28/2014

* Failure to provide a valid and current Florida DOH lab certification number and a current Analyte Sheet for the attached analysis results will result in rejection of the report, possible enforcement against the public water system for failure to sample, and may result in notification of the DOH Bureau of Laboratory Services.

** Please provide radiological sample dates & locations for each quarter.

CONFIRMATION & NOTIFICATION IS REQUIRED WITHIN 24 HOURS FOR NITRATE AND NITRITE MCL EXCEEDANCES

NON-DETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" QUALIFIER (Non-detects reported as "BDL" or with a "<" are not acceptable.)

COMPLIANCE DETERMINATION (to be completed by DEP or DOH - attach notes as necessary)

Sample Collection & Analysis Satisfactory: ☐ Yes ☐ No Replacement Sample or Report Requested (circle or highlight group(s) above)

Person Notified: Date Notified: DEP/DOH Reviewing Official:

Reporting Format 62-550-730
Effective January 1995, Revised February 2010

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Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format

City of Clearwater Water Department
Stage 2 Disinfection By-Products

PUBLIC WATER SYSTEM INFORMATION (to be completed by sampler - please type or print legibly)

System Name: City of Clearwater Water Dept PWS I.D. #: 6 5 2 0 3 3 6

System Type (check one): [X] Community [ ] Nontransient Noncommunity [ ] Transient Noncommunity

Address: 1650 N. Arcturas Ave.

City: Clearwater Zip Code: 33765

Phone: (727) 562-4960 Fax: E-Mail Address:

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: 1400890-02 Sample Date: 1/23/14 Sample Time: 8:17 am [AM] PM (Circle One)

Sample Location (be specific): 3387 Arlie Ave. Location Code:

Disinfection Residual (Required when reporting results for trihalomethanes and haloacetic acids): 2.1 mg/L Field pH: 7.27

Sample Type (Check Only One)

[X] Distribution
[ ] Entry Point (to Distribution)
[ ] Plant Tap (not for compliance with 62-550)
[ ] Raw (at well or intake)
[ ] Max. Residence Time
[ ] Ave. Residence Time
[ ] Near First Customer

Reason (s) for Sample (Check all that apply)

[X] Routine Compliance with 62-550
[ ] Confirmation of MCL Exceedance*
[ ] Composite of Multiple Sites **
[ ] Other:

[ ] Replacement (of Invalidated Sample)
[ ] Special (not for compliance with 62-550)
[ ] Clearance (permitting)

Sampling Procedure Used or Other Comments:

* See 62-550.500(6) for requirements and restrictions. And 62-550.5.12(3) for nitrate or nitrite exceedances.

** See 62-550.500(4) for requirements and attach a results page for each site

SAMPLER CERTIFICATION

I, Deane Murray (Print Name), Water Quality Tech (Print Title) do HEREBY CERTIFY that the above public water system and sample collection information is complete and correct.

Signature: for D. Murray Date: 1/30/2014

Certified Operator #: DW26440 Phone #: Sampler's Fax #:

Sampler's E-Mail:

Reporting Format 62-550-730
Effective January 1995. Revised February 2010

SOUTHERN ANALYTICAL LABORATORIES, INC.
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Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format

DISINFECTION BYPRODUCTS
62-550.310(3)

Report Number / Job ID: 1400890-01
Disinfectant Residual (mg/L) (From Page 1): 1.4
PWS ID (From Page 1): 6520336

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Reg MRL**	Analysis Date	Analysis Time	DOH Lab Certification #
2450	Monochloroacetic Acid	N/A	ug/L	7.5		EPA 552.2	0.79	2.0	1/25/14	10:55	E84129
2451	Dichloroacetic Acid	N/A	ug/L	3.4		EPA 552.2	0.71	1.0	1/25/14	10:55	E84129
2452	Trichloroacetic Acid	N/A	ug/L	3.0		EPA 552.2	0.35	1.0	1/25/14	10:55	E84129
2453	Monobromoacetic Acid	N/A	ug/L	0.34	U	EPA 552.2	0.34	1.0	1/25/14	10:55	E84129
2454	Dibromoacetic Acid	N/A	ug/L	4.4		EPA 552.2	0.27	1.0	1/25/14	10:55	E84129
2456	Total Haloacetic Acids (HAA5)	60	ug/L	18.30		EPA 552.2	0.27	—	1/25/14	10:55	E84129

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Reg MRL**	Analysis Date	Analysis Time	DOH Lab Certification #
2941	Chloroform	N/A	ug/L	9.0		EPA 524.2	0.2	1.0	1/24/14	1:04	E84129
2942	Bromoform	N/A	ug/L	14		EPA 524.2	0.2	1.0	1/24/14	1:04	E84129
2943	Bromodichloromethane	N/A	ug/L	7.2		EPA 524.2	0.2	1.0	1/24/14	1:04	E84129
2944	Dibromochloromethane	N/A	ug/L	9.5		EPA 524.2	0.1	1.0	1/24/14	1:04	E84129
2950	Total Trihalomethanes (TTHM)	80	ug/L	39.7		EPA 524.2	0.1	—	1/24/14	1:04	E84129

** Laboratories are required to adhere to minimum reporting level (MRL) requirements of 40 CFR 141.131(b)(2)(iv). Chlorite regulatory MRL is applicable to monitoring as prescribed in 40 CFR 141.132(b)(2)(i)(B) and (b)(2)(ii). Laboratories that use EPA Methods 317.0 Revision 2.0, 326.0 or 321.8 must meet a 1.0 ug/L MRL for bromate.

*Qualifiers:

U=Analyte was undetected. Indicated concentration is method detection limit.

SOUTHERN ANALYTICAL LABORATORIES, INC.

110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 813-855-1844 FAX 813-855-2218

ACCREDITED IN ACCORDANCE WITH

Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format

City of Clearwater Water Department
Stage 2 Disinfection By-Products

LABORATORY CERTIFICATION INFORMATION (to be completed by lab - please type or print legibly)

Lab Name: Southern Analytical Laboratories, Inc. Florida DOH Certification #: E84129 Certification Expiration Date: 06/30/2014

ATTACH CURRENT DOH ANALYTE SHEET*

Address: 110 Bayview Blvd Oldsmar,FL 34677 Phone: (813) 855-1844

Were any analyses subcontracted? ☐ Yes ☒ No If yes, please provide DOH certification number(s):

ATTACH CURRENT DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB*

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 01/23/2014

PWS ID (From Page 1): 6520336 Sample Number (From Page 1): 1400890-01 Lab Assigned Report # or Job ID: 1400890-01

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 for Asbestos	☐ All 30	☐ All 21	☒ Trihalomethanes	☐ Single Sample	☐ All 14
☐ Partial	☐ All Except Dioxin	☐ Partial	☒ Haloacetic Acids	☐ Qtrly Composite	☐ Partial
☐ Nitrate	☐ Partial		☐ Chlorite		
☐ Nitrite	☐ Dioxin Only		☐ Bromate		
☐ Asbestos					

LAB CERTIFICATION

I, Francis I. Daniels (Print Name), Laboratory Director (Print Title) do HEREBY CERTIFY that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).

Signature: Francis Daniels Date: 01/28/2014

* Failure to provide a valid and current Florida DOH lab certification number and a current Analyte Sheet for the attached analysis results will result in rejection of the report, possible enforcement against the public water system for failure to sample, and may result in notification of the DOH Bureau of Laboratory Services.

** Please provide radiological sample dates & locations for each quarter.

CONFIRMATION & NOTIFICATION IS REQUIRED WITHIN 24 HOURS FOR NITRATE AND NITRITE MCL EXCEEDANCES

NON-DETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" QUALIFIER (Non-detects reported as "BDL" or with a "<" are not acceptable.)

COMPLIANCE DETERMINATION (to be completed by DEP or DOH - attach notes as necessary)

Sample Collection & Analysis Satisfactory: ☐ Yes ☐ No Replacement Sample or Report Requested (circle or highlight group(s) above)

Person Notified: Date Notified: DEP/DOH Reviewing Official:

Reporting Format 62-550-730
Effective January 1995, Revised February 2010

SOUTHERN ANALYTICAL LABORATORIES, INC.
110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 813-855-1844 FAX 813-855-2218

Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format

City of Clearwater Water Department
Stage 2 Disinfection By-Products

PUBLIC WATER SYSTEM INFORMATION (to be completed by sampler - please type or print legibly)

System Name: City of Clearwater Water Dept PWS I.D. #: 6 5 2 0 3 3 6

System Type (check one): [X] Community [ ] Nontransient Noncommunity [ ] Transient Noncommunity

Address: 1650 N. Arcturas Ave.

City: Clearwater Zip Code: 33765

Phone: (727) 562-4960 Fax: E-Mail Address:

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: 1400890-01 Sample Date: 1/23/14 Sample Time: 9:14 am [AM] PM (Circle One)

Sample Location (be specific): 3371 Windchime Location Code:

Disinfection Residual (Required when reporting results for trihalomethanes and haloacetic acids): 1.4 mg/L Field pH: 7.25

Sample Type (Check Only One)

- [X] Distribution
- [ ] Entry Point (to Distribution)
- [ ] Plant Tap (not for compliance with 62-550)
- [ ] Raw (at well or intake)
- [ ] Max. Residence Time
- [ ] Ave. Residence Time
- [ ] Near First Customer

Reason (s) for Sample (Check all that apply)

- [X] Routine Compliance with 62-550
- [ ] Confirmation of MCL Exceedance*
- [ ] Composite of Multiple Sites **
- [ ] Other:
- [ ] Replacement (of Invalidated Sample)
- [ ] Special (not for compliance with 62-550)
- [ ] Clearance (permitting)

Sampling Procedure Used or Other Comments:

* See 62-550.500(6) for requirements and restrictions. And 62-550.5.12(3) for nitrate or nitrite exceedances.

** See 62-550.500(4) for requirements and attach a results page for each site

SAMPLER CERTIFICATION

I, Deane Murray (Print Name), Water Quality Tech. (Print Title) do HEREBY CERTIFY that the above public water system and sample collection information is complete and correct.

Signature: M. [illegible] for D Murray Date: 1/30/14

Certified Operator #: DWA 6440 Phone #: Sampler's Fax #:

Sampler's E-Mail:

Reporting Format 62-550-730
Effective January 1995. Revised February 2010

QUARTERLY MONITORING PERIOD: **First Quarter 2014**

PWS ID Number: 6520336

HAA5 COMPLIANCE SUMMARY FOR SYSTEMS MONITORING QUARTERLY

Monitoring Location*	This Quarter				Previous Quarter	2 Quarters Ago	3 Quarters Ago	HAA5 LRAA (mg/L)	HAA5 OE Value (mg/L)
	No. of HAA5 Samples Taken	Date Each HAA5 Sample Taken (mo/da/yr)	HAA5 Sample Result (mg/L)	HAA5 Locational Quarterly Average (mg/L)	HAA5 Locational Quarterly Average (mg/L)	HAA5 Locational Quarterly Average (mg/L)	HAA5 Locational Quarterly Average (mg/L)		
				A	B	C	D	(A+B+C+D)/4	(2A+B+C)/4
1985 Byram Drive	1	1/23/2014	.015	.015	.015	.036	.049	0.029	0.020
1616 Ridge Top Way	1	1/23/2014	.018	.018	.014	.038	.038	0.027	0.022
1951 Edgewater Drive	1	1/23/2014	.023	.023	.018	.045	.018	0.026	0.027
710 Maple Street	1	1/23/2014	.024	.024	.018	.033	.016	0.023	0.025
2456 Moore Haven Drive	1	1/23/2014	.018	.018	.014	.039	.031	0.026	0.022
3371 Windchime	1	1/23/2014	.018	.018	.011	.042	.020	0.023	0.022
3387 Arlie Avenue	1	1/23/2014	.020	.020	.015	.042	.035	0.028	0.024
2420 Sabre Court	1	1/23/2014	.009	.009	.014	.040	.047	0.028	0.018

Does the HAA5 LRAA at any monitoring location violate the HAA5 MCL of 0.060 mg/L? (YES/NO)	NO
Does the HAA5 OE value at any monitoring location exceed 0.060 mg/L? (YES/NO)**	NO
If you are on reduced quarterly monitoring, does the HAA5 LRAA exceed 0.030 mg/L at any monitoring location? (YES/NO/NA)***	N/A

* Location names or numbers should correspond to those in your Stage 2 D/DBPR compliance monitoring plan required under 40 CFR 141.622.

** If any HAA5 OE value at any location exceeds 0.060 mg/L, you must conduct an OE and submit an OE report in accordance with 40 CFR 141.626.

*** If any HAA5 LRAA at any location exceeds 0.030 mg/L, you must resume routine quarterly monitoring under 40 CFR 141.621.

QUARTERLY MONITORING PERIOD: **First Quarter 2014**

PWS ID Number: 6520336

TTHM COMPLIANCE SUMMARY FOR SYSTEMS MONITORING QUARTERLY

Monitoring Location*	This Quarter				Previous Quarter	2 Quarters Ago	3 Quarters Ago	TTHM LRAA (mg/L)	TTHM OE Value (mg/L)
	No. of TTHM Samples Taken	Date Each TTHM Sample Taken (mo/da/yr)	TTHM Sample Result (mg/L)	TTHM Locational Quarterly Average (mg/L)	TTHM Locational Quarterly Average (mg/L)	TTHM Locational Quarterly Average (mg/L)	TTHM Locational Quarterly Average (mg/L)		
				A	B	C	D	(A+B+C+D)/4	(2A+B+C)/4
1985 Byram Drive	1	1/23/2014	.044	.044	.064	.080	.084	0.068	0.058
1616 Ridge Top Way	1	1/23/2014	.038	.038	.060	.079	.085	0.066	0.054
1951 Edgewater Drive	1	1/23/2014	.037	.037	.063	.089	.073	0.066	0.057
710 Maple Street	1	1/23/2014	.068	.068	.083	.086	.061	0.075	0.076
2456 Moore Haven Drive	1	1/23/2014	.034	.034	.052	.075	.076	0.059	0.049
3371 Windchime	1	1/23/2014	.040	.040	.059	.086	.076	0.065	0.056
3387 Arlie Avenue	1	1/23/2014	.041	.041	.059	.083	.069	0.063	0.056
2420 Sabre Court	1	1/23/2014	.038	.038	.051	.074	.083	0.062	0.050

Does the TTHM LRAA at any monitoring location violate the TTHM MCL of 0.080 mg/L? (YES/NO)	NO
Does the TTHM OE value at any monitoring location exceed 0.080 mg/L? (YES/NO)**	NO
If you are on reduced quarterly monitoring, does the TTHM LRAA exceed 0.040 mg/L at any monitoring location? (YES/NO/NA)***	N/A

* Location names or numbers should correspond to those in your Stage 2 D/DBPR compliance monitoring plan required under 40 CFR 141.622.

** If any TTHM OE value at any location exceeds 0.080 mg/L, you must conduct an OE and submit an OE report in accordance with 40 CFR 141.626.

*** If any TTHM LRAA at any location exceeds 0.040 mg/L, you must resume routine quarterly monitoring under 40 CFR 141.621.

STAGE 2 TOTAL TRIHALOMETHANES (TTHM) AND HALOACETIC ACIDS FIVE (HAA5) EXAMPLE REPORTING FORMAT

Subpart H systems serving 500 or more persons and ground water systems serving 10,000 or more persons shall complete applicable pages of this format and submit them to the Department within 10 days after the end of any quarter in which TTHM/HAA5 monitoring is required. Systems on routine or reduced quarterly TTHM/HAA5 monitoring shall complete pages 1, 2, and 3 of this format. (Add additional rows to the tables on pages 2 and 3 as necessary.) Systems on reduced annual TTHM/HAA5 monitoring shall complete pages 1 and 4 of this format. Additionally, Subpart H systems seeking to qualify for, or remain on, reduced quarterly or annual TTHM/HAA5 monitoring shall complete page 5 of this format. (Add additional rows to the table on page 5 as necessary.)

D/DBPR = Disinfectant and Disinfection Byproducts Rule; LRAA = locational running annual average; MCL = maximum contaminant level; OE = operational evaluation; RAA = running annual average; TOC = total organic carbon.

QUARTERLY MONITORING PERIOD: First Quarter 2014

SYSTEM INFORMATION		
PWS ID Number: **6520336**		
PWS Name: **City of Clearwater**		
Source Water Type and Population Size Category:		
☐ Ground Water:	**X** Subpart H:	
☐ 10,000 – 99,999	☐ 500 – 3,300	☐ 250,000 – 999,999
☐ 100,000 – 499,999	☐ 3,301 – 9,999	☐ 1,000,000 – 4,999,999
☐ ≥ 500,000	☐ 10,000 – 49,999	☐ ≥ 5,000,000
	X 50,000 – 249,999	
Monitoring Mode*: **X** Routine Monitoring ☐Reduced Monitoring		
Monitoring Frequency*: **X** Quarterly ☐Annually		
Total Number Of Distribution System Monitoring Locations*: **8**		
Contact Person: **Greg Turman**		
Phone Number: **727-462-6326**		
E-Mail Address (optional): **greg.turman@myclearwater.com**		
Fax Number (optional):		

* See 40 CFR 141.621 and 141.623 for more details.

CITY OF CLEARWATER

POST OFFICE BOX 4748, CLEARWATER, FLORIDA 33758-4748
1650 N. ARCHERAS AVENUE, BLDG. C., CLEARWATER, FLORIDA 33765-1945
TELEPHONE (727) 562-4960 FAX (727) 562-4963

PUBLIC UTILITIES

Date: January 30, 2014

Danielle Henry or Gerald Foster
Florida Department of Environmental Protection
Southwest District
13051 N. Telecom Parkway
Temple Terrace, FL 33637-0926

Re: **First** Quarter 2014 Stage II DBP Report
City of Clearwater Public Water System
PWS I.D. No. 6520336

Enclosed, please find the Stage II DBP sampling results for the First Quarter of 2014. Included are TTHM and HAA5 results. All sampling locations are designated sample stations.
If you have any questions or concerns, please contact Greg Turman, Water Production Coordinator, at (727) 462-6326.

Sincerely,

Greg Turman
Water Production Coordinator

Attachments

Cc: Tracy Mercer
Glenn Daniel

SOUTHERN ANALYTICAL LABORATORIES, INC.
110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 813-855-1844 fax 813-855-2218

SAL Project No. 1300959

Client Name: City of Clearwater Water Department	Contact / Phone: Greg Turman
Project Name / Location: Stage 2 Disinfection By-Products	
Samplers: (Signature) Michael Olex	

Matrix Codes:
DW-Drinking Water WW-Wastewater
SW-SurfaceWater SL-Sludge SO-Soil
GW-Groundwater SA-Saline Water O-Other
R-Reagent Water

PARAMETER / CONTAINER DESCRIPTION

	Sample Description	Date	Time	Matrix	Composite	Grab	40mL V, $Na_2S_2O_3$ 624 TTHM	40mLeV, NH_4Cl 552.2 HAA	Residual Chlorine	pH										Total number of containers
01	~~6574 Windshine~~			DW		X	2	3												5
02	~~6567 Arite Ave.~~			DW		X	2	3												5
03	~~2420 Sabre Court~~			DW		X	2	3												5
04	~~1963 Byram Drive~~			DW		X	2	3												5
05	1616 Ridge Top Way	1-25-13	8:45	DW		X	2	3	3.1	7.84										5
06	1951 Edgewater Drive	1-25-13	10:10	DW		X	2	3	1.1	7.81										5
07	710 Maple Street	1-25-13	9:30	DW		X	2	3	2.4	7.89										5
08	2456 Morre Haven Drive	1-25-13	8:00	DW		X	2	3	4.1	7.80										5
09	Trip Blank	10/2/12	1300	R		X	1													1

Containers Prepared/ Relinquished:	Date/Time:	Received:	Date/Time:
Bowling	1430 10/2/12		
Michael Olex	1-25-13 1057	H Hawkins	1057 1-25-13

Seal intact?	Y N N/A
Samples intact upon arrival?	Y N N/A
Received on ice? Temp_____	Y N N/A
Proper preservatives indicated?	Y N N/A
Rec'd within holding time?	Y N N/A
Volatiles rec'd w/out headspace?	Y N N/A
Proper containers used?	Y N N/A

Instructions / Remarks:

Chain of Custody

Chain of Custody.xls
Rev.Date 11/19/04

SOUTHERN ANALYTICAL LABORATORIES, INC.
210 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 813-855-1844 fax 813-855-2218

SAL Project No. 1300969

Client Name		Contact / Phone:
	City of Clearwater Water Department	Greg Turman
Project Name / Location	Stage 2 Disinfection By-Products	
Sampler: (Signature)		

Matrix Codes: DW-Drinking Water WW-Wastewater SW-Surface Water SL-Sludge SO-Soil GW-Groundwater SA-Saline Water O-Other R-Reagent Water

PARAMETER / CONTAINER DESCRIPTION

Lab No.	Sample Description	Date	Time	Matrix	Composite	Grab	40mL V. $Na_2S_2O_3$ 524 TTHM	40mL/V. NH4Cl 552.2 HAA	Residual Chlorine	pH										Total number of containers
01	3371 Windchime	1-25-13	9:00	DW		X	2	3	2.6	7.48										5
02	3387 Adie Ave.	1-25-13	8:00	DW		X	2	3	2.3	7.52										5
03	2420 Sabre Court	1-25-13	8:30	DW		X	2	3	4.3	7.42										5
04	1985 Byram Drive	1-25-13	7:30	DW		X	2	3	3.8	7.57										5
05	[illegible]	"	"	DW		X	2	3												5
06	[illegible]			DW		X	2	3												5
07	[illegible]			DW		X	2	3												5
08	[illegible]			DW		X	2	3												5
09	Trip Blank	10/2/12	0800	R		X	1													1

Containers Prepared/Relinquished:	Date/Time:	Received:	Date/Time:
Relinquished:	10/2/12 1430		
Relinquished:	1/28/13 0945	Received:	1/29/13 0945
Relinquished:	Date/Time:	Received:	Date/Time:
Relinquished:	Date/Time:	Received:	Date/Time:
Relinquished:	Date/Time:	Received:	Date/Time:

Seal intact?	Y	N N/A
Samples intact upon arrival?	Y	N N/A
Received on ice? Temp.____	Y	N N/A
Proper preservatives indicated?	Y	N N/A
Rec'd within holding time?	Y	N N/A
Volatiles rec'd w/out headspace?	Y	N N/A
Proper containers used?	Y	N N/A

Instructions / Remarks:

Chain of Custody

SOUTHERN ANALYTICAL LABORATORIES, INC.
110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 813 855 1844 FAX 813 855 2218

ACCREDITED IN ACCORDANCE WITH

Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format

DISINFECTION BYPRODUCTS
62-550.310(3)

Report Number / Job ID: 1300959-08
Disinfectant Residual (mg/L) (From Page 1): 4.1
PWS ID (From Page 1): 6520336

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Reg MRL**	Analysis Date	Analysis Time	DOH Lab Certification #
2450	Monochloroacetic Acid	N/A	ug/L	3.6		EPA 552.2	0.80	2.0	1/31/13	16:38	E84129
2451	Dichloroacetic Acid	N/A	ug/L	23		EPA 552.2	0.71	1.0	1/31/13	16:38	E84129
2452	Trichloroacetic Acid	N/A	ug/L	22		EPA 552.2	0.36	1.0	1/31/13	16:38	E84129
2453	Monobromoacetic Acid	N/A	ug/L	1.4		EPA 552.2	0.35	1.0	1/31/13	16:38	E84129
2454	Dibromoacetic Acid	N/A	ug/L	0.39	I	EPA 552.2	0.28	1.0	1/31/13	16:38	E84129
2456	Total Haloacetic Acids (HAA5)	60	ug/L	50.39		EPA 552.2	0.28	---	1/31/13	16:38	E84129

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Reg MRL**	Analysis Date	Analysis Time	DOH Lab Certification #
2941	Chloroform	N/A	ug/L	57		EPA 524.2	0.2	1.0	1/26/13	10:36	E84129
2942	Bromoform	N/A	ug/L	0.4	I	EPA 524.2	0.2	1.0	1/26/13	10:36	E84129
2943	Bromodichloromethane	N/A	ug/L	8.7		EPA 524.2	0.2	1.0	1/26/13	10:36	E84129
2944	Dibromochloromethane	N/A	ug/L	1.6		EPA 524.2	0.1	1.0	1/26/13	10:36	E84129
2950	Total Trihalomethanes (TTHM)	80	ug/L	67.7		EPA 524.2	0.1	---	1/26/13	10:36	E84129

** Laboratories are required to adhere to minimum reporting level (MRL) requirements of 40 CFR 141.131(b)(2)(iv). Chlorite regulatory MRL is applicable to monitoring as prescribed in 40 CFR 141.132(b)(2)(i)(B) and (b)(2)(ii). Laboratories that use EPA Methods 317.0 Revision 2.0, 326.0 or 321.8 must meet a 1.0 ug/L MRL for bromate.

*Qualifiers:

I=The reported value is between the laboratory method detection limit and the laboratory practical quantitation limit.

SOUTHERN ANALYTICAL LABORATORIES, INC.
110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 813 855 1844 FAX 813 855 2218

Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format

City of Clearwater Water Department
Stage 2 Disinfection By-Products

LABORATORY CERTIFICATION INFORMATION (to be completed by lab - please type or print legibly)

Lab Name: Southern Analytical Laboratories, Inc. Florida DOH Certification #: E84129 Certification Expiration Date: 06/30/2013

ATTACH CURRENT DOH ANALYTE SHEET*

Address: 110 Bayview Blvd Oldsmar,FL 34677 Phone: (813) 855-1844

Were any analyses subcontracted? ☐ Yes ☒ No If yes, please provide DOH certification number(s):

ATTACH CURRENT DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB*

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 01/25/2013

PWS ID (From Page 1): 6520336 Sample Number (From Page 1): 1300959-08 Lab Assigned Report # or Job ID: 1300959-08

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 for Asbestos	☐ All 30	☐ All 21	☒ Trihalomethanes	☐ Single Sample	☐ All 14
☐ Partial	☐ All Except Dioxin	☐ Partial	☒ Haloacetic Acids	☐ Qtrly Composite	☐ Partial
☐ Nitrate	☐ Partial		☐ Chlorite		
☐ Nitrite	☐ Dioxin Only		☐ Bromate		
☐ Asbestos					

LAB CERTIFICATION

I, Francis I. Daniels (Print Name), Laboratory Director (Print Title) do HEREBY CERTIFY that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).

Signature: Francis Daniels Date: 02/04/2013

* Failure to provide a valid and current Florida DOH lab certification number and a current Analyte Sheet for the attached analysis results will result in rejection of the report, possible enforcement against the public water system for failure to sample, and may result in notification of the DOH Bureau of Laboratory Services.

** Please provide radiological sample dates & locations for each quarter.

CONFIRMATION & NOTIFICATION IS REQUIRED WITHIN 24 HOURS FOR NITRATE AND NITRITE MCL EXCEEDANCES

NON-DETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" QUALIFIER (Non-detects reported as "BDL" or with a "<" are not acceptable.)

COMPLIANCE DETERMINATION (to be completed by DEP or DOH - attach notes as necessary)

Sample Collection & Analysis Satisfactory: ☐ Yes ☐ No _____ Replacement Sample or Report Requested (circle or highlight group(s) above)

Person Notified: _____ Date Notified: _____ DEP/DOH Reviewing Official: _____

Reporting Format 62-550-730
Effective January 1995. Revised February 2010

SOUTHERN ANALYTICAL LABORATORIES, INC.
110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 813 855 1844 FAX 813 855 2218

ACCREDITED IN ACCORDANCE WITH

Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format

City of Clearwater Water Department
Stage 2 Disinfection By-Products

PUBLIC WATER SYSTEM INFORMATION (to be completed by sampler - please type or print legibly)

System Name: City of Clearwater Water Dept PWS I.D. #: 6 5 2 0 3 3 6

System Type (check one): [X] Community [ ] Nontransient Noncommunity [ ] Transient Noncommunity

Address: 1650 N. Arcturas Ave.

City: Clearwater Zip Code: 33765

Phone: (727) 562-4960 Fax: E-Mail Address:

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: 1300959-08 Sample Date: 1/25/13 Sample Time: 8:00 am AM PM (Circle One)

Sample Location (be specific): 2456 Moore Haven Dr. Location Code:

Disinfection Residual (Required when reporting results for trihalomethanes and haloacetic acids): 4.1 mg/L Field pH: 7.80

Sample Type (Check Only One)

[X] Distribution
[ ] Entry Point (to Distribution)
[ ] Plant Tap (not for compliance with 62-550)
[ ] Raw (at well or intake)
[ ] Max. Residence Time
[ ] Ave. Residence Time
[ ] Near First Customer

Reason (s) for Sample (Check all that apply)

[X] Routine Compliance with 62-550
[ ] Confirmation of MCL Exceedance*
[ ] Composite of Multiple Sites **
[ ] Other:

[ ] Replacement (of Invalidated Sample)
[ ] Special (not for compliance with 62-550)
[ ] Clearance (permitting)

Sampling Procedure Used or Other Comments:

* See 62-550.500(6) for requirements and restrictions. And 62-550.5.12(3) for nitrate or nitrite exceedances.

** See 62-550.500(4) for requirements and attach a results page for each site

SAMPLER CERTIFICATION

I, Michael Olesh (Print Name), Water Quality Tech (Print Title) do HEREBY CERTIFY that the above public water system and sample collection information is complete and correct.

Signature: Date: 2/8/13

Certified Operator #: DW6440 Phone #: Sampler's Fax #:

Sampler's E-Mail:

Reporting Format 62-550-730
Effective January 1995. Revised February 2010

SOUTHERN ANALYTICAL LABORATORIES, INC.
110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 813 855 1844 FAX 813 855 2218

Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format

DISINFECTION BYPRODUCTS
62-550.310(3)

Report Number / Job ID: 1300959-07
Disinfectant Residual (mg/L) (From Page 1): 2.4
PWS ID (From Page 1): 6520336

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Reg MRL**	Analysis Date	Analysis Time	DOH Lab Certification #
2450	Monochloroacetic Acid	N/A	ug/L	0.81	U	EPA 552.2	0.81	2.0	1/31/13	16:16	E84129
2451	Dichloroacetic Acid	N/A	ug/L	12		EPA 552.2	0.72	1.0	1/31/13	16:16	E84129
2452	Trichloroacetic Acid	N/A	ug/L	12		EPA 552.2	0.36	1.0	1/31/13	16:16	E84129
2453	Monobromoacetic Acid	N/A	ug/L	0.35	U	EPA 552.2	0.35	1.0	1/31/13	16:16	E84129
2454	Dibromoacetic Acid	N/A	ug/L	3.0		EPA 552.2	0.28	1.0	1/31/13	16:16	E84129
2456	Total Haloacetic Acids (HAA5)	60	ug/L	27.0		EPA 552.2	0.28	---	1/31/13	16:16	E84129
Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Reg MRL**	Analysis Date	Analysis Time	DOH Lab Certification #
2941	Chloroform	N/A	ug/L	30		EPA 524.2	0.2	1.0	1/26/13	10:03	E84129
2942	Bromoform	N/A	ug/L	11		EPA 524.2	0.2	1.0	1/26/13	10:03	E84129
2943	Bromodichloromethane	N/A	ug/L	6.9		EPA 524.2	0.2	1.0	1/26/13	10:03	E84129
2944	Dibromochloromethane	N/A	ug/L	6.3		EPA 524.2	0.1	1.0	1/26/13	10:03	E84129
2950	Total Trihalomethanes (TTHM)	80	ug/L	54.2		EPA 524.2	0.1	---	1/26/13	10:03	E84129

** Laboratories are required to adhere to minimum reporting level (MRL) requirements of 40 CFR 141.131(b)(2)(iv). Chlorite regulatory MRL is applicable to monitoring as prescribed in 40 CFR 141.132(b)(2)(i)(B) and (b)(2)(ii). Laboratories that use EPA Methods 317.0 Revision 2.0, 326.0 or 321.8 must meet a 1.0 ug/L MRL for bromate.

*Qualifiers:

U=Analyte was undetected. Indicated concentration is method detection limit.

SOUTHERN ANALYTICAL LABORATORIES, INC.
110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 813 855 1844 FAX 813 855 2218

Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format

City of Clearwater Water Department
Stage 2 Disinfection By-Products

LABORATORY CERTIFICATION INFORMATION (to be completed by lab - please type or print legibly)

Lab Name: Southern Analytical Laboratories, Inc. Florida DOH Certification #: E84129 Certification Expiration Date: 06/30/2013

ATTACH CURRENT DOH ANALYTE SHEET*

Address: 110 Bayview Blvd Oldsmar,FL 34677 Phone: (813) 855-1844

Were any analyses subcontracted? ☐ Yes ☒ No If yes, please provide DOH certification number(s): _____

ATTACH CURRENT DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB*

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 01/25/2013

PWS ID (From Page 1): 6520336 Sample Number (From Page 1): 1300959-07 Lab Assigned Report # or Job ID: 1300959-07

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 for Asbestos	☐ All 30	☐ All 21	☒ Trihalomethanes	☐ Single Sample	☐ All 14
☐ Partial	☐ All Except Dioxin	☐ Partial	☒ Haloacetic Acids	☐ Qtrly Composite	☐ Partial
☐ Nitrate	☐ Partial		☐ Chlorite		
☐ Nitrite	☐ Dioxin Only		☐ Bromate		
☐ Asbestos					

LAB CERTIFICATION

I, Francis I. Daniels (Print Name), Laboratory Director (Print Title) do HEREBY CERTIFY that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).

Signature: _____ Date: 02/04/2013

* Failure to provide a valid and current Florida DOH lab certification number and a current Analyte Sheet for the attached analysis results will result in rejection of the report, possible enforcement against the public water system for failure to sample, and may result in notification of the DOH Bureau of Laboratory Services.

** Please provide radiological sample dates & locations for each quarter.

CONFIRMATION & NOTIFICATION IS REQUIRED WITHIN 24 HOURS FOR NITRATE AND NITRITE MCL EXCEEDANCES

NON-DETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" QUALIFIER (Non-detects reported as "BDL" or with a "<" are not acceptable.)

COMPLIANCE DETERMINATION (to be completed by DEP or DOH - attach notes as necessary)

Sample Collection & Analysis Satisfactory: ☐ Yes ☐ No _____ Replacement Sample or Report Requested (circle or highlight group(s) above)

Person Notified: _____ Date Notified: _____ DEP/DOH Reviewing Official: _____

Reporting Format 62-550-730
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110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 813-855-1844 FAX 813-855-2218

Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format

City of Clearwater Water Department
Stage 2 Disinfection By-Products

PUBLIC WATER SYSTEM INFORMATION (to be completed by sampler - please type or print legibly)

System Name: City of Clearwater Water Dept PWS I.D. #: 6 5 2 0 3 3 6

System Type (check one): [X] Community [ ] Nontransient Noncommunity [ ] Transient Noncommunity

Address: 1650 N. Arcturas Ave.

City: Clearwater Zip Code: 33765

Phone: (727) 562-4960 Fax: E-Mail Address:

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: 1300959-07 Sample Date: 1/25/13 Sample Time: 9:30 am AM PM (Circle One)

Sample Location (be specific): 710 Maple Street Location Code:

Disinfection Residual (Required when reporting results for trihalomethanes and haloacetic acids): 2.4 mg/L Field pH: 7.89

Sample Type (Check Only One)

- [X] Distribution
- [ ] Entry Point (to Distribution)
- [ ] Plant Tap (not for compliance with 62-550)
- [ ] Raw (at well or intake)
- [ ] Max. Residence Time
- [ ] Ave. Residence Time
- [ ] Near First Customer

Reason (s) for Sample (Check all that apply)

- [X] Routine Compliance with 62-550
- [ ] Confirmation of MCL Exceedance*
- [ ] Composite of Multiple Sites **
- [ ] Other:
- [ ] Replacement (of Invalidated Sample)
- [ ] Special (not for compliance with 62-550)
- [ ] Clearance (permitting)

Sampling Procedure Used or Other Comments:

* See 62-550.500(6) for requirements and restrictions. And 62-550.5.12(3) for nitrate or nitrite exceedances.

** See 62-550.500(4) for requirements and attach a results page for each site

SAMPLER CERTIFICATION

I, Michael Olesh (Print Name), Water Quality Tech (Print Title) do HEREBY CERTIFY that the above public water system and sample collection information is complete and correct.

Signature: for M. Olesh Date: 2/8/13

Certified Operator #: DW46440 Phone #: Sampler's Fax #:

Sampler's E-Mail:

Reporting Format 62-550-730
Effective January 1995, Revised February 2010

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Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format

DISINFECTION BYPRODUCTS
62-550.310(3)

Report Number / Job ID: 1300959-06
Disinfectant Residual (mg/L) (From Page 1): 1.1
PWS ID (From Page 1): 6520336

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Reg MRL**	Analysis Date	Analysis Time	DOH Lab Certification #
2450	Monochloroacetic Acid	N/A	ug/L	0.80	U	EPA 552.2	0.80	2.0	1/31/13	15:53	E84129
2451	Dichloroacetic Acid	N/A	ug/L	19		EPA 552.2	0.72	1.0	1/31/13	15:53	E84129
2452	Trichloroacetic Acid	N/A	ug/L	19		EPA 552.2	0.36	1.0	1/31/13	15:53	E84129
2453	Monobromoacetic Acid	N/A	ug/L	0.35	U	EPA 552.2	0.35	1.0	1/31/13	15:53	E84129
2454	Dibromoacetic Acid	N/A	ug/L	1.6		EPA 552.2	0.28	1.0	1/31/13	15:53	E84129
2456	Total Haloacetic Acids (HAA5)	60	ug/L	39.6		EPA 552.2	0.28	—	1/31/13	15:53	E84129

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Reg MRL**	Analysis Date	Analysis Time	DOH Lab Certification #
2941	Chloroform	N/A	ug/L	49		EPA 524.2	0.2	1.0	1/26/13	9:31	E84129
2942	Bromoform	N/A	ug/L	2.0		EPA 524.2	0.2	1.0	1/26/13	9:31	E84129
2943	Bromodichloromethane	N/A	ug/L	8.6		EPA 524.2	0.2	1.0	1/26/13	9:31	E84129
2944	Dibromochloromethane	N/A	ug/L	2.6		EPA 524.2	0.1	1.0	1/26/13	9:31	E84129
2950	Total Trihalomethanes (TTHM)	80	ug/L	62.2		EPA 524.2	0.1	—	1/26/13	9:31	E84129

** Laboratories are required to adhere to minimum reporting level (MRL) requirements of 40 CFR 141.131(b)(2)(iv). Chlorite regulatory MRL is applicable to monitoring as prescribed in 40 CFR 141.132(b)(2)(i)(B) and (b)(2)(ii). Laboratories that use EPA Methods 317.0 Revision 2.0, 326.0 or 321.8 must meet a 1.0 ug/L MRL for bromate.

*Qualifiers:

U=Analyte was undetected. Indicated concentration is method detection limit.

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Florida Department of Environmental Protection
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City of Clearwater Water Department
Stage 2 Disinfection By-Products

LABORATORY CERTIFICATION INFORMATION (to be completed by lab - please type or print legibly)

Lab Name: Southern Analytical Laboratories, Inc. Florida DOH Certification #: E84129 Certification Expiration Date: 06/30/2013

ATTACH CURRENT DOH ANALYTE SHEET*

Address: 110 Bayview Blvd Oldsmar,FL 34677 Phone: (813) 855-1844

Were any analyses subcontracted? ☐ Yes ☒ No If yes, please provide DOH certification number(s):

ATTACH CURRENT DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB*

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 01/25/2013

PWS ID (From Page 1): 6520336 Sample Number (From Page 1): 1300959-06 Lab Assigned Report # or Job ID: 1300959-06

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 for Asbestos	☐ All 30	☐ All 21	☒ Trihalomethanes	☐ Single Sample	☐ All 14
☐ Partial	☐ All Except Dioxin	☐ Partial	☒ Haloacetic Acids	☐ Qtrly Composite	☐ Partial
☐ Nitrate	☐ Partial		☐ Chlorite		
☐ Nitrite	☐ Dioxin Only		☐ Bromate		
☐ Asbestos					

LAB CERTIFICATION

I, Francis I. Daniels (Print Name), Laboratory Director (Print Title) do HEREBY CERTIFY that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).

Signature: Francis Daniels Date: 02/04/2013

* Failure to provide a valid and current Florida DOH lab certification number and a current Analyte Sheet for the attached analysis results will result in rejection of the report, possible enforcement against the public water system for failure to sample, and may result in notification of the DOH Bureau of Laboratory Services.

** Please provide radiological sample dates & locations for each quarter.

CONFIRMATION & NOTIFICATION IS REQUIRED WITHIN 24 HOURS FOR NITRATE AND NITRITE MCL EXCEEDANCES

NON-DETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" QUALIFIER (Non-detects reported as "BDL" or with a "<" are not acceptable.)

COMPLIANCE DETERMINATION (to be completed by DEP or DOH - attach notes as necessary)

Sample Collection & Analysis Satisfactory: ☐ Yes ☐ No Replacement Sample or Report Requested (circle or highlight group(s) above)

Person Notified: Date Notified: DEP/DOH Reviewing Official:

Reporting Format 62-550-730
Effective January 1995, Revised February 2010

SOUTHERN ANALYTICAL LABORATORIES, INC.
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ACCREDITED IN ACCORDANCE WITH

Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format

City of Clearwater Water Department
Stage 2 Disinfection By-Products

PUBLIC WATER SYSTEM INFORMATION (to be completed by sampler - please type or print legibly)

System Name: City of Clearwater Water Dept PWS I.D. #: 6 5 2 0 3 3 6

System Type (check one): [X] Community [ ] Nontransient Noncommunity [ ] Transient Noncommunity

Address: 1650 N. Arcturas Ave.

City: Clearwater Zip Code: 33765

Phone: (727) 562-4960 Fax: E-Mail Address:

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: 1300959-06 Sample Date: 1/25/13 Sample Time: 10:10 am AM PM (Circle One)

Sample Location (be specific): 1951 Edgewater Dr. Location Code:

Disinfection Residual (Required when reporting results for trihalomethanes and haloacetic acids): 1.1 mg/L Field pH: 7.81

Sample Type (Check Only One)

[X] Distribution
[ ] Entry Point (to Distribution)
[ ] Plant Tap (not for compliance with 62-550)
[ ] Raw (at well or intake)
[ ] Max. Residence Time
[ ] Ave. Residence Time
[ ] Near First Customer

Reason (s) for Sample (Check all that apply)

[X] Routine Compliance with 62-550
[ ] Confirmation of MCL Exceedance*
[ ] Composite of Multiple Sites **
[ ] Other:

[ ] Replacement (of Invalidated Sample)
[ ] Special (not for compliance with 62-550)
[ ] Clearance (permitting)

Sampling Procedure Used or Other Comments:

* See 62-550.500(8) for requirements and restrictions. And 62-550.5.12(3) for nitrate or nitrite exceedances.

** See 62-550.500(4) for requirements and attach a results page for each site

SAMPLER CERTIFICATION

I, Michael Olesh (Print Name), Water Quality Tech (Print Title) do HEREBY CERTIFY that the above public water system and sample collection information is complete and correct.

Signature: for M. Olesh Date: 2/8/13

Certified Operator #: DW46440 Phone #: Sampler's Fax #:

Sampler's E-Mail:

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Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format

DISINFECTION BYPRODUCTS
62-550.310(3)

Report Number / Job ID: 1300958-05
Disinfectant Residual (mg/L) (From Page 1): 3.1
PWS ID (From Page 1): 6520336

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Reg MRL**	Analysis Date	Analysis Time	DOH Lab Certification #
2450	Monochloroacetic Acid	N/A	ug/L	3.0		EPA 552.2	0.61	2.0	1/31/13	15:31	E84129
2451	Dichloroacetic Acid	N/A	ug/L	24		EPA 552.2	0.73	1.0	1/31/13	15:31	E84129
2452	Trichloroacetic Acid	N/A	ug/L	23		EPA 552.2	0.36	1.0	1/31/13	15:31	E84129
2453	Monobromoacetic Acid	N/A	ug/L	0.78	I	EPA 552.2	0.35	1.0	1/31/13	15:31	E84129
2454	Dibromoacetic Acid	N/A	ug/L	0.58	I	EPA 552.2	0.28	1.0	1/31/13	15:31	E84129
2456	Total Haloacetic Acids (HAA5)	60	ug/L	51.36		EPA 552.2	0.28	—	1/31/13	15:31	E84129
Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Reg MRL**	Analysis Date	Analysis Time	DOH Lab Certification #
2941	Chloroform	N/A	ug/L	57		EPA 524.2	0.2	1.0	1/26/13	8:58	E84129
2942	Bromoform	N/A	ug/L	0.4	I	EPA 524.2	0.2	1.0	1/26/13	8:58	E84129
2943	Bromodichloromethane	N/A	ug/L	8.9		EPA 524.2	0.2	1.0	1/26/13	8:58	E84129
2944	Dibromochloromethane	N/A	ug/L	1.7		EPA 524.2	0.1	1.0	1/26/13	8:58	E84129
2950	Total Trihalomethanes (TTHM)	80	ug/L	68.0		EPA 524.2	0.1	—	1/26/13	8:58	E84129

** Laboratories are required to adhere to minimum reporting level (MRL) requirements of 40 CFR 141.131(b)(2)(iv). Chlorite regulatory MRL is applicable to monitoring as prescribed in 40 CFR 141.132(b)(2)(i)(B) and (b)(2)(ii). Laboratories that use EPA Methods 317.0 Revision 2.0, 326.0 or 321.8 must meet a 1.0 ug/L MRL for bromate.

*Qualifiers:

I=The reported value is between the laboratory method detection limit and the laboratory practical quantitation limit.

SOUTHERN ANALYTICAL LABORATORIES, INC.
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Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format

City of Clearwater Water Department
Stage 2 Disinfection By-Products

LABORATORY CERTIFICATION INFORMATION (to be completed by lab - please type or print legibly)

Lab Name: Southern Analytical Laboratories, Inc. Florida DOH Certification #: E84129 Certification Expiration Date: 06/30/2013

ATTACH CURRENT DOH ANALYTE SHEET*

Address: 110 Bayview Blvd Oldsmar,FL 34677 Phone: (813) 855-1844

Were any analyses subcontracted? ☐ Yes ☒ No If yes, please provide DOH certification number(s):

ATTACH CURRENT DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB*

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 01/25/2013

PWS ID (From Page 1): 6520336 Sample Number (From Page 1): 1300959-05 Lab Assigned Report # or Job ID: 1300959-05

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 for Asbestos	☐ All 30	☐ All 21	☒ Trihalomethanes	☐ Single Sample	☐ All 14
☐ Partial	☐ All Except Dioxin	☐ Partial	☒ Haloacetic Acids	☐ Qtrly Composite	☐ Partial
☐ Nitrate	☐ Partial		☐ Chlorite		
☐ Nitrite	☐ Dioxin Only		☐ Bromate		
☐ Asbestos					

LAB CERTIFICATION

I, Francis I. Daniels (Print Name), Laboratory Director (Print Title) do HEREBY CERTIFY that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).

Signature: Francis Daniels Date: 02/04/2013

* Failure to provide a valid and current Florida DOH lab certification number and a current Analyte Sheet for the attached analysis results will result in rejection of the report, possible enforcement against the public water system for failure to sample, and may result in notification of the DOH Bureau of Laboratory Services.

** Please provide radiological sample dates & locations for each quarter.

CONFIRMATION & NOTIFICATION IS REQUIRED WITHIN 24 HOURS FOR NITRATE AND NITRITE MCL EXCEEDANCES

NON-DETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" QUALIFIER (Non-detects reported as "BDL" or with a "<" are not acceptable.)

COMPLIANCE DETERMINATION (to be completed by DEP or DOH - attach notes as necessary)

Sample Collection & Analysis Satisfactory: ☐ Yes ☐ No Replacement Sample or Report Requested (circle or highlight group(s) above)

Person Notified: Date Notified: DEP/DOH Reviewing Official:

Reporting Format 62-550-730
Effective January 1995, Revised February 2010

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Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format

City of Clearwater Water Department
Stage 2 Disinfection By-Products

PUBLIC WATER SYSTEM INFORMATION (to be completed by sampler - please type or print legibly)

System Name: City of Clearwater Water Dept PWS I.D. #: 6 5 2 0 3 3 6

System Type (check one): [X] Community [ ] Nontransient Noncommunity [ ] Transient Noncommunity

Address: 1650 N. Arcturas Ave.

City: Clearwater Zip Code: 33765

Phone: (727) 562-4960 Fax: E-Mail Address:

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: 1300959-05 Sample Date: 1/25/13 Sample Time: 8:45 am AM PM (Circle One)

Sample Location (be specific): 1616 Ridge Top Way Location Code:

Disinfection Residual (Required when reporting results for trihalomethanes and haloacetic acids): 3.1 mg/L Field pH: 7.84

Sample Type (Check Only One)

[X] Distribution
[ ] Entry Point (to Distribution)
[ ] Plant Tap (not for compliance with 62-550)
[ ] Raw (at well or intake)
[ ] Max. Residence Time
[ ] Ave. Residence Time
[ ] Near First Customer

Reason (s) for Sample (Check all that apply)

[X] Routine Compliance with 62-550
[ ] Confirmation of MCL Exceedance*
[ ] Composite of Multiple Sites **
[ ] Other:

[ ] Replacement (of Invalidated Sample)
[ ] Special (not for compliance with 62-550)
[ ] Clearance (permitting)

Sampling Procedure Used or Other Comments:

* See 62-550.500(8) for requirements and restrictions. And 62-550.5.12(3) for nitrate or nitrite exceedances.

** See 62-550.500(4) for requirements and attach a results page for each site

SAMPLER CERTIFICATION

I, Michael Olesh (Print Name), Water Quality Tech (Print Title) do HEREBY CERTIFY that the above public water system and sample collection information is complete and correct.

Signature: for M. Olesh Date: 2/8/13

Certified Operator #: DW16440 Phone #: Sampler's Fax #:

Sampler's E-Mail:

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Florida Department of Environmental Protection
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DISINFECTION BYPRODUCTS
62-550.310(3)

Report Number / Job ID: 1300959-04
Disinfectant Residual (mg/L) (From Page 1): 3.8
PWS ID (From Page 1): 6520336

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Reg MRL**	Analysis Date	Analysis Time	DOH Lab Certification #
2450	Monochloroacetic Acid	N/A	ug/L	3.4		EPA 552.2	0.80	2.0	1/31/13	15:08	E84129
2451	Dichloroacetic Acid	N/A	ug/L	22		EPA 552.2	0.72	1.0	1/31/13	15:08	E84129
2452	Trichloroacetic Acid	N/A	ug/L	20		EPA 552.2	0.36	1.0	1/31/13	15:08	E84129
2453	Monobromoacetic Acid	N/A	ug/L	0.35	U	EPA 552.2	0.35	1.0	1/31/13	15:08	E84129
2454	Dibromoacetic Acid	N/A	ug/L	0.81	I	EPA 552.2	0.28	1.0	1/31/13	15:08	E84129
2456	Total Haloacetic Acids (HAA5)	60	ug/L	46.21		EPA 552.2	0.28	—	1/31/13	15:08	E84129
Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Reg MRL**	Analysis Date	Analysis Time	DOH Lab Certification #
2941	Chloroform	N/A	ug/L	53		EPA 524.2	0.2	1.0	1/26/13	8:26	E84129
2942	Bromoform	N/A	ug/L	1.8		EPA 524.2	0.2	1.0	1/26/13	8:26	E84129
2943	Bromodichloromethane	N/A	ug/L	8.4		EPA 524.2	0.2	1.0	1/26/13	8:26	E84129
2944	Dibromochloromethane	N/A	ug/L	2.1		EPA 524.2	0.1	1.0	1/26/13	8:26	E84129
2950	Total Trihalomethanes (TTHM)	80	ug/L	65.3		EPA 524.2	0.1	—	1/26/13	8:26	E84129

** Laboratories are required to adhere to minimum reporting level (MRL) requirements of 40 CFR 141.131(b)(2)(iv). Chlorite regulatory MRL is applicable to monitoring as prescribed in 40 CFR 141.132(b)(2)(i)(B) and (b)(2)(ii). Laboratories that use EPA Methods 317.0 Revision 2.0, 326.0 or 321.8 must meet a 1.0 ug/L MRL for bromate.

*Qualifiers:

U=Analyte was undetected, Indicated concentration is method detection limit.
I=The reported value is between the laboratory method detection limit and the laboratory practical quantitation limit.

SOUTHERN ANALYTICAL LABORATORIES, INC.
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Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format

City of Clearwater Water Department
Stage 2 Disinfection By-Products

LABORATORY CERTIFICATION INFORMATION (to be completed by lab - please type or print legibly)

Lab Name: Southern Analytical Laboratories, Inc. Florida DOH Certification #: E84129 Certification Expiration Date: 06/30/2013

ATTACH CURRENT DOH ANALYTE SHEET*

Address: 110 Bayview Blvd Oldsmar,FL 34677 Phone: (813) 855-1844

Were any analyses subcontracted? ☐ Yes ☒ No If yes, please provide DOH certification number(s):

ATTACH CURRENT DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB*

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 01/25/2013

PWS ID (From Page 1): 6520336 Sample Number (From Page 1): 1300959-04 Lab Assigned Report # or Job ID: 1300959-04

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 for Asbestos	☐ All 30	☐ All 21	☒ Trihalomethanes	☐ Single Sample	☐ All 14
☐ Partial	☐ All Except Dioxin	☐ Partial	☒ Haloacetic Acids	☐ Qtrly Composite	☐ Partial
☐ Nitrate	☐ Partial		☐ Chlorite		
☐ Nitrite	☐ Dioxin Only		☐ Bromate		
☐ Asbestos					

LAB CERTIFICATION

I, Francis J. Daniels (Print Name), Laboratory Director (Print Title) do HEREBY CERTIFY

that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).

Signature: Francis J. Daniels Date: 02/04/2013

* Failure to provide a valid and current Florida DOH lab certification number and a current Analyte Sheet for the attached analysis results will result in rejection of the report, possible enforcement against the public water system for failure to sample, and may result in notification of the DOH Bureau of Laboratory Services.

** Please provide radiological sample dates & locations for each quarter.

CONFIRMATION & NOTIFICATION IS REQUIRED WITHIN 24 HOURS FOR NITRATE AND NITRITE MCL EXCEEDANCES
NON-DETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" QUALIFIER (Non-detects reported as "BDL" or with a "<" are not acceptable.)

COMPLIANCE DETERMINATION (to be completed by DEP or DOH - attach notes as necessary)

Sample Collection & Analysis Satisfactory: ☐ Yes ☐ No Replacement Sample or Report Requested (circle or highlight group(s) above)

Person Notified: Date Notified: DEP/DOH Reviewing Official:

Reporting Format 62-550-730
Effective January 1995. Revised February 2010

SOUTHERN ANALYTICAL LABORATORIES, INC.
110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 813 855 1844 FAX 813 855 2218

ACCREDITED IN ACCORDANCE WITH

Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format

City of Clearwater Water Department
Stage 2 Disinfection By-Products

PUBLIC WATER SYSTEM INFORMATION (to be completed by sampler - please type or print legibly)

System Name: City of Clearwater Water Dept PWS I.D. #: 6 5 2 0 3 3 6

System Type (check one): [X] Community [ ] Nontransient Noncommunity [ ] Transient Noncommunity

Address: 1650 N. Arcturas Ave.

City: Clearwater Zip Code: 33765

Phone: (727) 562-4960 Fax: E-Mail Address:

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: 1300959-04 Sample Date: 1/25/13 Sample Time: 7:30 am AM PM (Circle One)

Sample Location (be specific): 1985 Byram Drive Location Code:

Disinfection Residual (Required when reporting results for trihalomethanes and haloacetic acids): 3.8 mg/L Field pH: 7.57

Sample Type (Check Only One)

- [X] Distribution
- [ ] Entry Point (to Distribution)
- [ ] Plant Tap (not for compliance with 62-550)
- [ ] Raw (at well or intake)
- [ ] Max. Residence Time
- [ ] Ave. Residence Time
- [ ] Near First Customer

Reason (s) for Sample (Check all that apply)

- [X] Routine Compliance with 62-550
- [ ] Confirmation of MCL Exceedance*
- [ ] Composite of Multiple Sites **
- [ ] Other:
- [ ] Replacement (of Invalidated Sample)
- [ ] Special (not for compliance with 62-550)
- [ ] Clearance (permitting)

Sampling Procedure Used or Other Comments:

* See 62-550.500(6) for requirements and restrictions. And 62-550.5.12(3) for nitrate or nitrite exceedances.

** See 62-550.500(4) for requirements and attach a results page for each site

SAMPLER CERTIFICATION

I, Deane Murray (Print Name), Water Quality Tech (Print Title) do HEREBY CERTIFY that the above public water system and sample collection information is complete and correct.

Signature: for D. Murray Date: 2/8/13

Certified Operator #: DW46440 Phone #: Sampler's Fax #:

Sampler's E-Mail:

Reporting Format 62-550-730
Effective January 1995. Revised February 2010

SOUTHERN ANALYTICAL LABORATORIES, INC.
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Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format

DISINFECTION BYPRODUCTS
62-550.310(3)

Report Number / Job ID: 1300959-03
Disinfectant Residual (mg/L) (From Page 1): 4.3
PWS ID (From Page 1): 6520336

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Reg MRL**	Analysis Date	Analysis Time	DOH Lab Certification #
2450	Monochloroacetic Acid	N/A	ug/L	3.3		EPA 552.2	0.81	2.0	1/31/13	14:46	E84129
2451	Dichloroacetic Acid	N/A	ug/L	23		EPA 552.2	0.73	1.0	1/31/13	14:46	E84129
2452	Trichloroacetic Acid	N/A	ug/L	25		EPA 552.2	0.37	1.0	1/31/13	14:46	E84129
2453	Monobromoacetic Acid	N/A	ug/L	0.36	U	EPA 552.2	0.36	1.0	1/31/13	14:46	E84129
2454	Dibromoacetic Acid	N/A	ug/L	0.41	I	EPA 552.2	0.28	1.0	1/31/13	14:46	E84129
2456	Total Haloacetic Acids (HAA5)	60	ug/L	51.71		EPA 552.2	0.28	—	1/31/13	14:46	E84129
Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Reg MRL**	Analysis Date	Analysis Time	DOH Lab Certification #
2941	Chloroform	N/A	ug/L	56		EPA 524.2	0.2	1.0	1/26/13	7:53	E84129
2942	Bromoform	N/A	ug/L	0.4	I	EPA 524.2	0.2	1.0	1/26/13	7:53	E84129
2943	Bromodichloromethane	N/A	ug/L	8.1		EPA 524.2	0.2	1.0	1/26/13	7:53	E84129
2944	Dibromochloromethane	N/A	ug/L	1.6		EPA 524.2	0.1	1.0	1/26/13	7:53	E84129
2950	Total Trihalomethanes (TTHM)	80	ug/L	66.1		EPA 524.2	0.1	—	1/26/13	7:53	E84129

** Laboratories are required to adhere to minimum reporting level (MRL) requirements of 40 CFR 141.131(b)(2)(iv). Chlorite regulatory MRL is applicable to monitoring as prescribed in 40 CFR 141.132(b)(2)(i)(B) and (b)(2)(ii). Laboratories that use EPA Methods 317.0 Revision 2.0, 326.0 or 321.8 must meet a 1.0 ug/L MRL for bromate.

*Qualifiers:

U=Analyte was undetected. Indicated concentration is method detection limit.
I=The reported value is between the laboratory method detection limit and the laboratory practical quantitation limit.

SOUTHERN ANALYTICAL LABORATORIES, INC.

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Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format

City of Clearwater Water Department
Stage 2 Disinfection By-Products

LABORATORY CERTIFICATION INFORMATION (to be completed by lab - please type or print legibly)

Lab Name: Southern Analytical Laboratories, Inc. Florida DOH Certification #: E84129 Certification Expiration Date: 06/30/2013

ATTACH CURRENT DOH ANALYTE SHEET*

Address: 110 Bayview Blvd Oldsmar,FL 34677 Phone: (813) 855-1844

Were any analyses subcontracted? ☐ Yes ☒ No If yes, please provide DOH certification number(s):

ATTACH CURRENT DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB*

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 01/25/2013

PWS ID (From Page 1): 6520336 Sample Number (From Page 1): 1300959-03 Lab Assigned Report # or Job ID: 1300959-03

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 for Asbestos	☐ All 30	☐ All 21	☒ Trihalomethanes	☐ Single Sample	☐ All 14
☐ Partial	☐ All Except Dioxin	☐ Partial	☒ Haloacetic Acids	☐ Qtrly Composite	☐ Partial
☐ Nitrate	☐ Partial		☐ Chlorite		
☐ Nitrite	☐ Dioxin Only		☐ Bromate		
☐ Asbestos					

LAB CERTIFICATION

I, Francis I. Daniels (Print Name), Laboratory Director (Print Title) do HEREBY CERTIFY that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).

Signature: Francis Daniels Date: 02/04/2013

* Failure to provide a valid and current Florida DOH lab certification number and a current Analyte Sheet for the attached analysis results will result in rejection of the report, possible enforcement against the public water system for failure to sample, and may result in notification of the DOH Bureau of Laboratory Services.

** Please provide radiological sample dates & locations for each quarter.

CONFIRMATION & NOTIFICATION IS REQUIRED WITHIN 24 HOURS FOR NITRATE AND NITRITE MCL EXCEEDANCES

NON-DETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" QUALIFIER (Non-detects reported as "BDL" or with a "<" are not acceptable.)

COMPLIANCE DETERMINATION (to be completed by DEP or DOH - attach notes as necessary)

Sample Collection & Analysis Satisfactory: ☐ Yes ☐ No Replacement Sample or Report Requested (circle or highlight group(s) above)

Person Notified: Date Notified: DEP/DOH Reviewing Official:

Reporting Format 62-550-730
Effective January 1995. Revised February 2010

SOUTHERN ANALYTICAL LABORATORIES, INC.
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Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format

City of Clearwater Water Department
Stage 2 Disinfection By-Products

PUBLIC WATER SYSTEM INFORMATION (to be completed by sampler - please type or print legibly)

System Name: City of Clearwater Water Dept PWS I.D. #: 6 5 2 0 3 3 6

System Type (check one): [X] Community [ ] Nontransient Noncommunity [ ] Transient Noncommunity

Address: 1650 N. Arcturas Ave.

City: Clearwater Zip Code: 33765

Phone: (727) 562-4960 Fax: E-Mail Address:

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: 1300959-03 Sample Date: 1/25/13 Sample Time: 8:30 am AM PM (Circle One)

Sample Location (be specific): 2420 Sabre Court Location Code:

Disinfection Residual (Required when reporting results for trihalomethanes and haloacetic acids): 4.3 mg/L Field pH: 7.42

Sample Type (Check Only One)

- [X] Distribution
- [ ] Entry Point (to Distribution)
- [ ] Plant Tap (not for compliance with 62-550)
- [ ] Raw (at well or intake)
- [ ] Max. Residence Time
- [ ] Ave. Residence Time
- [ ] Near First Customer

Reason (s) for Sample (Check all that apply)

- [X] Routine Compliance with 62-550
- [ ] Confirmation of MCL Exceedance*
- [ ] Composite of Multiple Sites **
- [ ] Other:
- [ ] Replacement (of Invalidated Sample)
- [ ] Special (not for compliance with 62-550)
- [ ] Clearance (permitting)

Sampling Procedure Used or Other Comments:

* See 62-550.500(6) for requirements and restrictions. And 62-550.5.12(3) for nitrate or nitrite exceedances.

** See 62-550.500(4) for requirements and attach a results page for each site

SAMPLER CERTIFICATION

I, Deane Murray (Print Name) Water Quality Tech (Print Title) do HEREBY CERTIFY that the above public water system and sample collection information is complete and correct.

Signature: Dean D. Murray Date: 2/8/13

Certified Operator #: DW A6440 Phone #: Sampler's Fax #:

Sampler's E-Mail:

Reporting Format 62-550-730
Effective January 1995, Revised February 2010

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Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format

DISINFECTION BYPRODUCTS
62-550.310(3)

Report Number / Job ID: 1300959-02
Disinfectant Residual (mg/L) (From Page 1): 2.3
PWS ID (From Page 1): 6520336

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Reg MRL**	Analysis Date	Analysis Time	DOH Lab Certification #
2450	Monochloroacetic Acid	N/A	ug/L	0.80	U	EPA 552.2	0.80	2.0	1/31/13	14:23	E84129
2451	Dichloroacetic Acid	N/A	ug/L	22		EPA 552.2	0.71	1.0	1/31/13	14:23	E84129
2452	Trichloroacetic Acid	N/A	ug/L	21		EPA 552.2	0.36	1.0	1/31/13	14:23	E84129
2453	Monobromoacetic Acid	N/A	ug/L	0.35	U	EPA 552.2	0.35	1.0	1/31/13	14:23	E84129
2454	Dibromoacetic Acid	N/A	ug/L	1.1		EPA 552.2	0.28	1.0	1/31/13	14:23	E84129
2456	Total Haloacetic Acids (HAA5)	60	ug/L	44.1		EPA 552.2	0.28	--	1/31/13	14:23	E84129
Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Reg MRL**	Analysis Date	Analysis Time	DOH Lab Certification #
2941	Chloroform	N/A	ug/L	48		EPA 524.2	0.2	1.0	1/26/13	7:21	E84129
2942	Bromoform	N/A	ug/L	0.7	I	EPA 524.2	0.2	1.0	1/26/13	7:21	E84129
2943	Bromodichloromethane	N/A	ug/L	8.4		EPA 524.2	0.2	1.0	1/26/13	7:21	E84129
2944	Dibromochloromethane	N/A	ug/L	2.0		EPA 524.2	0.1	1.0	1/26/13	7:21	E84129
2950	Total Trihalomethanes (TTHM)	80	ug/L	59.1		EPA 524.2	0.1	—	1/26/13	7:21	E84129

** Laboratories are required to adhere to minimum reporting level (MRL) requirements of 40 CFR 141.131(b)(2)(iv). Chlorite regulatory MRL is applicable to monitoring as prescribed in 40 CFR 141.132(b)(2)(i)(B) and (b)(2)(ii). Laboratories that use EPA Methods 317.0 Revision 2.0, 326.0 or 321.8 must meet a 1.0 ug/L MRL for bromate.

*Qualifiers:

U=Analyte was undetected. Indicated concentration is method detection limit.
I=The reported value is between the laboratory method detection limit and the laboratory practical quantitation limit.

SOUTHERN ANALYTICAL LABORATORIES, INC.
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Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format

City of Clearwater Water Department
Stage 2 Disinfection By-Products

LABORATORY CERTIFICATION INFORMATION (to be completed by lab - please type or print legibly)

Lab Name: Southern Analytical Laboratories, Inc. Florida DOH Certification #: E84129 Certification Expiration Date: 06/30/2013

ATTACH CURRENT DOH ANALYTE SHEET*

Address: 110 Bayview Blvd Oldsmar,FL 34677 Phone: (813) 855-1844

Were any analyses subcontracted? ☐ Yes ☒ No If yes, please provide DOH certification number(s):

ATTACH CURRENT DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB*

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 01/25/2013

PWS ID (From Page 1): 6520336 Sample Number (From Page 1): 1300959-02 Lab Assigned Report # or Job ID: 1300959-02

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 for Asbestos	☐ All 30	☐ All 21	☒ Trihalomethanes	☐ Single Sample	☐ All 14
☐ Partial	☐ All Except Dioxin	☐ Partial	☒ Haloacetic Acids	☐ Qtrly Composite	☐ Partial
☐ Nitrate	☐ Partial		☐ Chlorite		
☐ Nitrite	☐ Dioxin Only		☐ Bromate		
☐ Asbestos					

LAB CERTIFICATION

I, Francis I. Daniels (Print Name), Laboratory Director (Print Title) do HEREBY CERTIFY that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).

Signature: Francis Daniels Date: 02/04/2013

* Failure to provide a valid and current Florida DOH lab certification number and a current Analyte Sheet for the attached analysis results will result in rejection of the report, possible enforcement against the public water system for failure to sample, and may result in notification of the DOH Bureau of Laboratory Services.

** Please provide radiological sample dates & locations for each quarter.

CONFIRMATION & NOTIFICATION IS REQUIRED WITHIN 24 HOURS FOR NITRATE AND NITRITE MCL EXCEEDANCES

NON-DETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" QUALIFIER (Non-detects reported as "BDL" or with a "<" are not acceptable.)

COMPLIANCE DETERMINATION (to be completed by DEP or DOH - attach notes as necessary)

Sample Collection & Analysis Satisfactory: ☐ Yes ☐ No _____ Replacement Sample or Report Requested (circle or highlight group(s) above)

Person Notified: _____ Date Notified: _____ DEP/DOH Reviewing Official: _____

Reporting Format 62-550-730
Effective January 1995. Revised February 2010

SOUTHERN ANALYTICAL LABORATORIES, INC.
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ACCREDITED IN ACCORDANCE WITH

Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format

City of Clearwater Water Department
Stage 2 Disinfection By-Products

PUBLIC WATER SYSTEM INFORMATION (to be completed by sampler - please type or print legibly)

System Name: City of Clearwater Water Dept PWS I.D. #: 6 5 2 0 3 3 6

System Type (check one): [X] Community [ ] Nontransient Noncommunity [ ] Transient Noncommunity

Address: 1650 N. Arcturas Ave.

City: Clearwater Zip Code: 33765

Phone: (727) 562-4960 Fax: E-Mail Address:

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: 1300959-02 Sample Date: 1/25/13 Sample Time: 8:00 am AM PM (Circle One)

Sample Location (be specific): 3387 Arlie Ave. Location Code:

Disinfection Residual (Required when reporting results for trihalomethanes and haloacetic acids): 2.3 mg/L Field pH: 7.52

Sample Type (Check Only One)

[X] Distribution
[ ] Entry Point (to Distribution)
[ ] Plant Tap (not for compliance with 62-550)
[ ] Raw (at well or intake)
[ ] Max. Residence Time
[ ] Ave. Residence Time
[ ] Near First Customer

Reason (s) for Sample (Check all that apply)

[X] Routine Compliance with 62-550
[ ] Confirmation of MCL Exceedance*
[ ] Composite of Multiple Sites **
[ ] Other:
[ ] Replacement (of Invalidated Sample)
[ ] Special (not for compliance with 62-550)
[ ] Clearance (permitting)

Sampling Procedure Used or Other Comments:

* See 62-550.500(6) for requirements and restrictions. And 62-550.5.12(3) for nitrate or nitrite exceedances.

** See 62-550.500(4) for requirements and attach a results page for each site

SAMPLER CERTIFICATION

I, Deane Murray (Print Name), Water Quality Tech (Print Title) do HEREBY CERTIFY that the above public water system and sample collection information is complete and correct.

Signature: for D. Murray Date: 2/8/13

Certified Operator #: DW46440 Phone #: Sampler's Fax #:

Sampler's E-Mail:

Reporting Format 62-550-730
Effective January 1995. Revised February 2010

SOUTHERN ANALYTICAL LABORATORIES, INC.
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Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format

DISINFECTION BYPRODUCTS
62-550.310(3)

Report Number / Job ID: 1300959-01
Disinfectant Residual (mg/L) (From Page 1): 2.0
PWS ID (From Page 1): 6520336

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Reg MRL**	Analysis Date	Analysis Time	DOH Lab Certification #
2450	Monochloroacetic Acid	N/A	ug/L	0.79	U	EPA 552.2	0.79	2.0	1/31/13	14:01	E84129
2451	Dichloroacetic Acid	N/A	ug/L	23		EPA 552.2	0.71	1.0	1/31/13	14:01	E84129
2452	Trichloroacetic Acid	N/A	ug/L	22		EPA 552.2	0.35	1.0	1/31/13	14:01	E84129
2453	Monobromoacetic Acid	N/A	ug/L	0.34	U	EPA 552.2	0.34	1.0	1/31/13	14:01	E84129
2454	Dibromoacetic Acid	N/A	ug/L	0.60	I	EPA 552.2	0.27	1.0	1/31/13	14:01	E84129
2456	Total Haloacetic Acids (HAA5)	60	ug/L	45.60		EPA 552.2	0.27	—	1/31/13	14:01	E84129
Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Reg MRL**	Analysis Date	Analysis Time	DOH Lab Certification #
2941	Chloroform	N/A	ug/L	54		EPA 524.2	0.2	1.0	1/26/13	6:48	E84129
2942	Bromoform	N/A	ug/L	0.6	I	EPA 524.2	0.2	1.0	1/26/13	6:48	E84129
2943	Bromodichloromethane	N/A	ug/L	8.8		EPA 524.2	0.2	1.0	1/26/13	6:48	E84129
2944	Dibromochloromethane	N/A	ug/L	1.8		EPA 524.2	0.1	1.0	1/26/13	6:48	E84129
2950	Total Trihalomethanes (TTHM)	80	ug/L	65.2		EPA 524.2	0.1	—	1/26/13	6:48	E84129

** Laboratories are required to adhere to minimum reporting level (MRL) requirements of 40 CFR 141.131(b)(2)(iv). Chlorite regulatory MRL is applicable to monitoring as prescribed in 40 CFR 141.132(b)(2)(i)(B) and (b)(2)(ii). Laboratories that use EPA Methods 317.0 Revision 2.0, 326.0 or 321.8 must meet a 1.0 ug/L MRL for bromate.

*Qualifiers:

U=Analyte was undetected. Indicated concentration is method detection limit.
I=The reported value is between the laboratory method detection limit and the laboratory practical quantitation limit.

SOUTHERN ANALYTICAL LABORATORIES, INC.
110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 813 855 1844 FAX 813 855 2218

Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format

City of Clearwater Water Department
Stage 2 Disinfection By-Products

LABORATORY CERTIFICATION INFORMATION (to be completed by lab - please type or print legibly)

Lab Name: Southern Analytical Laboratories, Inc. Florida DOH Certification #: E84129 Certification Expiration Date: 06/30/2013

ATTACH CURRENT DOH ANALYTE SHEET*

Address: 110 Bayview Blvd Oldsmar,FL 34677 Phone: (813) 855-1844

Were any analyses subcontracted? ☐ Yes ☒ No If yes, please provide DOH certification number(s):

ATTACH CURRENT DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB*

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 01/25/2013

PWS ID (From Page 1): 6520336 Sample Number (From Page 1): 1300959-01 Lab Assigned Report # or Job ID: 1300959-01

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 for Asbestos	☐ All 30	☐ All 21	☒ Trihalomethanes	☐ Single Sample	☐ All 14
☐ Partial	☐ All Except Dioxin	☐ Partial	☒ Haloacetic Acids	☐ Qtrly Composite	☐ Partial
☐ Nitrate	☐ Partial		☐ Chlorite		
☐ Nitrite	☐ Dioxin Only		☐ Bromate		
☐ Asbestos					

LAB CERTIFICATION

I, Francis I. Daniels (Print Name), Laboratory Director (Print Title) do HEREBY CERTIFY that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).

Signature: Francis Daniels Date: 02/04/2013

* Failure to provide a valid and current Florida DOH lab certification number and a current Analyte Sheet for the attached analysis results will result in rejection of the report, possible enforcement against the public water system for failure to sample, and may result in notification of the DOH Bureau of Laboratory Services.

** Please provide radiological sample dates & locations for each quarter.

CONFIRMATION & NOTIFICATION IS REQUIRED WITHIN 24 HOURS FOR NITRATE AND NITRITE MCL EXCEEDANCES

NON-DETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" QUALIFIER (Non-detects reported as "BDL" or with a "<" are not acceptable.)

COMPLIANCE DETERMINATION (to be completed by DEP or DOH - attach notes as necessary)

Sample Collection & Analysis Satisfactory: ☐ Yes ☐ No Replacement Sample or Report Requested (circle or highlight group(s) above)

Person Notified: Date Notified: DEP/DOH Reviewing Official:

Reporting Format 62-550-730
Effective January 1995, Revised February 2010

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City of Clearwater Water Department
Stage 2 Disinfection By-Products

PUBLIC WATER SYSTEM INFORMATION (to be completed by sampler - please type or print legibly)

System Name: City of Clearwater Water Dept PWS I.D. #: 6 5 2 0 3 3 6

System Type (check one): [X] Community [ ] Nontransient Noncommunity [ ] Transient Noncommunity

Address: 1650 N. Arcturas Ave.

City: Clearwater Zip Code: 33765

Phone: (727) 562-4960 Fax: E-Mail Address:

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: 1300959-01 Sample Date: 1/25/13 Sample Time: 9:00 am AM PM (Circle One)

Sample Location (be specific): 3371 Windchime Location Code:

Disinfection Residual (Required when reporting results for trihalomethanes and haloacetic acids): 2.0 mg/L Field pH: 7.48

Sample Type (Check Only One)

- [X] Distribution
- [ ] Entry Point (to Distribution)
- [ ] Plant Tap (not for compliance with 62-550)
- [ ] Raw (at well or intake)
- [ ] Max. Residence Time
- [ ] Ave. Residence Time
- [ ] Near First Customer

Reason (s) for Sample (Check all that apply)

- [X] Routine Compliance with 62-550
- [ ] Confirmation of MCL Exceedance*
- [ ] Composite of Multiple Sites **
- [ ] Other:
- [ ] Replacement (of Invalidated Sample)
- [ ] Special (not for compliance with 62-550)
- [ ] Clearance (permitting)

Sampling Procedure Used or Other Comments:

* See 62-550.500(6) for requirements and restrictions. And 62-550.5.12(3) for nitrate or nitrite exceedances.

** See 62-550.500(4) for requirements and attach a results page for each site

SAMPLER CERTIFICATION

I, Deane Murray (Print Name), Water Quality Tech (Print Title) do HEREBY CERTIFY that the above public water system and sample collection information is complete and correct.

Signature: for D. Murray Date: 2/8/13

Certified Operator #: DW0A6440 Phone #: Sampler's Fax #:

Sampler's E-Mail:

Reporting Format 62-550-730
Effective January 1995. Revised February 2010

QUARTERLY MONITORING PERIOD: **First Quarter 2013 REVISED February 25, 2013** PWS ID Number: 6520336

HAA5 COMPLIANCE SUMMARY FOR SYSTEMS MONITORING QUARTERLY

Monitoring Location*	This Quarter				Previous Quarter	2 Quarters Ago	3 Quarters Ago	HAA5 LRAA (mg/L)	HAA5 OE Value (mg/L)
	No. of HAA5 Samples Taken	Date Each HAA5 Sample Taken (mo/da/yr)	HAA5 Sample Result (mg/L)	HAA5 Locational Quarterly Average (mg/L)	HAA5 Locational Quarterly Average (mg/L)	HAA5 Locational Quarterly Average (mg/L)	HAA5 Locational Quarterly Average (mg/L)		
				A	B	C	D	(A+B+C+D)/4	(2A+B+C)/4
1985 Byram Drive	1	1/25/2013	.046	.046	.031	.040	.040	.039	.041
1616 Ridge Top Way	1	1/25/2013	.051	.051	.031	.040	.044	.042	.043
1951 Edgewater Drive	1	1/25/2013	.040	.040	.027	.043	.038	.037	.038
710 Maple Street	1	1/25/2013	.027	.027	.016	.030	.033	.027	.025
2456 Moore Haven Drive	1	1/25/2013	.050	.050	.033	.042	.046	.043	.044
3371 Windchime	1	1/25/2013	.046	.046	.027	.046	.045	.041	.041
3387 Arlie Avenue	1	1/25/2013	.044	.044	.031	.044	.042	.040	.041
2420 Sabre Court	1	1/25/2013	.052	.052	.035	.040	.046	.043	.045

Does the HAA5 LRAA at any monitoring location violate the HAA5 MCL of 0.060 mg/L? (YES/NO)	NO
Does the HAA5 OE value at any monitoring location exceed 0.060 mg/L? (YES/NO)**	NO
If you are on reduced quarterly monitoring, does the HAA5 LRAA exceed 0.030 mg/L at any monitoring location? (YES/NO/NA)***	N/A

* Location names or numbers should correspond to those in your Stage 2 D/DBPR compliance monitoring plan required under 40 CFR 141.622.

** If any HAA5 OE value at any location exceeds 0.060 mg/L, you must conduct an OE and submit an OE report in accordance with 40 CFR 141.626.

*** If any HAA5 LRAA at any location exceeds 0.030 mg/L, you must resume routine quarterly monitoring under 40 CFR 141.621.

QUARTERLY MONITORING PERIOD: **First Quarter 2013 REVISED February 25, 2013** PWS ID Number: 6520336

TTHM COMPLIANCE SUMMARY FOR SYSTEMS MONITORING QUARTERLY

Monitoring Location*	This Quarter				Previous Quarter	2 Quarters Ago	3 Quarters Ago	TTHM LRAA (mg/L)	TTHM OE Value (mg/L)
	No. of TTHM Samples Taken	Date Each TTHM Sample Taken (mo/da/yr)	TTHM Sample Result (mg/L)	TTHM Locational Quarterly Average (mg/L)	TTHM Locational Quarterly Average (mg/L)	TTHM Locational Quarterly Average (mg/L)	TTHM Locational Quarterly Average (mg/L)		
				A	B	C	D	(A+B+C+D)/4	(2A+B+C)/4
1985 Byram Drive	1	1/25/2013	.065	.065	.066	.093	.065	.072	.073
1616 Ridge Top Way	1	1/25/2013	.068	.068	.063	.093	.074	.075	.073
1951 Edgewater Drive	1	1/25/2013	.062	.062	.062	.10	.070	.074	.072
710 Maple Street	1	1/25/2013	.054	.054	.052	.08	.064	.063	.060
2456 Moore Haven Drive	1	1/25/2013	.068	.068	.062	.09	.072	.073	.072
3371 Windchime	1	1/25/2013	.065	.065	.061	.10	.077	.076	.073
3387 Arlie Avenue	1	1/25/2013	.059	.059	.058	.10	.068	.077	.069
2420 Sabre Court	1	1/25/2013	.066	.066	.066	.10	.069	.075	.075

Does the TTHM LRAA at any monitoring location violate the TTHM MCL of 0.080 mg/L? (YES/NO)	NO
Does the TTHM OE value at any monitoring location exceed 0.080 mg/L? (YES/NO)**	NO
If you are on reduced quarterly monitoring, does the TTHM LRAA exceed 0.040 mg/L at any monitoring location? (YES/NO/NA)***	N/A

* Location names or numbers should correspond to those in your Stage 2 D/DBPR compliance monitoring plan required under 40 CFR 141.622.
** If any TTHM OE value at any location exceeds 0.080 mg/L, you must conduct an OE and submit an OE report in accordance with 40 CFR 141.626.
*** If any TTHM LRAA at any location exceeds 0.040 mg/L, you must resume routine quarterly monitoring under 40 CFR 141.621.

STAGE 2 TOTAL TRIHALOMETHANES (TTHM) AND HALOACETIC ACIDS FIVE (HAA5) EXAMPLE REPORTING FORMAT

Subpart H systems serving 500 or more persons and ground water systems serving 10,000 or more persons shall complete applicable pages of this format and submit them to the Department within 10 days after the end of any quarter in which TTHM/HAA5 monitoring is required. Systems on routine or reduced quarterly TTHM/HAA5 monitoring shall complete pages 1, 2, and 3 of this format. (Add additional rows to the tables on pages 2 and 3 as necessary.) Systems on reduced annual TTHM/HAA5 monitoring shall complete pages 1 and 4 of this format. Additionally, Subpart H systems seeking to qualify for, or remain on, reduced quarterly or annual TTHM/HAA5 monitoring shall complete page 5 of this format. (Add additional rows to the table on page 5 as necessary.)

D/DBPR = Disinfectant and Disinfection Byproducts Rule; LRAA = locational running annual average; MCL = maximum contaminant level; OE = operational evaluation; RAA = running annual average; TOC = total organic carbon.

QUARTERLY MONITORING PERIOD: First Quarter 2013

SYSTEM INFORMATION		
PWS ID Number: **6520336**		
PWS Name: **City of Clearwater**		
Source Water Type and Population Size Category:		
☐ Ground Water:	**X** Subpart H:	
☐ 10,000 – 99,999	☐ 500 – 3,300	☐ 250,000 – 999,999
☐ 100,000 – 499,999	☐ 3,301 – 9,999	☐ 1,000,000 – 4,999,999
☐ ≥ 500,000	☐ 10,000 – 49,999	☐ ≥ 5,000,000
	X 50,000 – 249,999	
Monitoring Mode*: **X** Routine Monitoring ☐Reduced Monitoring		
Monitoring Frequency*: **X** Quarterly ☐Annually		
Total Number Of Distribution System Monitoring Locations*: **8**		
Contact Person: **Greg Turman**		
Phone Number: **727-462-6326**		
E-Mail Address (optional): **greg.turman@myclearwater.com**		
Fax Number (optional):		

* See 40 CFR 141.621 and 141.623 for more details.

CITY OF CLEARWATER

POST OFFICE BOX 4748, CLEARWATER, FLORIDA 33758-4748
1650 N. ARCHURAS AVENUE, BLDG. C., CLEARWATER, FLORIDA 33765-1945
TELEPHONE (727) 562-4960 FAX (727) 562-4963

PUBLIC UTILITIES

Date: February 26, 2013

Florida Department of Environmental Protection
Southwest District
13051 N. Telecom Parkway
Temple Terrace, FL 33637-0926

Re: **First** Quarter 2013 Stage II DBP Report -**REVISED**
City of Clearwater Public Water System
PWS I.D. No. 6520336

Enclosed, please find a REVISED Stage II DBP sampling report for the **First** Quarter of 2013. Due to a math error, the OEL values for TTHM and HAA5 were miscalculated on the original report submitted February 8th, 2013.
If you have any questions or concerns, please contact Greg Turman, Water Production Coordinator, at (727) 462-6326.

Sincerely,

Greg Turman
Water Production Coordinator

Attachments

Cc: Tracy Mercer
Glenn Daniel

SOUTHERN ANALYTICAL LABORATORIES, INC.
110 BAYVIEW BOULEVARD OLDSMAR FL 34677 813-855-1844 FAX 813-855-2218

ACCREDITED IN ACCORDANCE WITH

Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format

DISINFECTION BYPRODUCTS
62-550.310(3)

Report Number / Job ID: 1300975-01
Disinfectant Residual (mg/L) (From Page 1): 0.39
PWS ID (From Page 1): 6512033

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Reg MRL**	Analysis Date	Analysis Time	DOH Lab Certification #
2450	Monochloroacetic Acid	N/A	ug/L	0.82	U	EPA 552.2	0.82	2.0	1/31/13	18:30	E84129
2451	Dichloroacetic Acid	N/A	ug/L	20		EPA 552.2	0.73	1.0	1/31/13	18:30	E84129
2452	Trichloroacetic Acid	N/A	ug/L	28		EPA 552.2	0.37	1.0	1/31/13	18:30	E84129
2453	Monobromoacetic Acid	N/A	ug/L	0.36	U	EPA 552.2	0.36	1.0	1/31/13	18:30	E84129
2454	Dibromoacetic Acid	N/A	ug/L	0.28	U	EPA 552.2	0.28	1.0	1/31/13	18:30	E84129
2456	Total Haloacetic Acids (HAA5)	60	ug/L	48		EPA 552.2	0.28	---	1/31/13	18:30	E84129
Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Reg MRL**	Analysis Date	Analysis Time	DOH Lab Certification #
2941	Chloroform	N/A	ug/L	69		EPA 524.2	0.2	1.0	1/26/13	11:08	E84129
2942	Bromoform	N/A	ug/L	0.2	U	EPA 524.2	0.2	1.0	1/26/13	11:08	E84129
2943	Bromodichloromethane	N/A	ug/L	10		EPA 524.2	0.2	1.0	1/26/13	11:08	E84129
2944	Dibromochloromethane	N/A	ug/L	1.4		EPA 524.2	0.1	1.0	1/26/13	11:08	E84129
2950	Total Trihalomethanes (TTHM)	80	ug/L	80.4		EPA 524.2	0.1	---	1/26/13	11:08	E84129

** Laboratories are required to adhere to minimum reporting level (MRL) requirements of 40 CFR 141.131(b)(2)(iv). Chlorite regulatory MRL is applicable to monitoring as prescribed in 40 CFR 141.132(b)(2)(i)(B) and (b)(2)(ii). Laboratories that use EPA Methods 317.0 Revision 2.0, 326.0 or 321.8 must meet a 1.0 ug/L MRL for bromate.

*Qualifiers:

U=Analyte was undetected. Indicated concentration is method detection limit.

ENTERED 2/25/13

SOUTHERN ANALYTICAL LABORATORIES, INC.

110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 (813) 855-1844 FAX (813) 855-2218

ACCREDITED IN ACCORDANCE WITH

Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format

Pasco County Environmental Laboratory
Blanton

LABORATORY CERTIFICATION INFORMATION (to be completed by lab - please type or print legibly)

Lab Name: Southern Analytical Laboratories, Inc. Florida DOH Certification #: E84129 Certification Expiration Date: 06/30/2013

ATTACH CURRENT DOH ANALYTE SHEET*

Address: 110 Bayview Blvd Oldsmar,FL 34677 Phone: (813) 855-1844

Were any analyses subcontracted? ☐ Yes ☒ No If yes, please provide DOH certification number(s):

ATTACH CURRENT DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB*

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 01/25/2013

PWS ID (From Page 1): 6512033 Sample Number (From Page 1): 1300975-01 Lab Assigned Report # or Job ID: 1300975-01

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 for Asbestos	☐ All 30	☐ All 21	☒ Trihalomethanes	☐ Single Sample	☐ All 14
☐ Partial	☐ All Except Dioxin	☐ Partial	☒ Haloacetic Acids	☐ Qtrly Composite	☐ Partial
☐ Nitrate	☐ Partial		☐ Chlorite		
☐ Nitrite	☐ Dioxin Only		☐ Bromate		
☐ Asbestos					

LAB CERTIFICATION

I, Francis I. Daniels (Print Name), Laboratory Director (Print Title) do HEREBY CERTIFY

that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).

Signature: Francis Daniels Date: 02/04/2013

* Failure to provide a valid and current Florida DOH lab certification number and a current Analyte Sheet for the attached analysis results will result in rejection of the report, possible enforcement against the public water system for failure to sample, and may result in notification of the DOH Bureau of Laboratory Services.

** Please provide radiological sample dates & locations for each quarter.

CONFIRMATION & NOTIFICATION IS REQUIRED WITHIN 24 HOURS FOR NITRATE AND NITRITE MCL EXCEEDANCES

NON-DETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" QUALIFIER (Non-detects reported as "BDL" or with a "<" are not acceptable.)

COMPLIANCE DETERMINATION (to be completed by DEP or DOH - attach notes as necessary)

Sample Collection & Analysis Satisfactory: ☐ Yes ☐ No Replacement Sample or Report Requested (circle or highlight group(s) above)

Person Notified: Date Notified: DEP/DOH Reviewing Official:

Reporting Format 62-550-730
Effective January 1995. Revised February 2010

ENTERED 2/25/13 LB

Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format

1300975-01

PUBLIC WATER SYSTEM INFORMATION (to be completed by sampler – please type or print legibly)

System Name: Blanton PWS I.D. #: 6 5 1 2 0 3 3

System Type (check one): [X] Community [ ] Nontransient Noncommunity [ ] Transient Noncommunity

Address:

City: N.P.R. ZIP Code:

Phone # 727-834-3255 Fax #: 727-834-3229 E-Mail Address:

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: Sample Date: 1-24-13 Sample Time: 11:00 (AM) PM (Circle One)

Sample Location (be specific): 17224 Adela Location Code:

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): 0.39 mg/L Field pH: 7.5

Sample Type (Check Only One)

- [ ] Distribution
- [ ] Entry Point (to Distribution)
- [ ] Plant Tap (not for compliance with 62-550)
- [ ] Raw (at well or intake)
- [X] Max Residence Time
- [ ] Ave Residence Time
- [ ] Near First Customer

Reason(s) for Sample (Check all that apply)

- [X] Routine Compliance with 62-550
- [ ] Confirmation of MCL Exceedance*
- [ ] Composite of Multiple Sites**
- [X] Other: Quarterly thm's/HAA5's
- [ ] Replacement (of Invalidated Sample)
- [ ] Special (not for compliance with 62-550)
- [ ] Clearance (permitting)

Sampling Procedure Used or Other Comments:

*See 62-550.500(6) for requirements and restrictions. And 62-550.512(3) for nitrate or nitrite exceedances.

**See 62-550.550(4) for requirements and attach a results page for each site.

SAMPLER CERTIFICATION

I, Kendra Phillips (Print Name), Water Operator (Print Title), do HEREBY CERTIFY that the above public water system and sample collection information is complete and correct.

Signature: Kendra Phillips Date: 1-24-13

Certified Operator #: B-14366 Phone #: 727-834-3255 Sampler's Fax #: 727-834-3229

Sampler's E-mail:

ENTERED 2/25/13 LG

PASCO COUNTY, FLORIDA

"Bringing Opportunities Home"

DADE CITY (352) 521-4274
LAND O' LAKES (813) 996-7341
NEW PORT RICHEY (727) 847-8145

UTILITIES SERVICES BRANCH
PUB. WKS./UTILITIES BLDG. S-213
7530 LITTLE ROAD
NEW PORT RICHEY, FL 34654

February 8, 2013

Mr. Jaime Brock
Drinking Water Section
Florida Department of Environmental Protection
13051 N. Telecom Pkwy
Temple Terrace, FL 33637

Dept. Of Environmental Protection
FEB 13 2013
Southwest District

RE: Blanton Potable Water System
PWS ID #651-2033
THM/HAA Monitoring Results, Qtr I

Dear Mr. Brock:

Enclosed please find the analytical results of THM and HAA5 analysis conducted on one distribution point in the Blanton Potable Water System, PWS ID #651-2033. These results are submitted in compliance with the quarterly monitoring requirements for this system.

If you have any questions please feel free to contact me.

Sincerely,

Candia E. Mulhern
Laboratory Manager

Enc.

cc: Robert J. Sigmond, Utilities Fiscal and Business Services Director
Jim Hircock, Utilities Compliance Officer
Kendra Phillips, Plant Operator

ENTERED
2/25/13

SOUTHERN ANALYTICAL LABORATORIES, INC.
110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 813-855-1844 FAX 813-855-2218

ACCREDITED IN ACCORDANCE WITH

Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format

DISINFECTION BYPRODUCTS
62-550.310(3)

Report Number / Job ID: 1303550-01
Disinfectant Residual (mg/L) (From Page 1): 0.46
PWS ID (From Page 1): 6512033

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Reg MRL**	Analysis Date	Analysis Time	DOH Lab Certification #
2450	Monochloroacetic Acid	N/A	ug/L	0.77	U	EPA 552.2	0.77	2.0	4/10/13	6:12	E84129
2451	Dichloroacetic Acid	N/A	ug/L	26		EPA 552.2	0.69	1.0	4/10/13	6:12	E84129
2452	Trichloroacetic Acid	N/A	ug/L	42		EPA 552.2	0.34	1.0	4/10/13	6:12	E84129
2453	Monobromoacetic Acid	N/A	ug/L	0.33	U	EPA 552.2	0.33	1.0	4/10/13	6:12	E84129
2454	Dibromoacetic Acid	N/A	ug/L	0.32	I	EPA 552.2	0.27	1.0	4/10/13	6:12	E84129
2456	Total Haloacetic Acids (HAA5)	60	ug/L	68.32		EPA 552.2	0.27	—	4/10/13	6:12	E84129

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Reg MRL**	Analysis Date	Analysis Time	DOH Lab Certification #
2941	Chloroform	N/A	ug/L	60		EPA 524.2	0.2	1.0	4/4/13	18:31	E84129
2942	Bromoform	N/A	ug/L	0.2	U	EPA 524.2	0.2	1.0	4/4/13	18:31	E84129
2943	Bromodichloromethane	N/A	ug/L	10		EPA 524.2	0.2	1.0	4/4/13	18:31	E84129
2944	Dibromochloromethane	N/A	ug/L	1.8		EPA 524.2	0.1	1.0	4/4/13	18:31	E84129
2950	Total Trihalomethanes (TTHM)	80	ug/L	71.8		EPA 524.2	0.1	—	4/4/13	18:31	E84129

** Laboratories are required to adhere to minimum reporting level (MRL) requirements of 40 CFR 141.131(b)(2)(iv). Chlorite regulatory MRL is applicable to monitoring as prescribed in 40 CFR 141.132(b)(2)(i)(B) and (b)(2)(ii). Laboratories that use EPA Methods 317.0 Revision 2.0, 326.0 or 321.8 must meet a 1.0 ug/L MRL for bromate.

*Qualifiers:

U=Analyte was undetected. Indicated concentration is method detection limit.
I=The reported value is between the laboratory method detection limit and the laboratory practical quantitation limit.

SOUTHERN ANALYTICAL LABORATORIES, INC.

110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 813-855-1844 FAX 813-855-2218

ACCREDITED IN ACCORDANCE WITH

Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format

Pasco County Environmental Laboratory
Blanton

LABORATORY CERTIFICATION INFORMATION (to be completed by lab - please type or print legibly)

Lab Name: Southern Analytical Laboratories, Inc. Florida DOH Certification #: E84129 Certification Expiration Date: 06/30/2013

ATTACH CURRENT DOH ANALYTE SHEET*

Address: 110 Bayview Blvd Oldsmar,FL 34677 Phone: (813) 855-1844

Were any analyses subcontracted? ☐ Yes ☒ No If yes, please provide DOH certification number(s):

ATTACH CURRENT DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB*

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 04/03/2013

PWS ID (From Page 1): 6512033 Sample Number (From Page 1): 1303550-01 Lab Assigned Report # or Job ID: 1303550-01

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 for Asbestos	☐ All 30	☐ All 21	☒ Trihalomethanes	☐ Single Sample	☐ All 14
☐ Partial	☐ All Except Dioxin	☐ Partial	☒ Haloacetic Acids	☐ Qtrly Composite	☐ Partial
☐ Nitrate	☐ Partial		☐ Chlorite		
☐ Nitrite	☐ Dioxin Only		☐ Bromate		
☐ Asbestos					

LAB CERTIFICATION

I, Francis I. Daniels (Print Name), Laboratory Director (Print Title) do HEREBY CERTIFY

that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).

Signature: Fran Dail Date: 04/11/2013

* Failure to provide a valid and current Florida DOH lab certification number and a current Analyte Sheet for the attached analysis results will result in rejection of the report, possible enforcement against the public water system for failure to sample, and may result in notification of the DOH Bureau of Laboratory Services.

** Please provide radiological sample dates & locations for each quarter.

CONFIRMATION & NOTIFICATION IS REQUIRED WITHIN 24 HOURS FOR NITRATE AND NITRITE MCL EXCEEDANCES

NON-DETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" QUALIFIER (Non-detects reported as "BDL" or with a "<" are not acceptable.)

COMPLIANCE DETERMINATION (to be completed by DEP or DOH - attach notes as necessary)

Sample Collection & Analysis Satisfactory: ☐ Yes ☐ No Replacement Sample or Report Requested (circle or highlight group(s) above)

Person Notified: Date Notified: DEP/DOH Reviewing Official:

Reporting Format 62-550-730
Effective January 1995. Revised February 2010

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#5

CITY OF CLEARWATER

POST OFFICE BOX 4748, CLEARWATER, FLORIDA 33758-4748
1650 N. ARCHUTAS AVENUE, BLDG. C., CLEARWATER, FLORIDA 33765-1945
TELEPHONE (727) 562-4960 FAX (727) 562-4963

PUBLIC UTILITIES

Date: May 10, 2013

Florida Department of Environmental Protection
Southwest District
13051 N. Telecom Parkway
Temple Terrace, FL 33637-0926

Re: **Second** Quarter 2013 Stage II DBP Report
City of Clearwater Public Water System
PWS I.D. No. 6520336

Enclosed, please find the Stage II DBP sampling results for the Second Quarter of 2013. Included are TTHM and HAA5 results. All sampling locations are designated sample stations.
If you have any questions or concerns, please contact Greg Turman, Water Production Coordinator, at (727) 462-6326.

Sincerely,

Greg Turman
Water Production Coordinator

Attachments

Cc: Tracy Mercer
Glenn Daniel

STAGE 2 TOTAL TRIHALOMETHANES (TTHM) AND HALOACETIC ACIDS FIVE (HAA5) EXAMPLE REPORTING FORMAT

Subpart H systems serving 500 or more persons and ground water systems serving 10,000 or more persons shall complete applicable pages of this format and submit them to the Department within 10 days after the end of any quarter in which TTHM/HAA5 monitoring is required. Systems on routine or reduced quarterly TTHM/HAA5 monitoring shall complete pages 1, 2, and 3 of this format. (Add additional rows to the tables on pages 2 and 3 as necessary.) Systems on reduced annual TTHM/HAA5 monitoring shall complete pages 1 and 4 of this format. Additionally, Subpart H systems seeking to qualify for, or remain on, reduced quarterly or annual TTHM/HAA5 monitoring shall complete page 5 of this format. (Add additional rows to the table on page 5 as necessary.)

D/DBPR = Disinfectant and Disinfection Byproducts Rule; LRAA = locational running annual average; MCL = maximum contaminant level; OE = operational evaluation; RAA = running annual average; TOC = total organic carbon.

QUARTERLY MONITORING PERIOD: Second Quarter 2013

SYSTEM INFORMATION

PWS ID Number: **6520336**

PWS Name: **City of Clearwater**

Source Water Type and Population Size Category:

☐ Ground Water:
- ☐ 10,000 – 99,999
- ☐ 100,000 – 499,999
- ☐ ≥ 500,000

X Subpart H:
- ☐ 500 – 3,300
- ☐ 3,301 – 9,999
- ☐ 10,000 – 49,999
- X 50,000 – 249,999
- ☐ 250,000 – 999,999
- ☐ 1,000,000 – 4,999,999
- ☐ ≥ 5,000,000

Monitoring Mode*: X Routine Monitoring ☐Reduced Monitoring

Monitoring Frequency*: X Quarterly ☐Annually

Total Number Of Distribution System Monitoring Locations*: **8**

Contact Person: **Greg Turman**

Phone Number: **727-462-6326**

E-Mail Address (optional): **greg.turman@myclearwater.com**

Fax Number (optional):

* See 40 CFR 141.621 and 141.623 for more details.

QUARTERLY MONITORING PERIOD: **Second Quarter 2013** PWS ID Number: 6520336

TTHM COMPLIANCE SUMMARY FOR SYSTEMS MONITORING QUARTERLY

Monitoring Location*	This Quarter				Previous Quarter	2 Quarters Ago	3 Quarters Ago	TTHM LRAA (mg/L)	TTHM OE Value (mg/L)
	No. of TTHM Samples Taken	Date Each TTHM Sample Taken (mo/da/yr)	TTHM Sample Result (mg/L)	TTHM Locational Quarterly Average (mg/L)	TTHM Locational Quarterly Average (mg/L)	TTHM Locational Quarterly Average (mg/L)	TTHM Locational Quarterly Average (mg/L)		
				A	B	C	D	(A+B+C+D)/4	(2A+B+C)/4
1985 Byram Drive	1	4/25/2013	.084	.084	.065	.066	.093	.077	.075
1616 Ridge Top Way	1	4/25/2013	.085	.085	.068	.063	.093	.077	.075
1951 Edgewater Drive	1	4/25/2013	.073	.073	.062	.062	.10	.074	.068
710 Maple Street	1	4/25/2013	.061	.061	.054	.052	.08	.062	.057
2456 Moore Haven Drive	1	4/25/2013	.076	.076	.068	.062	.09	.074	.071
3371 Windchime	1	4/25/2013	.076	.076	.065	.061	.10	.076	.070
3387 Arlie Avenue	1	4/25/2013	.069	.069	.059	.058	.10	.072	.064
2420 Sabre Court	1	4/25/2013	.083	.083	.066	.066	.10	.079	.075

Does the TTHM LRAA at any monitoring location violate the TTHM MCL of 0.080 mg/L? (YES/NO)	NO
Does the TTHM OE value at any monitoring location exceed 0.080 mg/L? (YES/NO)**	NO
If you are on reduced quarterly monitoring, does the TTHM LRAA exceed 0.040 mg/L at any monitoring location? (YES/NO/NA)***	N/A

* Location names or numbers should correspond to those in your Stage 2 D/DBPR compliance monitoring plan required under 40 CFR 141.622.
** If any TTHM OE value at any location exceeds 0.080 mg/L, you must conduct an OE and submit an OE report in accordance with 40 CFR 141.626.
*** If any TTHM LRAA at any location exceeds 0.040 mg/L, you must resume routine quarterly monitoring under 40 CFR 141.621.

QUARTERLY MONITORING PERIOD: **Second Quarter 2013**

PWS ID Number: 6520336

HAA5 COMPLIANCE SUMMARY FOR SYSTEMS MONITORING QUARTERLY

Monitoring Location*	This Quarter				Previous Quarter	2 Quarters Ago	3 Quarters Ago	HAA5 LRAA (mg/L)	HAA5 OE Value (mg/L)
	No. of HAA5 Samples Taken	Date Each HAA5 Sample Taken (mo/da/yr)	HAA5 Sample Result (mg/L)	HAA5 Locational Quarterly Average (mg/L)	HAA5 Locational Quarterly Average (mg/L)	HAA5 Locational Quarterly Average (mg/L)	HAA5 Locational Quarterly Average (mg/L)		
				A	B	C	D	(A+B+C+D)/4	(2A+B+C)/4
1985 Byram Drive	1	4/25/2013	.049	.049	.046	.031	.040	.042	.044
1616 Ridge Top Way	1	4/25/2013	.038	.038	.051	.031	.040	.040	.040
1951 Edgewater Drive	1	4/25/2013	.018	.018	.040	.027	.043	.032	.026
710 Maple Street	1	4/25/2013	.016	.016	.027	.016	.030	.023	.019
2456 Moore Haven Drive	1	4/25/2013	.031	.031	.050	.033	.042	.039	.036
3371 Windchime	1	4/25/2013	.020	.020	.046	.027	.046	.036	.028
3387 Arlie Avenue	1	4/25/2013	.035	.035	.044	.031	.044	.039	.036
2420 Sabre Court	1	4/25/2013	.047	.047	.052	.035	.040	.044	.045

Does the HAA5 LRAA at any monitoring location violate the HAA5 MCL of 0.060 mg/L? (YES/NO)	NO
Does the HAA5 OE value at any monitoring location exceed 0.060 mg/L? (YES/NO)**	NO
If you are on reduced quarterly monitoring, does the HAA5 LRAA exceed 0.030 mg/L at any monitoring location? (YES/NO/NA)***	N/A

* Location names or numbers should correspond to those in your Stage 2 D/DBPR compliance monitoring plan required under 40 CFR 141.622.

** If any HAA5 OE value at any location exceeds 0.060 mg/L, you must conduct an OE and submit an OE report in accordance with 40 CFR 141.626.

*** If any HAA5 LRAA at any location exceeds 0.030 mg/L, you must resume routine quarterly monitoring under 40 CFR 141.621.

SOUTHERN ANALYTICAL LABORATORIES, INC.

110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 813-855-1844 FAX 813-855-2218

Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format

City of Clearwater Water Department
Stage 2 Disinfection By-Products

PUBLIC WATER SYSTEM INFORMATION (to be completed by sampler - please type or print legibly)

System Name: City of Clearwater Water Dept PWS I.D. #: 6 5 2 0 3 3 6

System Type (check one): [X] Community [ ] Nontransient Noncommunity [ ] Transient Noncommunity

Address: 1650 N. Arcturas Ave.

City: Clearwater Zip Code: 33765

Phone: (727) 562-4980 Fax: E-Mail Address:

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: 1304434-01 Sample Date: 4/25/13 Sample Time: 8:50 am AM PM (Circle One)

Sample Location (be specific): 3371 Windchime Location Code:

Disinfection Residual (Required when reporting results for trihalomethanes and haloacetic acids): 0.6 mg/L Field pH: 7.68

Sample Type (Check Only One)

[X] Distribution
[ ] Entry Point (to Distribution)
[ ] Plant Tap (not for compliance with 62-550)
[ ] Raw (at well or intake)
[ ] Max. Residence Time
[ ] Ave. Residence Time
[ ] Near First Customer

Reason(s) for Sample (Check all that apply)

[X] Routine Compliance with 62-550
[ ] Confirmation of MCL Exceedance*
[ ] Composite of Multiple Sites **
[ ] Other:

[ ] Replacement (of Invalidated Sample)
[ ] Special (not for compliance with 62-550)
[ ] Clearance (permitting)

Sampling Procedure Used or Other Comments:

* See 62-550.500(6) for requirements and restrictions. And 62-550.5.12(3) for nitrate or nitrite exceedances.

** See 62-550.500(4) for requirements and attach a results page for each site

SAMPLER CERTIFICATION

I, Deane Murray (Print Name), Water Quality Tech (Print Title) do HEREBY CERTIFY that the above public water system and sample collection information is complete and correct.

Signature: for D. Murray Date: 5/10/13

Certified Operator #: DWA 10440 Phone #: Sampler's Fax #:

Sampler's E-Mail:

Reporting Format 62-550-730
Effective January 1995. Revised February 2010

SOUTHERN ANALYTICAL LABORATORIES, INC.

110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 813 855-1644 FAX 813-855-2218

Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format

City of Clearwater Water Department
Stage 2 Disinfection By-Products

LABORATORY CERTIFICATION INFORMATION (to be completed by lab - please type or print legibly)

Lab Name: Southern Analytical Laboratories, Inc. Florida DOH Certification #: E84129 Certification Expiration Date: 06/30/2013

ATTACH CURRENT DOH ANALYTE SHEET*

Address: 110 Bayview Blvd Oldsmar,FL 34677 Phone: (813) 855-1844

Were any analyses subcontracted? ☐ Yes ☒ No If yes, please provide DOH certification number(s):

ATTACH CURRENT DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB*

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 04/25/2013

PWS ID (From Page 1): 6520336 Sample Number (From Page 1): 1304434-01 Lab Assigned Report # or Job ID: 1304434-01

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 for Asbestos	☐ All 30	☐ All 21	☒ Trihalomethanes	☐ Single Sample	☐ All 14
☐ Partial	☐ All Except Dioxin	☐ Partial	☒ Haloacetic Acids	☐ Qtrly Composite	☐ Partial
☐ Nitrate	☐ Partial		☐ Chlorite		
☐ Nitrite	☐ Dioxin Only		☐ Bromate		
☐ Asbestos					

LAB CERTIFICATION

I, Francis I. Daniels (Print Name), Laboratory Director (Print Title) do HEREBY CERTIFY that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).

Signature: Fran Dail Date: 05/06/2013

* Failure to provide a valid and current Florida DOH lab certification number and a current Analyte Sheet for the attached analysis results will result in rejection of the report, possible enforcement against the public water system for failure to sample, and may result in notification of the DOH Bureau of Laboratory Services.

** Please provide radiological sample dates & locations for each quarter.

CONFIRMATION & NOTIFICATION IS REQUIRED WITHIN 24 HOURS FOR NITRATE AND NITRITE MCL EXCEEDANCES

NON-DETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" QUALIFIER (Non-detects reported as "BDL" or with a "<" are not acceptable.)

COMPLIANCE DETERMINATION (to be completed by DEP or DOH - attach notes as necessary)

Sample Collection & Analysis Satisfactory: ☐ Yes ☐ No Replacement Sample or Report Requested (circle or highlight group(s) above)

Person Notified: Date Notified: DEP/DOH Reviewing Official:

Reporting Format 62-550-730
Effective January 1995. Revised February 2010

SOUTHERN ANALYTICAL LABORATORIES, INC.
110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 813-855-1844 FAX 813-855-2218

Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format

DISINFECTION BYPRODUCTS
62-550.310(3)

Report Number / Job ID: 1304434-01
Disinfectant Residual (mg/L) (From Page 1): 0.6
PWS ID (From Page 1): 6520338

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Reg MRL**	Analysis Date	Analysis Time	DOH Lab Certification #
2450	Monochloroacetic Acid	N/A	ug/L	0.78	U	EPA 552.2	0.78	2.0	5/3/13	1:05	E84129
2451	Dichloroacetic Acid	N/A	ug/L	6.3		EPA 552.2	0.70	1.0	5/3/13	1:05	E84129
2452	Trichloroacetic Acid	N/A	ug/L	12		EPA 552.2	0.35	1.0	5/3/13	1:05	E84129
2453	Monobromoacetic Acid	N/A	ug/L	0.34	U	EPA 552.2	0.34	1.0	5/3/13	1:05	E84129
2454	Dibromoacetic Acid	N/A	ug/L	1.3		EPA 552.2	0.27	1.0	5/3/13	1:05	E84129
2456	Total Haloacetic Acids (HAA5)	60	ug/L	19.6		EPA 552.2	0.27	—	5/3/13	1:05	E84129

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Reg MRL**	Analysis Date	Analysis Time	DOH Lab Certification #
2941	Chloroform	N/A	ug/L	46		EPA 524.2	0.2	1.0	4/25/13	14:54	E84129
2942	Bromoform	N/A	ug/L	6.2		EPA 524.2	0.2	1.0	4/25/13	14:54	E84129
2943	Bromodichloromethane	N/A	ug/L	15		EPA 524.2	0.2	1.0	4/25/13	14:54	E84129
2944	Dibromochloromethane	N/A	ug/L	9.2		EPA 524.2	0.1	1.0	4/25/13	14:54	E84129
2950	Total Trihalomethanes (TTHM)	80	ug/L	76.4		EPA 524.2	0.1	—	4/25/13	14:54	E84129

** Laboratories are required to adhere to minimum reporting level (MRL) requirements of 40 CFR 141.131(b)(2)(iv). Chlorite regulatory MRL is applicable to monitoring as prescribed in 40 CFR 141.132(b)(2)(i)(B) and (b)(2)(ii). Laboratories that use EPA Methods 317.0 Revision 2.0, 326.0 or 321.8 must meet a 1.0 ug/L MRL for bromate.

*Qualifiers:

U=Analyte was undetected. Indicated concentration is method detection limit.

SOUTHERN ANALYTICAL LABORATORIES, INC.

110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 813-855-1844 FAX 813-855 2218

ACCREDITED IN ACCORDANCE WITH

Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format

City of Clearwater Water Department
Stage 2 Disinfection By-Products

PUBLIC WATER SYSTEM INFORMATION (to be completed by sampler - please type or print legibly)

System Name: City of Clearwater Water Dept PWS I.D. #: 6 5 2 0 3 3 6

System Type (check one): [X] Community [ ] Nontransient Noncommunity [ ] Transient Noncommunity

Address: 1650 N. Arcturas Ave.

City: Clearwater Zip Code: 33765

Phone: (727) 562-4960 Fax: E-Mail Address:

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: 1304434-02 Sample Date: 4/25/13 Sample Time: 9:25 am AM PM (Circle One)

Sample Location (be specific): 3387 Arlie Ave. Location Code:

Disinfection Residual (Required when reporting results for trihalomethanes and haloacetic acids): 0.5 mg/L Field pH: 7.67

Sample Type (Check Only One)

[X] Distribution
[ ] Entry Point (to Distribution)
[ ] Plant Tap (not for compliance with 62-550)
[ ] Raw (at well or intake)
[ ] Max. Residence Time
[ ] Ave. Residence Time
[ ] Near First Customer

Reason (s) for Sample (Check all that apply)

[X] Routine Compliance with 62-550
[ ] Confirmation of MCL Exceedance*
[ ] Composite of Multiple Sites **
[ ] Other:

[ ] Replacement (of Invalidated Sample)
[ ] Special (not for compliance with 62-550)
[ ] Clearance (permitting)

Sampling Procedure Used or Other Comments:

* See 62-550.500(6) for requirements and restrictions. And 62-550.5.12(3) for nitrate or nitrite exceedances.

** See 62-550.500(4) for requirements and attach a results page for each site

SAMPLER CERTIFICATION

I, Deane Murray (Print Name) · Water Quality Tech (Print Title) do HEREBY CERTIFY

that the above public water system and sample collection information is complete and correct.

Signature: for D. Murray Date: 5/10/13

Certified Operator #: DWA6440 Phone #: Sampler's Fax #:

Sampler's E-Mail:

Reporting Format 62-550-730
Effective January 1995. Revised February 2010

SOUTHERN ANALYTICAL LABORATORIES, INC.
110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 813-855-1844 FAX 813-855-2218

Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format

City of Clearwater Water Department
Stage 2 Disinfection By-Products

LABORATORY CERTIFICATION INFORMATION (to be completed by lab - please type or print legibly)

Lab Name: Southern Analytical Laboratories, Inc. Florida DOH Certification #: E84129 Certification Expiration Date: 06/30/2013

ATTACH CURRENT DOH ANALYTE SHEET*

Address: 110 Bayview Blvd Oldsmar,FL 34677 Phone: (813) 855-1844

Were any analyses subcontracted? ☐ Yes ☒ No If yes, please provide DOH certification number(s): _____

ATTACH CURRENT DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB*

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 04/25/2013

PWS ID (From Page 1): 6520336 Sample Number (From Page 1): 1304434-02 Lab Assigned Report # or Job ID: 1304434-02

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 for Asbestos	☐ All 30	☐ All 21	☒ Trihalomethanes	☐ Single Sample	☐ All 14
☐ Partial	☐ All Except Dioxin	☐ Partial	☒ Haloacetic Acids	☐ Qtrly Composite	☐ Partial
☐ Nitrate	☐ Partial		☐ Chlorite		
☐ Nitrite	☐ Dioxin Only		☐ Bromate		
☐ Asbestos					

LAB CERTIFICATION

I, Francis I. Daniels (Print Name), Laboratory Director (Print Title) do HEREBY CERTIFY

that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).

Signature: _____ Date: 05/06/2013

* Failure to provide a valid and current Florida DOH lab certification number and a current Analyte Sheet for the attached analysis results will result in rejection of the report, possible enforcement against the public water system for failure to sample, and may result in notification of the DOH Bureau of Laboratory Services.

** Please provide radiological sample dates & locations for each quarter.

CONFIRMATION & NOTIFICATION IS REQUIRED WITHIN 24 HOURS FOR NITRATE AND NITRITE MCL EXCEEDANCES

NON-DETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" QUALIFIER (Non-detects reported as "BDL" or with a "<" are not acceptable.)

COMPLIANCE DETERMINATION (to be completed by DEP or DOH - attach notes as necessary)

Sample Collection & Analysis Satisfactory: ☐ Yes ☐ No _____ Replacement Sample or Report Requested (circle or highlight group(s) above)

Person Notified: _____ Date Notified: _____ DEP/DOH Reviewing Official: _____

Reporting Format 62-550-730
Effective January 1995. Revised February 2010

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Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format

DISINFECTION BYPRODUCTS
62-550.310(3)

Report Number / Job ID: 1304434-02
Disinfectant Residual (mg/L) (From Page 1): 0.5
PWS ID (From Page 1): 6520336

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Reg MRL**	Analysis Date	Analysis Time	DOH Lab Certification #
2450	Monochloroacetic Acid	N/A	ug/L	0.78	U	EPA 552.2	0.78	2.0	5/3/13	1:28	E84129
2451	Dichloroacetic Acid	N/A	ug/L	13		EPA 552.2	0.70	1.0	5/3/13	1:28	E84129
2452	Trichloroacetic Acid	N/A	ug/L	18		EPA 552.2	0.35	1.0	5/3/13	1:28	E84129
2453	Monobromoacetic Acid	N/A	ug/L	0.91	I	EPA 552.2	0.34	1.0	5/3/13	1:28	E84129
2454	Dibromoacetic Acid	N/A	ug/L	3.2		EPA 552.2	0.27	1.0	5/3/13	1:28	E84129
2456	Total Haloacetic Acids (HAA5)	60	ug/L	35.11		EPA 552.2	0.27	—	5/3/13	1:28	E84129

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Reg MRL**	Analysis Date	Analysis Time	DOH Lab Certification #
2941	Chloroform	N/A	ug/L	37		EPA 524.2	0.2	1.0	4/25/13	15:27	E84129
2942	Bromoform	N/A	ug/L	7.5		EPA 524.2	0.2	1.0	4/25/13	15:27	E84129
2943	Bromodichloromethane	N/A	ug/L	14		EPA 524.2	0.2	1.0	4/25/13	15:27	E84129
2944	Dibromochloromethane	N/A	ug/L	10		EPA 524.2	0.1	1.0	4/25/13	15:27	E84129
2950	Total Trihalomethanes (TTHM)	80	ug/L	68.5		EPA 524.2	0.1	—	4/25/13	15:27	E84129

** Laboratories are required to adhere to minimum reporting level (MRL) requirements of 40 CFR 141.131(b)(2)(iv). Chlorite regulatory MRL is applicable to monitoring as prescribed in 40 CFR 141.132(b)(2)(i)(B) and (b)(2)(ii). Laboratories that use EPA Methods 317.0 Revision 2.0, 326.0 or 321.8 must meet a 1.0 ug/L MRL for bromate.

*Qualifiers:

U=Analyte was undetected. Indicated concentration is method detection limit.
I=The reported value is between the laboratory method detection limit and the laboratory practical quantitation limit.

SOUTHERN ANALYTICAL LABORATORIES, INC.
110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 813-855-1844 FAX 813-855-2218

ACCREDITED IN ACCORDANCE WITH

Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format

City of Clearwater Water Department
Stage 2 Disinfection By-Products

PUBLIC WATER SYSTEM INFORMATION (to be completed by sampler - please type or print legibly)

System Name: City of Clearwater Water Dept PWS I.D. #: 6 5 2 0 3 3 6

System Type (check one): [X] Community [ ] Nontransient Noncommunity [ ] Transient Noncommunity

Address: 1650 N. Arcturas Ave.

City: Clearwater Zip Code: 33765

Phone: (727) 562-4960 Fax: E-Mail Address:

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: 1304434-03 Sample Date: 4/25/13 Sample Time: 8:20 am AM PM (Circle One)

Sample Location (be specific): 2420 Sabre Court Location Code:

Disinfection Residual (Required when reporting results for trihalomethanes and haloacetic acids): 1.8 mg/L Field pH: 7.82

Sample Type (Check Only One)

[X] Distribution
[ ] Entry Point (to Distribution)
[ ] Plant Tap (not for compliance with 62-550)
[ ] Raw (at well or intake)
[ ] Max. Residence Time
[ ] Ave. Residence Time
[ ] Near First Customer

Reason (s) for Sample (Check all that apply)

[X] Routine Compliance with 62-550
[ ] Confirmation of MCL Exceedance*
[ ] Composite of Multiple Sites **
[ ] Other:

[ ] Replacement (of Invalidated Sample)
[ ] Special (not for compliance with 62-550)
[ ] Clearance (permitting)

Sampling Procedure Used or Other Comments:

* See 62-550.500(6) for requirements and restrictions. And 62-550.5.12(3) for nitrate or nitrite exceedances.

** See 62-550.500(4) for requirements and attach a results page for each site

SAMPLER CERTIFICATION

I, Deane Murray (Print Name), Water Quality Tech (Print Title) do HEREBY CERTIFY that the above public water system and sample collection information is complete and correct.

Signature: for D Murray Date: 5/10/13

Certified Operator #: DW16490 Phone #: Sampler's Fax #:

Sampler's E-Mail:

Reporting Format 62-550-730
Effective January 1995. Revised February 2010

SOUTHERN ANALYTICAL LABORATORIES, INC.

110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 813-855-1844 FAX 813-855-2218

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Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format

City of Clearwater Water Department
Stage 2 Disinfection By-Products

LABORATORY CERTIFICATION INFORMATION (to be completed by lab - please type or print legibly)

Lab Name: Southern Analytical Laboratories, Inc. Florida DOH Certification #: E84129 Certification Expiration Date: 06/30/2013

ATTACH CURRENT DOH ANALYTE SHEET*

Address: 110 Bayview Blvd Oldsmar, FL 34677 Phone: (813) 855-1844

Were any analyses subcontracted? ☐ Yes ☒ No If yes, please provide DOH certification number(s):

ATTACH CURRENT DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB*

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 04/25/2013

PWS ID (From Page 1): 6520336 Sample Number (From Page 1): 1304434-03 Lab Assigned Report # or Job ID: 1304434-03

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 for Asbestos	☐ All 30	☐ All 21	☒ Trihalomethanes	☐ Single Sample	☐ All 14
☐ Partial	☐ All Except Dioxin	☐ Partial	☒ Haloacetic Acids	☐ Only Composite	☐ Partial
☐ Nitrate	☐ Partial		☐ Chlorite		
☐ Nitrite	☐ Dioxin Only		☐ Bromate		
☐ Asbestos					

LAB CERTIFICATION

I, Francis I. Daniels (Print Name), Laboratory Director (Print Title) do HEREBY CERTIFY that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).

Signature: Francis Daniels Date: 05/06/2013

* Failure to provide a valid and current Florida DOH lab certification number and a current Analyte Sheet for the attached analysis results will result in rejection of the report, possible enforcement against the public water system for failure to sample, and may result in notification of the DOH Bureau of Laboratory Services.

** Please provide radiological sample dates & locations for each quarter.

CONFIRMATION & NOTIFICATION IS REQUIRED WITHIN 24 HOURS FOR NITRATE AND NITRITE MCL EXCEEDANCES

NON-DETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" QUALIFIER (Non-detects reported as "BDL" or with a "<" are not acceptable.)

COMPLIANCE DETERMINATION (to be completed by DEP or DOH - attach notes as necessary)

Sample Collection & Analysis Satisfactory: ☐ Yes ☐ No Replacement Sample or Report Requested (circle or highlight group(s) above)

Person Notified: Date Notified: DEP/DOH Reviewing Official:

Reporting Format 62-550-730
Effective January 1995. Revised February 2010

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110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 813-855-1844 FAX 813-855-2218

Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format

DISINFECTION BYPRODUCTS
62-550.310(3)

Report Number / Job ID: 1304434-03
Disinfectant Residual (mg/L) (From Page 1): 1.8
PWS ID (From Page 1): 6520336

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Reg MRL**	Analysis Date	Analysis Time	DOH Lab Certification #
2450	Monochloroacetic Acid	N/A	ug/L	6.6		EPA 552.2	0.77	2.0	5/3/13	1:51	E84129
2451	Dichloroacetic Acid	N/A	ug/L	15		EPA 552.2	0.69	1.0	5/3/13	1:51	E84129
2452	Trichloroacetic Acid	N/A	ug/L	19		EPA 552.2	0.35	1.0	5/3/13	1:51	E84129
2453	Monobromoacetic Acid	N/A	ug/L	0.68	I	EPA 552.2	0.34	1.0	5/3/13	1:51	E84129
2454	Dibromoacetic Acid	N/A	ug/L	5.6		EPA 552.2	0.27	1.0	5/3/13	1:51	E84129
2456	Total Haloacetic Acids (HAA5)	60	ug/L	46.88		EPA 552.2	0.27	—	5/3/13	1:51	E84129

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Reg MRL**	Analysis Date	Analysis Time	DOH Lab Certification #
2941	Chloroform	N/A	ug/L	39		EPA 524.2	0.2	1.0	4/25/13	16:00	E84129
2942	Bromoform	N/A	ug/L	11		EPA 524.2	0.2	1.0	4/25/13	16:00	E84129
2943	Bromodichloromethane	N/A	ug/L	18		EPA 524.2	0.2	1.0	4/25/13	16:00	E84129
2944	Dibromochloromethane	N/A	ug/L	15		EPA 524.2	0.1	1.0	4/25/13	16:00	E84129
2950	Total Trihalomethanes (TTHM)	80	ug/L	83		EPA 524.2	0.1	—	4/25/13	16:00	E84129

** Laboratories are required to adhere to minimum reporting level (MRL) requirements of 40 CFR 141.131(b)(2)(iv). Chlorite regulatory MRL is applicable to monitoring as prescribed in 40 CFR 141.132(b)(2)(i)(B) and (b)(2)(ii). Laboratories that use EPA Methods 317.0 Revision 2.0, 326.0 or 321.8 must meet a 1.0 ug/L MRL for bromate.

*Qualifiers:

I=The reported value is between the laboratory method detection limit and the laboratory practical quantitation limit.

SOUTHERN ANALYTICAL LABORATORIES, INC.

110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 813-855-1844 FAX 813-855-2218

ACCREDITED IN ACCORDANCE WITH

Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format

City of Clearwater Water Department
Stage 2 Disinfection By-Products

PUBLIC WATER SYSTEM INFORMATION (to be completed by sampler - please type or print legibly)

System Name: City of Clearwater Water Dept PWS I.D. #: 6 5 2 0 3 3 6

System Type (check one): [X] Community [ ] Nontransient Noncommunity [ ] Transient Noncommunity

Address: 1650 N. Arcturas Ave.

City: Clearwater Zip Code: 33765

Phone: (727) 562-4960 Fax: E-Mail Address:

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: 1304434-04 Sample Date: 4/25/13 Sample Time: 7:55 am AM PM (Circle One)

Sample Location (be specific): 1985 Byram Drive Location Code:

Disinfection Residual (Required when reporting results for trihalomethanes and haloacetic acids): 1.3 mg/L Field pH: 7.93

Sample Type (Check Only One)

- [X] Distribution
- [ ] Entry Point (to Distribution)
- [ ] Plant Tap (not for compliance with 62-550)
- [ ] Raw (at well or intake)
- [ ] Max. Residence Time
- [ ] Ave. Residence Time
- [ ] Near First Customer

Reason (s) for Sample (Check all that apply)

- [X] Routine Compliance with 62-550
- [ ] Confirmation of MCL Exceedance*
- [ ] Composite of Multiple Sites **
- [ ] Other:
- [ ] Replacement (of Invalidated Sample)
- [ ] Special (not for compliance with 62-550)
- [ ] Clearance (permitting)

Sampling Procedure Used or Other Comments:

* See 62-550.500(6) for requirements and restrictions. And 62-550.5.12(3) for nitrate or nitrite exceedances.

** See 62-550.500(4) for requirements and attach a results page for each site

SAMPLER CERTIFICATION

I, Deane Murray (Print Name), Water Quality Tech (Print Title) do HEREBY CERTIFY that the above public water system and sample collection information is complete and correct.

Signature: for D. Murray Date:

Certified Operator #: DWA6440 Phone #: Sampler's Fax #:

Sampler's E-Mail:

Reporting Format 62-550-730
Effective January 1995. Revised February 2010

SOUTHERN ANALYTICAL LABORATORIES, INC.

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Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format

City of Clearwater Water Department
Stage 2 Disinfection By-Products

LABORATORY CERTIFICATION INFORMATION (to be completed by lab - please type or print legibly)

Lab Name: Southern Analytical Laboratories, Inc. Florida DOH Certification #: E84129 Certification Expiration Date: 06/30/2013

ATTACH CURRENT DOH ANALYTE SHEET*

Address: 110 Bayview Blvd Oldsmar,FL 34677 Phone: (813) 855-1844

Were any analyses subcontracted? ☐ Yes ☒ No If yes, please provide DOH certification number(s):

ATTACH CURRENT DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB*

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 04/25/2013

PWS ID (From Page 1): 6620936 Sample Number (From Page 1): 1304434-04 Lab Assigned Report # or Job ID: 1304434-04

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 for Asbestos	☐ All 30	☐ All 21	☒ Trihalomethanes	☐ Single Sample	☐ All 14
☐ Partial	☐ All Except Dioxin	☐ Partial	☒ Haloacetic Acids	☐ Qtrly Composite	☐ Partial
☐ Nitrate	☐ Partial		☐ Chlorite		
☐ Nitrite	☐ Dioxin Only		☐ Bromate		
☐ Asbestos					

LAB CERTIFICATION

I, Francis I. Daniels (Print Name), Laboratory Director (Print Title) do HEREBY CERTIFY that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).

Signature: Date: 05/06/2013

* Failure to provide a valid and current Florida DOH lab certification number and a current Analyte Sheet for the attached analysis results will result in rejection of the report, possible enforcement against the public water system for failure to sample, and may result in notification of the DOH Bureau of Laboratory Services.

** Please provide radiological sample dates & locations for each quarter.

CONFIRMATION & NOTIFICATION IS REQUIRED WITHIN 24 HOURS FOR NITRATE AND NITRITE MCL EXCEEDANCES

NON-DETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" QUALIFIER (Non-detects reported as "BDL" or with a "<" are not acceptable.)

COMPLIANCE DETERMINATION (to be completed by DEP or DOH - attach notes as necessary)

Sample Collection & Analysis Satisfactory: ☐ Yes ☐ No Replacement Sample or Report Requested (circle or highlight group(s) above)

Person Notified: Date Notified: DEP/DOH Reviewing Official:

Reporting Format 62-550-730
Effective January 1995. Revised February 2010

SOUTHERN ANALYTICAL LABORATORIES, INC.
110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 813-855-1844 FAX 813-855-2218

Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format

DISINFECTION BYPRODUCTS
62-550.310(3)

Report Number / Job ID: 1304434-04
Disinfectant Residual (mg/L) (From Page 1): 1.3
PWS ID (From Page 1): 6520336

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Reg MRL**	Analysis Date	Analysis Time	DOH Lab Certification #
2450	Monochloroacetic Acid	N/A	ug/L	6.5		EPA 552.2	0.77	2.0	5/3/13	2:14	E84129
2451	Dichloroacetic Acid	N/A	ug/L	15		EPA 552.2	0.69	1.0	5/3/13	2:14	E84129
2452	Trichloroacetic Acid	N/A	ug/L	19		EPA 552.2	0.36	1.0	5/3/13	2:14	E84129
2453	Monobromoacetic Acid	N/A	ug/L	1.1		EPA 552.2	0.34	1.0	5/3/13	2:14	E84129
2454	Dibromoacetic Acid	N/A	ug/L	7.3		EPA 552.2	0.27	1.0	5/3/13	2:14	E84129
2456	Total Haloacetic Acids (HAA5)	60	ug/L	48.9		EPA 552.2	0.27	—	5/3/13	2:14	E84129

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Reg MRL**	Analysis Date	Analysis Time	DOH Lab Certification #
2941	Chloroform	N/A	ug/L	39		EPA 524.2	0.2	1.0	4/25/13	16:33	E84129
2942	Bromoform	N/A	ug/L	12		EPA 524.2	0.2	1.0	4/25/13	16:33	E84129
2943	Bromodichloromethane	N/A	ug/L	18		EPA 524.2	0.2	1.0	4/25/13	16:33	E84129
2944	Dibromochloromethane	N/A	ug/L	15		EPA 524.2	0.1	1.0	4/25/13	16:33	E84129
2950	Total Trihalomethanes (TTHM)	80	ug/L	84		EPA 524.2	0.1	—	4/25/13	16:33	E84129

** Laboratories are required to adhere to minimum reporting level (MRL) requirements of 40 CFR 141.131(b)(2)(iv). Chlorite regulatory MRL is applicable to monitoring as prescribed in 40 CFR 141.132(b)(2)(i)(B) and (b)(2)(ii). Laboratories that use EPA Methods 317.0 Revision 2.0, 326.0 or 321.8 must meet a 1.0 ug/L MRL for bromate.

*Qualifiers:

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Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format

City of Clearwater Water Department
Stage 2 Disinfection By-Products

PUBLIC WATER SYSTEM INFORMATION (to be completed by sampler - please type or print legibly)

System Name: City of Clearwater Water Dept PWS I.D. #: 6 5 2 0 3 3 6

System Type (check one): [X] Community [ ] Nontransient Noncommunity [ ] Transient Noncommunity

Address: 1650 N. Arcturas Ave.

City: Clearwater Zip Code: 33765

Phone: (727) 562-4960 Fax: E-Mail Address:

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: 1304434-05 Sample Date: 4/25/13 Sample Time: 8:45 am AM PM (Circle One)

Sample Location (be specific): 1616 Ridge Top Way Location Code:

Disinfection Residual (Required when reporting results for trihalomethanes and haloacetic acids): 1.7 mg/L Field pH: 7.74

Sample Type (Check Only One)

[X] Distribution
[ ] Entry Point (to Distribution)
[ ] Plant Tap (not for compliance with 62-550)
[ ] Raw (at well or intake)
[ ] Max. Residence Time
[ ] Ave. Residence Time
[ ] Near First Customer

Reason (s) for Sample (Check all that apply)

[X] Routine Compliance with 62-550
[ ] Confirmation of MCL Exceedance*
[ ] Composite of Multiple Sites **
[ ] Other:

[ ] Replacement (of Invalidated Sample)
[ ] Special (not for compliance with 62-550)
[ ] Clearance (permitting)

Sampling Procedure Used or Other Comments:

* See 62-550.500(6) for requirements and restrictions. And 62-550.5.12(3) for nitrate or nitrite exceedances.

** See 62-550.500(4) for requirements and attach a results page for each site

SAMPLER CERTIFICATION

I, Michael Olesh (Print Name) , Water Quality Tech (Print Title) do HEREBY CERTIFY that the above public water system and sample collection information is complete and correct.

Signature: for M. Olesh Date: 5/10/13

Certified Operator #: DW46440 Phone #: Sampler's Fax #:

Sampler's E-Mail:

Reporting Format 62-550-730
Effective January 1996. Revised February 2010

SOUTHERN ANALYTICAL LABORATORIES, INC.

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Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format

City of Clearwater Water Department
Stage 2 Disinfection By-Products

LABORATORY CERTIFICATION INFORMATION (to be completed by lab - please type or print legibly)

Lab Name: Southern Analytical Laboratories, Inc. Florida DOH Certification #: E84129 Certification Expiration Date: 06/30/2013

ATTACH CURRENT DOH ANALYTE SHEET*

Address: 110 Bayview Blvd Oldsmar,FL 34677 Phone: (813) 855-1844

Were any analyses subcontracted? ☐ Yes ☒ No If yes, please provide DOH certification number(s):

ATTACH CURRENT DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB*

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 04/25/2013

PWS ID (From Page 1): 6520336 Sample Number (From Page 1): 1304434-05 Lab Assigned Report # or Job ID: 1304434-05

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 for Asbestos	☐ All 30	☐ All 21	☒ Trihalomethanes	☐ Single Sample	☐ All 14
☐ Partial	☐ All Except Dioxin	☐ Partial	☒ Haloacetic Acids	☐ Qtrly Composite	☐ Partial
☐ Nitrate	☐ Partial		☐ Chlorite		
☐ Nitrite	☐ Dioxin Only		☐ Bromate		
☐ Asbestos					

LAB CERTIFICATION

I, Francis I. Daniels (Print Name), Laboratory Director (Print Title) do HEREBY CERTIFY

that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).

Signature: Francis Daniels Date: 05/06/2013

* Failure to provide a valid and current Florida DOH lab certification number and a current Analyte Sheet for the attached analysis results will result in rejection of the report, possible enforcement against the public water system for failure to sample, and may result in notification of the DOH Bureau of Laboratory Services.

** Please provide radiological sample dates & locations for each quarter.

CONFIRMATION & NOTIFICATION IS REQUIRED WITHIN 24 HOURS FOR NITRATE AND NITRITE MCL EXCEEDANCES

NON-DETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" QUALIFIER (Non-detects reported as "BDL" or with a "<" are not acceptable.)

COMPLIANCE DETERMINATION (to be completed by DEP or DOH - attach notes as necessary)

Sample Collection & Analysis Satisfactory: ☐ Yes ☐ No Replacement Sample or Report Requested (circle or highlight group(s) above)

Person Notified: Date Notified: DEP/DOH Reviewing Official:

Reporting Format 62-550-730
Effective January 1995, Revised February 2010

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Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format

DISINFECTION BYPRODUCTS
62-550.310(3)

Report Number / Job ID: 1304434-05
Disinfectant Residual (mg/L) (From Page 1): 1.7
PWS ID (From Page 1): 6520336

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Reg MRL**	Analysis Date	Analysis Time	DOH Lab Certification #
2450	Monochloroacetic Acid	N/A	ug/L	0.78	U	EPA 552.2	0.78	2.0	5/3/13	2:36	E84129
2451	Dichloroacetic Acid	N/A	ug/L	16		EPA 552.2	0.70	1.0	5/3/13	2:36	E84129
2452	Trichloroacetic Acid	N/A	ug/L	17		EPA 552.2	0.35	1.0	5/3/13	2:36	E84129
2453	Monobromoacetic Acid	N/A	ug/L	0.75	I	EPA 552.2	0.34	1.0	5/3/13	2:36	E84129
2454	Dibromoacetic Acid	N/A	ug/L	5.4		EPA 552.2	0.27	1.0	5/3/13	2:36	E84129
2456	Total Haloacetic Acids (HAA5)	60	ug/L	38.15		EPA 552.2	0.27	—	5/3/13	2:36	E84129

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Reg MRL**	Analysis Date	Analysis Time	DOH Lab Certification #
2941	Chloroform	N/A	ug/L	43		EPA 524.2	0.2	1.0	4/25/13	17:06	E84129
2942	Bromoform	N/A	ug/L	10		EPA 524.2	0.2	1.0	4/25/13	17:06	E84129
2943	Bromodichloromethane	N/A	ug/L	18		EPA 524.2	0.2	1.0	4/25/13	17:06	E84129
2944	Dibromochloromethane	N/A	ug/L	14		EPA 524.2	0.1	1.0	4/25/13	17:06	E84129
2950	Total Trihalomethanes (TTHM)	80	ug/L	85		EPA 524.2	0.1	—	4/25/13	17:06	E84129

** Laboratories are required to adhere to minimum reporting level (MRL) requirements of 40 CFR 141.131(b)(2)(iv). Chlorite regulatory MRL is applicable to monitoring as prescribed in 40 CFR 141.132(b)(2)(i)(B) and (b)(2)(ii). Laboratories that use EPA Methods 317.0 Revision 2.0, 326.0 or 321.8 must meet a 1.0 ug/L MRL for bromate.

*Qualifiers:

U=Analyte was undetected, indicated concentration is method detection limit.
I=The reported value is between the laboratory method detection limit and the laboratory practical quantitation limit.

SOUTHERN ANALYTICAL LABORATORIES, INC.

110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 813-855-1844 FAX 813-855-2218

Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format

City of Clearwater Water Department
Stage 2 Disinfection By-Products

PUBLIC WATER SYSTEM INFORMATION (to be completed by sampler - please type or print legibly)

System Name: City of Clearwater Water Dept PWS I.D. #: 6 5 2 0 3 3 6

System Type (check one): [X] Community [ ] Nontransient Noncommunity [ ] Transient Noncommunity

Address: 1650 N. Arcturas Ave.

City: Clearwater Zip Code: 33765

Phone: (727) 562-4960 Fax: E-Mail Address:

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: 1304434-06 Sample Date: 4/25/13 Sample Time: 10:00 am AM PM (Circle One)

Sample Location (be specific): 1951 Edgewater Drive Location Code:

Disinfection Residual (Required when reporting results for trihalomethanes and haloacetic acids): 0.6 mg/L Field pH: 7.78

Sample Type (Check Only One)

[X] Distribution
[ ] Entry Point (to Distribution)
[ ] Plant Tap (not for compliance with 62-550)
[ ] Raw (at well or intake)
[ ] Max. Residence Time
[ ] Ave. Residence Time
[ ] Near First Customer

Reason (s) for Sample (Check all that apply)

[X] Routine Compliance with 62-550
[ ] Confirmation of MCL Exceedance*
[ ] Composite of Multiple Sites **
[ ] Other:

[ ] Replacement (of Invalidated Sample)
[ ] Special (not for compliance with 62-550)
[ ] Clearance (permitting)

Sampling Procedure Used or Other Comments:

* See 62-550.500(6) for requirements and restrictions. And 62-550.5.12(3) for nitrate or nitrite exceedances.

** See 62-550.500(4) for requirements and attach a results page for each site

SAMPLER CERTIFICATION

I, Michael Olesh (Print Name), Water Quality Tech (Print Title) do HEREBY CERTIFY that the above public water system and sample collection information is complete and correct.

Signature: for M. Olesh Date: 5/10/13

Certified Operator #: DW-6440 Phone #: Sampler's Fax #:

Sampler's E-Mail:

Reporting Format 62-550-730
Effective January 1995. Revised February 2010

SOUTHERN ANALYTICAL LABORATORIES, INC.
110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 813-855-1844 FAX 813-855-2218

Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format

City of Clearwater Water Department
Stage 2 Disinfection By-Products

LABORATORY CERTIFICATION INFORMATION (to be completed by lab - please type or print legibly)

Lab Name: Southern Analytical Laboratories, Inc. Florida DOH Certification #: E84129 Certification Expiration Date: 06/30/2013

ATTACH CURRENT DOH ANALYTE SHEET*

Address: 110 Bayview Blvd Oldsmar,FL 34677 Phone: (813) 855-1844

Were any analyses subcontracted? ☐ Yes ☒ No If yes, please provide DOH certification number(s): _____

ATTACH CURRENT DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB*

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 04/25/2013

PWS ID (From Page 1): 6520336 Sample Number (From Page 1): 1304434-06 Lab Assigned Report # or Job ID: 1304434-06

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 for Asbestos	☐ All 30	☐ All 21	☒ Trihalomethanes	☐ Single Sample	☐ All 14
☐ Partial	☐ All Except Dioxin	☐ Partial	☒ Haloacetic Acids	☐ Qtrly Composite	☐ Partial
☐ Nitrate	☐ Partial		☐ Chlorite		
☐ Nitrite	☐ Dioxin Only		☐ Bromate		
☐ Asbestos					

LAB CERTIFICATION

I, Francis I. Daniels (Print Name), Laboratory Director (Print Title) do HEREBY CERTIFY that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).

Signature: _____ Date: 05/06/2013

* Failure to provide a valid and current Florida DOH lab certification number and a current Analyte Sheet for the attached analysis results will result in rejection of the report, possible enforcement against the public water system for failure to sample, and may result in notification of the DOH Bureau of Laboratory Services.

** Please provide radiological sample dates & locations for each quarter.

CONFIRMATION & NOTIFICATION IS REQUIRED WITHIN 24 HOURS FOR NITRATE AND NITRITE MCL EXCEEDANCES

NON-DETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" QUALIFIER (Non-detects reported as "BDL" or with a "<" are not acceptable.)

COMPLIANCE DETERMINATION (to be completed by DEP or DOH - attach notes as necessary)

Sample Collection & Analysis Satisfactory: ☐ Yes ☐ No _____ Replacement Sample or Report Requested (circle or highlight group(s) above)

Person Notified: _____ Date Notified: _____ DEP/DOH Reviewing Official: _____

Reporting Format 62-550-730
Effective January 1995. Revised February 2010

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ACCREDITED IN ACCORDANCE WITH

Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format

DISINFECTION BYPRODUCTS
62-550.310(3)

Report Number / Job ID: 1304434-06
Disinfectant Residual (mg/L) (From Page 1): 0.6
PWS ID (From Page 1): 6520336

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Reg MRL**	Analysis Date	Analysis Time	DOH Lab Certification #
2450	Monochloroacetic Acid	N/A	ug/L	0.78	U	EPA 552.2	0.78	2.0	5/3/13	2:59	E84129
2451	Dichloroacetic Acid	N/A	ug/L	5.6		EPA 552.2	0.70	1.0	5/3/13	2:59	E84129
2452	Trichloroacetic Acid	N/A	ug/L	10		EPA 552.2	0.35	1.0	5/3/13	2:59	E84129
2453	Monobromoacetic Acid	N/A	ug/L	0.39	I	EPA 552.2	0.34	1.0	5/3/13	2:59	E84129
2454	Dibromoacetic Acid	N/A	ug/L	1.6		EPA 552.2	0.27	1.0	5/3/13	2:59	E84129
2456	Total Haloacetic Acids (HAA5)	60	ug/L	17.59		EPA 552.2	0.27	—	5/3/13	2:59	E84129

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Reg MRL**	Analysis Date	Analysis Time	DOH Lab Certification #
2941	Chloroform	N/A	ug/L	33		EPA 524.2	0.2	1.0	4/25/13	17:39	E84129
2942	Bromoform	N/A	ug/L	12		EPA 524.2	0.2	1.0	4/25/13	17:39	E84129
2943	Bromodichloromethane	N/A	ug/L	15		EPA 524.2	0.2	1.0	4/25/13	17:39	E84129
2944	Dibromochloromethane	N/A	ug/L	13		EPA 524.2	0.1	1.0	4/25/13	17:39	E84129
2950	Total Trihalomethanes (TTHM)	80	ug/L	73		EPA 524.2	0.1	—	4/25/13	17:39	E84129

** Laboratories are required to adhere to minimum reporting level (MRL) requirements of 40 CFR 141.131(b)(2)(iv). Chlorite regulatory MRL is applicable to monitoring as prescribed in 40 CFR 141.132(b)(2)(i)(B) and (b)(2)(ii). Laboratories that use EPA Methods 317.0 Revision 2.0, 326.0 or 321.8 must meet a 1.0 ug/L MRL for bromate.

*Qualifiers:

U=Analyte was undetected. Indicated concentration is method detection limit.
I=The reported value is between the laboratory method detection limit and the laboratory practical quantitation limit.

SOUTHERN ANALYTICAL LABORATORIES, INC.
110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 813-855-1844 FAX 813-855-2218

ACCREDITED IN ACCORDANCE WITH

Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format

City of Clearwater Water Department
Stage 2 Disinfection By-Products

PUBLIC WATER SYSTEM INFORMATION (to be completed by sampler - please type or print legibly)

System Name: City of Clearwater Water Dept PWS I.D. #: 6 5 2 0 3 3 6

System Type (check one): [X] Community [ ] Nontransient Noncommunity [ ] Transient Noncommunity

Address: 1650 N. Arcturas Ave.

City: Clearwater Zip Code: 33765

Phone: (727) 562-4960 Fax: E-Mail Address:

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: 1304434-07 Sample Date: 4/25/13 Sample Time: 8:00 am AM PM (Circle One)

Sample Location (be specific): 710 Maple Street Location Code:

Disinfection Residual (Required when reporting results for trihalomethanes and haloacetic acids): 1.0 mg/L Field pH: 7.19

Sample Type (Check Only One)

[X] Distribution
[ ] Entry Point (to Distribution)
[ ] Plant Tap (not for compliance with 62-550)
[ ] Raw (at well or intake)
[ ] Max. Residence Time
[ ] Ave. Residence Time
[ ] Near First Customer

Reason (s) for Sample (Check all that apply)

[X] Routine Compliance with 62-550
[ ] Confirmation of MCL Exceedance*
[ ] Composite of Multiple Sites **
[ ] Other:

[ ] Replacement (of Invalidated Sample)
[ ] Special (not for compliance with 62-550)
[ ] Clearance (permitting)

Sampling Procedure Used or Other Comments:

* See 62-550.500(6) for requirements and restrictions. And 62-550.5.12(3) for nitrate or nitrite exceedances.

** See 62-550.500(4) for requirements and attach a results page for each site

SAMPLER CERTIFICATION

I, Michael Olesh (Print Name) Water Quality Tech (Print Title) do HEREBY CERTIFY that the above public water system and sample collection information is complete and correct.

Signature: for M. Olesh Date: 5/10/13

Certified Operator #: DW A10440 Phone #: Sampler's Fax #:

Sampler's E-Mail:

Reporting Format 62-550-730
Effective January 1995. Revised February 2010

SOUTHERN ANALYTICAL LABORATORIES, INC.

110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 813-855-1844 FAX 813 855-2218

Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format

City of Clearwater Water Department
Stage 2 Disinfection By-Products

LABORATORY CERTIFICATION INFORMATION (to be completed by lab - please type or print legibly)

Lab Name: Southern Analytical Laboratories, Inc. Florida DOH Certification #: E84129 Certification Expiration Date: 06/30/2013

ATTACH CURRENT DOH ANALYTE SHEET*

Address: 110 Bayview Blvd Oldsmar,FL 34677 Phone: (813) 855-1844

Were any analyses subcontracted? ☐ Yes ☒ No If yes, please provide DOH certification number(s):

ATTACH CURRENT DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB*

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 04/25/2013

PWS ID (From Page 1): 6520336 Sample Number (From Page 1): 1304434-07 Lab Assigned Report # or Job ID: 1304434-07

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 for Asbestos	☐ All 30	☐ All 21	☒ Trihalomethanes	☐ Single Sample	☐ All 14
☐ Partial	☐ All Except Dioxin	☐ Partial	☒ Haloacetic Acids	☐ Qtrly Composite	☐ Partial
☐ Nitrate	☐ Partial		☐ Chlorite		
☐ Nitrite	☐ Dioxin Only		☐ Bromate		
☐ Asbestos					

LAB CERTIFICATION

I, Francis I. Daniels (Print Name), Laboratory Director (Print Title) do HEREBY CERTIFY that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).

Signature: Francis Daniels Date: 05/06/2013

* Failure to provide a valid and current Florida DOH lab certification number and a current Analyte Sheet for the attached analysis results will result in rejection of the report, possible enforcement against the public water system for failure to sample, and may result in notification of the DOH Bureau of Laboratory Services.

** Please provide radiological sample dates & locations for each quarter.

CONFIRMATION & NOTIFICATION IS REQUIRED WITHIN 24 HOURS FOR NITRATE AND NITRITE MCL EXCEEDANCES

NON-DETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" QUALIFIER (Non-detects reported as "BDL" or with a "<" are not acceptable.)

COMPLIANCE DETERMINATION (to be completed by DEP or DOH - attach notes as necessary)

Sample Collection & Analysis Satisfactory: ☐ Yes ☐ No Replacement Sample or Report Requested (circle or highlight group(s) above)

Person Notified: Date Notified: DEP/DOH Reviewing Official:

Reporting Format 62-550-730
Effective January 1995. Revised February 2010

SOUTHERN ANALYTICAL LABORATORIES, INC.
110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 813-855-1844 FAX 813-855-2218

Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format

DISINFECTION BYPRODUCTS
62-550.310(3)

Report Number / Job ID: 1304434-07
Disinfectant Residual (mg/L) (From Page 1): 1.0
PWS ID (From Page 1): 6520336

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Reg MRL**	Analysis Date	Analysis Time	DOH Lab Certification #
2450	Monochloroacetic Acid	N/A	ug/L	0.81	U	EPA 552.2	0.81	2.0	5/4/13	5:56	E84129
2451	Dichloroacetic Acid	N/A	ug/L	4.6		EPA 552.2	0.73	1.0	5/4/13	5:56	E84129
2452	Trichloroacetic Acid	N/A	ug/L	5.8		EPA 552.2	0.36	1.0	5/4/13	5:56	E84129
2453	Monobromoacetic Acid	N/A	ug/L	0.83	I	EPA 552.2	0.35	1.0	5/4/13	5:56	E84129
2454	Dibromoacetic Acid	N/A	ug/L	4.8		EPA 552.2	0.28	1.0	5/4/13	5:56	E84129
2456	Total Haloacetic Acids (HAA5)	60	ug/L	16.03		EPA 552.2	0.28	—	5/4/13	5:56	E84129

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Reg MRL**	Analysis Date	Analysis Time	DOH Lab Certification #
2941	Chloroform	N/A	ug/L	17		EPA 524.2	0.2	1.0	4/25/13	18:11	E84129
2942	Bromoform	N/A	ug/L	20		EPA 524.2	0.2	1.0	4/25/13	18:11	E84129
2943	Bromodichloromethane	N/A	ug/L	10		EPA 524.2	0.2	1.0	4/25/13	18:11	E84129
2944	Dibromochloromethane	N/A	ug/L	14		EPA 524.2	0.1	1.0	4/25/13	18:11	E84129
2950	Total Trihalomethanes (TTHM)	80	ug/L	61		EPA 524.2	0.1	—	4/25/13	18:11	E84129

** Laboratories are required to adhere to minimum reporting level (MRL) requirements of 40 CFR 141.131(b)(2)(iv). Chlorite regulatory MRL is applicable to monitoring as prescribed in 40 CFR 141.132(b)(2)(i)(B) and (b)(2)(ii). Laboratories that use EPA Methods 317.0 Revision 2.0, 326.0 or 321.8 must meet a 1.0 ug/L MRL for bromate.

*Qualifiers:

U=Analyte was undetected. Indicated concentration is method detection limit.
I=The reported value is between the laboratory method detection limit and the laboratory practical quantitation limit.

SOUTHERN ANALYTICAL LABORATORIES, INC.
110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 813-855-1844 FAX 813-855 2218

ACCREDITED IN ACCORDANCE WITH

Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format

City of Clearwater Water Department
Stage 2 Disinfection By-Products

PUBLIC WATER SYSTEM INFORMATION (to be completed by sampler - please type or print legibly)

System Name: City of Clearwater Water Dept PWS I.D. #: 6 5 2 0 3 3 6

System Type (check one): [X] Community [ ] Nontransient Noncommunity [ ] Transient Noncommunity

Address: 1650 N. Arcturas Ave.

City: Clearwater Zip Code: 33765

Phone: (727) 562-4960 Fax: E-Mail Address:

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: 1304434-08 Sample Date: 4/25/13 Sample Time: 9:15 am AM PM (Circle One)

Sample Location (be specific): 2456 More Haven Drive Location Code:

Disinfection Residual (Required when reporting results for trihalomethanes and haloacetic acids): 3.4 mg/L Field pH: 7.82

Sample Type (Check Only One)

- [X] Distribution
- [ ] Entry Point (to Distribution)
- [ ] Plant Tap (not for compliance with 62-550)
- [ ] Raw (at well or intake)
- [ ] Max. Residence Time
- [ ] Ave. Residence Time
- [ ] Near First Customer

Reason(s) for Sample (Check all that apply)

- [X] Routine Compliance with 62-550
- [ ] Confirmation of MCL Exceedance*
- [ ] Composite of Multiple Sites **
- [ ] Other:
- [ ] Replacement (of Invalidated Sample)
- [ ] Special (not for compliance with 62-550)
- [ ] Clearance (permitting)

Sampling Procedure Used or Other Comments:

* See 62-550.500(6) for requirements and restrictions. And 62-550.5.12(3) for nitrate or nitrite exceedances.

** See 62-550.500(4) for requirements and attach a results page for each site

SAMPLER CERTIFICATION

I, Michael Olesh (Print Name), Water Quality Tech (Print Title) do HEREBY CERTIFY that the above public water system and sample collection information is complete and correct.

Signature: M. Olesh for M. Olesh Date: 5/10/13

Certified Operator #: DW A6440 Phone #: Sampler's Fax #:

Sampler's E-Mail:

Reporting Format 62-550-730
Effective January 1995. Revised February 2010

SOUTHERN ANALYTICAL LABORATORIES, INC.

110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 813-855-1844 FAX 813-855-2218

Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format

City of Clearwater Water Department
Stage 2 Disinfection By-Products

LABORATORY CERTIFICATION INFORMATION (to be completed by lab - please type or print legibly)

Lab Name: Southern Analytical Laboratories, Inc. Florida DOH Certification #: E84129 Certification Expiration Date: 06/30/2013

ATTACH CURRENT DOH ANALYTE SHEET*

Address: 110 Bayview Blvd Oldsmar,FL 34677 Phone: (813) 855-1844

Were any analyses subcontracted? ☐ Yes ☒ No If yes, please provide DOH certification number(s): _____

ATTACH CURRENT DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB*

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 04/25/2013

PWS ID (From Page 1): 6520338 Sample Number (From Page 1): 1304434-08 Lab Assigned Report # or Job ID: 1304434-08

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 for Asbestos	☐ All 30	☐ All 21	☒ Trihalomethanes	☐ Single Sample	☐ All 14
☐ Partial	☐ All Except Dioxin	☐ Partial	☒ Haloacetic Acids	☐ Qtrly Composite	☐ Partial
☐ Nitrate	☐ Partial		☐ Chlorite		
☐ Nitrite	☐ Dioxin Only		☐ Bromate		
☐ Asbestos					

LAB CERTIFICATION

I, Francis I. Daniels (Print Name), Laboratory Director (Print Title) do HEREBY CERTIFY that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).

Signature: _____ Date: 05/06/2013

* Failure to provide a valid and current Florida DOH lab certification number and a current Analyte Sheet for the attached analysis results will result in rejection of the report, possible enforcement against the public water system for failure to sample, and may result in notification of the DOH Bureau of Laboratory Services.

** Please provide radiological sample dates & locations for each quarter.

CONFIRMATION & NOTIFICATION IS REQUIRED WITHIN 24 HOURS FOR NITRATE AND NITRITE MCL EXCEEDANCES

NON-DETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" QUALIFIER (Non-detects reported as "BDL" or with a "<" are not acceptable.)

COMPLIANCE DETERMINATION (to be completed by DEP or DOH - attach notes as necessary)

Sample Collection & Analysis Satisfactory: ☐ Yes ☐ No _____ Replacement Sample or Report Requested (circle or highlight group(s) above)

Person Notified: _____ Date Notified: _____ DEP/DOH Reviewing Official: _____

Reporting Format 62-550-730
Effective January 1995. Revised February 2010

SOUTHERN ANALYTICAL LABORATORIES, INC.
110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 813-855-1844 FAX 813-855 2218

Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format

DISINFECTION BYPRODUCTS
62-550.310(3)

Report Number / Job ID: 1304434-08
Disinfectant Residual (mg/L) (From Page 1): 3.4
PWS ID (From Page 1): 6520336

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Reg MRL**	Analysis Date	Analysis Time	DOH Lab Certification #
2450	Monochloroacetic Acid	N/A	ug/L	0.83	U	EPA 552.2	0.83	2.0	5/4/13	6:18	E84129
2451	Dichloroacetic Acid	N/A	ug/L	12		EPA 552.2	0.74	1.0	5/4/13	6:18	E84129
2452	Trichloroacetic Acid	N/A	ug/L	14		EPA 552.2	0.37	1.0	5/4/13	6:18	E84129
2453	Monobromoacetic Acid	N/A	ug/L	0.60	I	EPA 552.2	0.36	1.0	5/4/13	6:18	E84129
2454	Dibromoacetic Acid	N/A	ug/L	3.9		EPA 552.2	0.29	1.0	5/4/13	6:18	E84129
2456	Total Haloacetic Acids (HAA5)	60	ug/L	30.50		EPA 552.2	0.29	—	5/4/13	6:18	E84129

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Reg MRL**	Analysis Date	Analysis Time	DOH Lab Certification #
2941	Chloroform	N/A	ug/L	39		EPA 524.2	0.2	1.0	4/25/13	18:44	E84129
2942	Bromoform	N/A	ug/L	8.6		EPA 524.2	0.2	1.0	4/25/13	18:44	E84129
2943	Bromodichloromethane	N/A	ug/L	16		EPA 524.2	0.2	1.0	4/25/13	18:44	E84129
2944	Dibromochloromethane	N/A	ug/L	12		EPA 524.2	0.1	1.0	4/25/13	18:44	E84129
2950	Total Trihalomethanes (TTHM)	80	ug/L	75.6		EPA 524.2	0.1	—	4/25/13	18:44	E84129

** Laboratories are required to adhere to minimum reporting level (MRL) requirements of 40 CFR 141.131(b)(2)(iv). Chlorite regulatory MRL is applicable to monitoring as prescribed in 40 CFR 141.132(b)(2)(i)(B) and (b)(2)(ii). Laboratories that use EPA Methods 317.0 Revision 2.0, 326.0 or 321.8 must meet a 1.0 ug/L MRL for bromate.

*Qualifiers:

U=Analyte was undetected. Indicated concentration is method detection limit.
I=The reported value is between the laboratory method detection limit and the laboratory practical quantitation limit.

SOUTHERN ANALYTICAL LABORATORIES, INC.
110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 813-855-1844 fax 813-855-2218

SAL Project No. 1304434

Client Name: City of Clearwater Water Department

Contact / Phone: Greg Tusman

Project Name / Location: Stage 2 Disinfection By-Products

Samplers: (Signature) Diane Murray

Matrix Codes:
DW-Drinking Water WW-Wastewater
SW-SurfaceWater SL-Sludge SO-Soil
GW-Groundwater SA-Saline Water O-Other
R-Reagent Water

PARAMETER / CONTAINER DESCRIPTION

	Sample Description	Date	Time	Matrix	Composite	Grab	40mL V, $Na_2S_2O_3$ 524 TTHM	40mLeV, NH_4Cl 552.2 HAA	Residual Chlorine	pH										Total number of containers
01	3371 Windchime	4/25	8:50	DW		X	2	3	0.6	7.68										5
02	3387 Adie Ave.	4/25	9:25	DW		X	2	3	0.6	7.67										6
03	2420 Sabre Court	4/25	8:20	DW		X	2	3	1.8	7.82										5
04	1985 Byram Drive	4/25/13	7:55	DW		X	2	3	1.3	7.93										5
~~05~~	~~1610 Ridge Top Way~~			DW		X	2	3												5
~~06~~	~~1951 Edgewater Drive~~			DW		X	2	3												5
~~07~~	~~710 Maple Street~~			DW		X	2	3												5
~~08~~	~~2400 Morro Haven Drive~~			DW		X	2	3												5
05 ~~09~~	Trip Blank			R		X	1													1

Containers Prepared:	Date/Time:	Received:	Date/Time:
Relinquished: S Hartley	3/29/13 0900		
Relinquished: Diane Murray	4/25/13 0950	Received: K Mudmark	4/25/13 0950
Relinquished:	Date/Time:	Received:	Date/Time:
Relinquished:	Date/Time:	Received:	Date/Time:
Relinquished:	Date/Time:	Received:	Date/Time:

Seal intact? Y N N/A
Samples intact upon arrival? Y N N/A
Received on Ice? Temp_____ Y N N/A
Proper preservatives indicated? Y N N/A
Rec'd within holding time? Y N N/A
Volatiles rec'd w/out headspace? Y N N/A
Proper containers used? Y N N/A

Instructions / Remarks:

Chain of Custody

Chain of Custody.xls
Rev Date 8/14/2011

SOUTHERN ANALYTICAL LABORATORIES, INC.
110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 813-855-1944 fax 813-855-2219

SAL Project No. 1304434

Client Name: City of Clearwater Water Department

Contact / Phone: Greg Turman

Project Name / Location: Stage 2 Disinfection By-Products

Samplers: (Signature) Michael Olsen

Matrix Codes: DW-Drinking Water WW-Wastewater SW-SurfaceWater SL-Sludge SO-Soil GW-Groundwater SA-Saline Water O-Other R-Reagent Water

PARAMETER / CONTAINER DESCRIPTION

	Sample Description	Date	Time	Matrix	Composite	Grab	40mL V, $Na_2S_2O_3$ 524 TTHM	40mL aV, NH_4Cl 552.2 HAA	Residual Chlorine	pH	Total number of containers
01	3371 Windchime	—	—	DW		X	2	3			5
02	3387 Arlie Ave.	—	—	DW		X	2	3			5
03	2420 Sabre Court	—	—	DW		X	2	3			5
04	1985 Byram Drive	—	—	DW		X	2	3			5
05	1816 Ridge Top Way	4-25-13	8:45	DW		X	2	3	1.7	7.74	5
06	1951 Edgewater Drive	4-25-13	10:00	DW		X	2	3	0.6	7.78	5
07	710 Maple Street	4-25-13	8:00	DW		X	2	3	1.0	7.19	5
08	2456 Morre Haven Drive	4-25-13	9:15	DW		X	2	3	3.4	7.82	5
09	Trip Blank			R		X	1				1

Containers Prepared/ Relinquished:	Date/Time:	Received:	Date/Time:
S Hartley	3/29/13 0900		
Relinquished: M. Olesn	Date/Time: 4-25-13	Received: [signature]	Date/Time: 4-25-13 1115
Relinquished:	Date/Time:	Received:	Date/Time:
Relinquished:	Date/Time:	Received:	Date/Time:
Relinquished:	Date/Time:	Received:	Date/Time:

Seal intact? Y N N/A
Samples intact upon arrival? Y N N/A
Received on ice? Temp_____ Y N N/A
Proper preservatives indicated? Y N N/A
Rec'd within holding time? Y N N/A
Volatiles rec'd w/out headspace? Y N N/A
Proper containers used? Y N N/A

Instructions / Remarks:

Chain of Custody

Chain of Custody Rev Date 11/18/01

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#6

CITY OF CLEARWATER

POST OFFICE BOX 4748, CLEARWATER, FLORIDA 33758-4748
1650 N. ARCTURAS AVENUE, BLDG. C., CLEARWATER, FLORIDA 33765-1945
TELEPHONE (727) 562-4960 FAX (727) 562-4963

PUBLIC UTILITIES

Date: August 14th, 2014

Danielle Henry or Gerald Foster
Florida Department of Environmental Protection
Southwest District
13051 N. Telecom Parkway
Temple Terrace, FL 33637-0926

Re: **Third** Quarter 2014 Stage II DBP Report
City of Clearwater Public Water System
PWS I.D. No. 6520336

Enclosed, please find the Stage II DBP sampling results for the Second Quarter of 2014. Included are TTHM and HAA5 results. All sampling locations are designated sample stations.

Although two sites (1616 Ridge Top Way & 1951 Edgewater Drive) had TTHM OE Values in excess of 0.080 mg/L, an Operational Evaluation is not required because:

i. No MCL violation has occurred; **and**
ii. The OEL exceedance occurs in the third calendar quarter; **and**
iii. The OEL for TTHM does not exceed 100 ug/L

However, in the interest of public health and safety, the City will take three steps to address the increased TTHM values in the system:

1. A unidirectional flushing program designed by Reiss Engineering will be implemented in the Edgewater Drive area. The flushing program was designed to reduce water age in the area.
2. The Ground Storage Tank levels at Water Plant 3 will be evaluated by our Engineering Department, using a "Supply Reduction and Pressure Demand Analysis" performed by Reiss Engineering in conjunction with the City's existing hydraulic model, with the intent of lowering the tank levels and decreasing water age.
3. Water Plant 3 effluent monochloramine levels will be adjusted downward.

If you have any questions or concerns, please contact Greg Turman, Water Production Coordinator, at (727) 462-6326.

Sincerely,

Greg Turman
Water Production Coordinator

Attachments

Cc: Tracy Mercer
Glenn Daniel

STAGE 2 TOTAL TRIHALOMETHANES (TTHM) AND HALOACETIC ACIDS FIVE (HAA5) EXAMPLE REPORTING FORMAT

Subpart H systems serving 500 or more persons and ground water systems serving 10,000 or more persons shall complete applicable pages of this format and submit them to the Department within 10 days after the end of any quarter in which TTHM/HAA5 monitoring is required. Systems on routine or reduced quarterly TTHM/HAA5 monitoring shall complete pages 1, 2, and 3 of this format. (Add additional rows to the tables on pages 2 and 3 as necessary.) Systems on reduced annual TTHM/HAA5 monitoring shall complete pages 1 and 4 of this format. Additionally, Subpart H systems seeking to qualify for, or remain on, reduced quarterly or annual TTHM/HAA5 monitoring shall complete page 5 of this format. (Add additional rows to the table on page 5 as necessary.)

D/DBPR = Disinfectant and Disinfection Byproducts Rule; LRAA = locational running annual average; MCL = maximum contaminant level; OE = operational evaluation; RAA = running annual average; TOC = total organic carbon.

QUARTERLY MONITORING PERIOD: Second Quarter 2014

SYSTEM INFORMATION		
PWS ID Number: **6520336**		
PWS Name: **City of Clearwater**		
Source Water Type and Population Size Category:		
☐ Ground Water:	**X** Subpart H:	
☐ 10,000 – 99,999	☐ 500 – 3,300	☐ 250,000 – 999,999
☐ 100,000 – 499,999	☐ 3,301 – 9,999	☐ 1,000,000 – 4,999,999
☐ ≥ 500,000	☐ 10,000 – 49,999	☐ ≥ 5,000,000
	X 50,000 – 249,999	
Monitoring Mode*: **X** Routine Monitoring ☐Reduced Monitoring		
Monitoring Frequency*: **X** Quarterly ☐Annually		
Total Number Of Distribution System Monitoring Locations*: **8**		
Contact Person: **Greg Turman**		
Phone Number: **727-462-6326**		
E-Mail Address (optional): **greg.turman@myclearwater.com**		
Fax Number (optional):		

* See 40 CFR 141.621 and 141.623 for more details.

QUARTERLY MONITORING PERIOD: **Third Quarter 2014**

PWS ID Number: 6520336

TTHM COMPLIANCE SUMMARY FOR SYSTEMS MONITORING QUARTERLY

Monitoring Location*	This Quarter				Previous Quarter	2 Quarters Ago	3 Quarters Ago		
	No. of TTHM Samples Taken	Date Each TTHM Sample Taken (mo/da/yr)	TTHM Sample Result (mg/L)	TTHM Locational Quarterly Average (mg/L)	TTHM Locational Quarterly Average (mg/L)	TTHM Locational Quarterly Average (mg/L)	TTHM Locational Quarterly Average (mg/L)	TTHM LRAA (mg/L)	TTHM OE Value (mg/L)
				A	B	C	D	(A+B+C+D)/4	(2A+B+C)/4
1985 Byram Drive	1	7/25/2014	.091	.091	.073	.044	.064	0.068	0.075
1616 Ridge Top Way	1	7/25/2014	.109	.109	.088	.038	.060	0.074	0.086
1951 Edgewater Drive	1	7/25/2014	.106	.106	.083	.037	.063	0.072	0.083
710 Maple Street	1	7/25/2014	.088	.088	.060	.068	.083	0.075	0.076
2456 Moore Haven Drive	1	7/25/2014	.102	.102	.081	.034	.052	0.067	0.080
3371 Windchime	1	7/25/2014	.091	.091	.083	.040	.059	0.068	0.076
3387 Arlie Avenue	1	7/25/2014	.079	.079	.080	.041	.059	0.065	0.070
2420 Sabre Court	1	7/25/2014	.080	.080	.077	.038	.051	0.062	0.069

Does the TTHM LRAA at any monitoring location violate the TTHM MCL of 0.080 mg/L? (YES/NO)	NO
Does the TTHM OE value at any monitoring location exceed 0.080 mg/L? (YES/NO)**	YES
If you are on reduced quarterly monitoring, does the TTHM LRAA exceed 0.040 mg/L at any monitoring location? (YES/NO/NA)***	N/A

* Location names or numbers should correspond to those in your Stage 2 D/DBPR compliance monitoring plan required under 40 CFR 141.622.
** If any TTHM OE value at any location exceeds 0.080 mg/L, you must conduct an OE and submit an OE report in accordance with 40 CFR 141.626.
*** If any TTHM LRAA at any location exceeds 0.040 mg/L, you must resume routine quarterly monitoring under 40 CFR 141.621.

QUARTERLY MONITORING PERIOD: **Third Quarter 2014**

PWS ID Number: 6520336

HAA5 COMPLIANCE SUMMARY FOR SYSTEMS MONITORING QUARTERLY

Monitoring Location*	This Quarter				Previous Quarter	2 Quarters Ago	3 Quarters Ago		
	No. of HAA5 Samples Taken	Date Each HAA5 Sample Taken (mo/da/yr)	HAA5 Sample Result (mg/L)	HAA5 Locational Quarterly Average (mg/L)	HAA5 Locational Quarterly Average (mg/L)	HAA5 Locational Quarterly Average (mg/L)	HAA5 Locational Quarterly Average (mg/L)	HAA5 LRAA (mg/L)	HAA5 OE Value (mg/L)
				A	B	C	D	(A+B+C+D)/4	(2A+B+C)/4
1985 Byram Drive	1	7/25/2014	.041	.041	.049	.015	.015	0.030	0.037
1616 Ridge Top Way	1	7/25/2014	.039	.039	.041	.018	.014	0.028	0.034
1951 Edgewater Drive	1	7/25/2014	.041	.041	.044	.023	.018	0.032	0.037
710 Maple Street	1	7/25/2014	.023	.023	.028	.024	.018	0.023	0.025
2456 Moore Haven Drive	1	7/25/2014	.038	.038	.050	.018	.014	0.030	0.036
3371 Windchime	1	7/25/2014	.040	.040	.036	.018	.011	0.026	0.034
3387 Arlie Avenue	1	7/25/2014	.047	.047	.054	.020	.015	0.034	0.042
2420 Sabre Court	1	7/25/2014	.041	.041	.052	.009	.014	0.029	0.036

Does the HAA5 LRAA at any monitoring location violate the HAA5 MCL of 0.060 mg/L? (YES/NO)	NO
Does the HAA5 OE value at any monitoring location exceed 0.060 mg/L? (YES/NO)**	NO
If you are on reduced quarterly monitoring, does the HAA5 LRAA exceed 0.030 mg/L at any monitoring location? (YES/NO/NA)***	N/A

* Location names or numbers should correspond to those in your Stage 2 D/DBPR compliance monitoring plan required under 40 CFR 141.622.

** If any HAA5 OE value at any location exceeds 0.060 mg/L, you must conduct an OE and submit an OE report in accordance with 40 CFR 141.626.

*** If any HAA5 LRAA at any location exceeds 0.030 mg/L, you must resume routine quarterly monitoring under 40 CFR 141.621.

SOUTHERN ANALYTICAL LABORATORIES, INC.

110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 813-855-1844 FAX 813-855-2218

ACCREDITED IN ACCORDANCE WITH

Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format

City of Clearwater Water Department
Stage 2 Disinfection By-Products

PUBLIC WATER SYSTEM INFORMATION (to be completed by sampler - please type or print legibly)

System Name: City of Clearwater Water Dept PWS I.D. #: 6 5 2 0 3 3 6

System Type (check one): [X] Community [ ] Nontransient Noncommunity [ ] Transient Noncommunity

Address: 1650 N. Arcturas Ave.

City: Clearwater Zip Code: 33765

Phone: (727) 562-4960 Fax: E-Mail Address:

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: 1407823-01 Sample Date: 7/25/14 Sample Time: 8:30 am AM PM (Circle One)

Sample Location (be specific): 3371 Windchime Location Code:

Disinfection Residual (Required when reporting results for trihalomethanes and haloacetic acids): 2.9 mg/L Field pH: 8.11

Sample Type (Check Only One)

[X] Distribution
[ ] Entry Point (to Distribution)
[ ] Plant Tap (not for compliance with 62-550)
[ ] Raw (at well or intake)
[ ] Max. Residence Time
[ ] Ave. Residence Time
[ ] Near First Customer

Reason (s) for Sample (Check all that apply)

[X] Routine Compliance with 62-550
[ ] Confirmation of MCL Exceedance*
[ ] Composite of Multiple Sites **
[ ] Other:

[ ] Replacement (of Invalidated Sample)
[ ] Special (not for compliance with 62-550)
[ ] Clearance (permitting)

Sampling Procedure Used or Other Comments:

* See 62-550.500(6) for requirements and restrictions. And 62-550.5.12(3) for nitrate or nitrite exceedances.

** See 62-550.500(4) for requirements and attach a results page for each site

SAMPLER CERTIFICATION

I, Michael Olesh (Print Name), Water Quality Tech (Print Title) do HEREBY CERTIFY that the above public water system and sample collection information is complete and correct.

Signature: Michael M. Olesh Date: 8/14/14

Certified Operator #: DW16940 Phone #: 727-462-6526 Sampler's Fax #:

Sampler's E-Mail:

Reporting Format 62-550-730
Effective January 1995. Revised February 2010

SOUTHERN ANALYTICAL LABORATORIES, INC.
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Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format

City of Clearwater Water Department
Stage 2 Disinfection By-Products

LABORATORY CERTIFICATION INFORMATION (to be completed by lab - please type or print legibly)

Lab Name: Southern Analytical Laboratories, Inc. Florida DOH Certification #: E84129 Certification Expiration Date: 06/30/2015

ATTACH CURRENT DOH ANALYTE SHEET*

Address: 110 Bayview Blvd Oldsmar,FL 34677 Phone: (813) 855-1844

Were any analyses subcontracted? ☐ Yes ☒ No If yes, please provide DOH certification number(s):

ATTACH CURRENT DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB*

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 07/25/2014

PWS ID (From Page 1): 6520336 Sample Number (From Page 1): 1407823-01 Lab Assigned Report # or Job ID: 1407823-01

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 for Asbestos	☐ All 30	☐ All 21	☒ Trihalomethanes	☐ Single Sample	☐ All 14
☐ Partial	☐ All Except Dioxin	☐ Partial	☒ Haloacetic Acids	☐ Qtrly Composite	☐ Partial
☐ Nitrate	☐ Partial		☐ Chlorite		
☐ Nitrite	☐ Dioxin Only		☐ Bromate		
☐ Asbestos					

LAB CERTIFICATION

I, Francis I. Daniels (Print Name), Laboratory Director (Print Title) do HEREBY CERTIFY

that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).

Signature: Date: 08/05/2014

* Failure to provide a valid and current Florida DOH lab certification number and a current Analyte Sheet for the attached analysis results will result in rejection of the report, possible enforcement against the public water system for failure to sample, and may result in notification of the DOH Bureau of Laboratory Services.

** Please provide radiological sample dates & locations for each quarter.

CONFIRMATION & NOTIFICATION IS REQUIRED WITHIN 24 HOURS FOR NITRATE AND NITRITE MCL EXCEEDANCES
NON-DETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" QUALIFIER (Non-detects reported as "BDL" or with a "<" are not acceptable.)

COMPLIANCE DETERMINATION (to be completed by DEP or DOH - attach notes as necessary)

Sample Collection & Analysis Satisfactory: ☐ Yes ☐ No Replacement Sample or Report Requested (circle or highlight group(s) above)

Person Notified: Date Notified: DEP/DOH Reviewing Official:

Reporting Format 62-550-730
Effective January 1995. Revised February 2010

SOUTHERN ANALYTICAL LABORATORIES, INC.
110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 813-855-1844 FAX 813-855-2218

Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format

DISINFECTION BYPRODUCTS
62-550.310(3)

Report Number / Job ID: 1407823-01
Disinfectant Residual (mg/L) (From Page 1): 2.9
PWS ID (From Page 1): 6520336

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Reg MRL**	Analysis Date	Analysis Time	DOH Lab Certification #
2450	Monochloroacetic Acid	N/A	ug/L	0.79	U	EPA 552.2	0.79	2.0	7/31/14	14:28	E84129
2451	Dichloroacetic Acid	N/A	ug/L	19		EPA 552.2	0.71	1.0	7/31/14	14:28	E84129
2452	Trichloroacetic Acid	N/A	ug/L	18		EPA 552.2	0.35	1.0	7/31/14	14:28	E84129
2453	Monobromoacetic Acid	N/A	ug/L	0.34	U	EPA 552.2	0.34	1.0	7/31/14	14:28	E84129
2454	Dibromoacetic Acid	N/A	ug/L	3.3		EPA 552.2	0.27	1.0	7/31/14	14:28	E84129
2456	Total Haloacetic Acids (HAA5)	60	ug/L	40.30		EPA 552.2	0.27	—	7/31/14	14:28	E84129

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Reg MRL**	Analysis Date	Analysis Time	DOH Lab Certification #
2941	Chloroform	N/A	ug/L	56		EPA 524.2	0.2	1.0	7/26/14	3:48	E84129
2942	Bromoform	N/A	ug/L	12		EPA 524.2	0.2	1.0	7/26/14	3:48	E84129
2943	Bromodichloromethane	N/A	ug/L	15		EPA 524.2	0.2	1.0	7/26/14	3:48	E84129
2944	Dibromochloromethane	N/A	ug/L	8.2		EPA 524.2	0.1	1.0	7/26/14	3:48	E84129
2950	Total Trihalomethanes (TTHM)	80	ug/L	91.2		EPA 524.2	0.1	—	7/26/14	3:48	E84129

** Laboratories are required to adhere to minimum reporting level (MRL) requirements of 40 CFR 141.131(b)(2)(iv). Chlorite regulatory MRL is applicable to monitoring as prescribed in 40 CFR 141.132(b)(2)(i)(B) and (b)(2)(ii). Laboratories that use EPA Methods 317.0 Revision 2.0, 326.0 or 321.8 must meet a 1.0 ug/L MRL for bromate.

*Qualifiers:

U=Analyte was undetected. Indicated concentration is method detection limit.

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Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format

City of Clearwater Water Department
Stage 2 Disinfection By-Products

PUBLIC WATER SYSTEM INFORMATION (to be completed by sampler - please type or print legibly)

System Name: City of Clearwater Water Dept PWS I.D. #: 6 5 2 0 3 3 6

System Type (check one): [X] Community [ ] Nontransient Noncommunity [ ] Transient Noncommunity

Address: 1650 N. Arcturas Ave.

City: Clearwater Zip Code: 33765

Phone: (727) 562-4960 Fax: E-Mail Address:

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: 1407823-02 Sample Date: 7/25/14 Sample Time: 7:30 am AM PM (Circle One)

Sample Location (be specific): 3387 Arlie Ave. Location Code:

Disinfection Residual (Required when reporting results for trihalomethanes and haloacetic acids): 3.6 mg/L Field pH: 8.24

Sample Type (Check Only One)

- [X] Distribution
- [ ] Entry Point (to Distribution)
- [ ] Plant Tap (not for compliance with 62-550)
- [ ] Raw (at well or intake)
- [ ] Max. Residence Time
- [ ] Ave. Residence Time
- [ ] Near First Customer

Reason(s) for Sample (Check all that apply)

- [X] Routine Compliance with 62-550
- [ ] Confirmation of MCL Exceedance*
- [ ] Composite of Multiple Sites **
- [ ] Other:

Sampling Procedure Used or Other Comments:

- [ ] Replacement (of Invalidated Sample)
- [ ] Special (not for compliance with 62-550)
- [ ] Clearance (permitting)

* See 62-550.500(6) for requirements and restrictions. And 62-550.5.12(3) for nitrate or nitrite exceedances.

** See 62-550.500(4) for requirements and attach a results page for each site

SAMPLER CERTIFICATION

I, Michael Olesh (Print Name), Water Quality Tech (Print Title) do HEREBY CERTIFY that the above public water system and sample collection information is complete and correct.

Signature: for M. Olesh Date: 8/14/14

Certified Operator #: DW A6440 Phone #: 727-462-6326 Sampler's Fax #:

Sampler's E-Mail:

Reporting Format 62-550-730
Effective January 1995, Revised February 2010

SOUTHERN ANALYTICAL LABORATORIES, INC.

110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 813-855-1844 FAX 813-855-2218

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Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format

City of Clearwater Water Department
Stage 2 Disinfection By-Products

LABORATORY CERTIFICATION INFORMATION (to be completed by lab - please type or print legibly)

Lab Name: Southern Analytical Laboratories, Inc. Florida DOH Certification #: E84129 Certification Expiration Date: 06/30/2015

ATTACH CURRENT DOH ANALYTE SHEET*

Address: 110 Bayview Blvd Oldsmar,FL 34677 Phone: (813) 855-1844

Were any analyses subcontracted? ☐ Yes ☒ No If yes, please provide DOH certification number(s):

ATTACH CURRENT DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB*

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 07/25/2014

PWS ID (From Page 1): 6520336 Sample Number (From Page 1): 1407823-02 Lab Assigned Report # or Job ID: 1407823-02

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 for Asbestos	☐ All 30	☐ All 21	☒ Trihalomethanes	☐ Single Sample	☐ All 14
☐ Partial	☐ All Except Dioxin	☐ Partial	☒ Haloacetic Acids	☐ Qtrly Composite	☐ Partial
☐ Nitrate	☐ Partial		☐ Chlorite		
☐ Nitrite	☐ Dioxin Only		☐ Bromate		
☐ Asbestos					

LAB CERTIFICATION

I, Francis I. Daniels (Print Name), Laboratory Director (Print Title) do HEREBY CERTIFY that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).

Signature: Francis I. Daniels Date: 08/05/2014

* Failure to provide a valid and current Florida DOH lab certification number and a current Analyte Sheet for the attached analysis results will result in rejection of the report, possible enforcement against the public water system for failure to sample, and may result in notification of the DOH Bureau of Laboratory Services.

** Please provide radiological sample dates & locations for each quarter.

CONFIRMATION & NOTIFICATION IS REQUIRED WITHIN 24 HOURS FOR NITRATE AND NITRITE MCL EXCEEDANCES

NON-DETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" QUALIFIER (Non-detects reported as "BDL" or with a "<" are not acceptable.)

COMPLIANCE DETERMINATION (to be completed by DEP or DOH - attach notes as necessary)

Sample Collection & Analysis Satisfactory: ☐ Yes ☐ No Replacement Sample or Report Requested (circle or highlight group(s) above)

Person Notified: Date Notified: DEP/DOH Reviewing Official:

Reporting Format 62-550-730
Effective January 1995. Revised February 2010

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Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format

DISINFECTION BYPRODUCTS
62-550.310(3)

Report Number / Job ID: 1407623-02
Disinfectant Residual (mg/L) (From Page 1): 3.6
PWS ID (From Page 1): 6520336

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Reg MRL**	Analysis Date	Analysis Time	DOH Lab Certification #
2450	Monochloroacetic Acid	N/A	ug/L	5.0		EPA 552.2	0.79	2.0	7/31/14	15:40	E84129
2451	Dichloroacetic Acid	N/A	ug/L	20		EPA 552.2	0.71	1.0	7/31/14	15:40	E84129
2452	Trichloroacetic Acid	N/A	ug/L	19		EPA 552.2	0.35	1.0	7/31/14	15:40	E84129
2453	Monobromoacetic Acid	N/A	ug/L	0.34	U	EPA 552.2	0.34	1.0	7/31/14	15:40	E84129
2454	Dibromoacetic Acid	N/A	ug/L	3.0		EPA 552.2	0.27	1.0	7/31/14	15:40	E84129
2456	Total Haloacetic Acids (HAA5)	60	ug/L	47.00		EPA 552.2	0.27	—	7/31/14	15:40	E84129
Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Reg MRL**	Analysis Date	Analysis Time	DOH Lab Certification #
2941	Chloroform	N/A	ug/L	49		EPA 524.2	0.2	1.0	7/26/14	4:20	E84129
2942	Bromoform	N/A	ug/L	10		EPA 524.2	0.2	1.0	7/26/14	4:20	E84129
2943	Bromodichloromethane	N/A	ug/L	13		EPA 524.2	0.2	1.0	7/26/14	4:20	E84129
2944	Dibromochloromethane	N/A	ug/L	7.4		EPA 524.2	0.1	1.0	7/26/14	4:20	E84129
2950	Total Trihalomethanes (TTHM)	80	ug/L	79.4		EPA 524.2	0.1	—	7/26/14	4:20	E84129

** Laboratories are required to adhere to minimum reporting level (MRL) requirements of 40 CFR 141.131(b)(2)(iv). Chlorite regulatory MRL is applicable to monitoring as prescribed in 40 CFR 141.132(b)(2)(i)(B) and (b)(2)(ii). Laboratories that use EPA Methods 317.0 Revision 2.0, 326.0 or 321.8 must meet a 1.0 ug/L MRL for bromate.

*Qualifiers:

U=Analyte was undetected. Indicated concentration is method detection limit.

SOUTHERN ANALYTICAL LABORATORIES, INC.

110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 813-855-1844 FAX 813-855-2218

ACCREDITED IN ACCORDANCE WITH

Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format

City of Clearwater Water Department
Stage 2 Disinfection By-Products

PUBLIC WATER SYSTEM INFORMATION (to be completed by sampler - please type or print legibly)

System Name: City of Clearwater Water Dept PWS I.D. #: 6 5 2 0 3 3 6

System Type (check one): [X] Community [ ] Nontransient Noncommunity [ ] Transient Noncommunity

Address: 1650 N. Arcturas Ave.

City: Clearwater Zip Code: 33765

Phone: (727) 562-4960 Fax: E-Mail Address:

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: 1407823-03 Sample Date: 7/25/14 Sample Time: 8:00 am AM PM (Circle One)

Sample Location (be specific): 2420 Sabre Court Location Code:

Disinfection Residual (Required when reporting results for trihalomethanes and haloacetic acids): 4.3 mg/L Field pH: 8.00

Sample Type (Check Only One)

[X] Distribution
[ ] Entry Point (to Distribution)
[ ] Plant Tap (not for compliance with 62-550)
[ ] Raw (at well or intake)
[ ] Max. Residence Time
[ ] Ave. Residence Time
[ ] Near First Customer

Reason (s) for Sample (Check all that apply)

[X] Routine Compliance with 62-550
[ ] Confirmation of MCL Exceedance*
[ ] Composite of Multiple Sites **
[ ] Other:

[ ] Replacement (of Invalidated Sample)
[ ] Special (not for compliance with 62-550)
[ ] Clearance (permitting)

Sampling Procedure Used or Other Comments:

* See 62-550.500(6) for requirements and restrictions. And 62-550.5.12(3) for nitrate or nitrite exceedances.

** See 62-550.500(4) for requirements and attach a results page for each site

SAMPLER CERTIFICATION

I, Michael Olesh (Print Name), Water Quality Tech (Print Title) do HEREBY CERTIFY that the above public water system and sample collection information is complete and correct.

Signature: for M. Olesh Date: 8/14/14

Certified Operator #: DW A6440 Phone #: 727-462-6326 Sampler's Fax #:

Sampler's E-Mail:

Reporting Format 62-550-730
Effective January 1995. Revised February 2010

SOUTHERN ANALYTICAL LABORATORIES, INC.
110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 813-855-1844 FAX 813-855-2218

Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format

City of Clearwater Water Department
Stage 2 Disinfection By-Products

LABORATORY CERTIFICATION INFORMATION (to be completed by lab - please type or print legibly)

Lab Name: Southern Analytical Laboratories, Inc. Florida DOH Certification #: E84129 Certification Expiration Date: 06/30/2015

ATTACH CURRENT DOH ANALYTE SHEET*

Address: 110 Bayview Blvd Oldsmar,FL 34677 Phone: (813) 855-1844

Were any analyses subcontracted? ☐ Yes ☒ No If yes, please provide DOH certification number(s):

ATTACH CURRENT DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB*

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 07/25/2014

PWS ID (From Page 1): 6520336 Sample Number (From Page 1): 1407823-03 Lab Assigned Report # or Job ID: 1407823-03

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 for Asbestos	☐ All 30	☐ All 21	☒ Trihalomethanes	☐ Single Sample	☐ All 14
☐ Partial	☐ All Except Dioxin	☐ Partial	☒ Haloacetic Acids	☐ Qtrly Composite	☐ Partial
☐ Nitrate	☐ Partial		☐ Chlorite		
☐ Nitrite	☐ Dioxin Only		☐ Bromate		
☐ Asbestos					

LAB CERTIFICATION

I, Francis I. Daniels (Print Name), Laboratory Director (Print Title) do HEREBY CERTIFY

that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).

Signature: Francis Daniels Date: 08/05/2014

* Failure to provide a valid and current Florida DOH lab certification number and a current Analyte Sheet for the attached analysis results will result in rejection of the report, possible enforcement against the public water system for failure to sample, and may result in notification of the DOH Bureau of Laboratory Services.

** Please provide radiological sample dates & locations for each quarter.

CONFIRMATION & NOTIFICATION IS REQUIRED WITHIN 24 HOURS FOR NITRATE AND NITRITE MCL EXCEEDANCES
NON-DETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" QUALIFIER (Non-detects reported as "BDL" or with a "<" are not acceptable.)

COMPLIANCE DETERMINATION (to be completed by DEP or DOH - attach notes as necessary)

Sample Collection & Analysis Satisfactory: ☐ Yes ☐ No Replacement Sample or Report Requested (circle or highlight group(s) above)

Person Notified: Date Notified: DEP/DOH Reviewing Official:

Reporting Format 62-550-730
Effective January 1995. Revised February 2010

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Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format

DISINFECTION BYPRODUCTS
62-550.310(3)

Report Number / Job ID: 1407823-03
Disinfectant Residual (mg/L) (From Page 1): 4.3
PWS ID (From Page 1): 6520336

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Reg MRL**	Analysis Date	Analysis Time	DOH Lab Certification #
2450	Monochloroacetic Acid	N/A	ug/L	5.0		EPA 552.2	0.79	2.0	7/31/14	16:04	E84129
2451	Dichloroacetic Acid	N/A	ug/L	17		EPA 552.2	0.71	1.0	7/31/14	16:04	E84129
2452	Trichloroacetic Acid	N/A	ug/L	17		EPA 552.2	0.35	1.0	7/31/14	16:04	E84129
2453	Monobromoacetic Acid	N/A	ug/L	0.34	U	EPA 552.2	0.34	1.0	7/31/14	16:04	E84129
2454	Dibromoacetic Acid	N/A	ug/L	2.4		EPA 552.2	0.27	1.0	7/31/14	16:04	E84129
2456	Total Haloacetic Acids (HAA5)	60	ug/L	41.40		EPA 552.2	0.27	—	7/31/14	16:04	E84129

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Reg MRL**	Analysis Date	Analysis Time	DOH Lab Certification #
2941	Chloroform	N/A	ug/L	52		EPA 524.2	0.2	1.0	7/31/14	15:44	E84129
2942	Bromoform	N/A	ug/L	9.6		EPA 524.2	0.2	1.0	7/31/14	15:44	E84129
2943	Bromodichloromethane	N/A	ug/L	12		EPA 524.2	0.2	1.0	7/31/14	15:44	E84129
2944	Dibromochloromethane	N/A	ug/L	6.2		EPA 524.2	0.1	1.0	7/31/14	15:44	E84129
2950	Total Trihalomethanes (TTHM)	80	ug/L	79.8		EPA 524.2	0.1	—	7/31/14	15:44	E84129

** Laboratories are required to adhere to minimum reporting level (MRL) requirements of 40 CFR 141.131(b)(2)(iv). Chlorite regulatory MRL is applicable to monitoring as prescribed in 40 CFR 141.132(b)(2)(i)(B) and (b)(2)(ii). Laboratories that use EPA Methods 317.0 Revision 2.0, 326.0 or 321.8 must meet a 1.0 ug/L MRL for bromate.

*Qualifiers:

U=Analyte was undetected. Indicated concentration is method detection limit.

SOUTHERN ANALYTICAL LABORATORIES, INC.
110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 813-855-1844 FAX 813-855-2218

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Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format

City of Clearwater Water Department
Stage 2 Disinfection By-Products

PUBLIC WATER SYSTEM INFORMATION (to be completed by sampler - please type or print legibly)

System Name: City of Clearwater Water Dept PWS I.D. #: 6 5 2 0 3 3 6

System Type (check one): [X] Community [ ] Nontransient Noncommunity [ ] Transient Noncommunity

Address: 1650 N. Arcturas Ave.

City: Clearwater Zip Code: 33765

Phone: (727) 562-4960 Fax: E-Mail Address:

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: 1407823-04 Sample Date: 7/25/14 Sample Time: 7:00 am AM PM (Circle One)

Sample Location (be specific): 1985 Byram Drive Location Code:

Disinfection Residual (Required when reporting results for trihalomethanes and haloacetic acids): 4.1 mg/L Field pH: 8.16

Sample Type (Check Only One)

[X] Distribution
[ ] Entry Point (to Distribution)
[ ] Plant Tap (not for compliance with 62-550)
[ ] Raw (at well or intake)
[ ] Max. Residence Time
[ ] Ave. Residence Time
[ ] Near First Customer

Reason (s) for Sample (Check all that apply)

[X] Routine Compliance with 62-550
[ ] Confirmation of MCL Exceedance*
[ ] Composite of Multiple Sites **
[ ] Other:

[ ] Replacement (of Invalidated Sample)
[ ] Special (not for compliance with 62-550)
[ ] Clearance (permitting)

Sampling Procedure Used or Other Comments:

* See 62-550.500(6) for requirements and restrictions. And 62-550.5.12(3) for nitrate or nitrite exceedances.

** See 62-550.500(4) for requirements and attach a results page for each site

SAMPLER CERTIFICATION

I, Michael Olesh (Print Name), Water Quality Tech (Print Title) do HEREBY CERTIFY that the above public water system and sample collection information is complete and correct.

Signature: for M. Olesh Date: 8/14/14

Certified Operator #: DWA6440 Phone #: 727-462-6326 Sampler's Fax #:

Sampler's E-Mail:

Reporting Format 62-550-730
Effective January 1995. Revised February 2010

SOUTHERN ANALYTICAL LABORATORIES, INC.

110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 813-855-1844 FAX 813-855-2218

ACCREDITED IN ACCORDANCE WITH

Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format

City of Clearwater Water Department
Stage 2 Disinfection By-Products

LABORATORY CERTIFICATION INFORMATION (to be completed by lab - please type or print legibly)

Lab Name: Southern Analytical Laboratories, Inc. Florida DOH Certification #: E84129 Certification Expiration Date: 06/30/2015

ATTACH CURRENT DOH ANALYTE SHEET*

Address: 110 Bayview Blvd Oldsmar,FL 34677 Phone: (813) 855-1844

Were any analyses subcontracted? ☐ Yes ☒ No If yes, please provide DOH certification number(s):

ATTACH CURRENT DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB*

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 07/25/2014

PWS ID (From Page 1): 6520336 Sample Number (From Page 1): 1407823-04 Lab Assigned Report # or Job ID: 1407823-04

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 for Asbestos	☐ All 30	☐ All 21	☒ Trihalomethanes	☐ Single Sample	☐ All 14
☐ Partial	☐ All Except Dioxin	☐ Partial	☒ Haloacetic Acids	☐ Qtrly Composite	☐ Partial
☐ Nitrate	☐ Partial		☐ Chlorite		
☐ Nitrite	☐ Dioxin Only		☐ Bromate		
☐ Asbestos					

LAB CERTIFICATION

I, Francis I. Daniels (Print Name), Laboratory Director (Print Title) do HEREBY CERTIFY that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).

Signature: Francis Daniels Date: 08/05/2014

* Failure to provide a valid and current Florida DOH lab certification number and a current Analyte Sheet for the attached analysis results will result in rejection of the report, possible enforcement against the public water system for failure to sample, and may result in notification of the DOH Bureau of Laboratory Services.

** Please provide radiological sample dates & locations for each quarter.

CONFIRMATION & NOTIFICATION IS REQUIRED WITHIN 24 HOURS FOR NITRATE AND NITRITE MCL EXCEEDANCES

NON-DETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" QUALIFIER (Non-detects reported as "BDL" or with a "<" are not acceptable.)

COMPLIANCE DETERMINATION (to be completed by DEP or DOH - attach notes as necessary)

Sample Collection & Analysis Satisfactory: ☐ Yes ☐ No Replacement Sample or Report Requested (circle or highlight group(s) above)

Person Notified: Date Notified: DEP/DOH Reviewing Official:

Reporting Format 62-550-730
Effective January 1995. Revised February 2010

SOUTHERN ANALYTICAL LABORATORIES, INC.
110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 813-855-1844 FAX 813-855-2218

Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format

DISINFECTION BYPRODUCTS
62-550.310(3)

Report Number / Job ID: 1407823-04
Disinfectant Residual (mg/L) (From Page 1): 4.1
PWS ID (From Page 1): 6520336

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Reg MRL**	Analysis Date	Analysis Time	DOH Lab Certification #
2450	Monochloroacetic Acid	N/A	ug/L	6.0		EPA 552.2	0.78	2.0	7/31/14	16:27	E84129
2451	Dichloroacetic Acid	N/A	ug/L	16		EPA 552.2	0.70	1.0	7/31/14	16:27	E84129
2452	Trichloroacetic Acid	N/A	ug/L	18		EPA 552.2	0.35	1.0	7/31/14	16:27	E84129
2453	Monobromoacetic Acid	N/A	ug/L	0.34	U	EPA 552.2	0.34	1.0	7/31/14	16:27	E84129
2454	Dibromoacetic Acid	N/A	ug/L	3.2		EPA 552.2	0.27	1.0	7/31/14	16:27	E84129
2456	Total Haloacetic Acids (HAA5)	60	ug/L	41.20		EPA 552.2	0.27	—	7/31/14	16:27	E84129

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Reg MRL**	Analysis Date	Analysis Time	DOH Lab Certification #
2941	Chloroform	N/A	ug/L	53		EPA 524.2	0.2	1.0	7/31/14	16:16	E84129
2942	Bromoform	N/A	ug/L	15		EPA 524.2	0.2	1.0	7/31/14	16:16	E84129
2943	Bromodichloromethane	N/A	ug/L	14		EPA 524.2	0.2	1.0	7/31/14	16:16	E84129
2944	Dibromochloromethane	N/A	ug/L	9.1		EPA 524.2	0.1	1.0	7/31/14	16:16	E84129
2950	Total Trihalomethanes (TTHM)	80	ug/L	91.1		EPA 524.2	0.1	—	7/31/14	16:16	E84129

** Laboratories are required to adhere to minimum reporting level (MRL) requirements of 40 CFR 141.131(b)(2)(iv). Chlorite regulatory MRL is applicable to monitoring as prescribed in 40 CFR 141.132(b)(2)(i)(B) and (b)(2)(ii). Laboratories that use EPA Methods 317.0 Revision 2.0, 326.0 or 321.8 must meet a 1.0 ug/L MRL for bromate.

*Qualifiers:

U=Analyte was undetected. Indicated concentration is method detection limit.

SOUTHERN ANALYTICAL LABORATORIES, INC.
110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 813-855-1844 FAX 813-855-2218

ACCREDITED IN ACCORDANCE WITH

Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format

City of Clearwater Water Department
Stage 2 Disinfection By-Products

PUBLIC WATER SYSTEM INFORMATION (to be completed by sampler - please type or print legibly)

System Name: City of Clearwater Water Dept PWS I.D. #: 6 5 2 0 3 3 6

System Type (check one): [X] Community [ ] Nontransient Noncommunity [ ] Transient Noncommunity

Address: 1650 N. Arcturas Ave.

City: Clearwater Zip Code: 33765

Phone: (727) 562-4960 Fax: E-Mail Address:

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: 1407823-05 Sample Date: 7/25/14 Sample Time: 7:40 am AM PM (Circle One)

Sample Location (be specific): 1616 Ridge Top Way Location Code:

Disinfection Residual (Required when reporting results for trihalomethanes and haloacetic acids): 3.9 mg/L Field pH: 7.26

Sample Type (Check Only One)

[X] Distribution
[ ] Entry Point (to Distribution)
[ ] Plant Tap (not for compliance with 62-550)
[ ] Raw (at well or intake)
[ ] Max. Residence Time
[ ] Ave. Residence Time
[ ] Near First Customer

Reason (s) for Sample (Check all that apply)

[X] Routine Compliance with 62-550
[ ] Confirmation of MCL Exceedance*
[ ] Composite of Multiple Sites **
[ ] Other:
[ ] Replacement (of Invalidated Sample)
[ ] Special (not for compliance with 62-550)
[ ] Clearance (permitting)

Sampling Procedure Used or Other Comments:

* See 62-550.500(6) for requirements and restrictions. And 62-550.5.12(3) for nitrate or nitrite exceedances.

** See 62-550.500(4) for requirements and attach a results page for each site

SAMPLER CERTIFICATION

I, Deane Murray (Print Name), Water Quality Tech (Print Title) do HEREBY CERTIFY that the above public water system and sample collection information is complete and correct.

Signature: for D. Murray Date: 8/14/14

Certified Operator #: DW A6440 Phone #: 727-462-6326 Sampler's Fax #:

Sampler's E-Mail:

Reporting Format 62-550-730
Effective January 1995, Revised February 2010

SOUTHERN ANALYTICAL LABORATORIES, INC.
110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 813-855-1844 FAX 813-855-2218

Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format

City of Clearwater Water Department
Stage 2 Disinfection By-Products

LABORATORY CERTIFICATION INFORMATION (to be completed by lab - please type or print legibly)

Lab Name: Southern Analytical Laboratories, Inc. Florida DOH Certification #: E84129 Certification Expiration Date: 06/30/2015

ATTACH CURRENT DOH ANALYTE SHEET*

Address: 110 Bayview Blvd Oldsmar,FL 34677 Phone: (813) 855-1844

Were any analyses subcontracted? ☐ Yes ☒ No If yes, please provide DOH certification number(s):

ATTACH CURRENT DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB*

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 07/25/2014

PWS ID (From Page 1): 6520336 Sample Number (From Page 1): 1407823-05 Lab Assigned Report # or Job ID: 1407823-05

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 for Asbestos	☐ All 30	☐ All 21	☒ Trihalomethanes	☐ Single Sample	☐ All 14
☐ Partial	☐ All Except Dioxin	☐ Partial	☒ Haloacetic Acids	☐ Qtrly Composite	☐ Partial
☐ Nitrate	☐ Partial		☐ Chlorite		
☐ Nitrite	☐ Dioxin Only		☐ Bromate		
☐ Asbestos					

LAB CERTIFICATION

I, Francis I. Daniels (Print Name), Laboratory Director (Print Title) do HEREBY CERTIFY

that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).

Signature: Francis Daniels Date: 08/05/2014

* Failure to provide a valid and current Florida DOH lab certification number and a current Analyte Sheet for the attached analysis results will result in rejection of the report, possible enforcement against the public water system for failure to sample, and may result in notification of the DOH Bureau of Laboratory Services.

** Please provide radiological sample dates & locations for each quarter.

CONFIRMATION & NOTIFICATION IS REQUIRED WITHIN 24 HOURS FOR NITRATE AND NITRITE MCL EXCEEDANCES

NON-DETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" QUALIFIER (Non-detects reported as "BDL" or with a "<" are not acceptable.)

COMPLIANCE DETERMINATION (to be completed by DEP or DOH - attach notes as necessary)

Sample Collection & Analysis Satisfactory: ☐ Yes ☐ No Replacement Sample or Report Requested (circle or highlight group(s) above)

Person Notified: Date Notified: DEP/DOH Reviewing Official:

Reporting Format 62-550-730
Effective January 1995. Revised February 2010

SOUTHERN ANALYTICAL LABORATORIES, INC.
110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 813-855-1844 FAX 813-855-2218

Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format

DISINFECTION BYPRODUCTS
62-550.310(3)

Report Number / Job ID: 1407823-05
Disinfectant Residual (mg/L) (From Page 1): 3.9
PWS ID (From Page 1): 6520336

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Reg MRL**	Analysis Date	Analysis Time	DOH Lab Certification #
2450	Monochloroacetic Acid	N/A	ug/L	2.4		EPA 552.2	0.78	2.0	7/31/14	16:51	E84129
2451	Dichloroacetic Acid	N/A	ug/L	18		EPA 552.2	0.70	1.0	7/31/14	16:51	E84129
2452	Trichloroacetic Acid	N/A	ug/L	16		EPA 552.2	0.35	1.0	7/31/14	16:51	E84129
2453	Monobromoacetic Acid	N/A	ug/L	0.34	U	EPA 552.2	0.34	1.0	7/31/14	16:51	E84129
2454	Dibromoacetic Acid	N/A	ug/L	2.9		EPA 552.2	0.27	1.0	7/31/14	16:51	E84129
2456	Total Haloacetic Acids (HAA5)	60	ug/L	39.30		EPA 552.2	0.27	—	7/31/14	16:51	E84129
Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Reg MRL**	Analysis Date	Analysis Time	DOH Lab Certification #
2941	Chloroform	N/A	ug/L	72		EPA 524.2	0.2	1.0	7/31/14	16:49	E84129
2942	Bromoform	N/A	ug/L	12		EPA 524.2	0.2	1.0	7/31/14	16:49	E84129
2943	Bromodichloromethane	N/A	ug/L	17		EPA 524.2	0.2	1.0	7/31/14	16:49	E84129
2944	Dibromochloromethane	N/A	ug/L	8.3		EPA 524.2	0.1	1.0	7/31/14	16:49	E84129
2950	Total Trihalomethanes (TTHM)	80	ug/L	109.3		EPA 524.2	0.1	—	7/31/14	16:49	E84129

** Laboratories are required to adhere to minimum reporting level (MRL) requirements of 40 CFR 141.131(b)(2)(iv). Chlorite regulatory MRL is applicable to monitoring as prescribed in 40 CFR 141.132(b)(2)(i)(B) and (b)(2)(ii). Laboratories that use EPA Methods 317.0 Revision 2.0, 326.0 or 321.8 must meet a 1.0 ug/L MRL for bromate.

*Qualifiers:

U=Analyte was undetected. Indicated concentration is method detection limit.

SOUTHERN ANALYTICAL LABORATORIES, INC.
110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 813-855-1844 FAX 813-855-2218

Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format

City of Clearwater Water Department
Stage 2 Disinfection By-Products

PUBLIC WATER SYSTEM INFORMATION (to be completed by sampler - please type or print legibly)

System Name: City of Clearwater Water Dept PWS I.D. #: 6 5 2 0 3 3 6

System Type (check one): [X] Community [ ] Nontransient Noncommunity [ ] Transient Noncommunity

Address: 1650 N. Arcturas Ave.

City: Clearwater Zip Code: 33785

Phone: (727) 562-4960 Fax: E-Mail Address:

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: 1407823-06 Sample Date: 7/25/14 Sample Time: 8:36 am AM PM (Circle One)

Sample Location (be specific): 1951 Edgewater Dr. Location Code:

Disinfection Residual (Required when reporting results for trihalomethanes and haloacetic acids): 3.2 mg/L Field pH: 7.41

Sample Type (Check Only One)

- [X] Distribution
- [ ] Entry Point (to Distribution)
- [ ] Plant Tap (not for compliance with 62-550)
- [ ] Raw (at well or intake)
- [ ] Max. Residence Time
- [ ] Ave. Residence Time
- [ ] Near First Customer

Reason(s) for Sample (Check all that apply)

- [X] Routine Compliance with 62-550
- [ ] Confirmation of MCL Exceedance*
- [ ] Composite of Multiple Sites **
- [ ] Other:
- [ ] Replacement (of Invalidated Sample)
- [ ] Special (not for compliance with 62-550)
- [ ] Clearance (permitting)

Sampling Procedure Used or Other Comments:

* See 62-550.500(6) for requirements and restrictions. And 62-550.5.12(3) for nitrate or nitrite exceedances.

** See 62-550.500(4) for requirements and attach a results page for each site

SAMPLER CERTIFICATION

I, Deane Murray (Print Name), Water Quality Tech (Print Title) do HEREBY CERTIFY that the above public water system and sample collection information is complete and correct.

Signature: for D. Murray Date: 8/14/14

Certified Operator #: DWA6440 Phone #: 727-462-6326 Sampler's Fax #:

Sampler's E-Mail:

Reporting Format 62-550-730
Effective January 1995. Revised February 2010

SOUTHERN ANALYTICAL LABORATORIES, INC.

110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 813-855-1844 FAX 813-855-2218

Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format

City of Clearwater Water Department
Stage 2 Disinfection By-Products

LABORATORY CERTIFICATION INFORMATION (to be completed by lab - please type or print legibly)

Lab Name: Southern Analytical Laboratories, Inc. Florida DOH Certification #: E84129 Certification Expiration Date: 06/30/2015

ATTACH CURRENT DOH ANALYTE SHEET*

Address: 110 Bayview Blvd Oldsmar,FL 34677 Phone: (813) 855-1844

Were any analyses subcontracted? ☐ Yes ☒ No If yes, please provide DOH certification number(s):

ATTACH CURRENT DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB*

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 07/25/2014

PWS ID (From Page 1): 6520336 Sample Number (From Page 1): 1407823-06 Lab Assigned Report # or Job ID: 1407823-06

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 for Asbestos	☐ All 30	☐ All 21	☒ Trihalomethanes	☐ Single Sample	☐ All 14
☐ Partial	☐ All Except Dioxin	☐ Partial	☒ Haloacetic Acids	☐ Qtrly Composite	☐ Partial
☐ Nitrate	☐ Partial		☐ Chlorite		
☐ Nitrite	☐ Dioxin Only		☐ Bromate		
☐ Asbestos					

LAB CERTIFICATION

I, Francis I. Daniels (Print Name), Laboratory Director (Print Title) do HEREBY CERTIFY that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).

Signature: Francis Daniels Date: 08/05/2014

* Failure to provide a valid and current Florida DOH lab certification number and a current Analyte Sheet for the attached analysis results will result in rejection of the report, possible enforcement against the public water system for failure to sample, and may result in notification of the DOH Bureau of Laboratory Services.

** Please provide radiological sample dates & locations for each quarter.

CONFIRMATION & NOTIFICATION IS REQUIRED WITHIN 24 HOURS FOR NITRATE AND NITRITE MCL EXCEEDANCES

NON-DETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" QUALIFIER (Non-detects reported as "MDL" 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:

Reporting Format 62-550-730
Effective January 1995. Revised February 2010

SOUTHERN ANALYTICAL LABORATORIES, INC.
110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 813-855-1844 FAX 813-855-2218

Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format

DISINFECTION BYPRODUCTS
62-550.310(3)

Report Number / Job ID: 1407823-06
Disinfectant Residual (mg/L) (From Page 1): 3.2
PWS ID (From Page 1): 6520336

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Reg MRL**	Analysis Date	Analysis Time	DOH Lab Certification #
2450	Monochloroacetic Acid	N/A	ug/L	2.3		EPA 552.2	0.78	2.0	7/31/14	17:15	E84129
2451	Dichloroacetic Acid	N/A	ug/L	18		EPA 552.2	0.70	1.0	7/31/14	17:15	E84129
2452	Trichloroacetic Acid	N/A	ug/L	17		EPA 552.2	0.35	1.0	7/31/14	17:15	E84129
2453	Monobromoacetic Acid	N/A	ug/L	0.34	U	EPA 552.2	0.34	1.0	7/31/14	17:15	E84129
2454	Dibromoacetic Acid	N/A	ug/L	3.7		EPA 552.2	0.27	1.0	7/31/14	17:15	E84129
2456	Total Haloacetic Acids (HAA5)	60	ug/L	41.00		EPA 552.2	0.27	—	7/31/14	17:15	E84129
Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Reg MRL**	Analysis Date	Analysis Time	DOH Lab Certification #
2941	Chloroform	N/A	ug/L	64		EPA 524.2	0.2	1.0	7/31/14	17:21	E84129
2942	Bromoform	N/A	ug/L	15		EPA 524.2	0.2	1.0	7/31/14	17:21	E84129
2943	Bromodichloromethane	N/A	ug/L	17		EPA 524.2	0.2	1.0	7/31/14	17:21	E84129
2944	Dibromochloromethane	N/A	ug/L	9.8		EPA 524.2	0.1	1.0	7/31/14	17:21	E84129
2950	Total Trihalomethanes (TTHM)	80	ug/L	105.8		EPA 524.2	0.1	—	7/31/14	17:21	E84129

** Laboratories are required to adhere to minimum reporting level (MRL) requirements of 40 CFR 141.131(b)(2)(iv). Chlorite regulatory MRL is applicable to monitoring as prescribed in 40 CFR 141.132(b)(2)(i)(B) and (b)(2)(ii). Laboratories that use EPA Methods 317.0 Revision 2.0, 326.0 or 321.8 must meet a 1.0 ug/L MRL for bromate.

*Qualifiers:

U=Analyte was undetected. Indicated concentration is method detection limit.

SOUTHERN ANALYTICAL LABORATORIES, INC.
110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 813-855-1844 FAX 813-855-2218

ACCREDITED IN ACCORDANCE WITH

Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format

City of Clearwater Water Department
Stage 2 Disinfection By-Products

PUBLIC WATER SYSTEM INFORMATION (to be completed by sampler - please type or print legibly)

System Name: City of Clearwater Water Dept PWS I.D. #: 6 5 2 0 3 3 6

System Type (check one): [X] Community [ ] Nontransient Noncommunity [ ] Transient Noncommunity

Address: 1650 N. Arcturas Ave.

City: Clearwater Zip Code: 33765

Phone: (727) 562-4960 Fax: E-Mail Address:

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: 1407823-07 Sample Date: 7/25/14 Sample Time: 8:15 am AM PM (Circle One)

Sample Location (be specific): 710 Maple Street Location Code:

Disinfection Residual (Required when reporting results for trihalomethanes and haloacetic acids): 3.8 mg/L Field pH: 7.59

Sample Type (Check Only One)

[X] Distribution
[ ] Entry Point (to Distribution)
[ ] Plant Tap (not for compliance with 62-550)
[ ] Raw (at well or intake)
[ ] Max. Residence Time
[ ] Ave. Residence Time
[ ] Near First Customer

Reason (s) for Sample (Check all that apply)

[X] Routine Compliance with 62-550
[ ] Confirmation of MCL Exceedance*
[ ] Composite of Multiple Sites **
[ ] Other:

[ ] Replacement (of Invalidated Sample)
[ ] Special (not for compliance with 62-550)
[ ] Clearance (permitting)

Sampling Procedure Used or Other Comments:

* See 62-550.500(6) for requirements and restrictions. And 62-550.5.12(3) for nitrate or nitrite exceedances.

** See 62-550.500(4) for requirements and attach a results page for each site

SAMPLER CERTIFICATION

I, Deane Murray (Print Name) . Water Quality Tech (Print Title) do HEREBY CERTIFY that the above public water system and sample collection information is complete and correct.

Signature: for D. Murray Date: 8/19/14

Certified Operator #: DWA6440 Phone #: 727-462-6326 Sampler's Fax #:

Sampler's E-Mail:

Reporting Format 62-550-730
Effective January 1995. Revised February 2010

SOUTHERN ANALYTICAL LABORATORIES, INC.
110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 813-855-1844 FAX 813-855-2218

Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format

City of Clearwater Water Department
Stage 2 Disinfection By-Products

LABORATORY CERTIFICATION INFORMATION (to be completed by lab - please type or print legibly)

Lab Name: Southern Analytical Laboratories, Inc. Florida DOH Certification #: E84129 Certification Expiration Date: 06/30/2015

ATTACH CURRENT DOH ANALYTE SHEET*

Address: 110 Bayview Blvd Oldsmar,FL 34677 Phone: (813) 855-1844

Were any analyses subcontracted? ☐ Yes ☒ No If yes, please provide DOH certification number(s): _____

ATTACH CURRENT DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB*

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 07/25/2014

PWS ID (From Page 1): 6520336 Sample Number (From Page 1): 1407823-07 Lab Assigned Report # or Job ID: 1407823-07

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 for Asbestos	☐ All 30	☐ All 21	☒ Trihalomethanes	☐ Single Sample	☐ All 14
☐ Partial	☐ All Except Dioxin	☐ Partial	☒ Haloacetic Acids	☐ Qtrly Composite	☐ Partial
☐ Nitrate	☐ Partial		☐ Chlorite		
☐ Nitrite	☐ Dioxin Only		☐ Bromate		
☐ Asbestos					

LAB CERTIFICATION

I, Francis I. Daniels (Print Name), Laboratory Director (Print Title) do HEREBY CERTIFY

that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).

Signature: _____ Date: 08/05/2014

* Failure to provide a valid and current Florida DOH lab certification number and a current Analyte Sheet for the attached analysis results will result in rejection of the report, possible enforcement against the public water system for failure to sample, and may result in notification of the DOH Bureau of Laboratory Services.

** Please provide radiological sample dates & locations for each quarter.

CONFIRMATION & NOTIFICATION IS REQUIRED WITHIN 24 HOURS FOR NITRATE AND NITRITE MCL EXCEEDANCES
NON-DETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" QUALIFIER (Non-detects reported as "BDL" or with a "<" are not acceptable.)

COMPLIANCE DETERMINATION (to be completed by DEP or DOH - attach notes as necessary)

Sample Collection & Analysis Satisfactory: ☐ Yes ☐ No _____ Replacement Sample or Report Requested (circle or highlight group(s) above)

Person Notified: _____ Date Notified: _____ DEP/DOH Reviewing Official: _____

Reporting Format 62-550-730
Effective January 1995. Revised February 2010

SOUTHERN ANALYTICAL LABORATORIES, INC.
110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 813-855-1844 FAX 813-855-2218

ACCREDITED IN ACCORDANCE WITH

Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format

DISINFECTION BYPRODUCTS
62-550.310(3)

Report Number / Job ID: 1407823-07
Disinfectant Residual (mg/L) (From Page 1): 3.8
PWS ID (From Page 1): 6520336

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Reg MRL**	Analysis Date	Analysis Time	DOH Lab Certification #
2450	Monochloroacetic Acid	N/A	ug/L	1.3	I	EPA 552.2	0.78	2.0	7/31/14	19:15	E84129
2451	Dichloroacetic Acid	N/A	ug/L	9.3		EPA 552.2	0.70	1.0	7/31/14	19:15	E84129
2452	Trichloroacetic Acid	N/A	ug/L	8.5		EPA 552.2	0.35	1.0	7/31/14	19:15	E84129
2453	Monobromoacetic Acid	N/A	ug/L	0.34	U	EPA 552.2	0.34	1.0	7/31/14	19:15	E84129
2454	Dibromoacetic Acid	N/A	ug/L	4.2		EPA 552.2	0.27	1.0	7/31/14	19:15	E84129
2456	Total Haloacetic Acids (HAA5)	60	ug/L	23.30		EPA 552.2	0.27	—	7/31/14	19:15	E84129

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Reg MRL**	Analysis Date	Analysis Time	DOH Lab Certification #
2941	Chloroform	N/A	ug/L	37		EPA 524.2	0.2	1.0	7/31/14	17:54	E84129
2942	Bromoform	N/A	ug/L	27		EPA 524.2	0.2	1.0	7/31/14	17:54	E84129
2943	Bromodichloromethane	N/A	ug/L	11		EPA 524.2	0.2	1.0	7/31/14	17:54	E84129
2944	Dibromochloromethane	N/A	ug/L	13		EPA 524.2	0.1	1.0	7/31/14	17:54	E84129
2950	Total Trihalomethanes (TTHM)	80	ug/L	88		EPA 524.2	0.1	—	7/31/14	17:54	E84129

** Laboratories are required to adhere to minimum reporting level (MRL) requirements of 40 CFR 141.131(b)(2)(iv). Chlorite regulatory MRL is applicable to monitoring as prescribed in 40 CFR 141.132(b)(2)(i)(B) and (b)(2)(ii). Laboratories that use EPA Methods 317.0 Revision 2.0, 326.0 or 321.8 must meet a 1.0 ug/L MRL for bromate.

*Qualifiers:

U=Analyte was undetected. Indicated concentration is method detection limit.
I=The reported value is between the laboratory method detection limit and the laboratory practical quantitation limit.

SOUTHERN ANALYTICAL LABORATORIES, INC.
110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 813-855-1844 FAX 813-855-2218

ACCREDITED IN ACCORDANCE WITH

Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format

City of Clearwater Water Department
Stage 2 Disinfection By-Products

PUBLIC WATER SYSTEM INFORMATION (to be completed by sampler - please type or print legibly)

System Name: City of Clearwater Water Dept PWS I.D. #: 6 5 2 0 3 3 6

System Type (check one): [X] Community [ ] Nontransient Noncommunity [ ] Transient Noncommunity

Address: 1650 N. Arcturas Ave.

City: Clearwater Zip Code: 33765

Phone: (727) 562-4960 Fax: E-Mail Address:

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: 1407823-08 Sample Date: 7/25/14 Sample Time: 8:58 am AM PM (Circle One)

Sample Location (be specific): 2456 Moore Haven Dr. Location Code:

Disinfection Residual (Required when reporting results for trihalomethanes and haloacetic acids): 4.9 mg/L Field pH: 7.27

Sample Type (Check Only One)

- [X] Distribution
- [ ] Entry Point (to Distribution)
- [ ] Plant Tap (not for compliance with 62-550)
- [ ] Raw (at well or intake)
- [ ] Max. Residence Time
- [ ] Ave. Residence Time
- [ ] Near First Customer

Reason (s) for Sample (Check all that apply)

- [X] Routine Compliance with 62-550
- [ ] Confirmation of MCL Exceedance*
- [ ] Composite of Multiple Sites **
- [ ] Other:

Sampling Procedure Used or Other Comments:

- [ ] Replacement (of Invalidated Sample)
- [ ] Special (not for compliance with 62-550)
- [ ] Clearance (permitting)

* See 62-550.500(6) for requirements and restrictions. And 62-550.5.12(3) for nitrate or nitrite exceedances.

** See 62-550.500(4) for requirements and attach a results page for each site

SAMPLER CERTIFICATION

I, Deane Murray (Print Name), Water Quality Tech (Print Title) do HEREBY CERTIFY that the above public water system and sample collection information is complete and correct.

Signature: for D. Murray Date: 8/14/14

Certified Operator #: DW46440 Phone #: 727-462-6326 Sampler's Fax #:

Sampler's E-Mail:

Reporting Format 62-550-730
Effective January 1995. Revised February 2010

SOUTHERN ANALYTICAL LABORATORIES, INC.
110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 813-855-1844 FAX 813-855-2218

ACCREDITED IN ACCORDANCE WITH

Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format

City of Clearwater Water Department
Stage 2 Disinfection By-Products

LABORATORY CERTIFICATION INFORMATION (to be completed by lab - please type or print legibly)

Lab Name: Southern Analytical Laboratories, Inc. Florida DOH Certification #: E84129 Certification Expiration Date: 06/30/2015

ATTACH CURRENT DOH ANALYTE SHEET*

Address: 110 Bayview Blvd Oldsmar,FL 34677 Phone: (813) 855-1844

Were any analyses subcontracted? ☐ Yes ☒ No If yes, please provide DOH certification number(s):

ATTACH CURRENT DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB*

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 07/25/2014

PWS ID (From Page 1): 6520336 Sample Number (From Page 1): 1407823-08 Lab Assigned Report # or Job ID: 1407823-08

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 for Asbestos	☐ All 30	☐ All 21	☒ Trihalomethanes	☐ Single Sample	☐ All 14
☐ Partial	☐ All Except Dioxin	☐ Partial	☒ Haloacetic Acids	☐ Qtrly Composite	☐ Partial
☐ Nitrate	☐ Partial		☐ Chlorite		
☐ Nitrite	☐ Dioxin Only		☐ Bromate		
☐ Asbestos					

LAB CERTIFICATION

I, Francis I. Daniels (Print Name), Laboratory Director (Print Title) do HEREBY CERTIFY that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).

Signature: Francis Daniels Date: 08/05/2014

* Failure to provide a valid and current Florida DOH lab certification number and a current Analyte Sheet for the attached analysis results will result in rejection of the report, possible enforcement against the public water system for failure to sample, and may result in notification of the DOH Bureau of Laboratory Services.

** Please provide radiological sample dates & locations for each quarter.

CONFIRMATION & NOTIFICATION IS REQUIRED WITHIN 24 HOURS FOR NITRATE AND NITRITE MCL EXCEEDANCES

NON-DETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" QUALIFIER (Non-detects reported as "BDL" or with a "<" are not acceptable.)

COMPLIANCE DETERMINATION (to be completed by DEP or DOH - attach notes as necessary)

Sample Collection & Analysis Satisfactory: ☐ Yes ☐ No Replacement Sample or Report Requested (circle or highlight group(s) above)

Person Notified: Date Notified: DEP/DOH Reviewing Official:

Reporting Format 62-550-730
Effective January 1995. Revised February 2010

SOUTHERN ANALYTICAL LABORATORIES, INC.
110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 813-855-1844 FAX 813-855-2218

Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format

DISINFECTION BYPRODUCTS
62-550.310(3)

Report Number / Job ID: 1407823-08
Disinfectant Residual (mg/L) (From Page 1): 4.9
PWS ID (From Page 1): 6520336

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Reg MRL**	Analysis Date	Analysis Time	DOH Lab Certification #
2450	Monochloroacetic Acid	N/A	ug/L	3.6		EPA 552.2	0.79	2.0	7/31/14	19:39	E84129
2451	Dichloroacetic Acid	N/A	ug/L	15		EPA 552.2	0.71	1.0	7/31/14	19:39	E84129
2452	Trichloroacetic Acid	N/A	ug/L	17		EPA 552.2	0.36	1.0	7/31/14	19:39	E84129
2453	Monobromoacetic Acid	N/A	ug/L	0.35	U	EPA 552.2	0.35	1.0	7/31/14	19:39	E84129
2454	Dibromoacetic Acid	N/A	ug/L	2.6		EPA 552.2	0.27	1.0	7/31/14	19:39	E84129
2456	Total Haloacetic Acids (HAA5)	60	ug/L	38.20		EPA 552.2	0.27	—	7/31/14	19:39	E84129
Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Reg MRL**	Analysis Date	Analysis Time	DOH Lab Certification #
2941	Chloroform	N/A	ug/L	67		EPA 524.2	0.2	1.0	7/31/14	18:25	E84129
2942	Bromoform	N/A	ug/L	12		EPA 524.2	0.2	1.0	7/31/14	18:25	E84129
2943	Bromodichloromethane	N/A	ug/L	15		EPA 524.2	0.2	1.0	7/31/14	18:25	E84129
2944	Dibromochloromethane	N/A	ug/L	7.6		EPA 524.2	0.1	1.0	7/31/14	18:25	E84129
2950	Total Trihalomethanes (TTHM)	80	ug/L	101.8		EPA 524.2	0.1	—	7/31/14	18:25	E84129

** Laboratories are required to adhere to minimum reporting level (MRL) requirements of 40 CFR 141.131(b)(2)(iv). Chlorite regulatory MRL is applicable to monitoring as prescribed in 40 CFR 141.132(b)(2)(i)(B) and (b)(2)(ii). Laboratories that use EPA Methods 317.0 Revision 2.0, 326.0 or 321.8 must meet a 1.0 ug/L MRL for bromate.

*Qualifiers:

U=Analyte was undetected. Indicated concentration is method detection limit.

SOUTHERN ANALYTICAL LABORATORIES, INC.
110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 813-855-1844 fax 813-855-2218

SAL Project No. 1407823

Client Name	Contact / Phone:
City of Clearwater Water Department	Greg Turman
Project Name / Location	
Stage 2 Disinfection By-Products	
Samplers: (Signature)	

Matrix Codes: DW-Drinking Water WW-Wastewater SW-SurfaceWater SL-Sludge SO-Soil GW-Groundwater SA-Saline Water O-Other R-Reagent Water

PARAMETER / CONTAINER DESCRIPTION

	Sample Description	Date	Time	Matrix	Composite	Grab	40mL V, $Na_2S_2O_3$ 524 TTHM	40mL aV, NH_4Cl 552.2 HAA	Residual Chlorine	pH	Total number of containers
01	3371 Windchime	7-25-14	8:30	DW		X	2	3	2.9	8.11	5
02	3387 Arlie Ave.	7-25-14	7:30	DW		X	2	3	3.6	8.29	5
03	2420 Sabre Court	7-25-14	8:00	DW		X	2	3	4.3	8.00	5
04	1985 Byran Drive	7-25-14	7:00	DW		X	2	3	4.1	8.16	5
05	1616 Ridge Top Way			DW		X	2	3			5
06	1951 Edgewater Drive			DW		X	2	3			5
07	710 Maple Street			DW		X	2	3			5
08	2455 Morra Haven Drive			DW		X	2	3			5
09	Trip Blank			R		X	1				1

	Relinquished:	Date/Time:	Received:	Date/Time:
Containers Prepared/ Relinquished:		3-24-14 1200		
Relinquished:		7-25-14 950		7-25-14 950
Relinquished:				
Relinquished:				
Relinquished:				

Seal Intact?	Y	N N/A
Samples intact upon arrival?	Y	N N/A
Received on Ice? Temp.____	Y	N N/A
Proper preservatives indicated?	Y	N N/A
Rec'd w/in holding time?	Y	N N/A
Volatiles rec'd w/out headspace?	Y	N N/A
Proper containers used?	Y	N N/A

Instructions / Remarks:

Chain of Custody

SOUTHERN ANALYTICAL LABORATORIES, INC.
110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 813-855-1844 fax 813-855-2218

SAL Project No. 1407823

Client Name		Contact / Phone:
	City of Clearwater Water Department	Greg Turman
Project Name / Location		
	Stage 2 Disinfection By-Products	
Samplers: (Signature)		

Matrix Codes: DW-Drinking Water WW-Wastewater SW-SurfaceWater SL-Sludge SO-Soil GW-Groundwater SA-Saline Water O-Other R-Reagent Water

PARAMETER / CONTAINER DESCRIPTION

Lab #	Sample Description	Date	Time	Matrix	Composite	Grab	40mL V, $Na_2S_2O_3$ 524 TTHM	40mL/V, NH4Cl 552.2 HAA	Residual Chlorine	pH									Total number of containers
01	~~3373 Windshire~~	"	"	DW		X	2	3	—	—									5
02	~~3383 Arlington Ave.~~	"	"	DW		X	2	3	—	—									5
03	~~2486 Sabre Court~~	"	"	DW		X	2	3	—	—									5
04	~~1966 Byram Drive~~	"	"	DW		X	2	3	—	—									5
05	1616 Ridge Top Way	7-25-14	7:40	DW		X	2	3	3.9	7.26									5
06	1851 Edgewater Drive	7-25-14	8:38	DW		X	2	3	3.2	7.41									5
07	710 Maple Street	7-25-14	8:15	DW		X	2	3	3.8	7.59									5
08	2456 Morre Haven Drive	7-25-14	8:58	DW		X	2	3	4.9	7.20									5
09	Trip Blank			R		X	1												1

Containers Prepared/ Relinquished:	Date/Time: 3-24-14 1200	Received:	Date/Time:
Relinquished:	Date/Time: 7-25-14 913	Received:	Date/Time: 7-25-14 913
Relinquished:	Date/Time:	Received:	Date/Time:
Relinquished:	Date/Time:	Received:	Date/Time:
Relinquished:	Date/Time:	Received:	Date/Time:

Seal intact?	Y N N/A
Samples intact upon arrival?	Y N N/A
Received on ice? Temp.	Y N N/A
Proper preservatives indicated?	Y N N/A
Rec'd within holding time?	Y N N/A
Volatiles rec'd w/out headspace?	Y N N/A
Proper containers used?	Y N N/A

Instructions / Remarks:

Chain of Custody

Chain of Custody.xls
Rev.Date 11/15/01

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#7

CITY OF CLEARWATER

POST OFFICE BOX 4748, CLEARWATER, FLORIDA 33758-4748
1650 N. ARCTURAS AVENUE, BLDG. C., CLEARWATER, FLORIDA 33765-1945
TELEPHONE (727) 562-4960 FAX (727) 562-4963

PUBLIC UTILITIES

Date: August 2, 2013

Florida Department of Environmental Protection
Southwest District
13051 N. Telecom Parkway
Temple Terrace, FL 33637-0926

Re: **Third** Quarter 2013 Stage II DBP Report
City of Clearwater Public Water System
PWS I.D. No. 6520336

Enclosed, please find the Stage II DBP sampling results for the Third Quarter of 2013. Included are TTHM and HAA5 results. All sampling locations are designated sample stations.
If you have any questions or concerns, please contact Greg Turman, Water Production Coordinator, at (727) 462-6326.

Sincerely,

Greg Turman
Water Production Coordinator

Attachments

Cc: Tracy Mercer
Glenn Daniel

STAGE 2 TOTAL TRIHALOMETHANES (TTHM) AND HALOACETIC ACIDS FIVE (HAA5) EXAMPLE REPORTING FORMAT

Subpart H systems serving 500 or more persons and ground water systems serving 10,000 or more persons shall complete applicable pages of this format and submit them to the Department within 10 days after the end of any quarter in which TTHM/HAA5 monitoring is required. Systems on routine or reduced quarterly TTHM/HAA5 monitoring shall complete pages 1, 2, and 3 of this format. (Add additional rows to the tables on pages 2 and 3 as necessary.) Systems on reduced annual TTHM/HAA5 monitoring shall complete pages 1 and 4 of this format. Additionally, Subpart H systems seeking to qualify for, or remain on, reduced quarterly or annual TTHM/HAA5 monitoring shall complete page 5 of this format. (Add additional rows to the table on page 5 as necessary.)

D/DBPR = Disinfectant and Disinfection Byproducts Rule; LRAA = locational running annual average; MCL = maximum contaminant level; OE = operational evaluation; RAA = running annual average; TOC = total organic carbon.

QUARTERLY MONITORING PERIOD: Third Quarter 2013

SYSTEM INFORMATION		
PWS ID Number: **6520336**		
PWS Name: **City of Clearwater**		
Source Water Type and Population Size Category:		
☐ Ground Water:	**X** Subpart H:	
☐ 10,000 – 99,999	☐ 500 – 3,300	☐ 250,000 – 999,999
☐ 100,000 – 499,999	☐ 3,301 – 9,999	☐ 1,000,000 – 4,999,999
☐ ≥ 500,000	☐ 10,000 – 49,999	☐ ≥ 5,000,000
	X 50,000 – 249,999	
Monitoring Mode*: **X** Routine Monitoring ☐Reduced Monitoring		
Monitoring Frequency*: **X** Quarterly ☐Annually		
Total Number Of Distribution System Monitoring Locations*: **8**		
Contact Person: **Greg Turman**		
Phone Number: **727-462-6326**		
E-Mail Address (optional): **greg.turman@myclearwater.com**		
Fax Number (optional):		

* See 40 CFR 141.621 and 141.623 for more details.

QUARTERLY MONITORING PERIOD: **Third Quarter 2013**

PWS ID Number: 6520336

TTHM COMPLIANCE SUMMARY FOR SYSTEMS MONITORING QUARTERLY

Monitoring Location*	This Quarter				Previous Quarter	2 Quarters Ago	3 Quarters Ago	TTHM LRAA (mg/L)	TTHM OE Value (mg/L)
	No. of TTHM Samples Taken	Date Each TTHM Sample Taken (mo/da/yr)	TTHM Sample Result (mg/L)	TTHM Locational Quarterly Average (mg/L)	TTHM Locational Quarterly Average (mg/L)	TTHM Locational Quarterly Average (mg/L)	TTHM Locational Quarterly Average (mg/L)		
				A	B	C	D	(A+B+C+D)/4	(2A+B+C)/4
1985 Byram Drive	1	7/25/2013	.080	.080	.084	.065	.066	.074	.077
1616 Ridge Top Way	1	7/25/2013	.079	.079	.085	.068	.063	.074	.078
1951 Edgewater Drive	1	7/25/2013	.089	.089	.073	.062	.062	.072	.078
710 Maple Street	1	7/25/2013	.086	.086	.061	.054	.052	.063	.072
2456 Moore Haven Drive	1	7/25/2013	.075	.075	.076	.068	.062	.070	.074
3371 Windchime	1	7/25/2013	.086	.086	.076	.065	.061	.072	.078
3387 Arlie Avenue	1	7/25/2013	.083	.083	.069	.059	.058	.067	.074
2420 Sabre Court	1	7/25/2013	.074	.074	.083	.066	.066	.072	.074

Does the TTHM LRAA at any monitoring location violate the TTHM MCL of 0.080 mg/L? (YES/NO)	NO
Does the TTHM OE value at any monitoring location exceed 0.080 mg/L? (YES/NO)**	NO
If you are on reduced quarterly monitoring, does the TTHM LRAA exceed 0.040 mg/L at any monitoring location? (YES/NO/NA)***	N/A

* Location names or numbers should correspond to those in your Stage 2 D/DBPR compliance monitoring plan required under 40 CFR 141.622.

** If any TTHM OE value at any location exceeds 0.080 mg/L, you must conduct an OE and submit an OE report in accordance with 40 CFR 141.626.

*** If any TTHM LRAA at any location exceeds 0.040 mg/L, you must resume routine quarterly monitoring under 40 CFR 141.621.

QUARTERLY MONITORING PERIOD: **Third Quarter 2013**

PWS ID Number: 6520336

HAA5 COMPLIANCE SUMMARY FOR SYSTEMS MONITORING QUARTERLY

Monitoring Location*	This Quarter				Previous Quarter	2 Quarters Ago	3 Quarters Ago	HAA5 LRAA (mg/L)	HAA5 OE Value (mg/L)
	No. of HAA5 Samples Taken	Date Each HAA5 Sample Taken (mo/da/yr)	HAA5 Sample Result (mg/L)	HAA5 Locational Quarterly Average (mg/L)	HAA5 Locational Quarterly Average (mg/L)	HAA5 Locational Quarterly Average (mg/L)	HAA5 Locational Quarterly Average (mg/L)		
				A	B	C	D	(A+B+C+D)/4	(2A+B+C)/4
1985 Byram Drive	1	7/25/2013	.036	.036	.049	.046	.031	.041	.042
1616 Ridge Top Way	1	7/25/2013	.038	.038	.038	.051	.031	.040	.042
1951 Edgewater Drive	1	7/25/2013	.045	.045	.018	.040	.027	.033	.037
710 Maple Street	1	7/25/2013	.033	.033	.016	.027	.016	.023	.027
2456 Moore Haven Drive	1	7/25/2013	.039	.039	.031	.050	.033	.038	.040
3371 Windchime	1	7/25/2013	.042	.042	.020	.046	.027	.034	.038
3387 Arlie Avenue	1	7/25/2013	.042	.042	.035	.044	.031	.038	.041
2420 Sabre Court	1	7/25/2013	.040	.040	.047	.052	.035	.044	.045

Does the HAA5 LRAA at any monitoring location violate the HAA5 MCL of 0.060 mg/L? (YES/NO)	NO
Does the HAA5 OE value at any monitoring location exceed 0.060 mg/L? (YES/NO)**	NO
If you are on reduced quarterly monitoring, does the HAA5 LRAA exceed 0.030 mg/L at any monitoring location? (YES/NO/NA)***	N/A

* Location names or numbers should correspond to those in your Stage 2 D/DBPR compliance monitoring plan required under 40 CFR 141.622.

** If any HAA5 OE value at any location exceeds 0.060 mg/L, you must conduct an OE and submit an OE report in accordance with 40 CFR 141.626.

*** If any HAA5 LRAA at any location exceeds 0.030 mg/L, you must resume routine quarterly monitoring under 40 CFR 141.621.

SOUTHERN ANALYTICAL LABORATORIES, INC.

110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 813-855-1844 FAX 813-855-2218

Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format

City of Clearwater Water Department
Stage 2 Disinfection By-Products

PUBLIC WATER SYSTEM INFORMATION (to be completed by sampler - please type or print legibly)

System Name: City of Clearwater Water Dept PWS I.D. #: 6 5 2 0 3 3 6

System Type (check one): [X] Community [ ] Nontransient Noncommunity [ ] Transient Noncommunity

Address: 1650 N. Arcturas Ave.

City: Clearwater Zip Code: 33765

Phone: (727) 562-4960 Fax: E-Mail Address:

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: 1307611-01 Sample Date: 7/25/13 Sample Time: 8:58 am [AM] PM (Circle One)

Sample Location (be specific): 3371 Windchime Location Code:

Disinfection Residual (Required when reporting results for trihalomethanes and haloacetic acids): 2.3 mg/L Field pH: 8.18

Sample Type (Check Only One)

- [X] Distribution
- [ ] Entry Point (to Distribution)
- [ ] Plant Tap (not for compliance with 62-550)
- [ ] Raw (at well or intake)
- [ ] Max. Residence Time
- [ ] Ave. Residence Time
- [ ] Near First Customer

Reason (s) for Sample (Check all that apply)

- [X] Routine Compliance with 62-550
- [ ] Confirmation of MCL Exceedance*
- [ ] Composite of Multiple Sites **
- [ ] Other:

- [ ] Replacement (of Invalidated Sample)
- [ ] Special (not for compliance with 62-550)
- [ ] Clearance (permitting)

Sampling Procedure Used or Other Comments:

* See 62-550.500(6) for requirements and restrictions. And 62-550.5.12(3) for nitrate or nitrite exceedances.

** See 62-550.500(4) for requirements and attach a results page for each site

SAMPLER CERTIFICATION

I, Michael Olesh (Print Name), (Print Title) do HEREBY CERTIFY that the above public water system and sample collection information is complete and correct.

Signature: for M. Olesh Date: 8/2/13

Certified Operator #: DW A6440 Phone #: Sampler's Fax #:

Sampler's E-Mail:

Reporting Format 62-550-730
Effective January 1995. Revised February 2010

SOUTHERN ANALYTICAL LABORATORIES, INC.
110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 813-855-1844 FAX 813-855-2218

Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format

City of Clearwater Water Department
Stage 2 Disinfection By-Products

LABORATORY CERTIFICATION INFORMATION (to be completed by lab - please type or print legibly)

Lab Name: Southern Analytical Laboratories, Inc. Florida DOH Certification #: E84129 Certification Expiration Date: 06/30/2014

ATTACH CURRENT DOH ANALYTE SHEET*

Address: 110 Bayview Blvd Oldsmar,FL 34677 Phone: (813) 855-1844

Were any analyses subcontracted? ☐ Yes ☒ No If yes, please provide DOH certification number(s):

ATTACH CURRENT DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB*

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 07/25/2013

PWS ID (From Page 1): 6520336 Sample Number (From Page 1): 1307611-01 Lab Assigned Report # or Job ID: 1307611-01

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 for Asbestos	☐ All 30	☐ All 21	☒ Trihalomethanes	☐ Single Sample	☐ All 14
☐ Partial	☐ All Except Dioxin	☐ Partial	☒ Haloacetic Acids	☐ Qtrly Composite	☐ Partial
☐ Nitrate	☐ Partial		☐ Chlorite		
☐ Nitrite	☐ Dioxin Only		☐ Bromate		
☐ Asbestos					

LAB CERTIFICATION

I, Francis I. Daniels (Print Name), Laboratory Director (Print Title) do HEREBY CERTIFY that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).

Signature: Francis Daniels Date: 07/31/2013

* Failure to provide a valid and current Florida DOH lab certification number and a current Analyte Sheet for the attached analysis results will result in rejection of the report, possible enforcement against the public water system for failure to sample, and may result in notification of the DOH Bureau of Laboratory Services.

** Please provide radiological sample dates & locations for each quarter.

CONFIRMATION & NOTIFICATION IS REQUIRED WITHIN 24 HOURS FOR NITRATE AND NITRITE MCL EXCEEDANCES

NON-DETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" QUALIFIER (Non-detects reported as "BDL" or with a "<" are not acceptable.)

COMPLIANCE DETERMINATION (to be completed by DEP or DOH - attach notes as necessary)

Sample Collection & Analysis Satisfactory: ☐ Yes ☐ No Replacement Sample or Report Requested (circle or highlight group(s) above)

Person Notified: Date Notified: DEP/DOH Reviewing Official:

Reporting Format 62-550-730
Effective January 1995. Revised February 2010

SOUTHERN ANALYTICAL LABORATORIES, INC.
110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 813-855-1844 FAX 813-855-2218

Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format

DISINFECTION BYPRODUCTS
62-550.310(3)

Report Number / Job ID: 1307611-01
Disinfectant Residual (mg/L) (From Page 1): 2.3
PWS ID (From Page 1): 6520336

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Reg MRL**	Analysis Date	Analysis Time	DOH Lab Certification #
2450	Monochloroacetic Acid	N/A	ug/L	0.76	U	EPA 552.2	0.76	2.0	7/30/13	8:44	E84129
2451	Dichloroacetic Acid	N/A	ug/L	19		EPA 552.2	0.68	1.0	7/30/13	8:44	E84129
2452	Trichloroacetic Acid	N/A	ug/L	16		EPA 552.2	0.34	1.0	7/30/13	8:44	E84129
2453	Monobromoacetic Acid	N/A	ug/L	1.2		EPA 552.2	0.33	1.0	7/30/13	8:44	E84129
2454	Dibromoacetic Acid	N/A	ug/L	5.9		EPA 552.2	0.26	1.0	7/30/13	8:44	E84129
2456	Total Haloacetic Acids (HAA5)	60	ug/L	42.10		EPA 552.2	0.26	—	7/30/13	8:44	E84129
Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Reg MRL**	Analysis Date	Analysis Time	DOH Lab Certification #
2941	Chloroform	N/A	ug/L	44		EPA 524.2	0.2	1.0	7/30/13	3:44	E84129
2942	Bromoform	N/A	ug/L	16		EPA 524.2	0.2	1.0	7/30/13	3:44	E84129
2943	Bromodichloromethane	N/A	ug/L	14		EPA 524.2	0.2	1.0	7/30/13	3:44	E84129
2944	Dibromochloromethane	N/A	ug/L	12		EPA 524.2	0.1	1.0	7/30/13	3:44	E84129
2950	Total Trihalomethanes (TTHM)	80	ug/L	86		EPA 524.2	0.1	—	7/30/13	3:44	E84129

** Laboratories are required to adhere to minimum reporting level (MRL) requirements of 40 CFR 141.131(b)(2)(iv). Chlorite regulatory MRL is applicable to monitoring as prescribed in 40 CFR 141.132(b)(2)(i)(B) and (b)(2)(ii). Laboratories that use EPA Methods 317.0 Revision 2.0, 326.0 or 321.8 must meet a 1.0 ug/L MRL for bromate.

*Qualifiers:

U=Analyte was undetected. Indicated concentration is method detection limit.

SOUTHERN ANALYTICAL LABORATORIES, INC.
110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 813-855-1844 FAX 813-855-2218

ACCREDITED IN ACCORDANCE WITH

Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format

City of Clearwater Water Department
Stage 2 Disinfection By-Products

PUBLIC WATER SYSTEM INFORMATION (to be completed by sampler - please type or print legibly)

System Name: City of Clearwater Water Dept PWS I.D. #: 6 5 2 0 3 3 6

System Type (check one): [X] Community [ ] Nontransient Noncommunity [ ] Transient Noncommunity

Address: 1650 N. Arcturas Ave.

City: Clearwater Zip Code: 33765

Phone: (727) 562-4960 Fax: E-Mail Address:

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: 1307611-02 Sample Date: 7/25/13 Sample Time: 8:00 am [AM] PM (Circle One)

Sample Location (be specific): 3387 Arlie Ave Location Code:

Disinfection Residual (Required when reporting results for trihalomethanes and haloacetic acids): 2.7 mg/L Field pH: 7.97

Sample Type (Check Only One)

[X] Distribution
[ ] Entry Point (to Distribution)
[ ] Plant Tap (not for compliance with 62-550)
[ ] Raw (at well or intake)
[ ] Max. Residence Time
[ ] Ave. Residence Time
[ ] Near First Customer

Reason (s) for Sample (Check all that apply)

[X] Routine Compliance with 62-550
[ ] Confirmation of MCL Exceedance*
[ ] Composite of Multiple Sites **
[ ] Other:

[ ] Replacement (of Invalidated Sample)
[ ] Special (not for compliance with 62-550)
[ ] Clearance (permitting)

Sampling Procedure Used or Other Comments:

* See 62-550.500(6) for requirements and restrictions. And 62-550.5.12(3) for nitrate or nitrite exceedances.

** See 62-550.500(4) for requirements and attach a results page for each site

SAMPLER CERTIFICATION

I, Michael Olesh (Print Name) , (Print Title) do HEREBY CERTIFY that the above public water system and sample collection information is complete and correct.

Signature: for M. Olesh Date: 8/2/13

Certified Operator #: DWA6440 Phone #: Sampler's Fax #:

Sampler's E-Mail:

Reporting Format 62-550-730
Effective January 1995. Revised February 2010

SOUTHERN ANALYTICAL LABORATORIES, INC.
110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 813-855-1844 FAX 813-855-2218

Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format

City of Clearwater Water Department
Stage 2 Disinfection By-Products

LABORATORY CERTIFICATION INFORMATION (to be completed by lab - please type or print legibly)

Lab Name: Southern Analytical Laboratories, Inc. Florida DOH Certification #: E84129 Certification Expiration Date: 06/30/2014

ATTACH CURRENT DOH ANALYTE SHEET*

Address: 110 Bayview Blvd Oldsmar,FL 34677 Phone: (813) 855-1844

Were any analyses subcontracted? ☐ Yes ☒ No If yes, please provide DOH certification number(s):

ATTACH CURRENT DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB*

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 07/25/2013

PWS ID (From Page 1): 6520336 Sample Number (From Page 1): 1307611-02 Lab Assigned Report # or Job ID: 1307611-02

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 for Asbestos	☐ All 30	☐ All 21	☒ Trihalomethanes	☐ Single Sample	☐ All 14
☐ Partial	☐ All Except Dioxin	☐ Partial	☒ Haloacetic Acids	☐ Qtrly Composite	☐ Partial
☐ Nitrate	☐ Partial		☐ Chlorite		
☐ Nitrite	☐ Dioxin Only		☐ Bromate		
☐ Asbestos					

LAB CERTIFICATION

I, Francis I. Daniels (Print Name), Laboratory Director (Print Title) do HEREBY CERTIFY that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).

Signature: Francis Daniels Date: 07/31/2013

* Failure to provide a valid and current Florida DOH lab certification number and a current Analyte Sheet for the attached analysis results will result in rejection of the report, possible enforcement against the public water system for failure to sample, and may result in notification of the DOH Bureau of Laboratory Services.

** Please provide radiological sample dates & locations for each quarter.

CONFIRMATION & NOTIFICATION IS REQUIRED WITHIN 24 HOURS FOR NITRATE AND NITRITE MCL EXCEEDANCES

NON-DETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" QUALIFIER (Non-detects reported as "BDL" or with a "<" are not acceptable.)

COMPLIANCE DETERMINATION (to be completed by DEP or DOH - attach notes as necessary)

Sample Collection & Analysis Satisfactory: ☐ Yes ☐ No Replacement Sample or Report Requested (circle or highlight group(s) above)

Person Notified: Date Notified: DEP/DOH Reviewing Official:

Reporting Format 62-550-730
Effective January 1995. Revised February 2010

SOUTHERN ANALYTICAL LABORATORIES, INC.
110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 813-855-1844 FAX 813-855-2218

Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format

DISINFECTION BYPRODUCTS
62-550.310(3)

Report Number / Job ID: 1307611-02
Disinfectant Residual (mg/L) (From Page 1): 2.7
PWS ID (From Page 1): 6520336

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Reg MRL**	Analysis Date	Analysis Time	DOH Lab Certification #
2450	Monochloroacetic Acid	N/A	ug/L	0.76	U	EPA 552.2	0.76	2.0	7/30/13	9:07	E84129
2451	Dichloroacetic Acid	N/A	ug/L	19		EPA 552.2	0.68	1.0	7/30/13	9:07	E84129
2452	Trichloroacetic Acid	N/A	ug/L	16		EPA 552.2	0.34	1.0	7/30/13	9:07	E84129
2453	Monobromoacetic Acid	N/A	ug/L	1.2		EPA 552.2	0.33	1.0	7/30/13	9:07	E84129
2454	Dibromoacetic Acid	N/A	ug/L	6.2		EPA 552.2	0.26	1.0	7/30/13	9:07	E84129
2456	Total Haloacetic Acids (HAA5)	60	ug/L	42.40		EPA 552.2	0.26	—	7/30/13	9:07	E84129

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Reg MRL**	Analysis Date	Analysis Time	DOH Lab Certification #
2941	Chloroform	N/A	ug/L	42		EPA 524.2	0.2	1.0	7/30/13	4:16	E84129
2942	Bromoform	N/A	ug/L	15		EPA 524.2	0.2	1.0	7/30/13	4:16	E84129
2943	Bromodichloromethane	N/A	ug/L	14		EPA 524.2	0.2	1.0	7/30/13	4:16	E84129
2944	Dibromochloromethane	N/A	ug/L	12		EPA 524.2	0.1	1.0	7/30/13	4:16	E84129
2950	Total Trihalomethanes (TTHM)	80	ug/L	83		EPA 524.2	0.1	—	7/30/13	4:16	E84129

** Laboratories are required to adhere to minimum reporting level (MRL) requirements of 40 CFR 141.131(b)(2)(iv). Chlorite regulatory MRL is applicable to monitoring as prescribed in 40 CFR 141.132(b)(2)(i)(B) and (b)(2)(ii). Laboratories that use EPA Methods 317.0 Revision 2.0, 326.0 or 321.8 must meet a 1.0 ug/L MRL for bromate.

*Qualifiers:

U=Analyte was undetected. Indicated concentration is method detection limit.

SOUTHERN ANALYTICAL LABORATORIES, INC.
110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 813-855-1844 FAX 813-855-2218

Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format

City of Clearwater Water Department
Stage 2 Disinfection By-Products

PUBLIC WATER SYSTEM INFORMATION (to be completed by sampler - please type or print legibly)

System Name: City of Clearwater Water Dept PWS I.D. #: 6 5 2 0 3 3 6

System Type (check one): [X] Community [ ] Nontransient Noncommunity [ ] Transient Noncommunity

Address: 1650 N. Arcturas Ave.

City: Clearwater Zip Code: 33765

Phone: (727) 562-4960 Fax: E-Mail Address:

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: 1307611-03 Sample Date: 7/25/13 Sample Time: 8:29 am [AM] PM (Circle One)

Sample Location (be specific): 2420 Sabre Court Location Code:

Disinfection Residual (Required when reporting results for trihalomethanes and haloacetic acids): 4.3 mg/L Field pH: 8.15

Sample Type (Check Only One)

- [X] Distribution
- [ ] Entry Point (to Distribution)
- [ ] Plant Tap (not for compliance with 62-550)
- [ ] Raw (at well or intake)
- [ ] Max. Residence Time
- [ ] Ave. Residence Time
- [ ] Near First Customer

Reason (s) for Sample (Check all that apply)

- [X] Routine Compliance with 62-550
- [ ] Confirmation of MCL Exceedance*
- [ ] Composite of Multiple Sites **
- [ ] Other:
- [ ] Replacement (of Invalidated Sample)
- [ ] Special (not for compliance with 62-550)
- [ ] Clearance (permitting)

Sampling Procedure Used or Other Comments:

* See 62-550.500(6) for requirements and restrictions. And 62-550.5,12(3) for nitrate or nitrite exceedances.

** See 62-550.500(4) for requirements and attach a results page for each site

SAMPLER CERTIFICATION

I, Michael Olesh (Print Name), (Print Title) do HEREBY CERTIFY that the above public water system and sample collection information is complete and correct.

Signature: for M. Olesh Date: 8/2/13

Certified Operator #: DW/6440 Phone #: Sampler's Fax #:

Sampler's E-Mail:

Reporting Format 62-550-730
Effective January 1995. Revised February 2010

SOUTHERN ANALYTICAL LABORATORIES, INC.

110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 813-855-1844 FAX 813-855-2218

Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format

City of Clearwater Water Department
Stage 2 Disinfection By-Products

LABORATORY CERTIFICATION INFORMATION (to be completed by lab - please type or print legibly)

Lab Name: Southern Analytical Laboratories, Inc. Florida DOH Certification #: E84129 Certification Expiration Date: 06/30/2014

ATTACH CURRENT DOH ANALYTE SHEET*

Address: 110 Bayview Blvd Oldsmar,FL 34677 Phone: (813) 855-1844

Were any analyses subcontracted? ☐ Yes ☒ No If yes, please provide DOH certification number(s):

ATTACH CURRENT DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB*

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 07/25/2013

PWS ID (From Page 1): 6520336 Sample Number (From Page 1): 1307611-03 Lab Assigned Report # or Job ID: 1307611-03

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 for Asbestos	☐ All 30	☐ All 21	☒ Trihalomethanes	☐ Single Sample	☐ All 14
☐ Partial	☐ All Except Dioxin	☐ Partial	☒ Haloacetic Acids	☐ Qtrly Composite	☐ Partial
☐ Nitrate	☐ Partial		☐ Chlorite		
☐ Nitrite	☐ Dioxin Only		☐ Bromate		
☐ Asbestos					

LAB CERTIFICATION

I, Francis I. Daniels (Print Name), Laboratory Director (Print Title) do HEREBY CERTIFY that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).

Signature: Fran Dail Date: 07/31/2013

* Failure to provide a valid and current Florida DOH lab certification number and a current Analyte Sheet for the attached analysis results will result in rejection of the report, possible enforcement against the public water system for failure to sample, and may result in notification of the DOH Bureau of Laboratory Services.

** Please provide radiological sample dates & locations for each quarter.

CONFIRMATION & NOTIFICATION IS REQUIRED WITHIN 24 HOURS FOR NITRATE AND NITRITE MCL EXCEEDANCES

NON-DETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" QUALIFIER (Non-detects reported as "BDL" or with a "<" are not acceptable.)

COMPLIANCE DETERMINATION (to be completed by DEP or DOH - attach notes as necessary)

Sample Collection & Analysis Satisfactory: ☐ Yes ☐ No Replacement Sample or Report Requested (circle or highlight group(s) above)

Person Notified: Date Notified: DEP/DOH Reviewing Official:

Reporting Format 62-550-730
Effective January 1995. Revised February 2010

SOUTHERN ANALYTICAL LABORATORIES, INC.
110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 813-855-1844 FAX 813-855-2218

Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format

DISINFECTION BYPRODUCTS
62-550.310(3)

Report Number / Job ID: 1307611-03
Disinfectant Residual (mg/L) (From Page 1): 4.3
PWS ID (From Page 1): 6520338

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Reg MRL**	Analysis Date	Analysis Time	DOH Lab Certification #
2450	Monochloroacetic Acid	N/A	ug/L	0.76	U	EPA 552.2	0.76	2.0	7/30/13	9:29	E84129
2451	Dichloroacetic Acid	N/A	ug/L	17		EPA 552.2	0.68	1.0	7/30/13	9:29	E84129
2452	Trichloroacetic Acid	N/A	ug/L	18		EPA 552.2	0.34	1.0	7/30/13	9:29	E84129
2453	Monobromoacetic Acid	N/A	ug/L	1.0		EPA 552.2	0.33	1.0	7/30/13	9:29	E84129
2454	Dibromoacetic Acid	N/A	ug/L	3.9		EPA 552.2	0.26	1.0	7/30/13	9:29	E84129
2456	Total Haloacetic Acids (HAA5)	60	ug/L	39.90		EPA 552.2	0.26	—	7/30/13	9:29	E84129

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Reg MRL**	Analysis Date	Analysis Time	DOH Lab Certification #
2941	Chloroform	N/A	ug/L	44		EPA 524.2	0.2	1.0	7/30/13	4:48	E84129
2942	Bromoform	N/A	ug/L	11		EPA 524.2	0.2	1.0	7/30/13	4:48	E84129
2943	Bromodichloromethane	N/A	ug/L	11		EPA 524.2	0.2	1.0	7/30/13	4:48	E84129
2944	Dibromochloromethane	N/A	ug/L	7.9		EPA 524.2	0.1	1.0	7/30/13	4:48	E84129
2950	Total Trihalomethanes (TTHM)	80	ug/L	73.9		EPA 524.2	0.1	—	7/30/13	4:48	E84129

** Laboratories are required to adhere to minimum reporting level (MRL) requirements of 40 CFR 141.131(b)(2)(iv). Chlorite regulatory MRL is applicable to monitoring as prescribed in 40 CFR 141.132(b)(2)(i)(B) and (b)(2)(ii). Laboratories that use EPA Methods 317.0 Revision 2.0, 326.0 or 321.8 must meet a 1.0 ug/L MRL for bromate.

*Qualifiers:

U=Analyte was undetected. Indicated concentration is method detection limit.

SOUTHERN ANALYTICAL LABORATORIES, INC.
110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 813-855-1844 FAX 813-855-2218

ACCREDITED IN ACCORDANCE WITH

Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format

City of Clearwater Water Department
Stage 2 Disinfection By-Products

PUBLIC WATER SYSTEM INFORMATION (to be completed by sampler - please type or print legibly)

System Name: City of Clearwater Water Dept PWS I.D. #: 6 5 2 0 3 3 6

System Type (check one): [X] Community [ ] Nontransient Noncommunity [ ] Transient Noncommunity

Address: 1650 N. Arcturas Ave.

City: Clearwater Zip Code: 33765

Phone: (727) 562-4960 Fax: E-Mail Address:

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: 1307611-04 Sample Date: 7/25/13 Sample Time: 7:30 am [AM] PM (Circle One)

Sample Location (be specific): 1985 Byram Drive Location Code:

Disinfection Residual (Required when reporting results for trihalomethanes and haloacetic acids): 4.1 mg/L Field pH: 7.69

Sample Type (Check Only One)

- [X] Distribution
- [ ] Entry Point (to Distribution)
- [ ] Plant Tap (not for compliance with 62-550)
- [ ] Raw (at well or intake)
- [ ] Max. Residence Time
- [ ] Ave. Residence Time
- [ ] Near First Customer

Reason (s) for Sample (Check all that apply)

- [X] Routine Compliance with 62-550
- [ ] Confirmation of MCL Exceedance*
- [ ] Composite of Multiple Sites **
- [ ] Other:

Sampling Procedure Used or Other Comments:

- [ ] Replacement (of Invalidated Sample)
- [ ] Special (not for compliance with 62-550)
- [ ] Clearance (permitting)

* See 62-550.500(6) for requirements and restrictions. And 62-550.5.12(3) for nitrate or nitrite exceedances.

** See 62-550.500(4) for requirements and attach a results page for each site

SAMPLER CERTIFICATION

I, Michael Olesh (Print Name), (Print Title) do HEREBY CERTIFY that the above public water system and sample collection information is complete and correct.

Signature: for M. Olesh Date: 8/2/13

Certified Operator #: DW26440 Phone #: Sampler's Fax #:

Sampler's E-Mail:

Reporting Format 62-550-730
Effective January 1995. Revised February 2010

SOUTHERN ANALYTICAL LABORATORIES, INC.
110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 813-855-1844 FAX 813-855-2218

Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format

City of Clearwater Water Department
Stage 2 Disinfection By-Products

LABORATORY CERTIFICATION INFORMATION (to be completed by lab - please type or print legibly)

Lab Name: Southern Analytical Laboratories, Inc. Florida DOH Certification #: E84129 Certification Expiration Date: 06/30/2014

ATTACH CURRENT DOH ANALYTE SHEET*

Address: 110 Bayview Blvd Oldsmar,FL 34677 Phone: (813) 855-1844

Were any analyses subcontracted? ☐ Yes ☒ No If yes, please provide DOH certification number(s): _____

ATTACH CURRENT DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB*

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 07/25/2013

PWS ID (From Page 1): 8520336 Sample Number (From Page 1): 1307611-04 Lab Assigned Report # or Job ID: 1307611-04

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 for Asbestos	☐ All 30	☐ All 21	☒ Trihalomethanes	☐ Single Sample	☐ All 14
☐ Partial	☐ All Except Dioxin	☐ Partial	☒ Haloacetic Acids	☐ Qtrly Composite	☐ Partial
☐ Nitrate	☐ Partial		☐ Chlorite		
☐ Nitrite	☐ Dioxin Only		☐ Bromate		
☐ Asbestos					

LAB CERTIFICATION

I, Francis I. Daniels (Print Name), Laboratory Director (Print Title) do HEREBY CERTIFY that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).

Signature: _____ Date: 07/31/2013

* Failure to provide a valid and current Florida DOH lab certification number and a current Analyte Sheet for the attached analysis results will result in rejection of the report, possible enforcement against the public water system for failure to sample, and may result in notification of the DOH Bureau of Laboratory Services.

** Please provide radiological sample dates & locations for each quarter.

CONFIRMATION & NOTIFICATION IS REQUIRED WITHIN 24 HOURS FOR NITRATE AND NITRITE MCL EXCEEDANCES

NON-DETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" QUALIFIER (Non-detects reported as "BDL" or with a "<" are not acceptable.)

COMPLIANCE DETERMINATION (to be completed by DEP or DOH - attach notes as necessary)

Sample Collection & Analysis Satisfactory: ☐ Yes ☐ No _____ Replacement Sample or Report Requested (circle or highlight group(s) above)

Person Notified: _____ Date Notified: _____ DEP/DOH Reviewing Official: _____

Reporting Format 62-550-730
Effective January 1995. Revised February 2010

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Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format

DISINFECTION BYPRODUCTS
62-550.310(3)

Report Number / Job ID: 1307611-04
Disinfectant Residual (mg/L) (From Page 1): 4.1
PWS ID (From Page 1): 6520336

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Reg MRL**	Analysis Date	Analysis Time	DOH Lab Certification #
2450	Monochloroacetic Acid	N/A	ug/L	0.76	U	EPA 552.2	0.76	2.0	7/30/13	11:46	E84129
2451	Dichloroacetic Acid	N/A	ug/L	15		EPA 552.2	0.68	1.0	7/30/13	11:46	E84129
2452	Trichloroacetic Acid	N/A	ug/L	15		EPA 552.2	0.34	1.0	7/30/13	11:46	E84129
2453	Monobromoacetic Acid	N/A	ug/L	0.82	I	EPA 552.2	0.33	1.0	7/30/13	11:46	E84129
2454	Dibromoacetic Acid	N/A	ug/L	5.0		EPA 552.2	0.26	1.0	7/30/13	11:46	E84129
2456	Total Haloacetic Acids (HAA5)	60	ug/L	35.82		EPA 552.2	0.26	—	7/30/13	11:46	E84129

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Reg MRL**	Analysis Date	Analysis Time	DOH Lab Certification #
2941	Chloroform	N/A	ug/L	41		EPA 524.2	0.2	1.0	7/30/13	5:20	E84129
2942	Bromoform	N/A	ug/L	16		EPA 524.2	0.2	1.0	7/30/13	5:20	E84129
2943	Bromodichloromethane	N/A	ug/L	12		EPA 524.2	0.2	1.0	7/30/13	5:20	E84129
2944	Dibromochloromethane	N/A	ug/L	11		EPA 524.2	0.1	1.0	7/30/13	5:20	E84129
2950	Total Trihalomethanes (TTHM)	80	ug/L	80		EPA 524.2	0.1	—	7/30/13	5:20	E84129

** Laboratories are required to adhere to minimum reporting level (MRL) requirements of 40 CFR 141.131(b)(2)(iv). Chlorite regulatory MRL is applicable to monitoring as prescribed in 40 CFR 141.132(b)(2)(i)(B) and (b)(2)(ii). Laboratories that use EPA Methods 317.0 Revision 2.0, 326.0 or 321.8 must meet a 1.0 ug/L MRL for bromate.

*Qualifiers:

U=Analyte was undetected. Indicated concentration is method detection limit.
I=The reported value is between the laboratory method detection limit and the laboratory practical quantitation limit.

SOUTHERN ANALYTICAL LABORATORIES, INC.
110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 813-855-1844 FAX 813-855-2218

Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format

City of Clearwater Water Department
Stage 2 Disinfection By-Products

PUBLIC WATER SYSTEM INFORMATION (to be completed by sampler - please type or print legibly)

System Name: City of Clearwater Water Dept PWS I.D. #: 6 5 2 0 3 3 6

System Type (check one): [X] Community [ ] Nontransient Noncommunity [ ] Transient Noncommunity

Address: 1650 N. Arcturas Ave.

City: Clearwater Zip Code: 33765

Phone: (727) 562-4960 Fax: E-Mail Address:

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: 1307611-05 Sample Date: 7/25/13 Sample Time: 7:20 am [AM] PM (Circle One)

Sample Location (be specific): 1616 Ridge Top Way Location Code:

Disinfection Residual (Required when reporting results for trihalomethanes and haloacetic acids): 3.9 mg/L Field pH: 7.73

Sample Type (Check Only One)

[X] Distribution
[ ] Entry Point (to Distribution)
[ ] Plant Tap (not for compliance with 62-550)
[ ] Raw (at well or intake)
[ ] Max. Residence Time
[ ] Ave. Residence Time
[ ] Near First Customer

Reason (s) for Sample (Check all that apply)

[X] Routine Compliance with 62-550
[ ] Confirmation of MCL Exceedance*
[ ] Composite of Multiple Sites **
[ ] Other:

[ ] Replacement (of Invalidated Sample)
[ ] Special (not for compliance with 62-550)
[ ] Clearance (permitting)

Sampling Procedure Used or Other Comments:

* See 62-550.500(6) for requirements and restrictions. And 62-550.5.12(3) for nitrate or nitrite exceedances.

** See 62-550.500(4) for requirements and attach a results page for each site

SAMPLER CERTIFICATION

I, Michael Olesh (Print Name), (Print Title) do HEREBY CERTIFY that the above public water system and sample collection information is complete and correct.

Signature: for M. Olesh Date: 8/2/13

Certified Operator #: DWA 6440 Phone #: Sampler's Fax #:

Sampler's E-Mail:

Reporting Format 62-550-730
Effective January 1995. Revised February 2010

SOUTHERN ANALYTICAL LABORATORIES, INC.

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Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format

City of Clearwater Water Department
Stage 2 Disinfection By-Products

LABORATORY CERTIFICATION INFORMATION (to be completed by lab - please type or print legibly)

Lab Name: Southern Analytical Laboratories, Inc. Florida DOH Certification #: E84129 Certification Expiration Date: 06/30/2014

ATTACH CURRENT DOH ANALYTE SHEET*

Address: 110 Bayview Blvd Oldsmar,FL 34677 Phone: (813) 855-1844

Were any analyses subcontracted? ☐ Yes ☒ No If yes, please provide DOH certification number(s):

ATTACH CURRENT DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB*

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 07/25/2013

PWS ID (From Page 1): 6520336 Sample Number (From Page 1): 1307611-05 Lab Assigned Report # or Job ID: 1307611-05

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 for Asbestos	☐ All 30	☐ All 21	☒ Trihalomethanes	☐ Single Sample	☐ All 14
☐ Partial	☐ All Except Dioxin	☐ Partial	☒ Haloacetic Acids	☐ Qtrly Composite	☐ Partial
☐ Nitrate	☐ Partial		☐ Chlorite		
☐ Nitrite	☐ Dioxin Only		☐ Bromate		
☐ Asbestos					

LAB CERTIFICATION

I, Francis I. Daniels (Print Name), Laboratory Director (Print Title) do HEREBY CERTIFY that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).

Signature: Fran Dail Date: 07/31/2013

* Failure to provide a valid and current Florida DOH lab certification number and a current Analyte Sheet for the attached analysis results will result in rejection of the report, possible enforcement against the public water system for failure to sample, and may result in notification of the DOH Bureau of Laboratory Services.

** Please provide radiological sample dates & locations for each quarter.

CONFIRMATION & NOTIFICATION IS REQUIRED WITHIN 24 HOURS FOR NITRATE AND NITRITE MCL EXCEEDANCES

NON-DETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" QUALIFIER (Non-detects reported as "BDL" or with a "<" are not acceptable.)

COMPLIANCE DETERMINATION (to be completed by DEP or DOH - attach notes as necessary)

Sample Collection & Analysis Satisfactory: ☐ Yes ☐ No Replacement Sample or Report Requested (circle or highlight group(s) above)

Person Notified: Date Notified: DEP/DOH Reviewing Official:

Reporting Format 62-550-730
Effective January 1995, Revised February 2010

SOUTHERN ANALYTICAL LABORATORIES, INC.
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Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format

DISINFECTION BYPRODUCTS
62-550.310(3)

Report Number / Job ID: 1307611-05
Disinfectant Residual (mg/L) (From Page 1): 3.9
PWS ID (From Page 1): 6520336

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Reg MRL**	Analysis Date	Analysis Time	DOH Lab Certification #
2450	Monochloroacetic Acid	N/A	ug/L	0.76	U	EPA 552.2	0.76	2.0	7/30/13	12:09	E84129
2451	Dichloroacetic Acid	N/A	ug/L	16		EPA 552.2	0.68	1.0	7/30/13	12:09	E84129
2452	Trichloroacetic Acid	N/A	ug/L	16		EPA 552.2	0.34	1.0	7/30/13	12:09	E84129
2453	Monobromoacetic Acid	N/A	ug/L	0.50	I	EPA 552.2	0.33	1.0	7/30/13	12:09	E84129
2454	Dibromoacetic Acid	N/A	ug/L	5.3		EPA 552.2	0.26	1.0	7/30/13	12:09	E84129
2456	Total Haloacetic Acids (HAA5)	60	ug/L	37.80		EPA 552.2	0.26	—	7/30/13	12:09	E84129

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Reg MRL**	Analysis Date	Analysis Time	DOH Lab Certification #
2941	Chloroform	N/A	ug/L	41		EPA 524.2	0.2	1.0	7/30/13	5:53	E84129
2942	Bromoform	N/A	ug/L	15		EPA 524.2	0.2	1.0	7/30/13	5:53	E84129
2943	Bromodichloromethane	N/A	ug/L	12		EPA 524.2	0.2	1.0	7/30/13	5:53	E84129
2944	Dibromochloromethane	N/A	ug/L	11		EPA 524.2	0.1	1.0	7/30/13	5:53	E84129
2950	Total Trihalomethanes (TTHM)	80	ug/L	79		EPA 524.2	0.1	—	7/30/13	5:53	E84129

** Laboratories are required to adhere to minimum reporting level (MRL) requirements of 40 CFR 141.131(b)(2)(iv). Chlorite regulatory MRL is applicable to monitoring as prescribed in 40 CFR 141.132(b)(2)(i)(B) and (b)(2)(ii). Laboratories that use EPA Methods 317.0 Revision 2.0, 326.0 or 321.8 must meet a 1.0 ug/L MRL for bromate.

*Qualifiers:

U=Analyte was undetected. Indicated concentration is method detection limit.
I=The reported value is between the laboratory method detection limit and the laboratory practical quantitation limit.

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Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format

City of Clearwater Water Department
Stage 2 Disinfection By-Products

PUBLIC WATER SYSTEM INFORMATION (to be completed by sampler - please type or print legibly)

System Name: City of Clearwater Water Dept PWS I.D. #: 6 5 2 0 3 3 6

System Type (check one): [X] Community [ ] Nontransient Noncommunity [ ] Transient Noncommunity

Address: 1650 N. Arcturas Ave.

City: Clearwater Zip Code: 33765

Phone: (727) 562-4960 Fax: E-Mail Address:

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: 1307611-06 Sample Date: 7/25/13 Sample Time: 9:00 am [AM] PM (Circle One)

Sample Location (be specific): 1951 Edgewater Drive Location Code:

Disinfection Residual (Required when reporting results for trihalomethanes and haloacetic acids): 2.0 mg/L Field pH: 7.72

Sample Type (Check Only One)

- [X] Distribution
- [ ] Entry Point (to Distribution)
- [ ] Plant Tap (not for compliance with 62-550)
- [ ] Raw (at well or intake)
- [ ] Max. Residence Time
- [ ] Ave. Residence Time
- [ ] Near First Customer

Reason (s) for Sample (Check all that apply)

- [X] Routine Compliance with 62-550
- [ ] Confirmation of MCL Exceedance*
- [ ] Composite of Multiple Sites **
- [ ] Other:
- [ ] Replacement (of Invalidated Sample)
- [ ] Special (not for compliance with 62-550)
- [ ] Clearance (permitting)

Sampling Procedure Used or Other Comments:

* See 62-550.500(6) for requirements and restrictions. And 62-550.5.12(3) for nitrate or nitrite exceedances.

** See 62-550.500(4) for requirements and attach a results page for each site

SAMPLER CERTIFICATION

I, Michael Olesh (Print Name) , (Print Title) do HEREBY CERTIFY that the above public water system and sample collection information is complete and correct.

Signature: for M. Olesh Date: 8/2/13

Certified Operator #: DW A6440 Phone #: Sampler's Fax #:

Sampler's E-Mail:

Reporting Format 62-550-730
Effective January 1995. Revised February 2010

SOUTHERN ANALYTICAL LABORATORIES, INC.
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Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format

City of Clearwater Water Department
Stage 2 Disinfection By-Products

LABORATORY CERTIFICATION INFORMATION (to be completed by lab - please type or print legibly)

Lab Name: Southern Analytical Laboratories, Inc. Florida DOH Certification #: E84129 Certification Expiration Date: 06/30/2014

ATTACH CURRENT DOH ANALYTE SHEET*

Address: 110 Bayview Blvd Oldsmar,FL 34677 Phone: (813) 855-1844

Were any analyses subcontracted? ☐ Yes ☒ No If yes, please provide DOH certification number(s):

ATTACH CURRENT DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB*

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 07/25/2013

PWS ID (From Page 1): 6520336 Sample Number (From Page 1): 1307611-06 Lab Assigned Report # or Job ID: 1307611-06

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 for Asbestos	☐ All 30	☐ All 21	☒ Trihalomethanes	☐ Single Sample	☐ All 14
☐ Partial	☐ All Except Dioxin	☐ Partial	☒ Haloacetic Acids	☐ Qtrly Composite	☐ Partial
☐ Nitrate	☐ Partial		☐ Chlorite		
☐ Nitrite	☐ Dioxin Only		☐ Bromate		
☐ Asbestos					

LAB CERTIFICATION

I, Francis I. Daniels (Print Name), Laboratory Director (Print Title) do HEREBY CERTIFY that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).

Signature: [signature] Date: 07/31/2013

* Failure to provide a valid and current Florida DOH lab certification number and a current Analyte Sheet for the attached analysis results will result in rejection of the report, possible enforcement against the public water system for failure to sample, and may result in notification of the DOH Bureau of Laboratory Services.

** Please provide radiological sample dates & locations for each quarter.

CONFIRMATION & NOTIFICATION IS REQUIRED WITHIN 24 HOURS FOR NITRATE AND NITRITE MCL EXCEEDANCES

NON-DETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" QUALIFIER (Non-detects reported as "BDL" or with a "<" are not acceptable.)

COMPLIANCE DETERMINATION (to be completed by DEP or DOH - attach notes as necessary)

Sample Collection & Analysis Satisfactory: ☐ Yes ☐ No Replacement Sample or Report Requested (circle or highlight group(s) above)

Person Notified: Date Notified: DEP/DOH Reviewing Official:

Reporting Format 62-550-730
Effective January 1995. Revised February 2010

SOUTHERN ANALYTICAL LABORATORIES, INC.
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Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format

DISINFECTION BYPRODUCTS
62-550.310(3)

Report Number / Job ID: 1307611-06
Disinfectant Residual (mg/L) (From Page 1): 2.0
PWS ID (From Page 1): 6520336

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Reg MRL**	Analysis Date	Analysis Time	DOH Lab Certification #
2450	Monochloroacetic Acid	N/A	ug/L	0.76	U	EPA 552.2	0.76	2.0	7/30/13	12:32	E84129
2451	Dichloroacetic Acid	N/A	ug/L	20		EPA 552.2	0.68	1.0	7/30/13	12:32	E84129
2452	Trichloroacetic Acid	N/A	ug/L	16		EPA 552.2	0.34	1.0	7/30/13	12:32	E84129
2453	Monobromoacetic Acid	N/A	ug/L	1.1		EPA 552.2	0.33	1.0	7/30/13	12:32	E84129
2454	Dibromoacetic Acid	N/A	ug/L	7.5		EPA 552.2	0.26	1.0	7/30/13	12:32	E84129
2456	Total Haloacetic Acids (HAA5)	60	ug/L	44.60		EPA 552.2	0.26	—	7/30/13	12:32	E84129

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Reg MRL**	Analysis Date	Analysis Time	DOH Lab Certification #
2941	Chloroform	N/A	ug/L	44		EPA 524.2	0.2	1.0	7/30/13	6:25	E84129
2942	Bromoform	N/A	ug/L	17		EPA 524.2	0.2	1.0	7/30/13	6:25	E84129
2943	Bromodichloromethane	N/A	ug/L	15		EPA 524.2	0.2	1.0	7/30/13	6:25	E84129
2944	Dibromochloromethane	N/A	ug/L	13		EPA 524.2	0.1	1.0	7/30/13	6:25	E84129
2950	Total Trihalomethanes (TTHM)	80	ug/L	89		EPA 524.2	0.1	—	7/30/13	6:25	E84129

** Laboratories are required to adhere to minimum reporting level (MRL) requirements of 40 CFR 141.131(b)(2)(iv). Chlorite regulatory MRL is applicable to monitoring as prescribed in 40 CFR 141.132(b)(2)(i)(B) and (b)(2)(ii). Laboratories that use EPA Methods 317.0 Revision 2.0, 326.0 or 321.8 must meet a 1.0 ug/L MRL for bromate.

*Qualifiers:

U=Analyte was undetected. Indicated concentration is method detection limit.

SOUTHERN ANALYTICAL LABORATORIES, INC.
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Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format

City of Clearwater Water Department
Stage 2 Disinfection By-Products

PUBLIC WATER SYSTEM INFORMATION (to be completed by sampler - please type or print legibly)

System Name: City of Clearwater Water Dept PWS I.D. #: 6 5 2 0 3 3 6

System Type (check one): [X] Community [ ] Nontransient Noncommunity [ ] Transient Noncommunity

Address: 1650 N. Arcturas Ave.

City: Clearwater Zip Code: 33765

Phone: (727) 562-4960 Fax: E-Mail Address:

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: 1307611-07 Sample Date: 7/25/13 Sample Time: 8:20 am [AM] PM (Circle One)

Sample Location (be specific): 710 Maple Street Location Code:

Disinfection Residual (Required when reporting results for trihalomethanes and haloacetic acids): 3.0 mg/L. Field pH: 7.75

Sample Type (Check Only One)

- [X] Distribution
- [ ] Entry Point (to Distribution)
- [ ] Plant Tap (not for compliance with 62-550)
- [ ] Raw (at well or intake)
- [ ] Max. Residence Time
- [ ] Ave. Residence Time
- [ ] Near First Customer

Reason (s) for Sample (Check all that apply)

- [X] Routine Compliance with 62-550
- [ ] Confirmation of MCL Exceedance*
- [ ] Composite of Multiple Sites **
- [ ] Other:
- [ ] Replacement (of Invalidated Sample)
- [ ] Special (not for compliance with 62-550)
- [ ] Clearance (permitting)

Sampling Procedure Used or Other Comments:

* See 62-550.500(6) for requirements and restrictions. And 62-550.5.12(3) for nitrate or nitrite exceedances.

** See 62-550.500(4) for requirements and attach a results page for each site

SAMPLER CERTIFICATION

I, Michael Olesh (Print Name), (Print Title) do HEREBY CERTIFY that the above public water system and sample collection information is complete and correct.

Signature: for M. Olesh Date: 8/2/13

Certified Operator #: DW6440 Phone #: Sampler's Fax #:

Sampler's E-Mail:

Reporting Format 62-550-730
Effective January 1995, Revised February 2010

SOUTHERN ANALYTICAL LABORATORIES, INC.
110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 813-855-1844 FAX 813-855-2218

Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format

City of Clearwater Water Department
Stage 2 Disinfection By-Products

LABORATORY CERTIFICATION INFORMATION (to be completed by lab - please type or print legibly)

Lab Name: Southern Analytical Laboratories, Inc. Florida DOH Certification #: E84129 Certification Expiration Date: 06/30/2014

ATTACH CURRENT DOH ANALYTE SHEET*

Address: 110 Bayview Blvd Oldsmar,FL 34677 Phone: (813) 855-1844

Were any analyses subcontracted? ☐ Yes ☒ No If yes, please provide DOH certification number(s):

ATTACH CURRENT DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB*

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 07/25/2013

PWS ID (From Page 1): 6520336 Sample Number (From Page 1): 1307611-07 Lab Assigned Report # or Job ID: 1307611-07

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 for Asbestos	☐ All 30	☐ All 21	☒ Trihalomethanes	☐ Single Sample	☐ All 14
☐ Partial	☐ All Except Dioxin	☐ Partial	☒ Haloacetic Acids	☐ Qtrly Composite	☐ Partial
☐ Nitrate	☐ Partial		☐ Chlorite		
☐ Nitrite	☐ Dioxin Only		☐ Bromate		
☐ Asbestos					

LAB CERTIFICATION

I, Francis I. Daniels (Print Name), Laboratory Director (Print Title) do HEREBY CERTIFY that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).

Signature: Francis Daniels Date: 07/31/2013

* Failure to provide a valid and current Florida DOH lab certification number and a current Analyte Sheet for the attached analysis results will result in rejection of the report, possible enforcement against the public water system for failure to sample, and may result in notification of the DOH Bureau of Laboratory Services.

** Please provide radiological sample dates & locations for each quarter.

CONFIRMATION & NOTIFICATION IS REQUIRED WITHIN 24 HOURS FOR NITRATE AND NITRITE MCL EXCEEDANCES

NON-DETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" QUALIFIER (Non-detects reported as "BDL" or with a "<" are not acceptable.)

COMPLIANCE DETERMINATION (to be completed by DEP or DOH - attach notes as necessary)

Sample Collection & Analysis Satisfactory: ☐ Yes ☐ No Replacement Sample or Report Requested (circle or highlight group(s) above)

Person Notified: Date Notified: DEP/DOH Reviewing Official:

Reporting Format 62-550-730
Effective January 1995, Revised February 2010

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Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format

DISINFECTION BYPRODUCTS
62-550.310(3)

Report Number / Job ID: 1307611-07
Disinfectant Residual (mg/L) (From Page 1): 3.0
PWS ID (From Page 1): 6520336

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Reg MRL**	Analysis Date	Analysis Time	DOH Lab Certification #
2450	Monochloroacetic Acid	N/A	ug/L	0.76	U	EPA 552.2	0.76	2.0	7/30/13	12:56	E84129
2451	Dichloroacetic Acid	N/A	ug/L	11		EPA 552.2	0.68	1.0	7/30/13	12:56	E84129
2452	Trichloroacetic Acid	N/A	ug/L	11		EPA 552.2	0.34	1.0	7/30/13	12:56	E84129
2453	Monobromoacetic Acid	N/A	ug/L	1.8		EPA 552.2	0.33	1.0	7/30/13	12:56	E84129
2454	Dibromoacetic Acid	N/A	ug/L	9.2		EPA 552.2	0.26	1.0	7/30/13	12:56	E84129
2456	Total Haloacetic Acids (HAA5)	60	ug/L	33.00		EPA 552.2	0.26	—	7/30/13	12:56	E84129

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Reg MRL**	Analysis Date	Analysis Time	DOH Lab Certification #
2941	Chloroform	N/A	ug/L	26		EPA 524.2	0.2	1.0	7/30/13	6:57	E84129
2942	Bromoform	N/A	ug/L	31		EPA 524.2	0.2	1.0	7/30/13	6:57	E84129
2943	Bromodichloromethane	N/A	ug/L	11		EPA 524.2	0.2	1.0	7/30/13	6:57	E84129
2944	Dibromochloromethane	N/A	ug/L	18		EPA 524.2	0.1	1.0	7/30/13	6:57	E84129
2950	Total Trihalomethanes (TTHM)	80	ug/L	86		EPA 524.2	0.1	—	7/30/13	6:57	E84129

** Laboratories are required to adhere to minimum reporting level (MRL) requirements of 40 CFR 141.131(b)(2)(iv). Chlorite regulatory MRL is applicable to monitoring as prescribed in 40 CFR 141.132(b)(2)(i)(B) and (b)(2)(ii). Laboratories that use EPA Methods 317.0 Revision 2.0, 326.0 or 321.8 must meet a 1.0 ug/L MRL for bromate.

*Qualifiers:

U=Analyte was undetected. Indicated concentration is method detection limit.

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ACCREDITED IN ACCORDANCE WITH

Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format

City of Clearwater Water Department
Stage 2 Disinfection By-Products

PUBLIC WATER SYSTEM INFORMATION (to be completed by sampler - please type or print legibly)

System Name: City of Clearwater Water Dept PWS I.D. #: 6 5 2 0 3 3 6

System Type (check one): [X] Community [ ] Nontransient Noncommunity [ ] Transient Noncommunity

Address: 1650 N. Arcturas Ave.

City: Clearwater Zip Code: 33765

Phone: (727) 562-4960 Fax: E-Mail Address:

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: 1307611-08 Sample Date: 7/25/13 Sample Time: 7:50 am [AM] PM (Circle One)

Sample Location (be specific): 2456 Moore Haven Dr. Location Code:

Disinfection Residual (Required when reporting results for trihalomethanes and haloacetic acids): 4.4 mg/L Field pH: 7.84

Sample Type (Check Only One)

- [X] Distribution
- [ ] Entry Point (to Distribution)
- [ ] Plant Tap (not for compliance with 62-560)
- [ ] Raw (at well or intake)
- [ ] Max. Residence Time
- [ ] Ave. Residence Time
- [ ] Near First Customer

Reason (s) for Sample (Check all that apply)

- [X] Routine Compliance with 62-550
- [ ] Confirmation of MCL Exceedance*
- [ ] Composite of Multiple Sites **
- [ ] Other:

Sampling Procedure Used or Other Comments:

- [ ] Replacement (of Invalidated Sample)
- [ ] Special (not for compliance with 62-550)
- [ ] Clearance (permitting)

* See 62-550.500(6) for requirements and restrictions. And 62-550.5.12(3) for nitrate or nitrite exceedances.

** See 62-550.500(4) for requirements and attach a results page for each site

SAMPLER CERTIFICATION

I, Michael Olesh (Print Name) , (Print Title) do HEREBY CERTIFY that the above public water system and sample collection information is complete and correct.

Signature: for M. Olesh Date: 8/2/13

Certified Operator #: DW46440 Phone #: Sampler's Fax #:

Sampler's E-Mail:

Reporting Format 62-550-730
Effective January 1995. Revised February 2010

SOUTHERN ANALYTICAL LABORATORIES, INC.
110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 813-855-1844 FAX 813-855-2218

Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format

City of Clearwater Water Department
Stage 2 Disinfection By-Products

LABORATORY CERTIFICATION INFORMATION (to be completed by lab - please type or print legibly)

Lab Name: Southern Analytical Laboratories, Inc. Florida DOH Certification #: E84129 Certification Expiration Date: 06/30/2014

ATTACH CURRENT DOH ANALYTE SHEET*

Address: 110 Bayview Blvd Oldsmar,FL 34677 Phone: (813) 855-1844

Were any analyses subcontracted? ☐ Yes ☒ No If yes, please provide DOH certification number(s): _____

ATTACH CURRENT DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB*

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 07/25/2013

PWS ID (From Page 1): 8520336 Sample Number (From Page 1): 1307611-08 Lab Assigned Report # or Job ID: 1307611-08

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 for Asbestos	☐ All 30	☐ All 21	☒ Trihalomethanes	☐ Single Sample	☐ All 14
☐ Partial	☐ All Except Dioxin	☐ Partial	☒ Haloacetic Acids	☐ Qtrly Composite	☐ Partial
☐ Nitrate	☐ Partial		☐ Chlorite		
☐ Nitrite	☐ Dioxin Only		☐ Bromate		
☐ Asbestos					

LAB CERTIFICATION

I, Francis I. Daniels (Print Name), Laboratory Director (Print Title) do HEREBY CERTIFY that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).

Signature: _____ Date: 07/31/2013

* Failure to provide a valid and current Florida DOH lab certification number and a current Analyte Sheet for the attached analysis results will result in rejection of the report, possible enforcement against the public water system for failure to sample, and may result in notification of the DOH Bureau of Laboratory Services.

** Please provide radiological sample dates & locations for each quarter.

CONFIRMATION & NOTIFICATION IS REQUIRED WITHIN 24 HOURS FOR NITRATE AND NITRITE MCL EXCEEDANCES

NON-DETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" QUALIFIER (Non-detects reported as "BDL" or with a "<" are not acceptable.)

COMPLIANCE DETERMINATION (to be completed by DEP or DOH - attach notes as necessary)

Sample Collection & Analysis Satisfactory: ☐ Yes ☐ No _____ Replacement Sample or Report Requested (circle or highlight group(s) above)

Person Notified: _____ Date Notified: _____ DEP/DOH Reviewing Official: _____

Reporting Format 62-550-730
Effective January 1995. Revised February 2010

SOUTHERN ANALYTICAL LABORATORIES, INC.
110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 813-855-1844 FAX 813-855-2218

Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format

DISINFECTION BYPRODUCTS
62-550.310(3)

Report Number / Job ID: 1307611-08
Disinfectant Residual (mg/L) (From Page 1): 4.4
PWS ID (From Page 1): 6520336

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Reg MRL**	Analysis Date	Analysis Time	DOH Lab Certification #
2450	Monochloroacetic Acid	N/A	ug/L	0.76	U	EPA 552.2	0.76	2.0	7/30/13	13:19	E84129
2451	Dichloroacetic Acid	N/A	ug/L	16		EPA 552.2	0.66	1.0	7/30/13	13:19	E84129
2452	Trichloroacetic Acid	N/A	ug/L	17		EPA 552.2	0.34	1.0	7/30/13	13:19	E84129
2453	Monobromoacetic Acid	N/A	ug/L	0.82	I	EPA 552.2	0.33	1.0	7/30/13	13:19	E84129
2454	Dibromoacetic Acid	N/A	ug/L	4.9		EPA 552.2	0.26	1.0	7/30/13	13:19	E84129
2456	Total Haloacetic Acids (HAA5)	60	ug/L	38.72		EPA 552.2	0.26	—	7/30/13	13:19	E84129

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Reg MRL**	Analysis Date	Analysis Time	DOH Lab Certification #
2941	Chloroform	N/A	ug/L	39		EPA 524.2	0.2	1.0	7/30/13	7:29	E84129
2942	Bromoform	N/A	ug/L	15		EPA 524.2	0.2	1.0	7/30/13	7:29	E84129
2943	Bromodichloromethane	N/A	ug/L	11		EPA 524.2	0.2	1.0	7/30/13	7:29	E84129
2944	Dibromochloromethane	N/A	ug/L	9.7		EPA 524.2	0.1	1.0	7/30/13	7:29	E84129
2950	Total Trihalomethanes (TTHM)	80	ug/L	74.7		EPA 524.2	0.1	—	7/30/13	7:29	E84129

** Laboratories are required to adhere to minimum reporting level (MRL) requirements of 40 CFR 141.131(b)(2)(iv). Chlorite regulatory MRL is applicable to monitoring as prescribed in 40 CFR 141.132(b)(2)(i)(B) and (b)(2)(ii). Laboratories that use EPA Methods 317.0 Revision 2.0, 326.0 or 321.8 must meet a 1.0 ug/L MRL for bromate.

*Qualifiers:

U=Analyte was undetected. Indicated concentration is method detection limit.
I=The reported value is between the laboratory method detection limit and the laboratory practical quantitation limit.

SOUTHERN ANALYTICAL LABORATORIES, INC.
110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 813-855-1844 fax 813-855-2218

SAL Project No. 1307611

Client Name: City of Clearwater Water Department	Contact / Phone: Greg Turman
Project Name / Location: Stage 2 Disinfection By-Products	
Samplers: (Signature) Michael Olsen	

Matrix Codes:
DW-Drinking Water WW-Wastewater
SW-SurfaceWater SL-Sludge SO-Soil
GW-Groundwater SA-Saline Water O-Other
R-Reagent Water

PARAMETER / CONTAINER DESCRIPTION

	Sample Description	Date	Time	Matrix	Composite	Grab	40mL V, $Na_2S_2O_3$ 524 TTHM	40mLaV, NH_4Cl 552.2 HAA	Residual Chlorine	pH										Total number of containers
DM 01	3371 Windchime	~~7-25-13~~	8:58	DW		X	2	3	2.3	[illegible]	8.18									5
02	3387 Arlie Ave.	↓	8:00	DW		X	2	3	2.7	7.97										5
03	2420 Sabre Court	↓	8:29	DW		X	2	3	4.3	8.15										5
04	1985 Byram Drive	↓	7:30	DW		X	2	3	4.1	7.69										5
05	~~1646 Ridge Top Way~~			DW		X	2	3												5
06	~~1951 Edgewater Drive~~			DW		X	2	3												5
07	~~740 Maple Street~~			DW		X	2	3												5
08	~~2456 Morro Haven Drive~~			DW		X	2	3												5
09	~~Trip Blank~~			R		X	1													1

Containers Prepared/ Relinquished:	Date/Time:	Received:	Date/Time:
[signature]	7/17/13 1430	[signature]	
Relinquished: [signature]	Date/Time: 7-25-13 0905	Received: [signature]	Date/Time: 7/25/13 0905
Relinquished:	Date/Time:	Received:	Date/Time:
Relinquished:	Date/Time:	Received:	Date/Time:
Relinquished:	Date/Time:	Received:	Date/Time:

Seal intact?	Y N N/A
Samples intact upon arrival?	Y N N/A
Received on ice? Temp 3.2	Y N N/A
Proper preservatives indicated?	Y N N/A
Rec'd within holding time?	Y N N/A
Volatiles rec'd w/out headspace?	Y N N/A
Proper containers used?	Y N N/A

Instructions / Remarks:

Chain of Custody

Chain of Custody.xls
Rev.Date 11/18/01

SOUTHERN ANALYTICAL LABORATORIES, INC.
110 BAYVIEW BOULEVARD, OLDSMAR FL 34677 813-855-1844 fax 813-855-2218

SAL Project No. 1307611

Client Name	Contact / Phone:
City of Clearwater Water Department	Greg Turman
Project Name / Location	
Stage 2 Disinfection By-Products	
Samplers: (Signature)	

Matrix Codes: DW-Drinking Water WW-Wastewater SW-SurfaceWater SL-Sludge SO-Soil GW-Groundwater SA-Saline Water O-Other R-Reagent Water

SAL Use Only Sample No.	Sample Description	Date	Time	Matrix	Composite	Grab	40mL V, $Na_2S_2O_3$ 524 TTHM	40mL aV, NH_4Cl 552.2 HAA	Residual Chlorine	pH	Total number of containers
01	3371 Windchime			DW		X	2	3			5
02	3387 Arlie Ave.			DW		X	2	3			5
03	2420 Sabre Court			DW		X	2	3			5
04	1985 Byram Drive			DW		X	2	3			5
05	1616 Ridge Top Way	7.25.13	7:20	DW		X	2	3	3.9	7.73	5
06	1951 Edgewater Drive	7.25.13	9:00	DW		X	2	3	2.0	7.72	5
07	710 Maple Street	7.25.13	8:20	DW		X	2	3	3.0	7.75	5
08	2456 Morre Haven Drive	7.25.13	7:50	DW		X	2	3	4.4	7.84	5
09	Trip Blank			R		X	1				1

Containers Prepared: Relinquished:	Date/Time: 7/27/13 1430	Received:	Date/Time:
Relinquished:	Date/Time: 7-25-13 945	Received:	Date/Time: 7-25-13 945
Relinquished:	Date/Time:	Received:	Date/Time:
Relinquished:	Date/Time:	Received:	Date/Time:
Relinquished:	Date/Time	Received:	Date/Time:

Seal intact?	Y N N/A
Samples intact upon arrival?	Y N N/A
Received on ice? Temp_____	Y N N/A
Proper preservatives indicated?	Y N N/A
Rec'd within holding time?	Y N N/A
Volatiles rec'd w/out headspace?	Y N N/A
Proper containers used?	Y N N/A

Instructions / Remarks:

Chain of Custody

Chain of Custody.xls
Rev Date 11/19/01

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#8

CITY OF CLEARWATER

POST OFFICE BOX 4748, CLEARWATER, FLORIDA 33758-4748
1650 N. ARCHTRAS AVENUE, BLDG. C., CLEARWATER, FLORIDA 33765-1945
TELEPHONE (727) 562-4960 FAX (727) 562-4963

PUBLIC UTILITIES

Date: November 6, 2013

Danielle Henry or Gerald Foster
Florida Department of Environmental Protection
Southwest District
13051 N. Telecom Parkway
Temple Terrace, FL 33637-0926

Re: **Fourth** Quarter 2013 Stage II DBP Report
City of Clearwater Public Water System
PWS I.D. No. 6520336

Enclosed, please find the Stage II DBP sampling results for the Fourth Quarter of 2013. Included are TTHM and HAA5 results. All sampling locations are designated sample stations.
If you have any questions or concerns, please contact Greg Turman, Water Production Coordinator, at (727) 462-6326.

Sincerely,

Greg Turman
Water Production Coordinator

Attachments

Cc: Tracy Mercer
Glenn Daniel

STAGE 2 TOTAL TRIHALOMETHANES (TTHM) AND HALOACETIC ACIDS FIVE (HAA5) EXAMPLE REPORTING FORMAT

Subpart H systems serving 500 or more persons and ground water systems serving 10,000 or more persons shall complete applicable pages of this format and submit them to the Department within 10 days after the end of any quarter in which TTHM/HAA5 monitoring is required. Systems on routine or reduced quarterly TTHM/HAA5 monitoring shall complete pages 1, 2, and 3 of this format. (Add additional rows to the tables on pages 2 and 3 as necessary.) Systems on reduced annual TTHM/HAA5 monitoring shall complete pages 1 and 4 of this format. Additionally, Subpart H systems seeking to qualify for, or remain on, reduced quarterly or annual TTHM/HAA5 monitoring shall complete page 5 of this format. (Add additional rows to the table on page 5 as necessary.)

D/DBPR = Disinfectant and Disinfection Byproducts Rule; LRAA = locational running annual average; MCL = maximum contaminant level; OE = operational evaluation; RAA = running annual average; TOC = total organic carbon.

QUARTERLY MONITORING PERIOD: Fourth Quarter 2013

SYSTEM INFORMATION		
PWS ID Number: **6520336**		
PWS Name: **City of Clearwater**		
Source Water Type and Population Size Category:		
☐ Ground Water:	**X** Subpart H:	
☐ 10,000 – 99,999	☐ 500 – 3,300	☐ 250,000 – 999,999
☐ 100,000 – 499,999	☐ 3,301 – 9,999	☐ 1,000,000 – 4,999,999
☐ ≥ 500,000	☐ 10,000 – 49,999	☐ ≥ 5,000,000
	X 50,000 – 249,999	
Monitoring Mode*: **X** Routine Monitoring ☐Reduced Monitoring		
Monitoring Frequency*: **X** Quarterly ☐Annually		
Total Number Of Distribution System Monitoring Locations*: **8**		
Contact Person: **Greg Turman**		
Phone Number: **727-462-6326**		
E-Mail Address (optional): **greg.turman@myclearwater.com**		
Fax Number (optional):		

* See 40 CFR 141.621 and 141.623 for more details.

QUARTERLY MONITORING PERIOD: **Third Quarter 2013**

PWS ID Number: 6520336

TTHM COMPLIANCE SUMMARY FOR SYSTEMS MONITORING QUARTERLY

Monitoring Location*	This Quarter				Previous Quarter	2 Quarters Ago	3 Quarters Ago	TTHM LRAA (mg/L)	TTHM OE Value (mg/L)
	No. of TTHM Samples Taken	Date Each TTHM Sample Taken (mo/da/yr)	TTHM Sample Result (mg/L)	TTHM Locational Quarterly Average (mg/L)	TTHM Locational Quarterly Average (mg/L)	TTHM Locational Quarterly Average (mg/L)	TTHM Locational Quarterly Average (mg/L)		
				A	B	C	D	(A+B+C+D)/4	(2A+B+C)/4
1985 Byram Drive	1	10/25/2013	.064	.064	.080	.084	.065	0.073	0.073
1616 Ridge Top Way	1	10/25/2013	.060	.060	.079	.085	.068	0.073	0.071
1951 Edgewater Drive	1	10/25/2013	.063	.063	.089	.073	.062	0.072	0.072
710 Maple Street	1	10/25/2013	.083	.083	.086	.061	.054	0.071	0.078
2456 Moore Haven Drive	1	10/25/2013	.052	.052	.075	.076	.068	0.068	0.064
3371 Windchime	1	10/25/2013	.059	.059	.086	.076	.065	0.072	0.070
3387 Arlie Avenue	1	10/25/2013	.059	.059	.083	.069	.059	0.068	0.068
2420 Sabre Court	1	10/25/2013	.051	.051	.074	.083	.066	0.069	0.065

Does the TTHM LRAA at any monitoring location violate the TTHM MCL of 0.080 mg/L? (YES/NO)	NO
Does the TTHM OE value at any monitoring location exceed 0.080 mg/L? (YES/NO)**	NO
If you are on reduced quarterly monitoring, does the TTHM LRAA exceed 0.040 mg/L at any monitoring location? (YES/NO/NA)***	N/A

* Location names or numbers should correspond to those in your Stage 2 D/DBPR compliance monitoring plan required under 40 CFR 141.622.

** If any TTHM OE value at any location exceeds 0.080 mg/L, you must conduct an OE and submit an OE report in accordance with 40 CFR 141.626.

*** If any TTHM LRAA at any location exceeds 0.040 mg/L, you must resume routine quarterly monitoring under 40 CFR 141.621.

QUARTERLY MONITORING PERIOD: **Third Quarter 2013**

PWS ID Number: 6520336

HAA5 COMPLIANCE SUMMARY FOR SYSTEMS MONITORING QUARTERLY

Monitoring Location*	This Quarter				Previous Quarter	2 Quarters Ago	3 Quarters Ago		
	No. of HAA5 Samples Taken	Date Each HAA5 Sample Taken (mo/da/yr)	HAA5 Sample Result (mg/L)	HAA5 Locational Quarterly Average (mg/L)	HAA5 Locational Quarterly Average (mg/L)	HAA5 Locational Quarterly Average (mg/L)	HAA5 Locational Quarterly Average (mg/L)	HAA5 LRAA (mg/L)	HAA5 OE Value (mg/L)
				A	B	C	D	(A+B+C+D)/4	(2A+B+C)/4
1985 Byram Drive	1	10/25/2013	.015	.015	.036	.049	.046	0.037	0.029
1616 Ridge Top Way	1	10/25/2013	.014	.014	.038	.038	.051	0.035	0.026
1951 Edgewater Drive	1	10/25/2013	.018	.018	.045	.018	.040	0.030	0.025
710 Maple Street	1	10/25/2013	.018	.018	.033	.016	.027	0.024	0.021
2456 Moore Haven Drive	1	10/25/2013	.014	.014	.039	.031	.050	0.034	0.025
3371 Windchime	1	10/25/2013	.011	.011	.042	.020	.046	0.030	0.021
3387 Arlie Avenue	1	10/25/2013	.015	.015	.042	.035	.044	0.034	0.027
2420 Sabre Court	1	10/25/2013	.014	.014	.040	.047	.052	0.038	0.029

Does the HAA5 LRAA at any monitoring location violate the HAA5 MCL of 0.060 mg/L? (YES/NO)	NO
Does the HAA5 OE value at any monitoring location exceed 0.060 mg/L? (YES/NO)**	NO
If you are on reduced quarterly monitoring, does the HAA5 LRAA exceed 0.030 mg/L at any monitoring location? (YES/NO/NA)***	N/A

* Location names or numbers should correspond to those in your Stage 2 D/DBPR compliance monitoring plan required under 40 CFR 141.622.

** If any HAA5 OE value at any location exceeds 0.060 mg/L, you must conduct an OE and submit an OE report in accordance with 40 CFR 141.626.

*** If any HAA5 LRAA at any location exceeds 0.030 mg/L, you must resume routine quarterly monitoring under 40 CFR 141.621.

SOUTHERN ANALYTICAL LABORATORIES, INC.

110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 813-855-1844 FAX 813-855-2218

ACCREDITED IN ACCORDANCE WITH

Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format

City of Clearwater Water Department
Stage 2 Disinfection By-Products

PUBLIC WATER SYSTEM INFORMATION (to be completed by sampler - please type or print legibly)

System Name: City of Clearwater Water Dept PWS I.D. #: 6 5 2 0 3 3 6

System Type (check one): [X] Community [ ] Nontransient Noncommunity [ ] Transient Noncommunity

Address: 1650 N. Arcturas Ave.

City: Clearwater Zip Code: 33765

Phone: (727) 562-4960 Fax: E-Mail Address:

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: 1311519-01 Sample Date: 10/25/13 Sample Time: 9:28 am [AM] PM (Circle One)

Sample Location (be specific): 3371 Windchime Location Code:

Disinfection Residual (Required when reporting results for trihalomethanes and haloacetic acids): 2.7 mg/L Field pH: 7.27

Sample Type (Check Only One)

- [X] Distribution
- [ ] Entry Point (to Distribution)
- [ ] Plant Tap (not for compliance with 62-550)
- [ ] Raw (at well or intake)
- [ ] Max. Residence Time
- [ ] Ave. Residence Time
- [ ] Near First Customer

Reason (s) for Sample (Check all that apply)

- [X] Routine Compliance with 62-550
- [ ] Confirmation of MCL Exceedance*
- [ ] Composite of Multiple Sites **
- [ ] Other:
- [ ] Replacement (of Invalidated Sample)
- [ ] Special (not for compliance with 62-550)
- [ ] Clearance (permitting)

Sampling Procedure Used or Other Comments:

* See 62-550.500(6) for requirements and restrictions. And 62-550.5.12(3) for nitrate or nitrite exceedances.

** See 62-550.500(4) for requirements and attach a results page for each site

SAMPLER CERTIFICATION

I, Deane Murray (Print Name) , Water Quality Tech (Print Title) do HEREBY CERTIFY that the above public water system and sample collection information is complete and correct.

Signature: for D. Murray Date: 11/6/13

Certified Operator #: DWA 6440 Phone #: Sampler's Fax #:

Sampler's E-Mail:

Reporting Format 62-550-730
Effective January 1995. Revised February 2010

SOUTHERN ANALYTICAL LABORATORIES, INC.

110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 813-855-1844 FAX 813-855-2218

ACCREDITED IN ACCORDANCE WITH

Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format

City of Clearwater Water Department
Stage 2 Disinfection By-Products

LABORATORY CERTIFICATION INFORMATION (to be completed by lab - please type or print legibly)

Lab Name: Southern Analytical Laboratories, Inc. Florida DOH Certification #: E84129 Certification Expiration Date: 06/30/2014

ATTACH CURRENT DOH ANALYTE SHEET*

Address: 110 Bayview Blvd Oldsmar,FL 34677 Phone: (813) 855-1844

Were any analyses subcontracted? ☐ Yes ☒ No If yes, please provide DOH certification number(s):

ATTACH CURRENT DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB*

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 10/25/2013

PWS ID (From Page 1): 6520336 Sample Number (From Page 1): 1311519-01 Lab Assigned Report # or Job ID: 1311519-01

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 for Asbestos	☐ All 30	☐ All 21	☒ Trihalomethanes	☐ Single Sample	☐ All 14
☐ Partial	☐ All Except Dioxin	☐ Partial	☒ Haloacetic Acids	☐ Qtrly Composite	☐ Partial
☐ Nitrate	☐ Partial		☐ Chlorite		
☐ Nitrite	☐ Dioxin Only		☐ Bromate		
☐ Asbestos					

LAB CERTIFICATION

I, Francis I. Daniels (Print Name), Laboratory Director (Print Title) do HEREBY CERTIFY that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).

Signature: Fran Dail Date: 11/04/2013

* Failure to provide a valid and current Florida DOH lab certification number and a current Analyte Sheet for the attached analysis results will result in rejection of the report, possible enforcement against the public water system for failure to sample, and may result in notification of the DOH Bureau of Laboratory Services.

** Please provide radiological sample dates & locations for each quarter.

CONFIRMATION & NOTIFICATION IS REQUIRED WITHIN 24 HOURS FOR NITRATE AND NITRITE MCL EXCEEDANCES

NON-DETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" QUALIFIER (Non-detects reported as "BDL" or with a "<" are not acceptable.)

COMPLIANCE DETERMINATION (to be completed by DEP or DOH - attach notes as necessary)

Sample Collection & Analysis Satisfactory: ☐ Yes ☐ No Replacement Sample or Report Requested (circle or highlight group(s) above)

Person Notified: Date Notified: DEP/DOH Reviewing Official:

Reporting Format 62-550-730
Effective January 1995. Revised February 2010

SOUTHERN ANALYTICAL LABORATORIES, INC.
110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 813-855-1844 FAX 813-856-2218

Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format

DISINFECTION BYPRODUCTS
62-550.310(3)

Report Number / Job ID: 1311519-01
Disinfectant Residual (mg/L) (From Page 1): 2.7
PWS ID (From Page 1): 6520336

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Reg MRL**	Analysis Date	Analysis Time	DOH Lab Certification #
2450	Monochloroacetic Acid	N/A	ug/L	0.77	U	EPA 552.2	0.77	2.0	11/2/13	3:38	E84129
2451	Dichloroacetic Acid	N/A	ug/L	5.2		EPA 552.2	0.69	1.0	11/2/13	3:38	E84129
2452	Trichloroacetic Acid	N/A	ug/L	1.4		EPA 552.2	0.35	1.0	11/2/13	3:38	E84129
2453	Monobromoacetic Acid	N/A	ug/L	0.74	I	EPA 552.2	0.34	1.0	11/2/13	3:38	E84129
2454	Dibromoacetic Acid	N/A	ug/L	3.9		EPA 552.2	0.27	1.0	11/2/13	3:38	E84129
2456	Total Haloacetic Acids (HAA5)	60	ug/L	11.24		EPA 552.2	0.27	—	11/2/13	3:38	E84129
Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Reg MRL**	Analysis Date	Analysis Time	DOH Lab Certification #
2941	Chloroform	N/A	ug/L	13		EPA 524.2	0.2	1.0	10/26/13	5:05	E84129
2942	Bromoform	N/A	ug/L	19		EPA 524.2	0.2	1.0	10/26/13	5:05	E84129
2943	Bromodichloromethane	N/A	ug/L	12		EPA 524.2	0.2	1.0	10/26/13	5:05	E84129
2944	Dibromochloromethane	N/A	ug/L	15		EPA 524.2	0.1	1.0	10/26/13	5:05	E84129
2950	Total Trihalomethanes (TTHM)	80	ug/L	59		EPA 524.2	0.1	—	10/26/13	5:05	E84129

** Laboratories are required to adhere to minimum reporting level (MRL) requirements of 40 CFR 141.131(b)(2)(iv). Chlorite regulatory MRL is applicable to monitoring as prescribed in 40 CFR 141.132(b)(2)(i)(B) and (b)(2)(ii). Laboratories that use EPA Methods 317.0 Revision 2.0, 326.0 or 321.8 must meet a 1.0 ug/L MRL for bromate.

*Qualifiers:

U=Analyte was undetected. Indicated concentration is method detection limit.
I=The reported value is between the laboratory method detection limit and the laboratory practical quantitation limit.

SOUTHERN ANALYTICAL LABORATORIES, INC.

110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 813-855-1844 FAX 813-855-2218

ACCREDITED IN ACCORDANCE WITH

Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format

City of Clearwater Water Department
Stage 2 Disinfection By-Products

PUBLIC WATER SYSTEM INFORMATION (to be completed by sampler - please type or print legibly)

System Name: City of Clearwater Water Dept PWS I.D. #: 6 5 2 0 3 3 6

System Type (check one): [X] Community [ ] Nontransient Noncommunity [ ] Transient Noncommunity

Address: 1650 N. Arcturus Ave.

City: Clearwater Zip Code: 33765

Phone: (727) 562-4960 Fax: E-Mail Address:

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: 1311519-02 Sample Date: 10/25/13 Sample Time: 8:40 am [AM] PM (Circle One)

Sample Location (be specific): 3387 Arlie Ave. Location Code:

Disinfection Residual (Required when reporting results for trihalomethanes and haloacetic acids): 2.5 mg/L Field pH: 7.26

Sample Type (Check Only One)

[X] Distribution
[ ] Entry Point (to Distribution)
[ ] Plant Tap (not for compliance with 62-550)
[ ] Raw (at well or intake)
[ ] Max. Residence Time
[ ] Ave. Residence Time
[ ] Near First Customer

Reason (s) for Sample (Check all that apply)

[X] Routine Compliance with 62-550
[ ] Confirmation of MCL Exceedance*
[ ] Composite of Multiple Sites **
[ ] Other:

[ ] Replacement (of Invalidated Sample)
[ ] Special (not for compliance with 62-550)
[ ] Clearance (permitting)

Sampling Procedure Used or Other Comments:

* See 62-550.500(6) for requirements and restrictions. And 62-550.5.12(3) for nitrate or nitrite exceedances.

** See 62-550.500(4) for requirements and attach a results page for each site

SAMPLER CERTIFICATION

I, Deane Murray (Print Name), Water Quality Tech (Print Title) do HEREBY CERTIFY that the above public water system and sample collection information is complete and correct.

Signature: Deane D. Murray Date: 11/6/13

Certified Operator #: DWA 6440 Phone #: Sampler's Fax #:

Sampler's E-Mail:

Reporting Format 62-550-730
Effective January 1995. Revised February 2010

SOUTHERN ANALYTICAL LABORATORIES, INC.
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ACCREDITED IN ACCORDANCE WITH

Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format

City of Clearwater Water Department
Stage 2 Disinfection By-Products

LABORATORY CERTIFICATION INFORMATION (to be completed by lab - please type or print legibly)

Lab Name: Southern Analytical Laboratories, Inc. Florida DOH Certification #: E84129 Certification Expiration Date: 06/30/2014

ATTACH CURRENT DOH ANALYTE SHEET*

Address: 110 Bayview Blvd Oldsmar,FL 34677 Phone: (813) 855-1844

Were any analyses subcontracted? ☐ Yes ☒ No If yes, please provide DOH certification number(s):

ATTACH CURRENT DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB*

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 10/25/2013

PWS ID (From Page 1): 6520336 Sample Number (From Page 1): 1311519-02 Lab Assigned Report # or Job ID: 1311519-02

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 for Asbestos	☐ All 30	☐ All 21	☒ Trihalomethanes	☐ Single Sample	☐ All 14
☐ Partial	☐ All Except Dioxin	☐ Partial	☒ Haloacetic Acids	☐ Qtrly Composite	☐ Partial
☐ Nitrate	☐ Partial		☐ Chlorite		
☐ Nitrite	☐ Dioxin Only		☐ Bromate		
☐ Asbestos					

LAB CERTIFICATION

I, Francis I. Daniels (Print Name), Laboratory Director (Print Title) do HEREBY CERTIFY that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).

Signature: Francis Daniels Date: 11/04/2013

* Failure to provide a valid and current Florida DOH lab certification number and a current Analyte Sheet for the attached analysis results will result in rejection of the report, possible enforcement against the public water system for failure to sample, and may result in notification of the DOH Bureau of Laboratory Services.

** Please provide radiological sample dates & locations for each quarter.

CONFIRMATION & NOTIFICATION IS REQUIRED WITHIN 24 HOURS FOR NITRATE AND NITRITE MCL EXCEEDANCES

NON-DETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" QUALIFIER (Non-detects reported as "BDL" or with a "<" are not acceptable.)

COMPLIANCE DETERMINATION (to be completed by DEP or DOH - attach notes as necessary)

Sample Collection & Analysis Satisfactory: ☐ Yes ☐ No Replacement Sample or Report Requested (circle or highlight group(s) above)

Person Notified: Date Notified: DEP/DOH Reviewing Official:

Reporting Format 62-550-730
Effective January 1995. Revised February 2010

SOUTHERN ANALYTICAL LABORATORIES, INC.
110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 813-855-1844 FAX 813-855-2218

Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format

DISINFECTION BYPRODUCTS
62-550.310(3)

Report Number / Job ID: 1311519-02
Disinfectant Residual (mg/L) (From Page 1): 2.5
PWS ID (From Page 1): 6520336

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Reg MRL**	Analysis Date	Analysis Time	DOH Lab Certification #
2450	Monochloroacetic Acid	N/A	ug/L	0.78	U	EPA 552.2	0.78	2.0	11/2/13	5:08	E84129
2451	Dichloroacetic Acid	N/A	ug/L	6.2		EPA 552.2	0.70	1.0	11/2/13	5:08	E84129
2452	Trichloroacetic Acid	N/A	ug/L	2.1		EPA 552.2	0.35	1.0	11/2/13	5:08	E84129
2453	Monobromoacetic Acid	N/A	ug/L	0.97	I	EPA 552.2	0.34	1.0	11/2/13	5:08	E84129
2454	Dibromoacetic Acid	N/A	ug/L	5.5		EPA 552.2	0.27	1.0	11/2/13	5:08	E84129
2456	Total Haloacetic Acids (HAA5)	60	ug/L	14.77		EPA 552.2	0.27	—	11/2/13	5:08	E84129
Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Reg MRL**	Analysis Date	Analysis Time	DOH Lab Certification #
2941	Chloroform	N/A	ug/L	13		EPA 524.2	0.2	1.0	10/26/13	5:37	E84129
2942	Bromoform	N/A	ug/L	20		EPA 524.2	0.2	1.0	10/26/13	5:37	E84129
2943	Bromodichloromethane	N/A	ug/L	12		EPA 524.2	0.2	1.0	10/26/13	5:37	E84129
2944	Dibromochloromethane	N/A	ug/L	14		EPA 524.2	0.1	1.0	10/26/13	5:37	E84129
2950	Total Trihalomethanes (TTHM)	80	ug/L	59		EPA 524.2	0.1	—	10/26/13	5:37	E84129

** Laboratories are required to adhere to minimum reporting level (MRL) requirements of 40 CFR 141.131(b)(2)(iv). Chlorite regulatory MRL is applicable to monitoring as prescribed in 40 CFR 141.132(b)(2)(i)(B) and (b)(2)(ii). Laboratories that use EPA Methods 317.0 Revision 2.0, 326.0 or 321.8 must meet a 1.0 ug/L MRL for bromate.

*Qualifiers:

U=Analyte was undetected. Indicated concentration is method detection limit.
I=The reported value is between the laboratory method detection limit and the laboratory practical quantitation limit.

SOUTHERN ANALYTICAL LABORATORIES, INC.

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ACCREDITED IN ACCORDANCE WITH

Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format

City of Clearwater Water Department
Stage 2 Disinfection By-Products

PUBLIC WATER SYSTEM INFORMATION (to be completed by sampler - please type or print legibly)

System Name: City of Clearwater Water Dept PWS I.D. #: 6 5 2 0 3 3 6

System Type (check one): [X] Community [ ] Nontransient Noncommunity [ ] Transient Noncommunity

Address: 1650 N. Arcturas Ave.

City: Clearwater Zip Code: 33765

Phone: (727) 562-4960 Fax: E-Mail Address:

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: 1311519-03 Sample Date: 10/25/13 Sample Time: 9:07 am [AM] PM (Circle One)

Sample Location (be specific): 2420 Sabre Court Location Code:

Disinfection Residual (Required when reporting results for trihalomethanes and haloacetic acids): 3.5 mg/L Field pH: 7.38

Sample Type (Check Only One)

[X] Distribution
[ ] Entry Point (to Distribution)
[ ] Plant Tap (not for compliance with 62-550)
[ ] Raw (at well or intake)
[ ] Max. Residence Time
[ ] Ave. Residence Time
[ ] Near First Customer

Reason (s) for Sample (Check all that apply)

[X] Routine Compliance with 62-550
[ ] Confirmation of MCL Exceedance*
[ ] Composite of Multiple Sites **
[ ] Other:
[ ] Replacement (of Invalidated Sample)
[ ] Special (not for compliance with 62-550)
[ ] Clearance (permitting)

Sampling Procedure Used or Other Comments:

* See 62-550.500(6) for requirements and restrictions. And 62-550.5.12(3) for nitrate or nitrite exceedances.

** See 62-550.500(4) for requirements and attach a results page for each site

SAMPLER CERTIFICATION

I, Deane Murray (Print Name) Water Quality Tech (Print Title) do HEREBY CERTIFY that the above public water system and sample collection information is complete and correct.

Signature: for D. Murray Date: 11/6/13

Certified Operator #: DWAG440 Phone #: Sampler's Fax #:

Sampler's E-Mail:

Reporting Format 62-550-730
Effective January 1995. Revised February 2010

SOUTHERN ANALYTICAL LABORATORIES, INC.

110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 813-855-1844 FAX 813-855-2218

Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format

City of Clearwater Water Department
Stage 2 Disinfection By-Products

LABORATORY CERTIFICATION INFORMATION (to be completed by lab - please type or print legibly)

Lab Name: Southern Analytical Laboratories, Inc. Florida DOH Certification #: E84129 Certification Expiration Date: 06/30/2014

ATTACH CURRENT DOH ANALYTE SHEET*

Address: 110 Bayview Blvd Oldsmar,FL 34677 Phone: (813) 855-1844

Were any analyses subcontracted? ☐ Yes ☒ No If yes, please provide DOH certification number(s):

ATTACH CURRENT DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB*

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 10/25/2013

PWS ID (From Page 1): 6520336 Sample Number (From Page 1): 1311519-03 Lab Assigned Report # or Job ID: 1311519-03

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 for Asbestos	☐ All 30	☐ All 21	☒ Trihalomethanes	☐ Single Sample	☐ All 14
☐ Partial	☐ All Except Dioxin	☐ Partial	☒ Haloacetic Acids	☐ Qtrly Composite	☐ Partial
☐ Nitrate	☐ Partial		☐ Chlorite		
☐ Nitrite	☐ Dioxin Only		☐ Bromate		
☐ Asbestos					

LAB CERTIFICATION

I, Francis L Daniels (Print Name), Laboratory Director (Print Title) do HEREBY CERTIFY that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).

Signature: Francis Daniels Date: 11/04/2013

* Failure to provide a valid and current Florida DOH lab certification number and a current Analyte Sheet for the attached analysis results will result in rejection of the report, possible enforcement against the public water system for failure to sample, and may result in notification of the DOH Bureau of Laboratory Services.

** Please provide radiological sample dates & locations for each quarter.

CONFIRMATION & NOTIFICATION IS REQUIRED WITHIN 24 HOURS FOR NITRATE AND NITRITE MCL EXCEEDANCES

NON-DETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" QUALIFIER (Non-detects reported as "BDL" or with a "<" are not acceptable.)

COMPLIANCE DETERMINATION (to be completed by DEP or DOH - attach notes as necessary)

Sample Collection & Analysis Satisfactory: ☐ Yes ☐ No Replacement Sample or Report Requested (circle or highlight group(s) above)

Person Notified: Date Notified: DEP/DOH Reviewing Official:

Reporting Format 62-550-730
Effective January 1995. Revised February 2010

SOUTHERN ANALYTICAL LABORATORIES, INC.
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Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format

DISINFECTION BYPRODUCTS
62-550.310(3)

Report Number / Job ID: 1311519-03
Disinfectant Residual (mg/L) (From Page 1): 3.5
PWS ID (From Page 1): 6520336

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Reg MRL**	Analysis Date	Analysis Time	DOH Lab Certification #
2450	Monochloroacetic Acid	N/A	ug/L	0.76	U	EPA 552.2	0.76	2.0	11/2/13	5:31	E84129
2451	Dichloroacetic Acid	N/A	ug/L	5.4		EPA 552.2	0.68	1.0	11/2/13	5:31	E84129
2452	Trichloroacetic Acid	N/A	ug/L	2.1		EPA 552.2	0.34	1.0	11/2/13	5:31	E84129
2453	Monobromoacetic Acid	N/A	ug/L	0.91	I	EPA 552.2	0.33	1.0	11/2/13	5:31	E84129
2454	Dibromoacetic Acid	N/A	ug/L	5.4		EPA 552.2	0.26	1.0	11/2/13	5:31	E84129
2456	Total Haloacetic Acids (HAA5)	60	ug/L	13.81		EPA 552.2	0.26	—	11/2/13	5:31	E84129

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Reg MRL**	Analysis Date	Analysis Time	DOH Lab Certification #
2941	Chloroform	N/A	ug/L	11		EPA 524.2	0.2	1.0	10/26/13	6:09	E84129
2942	Bromoform	N/A	ug/L	17		EPA 524.2	0.2	1.0	10/26/13	6:09	E84129
2943	Bromodichloromethane	N/A	ug/L	10		EPA 524.2	0.2	1.0	10/26/13	6:09	E84129
2944	Dibromochloromethane	N/A	ug/L	13		EPA 524.2	0.1	1.0	10/26/13	6:09	E84129
2950	Total Trihalomethanes (TTHM)	80	ug/L	51		EPA 524.2	0.1	—	10/26/13	6:09	E84129

** Laboratories are required to adhere to minimum reporting level (MRL) requirements of 40 CFR 141.131(b)(2)(iv). Chlorite regulatory MRL is applicable to monitoring as prescribed in 40 CFR 141.132(b)(2)(i)(B) and (b)(2)(ii). Laboratories that use EPA Methods 317.0 Revision 2.0, 326.0 or 321.8 must meet a 1.0 ug/L MRL for bromate.

*Qualifiers:

U=Analyte was undetected. Indicated concentration is method detection limit.
I=The reported value is between the laboratory method detection limit and the laboratory practical quantitation limit.

SOUTHERN ANALYTICAL LABORATORIES, INC.

110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 813-855-1844 FAX 813-855-2218

ACCREDITED IN ACCORDANCE WITH

Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format

City of Clearwater Water Department
Stage 2 Disinfection By-Products

PUBLIC WATER SYSTEM INFORMATION (to be completed by sampler - please type or print legibly)

System Name: City of Clearwater Water Dept PWS I.D. #: 6 5 2 0 3 3 6

System Type (check one): [X] Community [ ] Nontransient Noncommunity [ ] Transient Noncommunity

Address: 1650 N. Arcturas Ave.

City: Clearwater Zip Code: 33765

Phone: (727) 562-4960 Fax: E-Mail Address:

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: 1311519-04 Sample Date: 10/25/13 Sample Time: 8:10 am [AM] PM (Circle One)

Sample Location (be specific): 1985 Byram Drive Location Code:

Disinfection Residual (Required when reporting results for trihalomethanes and haloacetic acids): 3.3 mg/L Field pH: 7.16

Sample Type (Check Only One)

[X] Distribution
[ ] Entry Point (to Distribution)
[ ] Plant Tap (not for compliance with 62-550)
[ ] Raw (at well or intake)
[ ] Max. Residence Time
[ ] Ave. Residence Time
[ ] Near First Customer

Reason (s) for Sample (Check all that apply)

[X] Routine Compliance with 62-550
[ ] Confirmation of MCL Exceedance*
[ ] Composite of Multiple Sites **
[ ] Other:

[ ] Replacement (of Invalidated Sample)
[ ] Special (not for compliance with 62-550)
[ ] Clearance (permitting)

Sampling Procedure Used or Other Comments:

* See 62-550.500(6) for requirements and restrictions. And 62-550.5.12(3) for nitrate or nitrite exceedances.

** See 62-550.500(4) for requirements and attach a results page for each site

SAMPLER CERTIFICATION

I, Deane Murray (Print Name), Water Quality Tech (Print Title) do HEREBY CERTIFY that the above public water system and sample collection information is complete and correct.

Signature: for D. Murray Date: 11/6/13

Certified Operator #: DW6440 Phone #: Sampler's Fax #:

Sampler's E-Mail:

Reporting Format 62-550-730
Effective January 1995. Revised February 2010

SOUTHERN ANALYTICAL LABORATORIES, INC.

110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 813-855-1844 FAX 813-855-2218

ACCREDITED IN ACCORDANCE WITH

Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format

City of Clearwater Water Department
Stage 2 Disinfection By-Products

LABORATORY CERTIFICATION INFORMATION (to be completed by lab - please type or print legibly)

Lab Name: Southern Analytical Laboratories, Inc. Florida DOH Certification #: E84128 Certification Expiration Date: 06/30/2014

ATTACH CURRENT DOH ANALYTE SHEET*

Address: 110 Bayview Blvd Oldsmar,FL 34677 Phone: (813) 855-1844

Were any analyses subcontracted? ☐ Yes ☒ No If yes, please provide DOH certification number(s):

ATTACH CURRENT DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB*

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 10/25/2013

PWS ID (From Page 1): 6520336 Sample Number (From Page 1): 1311519-04 Lab Assigned Report # or Job ID: 1311519-04

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 for Asbestos	☐ All 30	☐ All 21	☒ Trihalomethanes	☐ Single Sample	☐ All 14
☐ Partial	☐ All Except Dioxin	☐ Partial	☒ Haloacetic Acids	☐ Qtrly Composite	☐ Partial
☐ Nitrate	☐ Partial		☐ Chlorite		
☐ Nitrite	☐ Dioxin Only		☐ Bromate		
☐ Asbestos					

LAB CERTIFICATION

I, Francis I. Daniels (Print Name), Laboratory Director (Print Title) do HEREBY CERTIFY

that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).

Signature: Fran Dail Date: 11/04/2013

* Failure to provide a valid and current Florida DOH lab certification number and a current Analyte Sheet for the attached analysis results will result in rejection of the report, possible enforcement against the public water system for failure to sample, and may result in notification of the DOH Bureau of Laboratory Services.

** Please provide radiological sample dates & locations for each quarter.

CONFIRMATION & NOTIFICATION IS REQUIRED WITHIN 24 HOURS FOR NITRATE AND NITRITE MCL EXCEEDANCES

NON-DETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" QUALIFIER (Non-detects reported as "BDL" or with a "<" are not acceptable.)

COMPLIANCE DETERMINATION (to be completed by DEP or DOH - attach notes as necessary)

Sample Collection & Analysis Satisfactory: ☐ Yes ☐ No Replacement Sample or Report Requested (circle or highlight group(s) above)

Person Notified: Date Notified: DEP/DOH Reviewing Official:

Reporting Format 62-550-730
Effective January 1995. Revised February 2010

SOUTHERN ANALYTICAL LABORATORIES, INC.
110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 813-855-1844 FAX 813-855-2218

Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format

DISINFECTION BYPRODUCTS
62-550.310(3)

Report Number / Job ID: 1311519-04
Disinfectant Residual (mg/L) (From Page 1): 3.3
PWS ID (From Page 1): 6520336

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Reg MRL**	Analysis Date	Analysis Time	DOH Lab Certification #
2450	Monochloroacetic Acid	N/A	ug/L	0.77	U	EPA 552.2	0.77	2.0	11/2/13	5:53	E84129
2451	Dichloroacetic Acid	N/A	ug/L	4.7		EPA 552.2	0.69	1.0	11/2/13	5:53	E84129
2452	Trichloroacetic Acid	N/A	ug/L	2.2		EPA 552.2	0.35	1.0	11/2/13	5:53	E84129
2453	Monobromoacetic Acid	N/A	ug/L	1.1		EPA 552.2	0.34	1.0	11/2/13	5:53	E84129
2454	Dibromoacetic Acid	N/A	ug/L	6.8		EPA 552.2	0.27	1.0	11/2/13	5:53	E84129
2456	Total Haloacetic Acids (HAA5)	60	ug/L	14.80		EPA 552.2	0.27	—	11/2/13	5:53	E84129
Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Reg MRL**	Analysis Date	Analysis Time	DOH Lab Certification #
2941	Chloroform	N/A	ug/L	9.4		EPA 524.2	0.2	1.0	10/26/13	6:41	E84129
2942	Bromoform	N/A	ug/L	27		EPA 524.2	0.2	1.0	10/26/13	6:41	E84129
2943	Bromodichloromethane	N/A	ug/L	11		EPA 524.2	0.2	1.0	10/26/13	6:41	E84129
2944	Dibromochloromethane	N/A	ug/L	17		EPA 524.2	0.1	1.0	10/26/13	6:41	E84129
2950	Total Trihalomethanes (TTHM)	80	ug/L	64.4		EPA 524.2	0.1	—	10/26/13	6:41	E84129

** Laboratories are required to adhere to minimum reporting level (MRL) requirements of 40 CFR 141.131(b)(2)(iv). Chlorite regulatory MRL is applicable to monitoring as prescribed in 40 CFR 141.132(b)(2)(i)(B) and (b)(2)(ii). Laboratories that use EPA Methods 317.0 Revision 2.0, 326.0 or 321.8 must meet a 1.0 ug/L MRL for bromate.

*Qualifiers:

U=Analyte was undetected. Indicated concentration is method detection limit.

SOUTHERN ANALYTICAL LABORATORIES, INC.

110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 813-855-1844 FAX 813-855-2218

ACCREDITED IN ACCORDANCE WITH

Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format

City of Clearwater Water Department
Stage 2 Disinfection By-Products

PUBLIC WATER SYSTEM INFORMATION (to be completed by sampler - please type or print legibly)

System Name: City of Clearwater Water Dept PWS I.D. #: 6 5 2 0 3 3 6

System Type (check one): [X] Community [ ] Nontransient Noncommunity [ ] Transient Noncommunity

Address: 1650 N. Arcturas Ave.

City: Clearwater Zip Code: 33765

Phone: (727) 562-4960 Fax: E-Mail Address:

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: 1311519-05 Sample Date: 10/25/13 Sample Time: 9:00 am [AM] PM (Circle One)

Sample Location (be specific): 1616 Ridge Top Way Location Code:

Disinfection Residual (Required when reporting results for trihalomethanes and haloacetic acids): 2.9 mg/L Field pH: 7.91

Sample Type (Check Only One)

- [X] Distribution
- [ ] Entry Point (to Distribution)
- [ ] Plant Tap (not for compliance with 62-550)
- [ ] Raw (at well or intake)
- [ ] Max. Residence Time
- [ ] Ave. Residence Time
- [ ] Near First Customer

Reason (s) for Sample (Check all that apply)

- [X] Routine Compliance with 62-550
- [ ] Confirmation of MCL Exceedance*
- [ ] Composite of Multiple Sites **
- [ ] Other:
- [ ] Replacement (of Invalidated Sample)
- [ ] Special (not for compliance with 62-550)
- [ ] Clearance (permitting)

Sampling Procedure Used or Other Comments:

* See 62-550.500(6) for requirements and restrictions. And 62-550.5.12(3) for nitrate or nitrite exceedances.

** See 62-550.500(4) for requirements and attach a results page for each site

SAMPLER CERTIFICATION

I, Michael Olesh (Print Name), Water Quality Tech (Print Title) do HEREBY CERTIFY that the above public water system and sample collection information is complete and correct.

Signature: for M. Olesh Date: 11/6/13

Certified Operator #: DWA6440 Phone #: Sampler's Fax #:

Sampler's E-Mail:

Reporting Format 62-550-730
Effective January 1995. Revised February 2010

SOUTHERN ANALYTICAL LABORATORIES, INC.

110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 813-855-1844 FAX 813-855-2218

ACCREDITED IN ACCORDANCE WITH

Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format

City of Clearwater Water Department
Stage 2 Disinfection By-Products

LABORATORY CERTIFICATION INFORMATION (to be completed by lab - please type or print legibly)

Lab Name: Southern Analytical Laboratories, Inc. Florida DOH Certification #: E84129 Certification Expiration Date: 06/30/2014

ATTACH CURRENT DOH ANALYTE SHEET*

Address: 110 Bayview Blvd Oldsmar,FL 34677 Phone: (813) 855-1844

Were any analyses subcontracted? ☐ Yes ☒ No If yes, please provide DOH certification number(s): _____

ATTACH CURRENT DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB*

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 10/25/2013

PWS ID (From Page 1): 6520336 Sample Number (From Page 1): 1311519-05 Lab Assigned Report # or Job ID: 1311519-05

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 for Asbestos	☐ All 30	☐ All 21	☒ Trihalomethanes	☐ Single Sample	☐ All 14
☐ Partial	☐ All Except Dioxin	☐ Partial	☒ Haloacetic Acids	☐ Qtrly Composite	☐ Partial
☐ Nitrate	☐ Partial		☐ Chlorite		
☐ Nitrite	☐ Dioxin Only		☐ Bromate		
☐ Asbestos					

LAB CERTIFICATION

I, Francis I. Daniels (Print Name), Laboratory Director (Print Title) do HEREBY CERTIFY that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).

Signature: _____ Date: 11/04/2013

* Failure to provide a valid and current Florida DOH lab certification number and a current Analyte Sheet for the attached analysis results will result in rejection of the report, possible enforcement against the public water system for failure to sample, and may result in notification of the DOH Bureau of Laboratory Services.

** Please provide radiological sample dates & locations for each quarter.

CONFIRMATION & NOTIFICATION IS REQUIRED WITHIN 24 HOURS FOR NITRATE AND NITRITE MCL EXCEEDANCES

NON-DETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" QUALIFIER (Non-detects reported as "BDL" or with a "<" are not acceptable.)

COMPLIANCE DETERMINATION (to be completed by DEP or DOH - attach notes as necessary)

Sample Collection & Analysis Satisfactory: ☐ Yes ☐ No _____ Replacement Sample or Report Requested (circle or highlight group(s) above)

Person Notified: _____ Date Notified: _____ DEP/DOH Reviewing Official: _____

Reporting Format 62-550-730
Effective January 1995. Revised February 2010

SOUTHERN ANALYTICAL LABORATORIES, INC.
110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 813-855-1844 FAX 813-855-2218

Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format

DISINFECTION BYPRODUCTS
62-550.310(3)

Report Number / Job ID: 1311519-05
Disinfectant Residual (mg/L) (From Page 1): 2.9
PWS ID (From Page 1): 6520336

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Reg MRL**	Analysis Date	Analysis Time	DOH Lab Certification #
2450	Monochloroacetic Acid	N/A	ug/L	0.77	U	EPA 552.2	0.77	2.0	11/2/13	6:16	E84129
2451	Dichloroacetic Acid	N/A	ug/L	5.3		EPA 552.2	0.69	1.0	11/2/13	6:16	E84129
2452	Trichloroacetic Acid	N/A	ug/L	2.2		EPA 552.2	0.34	1.0	11/2/13	6:16	E84129
2453	Monobromoacetic Acid	N/A	ug/L	0.72	I	EPA 552.2	0.33	1.0	11/2/13	6:16	E84129
2454	Dibromoacetic Acid	N/A	ug/L	6.2		EPA 552.2	0.27	1.0	11/2/13	6:16	E84129
2456	Total Haloacetic Acids (HAA5)	60	ug/L	14.42		EPA 552.2	0.27	—	11/2/13	6:16	E84129

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Reg MRL**	Analysis Date	Analysis Time	DOH Lab Certification #
2941	Chloroform	N/A	ug/L	12		EPA 524.2	0.2	1.0	10/26/13	7:13	E84129
2942	Bromoform	N/A	ug/L	20		EPA 524.2	0.2	1.0	10/26/13	7:13	E84129
2943	Bromodichloromethane	N/A	ug/L	12		EPA 524.2	0.2	1.0	10/26/13	7:13	E84129
2944	Dibromochloromethane	N/A	ug/L	16		EPA 524.2	0.1	1.0	10/26/13	7:13	E84129
2950	Total Trihalomethanes (TTHM)	80	ug/L	60		EPA 524.2	0.1	—	10/26/13	7:13	E84129

** Laboratories are required to adhere to minimum reporting level (MRL) requirements of 40 CFR 141.131(b)(2)(iv). Chlorite regulatory MRL is applicable to monitoring as prescribed in 40 CFR 141.132(b)(2)(i)(B) and (b)(2)(ii). Laboratories that use EPA Methods 317.0 Revision 2.0, 326.0 or 321.8 must meet a 1.0 ug/L MRL for bromate.

*Qualifiers:

U=Analyte was undetected. Indicated concentration is method detection limit.
I=The reported value is between the laboratory method detection limit and the laboratory practical quantitation limit.

SOUTHERN ANALYTICAL LABORATORIES, INC.

110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 813-855-1844 FAX 813-855-2218

ACCREDITED IN ACCORDANCE WITH

Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format

City of Clearwater Water Department
Stage 2 Disinfection By-Products

PUBLIC WATER SYSTEM INFORMATION (to be completed by sampler - please type or print legibly)

System Name: City of Clearwater Water Dept PWS I.D. #: 6 5 2 0 3 3 6

System Type (check one): [X] Community [ ] Nontransient Noncommunity [ ] Transient Noncommunity

Address: 1650 N. Arcturas Ave.

City: Clearwater Zip Code: 33765

Phone: (727) 562-4960 Fax: E-Mail Address:

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: 1311519-06 Sample Date: 10/25/13 Sample Time: 8:00 am [AM] PM (Circle One)

Sample Location (be specific): 1951 Edgewater Dr. Location Code:

Disinfection Residual (Required when reporting results for trihalomethanes and haloacetic acids): 1.6 mg/L Field pH: 7.89

Sample Type (Check Only One)

- [X] Distribution
- [ ] Entry Point (to Distribution)
- [ ] Plant Tap (not for compliance with 62-550)
- [ ] Raw (at well or intake)
- [ ] Max. Residence Time
- [ ] Ave. Residence Time
- [ ] Near First Customer

Reason (s) for Sample (Check all that apply)

- [X] Routine Compliance with 62-550
- [ ] Confirmation of MCL Exceedance*
- [ ] Composite of Multiple Sites **
- [ ] Other:
- [ ] Replacement (of Invalidated Sample)
- [ ] Special (not for compliance with 62-550)
- [ ] Clearance (permitting)

Sampling Procedure Used or Other Comments:

* See 62-550.500(6) for requirements and restrictions. And 62-550.5.12(3) for nitrate or nitrite exceedances.

** See 62-550.500(4) for requirements and attach a results page for each site

SAMPLER CERTIFICATION

I, Michael Olesh (Print Name) Water Quality Tech (Print Title) do HEREBY CERTIFY that the above public water system and sample collection information is complete and correct.

Signature: M. [illegible] for M. Olesh Date: 11/6/13

Certified Operator #: DW860440 Phone #: Sampler's Fax #:

Sampler's E-Mail:

Reporting Format 62-550-730
Effective January 1995. Revised February 2010

SOUTHERN ANALYTICAL LABORATORIES, INC.

110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 813-855-1844 FAX 813-855-2218

ACCREDITED IN ACCORDANCE WITH

Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format

City of Clearwater Water Department
Stage 2 Disinfection By-Products

LABORATORY CERTIFICATION INFORMATION (to be completed by lab - please type or print legibly)

Lab Name: Southern Analytical Laboratories, Inc. Florida DOH Certification #: E84129 Certification Expiration Date: 06/30/2014

ATTACH CURRENT DOH ANALYTE SHEET*

Address: 110 Bayview Blvd Oldsmar,FL 34677 Phone: (813) 855-1844

Were any analyses subcontracted? ☐ Yes ☒ No If yes, please provide DOH certification number(s):

ATTACH CURRENT DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB*

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 10/25/2013

PWS ID (From Page 1): 6520336 Sample Number (From Page 1): 1311519-06 Lab Assigned Report # or Job ID: 1311519-06

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 for Asbestos	☐ All 30	☐ All 21	☒ Trihalomethanes	☐ Single Sample	☐ All 14
☐ Partial	☐ All Except Dioxin	☐ Partial	☒ Haloacetic Acids	☐ Qtrly Composite	☐ Partial
☐ Nitrate	☐ Partial		☐ Chlorite		
☐ Nitrite	☐ Dioxin Only		☐ Bromate		
☐ Asbestos					

LAB CERTIFICATION

I, Francis I. Daniels (Print Name), Laboratory Director (Print Title) do HEREBY CERTIFY that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).

Signature: Francis I. Daniels Date: 11/04/2013

* Failure to provide a valid and current Florida DOH lab certification number and a current Analyte Sheet for the attached analysis results will result in rejection of the report, possible enforcement against the public water system for failure to sample, and may result in notification of the DOH Bureau of Laboratory Services.

** Please provide radiological sample dates & locations for each quarter.

CONFIRMATION & NOTIFICATION IS REQUIRED WITHIN 24 HOURS FOR NITRATE AND NITRITE MCL EXCEEDANCES

NON-DETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" QUALIFIER (Non-detects reported as "BDL" or with a "<" are not acceptable.)

COMPLIANCE DETERMINATION (to be completed by DEP or DOH - attach notes as necessary)

Sample Collection & Analysis Satisfactory: ☐ Yes ☐ No Replacement Sample or Report Requested (circle or highlight group(s) above)

Person Notified: Date Notified: DEP/DOH Reviewing Official:

Reporting Format 62-550-730
Effective January 1995, Revised February 2010

SOUTHERN ANALYTICAL LABORATORIES, INC.
110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 813-855-1844 FAX 813-855-2218

Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format

DISINFECTION BYPRODUCTS
62-550.310(3)

Report Number / Job ID: 1311519-06
Disinfectant Residual (mg/L) (From Page 1): 1.6
PWS ID (From Page 1): 6520336

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Reg MRL**	Analysis Date	Analysis Time	DOH Lab Certification #
2450	Monochloroacetic Acid	N/A	ug/L	0.76	U	EPA 552.2	0.76	2.0	11/2/13	6:39	E84129
2451	Dichloroacetic Acid	N/A	ug/L	7.3		EPA 552.2	0.68	1.0	11/2/13	6:39	E84129
2452	Trichloroacetic Acid	N/A	ug/L	2.8		EPA 552.2	0.34	1.0	11/2/13	6:39	E84129
2453	Monobromoacetic Acid	N/A	ug/L	0.63	I	EPA 552.2	0.33	1.0	11/2/13	6:39	E84129
2454	Dibromoacetic Acid	N/A	ug/L	7.5		EPA 552.2	0.26	1.0	11/2/13	6:39	E84129
2456	Total Haloacetic Acids (HAA5)	60	ug/L	18.23		EPA 552.2	0.26	—	11/2/13	6:39	E84129

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Reg MRL**	Analysis Date	Analysis Time	DOH Lab Certification #
2941	Chloroform	N/A	ug/L	14		EPA 524.2	0.2	1.0	10/26/13	7:46	E84129
2942	Bromoform	N/A	ug/L	20		EPA 524.2	0.2	1.0	10/26/13	7:46	E84129
2943	Bromodichloromethane	N/A	ug/L	13		EPA 524.2	0.2	1.0	10/26/13	7:46	E84129
2944	Dibromochloromethane	N/A	ug/L	16		EPA 524.2	0.1	1.0	10/26/13	7:46	E84129
2950	Total Trihalomethanes (TTHM)	80	ug/L	63		EPA 524.2	0.1	—	10/26/13	7:46	E84129

** Laboratories are required to adhere to minimum reporting level (MRL) requirements of 40 CFR 141.131(b)(2)(iv). Chlorite regulatory MRL is applicable to monitoring as prescribed in 40 CFR 141.132(b)(2)(i)(B) and (b)(2)(ii). Laboratories that use EPA Methods 317.0 Revision 2.0, 326.0 or 321.8 must meet a 1.0 ug/L MRL for bromate.

*Qualifiers:

U=Analyte was undetected. Indicated concentration is method detection limit.
I=The reported value is between the laboratory method detection limit and the laboratory practical quantitation limit.

SOUTHERN ANALYTICAL LABORATORIES, INC.

110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 813-855-1844 FAX 813-855-2218

ACCREDITED IN ACCORDANCE WITH

Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format

City of Clearwater Water Department
Stage 2 Disinfection By-Products

PUBLIC WATER SYSTEM INFORMATION (to be completed by sampler - please type or print legibly)

System Name: City of Clearwater Water Dept PWS I.D. #: 6 5 2 0 3 3 6

System Type (check one): [X] Community [ ] Nontransient Noncommunity [ ] Transient Noncommunity

Address: 1650 N. Arcturas Ave.

City: Clearwater Zip Code: 33765

Phone: (727) 562-4960 Fax: E-Mail Address:

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: 1311519-07 Sample Date: 10/25/13 Sample Time: 8:25 am [AM] PM (Circle One)

Sample Location (be specific): 710 Maple Street Location Code:

Disinfection Residual (Required when reporting results for trihalomethanes and haloacetic acids): 2.6 mg/L Field pH: 7.78

Sample Type (Check Only One)

[X] Distribution
[ ] Entry Point (to Distribution)
[ ] Plant Tap (not for compliance with 62-550)
[ ] Raw (at well or intake)
[ ] Max. Residence Time
[ ] Ave. Residence Time
[ ] Near First Customer

Reason (s) for Sample (Check all that apply)

[X] Routine Compliance with 62-550
[ ] Confirmation of MCL Exceedance*
[ ] Composite of Multiple Sites **
[ ] Other:

[ ] Replacement (of Invalidated Sample)
[ ] Special (not for compliance with 62-550)
[ ] Clearance (permitting)

Sampling Procedure Used or Other Comments:

* See 62-550.500(6) for requirements and restrictions. And 62-550.5.12(3) for nitrate or nitrite exceedances.

** See 62-550.500(4) for requirements and attach a results page for each site

SAMPLER CERTIFICATION

I, Michael Olesh (Print Name), Water Quality Tech (Print Title) do HEREBY CERTIFY that the above public water system and sample collection information is complete and correct.

Signature: for M. Olesh Date: 11/6/13

Certified Operator #: DW860440 Phone #: Sampler's Fax #:

Sampler's E-Mail:

Reporting Format 62-550-730
Effective January 1995. Revised February 2010

SOUTHERN ANALYTICAL LABORATORIES, INC.

110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 813-855-1844 FAX 813-855-2218

ACCREDITED IN ACCORDANCE WITH

Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format

City of Clearwater Water Department
Stage 2 Disinfection By-Products

LABORATORY CERTIFICATION INFORMATION (to be completed by lab - please type or print legibly)

Lab Name: Southern Analytical Laboratories, Inc. Florida DOH Certification #: E84129 Certification Expiration Date: 06/30/2014

ATTACH CURRENT DOH ANALYTE SHEET*

Address: 110 Bayview Blvd Oldsmar,FL 34677 Phone: (813) 855-1844

Were any analyses subcontracted? ☐ Yes ☒ No If yes, please provide DOH certification number(s):

ATTACH CURRENT DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB*

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 10/25/2013

PWS ID (From Page 1): 6520336 Sample Number (From Page 1): 1311519-07 Lab Assigned Report # or Job ID: 1311519-07

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 for Asbestos	☐ All 30	☐ All 21	☒ Trihalomethanes	☐ Single Sample	☐ All 14
☐ Partial	☐ All Except Dioxin	☐ Partial	☒ Haloacetic Acids	☐ Qtrly Composite	☐ Partial
☐ Nitrate	☐ Partial		☐ Chlorite		
☐ Nitrite	☐ Dioxin Only		☐ Bromate		
☐ Asbestos					

LAB CERTIFICATION

I, Francis I. Daniels (Print Name), Laboratory Director (Print Title) do HEREBY CERTIFY that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).

Signature: Francis Daniels Date: 11/04/2013

* Failure to provide a valid and current Florida DOH lab certification number and a current Analyte Sheet for the attached analysis results will result in rejection of the report, possible enforcement against the public water system for failure to sample, and may result in notification of the DOH Bureau of Laboratory Services.

** Please provide radiological sample dates & locations for each quarter.

CONFIRMATION & NOTIFICATION IS REQUIRED WITHIN 24 HOURS FOR NITRATE AND NITRITE MCL EXCEEDANCES

NON-DETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" QUALIFIER (Non-detects reported as "BDL" or with a "<" are not acceptable.)

COMPLIANCE DETERMINATION (to be completed by DEP or DOH - attach notes as necessary)

Sample Collection & Analysis Satisfactory: ☐ Yes ☐ No Replacement Sample or Report Requested (circle or highlight group(s) above)

Person Notified: Date Notified: DEP/DOH Reviewing Official:

Reporting Format 62-550-730
Effective January 1995. Revised February 2010

SOUTHERN ANALYTICAL LABORATORIES, INC.
110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 813-855-1844 FAX 813-855-2218

Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format

DISINFECTION BYPRODUCTS
62-550.310(3)

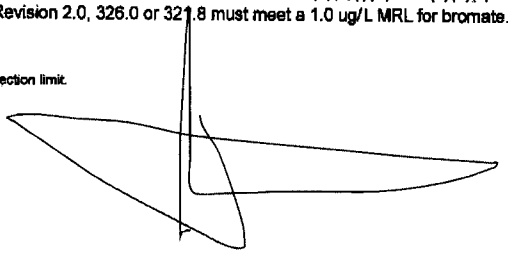
Report Number / Job ID: 1311519-07
Disinfectant Residual (mg/L) (From Page 1): 2.6
PWS ID (From Page 1): 6520336

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Reg MRL**	Analysis Date	Analysis Time	DOH Lab Certification #
2450	Monochloroacetic Acid	N/A	ug/L	0.76	U	EPA 552.2	0.76	2.0	11/2/13	7:02	E84129
2451	Dichloroacetic Acid	N/A	ug/L	4.7		EPA 552.2	0.68	1.0	11/2/13	7:02	E84129
2452	Trichloroacetic Acid	N/A	ug/L	2.1		EPA 552.2	0.34	1.0	11/2/13	7:02	E84129
2453	Monobromoacetic Acid	N/A	ug/L	0.97		EPA 552.2	0.33	1.0	11/2/13	7:02	E84129
2454	Dibromoacetic Acid	N/A	ug/L	10		EPA 552.2	0.26	1.0	11/2/13	7:02	E84129
2456	Total Haloacetic Acids (HAA5)	60	ug/L	17.77		EPA 552.2	0.26	—	11/2/13	7:02	E84129
Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Reg MRL**	Analysis Date	Analysis Time	DOH Lab Certification #
2941	Chloroform	N/A	ug/L	8.7		EPA 524.2	0.2	1.0	10/26/13	8:18	E84129
2942	Bromoform	N/A	ug/L	40		EPA 524.2	0.2	1.0	10/26/13	8:18	E84129
2943	Bromodichloromethane	N/A	ug/L	12		EPA 524.2	0.2	1.0	10/26/13	8:18	E84129
2944	Dibromochloromethane	N/A	ug/L	22		EPA 524.2	0.1	1.0	10/26/13	8:18	E84129
2950	Total Trihalomethanes (TTHM)	80	ug/L	82.7		EPA 524.2	0.1	—	10/26/13	8:18	E84129

** Laboratories are required to adhere to minimum reporting level (MRL) requirements of 40 CFR 141.131(b)(2)(iv). Chlorite regulatory MRL is applicable to monitoring as prescribed in 40 CFR 141.132(b)(2)(i)(B) and (b)(2)(ii). Laboratories that use EPA Methods 317.0 Revision 2.0, 326.0 or 321.8 must meet a 1.0 ug/L MRL for bromate.

*Qualifiers:

U=Analyte was undetected. Indicated concentration is method detection limit.



SOUTHERN ANALYTICAL LABORATORIES, INC.

110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 813-855-1844 FAX 813-855-2218

ACCREDITED IN ACCORDANCE WITH

Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format

City of Clearwater Water Department
Stage 2 Disinfection By-Products

PUBLIC WATER SYSTEM INFORMATION (to be completed by sampler - please type or print legibly)

System Name: City of Clearwater Water Dept PWS I.D. #: 6 5 2 0 3 3 6

System Type (check one): [X] Community [ ] Nontransient Noncommunity [ ] Transient Noncommunity

Address: 1650 N. Arcturas Ave.

City: Clearwater Zip Code: 33765

Phone: (727) 562-4960 Fax: E-Mail Address:

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: 1311519-08 Sample Date: 10/25/13 Sample Time: 9:25 am [AM] PM (Circle One)

Sample Location (be specific): 2456 More Haven Drive Location Code:

Disinfection Residual (Required when reporting results for trihalomethanes and haloacetic acids): 3.3 mg/L Field pH: 7.96

Sample Type (Check Only One)

- [X] Distribution
- [ ] Entry Point (to Distribution)
- [ ] Plant Tap (not for compliance with 62-550)
- [ ] Raw (at well or intake)
- [ ] Max. Residence Time
- [ ] Ave. Residence Time
- [ ] Near First Customer

Reason (s) for Sample (Check all that apply)

- [X] Routine Compliance with 62-550
- [ ] Confirmation of MCL Exceedance*
- [ ] Composite of Multiple Sites **
- [ ] Other:
- [ ] Replacement (of Invalidated Sample)
- [ ] Special (not for compliance with 62-550)
- [ ] Clearance (permitting)

Sampling Procedure Used or Other Comments:

* See 62-550.500(6) for requirements and restrictions. And 62-550.5.12(3) for nitrate or nitrite exceedances.

** See 62-550.500(4) for requirements and attach a results page for each site

SAMPLER CERTIFICATION

I, Michael Olesh (Print Name), Water Quality Tech (Print Title) do HEREBY CERTIFY that the above public water system and sample collection information is complete and correct.

Signature: for M. Olesh Date: 11/6/13

Certified Operator #: DW A6440 Phone #: Sampler's Fax #:

Sampler's E-Mail:

Reporting Format 62-550-730
Effective January 1995. Revised February 2010

SOUTHERN ANALYTICAL LABORATORIES, INC.

110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 813-855-1844 FAX 813-855-2218

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Safe Drinking Water Program Laboratory Reporting Format

City of Clearwater Water Department
Stage 2 Disinfection By-Products

LABORATORY CERTIFICATION INFORMATION (to be completed by lab - please type or print legibly)

Lab Name: Southern Analytical Laboratories, Inc. Florida DOH Certification #: E84129 Certification Expiration Date: 06/30/2014

ATTACH CURRENT DOH ANALYTE SHEET*

Address: 110 Bayview Blvd Oldsmar,FL 34677 Phone: (813) 855-1844

Were any analyses subcontracted? ☐ Yes ☒ No If yes, please provide DOH certification number(s):

ATTACH CURRENT DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB*

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 10/25/2013

PWS ID (From Page 1): 6520336 Sample Number (From Page 1): 1311519-08 Lab Assigned Report # or Job ID: 1311519-08

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 for Asbestos	☐ All 30	☐ All 21	☒ Trihalomethanes	☐ Single Sample	☐ All 14
☐ Partial	☐ All Except Dioxin	☐ Partial	☒ Haloacetic Acids	☐ Qtrly Composite	☐ Partial
☐ Nitrate	☐ Partial		☐ Chlorite		
☐ Nitrite	☐ Dioxin Only		☐ Bromate		
☐ Asbestos					

LAB CERTIFICATION

I, Francis I. Daniels (Print Name), Laboratory Director (Print Title) do HEREBY CERTIFY that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).

Signature: Francis Daniels Date: 11/04/2013

* Failure to provide a valid and current Florida DOH lab certification number and a current Analyte Sheet for the attached analysis results will result in rejection of the report, possible enforcement against the public water system for failure to sample, and may result in notification of the DOH Bureau of Laboratory Services.

** Please provide radiological sample dates & locations for each quarter.

CONFIRMATION & NOTIFICATION IS REQUIRED WITHIN 24 HOURS FOR NITRATE AND NITRITE MCL EXCEEDANCES

NON-DETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" QUALIFIER (Non-detects reported as "BDL" or with a "<" are not acceptable.)

COMPLIANCE DETERMINATION (to be completed by DEP or DOH - attach notes as necessary)

Sample Collection & Analysis Satisfactory: ☐ Yes ☐ No Replacement Sample or Report Requested (circle or highlight group(s) above)

Person Notified: Date Notified: DEP/DOH Reviewing Official:

Reporting Format 62-550-730
Effective January 1995. Revised February 2010

SOUTHERN ANALYTICAL LABORATORIES, INC.
110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 813-855-1844 FAX 813-855-2218

Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format

DISINFECTION BYPRODUCTS
62-550.310(3)

Report Number / Job ID: 1311519-08
Disinfectant Residual (mg/L) (From Page 1): 3.3
PWS ID (From Page 1): 6520336

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Reg MRL**	Analysis Date	Analysis Time	DOH Lab Certification #
2450	Monochloroacetic Acid	N/A	ug/L	0.76	U	EPA 552.2	0.78	2.0	11/2/13	7:24	E84129
2451	Dichloroacetic Acid	N/A	ug/L	4.9		EPA 552.2	0.69	1.0	11/2/13	7:24	E84129
2452	Trichloroacetic Acid	N/A	ug/L	2.0		EPA 552.2	0.34	1.0	11/2/13	7:24	E84129
2453	Monobromoacetic Acid	N/A	ug/L	0.90	I	EPA 552.2	0.33	1.0	11/2/13	7:24	E84129
2454	Dibromoacetic Acid	N/A	ug/L	5.7		EPA 552.2	0.26	1.0	11/2/13	7:24	E84129
2456	Total Haloacetic Acids (HAA5)	60	ug/L	13.50		EPA 552.2	0.26	—	11/2/13	7:24	E84129

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Reg MRL**	Analysis Date	Analysis Time	DOH Lab Certification #
2941	Chloroform	N/A	ug/L	9.7		EPA 524.2	0.2	1.0	10/26/13	8:50	E84129
2942	Bromoform	N/A	ug/L	19		EPA 524.2	0.2	1.0	10/26/13	8:50	E84129
2943	Bromodichloromethane	N/A	ug/L	9.6		EPA 524.2	0.2	1.0	10/26/13	8:50	E84129
2944	Dibromochloromethane	N/A	ug/L	14		EPA 524.2	0.1	1.0	10/26/13	8:50	E84129
2950	Total Trihalomethanes (TTHM)	80	ug/L	52.3		EPA 524.2	0.1	—	10/26/13	8:50	E84129

** Laboratories are required to adhere to minimum reporting level (MRL) requirements of 40 CFR 141.131(b)(2)(iv).
Chlorite regulatory MRL is applicable to monitoring as prescribed in 40 CFR 141.132(b)(2)(i)(B) and (b)(2)(ii).
Laboratories that use EPA Methods 317.0 Revision 2.0, 326.0 or 321.8 must meet a 1.0 ug/L MRL for bromate.

*Qualifiers:

U=Analyte was undetected. Indicated concentration is method detection limit.
I=The reported value is between the laboratory method detection limit and the laboratory practical quantitation limit.

SOUTHERN ANALYTICAL LABORATORIES, INC.
115 BAYVIEW BOULEVARD OLDSMAR FL 34677 813-855-1844 fax 813-855-2218

SAL Project No. _____

Client Name: City of Clearwater Water Department

Project Name / Location: Stage 2 Disinfection By-Products

Contact / Phone: Greg Turman

Samplers: (Signature) Michael Olesh

Matrix Codes: DW-Drinking Water WW-Wastewater SW-SurfaceWater SL-Sludge SO-Soil GW-Groundwater SA-Saline Water O-Other R-Reagent Water

PARAMETER / CONTAINER DESCRIPTION

SAL Use Only Sample No.	Sample Description	Date	Time	Matrix	Composite	Grab	40mL V, $Na_2S_2O_3$ 524 TTHM	40mL aV, NH_4Cl 552.2 HAA	Residual Chlorine	pH	Total number of containers
01	3371 Windchime			DW		X	2	3			5
02	3387 Arlie Ave.			DW		X	2	3			5
03	2420 Sabre Court			DW		X	2	3			5
04	1985 Byram Drive			DW		X	2	3			5
05	1616 Ridge Top Way	10/25/13	7:50	DW		X	2	3	2.9	7.81	5
06	1951 Edgewater Drive	10/25/13	8:00	DW		X	2	3	1.6	7.84	5
07	710 Maple Street	10/25/13	8:25	DW		X	2	3	2.6	7.78	5
08	2456 Morre Haven Drive	10/25/13	9:25	DW		X	2	3	3.3	7.96	5
09	Trip Blank			R		X	1				1

	Date/Time	Received	Date/Time
Containers Prepared/ Relinquished	10-17 1320		
Relinquished	10/25-13 0945		10/25/13 1645
Relinquished			
Relinquished			
Relinquished			

Seal intact? Y N N/A

Samples intact upon arrival? Y N N/A

Received on ice? Temp.____ Y N N/A

Proper preservatives indicated? Y N N/A

Rec'd w/in holding time? Y N N/A

Volatiles rec'd w/out headspace? Y N N/A

Proper containers used? Y N N/A

Instructions / Remarks:

Chain of Custody

Rev Date 12/15/12

SOUTHERN ANALYTICAL LABORATORIES, INC.
110 BAYVIEW BOULEVARD OLDSMAR FL 34677 813-855-1844 fax 813-855-2218

SAL Project No.: _____

Client Name	Contact / Phone:
City of Clearwater Water Department	Greg Turman
Project Name / Location	
Stage 2 Disinfection By-Products	
Samplers: (Signature) Jeane Mundy	

Matrix Codes: DW-Drinking Water WW-Wastewater SW-SurfaceWater SL-Sludge SO-Soil GW-Groundwater SA-Saline Water O-Other R-Reagent Water

SAL Use Only Sample No.	Sample Description	Date	Time	Matrix	Composite	Grab	PARAMETER / CONTAINER DESCRIPTION: 40mL V, $Na_2S_2O_3$ 524 TTHM	40mLaV, NH_4Cl 552.2 HAA	Residual Chlorine	pH	Total number of containers
01	3371 Windchime	10-25-13	9:28	DW		X	2	3	2.7	7.27	5
02	3387 Arlie Ave.	10-25-13	8:40	DW		X	2	3	2.5	7.26	5
03	2420 Sabre Court	10-25-13	9:07	DW		X	2	3	3.5	7.38	5
04	1985 Byram Drive	10-25-13	8:10	DW		X	2	3	3.3	7.16	5
05	[redacted]			DW		X	2	3			5
06	[redacted]			DW		X	2	3			5
07	[redacted]			DW		X	2	3			5
08	[redacted]			DW		X	2	3			5
09	Trip Blank			R		X	1				1

Containers Prepared/ Relinquished:	Date/Time: 10-25-13 1200	Received:	Date/Time: 10/25/13 0940
Relinquished:	Date/Time: 10/25/13 0940	Received:	Date/Time:
Relinquished:	Date/Time:	Received:	Date/Time:
Relinquished:	Date/Time:	Received:	Date/Time:
Relinquished:	Date/Time:	Received:	Date/Time:

Seal intact?	Y N N/A	Instructions / Remarks:	
Samples intact upon arrival?	Y N N/A		
Received on ice? Temp_____	Y N N/A		
Proper preservatives indicated?	Y N N/A		
Rec'd within holding time?	Y N N/A		
Volatiles rec'd w/out headspace?	Y N N/A		
Proper containers used?	Y N N/A		

Chain of Custody

Chain of Custody.xls
Rev Date: 11/19/01

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#9

CITY OF CLEARWATER

POST OFFICE BOX 4748, CLEARWATER, FLORIDA 33758-4748
1650 N. ARCTURAS AVENUE, BLDG. C., CLEARWATER, FLORIDA 33765-1945
TELEPHONE (727) 562-4960 FAX (727) 562-4963

PUBLIC UTILITIES

Date: May 21st, 2014

Danielle Henry or Gerald Foster
Florida Department of Environmental Protection
Southwest District
13051 N. Telecom Parkway
Temple Terrace, FL 33637-0926

Re: **Second** Quarter 2014 Stage II DBP Report
City of Clearwater Public Water System
PWS I.D. No. 6520336

Enclosed, please find the Stage II DBP sampling results for the Second Quarter of 2014. Included are TTHM and HAA5 results. All sampling locations are designated sample stations.
If you have any questions or concerns, please contact Greg Turman, Water Production Coordinator, at (727) 462-6326.

Sincerely,

Greg Turman
Water Production Coordinator

Attachments

Cc: Tracy Mercer
Glenn Daniel

STAGE 2 TOTAL TRIHALOMETHANES (TTHM) AND HALOACETIC ACIDS FIVE (HAA5) EXAMPLE REPORTING FORMAT

Subpart H systems serving 500 or more persons and ground water systems serving 10,000 or more persons shall complete applicable pages of this format and submit them to the Department within 10 days after the end of any quarter in which TTHM/HAA5 monitoring is required. Systems on routine or reduced quarterly TTHM/HAA5 monitoring shall complete pages 1, 2, and 3 of this format. (Add additional rows to the tables on pages 2 and 3 as necessary.) Systems on reduced annual TTHM/HAA5 monitoring shall complete pages 1 and 4 of this format. Additionally, Subpart H systems seeking to qualify for, or remain on, reduced quarterly or annual TTHM/HAA5 monitoring shall complete page 5 of this format. (Add additional rows to the table on page 5 as necessary.)

D/DBPR = Disinfectant and Disinfection Byproducts Rule; LRAA = locational running annual average; MCL = maximum contaminant level; OE = operational evaluation; RAA = running annual average; TOC = total organic carbon.

QUARTERLY MONITORING PERIOD: Second Quarter 2014

SYSTEM INFORMATION

PWS ID Number: **6520336**

PWS Name: **City of Clearwater**

Source Water Type and Population Size Category:

☐ Ground Water:
- ☐ 10,000 – 99,999
- ☐ 100,000 – 499,999
- ☐ ≥ 500,000

X Subpart H:
- ☐ 500 – 3,300
- ☐ 3,301 – 9,999
- ☐ 10,000 – 49,999
- **X** 50,000 – 249,999
- ☐ 250,000 – 999,999
- ☐ 1,000,000 – 4,999,999
- ☐ ≥ 5,000,000

Monitoring Mode*: **X** Routine Monitoring ☐Reduced Monitoring

Monitoring Frequency*: **X** Quarterly ☐Annually

Total Number Of Distribution System Monitoring Locations*: **8**

Contact Person: **Greg Turman**

Phone Number: **727-462-6326**

E-Mail Address (optional): **greg.turman@myclearwater.com**

Fax Number (optional):

* See 40 CFR 141.621 and 141.623 for more details.

QUARTERLY MONITORING PERIOD: **Second Quarter 2014**

PWS ID Number: 6520336

TTHM COMPLIANCE SUMMARY FOR SYSTEMS MONITORING QUARTERLY

Monitoring Location*	This Quarter				Previous Quarter	2 Quarters Ago	3 Quarters Ago	TTHM LRAA (mg/L)	TTHM OE Value (mg/L)
	No. of TTHM Samples Taken	Date Each TTHM Sample Taken (mo/da/yr)	TTHM Sample Result (mg/L)	TTHM Locational Quarterly Average (mg/L)	TTHM Locational Quarterly Average (mg/L)	TTHM Locational Quarterly Average (mg/L)	TTHM Locational Quarterly Average (mg/L)		
				A	B	C	D	(A+B+C+D)/4	(2A+B+C)/4
1985 Byram Drive	1	4/25/2014	.073	.073	.044	.064	.080	.065	.064
1616 Ridge Top Way	1	4/25/2014	.088	.088	.038	.060	.079	.066	.069
1951 Edgewater Drive	1	4/25/2014	.083	.083	.037	.063	.089	.068	.067
710 Maple Street	1	4/25/2014	.060	.060	.068	.083	.086	.074	.068
2456 Moore Haven Drive	1	4/25/2014	.081	.081	.034	.052	.075	.061	.062
3371 Windchime	1	4/25/2014	.083	.083	.040	.059	.086	.067	.066
3387 Arlie Avenue	1	4/25/2014	.080	.080	.041	.059	.083	.066	.065
2420 Sabre Court	1	4/25/2014	.077	.077	.038	.051	.074	.060	.061

Does the TTHM LRAA at any monitoring location violate the TTHM MCL of 0.080 mg/L? (YES/NO)	NO
Does the TTHM OE value at any monitoring location exceed 0.080 mg/L? (YES/NO)**	NO
If you are on reduced quarterly monitoring, does the TTHM LRAA exceed 0.040 mg/L at any monitoring location? (YES/NO/NA)***	N/A

* Location names or numbers should correspond to those in your Stage 2 D/DBPR compliance monitoring plan required under 40 CFR 141.622.
** If any TTHM OE value at any location exceeds 0.080 mg/L, you must conduct an OE and submit an OE report in accordance with 40 CFR 141.626.
*** If any TTHM LRAA at any location exceeds 0.040 mg/L, you must resume routine quarterly monitoring under 40 CFR 141.621.

QUARTERLY MONITORING PERIOD: **Second Quarter 2014**

PWS ID Number: 6520336

HAA5 COMPLIANCE SUMMARY FOR SYSTEMS MONITORING QUARTERLY

Monitoring Location*	This Quarter				Previous Quarter	2 Quarters Ago	3 Quarters Ago	HAA5 LRAA (mg/L)	HAA5 OE Value (mg/L)
	No. of HAA5 Samples Taken	Date Each HAA5 Sample Taken (mo/da/yr)	HAA5 Sample Result (mg/L)	HAA5 Locational Quarterly Average (mg/L)	HAA5 Locational Quarterly Average (mg/L)	HAA5 Locational Quarterly Average (mg/L)	HAA5 Locational Quarterly Average (mg/L)		
				A	B	C	D	(A+B+C+D)/4	(2A+B+C)/4
1985 Byram Drive	1	4/25/2014	.049	.049	.015	.015	.036	.029	.032
1616 Ridge Top Way	1	4/25/2014	.041	.041	.018	.014	.038	.028	.029
1951 Edgewater Drive	1	4/25/2014	.044	.044	.023	.018	.045	.033	.032
710 Maple Street	1	4/25/2014	.028	.028	.024	.018	.033	.026	.025
2456 Moore Haven Drive	1	4/25/2014	.050	.050	.018	.014	.039	.030	.033
3371 Windchime	1	4/25/2014	.036	.036	.018	.011	.042	.027	.025
3387 Arlie Avenue	1	4/25/2014	.054	.054	.020	.015	.042	.033	.036
2420 Sabre Court	1	4/25/2014	.052	.052	.009	.014	.040	.029	.032

Does the HAA5 LRAA at any monitoring location violate the HAA5 MCL of 0.060 mg/L? (YES/NO)	NO
Does the HAA5 OE value at any monitoring location exceed 0.060 mg/L? (YES/NO)**	NO
If you are on reduced quarterly monitoring, does the HAA5 LRAA exceed 0.030 mg/L at any monitoring location? (YES/NO/NA)***	N/A

* Location names or numbers should correspond to those in your Stage 2 D/DBPR compliance monitoring plan required under 40 CFR 141.622.

** If any HAA5 OE value at any location exceeds 0.060 mg/L, you must conduct an OE and submit an OE report in accordance with 40 CFR 141.626.

*** If any HAA5 LRAA at any location exceeds 0.030 mg/L, you must resume routine quarterly monitoring under 40 CFR 141.621.

SOUTHERN ANALYTICAL LABORATORIES, INC.

110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 813-855-1844 FAX 813-855-2218

ACCREDITED IN ACCORDANCE WITH

Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format

City of Clearwater Water Department
Stage 2 Disinfection By-Products

PUBLIC WATER SYSTEM INFORMATION (to be completed by sampler - please type or print legibly)

System Name: City of Clearwater Water Dept PWS I.D. #: 6 5 2 0 3 3 6

System Type (check one): [X] Community [ ] Nontransient Noncommunity [ ] Transient Noncommunity

Address: 1650 N. Arcturas Ave.

City: Clearwater Zip Code: 33765

Phone: (727) 562-4960 Fax: E-Mail Address:

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: 1404252-01 Sample Date: 4/25/14 Sample Time: 9:30 am [AM] PM (Circle One)

Sample Location (be specific): 3371 Windchime Location Code:

Disinfection Residual (Required when reporting results for trihalomethanes and haloacetic acids): 2.1 mg/L Field pH: 7.13

Sample Type (Check Only One)

- [X] Distribution
- [ ] Entry Point (to Distribution)
- [ ] Plant Tap (not for compliance with 62-550)
- [ ] Raw (at well or intake)
- [ ] Max. Residence Time
- [ ] Ave. Residence Time
- [ ] Near First Customer

Reason (s) for Sample (Check all that apply)

- [X] Routine Compliance with 62-550
- [ ] Confirmation of MCL Exceedance*
- [ ] Composite of Multiple Sites **
- [ ] Other:
- [ ] Replacement (of Invalidated Sample)
- [ ] Special (not for compliance with 62-550)
- [ ] Clearance (permitting)

Sampling Procedure Used or Other Comments:

* See 62-550.500(6) for requirements and restrictions. And 62-550.5.12(3) for nitrate or nitrite exceedances.

** See 62-550.500(4) for requirements and attach a results page for each site

SAMPLER CERTIFICATION

I, Michael Olesh (Print Name) , Waters Quality Tech (Print Title) do HEREBY CERTIFY that the above public water system and sample collection information is complete and correct.

Signature: M. Olesh for M. Olesh Date: 5/21/14

Certified Operator #: DWA(3490) Phone #: Sampler's Fax #:

Sampler's E-Mail:

Reporting Format 62-550-730
Effective January 1995. Revised February 2010

SOUTHERN ANALYTICAL LABORATORIES, INC.
110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 813-855-1844 FAX 813-855-2218

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Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format

City of Clearwater Water Department
Stage 2 Disinfection By-Products

LABORATORY CERTIFICATION INFORMATION (to be completed by lab - please type or print legibly)

Lab Name: Southern Analytical Laboratories, Inc. Florida DOH Certification #: E84129 Certification Expiration Date: 06/30/2014

ATTACH CURRENT DOH ANALYTE SHEET*

Address: 110 Bayview Blvd Oldsmar,FL 34677 Phone: (813) 855-1844

Were any analyses subcontracted? ☐ Yes ☒ No If yes, please provide DOH certification number(s):

ATTACH CURRENT DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB*

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 04/25/2014

PWS ID (From Page 1): 6520336 Sample Number (From Page 1): 1404252-01 Lab Assigned Report # or Job ID: 1404252-01

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 for Asbestos	☐ All 30	☐ All 21	☒ Trihalomethanes	☐ Single Sample	☐ All 14
☐ Partial	☐ All Except Dioxin	☐ Partial	☒ Haloacetic Acids	☐ Qtrly Composite	☐ Partial
☐ Nitrate	☐ Partial		☐ Chlorite		
☐ Nitrite	☐ Dioxin Only		☐ Bromate		
☐ Asbestos					

LAB CERTIFICATION

I, Francis I. Daniels (Print Name), Laboratory Director (Print Title) do HEREBY CERTIFY that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).

Signature: Francis Daniels Date: 05/14/2014

* Failure to provide a valid and current Florida DOH lab certification number and a current Analyte Sheet for the attached analysis results will result in rejection of the report, possible enforcement against the public water system for failure to sample, and may result in notification of the DOH Bureau of Laboratory Services.

** Please provide radiological sample dates & locations for each quarter.

CONFIRMATION & NOTIFICATION IS REQUIRED WITHIN 24 HOURS FOR NITRATE AND NITRITE MCL EXCEEDANCES

NON-DETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" QUALIFIER (Non-detects reported as "BDL" or with a "<" are not acceptable.)

COMPLIANCE DETERMINATION (to be completed by DEP or DOH - attach notes as necessary)

Sample Collection & Analysis Satisfactory: ☐ Yes ☐ No Replacement Sample or Report Requested (circle or highlight group(s) above)

Person Notified: Date Notified: DEP/DOH Reviewing Official:

Reporting Format 62-550-730
Effective January 1995, Revised February 2010

SOUTHERN ANALYTICAL LABORATORIES, INC.
110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 813-855-1844 FAX 813-855-2218

Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format

DISINFECTION BYPRODUCTS
62-550.310(3)

Report Number / Job ID: 1404252-01
Disinfectant Residual (mg/L) (From Page 1): 2.1
PWS ID (From Page 1): 6520336

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Reg MRL**	Analysis Date	Analysis Time	DOH Lab Certification #
2450	Monochloroacetic Acid	N/A	ug/L	0.76	U	EPA 552.2	0.76	2.0	5/7/14	16:19	E84129
2451	Dichloroacetic Acid	N/A	ug/L	17		EPA 552.2	0.68	1.0	5/7/14	16:19	E84129
2452	Trichloroacetic Acid	N/A	ug/L	16		EPA 552.2	0.34	1.0	5/7/14	16:19	E84129
2453	Monobromoacetic Acid	N/A	ug/L	0.33	U	EPA 552.2	0.33	1.0	5/7/14	16:19	E84129
2454	Dibromoacetic Acid	N/A	ug/L	3.1		EPA 552.2	0.26	1.0	5/7/14	16:19	E84129
2456	Total Haloacetic Acids (HAA5)	60	ug/L	36.10		EPA 552.2	0.26	—	5/7/14	16:19	E84129
Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Reg MRL**	Analysis Date	Analysis Time	DOH Lab Certification #
2941	Chloroform	N/A	ug/L	48		EPA 524.2	0.2	1.0	4/29/14	4:18	E84129
2942	Bromoform	N/A	ug/L	10		EPA 524.2	0.2	1.0	4/29/14	4:18	E84129
2943	Bromodichloromethane	N/A	ug/L	14		EPA 524.2	0.2	1.0	4/29/14	4:18	E84129
2944	Dibromochloromethane	N/A	ug/L	8.3		EPA 524.2	0.1	1.0	4/29/14	4:18	E84129
2950	Total Trihalomethanes (TTHM)	80	ug/L	80.3		EPA 524.2	0.1	—	4/29/14	4:18	E84129

** Laboratories are required to adhere to minimum reporting level (MRL) requirements of 40 CFR 141.131(b)(2)(iv). Chlorite regulatory MRL is applicable to monitoring as prescribed in 40 CFR 141.132(b)(2)(i)(B) and (b)(2)(ii). Laboratories that use EPA Methods 317.0 Revision 2.0, 326.0 or 321.8 must meet a 1.0 ug/L MRL for bromate.

*Qualifiers:

U=Analyte was undetected. Indicated concentration is method detection limit.

SOUTHERN ANALYTICAL LABORATORIES, INC.
110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 813-855-1844 FAX 813-855-2218

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Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format

City of Clearwater Water Department
Stage 2 Disinfection By-Products

PUBLIC WATER SYSTEM INFORMATION (to be completed by sampler - please type or print legibly)

System Name: City of Clearwater Water Dept PWS I.D. #: 6 5 2 0 3 3 6

System Type (check one): [X] Community [ ] Nontransient Noncommunity [ ] Transient Noncommunity

Address: 1650 N. Arcturas Ave.

City: Clearwater Zip Code: 33765

Phone: (727) 562-4960 Fax: E-Mail Address:

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: 1404252-02 Sample Date: 4/25/14 Sample Time: 8:30 am [AM] PM (Circle One)

Sample Location (be specific): 3387 Arlie Ave. Location Code:

Disinfection Residual (Required ~~when reporting results for~~ trihalomethanes and haloacetic acids): 2.5 mg/L Field pH: 7.32

Sample Type (Check Only One)

[X] Distribution
[ ] Entry Point (to Distribution)
[ ] Plant Tap (not for compliance with 62-550)
[ ] Raw (at well or intake)
[ ] Max. Residence Time
[ ] Ave. Residence Time
[ ] Near First Customer

~~Reason (s) for Sample~~ (Check all that apply)

[X] Routine Compliance with 62-550
[ ] Confirmation of MCL Exceedance*
[ ] Composite of Multiple Sites **
[ ] Other:

[ ] Replacement (of Invalidated Sample)
[ ] Special (not for compliance with 62-550)
[ ] Clearance (permitting)

Sampling Procedure Used or Other Comments:

* See 62-550.500(6) for requirements and restrictions. And 62-550.5.12(3) for nitrate or nitrite exceedances.

** See 62-550.500(4) for requirements and attach a results page for each site

SAMPLER CERTIFICATION

I, Michael Olesh (Print Name), Water Quality Tech (Print Title) do HEREBY CERTIFY that the above public water system and sample collection information is complete and correct.

Signature: for M. Olesh Date: 5/2/14

Certified Operator #: DWA6449 Phone #: Sampler's Fax #:

Sampler's E-Mail:

Reporting Format 62-550-730
Effective January 1995. Revised February 2010

SOUTHERN ANALYTICAL LABORATORIES, INC.
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Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format

City of Clearwater Water Department
Stage 2 Disinfection By-Products

LABORATORY CERTIFICATION INFORMATION (to be completed by lab - please type or print legibly)

Lab Name: Southern Analytical Laboratories, Inc. Florida DOH Certification #: E84129 Certification Expiration Date: 06/30/2014

ATTACH CURRENT DOH ANALYTE SHEET*

Address: 110 Bayview Blvd Oldsmar,FL 34677 Phone: (813) 855-1844

Were any analyses subcontracted? ☐ Yes ☒ No If yes, please provide DOH certification number(s):

ATTACH CURRENT DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB*

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 04/25/2014

PWS ID (From Page 1): 6520336 Sample Number (From Page 1): 1404252-02 Lab Assigned Report # or Job ID: 1404252-02

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 for Asbestos	☐ All 30	☐ All 21	☒ Trihalomethanes	☐ Single Sample	☐ All 14
☐ Partial	☐ All Except Dioxin	☐ Partial	☒ Haloacetic Acids	☐ Qtrly Composite	☐ Partial
☐ Nitrate	☐ Partial		☐ Chlorite		
☐ Nitrite	☐ Dioxin Only		☐ Bromate		
☐ Asbestos					

LAB CERTIFICATION

I, Francis I. Daniels (Print Name), Laboratory Director (Print Title) do HEREBY CERTIFY that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).

Signature: Francis Daniels Date: 05/14/2014

* Failure to provide a valid and current Florida DOH lab certification number and a current Analyte Sheet for the attached analysis results will result in rejection of the report; possible enforcement against the public water system for failure to sample, and may result in notification of the DOH Bureau of Laboratory Services.

** Please provide radiological sample dates & locations for each quarter.

CONFIRMATION & NOTIFICATION IS REQUIRED WITHIN 24 HOURS FOR NITRATE AND NITRITE MCL EXCEEDANCES

NON-DETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" QUALIFIER (Non-detects reported as "BDL" or with a "<" are not acceptable.)

COMPLIANCE DETERMINATION (to be completed by DEP or DOH - attach notes as necessary)

Sample Collection & Analysis Satisfactory: ☐ Yes ☐ No Replacement Sample or Report Requested (circle or highlight group(s) above)

Person Notified: Date Notified: DEP/DOH Reviewing Official:

Reporting Format 62-550-730
Effective January 1995. Revised February 2010

SOUTHERN ANALYTICAL LABORATORIES, INC.
110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 813-855-1844 FAX 813-855-2218

Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format

DISINFECTION BYPRODUCTS
62-550.310(3)

Report Number / Job ID: 1404252-02
Disinfectant Residual (mg/L) (From Page 1): 2.5
PWS ID (From Page 1): 6520336

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Reg MRL**	Analysis Date	Analysis Time	DOH Lab Certification #
2450	Monochloroacetic Acid	N/A	ug/L	8.7		EPA 552.2	0.76	2.0	5/2/14	12:35	E84129
2451	Dichloroacetic Acid	N/A	ug/L	20		EPA 552.2	0.68	1.0	5/2/14	12:35	E84129
2452	Trichloroacetic Acid	N/A	ug/L	19		EPA 552.2	0.34	1.0	5/2/14	12:35	E84129
2453	Monobromoacetic Acid	N/A	ug/L	2.2		EPA 552.2	0.33	1.0	5/2/14	12:35	E84129
2454	Dibromoacetic Acid	N/A	ug/L	3.8		EPA 552.2	0.26	1.0	5/2/14	12:35	E84129
2456	Total Haloacetic Acids (HAA5)	60	ug/L	53.7		EPA 552.2	0.26	—	5/2/14	12:35	E84129
Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Reg MRL**	Analysis Date	Analysis Time	DOH Lab Certification #
2941	Chloroform	N/A	ug/L	48		EPA 524.2	0.2	1.0	4/29/14	4:51	E84129
2942	Bromoform	N/A	ug/L	10		EPA 524.2	0.2	1.0	4/29/14	4:51	E84129
2943	Bromodichloromethane	N/A	ug/L	14		EPA 524.2	0.2	1.0	4/29/14	4:51	E84129
2944	Dibromochloromethane	N/A	ug/L	8.0		EPA 524.2	0.1	1.0	4/29/14	4:51	E84129
2950	Total Trihalomethanes (TTHM)	80	ug/L	80.0		EPA 524.2	0.1	—	4/29/14	4:51	E84129

** Laboratories are required to adhere to minimum reporting level (MRL) requirements of 40 CFR 141.131(b)(2)(iv). Chlorite regulatory MRL is applicable to monitoring as prescribed in 40 CFR 141.132(b)(2)(i)(B) and (b)(2)(ii). Laboratories that use EPA Methods 317.0 Revision 2.0, 326.0 or 321.8 must meet a 1.0 ug/L MRL for bromate.

*Qualifiers:

SOUTHERN ANALYTICAL LABORATORIES, INC.
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ACCREDITED IN ACCORDANCE WITH

Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format

City of Clearwater Water Department
Stage 2 Disinfection By-Products

PUBLIC WATER SYSTEM INFORMATION (to be completed by sampler - please type or print legibly)

System Name: City of Clearwater Water Dept PWS I.D. #: 6 5 2 0 3 3 6

System Type (check one): [X] Community [ ] Nontransient Noncommunity [ ] Transient Noncommunity

Address: 1650 N. Arcturas Ave.

City: Clearwater Zip Code: 33765

Phone: (727) 562-4960 Fax: E-Mail Address:

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: 1404252-03 Sample Date: 4/25/14 Sample Time: 9:00 am [AM] PM (Circle One)

Sample Location (be specific): 2420 Sabre Court Location Code:

Disinfection Residual (Required when reporting results for trihalomethanes and haloacetic acids): 3.5 mg/L Field pH: 7.28

Sample Type (Check Only One)

[X] Distribution
[ ] Entry Point (to Distribution)
[ ] Plant Tap (not for compliance with 62-550)
[ ] Raw (at well or intake)
[ ] Max. Residence Time
[ ] Ave. Residence Time
[ ] Near First Customer

Reason (s) for Sample (Check all that apply)

[X] Routine Compliance with 62-550
[ ] Confirmation of MCL Exceedance*
[ ] Composite of Multiple Sites **
[ ] Other:

[ ] Replacement (of invalidated Sample)
[ ] Special (not for compliance with 62-550)
[ ] Clearance (permitting)

Sampling Procedure Used or Other Comments:

* See 62-550.500(6) for requirements and restrictions. And 62-550.5.12(3) for nitrate or nitrite exceedances.

** See 62-550.500(4) for requirements and attach a results page for each site

SAMPLER CERTIFICATION

I, Michael Olesh (Print Name), Water Quality Tech (Print Title) do HEREBY CERTIFY that the above public water system and sample collection information is complete and correct.

Signature: M. Olesh for M. Olesh Date: 5/21/14

Certified Operator #: DWA6440 Phone #: Sampler's Fax #:

Sampler's E-Mail:

Reporting Format 62-550-730
Effective January 1995. Revised February 2010

SOUTHERN ANALYTICAL LABORATORIES, INC.

110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 813-855-1844 FAX 813-855-2218

ACCREDITED IN ACCORDANCE WITH

Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format

City of Clearwater Water Department
Stage 2 Disinfection By-Products

LABORATORY CERTIFICATION INFORMATION (to be completed by lab - please type or print legibly)

Lab Name: Southern Analytical Laboratories, Inc. Florida DOH Certification #: E84129 Certification Expiration Date: 06/30/2014

ATTACH CURRENT DOH ANALYTE SHEET*

Address: 110 Bayview Blvd Oldsmar,FL 34677 Phone: (813) 855-1844

Were any analyses subcontracted? ☐ Yes ☒ No If yes, please provide DOH certification number(s): _____

ATTACH CURRENT DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB*

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 04/25/2014

PWS ID (From Page 1): 6520338 Sample Number (From Page 1): 1404252-03 Lab Assigned Report # or Job ID: 1404252-03

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 for Asbestos	☐ All 30	☐ All 21	☒ Trihalomethanes	☐ Single Sample	☐ All 14
☐ Partial	☐ All Except Dioxin	☐ Partial	☒ Haloacetic Acids	☐ Qtrly Composite	☐ Partial
☐ Nitrate	☐ Partial		☐ Chlorite		
☐ Nitrite	☐ Dioxin Only		☐ Bromate		
☐ Asbestos					

LAB CERTIFICATION

I, Francis I. Daniels (Print Name), Laboratory Director (Print Title) do HEREBY CERTIFY that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).

Signature: _____ Date: 05/14/2014

* Failure to provide a valid and current Florida DOH lab certification number and a current Analyte Sheet for the attached analysis results will result in rejection of the report, possible enforcement against the public water system for failure to sample, and may result in notification of the DOH Bureau of Laboratory Services.

** Please provide radiological sample dates & locations for each quarter.

CONFIRMATION & NOTIFICATION IS REQUIRED WITHIN 24 HOURS FOR NITRATE AND NITRITE MCL EXCEEDANCES

NON-DETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" QUALIFIER (Non-detects reported as "BDL" or with a "<" are not acceptable.)

COMPLIANCE DETERMINATION (to be completed by DEP or DOH - attach notes as necessary)

Sample Collection & Analysis Satisfactory: ☐ Yes ☐ No _____ Replacement Sample or Report Requested (circle or highlight group(s) above)

Person Notified: _____ Date Notified: _____ DEP/DOH Reviewing Official: _____

Reporting Format 62-550-730
Effective January 1995. Revised February 2010

SOUTHERN ANALYTICAL LABORATORIES, INC.
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ACCREDITED IN ACCORDANCE WITH

Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format

DISINFECTION BYPRODUCTS
62-550.310(3)

Report Number / Job ID: 1404252-03
Disinfectant Residual (mg/L) (From Page 1): 3.5
PWS ID (From Page 1): 6520336

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Reg MRL**	Analysis Date	Analysis Time	DOH Lab Certification #
2450	Monochloroacetic Acid	N/A	ug/L	6.6		EPA 552.2	0.76	2.0	5/2/14	12:57	E84129
2451	Dichloroacetic Acid	N/A	ug/L	20		EPA 552.2	0.68	1.0	5/2/14	12:57	E84129
2452	Trichloroacetic Acid	N/A	ug/L	19		EPA 552.2	0.34	1.0	5/2/14	12:57	E84129
2453	Monobromoacetic Acid	N/A	ug/L	3.3		EPA 552.2	0.33	1.0	5/2/14	12:57	E84129
2454	Dibromoacetic Acid	N/A	ug/L	3.3		EPA 552.2	0.26	1.0	5/2/14	12:57	E84129
2456	Total Haloacetic Acids (HAA5)	60	ug/L	52.2		EPA 552.2	0.26	—	5/2/14	12:57	E84129

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Reg MRL**	Analysis Date	Analysis Time	DOH Lab Certification #
2941	Chloroform	N/A	ug/L	48		EPA 524.2	0.2	1.0	4/29/14	5:23	E84129
2942	Bromoform	N/A	ug/L	9.6		EPA 524.2	0.2	1.0	4/29/14	5:23	E84129
2943	Bromodichloromethane	N/A	ug/L	12		EPA 524.2	0.2	1.0	4/29/14	5:23	E84129
2944	Dibromochloromethane	N/A	ug/L	7.1		EPA 524.2	0.1	1.0	4/29/14	5:23	E84129
2950	Total Trihalomethanes (TTHM)	80	ug/L	76.7		EPA 524.2	0.1	—	4/29/14	5:23	E84129

** Laboratories are required to adhere to minimum reporting level (MRL) requirements of 40 CFR 141.131(b)(2)(iv).
Chlorite regulatory MRL is applicable to monitoring as prescribed in 40 CFR 141.132(b)(2)(i)(B) and (b)(2)(ii).
Laboratories that use EPA Methods 317.0 Revision 2.0, 326.0 or 321.8 must meet a 1.0 ug/L MRL for bromate.

*Qualifiers:

SOUTHERN ANALYTICAL LABORATORIES, INC.
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Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format

City of Clearwater Water Department
Stage 2 Disinfection By-Products

PUBLIC WATER SYSTEM INFORMATION (to be completed by sampler - please type or print legibly)

System Name: City of Clearwater Water Dept PWS I.D. #: 6 5 2 0 3 3 6

System Type (check one): [X] Community [ ] Nontransient Noncommunity [ ] Transient Noncommunity

Address: 1650 N. Arcturas Ave.

City: Clearwater Zip Code: 33765

Phone: (727) 562-4960 Fax: E-Mail Address:

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: 1404252-04 Sample Date: 4/25/14 Sample Time: 8:00 am [AM] PM (Circle One)

Sample Location (be specific): 1985 Byram Drive Location Code:

Disinfection Residual (Required when reporting results for trihalomethanes and haloacetic acids): 3.8 mg/L Field pH: 7.54

Sample Type (Check Only One)

[X] Distribution
[ ] Entry Point (to Distribution)
[ ] Plant Tap (not for compliance with 62-550)
[ ] Raw (at well or intake)
[ ] Max. Residence Time
[ ] Ave. Residence Time
[ ] Near First Customer

Reason (s) for Sample (Check all that apply)

[X] Routine Compliance with 62-550
[ ] Confirmation of MCL Exceedance*
[ ] Composite of Multiple Sites **
[ ] Other:

[ ] Replacement (of Invalidated Sample)
[ ] Special (not for compliance with 62-550)
[ ] Clearance (permitting)

Sampling Procedure Used or Other Comments:

* See 62-550.500(6) for requirements and restrictions. And 62-550.5.12(3) for nitrate or nitrite exceedances.

** See 62-550.500(4) for requirements and attach a results page for each site

SAMPLER CERTIFICATION

I, Michael Olesh (Print Name), Water Quality Tech (Print Title) do HEREBY CERTIFY that the above public water system and sample collection information is complete and correct.

Signature: Michael M. Olesh Date: 5/21/14

Certified Operator #: DW46440 Phone #: Sampler's Fax #:

Sampler's E-Mail:

Reporting Format 62-550-730
Effective January 1995. Revised February 2010

SOUTHERN ANALYTICAL LABORATORIES, INC.
110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 813-855-1844 FAX 813-855-2218

ACCREDITED IN ACCORDANCE WITH

Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format

City of Clearwater Water Department
Stage 2 Disinfection By-Products

LABORATORY CERTIFICATION INFORMATION (to be completed by lab - please type or print legibly)

Lab Name: Southern Analytical Laboratories, Inc. Florida DOH Certification #: E84129 Certification Expiration Date: 06/30/2014

ATTACH CURRENT DOH ANALYTE SHEET*

Address: 110 Bayview Blvd Oldsmar,FL 34677 Phone: (813) 855-1844

Were any analyses subcontracted? ☐ Yes ☒ No If yes, please provide DOH certification number(s):

ATTACH CURRENT DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB*

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 04/25/2014

PWS ID (From Page 1): 6520336 Sample Number (From Page 1): 1404252-04 Lab Assigned Report # or Job ID: 1404252-04

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 for Asbestos	☐ All 30	☐ All 21	☒ Trihalomethanes	☐ Single Sample	☐ All 14
☐ Partial	☐ All Except Dioxin	☐ Partial	☒ Haloacetic Acids	☐ Qtrly Composite	☐ Partial
☐ Nitrate	☐ Partial		☐ Chlorite		
☐ Nitrite	☐ Dioxin Only		☐ Bromate		
☐ Asbestos					

LAB CERTIFICATION

I, Francis I. Daniels (Print Name), Laboratory Director (Print Title) do HEREBY CERTIFY that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).

Signature: Francis Daniels Date: 05/14/2014

* Failure to provide a valid and current Florida DOH lab certification number and a current Analyte Sheet for the attached analysis results will result in rejection of the report, possible enforcement against the public water system for failure to sample, and may result in notification of the DOH Bureau of Laboratory Services.

** Please provide radiological sample dates & locations for each quarter.

CONFIRMATION & NOTIFICATION IS REQUIRED WITHIN 24 HOURS FOR NITRATE AND NITRITE MCL EXCEEDANCES

NON-DETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" QUALIFIER (Non-detects reported as "BDL" or with a "<" are not acceptable.)

COMPLIANCE DETERMINATION (to be completed by DEP or DOH - attach notes as necessary)

Sample Collection & Analysis Satisfactory: ☐ Yes ☐ No Replacement Sample or Report Requested (circle or highlight group(s) above)

Person Notified: Date Notified: DEP/DOH Reviewing Official:

Reporting Format 62-550-730
Effective January 1995. Revised February 2010

SOUTHERN ANALYTICAL LABORATORIES, INC.
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Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format

DISINFECTION BYPRODUCTS
62-550.310(3)

Report Number / Job ID: 1404252-04
Disinfectant Residual (mg/L) (From Page 1): 3.8
PWS ID (From Page 1): 6520336

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Reg MRL**	Analysis Date	Analysis Time	DOH Lab Certification #
2450	Monochloroacetic Acid	N/A	ug/L	7.5		EPA 552.2	0.76	2.0	5/2/14	14:07	E84129
2451	Dichloroacetic Acid	N/A	ug/L	18		EPA 552.2	0.68	1.0	5/2/14	14:07	E84129
2452	Trichloroacetic Acid	N/A	ug/L	19		EPA 552.2	0.34	1.0	5/2/14	14:07	E84129
2453	Monobromoacetic Acid	N/A	ug/L	0.33	U	EPA 552.2	0.33	1.0	5/2/14	14:07	E84129
2454	Dibromoacetic Acid	N/A	ug/L	4.0		EPA 552.2	0.26	1.0	5/2/14	14:07	E84129
2456	Total Haloacetic Acids (HAA5)	60	ug/L	48.50		EPA 552.2	0.26	—	5/2/14	14:07	E84129
Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Reg MRL**	Analysis Date	Analysis Time	DOH Lab Certification #
2941	Chloroform	N/A	ug/L	43		EPA 524.2	0.2	1.0	4/29/14	5:55	E84129
2942	Bromoform	N/A	ug/L	10		EPA 524.2	0.2	1.0	4/29/14	5:55	E84129
2943	Bromodichloromethane	N/A	ug/L	12		EPA 524.2	0.2	1.0	4/29/14	5:55	E84129
2944	Dibromochloromethane	N/A	ug/L	7.5		EPA 524.2	0.1	1.0	4/29/14	5:55	E84129
2950	Total Trihalomethanes (TTHM)	80	ug/L	72.5		EPA 524.2	0.1	—	4/29/14	5:55	E84129

** Laboratories are required to adhere to minimum reporting level (MRL) requirements of 40 CFR 141.131(b)(2)(iv). Chlorite regulatory MRL is applicable to monitoring as prescribed in 40 CFR 141.132(b)(2)(i)(B) and (b)(2)(ii). Laboratories that use EPA Methods 317.0 Revision 2.0, 326.0 or 321.8 must meet a 1.0 ug/L MRL for bromate.

*Qualifiers:

U=Analyte was undetected. Indicated concentration is method detection limit.

SOUTHERN ANALYTICAL LABORATORIES, INC.

110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 813-855-1844 FAX 813-855-2218

ACCREDITED IN ACCORDANCE WITH

Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format

City of Clearwater Water Department
Stage 2 Disinfection By-Products

PUBLIC WATER SYSTEM INFORMATION (to be completed by sampler - please type or print legibly)

System Name: City of Clearwater Water Dept PWS I.D. #: 6 5 2 0 3 3 6

System Type (check one): [X] Community [ ] Nontransient Noncommunity [ ] Transient Noncommunity

Address: 1650 N. Arcturas Ave.

City: Clearwater Zip Code: 33765

Phone: (727) 562-4960 Fax: E-Mail Address:

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: 1404252-05 Sample Date: 4/25/14 Sample Time: 8:26 am [AM] PM (Circle One)

Sample Location (be specific): 1616 Ridge Top Way Location Code:

Disinfection Residual (Required ~~when reporting results for trihalomethanes~~ and haloacetic acids): 2.4 mg/L Field pH: 7.23

Sample Type (Check Only One)

- [X] Distribution
- [ ] Entry Point (to Distribution)
- [ ] Plant Tap (not for compliance with 62-550)
- [ ] Raw (at well or intake)
- [ ] Max. Residence Time
- [ ] Ave. Residence Time
- [ ] Near First Customer

Reason(s) for Sample (Check all that apply)

- [X] Routine Compliance with 62-550
- [ ] Confirmation of MCL Exceedance*
- [ ] Composite of Multiple Sites **
- [ ] Other:
- [ ] Replacement (of Invalidated Sample)
- [ ] Special (not for compliance with 62-550)
- [ ] Clearance (permitting)

Sampling Procedure Used or Other Comments:

* See 62-550.500(6) for requirements and restrictions. And 62-550.5.12(3) for nitrate or nitrite exceedances.

** See 62-550.500(4) for requirements and attach a results page for each site

SAMPLER CERTIFICATION

I, Deane Murray (Print Name), Water Quality Tech (Print Title) do HEREBY CERTIFY that the above public water system and sample collection information is complete and correct.

Signature: for D. Murray Date: 5/21/14

Certified Operator #: DWA6440 Phone #: Sampler's Fax #:

Sampler's E-Mail:

Reporting Format 62-550-730
Effective January 1995. Revised February 2010

SOUTHERN ANALYTICAL LABORATORIES, INC.

110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 813-855-1844 FAX 813-855-2218

ACCREDITED IN ACCORDANCE WITH

Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format

City of Clearwater Water Department
Stage 2 Disinfection By-Products

LABORATORY CERTIFICATION INFORMATION (to be completed by lab - please type or print legibly)

Lab Name: Southern Analytical Laboratories, Inc. Florida DOH Certification #: E84129 Certification Expiration Date: 06/30/2014

ATTACH CURRENT DOH ANALYTE SHEET*

Address: 110 Bayview Blvd Oldsmar,FL 34677 Phone: (813) 855-1844

Were any analyses subcontracted? ☐ Yes ☒ No If yes, please provide DOH certification number(s):

ATTACH CURRENT DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB*

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 04/25/2014

PWS ID (From Page 1): 6520336 Sample Number (From Page 1): 1404252-05 Lab Assigned Report # or Job ID: 1404252-05

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 for Asbestos	☐ All 30	☐ All 21	☒ Trihalomethanes	☐ Single Sample	☐ All 14
☐ Partial	☐ All Except Dioxin	☐ Partial	☒ Haloacetic Acids	☐ Qtrly Composite	☐ Partial
☐ Nitrate	☐ Partial		☐ Chlorite		
☐ Nitrite	☐ Dioxin Only		☐ Bromate		
☐ Asbestos					

LAB CERTIFICATION

I, Francis I. Daniels (Print Name), Laboratory Director (Print Title) do HEREBY CERTIFY that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).

Signature: Francis Daniels Date: 05/14/2014

* Failure to provide a valid and current Florida DOH lab certification number and a current Analyte Sheet for the attached analysis results will result in rejection of the report, possible enforcement against the public water system for failure to sample, and may result in notification of the DOH Bureau of Laboratory Services.

** Please provide radiological sample dates & locations for each quarter.

CONFIRMATION & NOTIFICATION IS REQUIRED WITHIN 24 HOURS FOR NITRATE AND NITRITE MCL EXCEEDANCES

NON-DETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" QUALIFIER (Non-detects reported as "BDL" or with a "<" are not acceptable.)

COMPLIANCE DETERMINATION (to be completed by DEP or DOH - attach notes as necessary)

Sample Collection & Analysis Satisfactory: ☐ Yes ☐ No Replacement Sample or Report Requested (circle or highlight group(s) above)

Person Notified: Date Notified: DEP/DOH Reviewing Official:

Reporting Format 62-550-730
Effective January 1995. Revised February 2010

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Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format

DISINFECTION BYPRODUCTS
62-550.310(3)

Report Number / Job ID: 1404252-05
Disinfectant Residual (mg/L) (From Page 1): 2.4
PWS ID (From Page 1): 6520336

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Reg MRL**	Analysis Date	Analysis Time	DOH Lab Certification #
2450	Monochloroacetic Acid	N/A	ug/L	6.1		EPA 552.2	0.76	2.0	5/2/14	14:30	E84129
2451	Dichloroacetic Acid	N/A	ug/L	17		EPA 552.2	0.68	1.0	5/2/14	14:30	E84129
2452	Trichloroacetic Acid	N/A	ug/L	15		EPA 552.2	0.34	1.0	5/2/14	14:30	E84129
2453	Monobromoacetic Acid	N/A	ug/L	0.33	U	EPA 552.2	0.33	1.0	5/2/14	14:30	E84129
2454	Dibromoacetic Acid	N/A	ug/L	3.1		EPA 552.2	0.26	1.0	5/2/14	14:30	E84129
2456	Total Haloacetic Acids (HAA5)	60	ug/L	41.20		EPA 552.2	0.26	—	5/2/14	14:30	E84129
Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Reg MRL**	Analysis Date	Analysis Time	DOH Lab Certification #
2941	Chloroform	N/A	ug/L	53		EPA 524.2	0.2	1.0	4/29/14	6:27	E84129
2942	Bromoform	N/A	ug/L	11		EPA 524.2	0.2	1.0	4/29/14	6:27	E84129
2943	Bromodichloromethane	N/A	ug/L	15		EPA 524.2	0.2	1.0	4/29/14	6:27	E84129
2944	Dibromochloromethane	N/A	ug/L	8.6		EPA 524.2	0.1	1.0	4/29/14	6:27	E84129
2950	Total Trihalomethanes (TTHM)	80	ug/L	87.6		EPA 524.2	0.1	—	4/29/14	6:27	E84129

** Laboratories are required to adhere to minimum reporting level (MRL) requirements of 40 CFR 141.131(b)(2)(iv). Chlorite regulatory MRL is applicable to monitoring as prescribed in 40 CFR 141.132(b)(2)(i)(B) and (b)(2)(ii). Laboratories that use EPA Methods 317.0 Revision 2.0, 326.0 or 321.8 must meet a 1.0 ug/L MRL for bromate.

*Qualifiers:

U=Analyte was undetected. Indicated concentration is method detection limit.

SOUTHERN ANALYTICAL LABORATORIES, INC.

110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 813-855-1844 FAX 813-855-2218

ACCREDITED IN ACCORDANCE WITH

Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format

City of Clearwater Water Department
Stage 2 Disinfection By-Products

PUBLIC WATER SYSTEM INFORMATION (to be completed by sampler - please type or print legibly)

System Name: City of Clearwater Water Dept PWS I.D. #: 6 5 2 0 3 3 6

System Type (check one): [X] Community [ ] Nontransient Noncommunity [ ] Transient Noncommunity

Address: 1650 N. Arcturas Ave.

City: Clearwater Zip Code: 33765

Phone: (727) 562-4960 Fax: E-Mail Address:

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: 1404252-06 Sample Date: 4/25/14 Sample Time: 7:51 am [AM] PM (Circle One)

Sample Location (be specific): 1951 Edgewater Dr. Location Code:

Disinfection Residual (Required when reporting results for trihalomethanes and haloacetic acids): 0.7 mg/L Field pH: 7.22

Sample Type (Check Only One)

[X] Distribution
[ ] Entry Point (to Distribution)
[ ] Plant Tap (not for compliance with 62-550)
[ ] Raw (at well or intake)
[ ] Max. Residence Time
[ ] Ave. Residence Time
[ ] Near First Customer

Reason (s) for Sample (Check all that apply)

[X] Routine Compliance with 62-550
[ ] Confirmation of MCL Exceedance*
[ ] Composite of Multiple Sites **
[ ] Other:

[ ] Replacement (of Invalidated Sample)
[ ] Special (not for compliance with 62-550)
[ ] Clearance (permitting)

Sampling Procedure Used or Other Comments:

* See 62-550.500(6) for requirements and restrictions. And 62-550.5.12(3) for nitrate or nitrite exceedances.

** See 62-550.500(4) for requirements and attach a results page for each site

SAMPLER CERTIFICATION

I, Deane Murray (Print Name), Water Quality Tech (Print Title) do HEREBY CERTIFY that the above public water system and sample collection information is complete and correct.

Signature: M. [illegible] for D. Murray Date: 5/21/14

Certified Operator #: DW A6440 Phone #: Sampler's Fax #:

Sampler's E-Mail:

Reporting Format 62-550-730
Effective January 1995. Revised February 2010

SOUTHERN ANALYTICAL LABORATORIES, INC.
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Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format

City of Clearwater Water Department
Stage 2 Disinfection By-Products

LABORATORY CERTIFICATION INFORMATION (to be completed by lab - please type or print legibly)

Lab Name: Southern Analytical Laboratories, Inc. Florida DOH Certification #: E84129 Certification Expiration Date: 06/30/2014

ATTACH CURRENT DOH ANALYTE SHEET*

Address: 110 Bayview Blvd Oldsmar,FL 34677 Phone: (813) 855-1844

Were any analyses subcontracted? ☐ Yes ☒ No If yes, please provide DOH certification number(s):

ATTACH CURRENT DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB*

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 04/25/2014

PWS ID (From Page 1): 6520336 Sample Number (From Page 1): 1404252-06 Lab Assigned Report # or Job ID: 1404252-06

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 for Asbestos	☐ All 30	☐ All 21	☒ Trihalomethanes	☐ Single Sample	☐ All 14
☐ Partial	☐ All Except Dioxin	☐ Partial	☒ Haloacetic Acids	☐ Qtrly Composite	☐ Partial
☐ Nitrate	☐ Partial		☐ Chlorite		
☐ Nitrite	☐ Dioxin Only		☐ Bromate		
☐ Asbestos					

LAB CERTIFICATION

I, Francis I. Daniels (Print Name), Laboratory Director (Print Title) do HEREBY CERTIFY that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).

Signature: Francis Daniels Date: 05/14/2014

* Failure to provide a valid and current Florida DOH lab certification number and a current Analyte Sheet for the attached analysis results will result in rejection of the report, possible enforcement against the public water system for failure to sample, and may result in notification of the DOH Bureau of Laboratory Services.

** Please provide radiological sample dates & locations for each quarter.

CONFIRMATION & NOTIFICATION IS REQUIRED WITHIN 24 HOURS FOR NITRATE AND NITRITE MCL EXCEEDANCES
NON-DETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" QUALIFIER (Non-detects reported as "BDL" or with a "<" are not acceptable.)

COMPLIANCE DETERMINATION (to be completed by DEP or DOH - attach notes as necessary)

Sample Collection & Analysis Satisfactory: ☐ Yes ☐ No Replacement Sample or Report Requested (circle or highlight group(s) above)

Person Notified: Date Notified: DEP/DOH Reviewing Official:

Reporting Format 62-550-730
Effective January 1995. Revised February 2010

SOUTHERN ANALYTICAL LABORATORIES, INC.
110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 813-855-1844 FAX 813-855-2218

Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format

DISINFECTION BYPRODUCTS
62-550.310(3)

Report Number / Job ID: 1404252-06
Disinfectant Residual (mg/L) (From Page 1): 0.7
PWS ID (From Page 1): 6520336

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Reg MRL**	Analysis Date	Analysis Time	DOH Lab Certification #
2450	Monochloroacetic Acid	N/A	ug/L	5.6		EPA 552.2	0.76	2.0	5/2/14	14:53	E84129
2451	Dichloroacetic Acid	N/A	ug/L	16		EPA 552.2	0.68	1.0	5/2/14	14:53	E84129
2452	Trichloroacetic Acid	N/A	ug/L	19		EPA 552.2	0.34	1.0	5/2/14	14:53	E84129
2453	Monobromoacetic Acid	N/A	ug/L	0.33	U	EPA 552.2	0.33	1.0	5/2/14	14:53	E84129
2454	Dibromoacetic Acid	N/A	ug/L	3.8		EPA 552.2	0.26	1.0	5/2/14	14:53	E84129
2456	Total Haloacetic Acids (HAA5)	60	ug/L	44.40		EPA 552.2	0.26	—	5/2/14	14:53	E84129

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Reg MRL**	Analysis Date	Analysis Time	DOH Lab Certification #
2941	Chloroform	N/A	ug/L	50		EPA 524.2	0.2	1.0	4/29/14	6:59	E84129
2942	Bromoform	N/A	ug/L	10		EPA 524.2	0.2	1.0	4/29/14	6:59	E84129
2943	Bromodichloromethane	N/A	ug/L	14		EPA 524.2	0.2	1.0	4/29/14	6:59	E84129
2944	Dibromochloromethane	N/A	ug/L	8.5		EPA 524.2	0.1	1.0	4/29/14	6:59	E84129
2950	Total Trihalomethanes (TTHM)	80	ug/L	82.5		EPA 524.2	0.1	—	4/29/14	6:59	E84129

** Laboratories are required to adhere to minimum reporting level (MRL) requirements of 40 CFR 141.131(b)(2)(iv). Chlorite regulatory MRL is applicable to monitoring as prescribed in 40 CFR 141.132(b)(2)(i)(B) and (b)(2)(ii). Laboratories that use EPA Methods 317.0 Revision 2.0, 326.0 or 321.8 must meet a 1.0 ug/L MRL for bromate.

*Qualifiers:

U=Analyte was undetected. Indicated concentration is method detection limit.

SOUTHERN ANALYTICAL LABORATORIES, INC.

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ACCREDITED IN ACCORDANCE WITH

Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format

City of Clearwater Water Department
Stage 2 Disinfection By-Products

PUBLIC WATER SYSTEM INFORMATION (to be completed by sampler - please type or print legibly)

System Name: City of Clearwater Water Dept PWS I.D. #: 6 5 2 0 3 3 6

System Type (check one): [X] Community [ ] Nontransient Noncommunity [ ] Transient Noncommunity

Address: 1650 N. Arcturas Ave.

City: Clearwater Zip Code: 33765

Phone: (727) 562-4960 Fax: E-Mail Address:

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: 1404252-07 Sample Date: 4/25/14 Sample Time: 7:25 am [AM] PM (Circle One)

Sample Location (be specific): 710 Maple Street Location Code:

Disinfection Residual (Required when reporting results for trihalomethanes and haloacetic acids): 2.8 mg/L Field pH: 7.35

Sample Type (Check Only One)

- [X] Distribution
- [ ] Entry Point (to Distribution)
- [ ] Plant Tap (not for compliance with 62-550)
- [ ] Raw (at well or intake)
- [ ] Max. Residence Time
- [ ] Ave. Residence Time
- [ ] Near First Customer

Reason (s) for Sample (Check all that apply)

- [X] Routine Compliance with 62-550
- [ ] Confirmation of MCL Exceedance*
- [ ] Composite of Multiple Sites **
- [ ] Other:
- [ ] Replacement (of Invalidated Sample)
- [ ] Special (not for compliance with 62-550)
- [ ] Clearance (permitting)

Sampling Procedure Used or Other Comments:

* See 62-550.500(6) for requirements and restrictions. And 62-550.5.12(3) for nitrate or nitrite exceedances.

** See 62-550.500(4) for requirements and attach a results page for each site

SAMPLER CERTIFICATION

I, Deane Murray (Print Name), Water Quality Tech (Print Title) do HEREBY CERTIFY that the above public water system and sample collection information is complete and correct.

Signature: for D Murray Date: 5/21/14

Certified Operator #: DWA6440 Phone #: Sampler's Fax #:

Sampler's E-Mail:

Reporting Format 62-550-730
Effective January 1995. Revised February 2010

SOUTHERN ANALYTICAL LABORATORIES, INC.

110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 813-855-1844 FAX 813-855-2218

ACCREDITED IN ACCORDANCE WITH

Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format

City of Clearwater Water Department
Stage 2 Disinfection By-Products

LABORATORY CERTIFICATION INFORMATION (to be completed by lab - please type or print legibly)

Lab Name: Southern Analytical Laboratories, Inc. Florida DOH Certification #: E84129 Certification Expiration Date: 06/30/2014

ATTACH CURRENT DOH ANALYTE SHEET*

Address: 110 Bayview Blvd Oldsmar,FL 34677 Phone: (813) 855-1844

Were any analyses subcontracted? ☐ Yes ☒ No If yes, please provide DOH certification number(s):

ATTACH CURRENT DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB*

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 04/25/2014

PWS ID (From Page 1): 6520336 Sample Number (From Page 1): 1404252-07 Lab Assigned Report # or Job ID: 1404252-07

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 for Asbestos	☐ All 30	☐ All 21	☒ Trihalomethanes	☐ Single Sample	☐ All 14
☐ Partial	☐ All Except Dioxin	☐ Partial	☒ Haloacetic Acids	☐ Qtrly Composite	☐ Partial
☐ Nitrate	☐ Partial		☐ Chlorite		
☐ Nitrite	☐ Dioxin Only		☐ Bromate		
☐ Asbestos					

LAB CERTIFICATION

I, Francis I. Daniels (Print Name), Laboratory Director (Print Title) do HEREBY CERTIFY that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).

Signature: Francis Daniels Date: 05/14/2014

* Failure to provide a valid and current Florida DOH lab certification number and a current Analyte Sheet for the attached analysis results will result in rejection of the report, possible enforcement against the public water system for failure to sample, and may result in notification of the DOH Bureau of Laboratory Services.

** Please provide radiological sample dates & locations for each quarter.

CONFIRMATION & NOTIFICATION IS REQUIRED WITHIN 24 HOURS FOR NITRATE AND NITRITE MCL EXCEEDANCES

NON-DETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" QUALIFIER (Non-detects reported as "BDL" or with a "<" are not acceptable.)

COMPLIANCE DETERMINATION (to be completed by DEP or DOH - attach notes as necessary)

Sample Collection & Analysis Satisfactory: ☐ Yes ☐ No Replacement Sample or Report Requested (circle or highlight group(s) above)

Person Notified: Date Notified: DEP/DOH Reviewing Official:

Reporting Format 62-550-730
Effective January 1995. Revised February 2010

SOUTHERN ANALYTICAL LABORATORIES, INC.
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Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format

DISINFECTION BYPRODUCTS
62-550.310(3)

Report Number / Job ID: 1404252-07
Disinfectant Residual (mg/L) (From Page 1): 2.8
PWS ID (From Page 1): 6520336

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Reg MRL**	Analysis Date	Analysis Time	DOH Lab Certification #
2450	Monochloroacetic Acid	N/A	ug/L	2.6		EPA 552.2	0.76	2.0	5/2/14	15:16	E84129
2451	Dichloroacetic Acid	N/A	ug/L	10		EPA 552.2	0.68	1.0	5/2/14	15:16	E84129
2452	Trichloroacetic Acid	N/A	ug/L	11		EPA 552.2	0.34	1.0	5/2/14	15:16	E84129
2453	Monobromoacetic Acid	N/A	ug/L	0.33	U	EPA 552.2	0.33	1.0	5/2/14	15:16	E84129
2454	Dibromoacetic Acid	N/A	ug/L	4.2		EPA 552.2	0.26	1.0	5/2/14	15:16	E84129
2456	Total Haloacetic Acids (HAA5)	60	ug/L	27.80		EPA 552.2	0.26	—	5/2/14	15:16	E84129

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Reg MRL**	Analysis Date	Analysis Time	DOH Lab Certification #
2941	Chloroform	N/A	ug/L	27		EPA 524.2	0.2	1.0	4/29/14	7:31	E84129
2942	Bromoform	N/A	ug/L	13		EPA 524.2	0.2	1.0	4/29/14	7:31	E84129
2943	Bromodichloromethane	N/A	ug/L	9.7		EPA 524.2	0.2	1.0	4/29/14	7:31	E84129
2944	Dibromochloromethane	N/A	ug/L	9.9		EPA 524.2	0.1	1.0	4/29/14	7:31	E84129
2950	Total Trihalomethanes (TTHM)	80	ug/L	59.6		EPA 524.2	0.1	—	4/29/14	7:31	E84129

** Laboratories are required to adhere to minimum reporting level (MRL) requirements of 40 CFR 141.131(b)(2)(iv). Chlorite regulatory MRL is applicable to monitoring as prescribed in 40 CFR 141.132(b)(2)(i)(B) and (b)(2)(ii). Laboratories that use EPA Methods 317.0 Revision 2.0, 326.0 or 321.8 must meet a 1.0 ug/L MRL for bromate.

*Qualifiers:

U=Analyte was undetected. Indicated concentration is method detection limit.

SOUTHERN ANALYTICAL LABORATORIES, INC.

110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 813-855-1844 FAX 813-855-2218

ACCREDITED IN ACCORDANCE WITH

Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format

City of Clearwater Water Department
Stage 2 Disinfection By-Products

PUBLIC WATER SYSTEM INFORMATION (to be completed by sampler - please type or print legibly)

System Name: City of Clearwater Water Dept PWS I.D. #: 6 5 2 0 3 3 6

System Type (check one): [X] Community [ ] Nontransient Noncommunity [ ] Transient Noncommunity

Address: 1650 N. Arcturas Ave.

City: Clearwater Zip Code: 33765

Phone: (727) 562-4960 Fax: E-Mail Address:

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: 1404252-08 Sample Date: 4/25/14 Sample Time: 8:58 am [AM] PM (Circle One)

Sample Location (be specific): 2456 Moore Haven Dr. Location Code:

Disinfection Residual (Required when reporting results for trihalomethanes and haloacetic acids): 3.6 mg/L Field pH: 7.15

Sample Type (Check Only One)

[X] Distribution
[ ] Entry Point (to Distribution)
[ ] Plant Tap (not for compliance with 62-550)
[ ] Raw (at well or intake)
[ ] Max. Residence Time
[ ] Ave. Residence Time
[ ] Near First Customer

Reason (s) for Sample (Check all that apply)

[X] Routine Compliance with 62-550
[ ] Confirmation of MCL Exceedance*
[ ] Composite of Multiple Sites **
[ ] Other:

[ ] Replacement (of Invalidated Sample)
[ ] Special (not for compliance with 62-550)
[ ] Clearance (permitting)

Sampling Procedure Used or Other Comments:

* See 62-550.500(6) for requirements and restrictions. And 62-550.5.12(3) for nitrate or nitrite exceedances.

** See 62-550.500(4) for requirements and attach a results page for each site

SAMPLER CERTIFICATION

I, Deane Murray (Print Name) Water Quality Tech (Print Title) do HEREBY CERTIFY that the above public water system and sample collection information is complete and correct.

Signature: for D. Murray Date: 5/21/14

Certified Operator #: DWA6440 Phone #: Sampler's Fax #:

Sampler's E-Mail:

Reporting Format 62-550-730
Effective January 1995. Revised February 2010

SOUTHERN ANALYTICAL LABORATORIES, INC.

110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 813-855-1844 FAX 813-855-2218

ACCREDITED IN ACCORDANCE WITH

Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format

City of Clearwater Water Department
Stage 2 Disinfection By-Products

LABORATORY CERTIFICATION INFORMATION (to be completed by lab - please type or print legibly)

Lab Name: Southern Analytical Laboratories, Inc. Florida DOH Certification #: E84129 Certification Expiration Date: 06/30/2014

ATTACH CURRENT DOH ANALYTE SHEET*

Address: 110 Bayview Blvd Oldsmar,FL 34677 Phone: (813) 855-1844

Were any analyses subcontracted? ☐ Yes ☒ No If yes, please provide DOH certification number(s):

ATTACH CURRENT DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB*

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 04/25/2014

PWS ID (From Page 1): 6520336 Sample Number (From Page 1): 1404252-08 Lab Assigned Report # or Job ID: 1404252-08

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 for Asbestos	☐ All 30	☐ All 21	☒ Trihalomethanes	☐ Single Sample	☐ All 14
☐ Partial	☐ All Except Dioxin	☐ Partial	☒ Haloacetic Acids	☐ Qtrly Composite	☐ Partial
☐ Nitrate	☐ Partial		☐ Chlorite		
☐ Nitrite	☐ Dioxin Only		☐ Bromate		
☐ Asbestos					

LAB CERTIFICATION

I, Francis I. Daniels (Print Name), Laboratory Director (Print Title) do HEREBY CERTIFY that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).

Signature: Francis Daniels Date: 05/14/2014

* Failure to provide a valid and current Florida DOH lab certification number and a current Analyte Sheet for the attached analysis results will result in rejection of the report, possible enforcement against the public water system for failure to sample, and may result in notification of the DOH Bureau of Laboratory Services.

** Please provide radiological sample dates & locations for each quarter.

CONFIRMATION & NOTIFICATION IS REQUIRED WITHIN 24 HOURS FOR NITRATE AND NITRITE MCL EXCEEDANCES

NON-DETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" QUALIFIER (Non-detects reported as "BDL" or with a "<" are not acceptable.)

COMPLIANCE DETERMINATION (to be completed by DEP or DOH - attach notes as necessary)

Sample Collection & Analysis Satisfactory: ☐ Yes ☐ No Replacement Sample or Report Requested (circle or highlight group(s) above)

Person Notified: Date Notified: DEP/DOH Reviewing Official:

Reporting Format 62-550-730
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SOUTHERN ANALYTICAL LABORATORIES, INC.
110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 813-855-1844 FAX 813-855-2218

Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format

DISINFECTION BYPRODUCTS
62-550.310(3)

Report Number / Job ID: 1404252-08
Disinfectant Residual (mg/L) (From Page 1): 3.6
PWS ID (From Page 1): 6520336

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Reg MRL**	Analysis Date	Analysis Time	DOH Lab Certification #
2450	Monochloroacetic Acid	N/A	ug/L	7.5		EPA 552.2	0.83	2.0	5/2/14	15:40	E84129
2451	Dichloroacetic Acid	N/A	ug/L	18		EPA 552.2	0.74	1.0	5/2/14	15:40	E84129
2452	Trichloroacetic Acid	N/A	ug/L	19		EPA 552.2	0.37	1.0	5/2/14	15:40	E84129
2453	Monobromoacetic Acid	N/A	ug/L	2.6		EPA 552.2	0.36	1.0	5/2/14	15:40	E84129
2454	Dibromoacetic Acid	N/A	ug/L	3.2		EPA 552.2	0.29	1.0	5/2/14	15:40	E84129
2456	Total Haloacetic Acids (HAA5)	60	ug/L	50.3		EPA 552.2	0.29	—	5/2/14	15:40	E84129
Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Reg MRL**	Analysis Date	Analysis Time	DOH Lab Certification #
2941	Chloroform	N/A	ug/L	51		EPA 524.2	0.2	1.0	4/29/14	8:03	E84129
2942	Bromoform	N/A	ug/L	10		EPA 524.2	0.2	1.0	4/29/14	8:03	E84129
2943	Bromodichloromethane	N/A	ug/L	13		EPA 524.2	0.2	1.0	4/29/14	8:03	E84129
2944	Dibromochloromethane	N/A	ug/L	7.2		EPA 524.2	0.1	1.0	4/29/14	8:03	E84129
2950	Total Trihalomethanes (TTHM)	80	ug/L	81.2		EPA 524.2	0.1	—	4/29/14	8:03	E84129

** Laboratories are required to adhere to minimum reporting level (MRL) requirements of 40 CFR 141.131(b)(2)(iv). Chlorite regulatory MRL is applicable to monitoring as prescribed in 40 CFR 141.132(b)(2)(i)(B) and (b)(2)(ii). Laboratories that use EPA Methods 317.0 Revision 2.0, 326.0 or 321.8 must meet a 1.0 ug/L MRL for bromate.

*Qualifiers:

1404252

Client Name	City of Clearwater Water Department	Contact / Phone: Greg Turman
Project Name / Location	Stage 2 Disinfection By-Products	
Samplers: (Signature)	Michael Olsen	

Matrix Codes: DW-Drinking Water WW-Wastewater SW-SurfaceWater SL-Sludge SO-Soil GW-Groundwater SA-Saline Water O-Other R-Reagent Water

PARAMETER / CONTAINER DESCRIPTION

	Sample Description	Date	Time	Matrix	Composite	Grab	40mL V, $Na_2S_2O_3$ 524 TTHM	40mL aV, NH_4Cl 552.2 HAA	Residual Chlorine	pH	Total number of containers
01	3371 Windchime	4-25-14	9:30	DW		X	2	3	2.1	7.13	5
02	3387 Artie Ave.	4-25-14	8:30	DW		X	2	3	2.5	7.32	5
03	2420 Sabre Court	4-25-14	9:00	DW		X	2	3	3.5	7.08	5
04	1965 Byram Drive	4-25-14	8:00	DW		X	2	3	3.8	7.94	5
05	1816 Ridge Top Way			DW		X	2	3			5
06	1951 Edgewater Drive			DW		X	2	3			5
07	710 Maple Street			DW		X	2	3			5
08	2456 Morris Haven Drive			DW		X	2	3			5
09	Trip Blank	1/6	10:06	R		X	1				1

Containers Prepared/ Relinquished	Date/Time:	Received	Date/Time:
S Lynn	11:35AM 1/6		
Relinquished: M. Olsen	Date/Time: 4-25-14 1015	Received:	Date/Time: 4-25-14 1015
Relinquished:	Date/Time:	Received:	Date/Time:
Relinquished:	Date/Time:	Received:	Date/Time:
Relinquished:	Date/Time:	Received:	Date/Time:

Seal Intact?	Y	N N/A
Samples intact upon arrival?	Y	N N/A
Received on Ice? Temp____	Y	N N/A
Proper preservatives indicated?	Y	N N/A
Rec'd w/in holding time?	Y	N N/A
Volatiles rec'd w/out headspace?	Y	N N/A
Proper containers used?	Y	N N/A

Instructions / Remarks:

Chain of Custody

Chain of Custody
Rev.Date 11/1/99

SOUTHERN ANALYTICAL LABORATORIES, INC.
110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 813-855-1844 fax 813-855-2218

SAL Project No. 1404252

Client Name	Contact / Phone:
City of Clearwater Water Department	Greg Turman
Project Name / Location	
Stage 2 Disinfection By-Products	
Samplers: (Signature) Diane Munay	

Matrix Codes: DW-Drinking Water WW-Wastewater SW-SurfaceWater SL-Sludge SO-Soil GW-Groundwater SA-Saline Water O-Other R-Reagent Water

PARAMETER / CONTAINER DESCRIPTION

Lab #	Sample Description	Date	Time	Matrix	Composite	Grab	40mL V, $Na_2S_2O_3$ 524 TTHM	40mLaV, NH_4Cl 552.2 HAA	Residual Chlorine	pH										Total number of containers
[redacted]				DW		X	2	3												5
[redacted]				DW		X	2	3												5
[redacted]				DW		X	2	3												5
[redacted]				DW		X	2	3												5
05	1816 Ridge Top Way	4/25/14	8:26	DW		X	2	3	3.4	7.23										5
06	1951 Edgewater Drive	4/25/14	7:51	DW		X	2	3	0.7	7.22										5
07	710 Maple Street	4/25/14	7:25	DW		X	2	3	2.8	7.35										5
08	2456 Morre Haven Drive	4/25/14	8:58	DW		X	2	3	3.6	7.15										5
09	Trip Blank	1/6	10:06	R		X	1													1

	Date/Time:		Date/Time:
Containers Prepared/ Relinquished:	11:35AM 1/6	Received:	
Relinquished:	Date/Time: 945 4-25-14	Received:	Date/Time: 4-25-14 945
Relinquished:	Date/Time:	Received:	Date/Time:
Relinquished:	Date/Time:	Received:	Date/Time:
Relinquished:	Date/Time:	Received:	Date/Time:

Seal Intact?	0	N N/A
Samples Intact upon arrival?	0	N N/A
Received on ice? Temp_____	0	N N/A
Proper preservatives indicated?	0	N N/A
Rec'd within holding time?	0	N N/A
Volatiles rec'd w/out headspace?	0	N N/A
Proper containers used?	0	N N/A

Instructions / Remarks:

Chain of Custody

Chain of Custody.xls
Rev Date 11/19/01

SOUTHERN ANALYTICAL LABORATORIES, INC.
110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 813-855-1844 fax 813-855-2218

SAL Project No. 1212311

Client Name: City of Clearwater Water Department

Contact / Phone: Greg Turman

Project Name / Location: Stage 2 Disinfection By-Products

Samplers: (Signature) Michael Olesh

Matrix Codes: DW-Drinking Water WW-Wastewater SW-SurfaceWater SL-Sludge SO-Soil GW-Groundwater SA-Saline Water O-Other R-Reagent Water

PARAMETER / CONTAINER DESCRIPTION

SAL Use Only Sample No.	Sample Description	Date	Time	Matrix	Composite	Grab	40mL V, $Na_2S_2O_3$ 524 TTHM	40mLeV, NH_4Cl 552.2 HAA	Residual Chlorine	pH										Total number of containers
01	3371 Windchime	10-19-12	9:40	DW		X	2	3	2.9	7.83										5
02	3387 Arlie Ave.	10-19-12	10:00	DW		X	2	3	3.1	7.83										5
03	2420 Sabre Court	10-19-12	9:15	DW		X	2	3	3.6	7.74										5
04	1985 Byram Drive	10-19-12	8:00	DW		X	2	3	3.6	7.64										5
05	1616 Ridge Top Way	10-19-12	8:30	DW		X	2	3	3.2	7.69										5
06	1951 Edgewater Drive	10-19-12	7:30	DW		X	2	3	2.3	7.49										5
07	710 Maple Street	10-19-12	7:00	DW		X	2	3	3.3	7.48										5
08	2456 Morra Haven Drive	10-19-12	8:50	DW		X	2	3	3.3	7.67										5
09	Trip Blank	7/10/12	1100	R		X	1													1

Containers Prepared/ Relinquished:	Date/Time:	Received:	Date/Time:
[signature]	7/10/12 1115		
Relinquished: Michael	Date/Time: 10-19-12 1013	Received: K Nudmach	Date/Time: 10/19/12 1013
Relinquished:	Date/Time:	Received:	Date/Time:
Relinquished:	Date/Time:	Received:	Date/Time:
Relinquished:	Date/Time:	Received:	Date/Time:

Seal intact? Y N N/A
Samples intact upon arrival? Y N N/A
Received on ice? Temp. Y N N/A
Proper preservatives indicated? Y N N/A
Rec'd within holding time? Y N N/A
Volatiles rec'd w/out headspace? Y N N/A
Proper containers used? Y N N/A

Instructions / Remarks: No PL

Chain of Custody

Chain of Custody.xls
Rev Date 11/6/00

Stage 2 D/DBPR Monitoring Plan

System Name: City of Clearwater Public Utilities		PWSID: 6520336
Contact Name: Greg Turman	Contact E-Mail: greg.turman@myclearwater.com	Contact Phone: 727-462-6326

Stage 2 Compliance Monitoring Location ID	Location Type	Justification	Projected Sampling Date(s) (month/day/year)			
			Calendar Quarter 1 (Jan 1 – Mar 31)	Calendar Quarter 2 (Apr 1 – Jun 30)	Calendar Quarter 3 (Jul 1 – Sep 30)	Calendar Quarter-4 (Oct 1 – Dec 31)
Standard Monitoring Site #6 3371 Windchime	X Highest TTHM ☐ Highest HAA5 ☐ Stage 1 D/DBPR ☐ Other	1st Highest TTHM Site		3rd week of April	3rd week of July	3rd week of October
Standard Monitoring Site #15 3387 Arlie Ave	☐ Highest TTHM X Highest HAA5 ☐ Stage 1 D/DBPR ☐ Other	1st Highest HAA5 Site		3rd week of April	3rd week of July	3rd week of October
Stage 1 Monitoring Site #9 2420 Sabre Court	☐ Highest TTHM ☐ Highest HAA5 X Stage 1 D/DBPR ☐ Other	1st Highest Stage 1 HAA5 Site		3rd week of April	3rd week of July	3rd week of October
Standard Monitoring Site #16 1985 Byram Drive	X Highest TTHM ☐ Highest HAA5 ☐ Stage 1 D/DBPR ☐ Other	2nd Highest TTHM Site (Considering geographical coverage)		3rd week of April	3rd week of July	3rd week of October
Standard Monitoring Site #13 1616 Ridge Top Way	X Highest TTHM ☐ Highest HAA5 ☐ Stage 1 D/DBPR ☐ Other	3rd highest TTHM Site (Considering geographical coverage)		3rd week of April	3rd week of July	3rd week of October
Standard Monitoring Site #11 1951 Edgewater Drive	☐ Highest TTHM X Highest HAA5 ☐ Stage 1 D/DBPR ☐ Other	2nd Highest HAA5 site (Considering geographical coverage)		3rd week of April	3rd week of July	3rd week of October

Stage 1 Monitoring Site #4 710 Maple Street	☐ Highest TTHM ☐ Highest HAA5 **X** Stage 1 D/DBPR ☐ Other	1st Highest TTHM Stage 1 Site (Considering geographical coverage)		3rd week of April	3rd week of July	3rd week of October
Standard Monitoring Site #4 2456 Moore Haven Drive	☐ Highest TTHM **X** Highest HAA5 ☐ Stage 1 D/DBPR ☐ Other	3rd Highest HAA5 Site (Considering geographical coverage)		3rd week of April	3rd week of July	3rd week of October

Instructions: Add rows as necessary to list all Stage 2 compliance monitoring locations. For each location, provide an ID number and/or address. For each location, check the location type and provide justification for selection of the location. For each location, provide the projected sampling date (month and day or week) within the monitoring period(s) required for your system; e.g., provide one date within Calendar Quarter 3 if your system is required to monitor yearly or provide one date within each of the four calendar quarters if your system is required to monitor quarterly.

Compliance Calculation Procedures

☐ This system is monitoring yearly or less frequently. Compliance is calculated as follows: determine if each sample result for each monitoring location is ≤ the maximum contaminant level (MCL).

X This system is monitoring quarterly. Compliance is calculated as follows: for each monitoring location, calculate the locational running annual average (LRAA)—the average of results for samples taken at the monitoring location during the previous four calendar quarters ([Q1+Q2+Q3+Q4]/4)—and determine if each LRAA is ≤ the MCL.

☐ This system is monitoring more frequently than quarterly. Compliance is calculated as follows: for each monitoring location, average all samples taken in a quarter at the monitoring location to determine a quarterly average and then calculate the LRAA—the average of quarterly averages at the monitoring location during the previous four calendar quarters ([Q1+Q2+Q3+Q4]/4)—and determine if each LRAA is ≤ the MCL.

Combined Distribution System Information

X This PWS is part of a combined distribution system.

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#10

CITY OF CLEARWATER

POST OFFICE BOX 4748, CLEARWATER, FLORIDA 33758-4748
1650 N. ARCTURAS AVENUE, BLDG. C., CLEARWATER, FLORIDA 33765-1945
TELEPHONE (727) 562-4960 FAX (727) 562-4963

PUBLIC UTILITIES

Date: November 1st, 2012

Florida Department of Environmental Protection
Southwest District
13051 N. Telecom Parkway
Temple Terrace, FL 33637-0926

Re: **Fourth** Quarter 2012 Stage II DBP Report
City of Clearwater Public Water System
PWS I.D. No. 6520336

Enclosed, please find the Stage II DBP sampling results for the Third Quarter of 2012. Included are TTHM and HAA5 results. All sampling locations are designated sample stations.
If you have any questions or concerns, please contact Greg Turman, Water Production Coordinator, at (727) 462-6326.

Sincerely,

Greg Turman
Water Production Coordinator

Attachments

Cc: Tracy Mercer
Glenn Daniel

STAGE 2 TOTAL TRIHALOMETHANES (TTHM) AND HALOACETIC ACIDS FIVE (HAA5) EXAMPLE REPORTING FORMAT

Subpart H systems serving 500 or more persons and ground water systems serving 10,000 or more persons shall complete applicable pages of this format and submit them to the Department within 10 days after the end of any quarter in which TTHM/HAA5 monitoring is required. Systems on routine or reduced quarterly TTHM/HAA5 monitoring shall complete pages 1, 2, and 3 of this format. (Add additional rows to the tables on pages 2 and 3 as necessary.) Systems on reduced annual TTHM/HAA5 monitoring shall complete pages 1 and 4 of this format. Additionally, Subpart H systems seeking to qualify for, or remain on, reduced quarterly or annual TTHM/HAA5 monitoring shall complete page 5 of this format. (Add additional rows to the table on page 5 as necessary.)

D/DBPR = Disinfectant and Disinfection Byproducts Rule; LRAA = locational running annual average; MCL = maximum contaminant level; OE = operational evaluation; RAA = running annual average; TOC = total organic carbon.

QUARTERLY MONITORING PERIOD: Fourth Quarter 2012

SYSTEM INFORMATION		
PWS ID Number: **6520336**		
PWS Name: **City of Clearwater**		
Source Water Type and Population Size Category:		
☐ Ground Water:	**X** Subpart H:	
☐ 10,000 – 99,999	☐ 500 – 3,300	☐ 250,000 – 999,999
☐ 100,000 – 499,999	☐ 3,301 – 9,999	☐ 1,000,000 – 4,999,999
☐ ≥ 500,000	☐ 10,000 – 49,999	☐ ≥ 5,000,000
	X 50,000 – 249,999	
Monitoring Mode*: **X** Routine Monitoring ☐Reduced Monitoring		
Monitoring Frequency*: **X** Quarterly ☐Annually		
Total Number Of Distribution System Monitoring Locations*: **8**		
Contact Person: **Greg Turman**		
Phone Number: **727-462-6326**		
E-Mail Address (optional):**greg.turman@myclearwater.com**		
Fax Number (optional):		

* See 40 CFR 141.621 and 141.623 for more details.

QUARTERLY MONITORING PERIOD: Fourth Quarter 2012 PWS ID Number: 6520336

TTHM COMPLIANCE SUMMARY FOR SYSTEMS MONITORING QUARTERLY

Monitoring Location*	This Quarter				Previous Quarter	2 Quarters Ago	3 Quarters Ago	TTHM LRAA (mg/L)	TTHM OE Value (mg/L)
	No. of TTHM Samples Taken	Date Each TTHM Sample Taken (mo/da/yr)	TTHM Sample Result (mg/L)	TTHM Locational Quarterly Average (mg/L)	TTHM Locational Quarterly Average (mg/L)	TTHM Locational Quarterly Average (mg/L)	TTHM Locational Quarterly Average (mg/L)		
				A	B	C	D	(A+B+C+D)/4	(2A+B+C)/4
1985 Byram Drive	1	10/19/12	.066	.066	.093	.065		.075	.073
1616 Ridge Top Way	1	10/19/12	.063	.063	.093	.074		.077	.073
1951 Edgewater Drive	1	10/19/12	.062	.062	.10	.070		.077	.074
710 Maple Street	1	10/19/12	.052	.052	.08	.064		.065	.062
2456 Moore Haven Drive	1	10/19/12	.062	.062	.09	.072		.067	.072
3371 Windchime	1	10/19/12	.061	.061	.10	.077		.079	.075
3387 Arlie Avenue	1	10/19/12	.058	.058	.10	.068		.075	.071
2420 Sabre Court	1	10/19/12	.066	.066	.10	.069		.078	.075

Does the TTHM LRAA at any monitoring location violate the TTHM MCL of 0.080 mg/L? (YES/NO)	NO
Does the TTHM OE value at any monitoring location exceed 0.080 mg/L? (YES/NO)**	
If you are on reduced quarterly monitoring, does the TTHM LRAA exceed 0.040 mg/L at any monitoring location? (YES/NO/NA)***	N/A

* Location names or numbers should correspond to those in your Stage 2 D/DBPR compliance monitoring plan required under 40 CFR 141.622.
** If any TTHM OE value at any location exceeds 0.080 mg/L, you must conduct an OE and submit an OE report in accordance with 40 CFR 141.626.
*** If any TTHM LRAA at any location exceeds 0.040 mg/L, you must resume routine quarterly monitoring under 40 CFR 141.621.

QUARTERLY MONITORING PERIOD: Fourth Quarter 2012

PWS ID Number: 6520336

HAA5 COMPLIANCE SUMMARY FOR SYSTEMS MONITORING QUARTERLY

Monitoring Location*	This Quarter				Previous Quarter	2 Quarters Ago	3 Quarters Ago	HAA5 LRAA (mg/L)	HAA5 OE Value (mg/L)
	No. of HAA5 Samples Taken	Date Each HAA5 Sample Taken (mo/da/yr)	HAA5 Sample Result (mg/L)	HAA5 Locational Quarterly Average (mg/L)	HAA5 Locational Quarterly Average (mg/L)	HAA5 Locational Quarterly Average (mg/L)	HAA5 Locational Quarterly Average (mg/L)		
				A	B	C	D	(A+B+C+D)/4	(2A+B+C)/4
1985 Byram Drive	1	10/19/12	.031	.031	.040	.040		.038	.036
1616 Ridge Top Way	1	10/19/12	.031	.031	.040	.044		.038	.037
1951 Edgewater Drive	1	10/19/12	.027	.027	.043	.038		.036	.034
710 Maple Street	1	10/19/12	.016	.016	.030	.033		.026	.024
2456 Moore Haven Drive	1	10/19/12	.033	.033	.042	.046		.040	.039
3371 Windchime	1	10/19/12	.027	.027	.046	.045		.039	.036
3387 Arlie Avenue	1	10/19/12	.031	.031	.044	.042		.039	.037
2420 Sabre Court	1	10/19/12	.035	.035	.040	.046		.040	.039

Does the HAA5 LRAA at any monitoring location violate the HAA5 MCL of 0.060 mg/L? (YES/NO)	NO
Does the HAA5 OE value at any monitoring location exceed 0.060 mg/L? (YES/NO)**	NO
If you are on reduced quarterly monitoring, does the HAA5 LRAA exceed 0.030 mg/L at any monitoring location? (YES/NO/NA)***	N/A

* Location names or numbers should correspond to those in your Stage 2 D/DBPR compliance monitoring plan required under 40 CFR 141.622.

** If any HAA5 OE value at any location exceeds 0.060 mg/L, you must conduct an OE and submit an OE report in accordance with 40 CFR 141.626.

*** If any HAA5 LRAA at any location exceeds 0.030 mg/L, you must resume routine quarterly monitoring under 40 CFR 141.621.

SOUTHERN ANALYTICAL LABORATORIES, INC.

110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 813-855 1844 FAX 813 855 2218

ACCREDITED IN ACCORDANCE WITH

Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format

City of Clearwater Water Department
Stage 2 Disinfection By-Products

PUBLIC WATER SYSTEM INFORMATION (to be completed by sampler - please type or print legibly)

System Name: City of Clearwater Water Dept PWS I.D. #: 6 5 2 0 3 3 6

System Type (check one): [X] Community [ ] Nontransient Noncommunity [ ] Transient Noncommunity

Address: 1650 N. Arcturas Ave.

City: Clearwater Zip Code: 33765

Phone: (727) 562-4960 Fax: E-Mail Address:

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: 1212311-01 Sample Date: 10/19/12 Sample Time: 9:40 am AM PM (Circle One)

Sample Location (be specific): 3371 Windchime Location Code:

Disinfection Residual (Required when reporting results for trihalomethanes and haloacetic acids): 2.9 mg/L Field pH: 7.83

Sample Type (Check Only One)

- [X] Distribution
- [ ] Entry Point (to Distribution)
- [ ] Plant Tap (not for compliance with 62-550)
- [ ] Raw (at well or intake)
- [ ] Max. Residence Time
- [ ] Ave. Residence Time
- [ ] Near First Customer

Reason (s) for Sample (Check all that apply)

- [X] Routine Compliance with 62-550
- [ ] Confirmation of MCL Exceedance*
- [ ] Composite of Multiple Sites **
- [ ] Other:

- [ ] Replacement (of Invalidated Sample)
- [ ] Special (not for compliance with 62-550)
- [ ] Clearance (permitting)

Sampling Procedure Used or Other Comments:

* See 62-550.500(6) for requirements and restrictions. And 62-550.5.12(3) for nitrate or nitrite exceedances.

** See 62-550.500(4) for requirements and attach a results page for each site

SAMPLER CERTIFICATION

I, Michael Olesh (Print Name) , (Print Title) do HEREBY CERTIFY

that the above public water system and sample collection information is complete and correct.

Signature: Michael Olesh Date: 10/31/12

Certified Operator #: Phone #: Sampler's Fax #:

Sampler's E-Mail:

Reporting Format 62-550-730
Effective January 1995, Revised February 2010

SOUTHERN ANALYTICAL LABORATORIES, INC.

110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 813 855 1844 FAX 813 855 2218

ACCREDITED IN ACCORDANCE WITH

Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format

City of Clearwater Water Department
Stage 2 Disinfection By-Products

LABORATORY CERTIFICATION INFORMATION (to be completed by lab - please type or print legibly)

Lab Name: Southern Analytical Laboratories, Inc. Florida DOH Certification #: E84129 Certification Expiration Date: 06/30/2013

ATTACH CURRENT DOH ANALYTE SHEET*

Address: 110 Bayview Blvd Oldsmar,FL 34677 Phone: (813) 855-1844

Were any analyses subcontracted? ☐ Yes ☒ No If yes, please provide DOH certification number(s):

ATTACH CURRENT DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB*

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 10/19/2012

PWS ID (From Page 1): 6520336 Sample Number (From Page 1): 1212311-01 Lab Assigned Report # or Job ID: 1212311-01

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 for Asbestos	☐ All 30	☐ All 21	☒ Trihalomethanes	☐ Single Sample	☐ All 14
☐ Partial	☐ All Except Dioxin	☐ Partial	☒ Haloacetic Acids	☐ Qtrly Composite	☐ Partial
☐ Nitrate	☐ Partial		☐ Chlorite		
☐ Nitrite	☐ Dioxin Only		☐ Bromate		
☐ Asbestos					

LAB CERTIFICATION

I, Francis I. Daniels (Print Name), Laboratory Director (Print Title) do HEREBY CERTIFY that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).

Signature: Francis Daniels Date: 10/30/2012

* Failure to provide a valid and current Florida DOH lab certification number and a current Analyte Sheet for the attached analysis results will result in rejection of the report, possible enforcement against the public water system for failure to sample, and may result in notification of the DOH Bureau of Laboratory Services.

** Please provide radiological sample dates & locations for each quarter.

CONFIRMATION & NOTIFICATION IS REQUIRED WITHIN 24 HOURS FOR NITRATE AND NITRITE MCL EXCEEDANCES

NON-DETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" QUALIFIER (Non-detects reported as "BDL" or with a "<" are not acceptable.)

COMPLIANCE DETERMINATION (to be completed by DEP or DOH - attach notes as necessary)

Sample Collection & Analysis Satisfactory: ☐ Yes ☐ No Replacement Sample or Report Requested (circle or highlight group(s) above)

Person Notified: Date Notified: DEP/DOH Reviewing Official:

Reporting Format 62-550-730
Effective January 1995. Revised February 2010

SOUTHERN ANALYTICAL LABORATORIES, INC.
110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 813-855-1844 FAX 813-855-2218

Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format

DISINFECTION BYPRODUCTS
62-550.310(3)

Report Number / Job ID: 1212311-01
Disinfectant Residual (mg/L) (From Page 1): 2.9
PWS ID (From Page 1): 6520336

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Reg MRL**	Analysis Date	Analysis Time	DOH Lab Certification #
2450	Monochloroacetic Acid	N/A	ug/L	0.80	U	EPA 552.2	0.80	2.0	10/24/12	5:02	E84129
2451	Dichloroacetic Acid	N/A	ug/L	13		EPA 552.2	0.72	1.0	10/24/12	5:02	E84129
2452	Trichloroacetic Acid	N/A	ug/L	10		EPA 552.2	0.36	1.0	10/24/12	5:02	E84129
2453	Monobromoacetic Acid	N/A	ug/L	0.78	I	EPA 552.2	0.35	1.0	10/24/12	5:02	E84129
2454	Dibromoacetic Acid	N/A	ug/L	3.4		EPA 552.2	0.28	1.0	10/24/12	5:02	E84129
2456	Total Haloacetic Acids (HAA5)	60	ug/L	27.18		EPA 552.2	0.28	—	10/24/12	5:02	E84129
Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Reg MRL**	Analysis Date	Analysis Time	DOH Lab Certification #
2941	Chloroform	N/A	ug/L	34		EPA 524.2	0.2	1.0	10/24/12	17:01	E84129
2942	Bromoform	N/A	ug/L	7.7		EPA 524.2	0.2	1.0	10/24/12	17:01	E84129
2943	Bromodichloromethane	N/A	ug/L	11		EPA 524.2	0.2	1.0	10/24/12	17:01	E84129
2944	Dibromochloromethane	N/A	ug/L	8.1		EPA 524.2	0.1	1.0	10/24/12	17:01	E84129
2950	Total Trihalomethanes (TTHM)	80	ug/L	60.8		EPA 524.2	0.1	—	10/24/12	17:01	E84129

** Laboratories are required to adhere to minimum reporting level (MRL) requirements of 40 CFR 141.131(b)(2)(iv).
Chlorite regulatory MRL is applicable to monitoring as prescribed in 40 CFR 141.132(b)(2)(i)(B) and (b)(2)(ii).
Laboratories that use EPA Methods 317.0 Revision 2.0, 326.0 or 321.8 must meet a 1.0 ug/L MRL for bromate.

*Qualifiers:

U=Analyte was undetected. Indicated concentration is method detection limit.
I=The reported value is between the laboratory method detection limit and the laboratory practical quantitation limit.

SOUTHERN ANALYTICAL LABORATORIES, INC.
110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 813 855-1844 FAX 813-855 2218

Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format

City of Clearwater Water Department
Stage 2 Disinfection By-Products

PUBLIC WATER SYSTEM INFORMATION (to be completed by sampler - please type or print legibly)

System Name: City of Clearwater Water Dept PWS I.D. #: 6 5 2 0 3 3 6

System Type (check one): [X] Community [ ] Nontransient Noncommunity [ ] Transient Noncommunity

Address: 1650 N. Arcturas Ave.

City: Clearwater Zip Code: 33765

Phone: (727) 562-4960 Fax: E-Mail Address:

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: 1212311-02 Sample Date: 10/19/12 Sample Time: 10:00 am AM PM (Circle One)

Sample Location (be specific): 3387 Arlie Ave. Location Code:

Disinfection Residual (Required when reporting results for trihalomethanes and haloacetic acids): 3.1 mg/L. Field pH: 7.83

Sample Type (Check Only One)

[X] Distribution
[ ] Entry Point (to Distribution)
[ ] Plant Tap (not for compliance with 62-550)
[ ] Raw (at well or intake)
[ ] Max. Residence Time
[ ] Ave. Residence Time
[ ] Near First Customer

Reason (s) for Sample (Check all that apply)

[X] Routine Compliance with 62-550
[ ] Confirmation of MCL Exceedance*
[ ] Composite of Multiple Sites **
[ ] Other:

[ ] Replacement (of Invalidated Sample)
[ ] Special (not for compliance with 62-550)
[ ] Clearance (permitting)

Sampling Procedure Used or Other Comments:

* See 62-550.500(6) for requirements and restrictions. And 62-550.5.12(3) for nitrate or nitrite exceedances.

** See 62-550.500(4) for requirements and attach a results page for each site

SAMPLER CERTIFICATION

I, Michael Olesh (Print Name), (Print Title) do HEREBY CERTIFY that the above public water system and sample collection information is complete and correct.

Signature: Michael Olesh Date: 10/31/12

Certified Operator #: Phone #: Sampler's Fax #:

Sampler's E-Mail:

Reporting Format 62-550-730
Effective January 1995. Revised February 2010

SOUTHERN ANALYTICAL LABORATORIES, INC.
110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 813-855-1844 FAX 813 855 2218

Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format

City of Clearwater Water Department
Stage 2 Disinfection By-Products

LABORATORY CERTIFICATION INFORMATION (to be completed by lab - please type or print legibly)

Lab Name: Southern Analytical Laboratories, Inc. Florida DOH Certification #: E84129 Certification Expiration Date: 06/30/2013

ATTACH CURRENT DOH ANALYTE SHEET*

Address: 110 Bayview Blvd Oldsmar,FL 34677 Phone: (813) 855-1844

Were any analyses subcontracted? ☐ Yes ☒ No If yes, please provide DOH certification number(s): _____

ATTACH CURRENT DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB*

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 10/19/2012

PWS ID (From Page 1): 6520336 Sample Number (From Page 1): 1212311-02 Lab Assigned Report # or Job ID: 1212311-02

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 for Asbestos	☐ All 30	☐ All 21	☒ Trihalomethanes	☐ Single Sample	☐ All 14
☐ Partial	☐ All Except Dioxin	☐ Partial	☒ Haloacetic Acids	☐ Qtrly Composite	☐ Partial
☐ Nitrate	☐ Partial		☐ Chlorite		
☐ Nitrite	☐ Dioxin Only		☐ Bromate		
☐ Asbestos					

LAB CERTIFICATION

I, Francis I. Daniels (Print Name), Laboratory Director (Print Title) do HEREBY CERTIFY that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).

Signature: _____ Date: 10/30/2012

* Failure to provide a valid and current Florida DOH lab certification number and a current Analyte Sheet for the attached analysis results will result in rejection of the report, possible enforcement against the public water system for failure to sample, and may result in notification of the DOH Bureau of Laboratory Services.

** Please provide radiological sample dates & locations for each quarter.

CONFIRMATION & NOTIFICATION IS REQUIRED WITHIN 24 HOURS FOR NITRATE AND NITRITE MCL EXCEEDANCES

NON-DETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" QUALIFIER (Non-detects reported as "BDL" or with a "<" are not acceptable.)

COMPLIANCE DETERMINATION (to be completed by DEP or DOH - attach notes as necessary)

Sample Collection & Analysis Satisfactory: ☐ Yes ☐ No _____ Replacement Sample or Report Requested (circle or highlight group(s) above)

Person Notified: _____ Date Notified: _____ DEP/DOH Reviewing Official: _____

Reporting Format 62-550-730
Effective January 1995, Revised February 2010

SOUTHERN ANALYTICAL LABORATORIES, INC.
110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 813-855-1844 FAX 813-855-2218

Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format

DISINFECTION BYPRODUCTS
62-550.310(3)

Report Number / Job ID: 1212311-02
Disinfectant Residual (mg/L) (From Page 1): 3.1
PWS ID (From Page 1): 6520336

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Reg MRL**	Analysis Date	Analysis Time	DOH Lab Certification #
2450	Monochloroacetic Acid	N/A	ug/L	0.78	U	EPA 552.2	0.78	2.0	10/24/12	5:25	E84129
2451	Dichloroacetic Acid	N/A	ug/L	14		EPA 552.2	0.70	1.0	10/24/12	5:25	E84129
2452	Trichloroacetic Acid	N/A	ug/L	12		EPA 552.2	0.36	1.0	10/24/12	5:25	E84129
2453	Monobromoacetic Acid	N/A	ug/L	0.81	I	EPA 552.2	0.34	1.0	10/24/12	5:25	E84129
2454	Dibromoacetic Acid	N/A	ug/L	3.7		EPA 552.2	0.27	1.0	10/24/12	5:25	E84129
2456	Total Haloacetic Acids (HAA5)	60	ug/L	30.51		EPA 552.2	0.27	—	10/24/12	5:25	E84129

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Reg MRL**	Analysis Date	Analysis Time	DOH Lab Certification #
2941	Chloroform	N/A	ug/L	32		EPA 524.2	0.2	1.0	10/24/12	17:34	E84129
2942	Bromoform	N/A	ug/L	7.4		EPA 524.2	0.2	1.0	10/24/12	17:34	E84129
2943	Bromodichloromethane	N/A	ug/L	11		EPA 524.2	0.2	1.0	10/24/12	17:34	E84129
2944	Dibromochloromethane	N/A	ug/L	7.8		EPA 524.2	0.1	1.0	10/24/12	17:34	E84129
2950	Total Trihalomethanes (TTHM)	80	ug/L	58.2		EPA 524.2	0.1	—	10/24/12	17:34	E84129

** Laboratories are required to adhere to minimum reporting level (MRL) requirements of 40 CFR 141.131(b)(2)(iv). Chlorite regulatory MRL is applicable to monitoring as prescribed in 40 CFR 141.132(b)(2)(i)(B) and (b)(2)(ii). Laboratories that use EPA Methods 317.0 Revision 2.0, 326.0 or 321.8 must meet a 1.0 ug/L MRL for bromate.

*Qualifiers:

U=Analyte was undetected. Indicated concentration is method detection limit.
I=The reported value is between the laboratory method detection limit and the laboratory practical quantitation limit.

SOUTHERN ANALYTICAL LABORATORIES, INC.

110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 813-855-1844 FAX 813-855-2218

ACCREDITED IN ACCORDANCE WITH

Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format

City of Clearwater Water Department
Stage 2 Disinfection By-Products

PUBLIC WATER SYSTEM INFORMATION (to be completed by sampler - please type or print legibly)

System Name: City of Clearwater Water Dept PWS I.D. #: 6 5 2 0 3 3 6

System Type (check one): [X] Community [ ] Nontransient Noncommunity [ ] Transient Noncommunity

Address: 1650 N. Arcturas Ave.

City: Clearwater Zip Code: 33765

Phone: (727) 562-4960 Fax: E-Mail Address:

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: 1212311-03 Sample Date: 10/19/12 Sample Time: 9:15 am AM PM (Circle One)

Sample Location (be specific): 2420 Sabre Court Location Code:

Disinfection Residual (Required when reporting results for trihalomethanes and haloacetic acids): 3.6 mg/L Field pH: 7.74

Sample Type (Check Only One)

- [X] Distribution
- [ ] Entry Point (to Distribution)
- [ ] Plant Tap (not for compliance with 62-550)
- [ ] Raw (at well or intake)
- [ ] Max. Residence Time
- [ ] Ave. Residence Time
- [ ] Near First Customer

Reason (s) for Sample (Check all that apply)

- [X] Routine Compliance with 62-550
- [ ] Confirmation of MCL Exceedance*
- [ ] Composite of Multiple Sites **
- [ ] Other:
- [ ] Replacement (of Invalidated Sample)
- [ ] Special (not for compliance with 62-550)
- [ ] Clearance (permitting)

Sampling Procedure Used or Other Comments:

* See 62-550.600(6) for requirements and restrictions. And 62-550.5.12(3) for nitrate or nitrite exceedances.

** See 62-550.500(4) for requirements and attach a results page for each site

SAMPLER CERTIFICATION

I, Michael Olesh (Print Name), (Print Title) do HEREBY CERTIFY that the above public water system and sample collection information is complete and correct.

Signature: Michael Olesh Date: 10/31/12

Certified Operator #: Phone #: Sampler's Fax #:

Sampler's E-Mail:

Reporting Format 62-550-730
Effective January 1995. Revised February 2010

SOUTHERN ANALYTICAL LABORATORIES, INC.
110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 813-855-1844 FAX 813-855-2218

Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format

City of Clearwater Water Department
Stage 2 Disinfection By-Products

LABORATORY CERTIFICATION INFORMATION (to be completed by lab - please type or print legibly)

Lab Name: Southern Analytical Laboratories, Inc. Florida DOH Certification #: E84129 Certification Expiration Date: 06/30/2013

ATTACH CURRENT DOH ANALYTE SHEET*

Address: 110 Bayview Blvd Oldsmar,FL 34677 Phone: (813) 855-1844

Were any analyses subcontracted? ☐ Yes ☒ No If yes, please provide DOH certification number(s):

ATTACH CURRENT DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB*

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 10/19/2012

PWS ID (From Page 1): 6520336 Sample Number (From Page 1): 1212311-03 Lab Assigned Report # or Job ID: 1212311-03

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 for Asbestos	☐ All 30	☐ All 21	☒ Trihalomethanes	☐ Single Sample	☐ All 14
☐ Partial	☐ All Except Dioxin	☐ Partial	☒ Haloacetic Acids	☐ Qtrly Composite	☐ Partial
☐ Nitrate	☐ Partial		☐ Chlorite		
☐ Nitrite	☐ Dioxin Only		☐ Bromate		
☐ Asbestos					

LAB CERTIFICATION

I, Francis I. Daniels (Print Name), Laboratory Director (Print Title) do HEREBY CERTIFY that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).

Signature: Francis Daniels Date: 10/30/2012

* Failure to provide a valid and current Florida DOH lab certification number and a current Analyte Sheet for the attached analysis results will result in rejection of the report, possible enforcement against the public water system for failure to sample, and may result in notification of the DOH Bureau of Laboratory Services.

** Please provide radiological sample dates & locations for each quarter.

CONFIRMATION & NOTIFICATION IS REQUIRED WITHIN 24 HOURS FOR NITRATE AND NITRITE MCL EXCEEDANCES

NON-DETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" QUALIFIER (Non-detects reported as "BDL" or with a "<" are not acceptable.)

COMPLIANCE DETERMINATION (to be completed by DEP or DOH - attach notes as necessary)

Sample Collection & Analysis Satisfactory: ☐ Yes ☐ No Replacement Sample or Report Requested (circle or highlight group(s) above)

Person Notified: Date Notified: DEP/DOH Reviewing Official:

Reporting Format 62-550-730
Effective January 1995. Revised February 2010

SOUTHERN ANALYTICAL LABORATORIES, INC.
110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 813-855-1844 FAX 813-855-2218

Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format

DISINFECTION BYPRODUCTS
62-550.310(3)

Report Number / Job ID: 1212311-03
Disinfectant Residual (mg/L) (From Page 1): 3.6
PWS ID (From Page 1): 6520336

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Reg MRL**	Analysis Date	Analysis Time	DOH Lab Certification #
2450	Monochloroacetic Acid	N/A	ug/L	0.79	U	EPA 552.2	0.79	2.0	10/24/12	5:47	E84129
2451	Dichloroacetic Acid	N/A	ug/L	15		EPA 552.2	0.71	1.0	10/24/12	5:47	E84129
2452	Trichloroacetic Acid	N/A	ug/L	16		EPA 552.2	0.36	1.0	10/24/12	5:47	E84129
2453	Monobromoacetic Acid	N/A	ug/L	0.68	I	EPA 552.2	0.35	1.0	10/24/12	5:47	E84129
2454	Dibromoacetic Acid	N/A	ug/L	3.5		EPA 552.2	0.27	1.0	10/24/12	5:47	E84129
2456	Total Haloacetic Acids (HAA5)	60	ug/L	35.18		EPA 552.2	0.27	—	10/24/12	5:47	E84129

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Reg MRL**	Analysis Date	Analysis Time	DOH Lab Certification #
2941	Chloroform	N/A	ug/L	40		EPA 524.2	0.2	1.0	10/24/12	18:07	E84129
2942	Bromoform	N/A	ug/L	7.2		EPA 524.2	0.2	1.0	10/24/12	18:07	E84129
2943	Bromodichloromethane	N/A	ug/L	11		EPA 524.2	0.2	1.0	10/24/12	18:07	E84129
2944	Dibromochloromethane	N/A	ug/L	8.0		EPA 524.2	0.1	1.0	10/24/12	18:07	E84129
2950	Total Trihalomethanes (TTHM)	80	ug/L	66.2		EPA 524.2	0.1	—	10/24/12	18:07	E84129

** Laboratories are required to adhere to minimum reporting level (MRL) requirements of 40 CFR 141.131(b)(2)(iv). Chlorite regulatory MRL is applicable to monitoring as prescribed in 40 CFR 141.132(b)(2)(i)(B) and (b)(2)(ii). Laboratories that use EPA Methods 317.0 Revision 2.0, 326.0 or 321.8 must meet a 1.0 ug/L MRL for bromate.

*Qualifiers:

U=Analyte was undetected. Indicated concentration is method detection limit.
I=The reported value is between the laboratory method detection limit and the laboratory practical quantitation limit.

SOUTHERN ANALYTICAL LABORATORIES, INC.
110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 813-855-1844 FAX 813-855-2218

ACCREDITED IN ACCORDANCE WITH

Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format

City of Clearwater Water Department
Stage 2 Disinfection By-Products

PUBLIC WATER SYSTEM INFORMATION (to be completed by sampler - please type or print legibly)

System Name: City of Clearwater Water Dept PWS I.D. #: 6 5 2 0 3 3 6

System Type (check one): [X] Community [ ] Nontransient Noncommunity [ ] Transient Noncommunity

Address: 1650 N. Arcturas Ave.

City: Clearwater Zip Code: 33765

Phone: (727) 562-4960 Fax: E-Mail Address:

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: ~~1212311-04~~ Sample Date: 10/19/12 Sample Time: 8:00 am AM PM (Circle One)

Sample Location (be specific): 1985 Byram Drive Location Code:

Disinfection Residual (Required when reporting results for trihalomethanes and haloacetic acids): 3.6 mg/L Field pH: 7.64

Sample Type (Check Only One)

[X] Distribution
[ ] Entry Point (to Distribution)
[ ] Plant Tap (not for compliance with 62-550)
[ ] Raw (at well or intake)
[ ] Max. Residence Time
[ ] Ave. Residence Time
[ ] Near First Customer

Reason (s) for Sample (Check all that apply)

[X] Routine Compliance with 62-550
[ ] Confirmation of MCL Exceedance*
[ ] Composite of Multiple Sites **
[ ] Other:

[ ] Replacement (of Invalidated Sample)
[ ] Special (not for compliance with 62-550)
[ ] Clearance (permitting)

Sampling Procedure Used or Other Comments:

* See 62-550.500(6) for requirements and restrictions. And 62-550.5.12(3) for nitrate or nitrite exceedances.

** See 62-550.500(4) for requirements and attach a results page for each site

SAMPLER CERTIFICATION

I, Michael Olesh (Print Name), _____ (Print Title) do HEREBY CERTIFY that the above public water system and sample collection information is complete and correct.

Signature: Michael Olesh Date: 10/31/12

Certified Operator #: Phone #: Sampler's Fax #:

Sampler's E-Mail:

Reporting Format 62-550-730
Effective January 1995. Revised February 2010

SOUTHERN ANALYTICAL LABORATORIES, INC.
110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 813-855-1844 FAX 813-855 2218

Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format

City of Clearwater Water Department
Stage 2 Disinfection By-Products

LABORATORY CERTIFICATION INFORMATION (to be completed by lab - please type or print legibly)

Lab Name: Southern Analytical Laboratories, Inc. Florida DOH Certification #: E84129 Certification Expiration Date: 06/30/2013

ATTACH CURRENT DOH ANALYTE SHEET*

Address: 110 Bayview Blvd Oldsmar,FL 34677 Phone: (813) 855-1844

Were any analyses subcontracted? ☐ Yes ☒ No If yes, please provide DOH certification number(s):

ATTACH CURRENT DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB*

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 10/19/2012

PWS ID (From Page 1): 6520336 Sample Number (From Page 1): 1212311-04 Lab Assigned Report # or Job ID: 1212311-04

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 for Asbestos	☐ All 30	☐ All 21	☒ Trihalomethanes	☐ Single Sample	☐ All 14
☐ Partial	☐ All Except Dioxin	☐ Partial	☒ Haloacetic Acids	☐ Qtrly Composite	☐ Partial
☐ Nitrate	☐ Partial		☐ Chlorite		
☐ Nitrite	☐ Dioxin Only		☐ Bromate		
☐ Asbestos					

LAB CERTIFICATION

I, Francis I. Daniels (Print Name), Laboratory Director (Print Title) do HEREBY CERTIFY that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).

Signature: Francis Daniels Date: 10/30/2012

* Failure to provide a valid and current Florida DOH lab certification number and a current Analyte Sheet for the attached analysis results will result in rejection of the report, possible enforcement against the public water system for failure to sample, and may result in notification of the DOH Bureau of Laboratory Services.

** Please provide radiological sample dates & locations for each quarter.

CONFIRMATION & NOTIFICATION IS REQUIRED WITHIN 24 HOURS FOR NITRATE AND NITRITE MCL EXCEEDANCES
NON-DETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" QUALIFIER (Non-detects reported as "BDL" or with a "<" are not acceptable.)

COMPLIANCE DETERMINATION (to be completed by DEP or DOH - attach notes as necessary)

Sample Collection & Analysis Satisfactory: ☐ Yes ☐ No Replacement Sample or Report Requested (circle or highlight group(s) above)

Person Notified: Date Notified: DEP/DOH Reviewing Official:

Reporting Format 62-550-730
Effective January 1995, Revised February 2010

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110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 813-855-1844 FAX 813-855-2218

Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format

DISINFECTION BYPRODUCTS
62-550.310(3)

Report Number / Job ID: 1212311-04
Disinfectant Residual (mg/L) (From Page 1): 3.5
PWS ID (From Page 1): 6520336

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Reg MRL**	Analysis Date	Analysis Time	DOH Lab Certification #
2450	Monochloroacetic Acid	N/A	ug/L	0.82	U	EPA 552.2	0.82	2.0	10/24/12	6:10	E84129
2451	Dichloroacetic Acid	N/A	ug/L	14		EPA 552.2	0.74	1.0	10/24/12	6:10	E84129
2452	Trichloroacetic Acid	N/A	ug/L	13		EPA 552.2	0.37	1.0	10/24/12	6:10	E84129
2453	Monobromoacetic Acid	N/A	ug/L	0.76	I	EPA 552.2	0.36	1.0	10/24/12	6:10	E84129
2454	Dibromoacetic Acid	N/A	ug/L	3.3		EPA 552.2	0.28	1.0	10/24/12	6:10	E84129
2456	Total Haloacetic Acids (HAA5)	60	ug/L	31.06		EPA 552.2	0.28	—	10/24/12	6:10	E84129

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Reg MRL**	Analysis Date	Analysis Time	DOH Lab Certification #
2941	Chloroform	N/A	ug/L	39		EPA 524.2	0.2	1.0	10/24/12	18:39	E84129
2942	Bromoform	N/A	ug/L	7.9		EPA 524.2	0.2	1.0	10/24/12	18:39	E84129
2943	Bromodichloromethane	N/A	ug/L	11		EPA 524.2	0.2	1.0	10/24/12	18:39	E84129
2944	Dibromochloromethane	N/A	ug/L	8.1		EPA 524.2	0.1	1.0	10/24/12	18:39	E84129
2950	Total Trihalomethanes (TTHM)	80	ug/L	66.0		EPA 524.2	0.1	—	10/24/12	18:39	E84129

** Laboratories are required to adhere to minimum reporting level (MRL) requirements of 40 CFR 141.131(b)(2)(iv). Chlorite regulatory MRL is applicable to monitoring as prescribed in 40 CFR 141.132(b)(2)(i)(B) and (b)(2)(ii). Laboratories that use EPA Methods 317.0 Revision 2.0, 326.0 or 321.8 must meet a 1.0 ug/L MRL for bromate.

*Qualifiers:

U=Analyte was undetected. Indicated concentration is method detection limit.
I=The reported value is between the laboratory method detection limit and the laboratory practical quantitation limit.

SOUTHERN ANALYTICAL LABORATORIES, INC.

110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 813-855 1844 FAX 813-855 2218

ACCREDITED IN ACCORDANCE WITH

Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format

City of Clearwater Water Department
Stage 2 Disinfection By-Products

PUBLIC WATER SYSTEM INFORMATION (to be completed by sampler - please type or print legibly)

System Name: City of Clearwater Water Dept PWS I.D. #: 6 5 2 0 3 3 6

System Type (check one): [X] Community [ ] Nontransient Noncommunity [ ] Transient Noncommunity

Address: 1650 N. Arcturas Ave.

City: Clearwater Zip Code: 33765

Phone: (727) 562-4860 Fax: E-Mail Address:

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: 1212311-05 Sample Date: 10/19/12 Sample Time: 8:30 am AM PM (Circle One)

Sample Location (be specific): 1816 Ridge Top Way Location Code:

Disinfection Residual (Required when reporting results for trihalomethanes and haloacetic acids): 3.2 mg/L Field pH: 7.69

Sample Type (Check Only One)

[X] Distribution
[ ] Entry Point (to Distribution)
[ ] Plant Tap (not for compliance with 62-550)
[ ] Raw (at well or intake)
[ ] Max. Residence Time
[ ] Ave. Residence Time
[ ] Near First Customer

Reason (s) for Sample (Check all that apply)

[X] Routine Compliance with 62-550
[ ] Confirmation of MCL Exceedance*
[ ] Composite of Multiple Sites **
[ ] Other:

[ ] Replacement (of Invalidated Sample)
[ ] Special (not for compliance with 62-550)
[ ] Clearance (permitting)

Sampling Procedure Used or Other Comments:

* See 62-550.500(6) for requirements and restrictions. And 62-550.5.12(3) for nitrate or nitrite exceedances.

** See 62-550.500(4) for requirements and attach a results page for each site.

SAMPLER CERTIFICATION

I, Michael Olesh (Print Name), (Print Title) do HEREBY CERTIFY that the above public water system and sample collection information is complete and correct.

Signature: Michael Olesh Date: 10/31/12

Certified Operator #: Phone #: Sampler's Fax #:

Sampler's E-Mail:

Reporting Format 62-550-730
Effective January 1995, Revised February 2010

SOUTHERN ANALYTICAL LABORATORIES, INC.
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Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format

City of Clearwater Water Department
Stage 2 Disinfection By-Products

LABORATORY CERTIFICATION INFORMATION (to be completed by lab - please type or print legibly)

Lab Name: Southern Analytical Laboratories, Inc. Florida DOH Certification #: E84129 Certification Expiration Date: 06/30/2013

ATTACH CURRENT DOH ANALYTE SHEET*

Address: 110 Bayview Blvd Oldsmar,FL 34677 Phone: (813) 855-1844

Were any analyses subcontracted? ☐ Yes ☒ No If yes, please provide DOH certification number(s):

ATTACH CURRENT DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB*

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 10/19/2012

PWS ID (From Page 1): 6520336 Sample Number (From Page 1): 1212311-05 Lab Assigned Report # or Job ID: 1212311-05

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 for Asbestos	☐ All 30	☐ All 21	☒ Trihalomethanes	☐ Single Sample	☐ All 14
☐ Partial	☐ All Except Dioxin	☐ Partial	☒ Haloacetic Acids	☐ Qtrly Composite	☐ Partial
☐ Nitrate	☐ Partial		☐ Chlorite		
☐ Nitrite	☐ Dioxin Only		☐ Bromate		
☐ Asbestos					

LAB CERTIFICATION

I, Francis I. Daniels (Print Name), Laboratory Director (Print Title) do HEREBY CERTIFY that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).

Signature: Fran Daniels Date: 10/30/2012

* Failure to provide a valid and current Florida DOH lab certification number and a current Analyte Sheet for the attached analysis results will result in rejection of the report, possible enforcement against the public water system for failure to sample, and may result in notification of the DOH Bureau of Laboratory Services.

** Please provide radiological sample dates & locations for each quarter.

CONFIRMATION & NOTIFICATION IS REQUIRED WITHIN 24 HOURS FOR NITRATE AND NITRITE MCL EXCEEDANCES

NON-DETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" QUALIFIER (Non-detects reported as "BDL" or with a "<" are not acceptable.)

COMPLIANCE DETERMINATION (to be completed by DEP or DOH - attach notes as necessary)

Sample Collection & Analysis Satisfactory: ☐ Yes ☐ No _____ Replacement Sample or Report Requested (circle or highlight group(s) above)

Person Notified: _____ Date Notified: _____ DEP/DOH Reviewing Official: _____

Reporting Format 62-550-730
Effective January 1995. Revised February 2010

SOUTHERN ANALYTICAL LABORATORIES, INC.
110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 813-855-1844 FAX 813-855-2218

Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format

DISINFECTION BYPRODUCTS
62-550.310(3)

Report Number / Job ID: 1212311-05
Disinfectant Residual (mg/L) (From Page 1): 3.2
PWS ID (From Page 1): 6520336

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Reg MRL**	Analysis Date	Analysis Time	DOH Lab Certification #
2450	Monochloroacetic Acid	N/A	ug/L	0.82	U	EPA 552.2	0.82	2.0	10/24/12	6:32	E84129
2451	Dichloroacetic Acid	N/A	ug/L	14		EPA 552.2	0.74	1.0	10/24/12	6:32	E84129
2452	Trichloroacetic Acid	N/A	ug/L	13		EPA 552.2	0.37	1.0	10/24/12	6:32	E84129
2453	Monobromoacetic Acid	N/A	ug/L	0.74	I	EPA 552.2	0.36	1.0	10/24/12	6:32	E84129
2454	Dibromoacetic Acid	N/A	ug/L	3.4		EPA 552.2	0.28	1.0	10/24/12	6:32	E84129
2456	Total Haloacetic Acids (HAA5)	60	ug/L	31.14		EPA 552.2	0.28	—	10/24/12	6:32	E84129

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Reg MRL**	Analysis Date	Analysis Time	DOH Lab Certification #
2941	Chloroform	N/A	ug/L	37		EPA 524.2	0.2	1.0	10/24/12	19:12	E84129
2942	Bromoform	N/A	ug/L	7.8		EPA 524.2	0.2	1.0	10/24/12	19:12	E84129
2943	Bromodichloromethane	N/A	ug/L	11		EPA 524.2	0.2	1.0	10/24/12	19:12	E84129
2944	Dibromochloromethane	N/A	ug/L	7.7		EPA 524.2	0.1	1.0	10/24/12	19:12	E84129
2950	Total Trihalomethanes (TTHM)	80	ug/L	63.3		EPA 524.2	0.1	—	10/24/12	19:12	E84129

** Laboratories are required to adhere to minimum reporting level (MRL) requirements of 40 CFR 141.131(b)(2)(iv). Chlorite regulatory MRL is applicable to monitoring as prescribed in 40 CFR 141.132(b)(2)(i)(B) and (b)(2)(ii). Laboratories that use EPA Methods 317.0 Revision 2.0, 326.0 or 321.8 must meet a 1.0 ug/L MRL for bromate.

*Qualifiers:

U=Analyte was undetected. Indicated concentration is method detection limit.
I=The reported value is between the laboratory method detection limit and the laboratory practical quantitation limit.

SOUTHERN ANALYTICAL LABORATORIES, INC.

110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 813-855-1844 FAX 813-855-2218

ACCREDITED IN ACCORDANCE WITH

Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format

City of Clearwater Water Department
Stage 2 Disinfection By-Products

PUBLIC WATER SYSTEM INFORMATION (to be completed by sampler - please type or print legibly)

System Name: City of Clearwater Water Dept PWS I.D. #: 6 5 2 0 3 3 6

System Type (check one): [X] Community [ ] Nontransient Noncommunity [ ] Transient Noncommunity

Address: 1650 N. Arcturas Ave.

City: Clearwater Zip Code: 33765

Phone: (727) 562-4960 Fax: E-Mail Address:

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: 1212311-08 Sample Date: 10/19/12 Sample Time: 7:30 am AM PM (Circle One)

Sample Location (be specific): 1951 Edgewater Dr. Location Code:

Disinfection Residual (Required when reporting results for trihalomethanes and haloacetic acids): 2.3 mg/L Field pH: 7.49

Sample Type (Check Only One)

[X] Distribution
[ ] Entry Point (to Distribution)
[ ] Plant Tap (not for compliance with 62-550)
[ ] Raw (at well or intake)
[ ] Max. Residence Time
[ ] Ave. Residence Time
[ ] Near First Customer

Reason (s) for Sample (Check all that apply)

[X] Routine Compliance with 62-550
[ ] Confirmation of MCL Exceedance*
[ ] Composite of Multiple Sites **
[ ] Other:

[ ] Replacement (of Invalidated Sample)
[ ] Special (not for compliance with 62-550)
[ ] Clearance (permitting)

Sampling Procedure Used or Other Comments:

* See 62-550.500(6) for requirements and restrictions. And 62-550.5,12(3) for nitrate or nitrite exceedances.

** See 62-550.500(4) for requirements and attach a results page for each site

SAMPLER CERTIFICATION

I, Michael Olesh (Print Name), (Print Title) do HEREBY CERTIFY that the above public water system and sample collection information is complete and correct.

Signature: Michael Olesh Date: 10/31/12

Certified Operator #: Phone #: Sampler's Fax #:

Sampler's E-Mail:

Reporting Format 62-550-730
Effective January 1995, Revised February 2010

SOUTHERN ANALYTICAL LABORATORIES, INC.
110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 813.855.1844 FAX 813.855.2218

Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format

City of Clearwater Water Department
Stage 2 Disinfection By-Products

LABORATORY CERTIFICATION INFORMATION (to be completed by lab - please type or print legibly)

Lab Name: Southern Analytical Laboratories, Inc. Florida DOH Certification #: E84129 Certification Expiration Date: 06/30/2013

ATTACH CURRENT DOH ANALYTE SHEET*

Address: 110 Bayview Blvd Oldsmar,FL 34677 Phone: (813) 855-1844

Were any analyses subcontracted? ☐ Yes ☒ No If yes, please provide DOH certification number(s):

ATTACH CURRENT DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB*

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 10/19/2012

PWS ID (From Page 1): 6520336 Sample Number (From Page 1): 1212311-06 Lab Assigned Report # or Job ID: 1212311-06

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 for Asbestos	☐ All 30	☐ All 21	☒ Trihalomethanes	☐ Single Sample	☐ All 14
☐ Partial	☐ All Except Dioxin	☐ Partial	☒ Haloacetic Acids	☐ Qtrly Composite	☐ Partial
☐ Nitrate	☐ Partial		☐ Chlorite		
☐ Nitrite	☐ Dioxin Only		☐ Bromate		
☐ Asbestos					

LAB CERTIFICATION

I, Francis I. Daniels (Print Name), Laboratory Director (Print Title) do HEREBY CERTIFY that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).

Signature: Francis Daniels Date: 10/30/2012

* Failure to provide a valid and current Florida DOH lab certification number and a current Analyte Sheet for the attached analysis results will result in rejection of the report, possible enforcement against the public water system for failure to sample, and may result in notification of the DOH Bureau of Laboratory Services.

** Please provide radiological sample dates & locations for each quarter.

CONFIRMATION & NOTIFICATION IS REQUIRED WITHIN 24 HOURS FOR NITRATE AND NITRITE MCL EXCEEDANCES
NON-DETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" QUALIFIER (Non-detects reported as "BDL" or with a "<" are not acceptable.)

COMPLIANCE DETERMINATION (to be completed by DEP or DOH - attach notes as necessary)

Sample Collection & Analysis Satisfactory: ☐ Yes ☐ No Replacement Sample or Report Requested (circle or highlight group(s) above)

Person Notified: Date Notified: DEP/DOH Reviewing Official:

Reporting Format 62-550-730
Effective January 1995. Revised February 2010

SOUTHERN ANALYTICAL LABORATORIES, INC.
110 RAYVIEW BOULEVARD, OLDSMAR, FL 34677 813-855-1844 FAX 813-855-2218

Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format

DISINFECTION BYPRODUCTS
62-550.310(3)

Report Number / Job ID: 1212311-06
Disinfectant Residual (mg/L) (From Page 1): 2.3
PWS ID (From Page 1): 6520336

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Reg MRL**	Analysis Date	Analysis Time	DOH Lab Certification #
2450	Monochloroacetic Acid	N/A	ug/L	0.81	U	EPA 552.2	0.81	2.0	10/24/12	6:55	E84129
2451	Dichloroacetic Acid	N/A	ug/L	12		EPA 552.2	0.73	1.0	10/24/12	6:55	E84129
2452	Trichloroacetic Acid	N/A	ug/L	9.4		EPA 552.2	0.36	1.0	10/24/12	6:55	E84129
2453	Monobromoacetic Acid	N/A	ug/L	0.76	I	EPA 552.2	0.35	1.0	10/24/12	6:55	E84129
2454	Dibromoacetic Acid	N/A	ug/L	4.7		EPA 552.2	0.28	1.0	10/24/12	6:55	E84129
2456	Total Haloacetic Acids (HAA5)	60	ug/L	26.86		EPA 552.2	0.28	—	10/24/12	6:55	E84129

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Reg MRL**	Analysis Date	Analysis Time	DOH Lab Certification #
2941	Chloroform	N/A	ug/L	31		EPA 524.2	0.2	1.0	10/24/12	19:44	E84129
2942	Bromoform	N/A	ug/L	9.4		EPA 524.2	0.2	1.0	10/24/12	19:44	E84129
2943	Bromodichloromethane	N/A	ug/L	12		EPA 524.2	0.2	1.0	10/24/12	19:44	E84129
2944	Dibromochloromethane	N/A	ug/L	9.7		EPA 524.2	0.1	1.0	10/24/12	19:44	E84129
2950	Total Trihalomethanes (TTHM)	80	ug/L	62.1		EPA 524.2	0.1	—	10/24/12	19:44	E84129

** Laboratories are required to adhere to minimum reporting level (MRL) requirements of 40 CFR 141.131(b)(2)(iv). Chlorite regulatory MRL is applicable to monitoring as prescribed in 40 CFR 141.132(b)(2)(i)(B) and (b)(2)(ii). Laboratories that use EPA Methods 317.0 Revision 2.0, 326.0 or 321.8 must meet a 1.0 ug/L MRL for bromate.

*Qualifiers:

U=Analyte was undetected. Indicated concentration is method detection limit.
I=The reported value is between the laboratory method detection limit and the laboratory practical quantitation limit.

SOUTHERN ANALYTICAL LABORATORIES, INC.

110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 813-855-1644 FAX 813-855-2218

ACCREDITED IN ACCORDANCE WITH

Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format

City of Clearwater Water Department
Stage 2 Disinfection By-Products

PUBLIC WATER SYSTEM INFORMATION (to be completed by sampler - please type or print legibly)

System Name: City of Clearwater Water Dept PWS I.D. #: 6 5 2 0 3 3 6

System Type (check one): [X] Community [ ] Nontransient Noncommunity [ ] Transient Noncommunity

Address: 1650 N. Arcturas Ave.

City: Clearwater Zip Code: 33765

Phone: (727) 562-4960 Fax: E-Mail Address:

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: 1212311-07 Sample Date: 10/19/12 Sample Time: 7:00 am AM PM (Circle One)

Sample Location (be specific): 710 Maple Street Location Code:

Disinfection Residual (Required when reporting results for trihalomethanes and haloacetic acids): 3.3 mg/L Field pH: 7.48

Sample Type (Check Only One)

- [X] Distribution
- [ ] Entry Point (to Distribution)
- [ ] Plant Tap (not for compliance with 62-550)
- [ ] Raw (at well or intake)
- [ ] Max. Residence Time
- [ ] Ave. Residence Time
- [ ] Near First Customer

Reason (s) for Sample (Check all that apply)

- [X] Routine Compliance with 62-550
- [ ] Confirmation of MCL Exceedance*
- [ ] Composite of Multiple Sites **
- [ ] Other:
- [ ] Replacement (of Invalidated Sample)
- [ ] Special (not for compliance with 62-550)
- [ ] Clearance (permitting)

Sampling Procedure Used or Other Comments:

* See 62-550.500(5) for requirements and restrictions. And 62-550.5.12(3) for nitrate or nitrite exceedances.

** See 62-550.500(4) for requirements and attach a results page for each site

SAMPLER CERTIFICATION

I, Michael Olesh (Print Name), (Print Title) do HEREBY CERTIFY that the above public water system and sample collection information is complete and correct.

Signature: Michael Olesh Date: 10/31/12

Certified Operator #: Phone #: Sampler's Fax #:

Sampler's E-Mail:

Reporting Format 62-550-730
Effective January 1995. Revised February 2010

SOUTHERN ANALYTICAL LABORATORIES, INC.
110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 813-855-1844 FAX 813-855-2218

Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format

City of Clearwater Water Department
Stage 2 Disinfection By-Products

LABORATORY CERTIFICATION INFORMATION (to be completed by lab - please type or print legibly)

Lab Name: Southern Analytical Laboratories, Inc. Florida DOH Certification #: E84129 Certification Expiration Date: 06/30/2013

ATTACH CURRENT DOH ANALYTE SHEET*

Address: 110 Bayview Blvd Oldsmar,FL 34677 Phone: (813) 855-1844

Were any analyses subcontracted? ☐ Yes ☒ No If yes, please provide DOH certification number(s):

ATTACH CURRENT DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB*

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 10/19/2012

PWS ID (From Page 1): 6520336 Sample Number (From Page 1): 1212311-07 Lab Assigned Report # or Job ID: 1212311-07

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 for Asbestos	☐ All 30	☐ All 21	☒ Trihalomethanes	☐ Single Sample	☐ All 14
☐ Partial	☐ All Except Dioxin	☐ Partial	☒ Haloacetic Acids	☐ Qtrly Composite	☐ Partial
☐ Nitrate	☐ Partial		☐ Chlorite		
☐ Nitrite	☐ Dioxin Only		☐ Bromate		
☐ Asbestos					

LAB CERTIFICATION

I, Francis I. Daniels (Print Name), Laboratory Director (Print Title) do HEREBY CERTIFY that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).

Signature: Francis Daniels Date: 10/30/2012

* Failure to provide a valid and current Florida DOH lab certification number and a current Analyte Sheet for the attached analysis results will result in rejection of the report, possible enforcement against the public water system for failure to sample, and may result in notification of the DOH Bureau of Laboratory Services.

** Please provide radiological sample dates & locations for each quarter.

CONFIRMATION & NOTIFICATION IS REQUIRED WITHIN 24 HOURS FOR NITRATE AND NITRITE MCL EXCEEDANCES
NON-DETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" QUALIFIER (Non-detects reported as "BDL" or with a "<" are not acceptable.)

COMPLIANCE DETERMINATION (to be completed by DEP or DOH - attach notes as necessary)

Sample Collection & Analysis Satisfactory: ☐ Yes ☐ No Replacement Sample or Report Requested (circle or highlight group(s) above)

Person Notified: Date Notified: DEP/DOH Reviewing Official:

Reporting Format 62-550-730
Effective January 1995. Revised February 2010

SOUTHERN ANALYTICAL LABORATORIES, INC.
110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 813.855.1844 FAX 813.855.2218

Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format

DISINFECTION BYPRODUCTS
62-550.310(3)

Report Number / Job ID: 1212311-07
Disinfectant Residual (mg/L) (From Page 1): 3.3
PWS ID (From Page 1): 6520336

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Reg MRL**	Analysis Date	Analysis Time	DOH Lab Certification #
2450	Monochloroacetic Acid	N/A	ug/L	0.81	U	EPA 552.2	0.81	2.0	10/24/12	7:17	E84129
2451	Dichloroacetic Acid	N/A	ug/L	6.0		EPA 552.2	0.72	1.0	10/24/12	7:17	E84129
2452	Trichloroacetic Acid	N/A	ug/L	4.2		EPA 552.2	0.36	1.0	10/24/12	7:17	E84129
2453	Monobromoacetic Acid	N/A	ug/L	1.1		EPA 552.2	0.35	1.0	10/24/12	7:17	E84129
2454	Dibromoacetic Acid	N/A	ug/L	4.8		EPA 552.2	0.28	1.0	10/24/12	7:17	E84129
2456	Total Haloacetic Acids (HAA5)	60	ug/L	16.1		EPA 552.2	0.28	—	10/24/12	7:17	E84129
Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Reg MRL**	Analysis Date	Analysis Time	DOH Lab Certification #
2941	Chloroform	N/A	ug/L	14		EPA 524.2	0.2	1.0	10/24/12	20:18	E84129
2942	Bromoform	N/A	ug/L	18		EPA 524.2	0.2	1.0	10/24/12	20:18	E84129
2943	Bromodichloromethane	N/A	ug/L	8.0		EPA 524.2	0.2	1.0	10/24/12	20:18	E84129
2944	Dibromochloromethane	N/A	ug/L	12		EPA 524.2	0.1	1.0	10/24/12	20:18	E84129
2950	Total Trihalomethanes (TTHM)	80	ug/L	52.0		EPA 524.2	0.1	—	10/24/12	20:18	E84129

** Laboratories are required to adhere to minimum reporting level (MRL) requirements of 40 CFR 141.131(b)(2)(iv). Chlorite regulatory MRL is applicable to monitoring as prescribed in 40 CFR 141.132(b)(2)(i)(B) and (b)(2)(ii). Laboratories that use EPA Methods 317.0 Revision 2.0, 326.0 or 321.8 must meet a 1.0 ug/L MRL for bromate.

*Qualifiers:

U=Analyte was undetected. Indicated concentration is method detection limit.

SOUTHERN ANALYTICAL LABORATORIES, INC.
110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 813 855-1844 FAX 813 855-2218

ACCREDITED IN ACCORDANCE WITH

Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format

City of Clearwater Water Department
Stage 2 Disinfection By-Products

PUBLIC WATER SYSTEM INFORMATION (to be completed by sampler - please type or print legibly)

System Name: City of Clearwater Water Dept PWS I.D. #: 6 5 2 0 3 3 6

System Type (check one): [X] Community [ ] Nontransient Noncommunity [ ] Transient Noncommunity

Address: 1650 N. Arcturas Ave.

City: Clearwater Zip Code: 33765

Phone: (727) 562-4960 Fax: E-Mail Address:

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: 1212311-08 Sample Date: 10/19/12 Sample Time: 8:50 am AM PM (Circle One)

Sample Location (be specific): 2456 Moore Haven Dr. Location Code:

Disinfection Residual (Required when reporting results for trihalomethanes and haloacetic acids): 3.3 mg/L Field pH: 7.67

Sample Type (Check Only One)

[X] Distribution
[ ] Entry Point (to Distribution)
[ ] Plant Tap (not for compliance with 62-550)
[ ] Raw (at well or intake)
[ ] Max. Residence Time
[ ] Ave. Residence Time
[ ] Near First Customer

Reason (s) for Sample (Check all that apply)

[X] Routine Compliance with 62-550
[ ] Confirmation of MCL Exceedance*
[ ] Composite of Multiple Sites **
[ ] Other:

[ ] Replacement (of Invalidated Sample)
[ ] Special (not for compliance with 62-550)
[ ] Clearance (permitting)

Sampling Procedure Used or Other Comments:

* See 62-550.500(6) for requirements and restrictions. And 62-550.5.12(3) for nitrate or nitrite exceedances.

** See 62-550.500(4) for requirements and attach a results page for each site

SAMPLER CERTIFICATION

I, Michael Olesh (Print Name), (Print Title) do HEREBY CERTIFY that the above public water system and sample collection information is complete and correct.

Signature: Michael Olesh Date: 10/31/12

Certified Operator #: Phone #: Sampler's Fax #:

Sampler's E-Mail:

Reporting Format 62-550-730
Effective January 1995, Revised February 2010

SOUTHERN ANALYTICAL LABORATORIES, INC.

110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 813.855.1844 FAX 813.855.2218

Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format

City of Clearwater Water Department
Stage 2 Disinfection By-Products

LABORATORY CERTIFICATION INFORMATION (to be completed by lab - please type or print legibly)

Lab Name: Southern Analytical Laboratories, Inc. Florida DOH Certification #: E84129 Certification Expiration Date: 06/30/2013

ATTACH CURRENT DOH ANALYTE SHEET*

Address: 110 Bayview Blvd Oldsmar,FL 34677 Phone: (813) 855-1844

Were any analyses subcontracted? ☐ Yes ☒ No If yes, please provide DOH certification number(s): _____

ATTACH CURRENT DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB*

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 10/19/2012

PWS ID (From Page 1): 6520336 Sample Number (From Page 1): 1212311-08 Lab Assigned Report # or Job ID: 1212311-08

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 for Asbestos	☐ All 30	☐ All 21	☒ Trihalomethanes	☐ Single Sample	☐ All 14
☐ Partial	☐ All Except Dioxin	☐ Partial	☒ Haloacetic Acids	☐ Qtrly Composite	☐ Partial
☐ Nitrate	☐ Partial		☐ Chlorite		
☐ Nitrite	☐ Dioxin Only		☐ Bromate		
☐ Asbestos					

LAB CERTIFICATION

I, Francis I. Daniels (Print Name), Laboratory Director (Print Title) do HEREBY CERTIFY that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).

Signature: _____ Date: 10/30/2012

* Failure to provide a valid and current Florida DOH lab certification number and a current Analyte Sheet for the attached analysis results will result in rejection of the report, possible enforcement against the public water system for failure to sample, and may result in notification of the DOH Bureau of Laboratory Services.

** Please provide radiological sample dates & locations for each quarter.

CONFIRMATION & NOTIFICATION IS REQUIRED WITHIN 24 HOURS FOR NITRATE AND NITRITE MCL EXCEEDANCES

NON-DETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" QUALIFIER (Non-detects reported as "BDL" or with a "<" are not acceptable.)

COMPLIANCE DETERMINATION (to be completed by DEP or DOH - attach notes as necessary)

Sample Collection & Analysis Satisfactory: ☐ Yes ☐ No _____ Replacement Sample or Report Requested (circle or highlight group(s) above)

Person Notified: _____ Date Notified: _____ DEP/DOH Reviewing Official: _____

Reporting Format 62-550-730
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Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format

DISINFECTION BYPRODUCTS
62-550.310(3)

Report Number / Job ID: 1212311-08
Disinfectant Residual (mg/L) (From Page 1): 3.3
PWS ID (From Page 1): 6520336

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Reg MRL**	Analysis Date	Analysis Time	DOH Lab Certification #
2450	Monochloroacetic Acid	N/A	ug/L	0.81	U	EPA 552.2	0.81	2.0	10/24/12	7:39	E84129
2451	Dichloroacetic Acid	N/A	ug/L	15		EPA 552.2	0.73	1.0	10/24/12	7:39	E84129
2452	Trichloroacetic Acid	N/A	ug/L	15		EPA 552.2	0.36	1.0	10/24/12	7:39	E84129
2453	Monobromoacetic Acid	N/A	ug/L	0.35	U	EPA 552.2	0.35	1.0	10/24/12	7:39	E84129
2454	Dibromoacetic Acid	N/A	ug/L	3.2		EPA 552.2	0.28	1.0	10/24/12	7:39	E84129
2456	Total Haloacetic Acids (HAA5)	60	ug/L	33.2		EPA 552.2	0.28	—	10/24/12	7:39	E84129
Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Reg MRL**	Analysis Date	Analysis Time	DOH Lab Certification #
2941	Chloroform	N/A	ug/L	37		EPA 524.2	0.2	1.0	10/24/12	20:51	E84129
2942	Bromoform	N/A	ug/L	6.8		EPA 524.2	0.2	1.0	10/24/12	20:51	E84129
2943	Bromodichloromethane	N/A	ug/L	11		EPA 524.2	0.2	1.0	10/24/12	20:51	E84129
2944	Dibromochloromethane	N/A	ug/L	7.1		EPA 524.2	0.1	1.0	10/24/12	20:51	E84129
2950	Total Trihalomethanes (TTHM)	80	ug/L	61.9		EPA 524.2	0.1	—	10/24/12	20:51	E84129

** Laboratories are required to adhere to minimum reporting level (MRL) requirements of 40 CFR 141.131(b)(2)(iv). Chlorite regulatory MRL is applicable to monitoring as prescribed in 40 CFR 141.132(b)(2)(i)(B) and (b)(2)(ii). Laboratories that use EPA Methods 317.0 Revision 2.0, 326.0 or 321.8 must meet a 1.0 ug/L MRL for bromate.

*Qualifiers:

U=Analyte was undetected. Indicated concentration is method detection limit.

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#11

FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION
BOB MARTINEZ CENTER
2600 BLAIRSTONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

RICK SCOTT
GOVERNOR

CARLOS LOPEZ-CANTERA
LT. GOVERNOR

HERSCHEL T. VINYARD JR.
SECRETARY

July 17, 2014

Mr. William T. Higginbotham
Sarasota County Health Department
1001 Sarasota Center Blvd.
Sarasota, Florida 34240

Dear Mr. Higginbotham:

Enclosed please find the Public Water System Supervision Program Review report for the program evaluation conducted at your office on April 10, 2014. I am pleased to report that your program received an excellent overall rating of 97.04 percent.

Please review the enclosed report and contact me at 850-245-8635 if you have any questions or concerns about the program evaluation.

Your efforts to ensure safe drinking water for the residents and visitors of Sarasota County are appreciated.

Sincerely,

Trevor D. Noble
Administrator, Source and Drinking Water Program

Attachment – 4/10/2014 Public Water Supervision Program Review report

Public Water System Supervision Program Review

Approved County Health Department:	Sarasota County Health Department
Date of Evaluation:	10-Apr-14
Evaluators:	James Oni, Marian Fugitt, David Wales, Ryan Snyder, Ed Bettinger, Gordon Romeis, Patty Baron

Program Element I: Organization, Staffing, and Resources

A. Updated Contact Information

Phone Number:	
Fax Number:	
Mailing Address:	

B. Supervision and Program Organization	**Answer**	**Comments**	**Points**
1. Is the permitting staff under the direct supervision of a PE registered in the State of Florida and possessing at least six months of experience with Florida's water system program, **OR**	Yes		12
2. Is the permitting staff under the indirect supervision of a PE registered in the State of Florida and the direct supervision of an individual possessing an engineering degree and at least six months of experience in Florida's water system program?			
3. Are an organizational chart and a listing of position descriptions available?	Yes		Info only
a. Are responsibilities for inspections, data and file management, compliance, permitting, and enforcement clearly specified?	Yes		5
b. Is the organization of the PWSS program adequate to perform program functions in an efficient manner?	Yes		5
4. Is sufficient equipment available to the PWSS program (vehicles, test equipment, etc.)?	Yes		1
		Section B Total Points Earned	23
		Section B Total Possible Points	23

C. Staffing Level

CWS =	18	NTNC =	18	TNC =	87	Total PWSs =	123
Filled Professional Positions =	3	Filled Clerical Positions =	1				
Vacant Professional Positions =	0	Vacant Clerical Positions =	0				

1. What is the ratio of the total number of PWSs to the professional staff?	41		20
2. Is the current staffing adequate to cover the required workload?	Yes		
3. Bonus - Does the program have a planning tool to monitor staffing requirements based on scheduled/predicted workload.	Yes		1
		Section C - Subtotal	20
		Section C - Bonus	1
		Section C - Total Points Earned	21
		Section C Total Possible Points (not including bonuses)	25
		Program Element I Base Points Earned	43
		Program Element I Bonus Points Earned	1
		Program Element I Total Points Earned	44
		Program Element I Total Possible Points (not including bonuses)	48

Program Element II: Data Management and Files							
A. Comparison of File with Database - General System Information							
	CPWS	CPWS	NTNC	NTNC	TNC	TNC	Consecutive
System Name	Englewood Water	Kings Gate Club	European Academy	Hap's Honda	AJAX Paving	All Star Management	Pluris-South Gate
PWS ID	6580531	6582544	6588077	6584835	6588121	6588083	6588003
System Contact Information	1	1	1	1	1	1	1
Population Served	1	1	1	1	1	1	1
Service Area Type	1	1	1	1	1	1	1
Treatment Information	1	1	1	1	1	1	1
Source Type	1	1	1	1	1	1	1
Filing Backlog	5	5	5	5	5	5	5
Data Entry Backlog	5	5	5	5	5	5	5
Comments							
						Section A Total Points Earned	105
						Section A Total Possible Points	105
B. Bacteriological Monitoring Data							
System Name							
PWS ID	6580531	6582544	6588077	6584835	6588121	6588083	6588003
12 months of bacti results in the file	1	1	1	1	1	1	1
12 months of bacti results in the database	1	1	1	1	1	1	1
Bacti results in file match those in database	1	1	1	1	1	1	1
Bacti lab reports signed and marked correctly	1	1	1	1	1	1	1
CL residual on lab reports	1	1	1	1	1	1	1
Repeat samples done when required	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Public notice done when required; database codes updated, documentation in file	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Appropriate Violation and Enforcement records in file	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Appropriate Violation and Enforcement codes in database	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Comments	See Additional Comments Sheet						no preservation info sample 6-10 , 11/7/13, 5 CL residuals < 0.2 in March
						Section B Subtotal	35
						Section B Total Possible Points	35

C. Chemical and Radiological Monitoring Data							
System Name							
PWS ID	6580531	6582544	6588077	6584835	6588121	6588083	6588003
Required information (per 62-550.730) included on lab report	1	1	1	1	1	1	1
Analytical results in file	0	1	1	1	1	1	1
Analytical results in database	1	1	1	1	1	1	1
Analytical results in file match those in database	1	1	1	1	1	1	1
Analytical reports signed	0	1	1	1	1	1	1
Confirmation samples taken when required	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Public notice done when required	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Appropriate Violation and Enforcement records in file	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Appropriate Violation and Enforcement codes in database	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Asbestos Sampling Plan or Certification in file	0	1	1	1	N/A	N/A	1
SOC Questionnaire in file	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Documentation of waiver approval included in file	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Information included for other required monitoring	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Comments	No Asbesto result in the file, no Asbestos result in database for 2011 (T waiver for 2011) DBP reports 1/8/14, 10/3/13/ and 7/2/13 not signed by operator/sample collector						
						Section C Total Points Earned	37
						Section C Total Possible Points	40

D. Lead and Copper Tap Sampling Data							
System Name							
PWS ID	6580531	6582544	6588077	6584835	6588121	6588083	6588003
Date of latest sampling plan	1992	1993	1999	1993	NA	NA	1992
Lead and Copper and Water Quality Parameter (if applicable) Sampling Plan in file	1	1	1	1	N/A	N/A	1
Required information for reporting L&C tap samples (per 62-550.730(4)(a)) included on lab report	1	1	1	1	N/A	N/A	1
Required information for reporting WQP (per 62-550.730(4)(c)) included on lab report	N/A	N/A	1	1	N/A	N/A	N/A

L&C results in file	1	1	1	1	N/A	N/A	1
WQP results in file	N/A	N/A	1	1	N/A	N/A	N/A
Lead and copper results in the file match those in database	0	1	1	1	N/A	N/A	1
Appropriate waiver and milestone codes in database	1	0	1	1	N/A	N/A	1
Consumer Notification done when required (form 62-555.900(16))	1	1	1	1	N/A	N/A	1
If system had a lead action level exceedance, was Form 62-555.90(17) (Public Education) completed?	N/A	N/A	1	N/A	N/A	N/A	N/A
Source water monitoring results entered in database	1	1	1	1	N/A	N/A	N/A
Water Quality Parameter ranges or levels assigned in writing, in the system file	N/A	N/A	1	N/A	N/A	N/A	N/A
Water Quality Parameter monitoring results evaluated for excursions	N/A	N/A	1	N/A	N/A	N/A	N/A
Appropriate violation and enforcement records in files	N/A	0	N/A	N/A	N/A	N/A	N/A
Appropriate violation and enforcement codes in database	1	0	1	1	N/A	N/A	1
Comments							
						Section D Total Points Earned	43
						Section D Total Possible Points	47

E. File Completeness

System Name							
PWS ID	6580531	6582544	6588077	6584835	6588121	6588083	6588003
Monthly Operation Reports submitted and included in the files	1	1	1	1	N/A	N/A	1
Consumer Confidence Report in file							
Certification of delivery of CCR in file							
Is the PWS "Waiver Screen" kept current with correctly coded waivers?	1	1	1	1	1	1	1
Comments		Use approved DEP MOR form (some info missing on form being used)					
						Section E Total Points Earned	12
						Section E Total Possible Points	12
						Program Element II Total Points Earned	232
						Program Element II Total Possible Points	239

Englewood Water Dist strict PWS6580531

No lab signature on lab report, the typed analyst name was deemed acceptable by the CHD, but it does verifiable. This needs to be checked into before points are docked

No preservation method listed on lab report

Disinfectant residuals test method not listed on lab report

Sample type not on report

No lab chlorine check (free or total) on report

Average chlorine residuals not in PWS

Lime Plant has 62 active wells in PWs, Ro plant has 17 active wells in PWS, system has no 4 log demonst has only done 1 raw water composite bacti/month for each plant since the Ground Water Rule was ado

System needs to revise their Stage 2 Sample Plan to 2 dual samples Annually (reduced monitoring) & pu

Kings Gate PWS 6582544

MOR for March 8, 2013 indicates a remote chlorine residual of 0 mg/L

Hap's Honda PWS 6584835

16 of 29 SOCs done in 2013 were Y qualified (improperly preserved samples) and results accepted with

Asbestos waiver should be dated 2013 instead of 2011

European Academy PWS6588077

Asbestos waiver screen should have V waiver for 9 year compliance ciance cycle i.e 1/1/11-12/31/19 (n

n't appear to be

:ration approval or representative raw water monitoring plan, yet the system
pted 12/30 ted 12/30/11 System should have been doing a raw from each well every month ur
ıt the locations in PWS

no justification of why they were accepted

ot 1/1/02-12/31/20)

ıtil a reprer a representative plan is approved

Program Element III: Compliance			
A. Overall Compliance	**Answer**	**Comments**	**Points**
1. Are PWS Reports (Bact., Compliance, & MORs) reviewed and documented monthly?	Yes		1
2. Are PWS Reports (Inspections, Chems, Pb/Cu, San Surveys) reviewed and documented quarterly?	Yes		1
3. Are PWS Reports (Annual Invoice and Facility Reports) reviewed and documented annually?	Yes		1
4. Are violations identified, documented, and reported in a timely manner?	Yes		1
5. Is the program ensuring that systems comply with storage tank inspection requirements?	Yes		1
6. Are monitoring reminder letters sent to each system on an annual basis?	Yes		1
7. Are all systems exceeding the chemical trigger levels on quarterly monitoring?	Yes		1
8. Are the correct sample types entered in the database?	Yes		1
9. Is the program following through with the PN requirements of the GWR (i.e. requesting PN when a FI+ source sample is identified, entering PN codes in database, entering appropriate violation if PN isn't done)?	No	Missing PN enforcement codes for EC+ raws City of Sarasota 6580325	0
10. Are five additional samples collected when fecal-indicator positive source water samples are found?	Yes		1
11. Are CCRs reviewed for completeness and accuracy?	Yes		1
12. Bonus - Does office have and use additional testing capability to verify field parameters such as chloramines, ammonia, orthophosphate, nitrite?	Yes		1
		Section A Base Points Earned	**10**
		Section A Bonus Points Earned	**1**
		Section A Total Points Earned	**11**
		Section A Total Possible Points (not including bonuses)	**11**
B. Subpart H Surface Water	**Answer**	**Comments**	**Points**
Number of Subpart H Systems	1	Info. Only	
1. Are MORs for all Subpart H systems treating surface water submitted to both the local program and the DWSWMOR email address?	Yes		1
2. Are MORs submitted for consecutive Subpart H systems?	N/A		N/A
3. Do MORs include CT calculations and disinfection profiles?	Yes		1
4. Are TOC monitoring results evaluated for advanced coagulation/softening compliance?	Yes		1
5. Are violations entered for turbidity exceedances over the operating level and Maximum Allowable Limit	N/A		N/A
6. Are public notices required for turbidity exceedances over the Maximum Allowable Limit?	N/A		N/A
7. Are systems with turbidity exceedences referred to DEP HQ as possible AWOP candidates?	Yes		Info. Only
		Section B Total Points Earned	**3**
		Section B Total Possible Points	**3**
C. Complaint Management	**Answer**	**Comments**	**Points**
1. Are complaints about water systems investigated within 48 hours of receipt (per Interagency Agreement 3.2.3.3)?	Yes		1
2. Is a complaint log or electronic complaint system maintained?	Yes		1
3. Are violations and/or deficiencies that are uncovered during complaint investigations identified, documented, and reported in a timely manner?	Yes		1
		Section C Total Points Earned	**3**
		Section C Total Possible Points	**3**
		Program Element III Base Points Earned	**16**
		Program Element III Bonus Points Earned	**1**
		Program Element III Total Points Earned	**17**
		Program Element III Total Possible Points (not including bonuses)	**17**

Program Element VI: Enforcement			
A. Enforcement Readiness	**Answer**	**Comments**	**Points**
1. Does the program have access to the DEP Enforcement Manual?	Yes		1
2. Has the Drinking Water staff reviewed the appropriate chapters of the DEP Enforcement Manual?	Yes		1
3. Are the program's enforcement actions in general conformance with the DEP Enforcement Manual?	Yes		1
4. Has the program staff been trained on the program's enforcement protocol?	Yes		1
5. Does the program utilize the DEP Drinking Water Penalty Guidelines?	Yes		1
		Section A Total Points Earned	**5**
		Section A Total Possible Points	**5**
B. Accomplished Enforcement Activities (non-Enforcement Tracking Tool)	**Answer**	**Comments**	**Points**
System 1 Name:	Camp Venice Retreat	PWS ID:	6581897
Violation Type:	Missed nitrates monitoring		
Time period between violation and technical assistance or warning letter:	Immediate		
Has PWS been returned to compliance?	No, still missing BX or HX code		
1. Was the enforcement case escalated in general accordance with the enforcement manual?	Yes		5
System 2 Name:	Greenscape Services	PWS ID:	6588094
Violation Type:	Missed nitrates monitoring		
Time period between violation and technical assistance or warning letter:	Immediate		
Has PWS been returned to compliance?	No, still missing BX or HX code		
2. Was the enforcement case escalated in general accordance with the enforcement manual?	Yes		5
		Section B Total Points Earned	**10**
		Section B Total Possible Points	**10**

C.	Enforcement Related to EPA's Enforcement Tracking Tool	Answer	Comments	Points
1.	Has the office responded to and acted upon ETT inquiry emails from HQ by the specified deadline?	Yes		1
2.	Is the office escalating enforcement activities in response to priority systems?	Yes		
	Number of systems on ETT list with score ≥ 11 with unaddressed violations	1	Info Only	
	Number of PWSs listed as repeat offenders	1	Info Only	
	Provide comments on the activities being conducted to return each system with score ≥ 11 with unaddressed violations to compliance.	AAA Auto Club South was a repeat system on the ETT list for DBP MCL violations, but was returned to compliance on April 2013 List.		
			Section C Bonus Points Earned	1

D.	Secondary Contaminant Enforcement Policies	Answer	Comments	Points
1.	Are SMCLs enforced for all LARGE community systems serving 3,300 or more people per PCE guidance?	Yes		1
2.	Are SMCLs enforced for SMALL community systems per 2013 Enforcement Guidance Table and PCE info?	Yes		1
3.	Are "Public Notices" required for all SMCL violations?	No		Info Only
			Section D Total Points Earned	2
			Section D Total Possible Points	2
			Program Element IV Base Points Earned	17
			Program Element IV Bonus Points Earned	1
			Program Element IV Total Points Earned	18
			Program Element IV Total Possible Points	17

A. Sanitary Surveys - Status			Answer	Comments	Points
1. Have all of the systems been given at least one initial Sanitary Survey after activation?			Yes		1
2. Are SS done every 3 years for CWS and NTNC systems and every 5 years for TNC systems?			Yes		1
3. Are all of the sanitary surveys up to date?	Yes	Percent complete?	100		10
				Section A Total Points Earned	12
				Section A Total Possible Points	12

B. B. Sanitary Surveys - Procedures	Answer	Comments	Points
1. Does the program use a form that includes all 8 required elements and associated questions?	No	elements yes; questions no	0
2. Is a file review done for data verification prior to conducting a sanitary survey?	Yes		1
3. Are pesticide monitoring waivers reviewed in the office and verified in the field?	Yes		1
4. Is Wellhead/Source Protection information reviewed in the office prior to the survey?	Yes		1
5. Are Bacti Sampling Plans reviewed to ensure samples are collected in accordance with the plan?	Yes		1
6. Are D/DBP monitoring plans reviewed to ensure samples are collected in accordance with the plan?	Yes		1
7. Are the systems' valve maintenance plans and records reviewed?	Yes		1
8. Are the systems' flushing plans and records reviewed?	Yes		1
9. Are samples collected in the field for disinfectant residual measurement?	Yes		1
10. When no disinfectant residual is found, are appropriate actions taken?	Yes		1
11. Bonus - Are UDI factors such as sealing and venting and nearby sanitary hazards noted in survey?	Yes		1
Have any potential UDI systems been identified? Note system names/PWS numbers in comments	No		Info only
		Section B Base Points Earned	9
		Section B Bonus Points Earned	1
		Section B Total Points Earned	10
		Section B Total Possible Points (not including bonuses)	10

C. Sanitary Surveys - Report Review					
System Name	AAA Auto Club	Economy Tackle	Florida Pines MHP	Sand Dollar Restaurant	Senior Friendship Cen.
PWS ID	6584720	6588127	6580600	6588021	6584916
Form filled out accurately and completely	1	1	1	1	1
Treatment in report matches that in database	1	1	1	1	1
Cross Connection Control Plan reviewed and CCC supplement to SS form in file	N/A	N/A	1	1	1
Contact information in report matches that in database	1	1	1	1	1
Sanitary Survey form signed by senior reviewer or QA/QC staff	1	1	1	1	1
Cover letter (which either lists the deficiencies or notes that deficiencies are identified in report) was sent	1	1	1	N/A	N/A
A compliance schedule specified or requested in deficiency letter	N/A	1	N/A	N/A	N/A
Copy of the completed survey sent to the owner and operator within 30 days	1	1	1	1	1
Comments					
				Section C Total Points Earned	32
				Section C Total Possible Points	32

D. Sanitary Surveys - Follow-Up Procedures					
System Name					
PWS ID	6584720	6588127	6580600	6588021	6584916
SS activities and deficiencies are tracked in PWS	1	1	1	1	1
Inspection information is entered into the database within 30 days of report issuance	1	1	1	1	1
Follow-up compliance inspections are made	1	1	N/A	N/A	N/A
Follow-up compliance is tracked in PWS	N/A	1	N/A	N/A	N/A
Actions to correct deficiencies are adequate	N/A	1	N/A	N/A	N/A
Comments					
				Section D Total Points Earned	14
				Section D Total Possible Points	14

E. Compliance Inspections	Answer	Comments	Points
1. Are any compliance inspections performed on an annual basis as resources allow (per 2010 interagency agreement)?	Yes	twice a year	1
2. Bonus - What was the percentage of compliance inspections done for C, NTNC, and TNC systems during the 12-month performance evaluation period?	100		5
		Section E Base Points Earned	1
		Section E Bonus Points Earned	5
		Section E Total Points Earned	6
		Section E Total Possible Points (not including bonuses)	1
		Program Element V Base Points Earned	68
		Program Element V Bonus Points Earned	6
		Program Element V Total Points Earned	74
		Program Element V Total Possible Points	69

Program Element VII: Permits and Plan Review Procedures			
A. Forms and References	**Answer**	**Comments**	**Points**
1. Is a hard copy of Chapter 62-555, FAC available?	Yes		1
2. Is a hard copy of Section 62-555.330, FAC (Engineering References) available?	Yes		1
3. Is a hard copy of Section 62-555.335, FAC (Guidance Documents) available?	Yes		1
4. Does the program have access to the most current forms in 62-555.900?	Yes		1
5. Is a copy of the Capacity Development Implementation Manual available?	Yes		1
6. Does the program have access to copies of the PCE minutes?	Yes		1
7. Is a Construction Permit Checklist used and available?	Yes		1
8. Are additional checklists or references used? (list in comments)	Yes		Info Only
		Section A Total Points Earned	**7**
		Section A Total Possible Points	**7**
B. Permit Application (PA) Tracking	**Answer**	**Comments**	**Points**
Number of Construction Permits issued during the last calender year?	7	Info Only	
Number of General Permits processed during the last calender year?	35	Info Only	
1. Is the PA tracking system the primary one used to log in and track all permits?	Yes		1
2. Is permit data also entered into the PWS database?	Yes		1
3. Bonus - Are the Program Summary Reports run?	Yes		1
		Section B Base Points Earned	**2**
		Section B Bonus Points Earned	**1**
		Section B Total Points Earned	**3**
		Section B Total Possible Points (not including bonuses)	**2**
C. Permit Processing	**Answer**	**Comments**	**Points**
1. What is the average time to process construction permits (days)?	14		2
2. What is the average time to process general permits (days)?	5		2
3. Were any "specific" construction permits issued by default? (put number in comments)	No		1
4. Were any "general" water main extension permits issued by default? (put number in comments)	No		1
5. Are compliance status and system capacity checked to determine general permit eligibility?	Yes		1
6. Are the recommended permit formats used?	Yes		1
7. Are construction permits signed by the Program Administrator or the delegated signatory?	Yes		1
8. Are General Permit denials signed by the Program Administrator or the delegated signatory?	Yes		1
9. Are General Permit acceptance letters signed by the PE?	Yes		1
10. Are PE certifications on file?	Yes	Not Required	1
11. Is a Clerk "Certification of Service" on file within each permit file?	No		0
		Section C Total Points Earned	**12**
		Section C Total Possible Points	**13**
D. Capacity Development Procedures	**Answer**	**Comments**	**Points**
Were any new systems permitting within the program review time period?	No	Info Only	
1. Are 3-year financial projections spreadsheets submitted for new NTNC and C systems?	No	It has been over 3 yrs. since the last capacity development	0
2. Was the financial capacity of the system reviewed and deemed adequate?	N/A		N/A
3. Was the managerial capacity of the system reviewed and deemed adequate?	N/A		N/A
4. Is a field inspection made to certify adequate technical capacity before clearance is granted?	N/A		N/A
5. Are 3-year (post clearance) updates from new systems received and reviewed?	No		0
		Section D Total Points Earned	**0**
		Section D Total Possible Points	**2**

E. Clearance Procedures	Answer	Comments	Points
Review two clearance files: # 0124808-871-DS and # 0208362-002-WC			
1. Were bacteriological tests submitted and ok for both files? (one point for each clearance)	Yes		2
2. Were disinfectant residuals tests submitted and ok for both files? (one point for each clearance)	Yes		2
3. Was a "Request for Clearance signed by a PE or RLS? (one point for each clearance)	Yes		2
		Section E Total Points Earned	6
		Section E Total Possible Points (not including bonuses)	6

F. 4-Log Virus Removal Review and Approval			
System Name:	System Type:	PWS ID:	
Demonstration submittal per "guidelines for Four-Log Virus Treatment of Ground Water", October 2009 (submittal package includes original submittal and RAI responses)			
1. Did the demonstration include the cover sheets from appendix of the 4-log guidelines?	Yes		1
2. Did the demonstration include intent (open to atmosphere = GWR or closed = GWR and finished water req.)?	Yes		1
3. Did the demonstration include identification of the 4-log technologies and claimed removal credits?	Yes		1
4. Did the demonstration include a schematic diagram of the WTP showing individual treatment sections in CT calcs?	Yes		1
5. Depending on the system processes, did the demonstration include requirements from pages 1-6 & 1-7?	Yes		1
6. Does the CT calculation include either minimum measured aquifer temp data or minimum temps from D-1?	Yes		1
7. Was the CT requirement determined using the appropriate tables taking into account disinfectant, pH, and temp.?	Yes		1
8. Was the actual CT calculation included in the demonstration confirmed by DEP/DOH staff?	Yes		1
9. Is there written documentation of the 4-log approval (either a letter or an order)?	Yes		1
10. Does the approval identify the technologies used to provide 4-log treatment and the removal credit for each?	Yes		1
11. Does the approval identify or establish the correct compliance monitoring requirements?	Yes		1
12. Does the approval identify or establish operating requirements for each virus treatment technology?	Yes		1
13. Does the approval include notice of the right to an administrative hearing?	Yes		1
14. Is the file complete:	Yes		1
15. Is the approval adequate based upon the demonstration submittal, guidance docs, and professional judgement?	Yes		1
16. Bonus - Was a follow-up inspection of the facility performed to verify compliance with the approval?	Yes		1
		Section F Base Points Earned	15
		Section F Bonus Points Earned	1
		Section F Total Points Earned	16
		Section F Total Possible Points (not including bonuses)	16

G. Permit File Review	Specific	Specific	Specific	General	General
System Name	Venice WTP RO & SCADA System Project	Island Walk at the West Villages-Phase IC	Downtown RO Wellfield Expansion	Caldwell Trust Company	Bradenton Road Utility Replacement
System Type	Community	Community	Community	Community	Community
Permit Number	0124807-150	0208589-115	0127089-257	0124808-892	0127089-260
Permit Type	WC	WC	WC	DSGP	DSGP
PWS ID	6581901	6580651	6580326	6581591	6580326

Comments:

1. On the general permit water main extension, please make sure that the pipe sizes, total length of pipe and type of pipe material for all proposed projects are provided under Part I.B, Description of Project and Its Purpose, page 1 of the application.
2. Also, on the general permit water main extension, please make sure that all applicable items under Part C, pages 3-5 are initialed correctly to reflect what are on the design plans and also on the information provided under Part II.A. & B. Pages 2 & 3 of the application.
3. Provide detailed description of the proposed project on the construction permit that is issued to be clear on what is being permitted.
4. A transfer of permit application is required for all transfers of construction permits. Transfers require an approval letter as well.
5. Please use appropriate permitting codes for each type of permit. For example, an RO wellfield expainsion is part of a transmission and distribution system (DS) instead of a water construction (WC) permit.
6. Overall, great improvements and great job by the permitting staff.

Section G Total Points Earned	39
Section G Total Possible Points	50
Program Element VI Base Points Earned	81
Program Element VI Bonus Points Earned	2
Program Element VI Total Points Earned	83
Program Element VI Total Possible Points (not including bonuses)	96

Program Element VII: DEP Coordination and Assistance Activities			
A. Interagency Resources	**Answer**	**Comments**	**Points**
1. Does staff have access to the 2010 DOH/DEP Interagency Agreement?	Yes		1
2. Are DEP PCE meetings/teleconferences attended?	Yes		1
3. Is Oracle access available for each position?	Yes		1
4. Does the office have small- and large-scale scanning capabilities for electronic filing?	No	only small format scan	0
		Section A Total Points Earned	**3**
		Section A Total Possible Points	**4**
B. Coordination Procedures	**Answer**	**Comments**	**Points**
1. Are meetings held with the DEP District office to review permit procedures?	Yes		1
2. Are meetings held to review the technical aspects of permits and permit decisions?	Yes		1
3. Are compliance procedures and compliance status reviewed?	Yes		1
4. Are enforcement cases and enforcement program status reviewed?	Yes		1
5. Does staff attend/participate in Focus on Change seminars?	Yes		1
6. Is technical assistance coordinated with the FRWA?	Yes		1
		Section B Total Points Earned	**6**
		Section B Total Possible Points	**6**
		Program Element VII Total Points Earned	**9**
		Program Element VII Total Possible Points	**10**

Program Element VIII: Training			
A. Accomplished Training	**Staff Trained**	**Staff Needing Training**	**Points**
1. Oracle PWS database (including reports)	4		1
2. Permit Application (PA) tracking system (including reports)	1		0
3. Capacity Development reviews and inspections	1		0
4. CT calculations and 4-log reviews	1		0
5. Monitoring waiver reviews	2		1
6. Cross Connection Control Plans and reviewing Cross Connection Control programs	3		1
7. CCR template and review of CCRs	2		1
8. Corrosion Control Plan and the Lead and Copper Rule	3		1
9. Sanitary surveys and inspections	2		1
10. Compliance and Enforcement	3		
Comments			
		Section A Total Points Earned	6
		Section A Total Possible Points	9
B. Training Plans and Activities	**Answer**	**Comments**	**Points**
1. Does the program have a written training plan?	Yes		1
2. Does the program have a system for training new employees on job functions?	Yes	As needed	1
3. Does the program participate in cross-training with the local DEP District or other ACHDs?	Yes		1
		Section B Total Points Earned	3
		Section B Total Possible Points	3
		Program Element VIII Total Points Earned	9
		Program Element VIII Total Possible Points	12

Program Evaluation for: _____ **Calendar Year:** _____

Program Element	Program Element Weight	Total Possible Points	Base Points Awarded	Bonus Points Earned	Total Points Earned	Ratio	Score
I. Organization, Staffing, and Resources	5.0%	48	43	1	44	0.92	4.58%
II. Data Management and Files	25.0%	239	232	N/A	232	0.97	24.27%
III. Compliance	15.0%	17	16	1	17	1.00	15.00%
IV. Enforcement	15.0%	17	17	1	18	1.06	15.88%
V. Review of Sanitary Surveys and Compliance Inspections	15.0%	69	68	6	74	1.07	16.09%
VI. Permits and Plan Review Procedures	15.0%	96	81	2	83	0.86	12.97%
VII. DEP Coordination and Assistance Activities	5.0%	10	9	N/A	9	0.90	4.50%
VIII. Training	5.0%	12	9	N/A	9	0.75	3.75%

OVERALL SCORE AND DESIGNATION 97.04% EXCELLENT

REVIEWERS' COMMENTS

Areas Needing Immediate Attention

1. Kings Gate Club did not take enough lead and copper samples within 2012. They were required to collect 10 samples and only collected 5 samples. This would be a monitoring violation and require public notice.
2. Englewood Water District is not collecting raw water samples in accordance with the groundwater rule. The system must either have an approved composite sampling plan, an approved 4-log demonstration, or they must collect one sample from each well monthly. If there are other systems that are using composite samples they must also meet this requirement.

Positive Activities to Reinforce

1. PWS database entries are kept current.
2. Records are well organized.

Areas of Improvement
1. Haps Hondas 2011 copper samples had the lab method listed as 220.1 within database. The lab sheet stated the method was 200.7.
2. Englewood Water District did not have the chain of custody within the file for the 2011 lead and copper samples. Make sure to obtain the chain of custody to determine locations samples were collected
3. Englewood Water District only had 30 lead and copper samples logged within database and the lab sheet showed 33 samples collected. Make sure to document all samples within the database
4. Pluris South Gate most recent lead and copper sampling sites did not match the locations within the 1992 plan. Have the facility update the sampling plan to reflect the current sampling locations

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FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION

BOB MARTINEZ CENTER
2600 BLAIRSTONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

RICK SCOTT
GOVERNOR

HERSCHEL T. VINYARD JR.
SECRETARY

June 28 2013

Ms. Christine Ferraro, Program Administrator
Ms. Lisa Kelley, Assistant Director
Florida Department of Environmental Protection
Central District Office
3319 Maguire Boulevard, Suite 232
Orlando, Florida 32803

Dear Ms. Ferraro and Ms. Kelley:

Enclosed please find the Public Water System Supervision Program Review report for the program evaluation conducted at your office on May 1, 2013. I am pleased to report that your program received an excellent overall rating of 97.36 percent.

Please review the enclosed report and contact me at 850-245-8635 if you have any questions or concerns about the program evaluation.

Your efforts to ensure safe drinking water for the residents and visitors of the Central District are appreciated.

Sincerely,

Jennifer E. C. Porter, P.E.
Administrator, Source and Drinking Water Program

Attachment – 5/1/13 Public Water Supervision Program Review report

Public Water System Supervision Program Review

FDEP Southwest District	
Date of Evaluation:	22-May-13
Evaluators:	Jennifer Porter, Virginia Harmon, Jeffrey Lawson

Program Element I: Organization, Staffing, and Resources

A. Updated Contact Information

Phone Number:	**(813)632-7600**
Fax Number:	**(813)632-7665**
Mailing Address:	**13051 N. Telecom Parkway; Temple Terrace, FL 33637-0926**

B. Supervision and Program Organization	**Answer**	**Comments**	**Points**
1. Is the permitting staff under the direct supervision of a PE registered in the State of Florida and possessing at least six months of experience with Florida's water system program, **OR**	Yes		12
2. Is the permitting staff under the indirect supervision of a PE registered in the State of Florida and the direct supervision of an individual possessing an engineering degree and at least six months of experience in Florida's water system program?			
3. Are an organizational chart and a listing of position descriptions available?	Yes		Info only
a. Are responsibilities for inspections, data and file management, compliance, permitting, and enforcement clearly specified?	Yes		5
b. Is the organization of the PWSS program adequate to perform program functions in an efficient manner?	Yes		5
4. Is sufficient equipment available to the PWSS program (vehicles, test equipment, etc.)?	Yes		1
		Section B Total Points Earned	**23**
		Section B Total Possible Points	**23**

C. Staffing Level

CWS =	188	NTNC =	113	TNC =	374	Total PWSs =	675
Filled Professional Positions =	11.75	Filled Clerical Positions =	1.5				
Vacant Professional Positions =	1.2	Vacant Clerical Positions =	0				

1. What is the ratio of the total number of PWSs to the professional staff?	57.44681		20
2. Is the current staffing adequate to cover the required workload?	Yes		2.5
3. Bonus - Does the program have a planning tool to monitor staffing requirements based on scheduled/predicted workload.			Response Required
		Section C - Subtotal	**22.5**
		Section C - Bonus	**0**
		Section C - Total Points Earned	**22.5**
		Section C Total Possible Points (not including bonuses)	**25**
		Program Element I Base Points Earned	**45.5**
		Program Element I Bonus Points Earned	**0**
		Program Element I Total Points Earned	**45.5**
		Program Element I Total Possible Points (not including bonuses)	**48**

Program Element III: Data Management and Files

A. Comparison of File with Database - General System Information

System Name	CPWS	CPWS	NTNC	NTNC	TNC	TNC	Consecutive
	Sugar Mill Woods S/D	Country Aire Est. Service Corp.	Progress Energy Florida (S)	River Oaks Trailer Park	WSF- Buttgenbach Mine Day Use	Peaceful Acres	TBW/Cypress Creek Complex
PWS ID	6091735	6510378	6090601	6091516	6271997	6515152	6515252
System Contact Information	1	1	1	1	1	1	1
Population Served	1	1	1	1	1	1	1
Service Area Type	1	1	1	1	1	1	1
Treatment Information	1	1	1	1	1	1	1
Source Type	1	1	1	1	1	1	1
Filing Backlog	5	5	5	5	5	5	5
Data Entry Backlog	5	5	5	5	5	5	5
Comments	No data entry backlog with the exception of Stage 2 data procedures from DEP HQ	backlog justification on Element II for 6091735.					listed as NTNC in PWS
						Section A Total Points Earned	105
						Section A Total Possible Points	105

B. Bacteriological Monitoring Data

System Name	Sugar Mill Woods S/D	Country Aire Est. Service Corp.	Progress Energy Florida (S)	River Oaks Trailer Park	WSF- Buttgenbach Mine Day Use	Peaceful Acres	TBW/Cypress Creek Complex
PWS ID	6091735	6510378	6090601	6091516	6271997	6515152	6515252
12 months of bacti results in the file	1	1	1	1	1	1	1
12 months of bacti results in the database	1	1	1	1	1	1	1
Bacti results in file match those in database	1	1	1	1	1	1	1
Bacti lab reports signed and marked correctly	1	0	1	1	1	1	1
CL residual on lab reports	1	1	1	1	1	1	1
Repeat samples done when required	1	N/A	1	N/A	N/A	N/A	N/A
Public notice done when required; database codes updated, documentation in file	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Appropriate Violation and Enforcement records in file	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Appropriate Violation and Enforcement codes in database	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Comments	No bacti samples in DB or lab sheets that to correlate with triggered samples from the TC+ in 2/12 and 12/12.	1 lab report in 2012 was not signed properly. Several were not marked up properly.	Cl sample method not included on lab reports				
						Section B Subtotal	36
						Section B Total Possible Points	37

C. Chemical and Radiological Monitoring Data							
System Name	Sugar Mill Woods S/D	Country Aire Est. Service Corp.	Progress Energy Florida (S)	River Oaks Trailer Park	WSF- Buttgenbach Mine Day Use	Peaceful Acres	TBW/Cypress Creek Complex
PWS ID	6091735	6510378	6090601	6091516	6271997	6515152	6515252
Required information (per 62-550.730) included on lab report	1	1	1	1	1	1	1
Analytical results in file	1	1	1	1	1	1	1
Analytical results in database	1	1	1	1	1	1	1
Analytical results in file match those in database	1	1	1	1	1	1	1
Analytical reports signed	0	1	1	1	1	1	1
Confirmation samples taken when required	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Public notice done when required	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Appropriate Violation and Enforcement records in file	N/A	1	N/A	N/A	N/A	N/A	N/A
Appropriate Violation and Enforcement codes in database	N/A	1	N/A	N/A	N/A	N/A	N/A
Asbestos Sampling Plan or Certification in file	1	1	1	1	N/A	N/A	1
SOC Questionnaire in file	1	N/A	1	N/A	N/A	N/A	N/A
Documentation of waiver approval included in file	N/A	N/A	1	1	1	1	N/A
Information included for other required monitoring	0	1	1	1	1	1	1
Comments	Missing signature from one or more analytical reports						
						Section C Total Points Earned	47
						Section C Total Possible Points	48

D. Lead and Copper Tap Sampling Data							
System Name	Sugar Mill Woods S/D	Country Aire Est. Service Corp.	Progress Energy Florida (S)	River Oaks Trailer Park	WSF- Buttgenbach Mine Day Use	Peaceful Acres	TBW/Cypress Creek Complex
PWS ID	6091735	6510378	6090601	6091516	6271997	6515152	6515252
Date of latest sampling plan	7/24/1992	10/4/1993					
Lead and Copper and Water Quality Parameter (if applicable) Sampling Plan in file	1	1	1	1	N/A	N/A	1
Required information for reporting L&C tap samples (per 62-550.730(4)(a)) included on lab report	1	1	1	1	N/A	N/A	1
Required information for reporting WQP (per 62-550.730(4)(c)) included on lab report	N/A	N/A	N/A	N/A	N/A	N/A	N/A
L&C results in file	1	1	1	1	N/A	N/A	1
WQP results in file	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Lead and copper results in the file match those in database	1	0	1	1	N/A	N/A	1

Appropriate waiver and milestone codes in database	1	0	1	1	N/A	N/A	1
Consumer Notification done when required (form 62-555.900(16))	1	0	1	N/A	N/A	N/A	N/A
If system had a lead action level exceedance, was Form 62-555.90(17) (Public Education) completed?	N/A	N/A	1	N/A	N/A	N/A	N/A
Source water monitoring results entered in database	1	1	1	1	N/A	N/A	N/A
Water Quality Parameter ranges or levels assigned in writing, in the system file	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Water Quality Parameter monitoring results evaluated for excursions	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Appropriate violation and enforcement records in files	N/A	N/A	1	N/A	N/A	N/A	N/A
Appropriate violation and enforcement codes in database	N/A	1	1	N/A	N/A	N/A	N/A
Comments							
						Section D Total Points Earned	33
						Section D Total Possible Points	36

E. File Completeness

System Name	Sugar Mill Woods S/D	Country Aire Est. Service Corp.	Progress Energy Florida (5)	River Oaks Trailer Park	WSF- Buttgenbach Mine Day Use	Peaceful Acres	TBW/Cypress Creek Complex
PWS ID	6091735	6510378	6090601	6091516	6271997	6515152	6515252
Monthly Operation Reports submitted and included in the files	1	1	1	1	N/A	N/A	1
Consumer Confidence Report in file	1	1	N/A	N/A	N/A	N/A	1
Certification of delivery of CCR in file	1	1	N/A	N/A	N/A	N/A	1
Is the PWS "Waiver Screen" kept current with correctly coded waivers?	1	1	1	1	1	1	1
Comments		MOR for October not in Oculus file with the other MORs. Also 4/12 and 5/12 do not have the month written on the MOR.					
						Section E Total Points Earned	18
						Section E Total Possible Points	18
						Program Element II Total Points Earned	239
						Program Element II Total Possible Points	244

Program Element III: Compliance			
A. Overall Compliance	**Answer**	**Comments**	**Points**
1. Are PWS Reports (Bact., Compliance, & MORs) reviewed and documented monthly?	Yes		1
2. Are PWS Reports (Inspections, Chems, Pb/Cu, San Surveys) reviewed and documented quarterly?	Yes		1
3. Are PWS Reports (Annual Invoice and Facility Reports) reviewed and documented annually?	Yes		1
4. Are violations identified, documented, and reported in a timely manner?	Yes		1
5. Is the program ensuring that systems comply with storage tank inspection requirements?	Yes		1
6. Are monitoring reminder letters sent to each system on an annual basis?	Yes		1
7. Are all systems exceeding the chemical trigger levels on quarterly monitoring?	Yes		1
8. Are the correct sample types entered in the database?	Yes		1
9. Is the program following through with the PN requirements of the GWR (i.e. requesting PN when a FI+ source sample is identified, entering PN codes in database, entering appropriate violation if PN isn't done)?	Yes		1
10. Are five additional samples collected when fecal-indicator positive source water samples are found?	Yes		1
11. Are CCRs reviewed for completeness and accuracy?	Yes		1
12. Bonus - Does office have and use additional testing capability to verify field parameters such as chloramines, ammonia, orthophosphate, nitrite?	No		0
		Section A Base Points Earned	**11**
		Section A Bonus Points Earned	**0**
		Section A Total Points Earned	**11**
		Section A Total Possible Points (not including bonuses)	**11**
B. Subpart H Surface Water	**Answer**	**Comments**	**Points**
Number of Subpart H Systems	24	Info. Only	
1. Are MORs for all Subpart H systems treating surface water submitted to both the local program and the DWSWMOR email address?	Yes		1
2. Are MORs submitted for consecutive Subpart H systems?	Yes		1
3. Do MORs include CT calculations and disinfection profiles?	Yes		1
4. Are TOC monitoring results evaluated for advanced coagulation/softening compliance?	Yes		1
5. Are violations entered for turbidity exceedances over the operating level and Maximum Allowable Limit	Yes		1
6. Are public notices required for turbidity exceedances over the Maximum Allowable Limit?	Yes		1
7. Are systems with turbidity exceedences referred to DEP HQ as possible AWOP candidates?	Yes		Info. Only
		Section B Total Points Earned	**6**
		Section B Total Possible Points	**6**
C. Complaint Management	**Answer**	**Comments**	**Points**
1. Are complaints about water systems investigated within 48 hours of receipt (per Interagency Agreement 3.2.3.3)?	Yes		1
2. Is a complaint log or electronic complaint system maintained?	Yes		1
3. Are violations and/or deficiencies that are uncovered during complaint investigations identified, documented, and reported in a timely manner?	Yes		1
		Section C Total Points Earned	**3**
		Section C Total Possible Points	**3**
		Program Element III Base Points Earned	**20**
		Program Element III Bonus Points Earned	**0**
		Program Element III Total Points Earned	**20**
		Program Element III Total Possible Points (not including bonuses)	**20**

Program Element IV: Enforcement			
A. Enforcement Readiness	**Answer**	**Comments**	**Points**
1. Does the program have access to the DEP Enforcement Manual?	Yes		1
2. Has the Drinking Water staff reviewed the appropriate chapters of the DEP Enforcement Manual?	Yes		1
3. Are the program's enforcement actions in general conformance with the DEP Enforcement Manual?	Yes		1
4. Has the program staff been trained on the program's enforcement protocol?	Yes		1
5. Does the program utilize the DEP Drinking Water Penalty Guidelines?	Yes		1
		Section A Total Points Earned	**5**
		Section A Total Possible Points	**5**
B. Accomplished Enforcement Activities (non-Enforcement Tracking Tool)	**Answer**	**Comments**	**Points**
System 1 Name:	Holiday Gardens Utilities	PWS ID:	6510807
Violation Type:	Arsenic - 02		
Time period between violation and technical assistance or warning letter:	Violation- 9/30/10, WL 11/16/10, C/O 7/7/11		
Has PWS been returned to compliance?	Yes		
1. Was the enforcement case escalated in general accordance with the enforcement manual?	Yes		5
System 2 Name:	Floral City Water Association	PWS ID:	6090588
Violation Type:	Total TTHMs 6/30/10, 9/30/10, 02 9/30/11		
Time period between violation and technical assistance or warning letter:	WL 5/23/11, C/O 9/12/11		
Has PWS been returned to compliance?	Yes		
2. Was the enforcement case escalated in general accordance with the enforcement manual?	Yes		5
		Section B Total Points Earned	**10**
		Section B Total Possible Points	**10**

C.	Enforcement Related to EPA's Enforcement Tracking Tool	Answer	Comments	Points
1.	Has the office responded to and acted upon ETT inquiry emails from HQ by the specified deadline?	Yes		1
2.	Is the office escalating enforcement activities in response to priority systems?	Yes		
	Number of systems on ETT list with score ≥ 11 with unaddressed violations	0	Info Only	
	Number of PWSs listed as repeat offenders	0	Info Only	
	Provide comments on the activities being conducted to return each system with score ≥ 11 with unaddressed violations to compliance.	N/A		
			Section C Bonus Points Earned	1

D.	Secondary Contaminant Enforcement Policies	Answer	Comments	Points
1.	Are SMCLs enforced for all LARGE community systems serving 3,300 or more people per PCE guidance?	Yes		1
2.	Are SMCLs enforced for SMALL community systems per 2013 Enforcement Guidance Table and PCE info?	Yes		1
3.	Are "Public Notices" required for all SMCL violations?			Info Only
			Section D Total Points Earned	2
			Section D Total Possible Points	2
			Program Element IV Base Points Earned	17
			Program Element IV Bonus Points Earned	1
			Program Element IV Total Points Earned	18
			Program Element IV Total Possible Points	17

A. Sanitary Surveys - Status			Answer	Comments	Points
1. Have all of the systems been given at least one initial Sanitary Survey after activation?			Yes		1
2. Are SS done every 3 years for CWS and NTNC systems and every 5 years for TNC systems?			Yes		1
3. Are all of the sanitary surveys up to date?	Yes	Percent complete?	100		10
				Section A Total Points Earned	12
				Section A Total Possible Points	12

B. B. Sanitary Surveys - Procedures	Answer	Comments	Points
1. Does the program use a form that includes all 8 required elements and associated questions?	Yes		1
2. Is a file review done for data verification prior to conducting a sanitary survey?	Yes		1
3. Are pesticide monitoring waivers reviewed in the office and verified in the field?	Yes		1
4. Is Wellhead/Source Protection information reviewed in the office prior to the survey?	Yes		1
5. Are Bacti Sampling Plans reviewed to ensure samples are collected in accordance with the plan?	Yes		1
6. Are D/DBP monitoring plans reviewed to ensure samples are collected in accordance with the plan?	Yes		1
7. Are the systems' valve maintenance plans and records reviewed?	Yes		1
8. Are the systems' flushing plans and records reviewed?	Yes		1
9. Are samples collected in the field for disinfectant residual measurement?	Yes		1
10. When no disinfectant residual is found, are appropriate actions taken?	Yes		1
11. Bonus - Are UDI factors such as sealing and venting and nearby sanitary hazards noted in survey?	Yes		1
Have any potential UDI systems been identified? Note system names/PWS numbers in comments			Info only
		Section B Base Points Earned	10
		Section B Bonus Points Earned	1
		Section B Total Points Earned	11
		Section B Total Possible Points (not including bonuses)	10

C. Sanitary Surveys - Report Review					
System Name	Beverly Hills	Florida SKP RV Resort	ARC Nature Coast	4B Food Store	Crestridge Gardens
PWS ID	6090150	6254752	6272605	6512903	6510403
Form filled out accurately and completely	1	1	1	1	1
Treatment in report matches that in database	1	1	1	1	1
Cross Connection Control Plan reviewed and CCC supplement to SS form in file	1	N/A	N/A	N/A	1
Contact information in report matches that in database	0	1	1	1	1
Sanitary Survey form signed by senior reviewer or QA/QC staff	1	1	1	N/A	1
Cover letter (which either lists the deficiencies or notes that deficiencies are identified in report) was sent	1	1	1	1	1
A compliance schedule specified or requested in deficiency letter	1	1	1	1	1
Copy of the completed survey sent to the owner and operator within 30 days	1	1	1	1	1
Comments	no contact info in PWS		no schematic provided	Sr reviewer performed S.S.	
				Section C Total Points Earned	35
				Section C Total Possible Points	36

D. Sanitary Surveys - Follow-Up Procedures					
System Name					
PWS ID	6090150	6254752	6272605	6512903	6510403
SS activities and deficiencies are tracked in PWS	1	1	1	1	1
Inspection information is entered into the database within 30 days of report issuance	1	1	1	1	1
Follow-up compliance inspections are made	N/A	N/A	N/A	N/A	1
Follow-up compliance is tracked in PWS	N/A	N/A	N/A	N/A	1
Actions to correct deficiencies are adequate	1	1	1	1	1
Comments					referal to FRWA
				Section D Total Points Earned	17
				Section D Total Possible Points	17

E.	Compliance Inspections	Answer	Comments	Points
1.	Are any compliance inspections performed on an annual basis as resources allow (per 2010 interagency agreement)?	Yes		1
2.	Bonus - What was the percentage of compliance inspections done for C, NTNC, and TNC systems during the 12-month performance evaluation period?	68		2
			Section E Base Points Earned	1
			Section E Bonus Points Earned	2
			Section E Total Points Earned	3
			Section E Total Possible Points (not including bonuses)	1
			Program Element V Base Points Earned	75
			Program Element V Bonus Points Earned	3
			Program Element V Total Points Earned	78
			Program Element V Total Possible Points	76

Program Element VI: Permits and Plan Review Procedures			
A. Forms and References	**Answer**	**Comments**	**Points**
1. Is a hard copy of Chapter 62-555, FAC available?	Yes		1
2. Is a hard copy of Section 62-555.330, FAC (Engineering References) available?	Yes		1
3. Is a hard copy of Section 62-555.335, FAC (Guidance Documents) available?	Yes		1
4. Does the program have access to the most current forms in 62-555.900?	Yes		1
5. Is a copy of the Capacity Development Implementation Manual available?	Yes		1
6. Does the program have access to copies of the PCE minutes?	Yes		1
7. Is a Construction Permit Checklist used and available?	Yes		1
8. Are additional checklists or references used? (list in comments)	Yes	recommended standards	Info Only
		Section A Total Points Earned	7
		Section A Total Possible Points	7
B. Permit Application (PA) Tracking	**Answer**	**Comments**	**Points**
Number of Construction Permits issued during the last calendar year?	34	Info Only	
Number of General Permits processed during the last calendar year?	91	Info Only	
1. Is the PA tracking system the primary one used to log in and track all permits?	Yes		1
2. Is permit data also entered into the PWS database?	Yes		1
3. Bonus - Are the Program Summary Reports run?	Yes		1
		Section B Base Points Earned	2
		Section B Bonus Points Earned	1
		Section B Total Points Earned	3
		Section B Total Possible Points (not including bonuses)	2
C. Permit Processing	**Answer**	**Comments**	**Points**
1. What is the average time to process construction permits (days)?	15		2
2. What is the average time to process general permits (days)?	6		2
3. Were any "specific" construction permits issued by default? (put number in comments)	No		1
4. Were any "general" water main extension permits issued by default? (put number in comments)	No		1
5. Are compliance status and system capacity checked to determine general permit eligibility?	Yes		1
6. Are the recommended permit formats used?	Yes		1
7. Are construction permits signed by the Program Administrator or the delegated signatory?	Yes		1
8. Are General Permit denials signed by the Program Administrator or the delegated signatory?	Yes		1
9. Are General Permit acceptance letters signed by the PE?	Yes		1
10. Are PE certifications on file?	Yes	Not Applicable	1
11. Is a Clerk "Certification of Service" on file within each permit file?	Yes		1
		Section C Total Points Earned	13
		Section C Total Possible Points	13
D. Capacity Development Procedures	**Answer**	**Comments**	**Points**
Were any new systems permitting within the program review time period?	No	Info Only	
1. Are 3-year financial projections spreadsheets submitted for new NTNC and C systems?	Yes		1
2. Was the financial capacity of the system reviewed and deemed adequate?	N/A		N/A
3. Was the managerial capacity of the system reviewed and deemed adequate?	N/A		N/A
4. Is a field inspection made to certify adequate technical capacity before clearance is granted?	N/A		N/A
5. Are 3-year (post clearance) updates from new systems received and reviewed?	No		0
		Section D Total Points Earned	1
		Section D Total Possible Points	2

E. Clearance Procedures	Answer	Comments	Points
Review two clearance files: # 0126383-170 and # 6274327 (PWS ID)			
1. Were bacteriological tests submitted and ok for both files? (one point for each clearance)	Yes		2
2. Were disinfectant residuals tests submitted and ok for both files? (one point for each clearance)	Yes		2
3. Was a "Request for Clearance signed by a PE or RLS? (one point for each clearance)	Yes		2
		Section E Total Points Earned	6
		Section E Total Possible Points (not including bonuses)	6

F. 4-Log Virus Removal Review and Approval			
System Name: Royal Highlands	System Type: CWS	PWS ID: 6277059	
Demonstration submittal per "guidelines for Four-Log Virus Treatment of Ground Water", October 2009 (submittal package includes original submittal and RAI responses)			
1. Did the demonstration include the cover sheets from appendix of the 4-log guidelines?	Yes		1
2. Did the demonstration include intent (open to atmosphere = GWR or closed = GWR and finished water req.)?	Yes		1
3. Did the demonstration include identification of the 4-log technologies and claimed removal credits?	Yes		1
4. Did the demonstration include a schematic diagram of the WTP showing individual treatment sections in CT calcs?	Yes		1
5. Depending on the system processes, did the demonstration include requirements from pages 1-6 & 1-7?	Yes		1
6. Does the CT calculation include either minimum measured aquifer temp data or minimum temps from D-1?	No		0
7. Was the CT requirement determined using the appropriate tables taking into account disinfectant, pH, and temp.?	Yes		1
8. Was the actual CT calculation included in the demonstration confirmed by DEP/DOH staff?	Yes		1
9. Is there written documentation of the 4-log approval (either a letter or an order)?	Yes		1
10. Does the approval identify the technologies used to provide 4-log treatment and the removal credit for each?	Yes		1
11. Does the approval identify or establish the correct compliance monitoring requirements?	No	does not specify continuous residual DIs. Monitoring vs. grab sample during peak flow (based on population)	0
12. Does the approval identify or establish operating requirements for each virus treatment technology?	Yes		1
13. Does the approval include notice of the right to an administrative hearing?	Yes		1
14. Is the file complete:	Yes		1
15. Is the approval adequate based upon the demonstration submittal, guidance docs, and professional judgement?	Yes		1
16. Bonus - Was a follow-up inspection of the facility performed to verify compliance with the approval?	No		0
		Section F Base Points Earned	13
		Section F Bonus Points Earned	0
		Section F Total Points Earned	13
		Section F Total Possible Points (not including bonuses)	15

G. Permit File Review	Specific	Specific	Specific	General	General
System Name	Kettering Rd WTP	Quality Inn	Wauchula City Water Dept	Citrus Co Utilities	Turtle Lakes
System Type	CWS	TNC	CWS	CWS	CWS
Permit Number	0127189-010-WC	0303957-001-WC	0147708-021-WC	0126383-170-DSGP	0141703-014-DSGP
Permit Type	New Plant	treatment system replacement	Plant Chlorination	DSGP	DSGP
PWS ID	6277060	6274327	6250329	6094948	6512064

Comments:
Facilities only partially responding to RAIs
Numerous RAIs sent due to partial
response from facilities
documents entered in OCULUS
multiple times

Section G Total Points Earned	50

Section G Total Possible Points	50
Program Element VI Base Points Earned	92
Program Element VI Bonus Points Earned	1
Program Element VI Total Points Earned	93
Program Element VI Total Possible Points (not including bonuses)	95

Program Element VII: DEP Coordination and Assistance Activities			
A. Interagency Resources	**Answer**	**Comments**	**Points**
1. Does staff have access to the 2010 DOH/DEP Interagency Agreement?	Yes		1
2. Are DEP PCE meetings/teleconferences attended?	Yes		1
3. Is Oracle access available for each position?	Yes		1
4. Does the office have small- and large-scale scanning capabilities for electronic filing?	Yes		1
		Section A Total Points Earned	**4**
		Section A Total Possible Points	**4**
B. Coordination Procedures	**Answer**	**Comments**	**Points**
1. Are meetings held with the DEP District office to review permit procedures?	Yes	communication is there from SWD to counties, but not so much from counties to SWD	1
2. Are meetings held to review the technical aspects of permits and permit decisions?	Yes	see comment above	1
3. Are compliance procedures and compliance status reviewed?	Yes	see comment above	1
4. Are enforcement cases and enforcement program status reviewed?	Yes	see comment above	1
5. Does staff attend/participate in Focus on Change seminars?	Yes		1
6. Is technical assistance coordinated with the FRWA?	Yes		1
		Section B Total Points Earned	**6**
		Section B Total Possible Points	**6**
		Program Element VII Total Points Earned	**10**
		Program Element VII Total Possible Points	**10**

Program Element VIII: Training			
A. Accomplished Training	**Staff Trained**	**Staff Needing Training**	**Points**
1. Oracle PWS database (including reports)	Yes		1
2. Permit Application (PA) tracking system (including reports)	0		0
3. Capacity Development reviews and inspections	Yes		1
4. CT calculations and 4-log reviews	Yes		1
5. Monitoring waiver reviews	Yes		1
6. Cross Connection Control Plans and reviewing Cross Connection Control programs	0		0
7. CCR template and review of CCRs	Yes		1
8. Corrosion Control Plan and the Lead and Copper Rule	Yes		1
9. Sanitary surveys and Inspections	Yes	18	1
10. Compliance and Enforcement	Yes		
Comments	Request training in PA (PA Manual) as well as cross connection control (checklist)		
		Section A Total Points Earned	**7**
		Section A Total Possible Points	**9**
B. Training Plans and Activities	**Answer**	**Comments**	**Points**
1. Does the program have a written training plan?	Yes		1
2. Does the program have a system for training new employees on job functions?	Yes		1
3. Does the program participate in cross-training with the local DEP District or other ACHDs?	Yes		1
		Section B Total Points Earned	**3**
		Section B Total Possible Points	**3**
		Program Element VIII Total Points Earned	**10**
		Program Element VIII Total Possible Points	**12**

Public Water System Supervision Program Review

Program Evaluation for: _____ **Calendar Year:** 2012

Program Element	Program Element Weight	Total Possible Points	Base Points Awarded	Bonus Points Earned	Total Points Earned	Ratio	Score
I. Organization, Staffing, and Resources	5.0%	48	45.5	0	45.5	0.95	4.74%
II. Data Management and Files	25.0%	244	239	N/A	239	0.98	24.49%
III. Compliance	15.0%	20	20	0	20	1.00	15.00%
IV. Enforcement	15.0%	17	17	1	18	1.06	15.88%
V. Review of Sanitary Surveys and Compliance Inspections	15.0%	76	75	3	78	1.03	15.39%
VI. Permits and Plan Review Procedures	15.0%	95	92	1	93	0.98	14.68%
VII. DEP Coordination and Assistance Activities	5.0%	10	10	N/A	10	1.00	5.00%
VIII. Training	5.0%	12	10	N/A	10	0.83	4.17%

OVERALL SCORE AND DESIGNATION 99.36% EXCELLENT

REVIEWERS' COMMENTS

Areas Needing Immediate Attention

Positive Activities to Reinforce

During a time of massive change, the Southwest District continues to effectively administer the PWSS program. Staff is committed to learning and carrying out the program responsibilities and were found to be helpful, courteous, and enthusiastic.

Areas of Improvement
Minor data entry inconsistencies were noted. See comments on individual pages.
Organization within OCULUS was found to be inconsistent - items were saved multiple times in different folders, or items relating to the same type of project (CT/4-log) were saved in a variety of different places.

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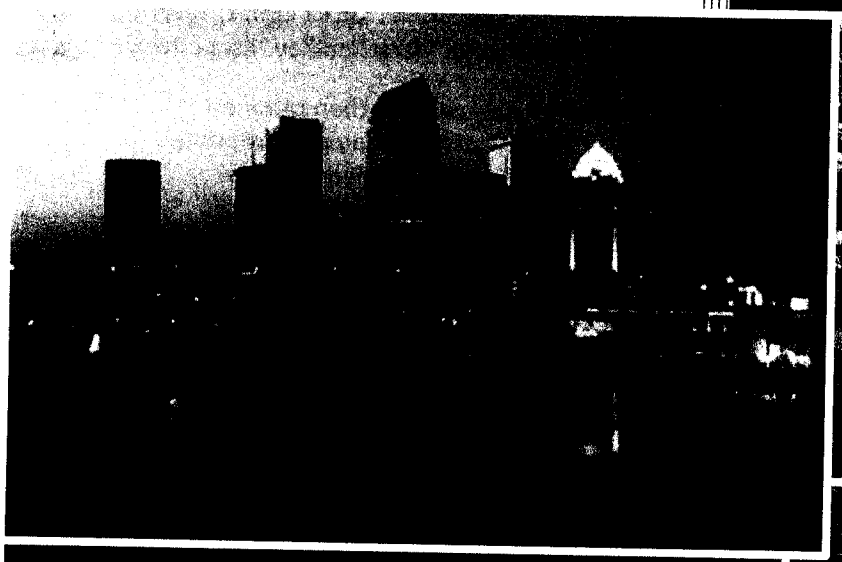
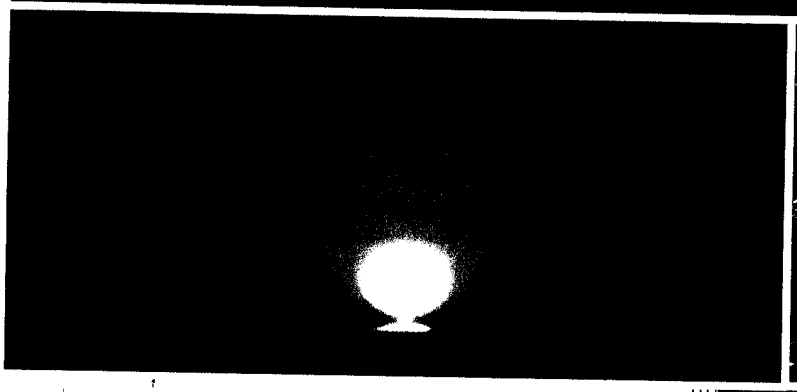
#13

Southwest District Business Plan





FY 2014-2015

DISTRICT OFFICES

Florida Department of Environmental Protection

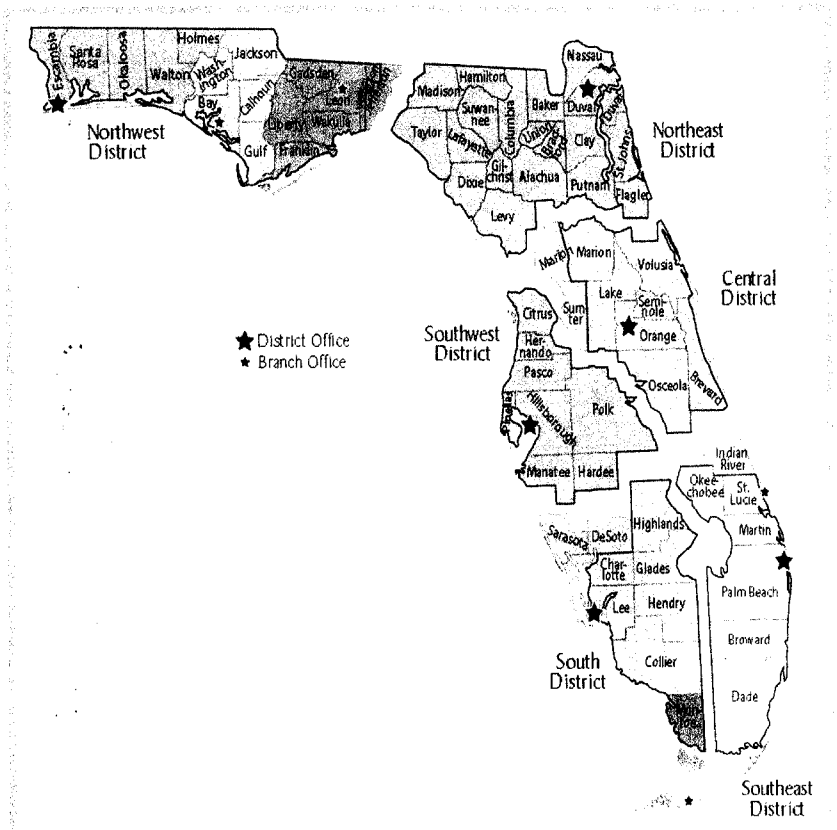
EXECUTIVE SUMMARY

The six District Offices represent a public presence for the Department's Regulatory Programs. In addition to issuing various kinds of program-specific permits, these offices conduct the majority of the day-to-day environmental inspections, including the performance of compliance assistance and enforcement functions.

Within each District Office, a District Director provides guidance and oversight to the program areas, while an Assistant Director coordinates the compliance functions. The Divisions do not supervise the district program areas, but provide guidance for policy and consistency between the districts. Three of the District Offices (Northwest District Office, Southeast District Office and South District Office) span 200 miles or more and include Branch Offices in Panama City, Ft. Pierce, and Marathon Key respectively.

The Legislature appropriates funding in a lump sum to the District Offices, which is then rationed internally by the Department to each District Office. Approximately 21% of the funding appropriated to the District Offices comes from General Revenue, while the remaining 79% is provided from an aggregate of eleven different trust funds.

The Southwest District is home to Tampa Bay, Florida's largest open-water estuary which encompasses nearly 400 square miles. It is also the crown jewel of the National Estuary Program. In addition, we enjoy a variety of scenic waterways including the Myakka River, Homosassa Springs, Hillsborough River, Manatee River, and portions of the Peace River. The best of our coastal landscapes have been set aside for protection as aquatic preserves. Cockroach Bay, Terra Ceia, Boca Ciega Bay and Pinellas County Aquatic Preserves are all situated in the Southwest District.



The Southwest District is committed to performing at our highest level to meet the changing needs of our communities and our workforce. Building and maintaining strong relationships with our partners and stakeholders is the cornerstone to providing unprecedented customer service. This business plan will help the reader understand the key performance metrics and goals we are striving to accomplish this year. It also highlights many of the achievements and lessons-learned that serve as a foundation to build a more efficient, more cost effective, and more customer oriented district.

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MISSION, VISION & CORE VALUES

Mission

The Florida Department of Environmental Protection, the State's lead agency for environmental management and stewardship, is a diverse agency, established to protect and manage our State's natural resources, including our air, water, and land.

It is the mission of the District Offices to ensure greater environmental protection, work proactively with our stakeholders and strive for the highest compliance rates, enthusiastically pursue outreach opportunities, consistently draft quality permits in the shortest amount of time possible, and continually explore ways to build efficiencies and cost saving measures into our business.

Vision

Our vision is to be recognized as providing consistent and responsible oversight of the state's natural resources while encouraging economic growth.

Core Values

- **Attitude:** We cultivate a positive attitude and understand that challenges are an opportunity to excel.
- **Integrity:** We hold ourselves to the highest degree of professionalism and ethical standards.
- **Collaboration/Teamwork:** Each member of our team is supportive of the organization's goals and each other as we work through successes, failures and challenges. We partner with other Districts and the Divisions to achieve common goals and consistency through shared information and resources.
- **Efficiency:** We provide an efficient and effective approach to give the best solution each time.
- **Service:** We provide excellent service to our customers, through the issuance of clear and understandable permits, fair environmental assessments and targeted outreach.
- **Stewardship:** We responsibly oversee environmental protection while being frugal with every state and federal dollar.

CLIENT SERVICES

The District Office has three main client segments which we must responsibly balance and ensure that all decisions are consistent throughout the Department:

The Citizens and Visitors of Florida expect that the District Office will reasonably, respectfully, and responsibly implement Florida's laws and regulations. Services provided on behalf of these clients include:

- Issuing permits which meet state and federal requirements
- Ensuring compliance of regulated facilities
- Responding to public concerns related to regulated and non-regulated facilities
- Providing opportunities for the public to share its thoughts and concerns, and in turn, ensuring that the public has timely and efficient access to our public records
- Training to understand the rules associated with the various programs
- Technical assistance with permitting, compliance and enforcement cases

The Regulated Community expects that District Office will provide regulatory certainty and consistency along with fair solutions. Services provided on behalf of these clients include:

- Issuance of reasonable, law-based permits in a timely manner
- Ensuring regulatory certainty and consistency
- Providing professional and timely review of permit applications
- Providing opportunities for the regulated community to share its thoughts and concerns, and in turn, ensuring that the regulated community has timely and efficient access to our public records
- Training to understand the rules associated with the various programs
- Technical assistance with permitting, compliance and enforcement cases

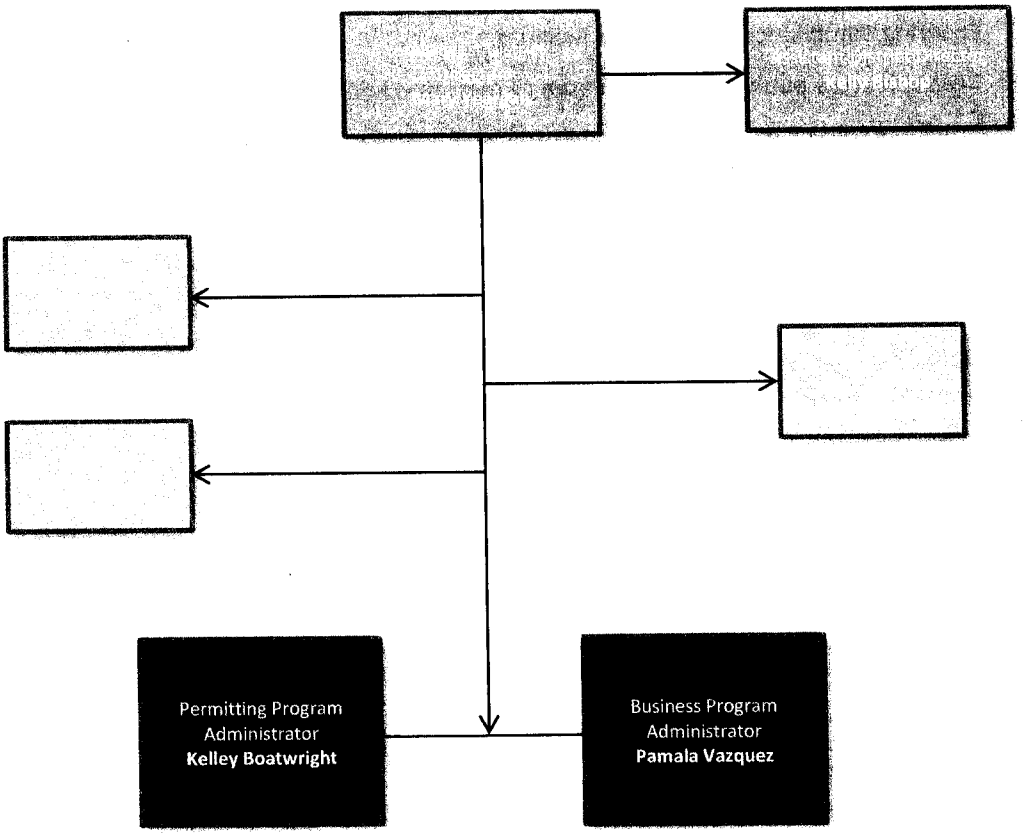
The Department's Regulatory Divisions and Local Delegated Programs expect the District Office to assist them in achieving goals as established by the Secretary's Office. This assistance includes:

- Feedback regarding consistent application of regulations and policies throughout District programs
- Producing work products as stipulated in Division goals
- Sharing information and allowing input regarding projects that fall within their respective boundaries and programs

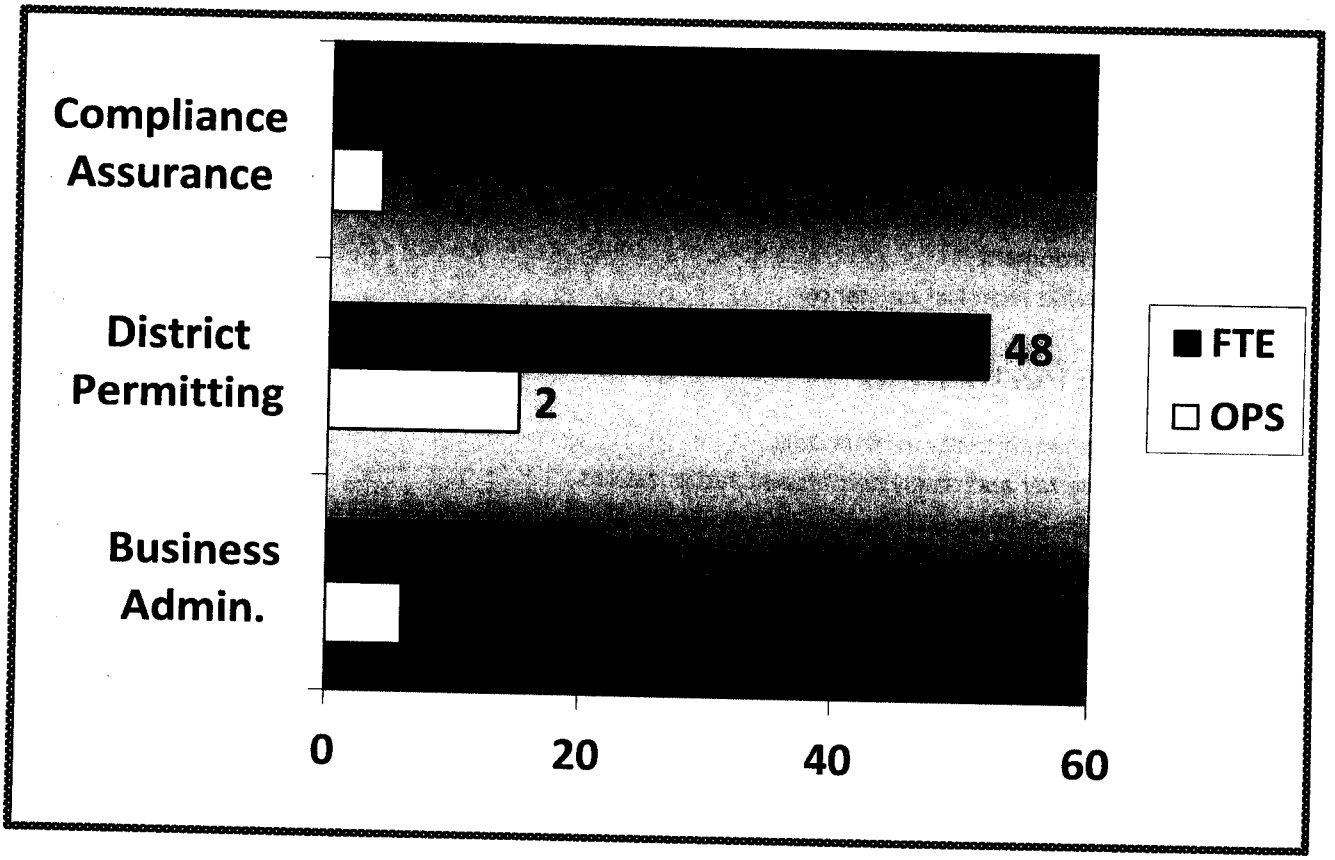
ORGANIZATIONAL STRUCTURE

Florida Department of Environmental Protection – Southwest District

July 2014



DISTRICT OFFICE STAFFING



DISTRICT OFFICE DESCRIPTIONS

Compliance Assurance Program (CAP)

- Provide fair, consistent, and efficient service
- Provide timely and thorough inspections which meet state and federal requirements
- Provide the regulated community with compliance assistance to build a healthy economy and environment
- Provide technical assistance

District Permitting

- Provide certainty in permitting
- Issue fair and timely permits and authorizations
- Assist facilities with their permit requirements, ensuring a complete application
- Provide technical assistance
- Implement the Waste Cleanup and Brownfields Programs, providing timely reviews and approvals to ensure cleanup of contaminated sites

Business Administration

- Provide administrative support to program areas through customer service, document management, and the purchasing/tracking of supplies
- Balance district budget and provide budget analysis to ensure fiscal responsibility and support of Department goals and initiatives
- Provide ombudsman support and to foster productive relationships with internal and external customers, including media outlets and legislative offices
- Provide internal support through Human Resources, Safety, and IT services

Public Outreach

- Individual consultations
- Workshops
- Facility recognition for consistent compliance
- Participating in community events
- Mentoring through State Parks and School programs

DISTRICT OFFICE BUDGET OVERVIEW

Figure 1. FY14-15 OPERATING BUDGET

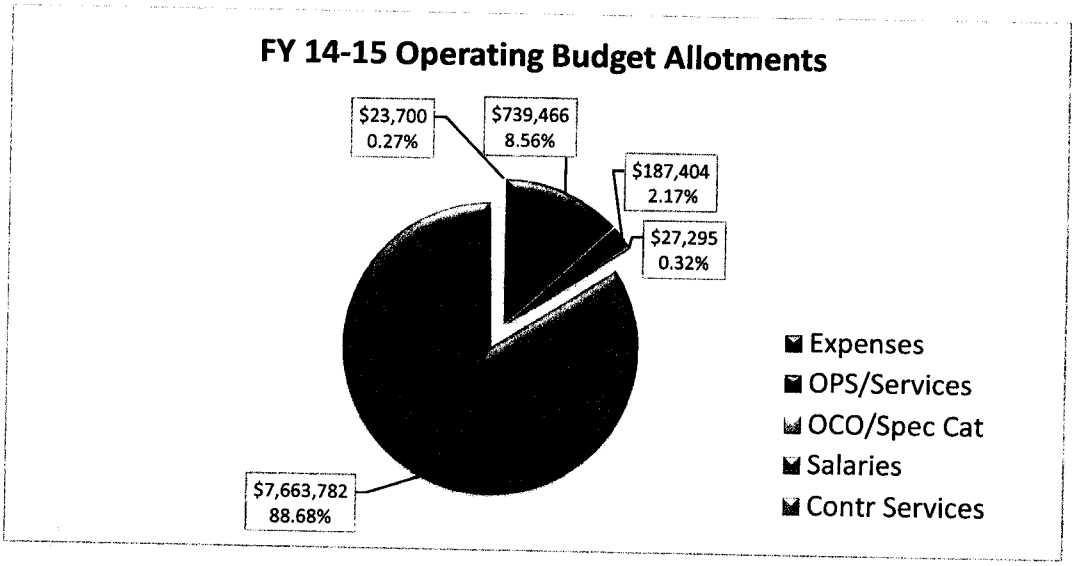
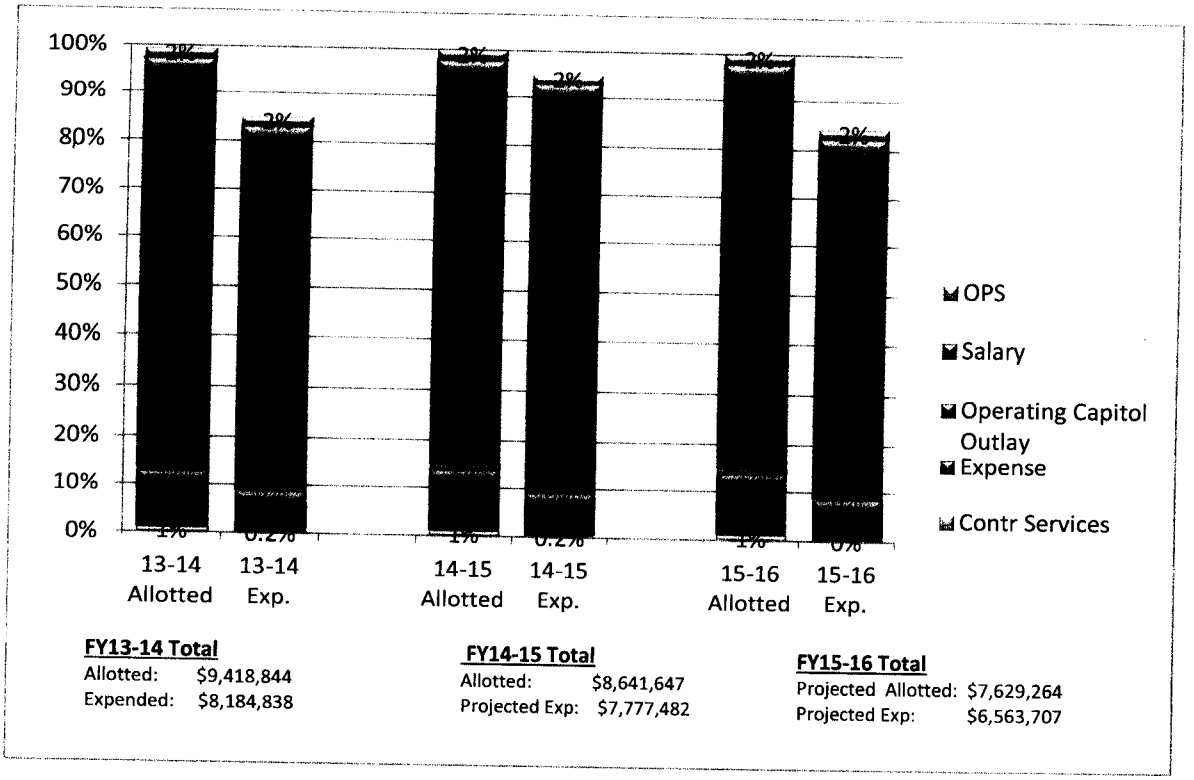


Figure 2. PROJECTED APPROPRIATIONS AND EXPENDITURES



FY13-14 Total
Allotted: $9,418,844
Expended: $8,184,838

FY14-15 Total
Allotted: $8,641,647
Projected Exp: $7,777,482

FY15-16 Total
Projected Allotted: $7,629,264
Projected Exp: $6,563,707

Budget Utilization

The Southwest District's annual allocation is estimated, for this draft, to be approximately $8,641,647. This fiscal year we will continue to achieve savings through the following actions:

- Fiscal Accountability: Reduce expenditures 10% over FY 13-14.
- Vacancies will continue to be evaluated to determine if those position responsibilities can be reassigned to other FTEs without impacting core missions, identifying that vacancy for reduction or transfer within the district. Rate and salary dollars generated by staff reductions will be evaluated for merit increases.
- Procurement of goods is being evaluated on a district level to avoid surplus purchasing, and to ensure that each requested purchase supports core missions. This also allows for sharing resources across program responsibilities. We will also collaborate on major purchases with other regulatory districts, as well as with our division counterparts. EXAMPLE: In FY 13-14, we obtained a microfiche machine from the South District that had been in storage. This collaboration saved the department thousands of dollars that would have been spent on the purchase of a new machine, or the repair of an antiquated one.
- Fleet resources will continue to be managed and maintained to a degree which reduces operational and maintenance costs. (FY12-13 surplused/transferred 8 vehicles, saving approximately $1455 in recurring expense dollars per vehicle). We have identified at least three potential vehicles for surplus during FY 14-15.
- Continue to strategically deploy our computers/laptops, which resulted in a $20,000 savings from what was recommended by OTIS, for FY12-13's Spring PC Refresh. The SWD has not had to refresh its computers to date.

KEY PERFORMANCE MEASURES & INDICATORS

Southwest District – District Director

Ensure Regulatory Certainty, Consistency and Protection across the state									# 18, 19, 20, 25[1]
KPM[2]	**Action[3]**	**KPI[4]**	**Responsible Party**	**Baseline[5]**	**Target / Due Date**	**Q1**	**Q2**	**Q3**	**Q4**
Improve Communication With Your District	Conduct quarterly sessions for supervisory personnel addressing leadership issues; conduct quarterly one-on-one meetings with each direct report. Quarterly updates for all items should be submitted to the Assistant Deputy Secretary's	Were the quarterly updates submitted to the Assistant Deputy Secretary's Office within 1 month of the end of each quarter?	District Director	NA	Within 1-month of the end of each quarter				

[1] Area-Specific Strategies from the Dept. of Economic Opportunity's 5-year Strategic Plan, please refer to Appendix B.
[2] Key Performance Measure (KPM) - What is the objective?
[3] Action - What has to be done to achieve the objective?
[4] Key Performance Indicator (KPI) - What is the indicator that the objective is being achieved?
[5] Baseline - Current status or initial measurement

	Office within 1-month of the end of each quarter, beginning with the end of the 3rd quarter of 2014.								
	Issue quarterly "Director's Messages" to District staff. Within 1 month of the end of each quarter, provide a copy to the Assistant Deputy Secretary's Office & Communications Office	Was the 1-page summary submitted to the Assistant Deputy Secretary's Office & Communications Office within 1 month of the end of each quarter?	District Director	NA	Within 1-month of the end of each quarter				
Make Personnel Safety a Priority to ensure Zero Lost Time Injuries (LTI's)	Develop and implement efforts to improve safety	Number of LTI's	District Director	0	0				
	Interview injured employee, make recommendation to avoid recurrence, and	Number of injury recurrences related to a previous LTI	District Director	0	100%				

	share the injury interview and review report with the other District Directors, and the Assistant Deputy Secretary's Office within 30 days of the injury	Was the injury interview and review report sent to the other District Directors and the Assistant Deputy Secretary's Office within 30 days of the injury?	District Director	NA	Within 30-days of the injury occurring				
Increase Customer Outreach	Coordinate and attend at least one informal meeting with facility owners/ managers within your District boundaries per quarter. Within 1-month of the end of each quarter, provide the Assistant Deputy Secretary's Office with a summary of the meeting.	Number of informal meetings held with facility owners/ managers	District Director	NA	4				
		Was the Assistant Deputy Secretary's Office informed of the outreach meeting within 1 month of the	District Director	NA	Within 1-month from the end of each quarter				

		end of each quarter?							
District Outreach Events	Track the number of outreach events the District participates in and the total number of people reached.	Number of outreach events participated in by the District.	District Director	N/A	June 30, 2015				
		The total number of participants reached.	District Director	N/A	June 30, 2015				
Reduce Time To Process Permits[6]	Each program should meet the Department program (ERP, Air, DW, etc.) performance benchmark (fastest time to process) or achieve a 20% improvement by the end of the review period.	Provide quarterly updates to the Assistant Deputy Secretary's Office within 1 month of the end of each quarter. Quarterly updates should include a revised fiscal year-end forecast	District Director	DW – 21.4 IW – 19.3 PW – 6.2 Air – 26 SW – 44.9 ERP – 19.3	June 30, 2015				

[6] Quarterly data is cumulative and provided by the DEP Tallahassee office.

				UIC – 4.7 (Dept. benchmark) (days)					
Increase Compliance Rates	CAP should meet the Department compliance rate benchmark or have a 2% compliance rate increase (whichever is lower) by the end of the review period.	Provide quarterly updates to the Assistant Deputy Secretary's Office within 1 month of the end of each quarter	District Director	TBD (Based on data pull of fiscal year 2013-14)	TBD				
Complaint Investigation Response Time	Develop a baseline and target a 24 hour acknowledgement and 7 day initial investigation.	Provide quarterly updates to the Assistant Deputy Secretary's Office within 1 month of the end of each quarter	District Director	N/A	7 days from receipt of complaint				
Customer Feedback	A minimum of 100 phone calls District-wide	Provide quarterly updates to the	District Director	N/A	100				

	during the next year to obtain feedback related to customer service.	Assistant Deputy Secretary's Office within 1 month of the end of each quarter							
Reduce The Cost of Doing Business	Target a minimum 10% recurring reduction within FY2014/15 budget, and provide quarterly updates to the Assistant Deputy Secretary's Office within 1 month of receiving actual expenditures	Projection of FY-end recurring reduction percent	District Director	TBD	TBD/June 30, 2015				
		Was the quarterly budget update provided to the Assistant Deputy Secretary's Office?	District Director	4	Once quarterly				
Reduce Backlog of OGC Cases	Reduce the number of open OGC cases by 50% compared to June 30, 2014	Provide quarterly updates to the Assistant Deputy Secretary's Office within 1 month of the end of each quarter.	District Director	TBD	June 30, 2015				

Replicate Successes	Coordinate a one-week (minimum) job rotation with a Division and District Office Director peer during FY14-15.	Provide a summary of the items you intend to replicate back in your District Office to all Directors at the next quarterly Director's meeting	District Director	0	Annually				

Compliance Assurance Program

Ensure Regulatory Certainty, Consistency and Protection Across the State									# 16, 27, 28
KPM	**Action**	**KPI**	**Responsible Party**	**Baseline**	**Target / Due Date**	**Q1**	**Q2**	**Q3**	**Q4**
Percent of Level of Service inspections required [7]	Conduct all required Level of Service inspections for each compliance assurance program area.	Calculate percentage of Level of Service inspections conducted in each compliance assurance program area on a quarterly basis.	Assistant Director	100%	100% / Consecutive Quarterly updates **Federal Fiscal Year 10/1 – 9/30**				

[7] The Level of Service reported is for EPA required inspections or other contractual agreements/obligations. The data collected for Division recommended

Compliance Assistance Offers (CAO) [8]	Pursue resolution of out of compliance issues through Compliance Assistance	Determine the number of CA activities conducted for each compliance assurance program area on a quarterly basis.	Assistant Director	N/A or establish baseline by 6/30/2014	90%				
Manage Compliance Assistance Offers (CAOs) to achieve resolution of cases within 60 days on average.[8]	Provide compliance assistance and manage cases to resolve CAOs in 60 days or less.	Track outgoing CAO letters and "In Compliance" (IC) letters. Quarterly, calculate the average time it takes from issuance of CAO to IC letter	Assistant Director	Establish Baseline by 06/30/2014	Less than 60 days/ Quarterly Updates				
Number of days to resolve formal enforcement cases	Encourage open communication with facility to resolve issues timely and efficiently to achieve goal.	Run quarterly report for CAP to calculate number of days between the warning letter date and the executed formal enforcement	Assistant Director	Establish Baseline by 6/30/2014[9]	Less than 180 days/ Quarterly Updates				

Levels of Service are being tracked but not represented in this Business Plan.

[8] Compliance assistance offers can include verbal and/or written correspondence.

[9] The days to resolve a formal enforcement case is defined as the average time frame from the start date of issuance of Department's initial notification of non-compliance (examples are issuance of Warning letter or issuance of a CAO) to the end date of execution of Department's documentation for resolution (IE: SFCO, CO, NOV, CWOE, etc.). The baseline was calculated during the specified calendar year for data from the following program areas: PW, DW, SW, HW, IW, UIC, ERP and Air.

		document date. Date that formal enforcement begins is date of warning letter. Date to resolve formal enforcement is execution date of SFCO, CO, issuance of NOV, or case closure letter.							

District Permitting

Ensure Regulatory Certainty, Consistency and Protection Across the State									# 16, 27, 28
KPM	**Action**	**KPI**	**Responsible Party**	**Baseline**	**Target / Due Date**	**Q1**	**Q2**	**Q3**	**Q4**
Reduce the number of applications that are in house greater than 180 days	Provide permittees with permit renewal requirements and offer pre-application meetings to encourage the submittal of complete applications. Manage/prioritize work loads	Run time in house metric report on quarterly basis	Program Administrator	TBD[10]	June 30, 2015				
Reduce Waste Cleanup Document Review Time by 25%.	Manage submittal reviews/approvals and internal processes to achieve goal. Provide RPs with submittal requirements and offer compliance assistance meetings to encourage the	Run turnaround time metric reports monthly	Program Administrator	TBD [11]	TBD/ Quarterly Updates				

[10] TBD permits from the Air, ERP, Waste, and Water Facilities programs were in house greater than 180 days at the end of FY2013-2014. This number includes denied permits that have been petitioned, as permitting activity is expected to resume during FY2014-2015.
[11] The TBD average Waste Clean-up/petroleum sites cleanup major documents that were reviewed during FY2013-2014.

	submittal assessments.								
Reduce Non-program Petroleum Cleanup Document Review Time by 25%.	Manage submittal reviews/approvals and internal processes to achieve goal. Provide RPs with submittal requirements and offer compliance assistance meetings to encourage the submittal assessments.	Run turnaround time metric reports monthly	Program Administrator	Establish baseline by 6/30/15	TBD/Quarterly Updates				

Business Administration

Ensure Regulatory Certainty, Consistency and Protection Across the State									# 16, 27, 28
KPM	**Action**	**KPI**	**Responsible Party**	**Baseline**	**Target / Due Date**	**Q1**	**Q2**	**Q3**	**Q4**
Organizational Efficiency	Incorporate the Continuous Improvement Initiative to identify key District processes for improvement that result in better customer	Track quarterly Continuous Improvement projects, and use regulatory program time metrics information to identify	Business Program Administrator/Management Review Specialist	TBD	2 events[12]				

[12] This target reflects the remaining two key District processes.

	service while running a leaner organization	improvements in time to process							
Discipline Training	Develop Action Plan for implementation	Complete by end of 1st quarter	Business Program Administrator	N/A	September 30, 2014				
Paperless Initiative	Reduce storage of existing paper documents through outsource scanning initiative/records retention evaluation	Continue to follow monthly District Program goals to pre-index boxes/records retention evaluation	Senior Staff	125 boxes/quarter	Increase by 25% a quarter				
Improve Customer Service	Reduction in Time to Process Documents through Support Staff	Overall Average Time to Process	Management Review Specialist	3 days	1 day 75% of the time/Review Quarterly				
Reduce Costs	Reduce/Eliminate Paper Filing	Support Staff will increase the number of incoming pages scanned.	Management Review Specialist	n/a	25%/Review Quarterly				
Improve Communication	Increase internal communication	Provide update(s) on Business Program activities to Southwest District staff (method TBD)	Business Program	Minimum Quarterly	Quarterly				

	Increase communication and collaboration between District offices to build consistency, replicate successes and promote best management practices	Develop SharePoint site for information sharing and post a minimum of one item per quarter	Business Program	Minimum one/qtr	Quarterly				
		Conduct monthly teleconferences to share common issues and solutions	Business Program	10 calls per year	Quarterly				

MID AND LONG-TERM GOALS

Mid-Term Goals -

- **Paperless Initiative** - The district continues to act on its already robust paperless initiative, and is continuing to evaluate paper-based office processes using process improvement tools such as Lean's Value Stream Mapping. In FY14-15, we will have outsourced our historical document scanning to PRIDE, and the Northeast District. We are collaborating with the Central District to send documents to its Document Management Center for scanning as well.
- **Continuous Improvement Initiative** - Key District processes have been identified by Senior Staff and consist of: Permitting, Compliance Inspections, Complaint Investigations, Enforcement, Waste Cleanup, and Administration. Each of these processes will be mapped to determine what improvements can be made to ensure they are as efficient as possible. Other sub-processes will be identified and evaluated for efficiency and improvements, as well. A staff person will be assigned to each process who will annually review it to ensure any changes in rules, policies, technology, and etc. are implemented accordingly. This will be an ongoing goal.
- **Professional Development** – Senior Staff values its workforce and knows that investing in our staff members' professional development will help achieve Department goals, as well as promote the individual growth of our staff. To that end, this program will develop training courses, both required and optional, that focus on multiple topics including, but not limited to, Customer Service, creating an Individual Development Plan, and public speaking.
- **CAP Training** - The District has implemented a multimedia approach to conducting inspections. Training compliance staff so they are proficient in the various inspection programs is paramount. The action plan will detail the steps and timeframes to achieve this goal.
- **Outreach** – Identify opportunities for district staff to participate in other organizations events and conferences. Develop seminars and present materials to DEP's clients. In addition, investigate opportunities to reduce economic burden of compliance.
- **Leadership Development** - The District has identified the need for development of future leaders, especially at the mid-management level. This program will involve training courses, mentoring by current mid-level managers, and participants will have an individual leadership plan.
- **Permitting/Waste Cleanup Cross Training** - Like the multimedia approach being implemented in the compliance program, the District plans to cross-train permit processors in other programs. This will allow the District the flexibility to shift resources based on work flow and demand.

Long-Term Goals –

- **Implement the Sterling Management Challenge**-This is the next logical step in improving our District Performance, once we have completed our Action Plans through Continuous Improvement initiatives.

ACHIEVEMENTS & LESSONS LEARNED

Achievements -

- Participated in 78 outreach events over the past year, with participants totaling almost 17,000.
- Reduced the OGC backlog by 43%.
- The Sodium Hypochlorite Spill Response and Prevention Training outreach provided awareness to municipalities, wastewater/water operators on how to handle this type of release in a more efficient and environmentally safe manner. Also, the Department was able to award Continuing Education Units credit to operators who attended the training.
- ERP hosted a workshop specifically for dock contractors that was very well received by the attendees.
- Management implemented a customer feedback program. Once a permit is issued or a compliance inspection performed, management calls the customer to find out how the process went and if there are any areas needing improvement. The regulated public is surprised and pleased that the Department is taking the initiative to contact them personally to discuss their experience.
- The Permitting programs were restructured to mirror the CAP model, with one Administrator overseeing all program areas and Environmental Managers handling the day-to-day operations. This will allow for shifting of resources to meet the work load demands while providing opportunity for permitting staff to be cross trained in other permitting or waste cleanup programs.
- Pre-reviewing permits concurrently while the applicant reviews the draft permit and doing the same process for final permits that are out for public comment has improved our time-to-process and time-in-house metrics. Having multiple reviewers has also helped improve these metrics.
- We held a very successful Safety Fair which provided work and home related safety information to the majority of our staff members. We then reached out to the Central District whose safety fair was upcoming and shared information with them, including our coordination efforts with the Florida Department of Transportation.
- The leadership team developed a Professional Development Series which provides 12 continuous months of training to staff members. The training is developed, and delivered, by the District's leadership team and focuses on topics such as How to Conduct a Successful Meeting, Effective Negotiating, Telephone/Email Etiquette, etc. The series also highlights staff members' ability to develop an Individual Development Plan that can help them achieve their own career goals and is supported by management.

Lessons Learned -

- The implementation of Standard Operating Procedures [SOPs] has enhanced consistency in the section's operations.
- Defining outreach statewide so the Department is consistent has helped us focus our efforts and maximize our impact in the communities we serve. In addition, organizing all outreach activities on a common calendar allows management to ensure the events are evenly spread out by date and program.
- Training continues to be a priority.
- Evaluating compliance metrics continues as a challenge due to the inability to generate reports that can assist in the management of projects. We continue to work with the Division to address these issues.
- Focusing on exemptions and general permit applications in the ERP program is needed to help improve our time-to-process metric.
- Time-to-process and time-in-house permitting metrics for the Environmental Resources Program (ERP) can be negatively impacted due to processing of applications prior to receiving the required fees. A review of this policy should be conducted to determine its validity given the emphasis on issuing permits in a timelier manner.

- The new ERP E-application system allows too many options for the applicant to choose. Most times, the choice is incorrect which adds steps and time to the login and review process. Limiting the choices in the system may alleviate this issue.
- Before initiating a major event (such as outsourcing of scanning), discuss with other districts to avoid missing potential opportunities. Not discussing these initiatives could result in the absence of consistency, and potential collaboration and cost savings. The Business Program Administrators now hold monthly teleconferences to discuss potential opportunities, and to continue to strive for consistency across District lines.

Appendix A – Revision History

Version 15.0 – Initial Draft – 05/16/2014

Version 15.1 – Final – 6/30/2014

Appendix B – DEO FL 5-year Strategic Plan for Economic Development

Florida Strategic Plan for Economic Development

(V20.0, www.floridajobs.org/FL5yrPlan)

At-A-Glance

Vision
- Florida will have the nation's top performing economy and be recognized as the world's best place to live, learn, play, work, and do business.

Goals
- Lead the nation in global competitiveness as a location for business, investment, talent, innovation, and visitors.
- Lead the nation in economic growth and prosperity.
- Lead the nation in quality of life.

Objectives
- Improve and sustain employment in Florida.
- Foster opportunities for prosperity.
- Grow businesses.
- Expand global commerce.
- Increase Florida's attractiveness to workers, residents, and visitors.

Cross-Cutting Strategies

1. **Strengthen collaboration and alignment among state, regional, and local entities toward the state's economic vision.**
2. **Develop and implement a statewide strategy to develop regional talent and innovation clusters using global best practices.**
3. **Strengthen Florida's economic regions and connect resources across regions to build Florida as a globally competitive megaregion.**
4. **Position Florida as a global hub for trade, visitors, talent, innovation, and investment.**

Area-Specific Strategies

Talent Supply & Education	Innovation & Economic Development	Infrastructure & Growth Leadership	Business Climate & Competitiveness	Civic & Governance Systems	Quality of Life & Quality Places
5. Align education and workforce development programs to foster employment opportunities and develop and retain talented workers with the skills to meet current and future employer needs. 6. Develop an integrated pre-K through career education system to prepare students for becoming successful workers or entrepreneurs. 7. Lead the nation in science, technology, engineering, and mathematics (STEM) research, education, and market-relevant technical skills. 8. Expand access to education and training programs for talent in distressed markets.	**9. Strengthen Florida's leadership in expanding and emerging talent and innovation clusters and transitioning established clusters to serve new markets.** 10. Grow, sustain, and integrate efforts related to research and development, technology transfer and commercialization, and capital to create, nurture, and expand innovation businesses. 11. Expand the number of Florida businesses selling goods and services internationally, and diversify the markets they serve. 12. Brand and consistently market Florida as the best state for business.	**13. Coordinate decision-making and investments for economic development, land use, transportation, infrastructure, housing, water, energy, natural resources, workforce, and community development at the statewide, regional, and local levels.** 14. Develop and maintain multimodal, interconnected trade and transportation systems to support a prosperous, globally competitive economy. 15. Develop and maintain a cutting-edge telecommunications infrastructure. 16. Ensure the future supply and quality of water to meet Florida's economic and quality of life goals. 17. Develop and maintain diverse, reliable, and cost effective energy sources and systems to meet Florida's economic and environmental goals.	**18. Revise permitting, development, and other regulatory processes to meet changing business needs and provide a predictable legal and regulatory environment.** 19. Ensure state, regional, and local agencies provide collaborative, seamless, consistent, and timely customer service to businesses and workers. 20. Reduce barriers to small/minority business and entrepreneurial growth. 21. Expand opportunities for access to capital for businesses throughout their life-cycle. 22. Work with industry to ensure property and health insurance rates are competitive with other large states. 23. Develop a government revenue structure that encourages business growth and development.	**24. Support and sustain statewide and regional partnerships to accomplish Florida's economic and quality of life goals.** 25. Improve the efficiency and effectiveness of government agencies at all levels. 26. Invest in strategic statewide and regional economic development priorities.	**27. Create and sustain vibrant, safe, and healthy communities that attract workers, residents, businesses, and visitors.** 28. Ensure Florida's environment and quality of life are sustained and enhanced by future growth plans and development decisions. 29. Promote, develop, protect, and leverage Florida's natural, art, and cultural assets in a sustainable manner.

Appendix C – Budget Projection Worksheet

Appendix D
Shared Savings Incentive Plan

Background

- Organizations perform better, innovative solutions are more likely, and morale will be highest, when there is an atmosphere of self-esteem, confidence and independence. This is only possible when there are expectations to perform, and people are acknowledged and rewarded based on their accomplishments.
- DEP's regulatory programs have realized significant performance gains and budget savings by empowering people, reducing layers of management, eliminating workflow silos, setting clear performance expectations and holding regulatory staff accountable to those expectations.
- Significant gains in efficiency have also resulted in major savings. Across DEP's regulatory programs, approximately $18.5 million in operating funding was reverted at the end of the 2011/2012 fiscal year. Over $23 million in operating funding was reverted at the end of the 2012/2013 fiscal year. The Shared Savings Incentive Plan (SSIP) will continue to promote increased efficiencies, performance and savings.
- Statutory authority is provided in Section 216.1815, Florida Statutes, for agencies to retain a portion of the savings generated each year for employee bonuses. DEP's regulatory programs were able to receive approval from the Legislative Budget Commission (LBC) in June 2013 to provide bonuses to our highest performing staff based on the savings generated during the 2012/2013 fiscal year.
- It is our desire to seek approval once again from the LBC at the end of this fiscal year for additional employee bonuses based on savings generated by the Regulatory Programs during the 2013/2014 fiscal year. If approved, the 2013/2014 proposed bonus pool will be distributed among the Regulatory Programs as follows:

Distribution Among Regulatory Programs

- Internal Benchmarks: How well did the Program meet or exceed their goals and expectations laid out within their Business Plan? Meeting these goals and expectations is required to participate in the bonus plan.
- Cost Reductions: Programs' efforts to reduce costs without minimizing services or compromising environmental protection. This is further assured because no program is eligible if they do not first meet performance criteria laid out in their Business Plans.
- Customer Service Feedback: Rankings based on feedback from internal and/or external reviews.

General Criteria for All SSIPs

- Each Director is responsible for the specific design and implementation of their SSIP. However, at a minimum, the following criteria shall be followed:
  a. No bonus should exceed 20% of the target recipient's annual salary;
  b. No bonus should fall below $750;
  c. Successful Business Plan metrics should be the standard for eligibility by the recipient's program area;
  d. The highest performing program area should receive the largest portion of the total bonus amount;
  e. The lowest performing program area should not be bonus eligible;
  f. Individual achievement based on SMART goals should be the standard for employee eligibility;
  g. The highest performing employee within an eligible program area should receive the highest bonus;
  h. The lowest performing employee within an eligible program area should not be bonus eligible.

Program Specific SSIP

- Staff may be eligible for bonuses based on the following criteria:

  In the Southwest District, our experience shows that staff who exhibit initiative and a positive attitude are more likely to embrace change and excel at new challenges. This in turn translates into better customer service and an increase in customer satisfaction. Therefore, in addition to successfully meeting the goals identified in the business plan, the Southwest District will use these two criteria to identify our top performers and justify their bonuses.

Appendix E – Action Plans

..\SWD Business Plan FY 13-14\Action Plans FY 2014-15

Appendix F – Career Path

DEP Regulatory Divisions Career Path
Permitting and Compliance Programs

New Employees – Career Service Positions

One of the most important selection criteria for new employees is the selection of persons who bring a positive attitude, personal initiative, and have the potential to sharpen leadership qualities. In addition to meeting a position's required knowledge, skills, and abilities, it is important to identify candidates that have the ability to convey and support the Department's mission of protecting the environment. Evaluating such traits is a critical part of identifying successful candidates with the potential to join the Program and for future promotions under the recommended career service career path.

For new hires the following additional requirements should be incorporated in the new hire's probationary evaluation period:

- Within the first 6 months of initial hire into the Division, a 4 to 6 week rotation providing exposure within all parts Division should be implemented by the new employee's supervisor
- Continued service beyond the probationary period must be determined based in part upon feedback from the supervisors who oversaw portions of the rotation prior to the probationary period ending; failure to receive 100% approval requires further review by the Director to determine if the probationary period is to be extended or whether termination should result
- Recommendations for increasing lengths of relevant experience (e.g., years) have been outlined for the career progression for each of the classifications above entry level
- A cross-training requirement exists between permitting, compliance, and specialty functions within the permitting and compliance assistance program
- Staff should continue to exhibit a positive and problem solving attitude for successful promotional and career progression

DEP Regulatory Divisions Career Path
Permitting and Compliance Programs

Position	Recommendations for Career Service Career Progression
Environmental Specialist I, Planner I Engineering Specialist I	• 4 year degree from an accredited college or university with a major in engineering or one of the natural sciences • 4 or more years of related professional experience may substitute for Planner series positions • 4-6 weeks of exposure to each of the hiring Division's Permitting and Compliance Assistance Programs within first year of employment
Environmental Specialist II, Planner II Engineering Specialist II	All items for Engineering Specialist I plus the following: • Must have at least two years of related professional experience • Able to successfully draft/evaluate intermediate to moderately complex permits or similar compliance concerns for at least one program • Approved to perform basic compliance inspections in primary program with appropriate training (basic Inspector Discipline Training)
Environmental Specialist III, Planner III Engineering Specialist III	All items for Engineering Specialist II plus the following: • Must have additional two years of related professional experience • Able to successfully draft/evaluate intermediate to moderately complex permits or similar compliance concerns for primary program areas • Able to perform permitting/compliance tasks in at least one other media program with appropriate training (intermediate Inspector Discipline Training) • Media program training may occur within a different division subject to approval from both affected Division Directors
Planner IV, Engineering Specialist IV	All items for Engineering Specialist III plus the following: • Must have additional two years of related professional experience • Able to successfully draft/evaluate complex and/or controversial permits or similar compliance concerns for primary program areas • Able to successfully draft/evaluate intermediate to moderately complex permits or similar compliance concerns for at least two other media programs with appropriate training (advanced/specialty Inspector Discipline Training) • Media program training may occur within a different division subject to approval from both affected Division Directors
Environmental Consultant, Program Consultant, Professional Geologist I, Professional Engineer I	• Registration in the State of Florida as a Professional Geologist or Professional Engineer, as applicable • At least four weeks of District Office training within a District Compliance Assistance Program prior to working at this level • Able to successfully draft/evaluate complex and/or controversial permits or similar compliance concerns for most program areas within the Division, with sufficient expertise for managing complex issues in at least one program area
Professional Geologist II, Professional Engineer II	All items for Professional Geologist/Engineer I levels, plus the following: • Registration in the State of Florida as a Professional Geologist or Professional Engineer • Must have additional two years of professional experience
Professional Geologist III,	All items for Professional Geologist/Engineer II levels plus the following:

Position	Recommendations for Career Service Career Progression
Professional Engineer III	• Approval from the Deputy Secretary for promotion to this level • Registration in the State of Florida as a Professional Geologist or Professional Engineer • Must have additional four years of professional experience

DEP Regulatory Districts Career Path
Compliance Assurance Program (CAP) Inspector

ES-1	4 year degree from an accredited college or university with a major in engineering or one of the natural sciences required for this entry level position. During first year as ES-1, must successfully complete: • Compliance training in a primary media • Minimum of 25% cross-training time in additional media and/or permitting • Approved to conduct basic solo inspections in one media after completion of training
ES-2	All items for ES-1 plus the following: • Minimum of 18 months of inspection experience • Achieved competency to conduct intermediate solo inspections in primary media • Achieved competency to conduct basic solo inspections in at least one additional media • Able to successfully review/evaluate basic to moderately complex permits in at least one media
ES-3	All items for ES-2 plus the following: • Minimum of an additional 24 months of inspection experience • Achieved competency to conduct solo complex inspections in primary media; • Achieved competency to conduct intermediate solo inspections in at least one additional media • Achieved competency to conduct basic solo inspections in a second additional media • Able to successfully draft/evaluate basic to moderately complex permits in at least one media
EC/ SME	All items for ES-3 plus the following: • Minimum of an additional 36 months of inspection experience • Proficient in all disciplines within a primary media • Capable of coordinating level of service for primary media • Able to successfully draft/evaluate basic to moderately complex permits in primary media

DEP Regulatory Districts Career Path
Permitter

Engineering Specialist I	• 4 year degree from an accredited college or university with a major in engineering or one of the natural sciences • 4-6 weeks of exposure to Compliance Assurance Program within first year of employment • 4 or more years of related professional experience may substitute for 'Planner series positions
Engineering Specialist II	All items for Engineering Specialist I plus the following: • Must have at least two years of experience processing permits

	• Approved to write basic to intermediate to moderately complex permits in primary program • Approved to perform basic compliance inspections in primary program with appropriate training
Engineering Specialist III	All items for Engineering Specialist II plus the following: • Must have additional two years of experience processing permits • Able to write moderately complex permits in primary program • Able to write basic permits in at least one other permitting program with appropriate training
Engineering Specialist IV	All items for Engineering Specialist III plus the following: • Must have additional two years of experience processing permits • Able to draft and manage complex and/or controversial permits in primary program • Capable of reviewing permits in primary program for technical and formatting accuracy • Approved to write basic permits in at least two other permitting programs with appropriate training • Able to perform basic compliance inspections in second media with appropriate training
Professional Engineer I	• Registration in the State of Florida as a Professional Engineer • 6 weeks of exposure to Compliance Assurance Program within first year of employment. • Feedback from Permitting Managers in terms of retaining in position • Able to successfully draft/evaluate complex and/or controversial permits or similar compliance concerns for most program areas within the Division, with sufficient expertise for managing complex issues in at least one program area
Professional Engineer II	All items for Engineering Specialist III plus the following: • Registration in the State of Florida as a Professional Engineer • Must have additional two years of professional experience
Professional Engineer III	All items for Engineering Specialist IV plus the following: • Registration in the State of Florida as a Professional Engineer • Approval from the Deputy Secretary for promotion to this level • Must have additional two years of professional experience

Additional Requirements for all of the above career paths:

- Staff should continue to exhibit a positive and problem solving attitude in order to be considered for successful promotional and career progression.
- Recommendations for promotion must be obtained by immediate supervisor, program administrator, Deputy/Assistant Director, and Director in order for promotion to occur.
- Staff who display exceptional performance beyond expectations may be eligible for promotion outside of the path with Deputy Secretary approval.

Dept. of Environmental Protection
Southwest District Office

Mary Yeargan
Southwest District Director
Mary.Yeargan@dep.state.fl.us

13051 N. Telecom Parkway, Temple Terrace, FL 32399-3000
www.dep.state.fl.us/southwest

P: 813-470-5700
F: 813-470-5995

OPERATIONAL EVALUATION REPORT

I. GENERAL INFORMATION

A. Water System Information:

PWSID					
PWS Name					
PWS Address					
City		State		Zip Code	

B. Report Prepared by:

Name			
Title			
Date Prepared			
Telephone	- -	Email	

II. MONITORING RESULTS

A. Provide the compliance monitoring location where the operational evaluation level (OEL) was exceeded (if there was more than one location where the OEL was exceeded, attach an additional copy of Page 1, and complete Items II.A. and II.B. for each additional location).

Note: The location name or number should correspond to a location name or number in your Stage 2 D/DBPR compliance monitoring plan required under 40 CFR 141.622.

B. Monitoring Results for the Location Identified in Item II.A.

1. Check TTHM and/or HAA5 to indicate which result(s) caused the OEL exceedance: ☐ TTHM ☐ HAA5
2. Enter your results for TTHM and/or HAA5 (whichever you checked above).

	Quarter			Operational Evaluation Value*
	Result from This Quarter	Result from Previous Quarter	Result from 2 Quarters Ago	
	A	B	C	D=(2A+B+C)/4
Date sample was collected	/ /	/ /	/ /	
TTHM (µg/L)				
HAA5 (µg/L)				

* *The operational evaluation value is calculated by summing the two previous quarters' TTHM or HAA5 results plus twice the current quarter's TTHM or HAA5 result and then dividing by four. If the value exceeds 80 µg/L for TTHM or 60 µg/L for HAA5, an OEL exceedance has occurred.*

III. OPERATIONAL EVALUATION FINDINGS

A. Is the Department allowing you to limit the scope of your operational evaluation (see the memorandum attached as Page 3)? ☐ Yes ☐ No

If NO, proceed to Items III.B. through III.E. If YES, you may stop here.

OPERATIONAL EVALUATION REPORT (continued)	PWSID

B. Did **distribution operational practices**—including storage tank operations, excess storage capacity, and distribution system flushing—cause or contribute to your OEL exceedance(s)? ☐ Yes ☐ No ☐ Possibly

If YES or POSSIBLY, explain (attach additional pages if necessary).

Note: Refer to Chapter 3 in the USEPA's Stage 2 D/DBPR Operational Evaluation Guidance Manual.

C. Did **treatment operational practices**—including treatment changes or problems—cause or contribute to your OEL exceedance(s)? ☐ Yes ☐ No ☐ Possibly

If YES or POSSIBLY, explain (attach additional pages if necessary).

Note: Refer to Chapter 4 in the USEPA's Stage 2 D/DBPR Operational Evaluation Guidance Manual.

D. Did **source water**—including changes in sources or source water quality—cause or contribute to your OEL exceedance(s)? ☐ Yes ☐ No ☐ Possibly

If YES or POSSIBLY, explain (attach additional pages if necessary).

Note: Refer to Chapter 5 in the USEPA's Stage 2 D/DBPR Operational Evaluation Guidance Manual.

E. List steps that could be considered to minimize future OEL exceedances (attach additional pages if necessary).

Memorandum

Florida Department of
Environmental Protection

TO: All Community or Non-Transient Non-Community Water Systems

FROM: Van R. Hoofnagle, P.E., Administrator
Drinking Water Section

DATE: January 3, 2012

SUBJECT: Operational Evaluations

In accordance with 40 CFR 141.626(b)(2)(i) and (ii), the Department is allowing all water systems to limit the scope of any operational evaluation required for an operational evaluation level (OEL) exceedance that meets all of the following conditions:

- No maximum contaminant level violation occurs in conjunction with the OEL exceedance; and
- The OEL exceedance occurs in the third quarter of a calendar year; and
- The operational evaluation value for TTHM does not exceed 100 µg/L, and the operational evaluation level for HAA5 does not exceed 75 µg/L.

For each OEL exceedance that meets all of the above conditions, the Department is presuming, and water systems may presume, that summer air temperatures and resulting warmer water temperatures were the cause of the exceedance.

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#14

Florida Department of Environmental Protection

Bob Martinez Center
2600 Blair Stone Road
Tallahassee, Florida 32399-2400

Rick Scott
Governor

Jennifer Carroll
Lt. Governor

Herschel T. Vinyard Jr.
Secretary

April 13, 2012

Mr. David Morres
Water Facilities Administrator
Florida Department of Environmental Protection
Northwest District Office
160 Governmental Center
Pensacola, Florida 32502-5794

Dear Mr. Morres:

Enclosed please find the Public Water System Supervision Program Review report for the program evaluation conducted at your office on March 13, 2012. I am pleased to report that your program received an excellent overall rating of 98.5 percent.

Please review the enclosed report and contact Jennifer Porter at 850-245-8635 if you have any questions or concerns about the program evaluation.

Your efforts to ensure safe drinking water for the residents and visitors of the Northwest District are appreciated.

Sincerely,

Van R. Hoofnagle

Van Hoofnagle, P.E.
Administrator, Drinking Water Program

VRH/jecp
Attachment - 3/13/12 Public Water Supervision Program Review report

cc: Jennifer Porter, FDEP

Public Water System Supervision Program Review

FDEP District	Northwest District
Date of Evaluation:	13-Mar-12
Evaluators:	Jennifer Porter, Marian Fugitt, Dave Wales, Dan Peterson

Program Element I: Organization, Staffing, and Resources

A. Updated Contact Information

Phone Number:	850-595-8300
Fax Number:	850-595-8392
Mailing Address:	160 Governmental Center Pensacola, FL 32502-5794

B. Supervision and Program Organization	**Answer**	**Comments**	**Points**
1. Is the permitting staff under the direct supervision of a PE registered in the State of Florida and possessing at least six months of experience with Florida's water system program, **OR**	No		
2. Is the permitting staff under the indirect supervision of a PE registered in the State of Florida and the direct supervision of an individual possessing an engineering degree and at least six months of experience in Florida's water system program?	Yes		12
3. Are an organizational chart and a listing of position descriptions available?	Yes		info only
a. Are responsibilities for inspections, data and file management, compliance, permitting, and enforcement clearly specified?	Yes		5
b. Is the organization of the PWSS program adequate to perform program functions in an efficient manner?	Yes		5
4. Is sufficient equipment available to the PWSS program (vehicles, test equipment, etc.)?	Yes		1
		Section B Total Points Earned	**23**
		Section B Total Possible Points	**23**

C. Staffing Level

CWS =	176	NTNC =	55	TNC =	185	Total PWSs =	416
Filled Professional Positions =	10	Filled Clerical Positions =	1				
Vacant Professional Positions =	0	Vacant Clerical Positions =					

1. What is the ratio of the total number of PWSs to the professional staff?	41.6		20
2. Is the current staffing adequate to cover the required workload?	Yes		5
3. Bonus - Does the program have a planning tool to monitor staffing requirements based on scheduled/predicted workload.	No	no formal planning tool is used	0
		Section C - Subtotal	**25**
		Section C - Bonus	**0**
		Section C - Total Points Earned	**25**
		Section C Total Possible Points (not including bonuses)	**25**
		Program Element I Base Points Earned	**48**
		Program Element I Bonus Points Earned	**0**
		Program Element I Total Points Earned	**48**
		Program Element I Total Possible Points (not including bonuses)	**48**

Program Element II: Data Management and Files

A. Comparison of File with Database - General System Information

System Name	CPWS	CPWS	NTNC	NTNC	TNC	TNC	Consecutive
	Buck Lake Estates	Wakulla Regional	Ascend Performance Materials	Bethlehem High School	A Camper's World RV Park	Gulf Trace, Inc.	City of Mexico Beach
PWS ID	1374008	1650785	1170477	1300066	1330752	1664038	1030467
System Contact Information	1	1	1	1	1	1	1
Population Served	1	1	1	1	1	1	1
Service Area Type	1	1	1	1	1	1	1
Treatment Information	1	1	1	1	1	1	1
Source Type	1	1	1	1	1	1	1
Filing Backlog	5	5	5	5	5	5	5
Data Entry Backlog	5	5	5	5	5	5	5
Comments							
						Section A Total Points Earned	105
						Section A Total Possible Points	105

B. Bacteriological Monitoring Data

PWS ID	1374008	1650785	1170477	1300066	1330752	1664038	1030467
12 months of bacti results in the file	1	1	1	1	1	1	0.5
12 months of bacti results in the database	1	1	1	1	1	1	1
Bacti results in file match those in database	1	1	1	1	1	1	1
Bacti lab reports signed and marked correctly	1	1	1	1	1	1	0
CL residual on lab reports	1	1	1	1	1	1	1
Repeat samples done when required	N/A	0	N/A	N/A	N/A	N/A	N/A
Public notice done when required; database codes updated, documentation in file	N/A	0	N/A	N/A	N/A	N/A	N/A
Appropriate Violation and Enforcement records in file	N/A	0	N/A	N/A	N/A	N/A	N/A
Appropriate Violation and Enforcement codes in database	N/A	0	N/A	N/A	N/A	N/A	N/A
Comments		Five additional samples required within 24 hours of FI+ source sample (10/3/11); No PN for FI+ GWR event 10/11					8/2011 bacti is listed in PWS as 7/2011
						Section B Subtotal	33.5
						Section B Total Possible Points	39

C. Chemical and Radiological Monitoring Data

PWS ID	1374008	1650785	1170477	1300066	1330752	1664038	1030467
Required information (per 62-550.730) included on lab report	1	1	1	1	1	1	1
Analytical results in file	1	1	1	1	1	1	1
Analytical results in database	1	1	1	1	1	1	1
Analytical results in file match those in database	1	0	1	1	1	1	1
Analytical reports signed	1	1	1	1	1	1	1
Confirmation samples taken when required	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Public notice done when required	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Appropriate Violation and Enforcement records in file	N/A	N/A	N/A	N/A	N/A	N/A	1
Appropriate Violation and Enforcement codes in database	N/A	N/A	N/A	N/A	N/A	N/A	1
Asbestos Sampling Plan or Certification in file	1	1	1	1	N/A	N/A	1
SOC Questionnaire in file	1	1	1	1	N/A	N/A	N/A
Documentation of waiver approval included in file	1	1	1	1	N/A	N/A	1
Information included for other required monitoring	1	1	1	1	N/A	N/A	N/A
Comments		Asbestos sampling location different from the plan					
						Section C Total Points Earned	50
						Section C Total Possible Points	51

Program Elements II: Data Management and Files							
D. Lead and Copper Tap Sampling Data							
PWSID	1374008	1650785	1170477	1300066	1330752	1664038	1030467
Date of latest sampling plan							
Lead and Copper and Water Quality Parameter (if applicable) Sampling Plan in file	1	1	1	1	N/A	N/A	1
Required information for reporting L&C tap samples (per 62-550.730(4)(a)) included on lab report	1	1	1	1	N/A	N/A	1
Required information for reporting WQP (per 62-550.730(4)(c)) included on lab report	N/A	N/A	N/A	N/A	N/A	N/A	N/A
L&C results in file	1	1	1	1	N/A	N/A	1
WQP results in file	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Lead and copper results in the file match those in database	1	1	1	1	N/A	N/A	1
Appropriate waiver and milestone codes in database	1	1	1	1	N/A	N/A	1
Consumer Notification done when required (form 62-555.900(16))	1	1	1	1	N/A	N/A	1
If system had a lead action level exceedance, was Form 62-555.900(17) (Public Education) completed?	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Source water monitoring results entered in database	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Water Quality Parameter ranges or levels assigned in writing, in the system file	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Water Quality Parameter monitoring results evaluated for excursions	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Appropriate violation and enforcement records in files	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Appropriate violation and enforcement codes in database	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Comments							
						Section D Total Points Earned	30
						Section D Total Possible Points	30

Program Element II - Data Management and Reporting							
E. File Completeness							
PWS ID	1374008	1650785	1170477	1300066	1330752	1664038	1030467
Monthly Operation Reports submitted and included in the files	1	1	1	1	1	1	1
Consumer Confidence Report in file	1	1	N/A	N/A	N/A	N/A	1
Certification of delivery of CCR in file	1	1	N/A	N/A	N/A	N/A	1
Is the PWS "Waiver Screen" kept current with correctly coded waivers?	1	1	1	1	1	1	1
Comments							
						Section E Total Points Earned	20
						Section E Total Possible Points	20
						Program Element II Total Points Earned	238.5
						Program Element II Total Possible Points	245

Program Element III: Compliance			
A. Overall Compliance	**Answer**	**Comments**	**Points**
1. Are PWS Reports (Bact., Compliance, & MORs) reviewed and documented monthly?	Yes		1
2. Are PWS Reports (Inspections, Chems, Pb/Cu, RPWS, San Surveys) reviewed and documented quarterly?	Yes		1
3. Are PWS Reports (Annual Invoice and Facility Reports) reviewed and documented annually?	Yes		1
4. Are violations identified, documented, and reported in a timely manner?	Yes		1
5. Is the program ensuring that systems comply with storage tank inspection requirements?	Yes		1
6. Are monitoring reminder letters sent to each system on an annual basis?	Yes		1
7. Are all systems exceeding the chemical trigger levels on quarterly monitoring?	Yes		1
8. Are the correct sample types entered in the database?	Yes		1
9. Is the program following through with the PN requirements of the GWR (i.e. requesting PN when a FI+ source sample is identified, entering PN codes in database, entering appropriate violation if PN isn't done)?	Yes		1
10. Are five additional samples collected when fecal-indicator positive source water samples are found?	Yes		1
11. Are CCRs reviewed for completeness and accuracy?	Yes		1
12. Bonus - Does office have and use additional testing capability to verify field parameters such as chloramines, ammonia, orthophosphate, nitrite?	No		0
		Section A Base Points Earned	**11**
		Section A Bonus Points Earned	**0**
		Section A Total Points Earned	**11**
		Section A Total Possible Points (not including bonuses)	**11**

B. Subpart H Surface Water	**Answer**	**Comments**	**Points**
Number of Subpart H Systems	2	Info. Only	
1. Are MORs for all Subpart H systems treating surface water submitted to both the local program and the DWSWMOR email address?	Yes		1
2. Are MORs submitted for consecutive Subpart H systems?	Yes		1
3. Do MORs include CT calculations and disinfection profiles?	Yes		1
4. Are TOC monitoring results evaluated for advanced coagulation/softening compliance?	Yes		1
5. Are violations entered for turbidity exceedances over the operating level and Maximum Allowable Limit	Yes		1
6. Are public notices required for turbidity exceedances over the Maximum Allowable Limit?	Yes		1
7. Are systems with turbidity exceedences referred to DEP HQ as possible AWOP candidates?	Yes		Info. Only
		Section B Total Points Earned	**6**
		Section B Total Possible Points	**6**

C. Complaint Management	Answer	Comments	Points
1. Are complaints about water systems investigated within 48 hours of receipt (per Interagency Agreement 3.2.3.3)?	Yes		1
2. Is a complaint log or electronic complaint system maintained?	Yes		1
3. Are violations that are uncovered during complaint investigations identified, documented, and reported in a timely manner?	Yes		1
		Section C Total Points Earned	3
		Section C Total Possible Points	3
		Program Element III Base Points Earned	20
		Program Element III Bonus Points Earned	0
		Program Element III Total Points Earned	20
		Program Element III Total Possible Points (not including bonuses)	20

Program Element IV: Enforcement			
A. Enforcement Readiness	**Answer**	**Comments**	**Points**
1. Does the program have access to the DEP Enforcement Manual?	Yes		1
2. Has the Drinking Water staff reviewed the appropriate chapters of the DEP Enforcement Manual?	Yes		1
3. Are the program's enforcement actions in general conformance with the DEP Enforcement Manual?	Yes		1
4. Has the program staff been trained on the program's enforcement protocol?	Yes		1
5. Does the program utilize the DEP Drinking Water Penalty Guidelines?	Yes		1
		Section A Total Points Earned	**5**
		Section A Total Possible Points	**5**
B. Accomplished Enforcement Activities (non-Enforcement Tracking Tool)	**Answer**	**Comments**	**Points**
System 1 Name:	Simpler's Fish Camp	PWS ID:	1664092
Violation Type:	Bacti, Nitrate		
Time period between violation and technical assistance or warning letter:	approximately 2 months - 8/10 RFE, 10/10 Warning letter		
Has PWS been returned to compliance?	No		
1. Was the enforcement case escalated in general accordance with the enforcement manual?	Yes	NWD working hard to return this site to compliance	5
System 2 Name:	Sunny Hills Utilities	PWS ID:	1670647
Violation Type:	operation/maintenance - unapproved source, insufficient storage		
Time period between violation and technical assistance or warning letter:	approximately 2 months - 4/14/09 RFE, 7/2/09 Warning letter		
Has PWS been returned to compliance?	No - consent order effective; tanks in; awaiting COCC		
2. Was the enforcement case escalated in general accordance with the enforcement manual?	Yes		5
		Section B Total Points Earned	**10**
		Section B Total Possible Points	**10**

Program Element IV - Enforcement			
C. C. Enforcement Related to EPA's Enforcement Tracking Tool	Answer	Comments	Points
1. Bonus - Has the office responded to ETT inquiry emails from HQ by the specified deadline?	Yes		1
Number of systems on ETT list with score ≥ 11 with unaddressed violations	0	Info Only	
Provide comments on the activities being conducted to return each system with score ≥ 11 with unaddressed violations to compliance.			
		Section C Bonus Points Earned	1
D. Secondary Contaminant Enforcement Policies	Answer	Comments	Points
1. Are SMCLs enforced for all LARGE community systems serving 3,300 or more people per PCE guidance?	Yes		1
2. Are SMCLs enforced for SMALL community systems per 2005 Enforcement Guidance Table and PCE info?	Yes		1
3. Are "Public Notices" required for all SMCL violations?	Yes		Info Only
		Section D Total Points Earned	2
		Section D Total Possible Points	2
		Program Element IV Base Points Earned	17
		Program Element IV Bonus Points Earned	1
		Program Element IV Total Points Earned	18
		Program Element IV Total Possible Points	17

A.	Sanitary Surveys - Status			Answer	Comments	Points
1.	Have all of the systems been given at least one initial Sanitary Survey after activation?			Yes		1
2.	Are SS done every 3 years for CWS and NTNC systems and every 5 years for TNC systems?			Yes	Almost (see below)	1
3.	Are all of the sanitary surveys up to date?	No	Percent complete?	99.5	1 late C, 1 data entry error for N *see notes on last page	8
					Section A Total Points Earned	10
					Section A Total Possible Points	12

B.	B. Sanitary Surveys - Procedures	Answer	Comments	Points
1.	Does the program use a form that includes all 8 required elements and associated questions?	Yes		1
2.	Is a file review done for data verification prior to conducting a sanitary survey?	Yes		1
3.	Are pesticide monitoring waivers reviewed in the office and verified in the field?	Yes	FRWA does it for NWD	1
4.	Is Wellhead/Source Protection information reviewed in the office prior to the survey?	Yes		1
5.	Are Bacti Sampling Plans reviewed to ensure samples are collected in accordance with the plan?	Yes		1
6.	Are D/DBP monitoring plans reviewed to ensure samples are collected in accordance with the plan?	Yes		1
7.	Are the systems' valve maintenance plans and records reviewed?	Yes		1
8.	Are the systems' flushing plans and records reviewed?	Yes		1
9.	Are samples collected in the field for disinfectant residual measurement?	Yes		1
10.	When no disinfectant residual is found, are appropriate actions taken?	Yes		1
11.	Bonus - Are UDI factors such as sealing and venting and nearby sanitary hazards noted in survey?	Yes		1
	Have any potential UDI systems been identified? Note system names/PWS numbers in comments			Info only
			Section B Base Points Earned	10
			Section B Bonus Points Earned	1
			Section B Total Points Earned	11
			Section B Total Possible Points (not including bonuses)	10

C. Sanitary Surveys - Report Review					
System Name	City of Graceville	City of Freeport	Capitol City Travel Center	Helping Hands Childcare	Tallahassee RV Park
PWS ID	1320145	1660290	1330070	1324245	1374053
Form filled out accurately and completely	1	1	1	1	1
Treatment in report matches that in database	1	1	0	1	1
Cross Connection Control Plan reviewed and CCC supplement to SS form in file	1	1	N/A	N/A	N/A
Contact information in report matches that in database	1	1	1	1	1
Sanitary Survey form signed by senior reviewer or QA/QC staff	1	1	1	1	1
Cover letter (which either lists the deficiencies or notes that deficiencies are identified in report) was sent	1	1	1	1	1
A compliance schedule specified or requested in deficiency letter	1	1	1	1	1
Copy of the completed survey sent to the owner and operator within 30 days	1	1	1	0	1
Bonus - Are digital photos taken, stored electronically, and included in report	1	1	0	1	0
Comments			Sanitary survey says hypo; database says gas	Sanitary survey done 9/28/11; letter sent 10/31/11	no photos included in report on file
				Section C Base Points Earned	35
				Section C Bonus Points Earned	3
				Section C Total Points Earned	38
				Section C Total Possible Points (not including bonuses)	37

D. Sanitary Surveys - Follow-Up Procedures					
PWS ID	1320145	1660290	1330070	1324245	1374053
SS activities and deficiencies are tracked in PWS	N/A	1	1	1	N/A
Inspection information is entered into the database within 30 days of report issuance	1	1	1	1	1
Follow-up compliance inspections are made	1	1	1	N/A	N/A
Follow-up compliance is tracked in PWS	1	1	N/A	0	N/A
Actions to correct deficiencies are adequate	1	1	1	0	N/A
Comments				No timely follow up in database or file to SS deficiencies. Follow up actions to employ licensed operator unknown.	
				Section D Total Points Earned	16
				Section D Total Possible Points	18

E.	Compliance Inspections	Answer	Comments	Points
1.	Are any compliance inspections performed on an annual basis as resources allow (per 2010 interagency agreement)?	Yes		1
2.	Bonus - What was the percentage of compliance inspections done for C, NTNC, and TNC systems during the 12-month performance evaluation period?	72		2
			Section E Base Points Earned	1
			Section E Bonus Points Earned	2
			Section E Total Points Earned	3
			Section E Total Possible Points (not including bonuses)	1
			Program Element V Base Points Earned	72
			Program Element V Bonus Points Earned	6
			Program Element V Total Points Earned	78
			Program Element V Total Possible Points	78

Program Element VI: Permits and Plan Review Procedures			
A. Forms and References	**Answer**	**Comments**	**Points**
1. Is a hard copy of Chapter 62-555, FAC available?	Yes		1
2. Is a hard copy of Section 62-555.330, FAC (Engineering References) available?	Yes		1
3. Is a hard copy of Section 62-555.335, FAC (Guidance Documents) available?	Yes		1
4. Does the program have access to the most current forms in 62-555.900?	Yes		1
5. Is a copy of the Capacity Development Implementation Manual available?	Yes		1
6. Does the program have access to copies of the PCE minutes?	Yes		1
7. Is a Construction Permit Checklist used and available?	Yes		1
8. Are additional checklists or references used? (list in comments)	Yes		Info Only
		Section A Total Points Earned	7
		Section A Total Possible Points	7
B. Permit Application (PA) Tracking	**Answer**	**Comments**	**Points**
Number of Construction Permits issued during the last calendar year?	26	Info Only	
Number of General Permits processed during the last calendar year?	89	Info Only	
1. Is the PA tracking system the primary one used to log in and track all permits?	Yes		1
2. Is permit data also entered into the PWS database?	Yes		1
3. Bonus - Are the Program Summary Reports run?	Yes		1
		Section B Base Points Earned	2
		Section B Bonus Points Earned	1
		Section B Total Points Earned	3
		Section B Total Possible Points (not including bonuses)	2
C. Permit Processing	**Answer**	**Comments**	**Points**
1. What is the average time to process construction permits (days)?	9		2
2. What is the average time to process general permits (days)?	13		2
3. Were any "specific" construction permits issued by default? (put number in comments)	No		1
4. Were any "general" water main extension permits issued by default? (put number in comments)	No		1
5. Are compliance status and system capacity checked to determine general permit eligibility?	Yes		1
6. Are the recommended permit formats used?	Yes		1
7. Are construction permits signed by the Program Administrator or the delegated signatory?	Yes		1
8. Are General Permit denials signed by the Program Administrator or the delegated signatory?	Yes		1
9. Are General Permit acceptance letters signed by the PE?	Yes		1
10. Are PE certifications on file?	Yes		1
11. Is a Clerk "Certification of Service" on file within each permit file?	Yes		1
		Section C Total Points Earned	13
		Section C Total Possible Points	13

Subpart H Systems Only - Part D, E, and F Review Procedures			
D. Capacity Development Procedures	Answer	Comments	Points
Were any new systems permitting within the program review time period?	Yes	Info Only	
1. Are 3-year financial projections spreadsheets submitted for new NTNC and C systems?	Yes		1
2. Was the financial capacity of the system reviewed and deemed adequate?	Yes		1
3. Was the managerial capacity of the system reviewed and deemed adequate?	Yes		1
4. Is a field inspection made to certify adequate technical capacity before clearance is granted?	Yes		1
5. Are 3-year (post clearance) updates from new systems received and reviewed?	Yes	Spreadsheet utilized to track 3-year submittals	1
		Section D Total Points Earned	5
		Section D Total Possible Points	5
E. Clearance Procedures	Answer	Comments	Points
Review two clearance files: #0251260-002-DSGP/01 Dead Eye Dick's Steakhouse PWS #1090515 and #0145353-002-WC/13 UWF Well 4 PWS #1170703			
1. Were bacteriological tests submitted and ok for both files? (one point for each clearance)	Yes		2
2. Were disinfectant residuals tests submitted and ok for both files? (one point for each clearance)	Yes		2
3. Was a "Request for Clearance signed by a PE or RLS? (one point for each clearance)	Yes	NWD utilizes a comprehensive spreadsheet to track permits after issuance	2
4. Bonus - were pressure tests submitted with each clearance package? (one point for each clearance)	No		0
5. Bonus - were as-built or record drawings submitted with each clearance package? (one point each)	No		0
		Section E Base Points Earned	6
		Section E Bonus Points Earned	0
		Section E Total Points Earned	6
		Section E Total Possible Points (not including bonuses)	6
F. 4-Log Virus Removal Review and Approval			
System Name: Port St. Lucie Utilities	System Type: Community	PWS ID: 4560954	
Demonstration submittal per "guidelines for Four-Log Virus Treatment of Ground Water", October 2009 (submittal package includes original submittal and RAI responses)			
1. Did the demonstration include the cover sheets from appendix of the 4-log guidelines?	Yes		1
2. Did the demonstration include intent (open to atmosphere = GWR or closed = GWR and finished water req.)?	Yes		1
3. Did the demonstration include identification of the 4-log technologies and claimed removal credits?	Yes		1
4. Did the demonstration include a schematic diagram of the WTP showing individual treatment sections in CT calcs?	Yes		1
5. Depending on the system processes, did the demonstration include requirements from pages 1-6 & 1-7?	Yes		1
6. Does the CT calculation include either minimum measured aquifer temp data or minimum temps from D-1?	No	NW Florida WMD Floridan Aquifer temp = 19°, demonstration had 20° handwritten in	0
7. Was the CT requirement determined using the appropriate tables taking into account disinfectant, pH, and temp.?	No	while correct tables were used, there was no pH listed in demonstration or review	0
8. Was the actual CT calculation included in the demonstration confirmed by DEP/DOH staff?	Yes		1
Approval Documentation			
8. Is there written documentation of the 4-log approval (either a letter or an order)?	Yes		1
9. Does the approval identify the technologies used to provide 4-log treatment and the removal credit for each?	Yes		1
10. Does the approval identify or establish the correct compliance monitoring requirements?	Yes		1
11. Does the approval identify or establish operating requirements for each virus treatment technology?	Yes		1
13. Does the approval include notice of the right to an administrative hearing?	Yes		1
14. Bonus - Was a follow-up inspection of the facility performed to verify compliance with the approval?	No		0
		Section F Base Points Earned	11
		Section F Bonus Points Earned	0
		Section F Total Points Earned	11
		Section F Total Possible Points (not including bonuses)	13

Program Element VI: Technical and Data Review Possible Points					
G. Permit File Review	Specific	Specific	Specific	General	General
System Name	Well No 11 and Elevated WST	Wetumpka Water Storage & Treat	East Milton WS Well and Tank 6	City of Vernon WS Improvements	Benson Complex
System Type	Community	Community	Community	Community	
Permit Number	158205-034	906773-001	303441-001	149304-008	80151-001
Permit Type	WC	WC	WC	DSGP	DSGP
PWS ID	1570232	1200797	1570232	1670710	
Comments:					
1570232 - only one file/page in Oculus. There is no permit number in Oculus - must search by PWS ID. Engineer seal not visible in Oculus. Overflow pipe flapper mentioned, but no screen on plans					
1200797 - Secific conditions cite NSF 60-1988 and 61-1991. These are out of date - should be 2002.					
Very nice clearance sheet!					
				Section G Total Points Earned	49
				Section G Total Possible Points	50
				Program Element VI Base Points Earned	93
				Program Element VI Bonus Points Earned	1
				Program Element VI Total Points Earned	94
				Program Element VI Total Possible Points (not including bonuses)	96

Program Element VII: DEP Coordination and Assistance Activities			
A. Interagency Resources	**Answer**	**Comments**	**Points**
1. Does staff have access to the 2010 DOH/DEP Interagency Agreement?	Yes		1
2. Are DEP PCE meetings/teleconferences attended?	Yes		1
3. Is Oracle access available for each position?	Yes		1
4. Does the office have small- and large-scale scanning capabilities for electronic filing?	Yes		1
		Section A Total Points Earned	**4**
		Section A Total Possible Points	**4**
B. Coordination Procedures	**Answer**	**Comments**	**Points**
1. Are meetings held with the DEP District office to review permit procedures?	Yes		1
2. Are meetings held to review the technical aspects of permits and permit decisions?	Yes	quarterly phone calls with branch offices, or as needed	1
3. Are compliance procedures and compliance status reviewed?	Yes		1
4. Are enforcement cases and enforcement program status reviewed?	Yes		1
5. Does staff attend/participate in Focus on Change seminars?	Yes		1
6. Is technical assistance coordinated with the FRWA?	Yes		1
		Section B Total Points Earned	**6**
		Section B Total Possible Points	**6**
		Program Element VII Total Points Earned	**10**
		Program Element VII Total Possible Points	**10**

Program Element VIII: Training			
A. Accomplished Training	**Staff Trained**	**Staff Needing Training**	**Points**
1. Oracle PWS database (including reports)	7	3	1
2. Permit Application (PA) tracking system (including reports)	2	2	1
3. Capacity Development reviews and inspections	2	1	1
4. CT calculations and 4-log reviews	2	2	1
5. Monitoring waiver reviews	6	2	1
6. Cross Connection Control Plans and reviewing Cross Connection Control programs	5	10 (refresher)	1
7. CCR template and review of CCRs	4	0	1
8. Corrosion Control Plan and the Lead and Copper Rule	2	2	1
9. Sanitary surveys and Inspections	6	2	1
Comments			
		Section A Total Points Earned	**9**
		Section A Total Possible Points	**9**
B. Training Plans and Activities	**Answer**	**Comments**	**Points**
1. Does the program have a written training plan?	No		0
2. Does the program have a system for training new employees on job functions?	Yes		1
3. Does the program participate in cross-training with the local DEP District or other ACHDs?	Yes		1
		Section B Total Points Earned	**2**
		Section B Total Possible Points	**3**
		Program Element VIII Total Points Earned	**11**
		Program Element VIII Total Possible Points	**12**

Program Evaluation for: Northwest District **Calendar Year:** 2011

Program Element	Program Element Weight	Total Possible Points	Base Points Awarded	Bonus Points Earned	Total Points Earned	Ratio	Score
I. Organization, Staffing, and Resources	5.0%	48	48	0	48	1.00	5.00%
II. Data Management and Files	25.0%	245	238.5	N/A	238.5	0.97	24.34%
III. Compliance	15.0%	20	20	0	20	1.00	15.00%
IV. Enforcement	15.0%	17	17	1	18	1.06	15.88%
V. Review of Sanitary Surveys and Compliance Inspections	15.0%	78	72	6	78	1.00	15.00%
VI. Permits and Plan Review Procedures	15.0%	96	93	1	94	0.98	14.69%
VII. DEP Coordination and Assistance Activities	5.0%	10	10	N/A	10	1.00	5.00%
VIII. Training	5.0%	12	11	N/A	11	0.92	4.58%

OVERALL SCORE AND DESIGNATION 99.49% EXCELLENT

REVIEWERS' COMMENTS

Positive Activities to Reinforce

The NWD staff administers the Safe Drinking Water Act very competently.

Areas of Improvement

Sanitary surveys are supposed to be completed every three years for CWSs and NTNCs and every five years for TNCs. Currently, the NWD tracks Sanitary Survey inspection dates by Federal Fiscal Year. It is recommended that the NWD revise their inspection timeframes so that the time between Sanitary Surveys is either 36 months (or 60 months for TNCs) or three years (or 5 years for TNCs), using the ***calendar year*** as a guide. This inspection calendar will allow the NWD to be more consistant with the other Districts and will also eliminate confusion resulting from PWS reports that suggest that the inspections are out of date.

The database showed a begin date of 9/25/09 for PWS 1464068; however, there was no indication that a clearance Sanitary Survey had been completed.

The database showed that a compliance inspection was completed for PWS 1664111, but not a sanitary survey. After the program evaluation, it was confirmed that there was a data entry error and that the inspection type in the database was incorrect.

Areas Needing Immediate Attention

FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION
BOB MARTINEZ CENTER
2600 BLAIRSTONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

RICK SCOTT
GOVERNOR

CARLOS LOPEZ-CANTERA
LT. GOVERNOR

HERSCHEL T. VINYARD JR.
SECRETARY

July 17, 2014

Mr. Albert D. McLaurin, P.E., Assistant Director
Dr. Abdul B. Ahmadi, Ph.D., P.E., Program Administrator
Florida Department of Environmental Protection
South District Office
2295 Victoria Ave, Suite 364
Fort Myers, FL 33901-3875

Dear Dr. Ahmadi and Mr. McLaurin:

Enclosed please find the Public Water System Supervision Program Review report for the program evaluation conducted at your office on April 8, 2014. I am pleased to report that your program received an excellent overall rating of 98.12 percent.

Please review the enclosed report and contact me at 850-245-8635 if you have any questions or concerns about the program evaluation.

Your efforts to ensure safe drinking water for the residents and visitors of the South District are appreciated.

Sincerely,

Trevor D. Noble
Administrator, Source and Drinking Water Program

Attachment – 4/8/2014 Public Water Supervision Program Review report

Public Water System Supervision Program Review

Approved County Health Department:	South District
Date of Evaluation:	8-Apr-14
Evaluators:	David Wales, Bruce Alexander, Marian Fugitt, Jeffrey Lawson

Program Element I: Organization, Staffing, and Resources

A. Updated Contact Information

Phone Number:	**239-344-5600**
Fax Number:	**850-412-0590**
Mailing Address:	**2295 Victoria Ave, Fort Myers, FL**

B. Supervision and Program Organization	Answer	Comments	Points
1. Is the permitting staff under the direct supervision of a PE registered in the State of Florida and possessing at least six months of experience with Florida's water system program, **OR**	Yes		12
2. Is the permitting staff under the indirect supervision of a PE registered in the State of Florida and the direct supervision of an individual possessing an engineering degree and at least six months of experience in Florida's water system program?			
3. Are an organizational chart and a listing of position descriptions available?	Yes		Info only
a. Are responsibilities for inspections, data and file management, compliance, permitting, and enforcement clearly specified?	Yes		5
b. Is the organization of the PWSS program adequate to perform program functions in an efficient manner?	Yes		5
4. Is sufficient equipment available to the PWSS program (vehicles, test equipment, etc.)?	Yes		1
		Section B Total Points Earned	**23**
		Section B Total Possible Points	**23**

C. Staffing Level

CWS =	78	NTNC =	150	TNC =	47	Total PWSs =	275
Filled Professional Positions =	5.25	Filled Clerical Positions =	0.4				
Vacant Professional Positions =	0	Vacant Clerical Positions =	0				

1. What is the ratio of the total number of PWSs to the professional staff?	52.38095		20
2. Is the current staffing adequate to cover the required workload?	Yes	staffing adequate given current workload, but staff will be	5
3. Bonus - Does the program have a planning tool to monitor staffing requirements based on scheduled/predicted workload.	Yes		1
		Section C - Subtotal	**25**
		Section C - Bonus	**1**
		Section C - Total Points Earned	**26**
		Section C Total Possible Points (not including bonuses)	**25**
		Program Element I Base Points Earned	**48**
		Program Element I Bonus Points Earned	**1**
		Program Element I Total Points Earned	**49**
		Program Element I Total Possible Points (not including bonuses)	**48**

Program Element (I): Data Management and Files

A. Comparison of File with Database - General System Information

System Name	CPWS AMI Kids Big Cypress Wilderness Institute	CPWS City of Clewiston	NTNC Archibold Biological Station	NTNC La Hispana #2	TNC Circle K #7374	TNC Golden Gate Assembly of God	Consecutive Airglades Industrial Park WTP
PWS ID	5114133	5260053	5284122	5114149	5264063	5114141	5264101
System Contact Information	0	1	0	1	0	1	0
Population Served	1	1	0	1	1	1	1
Service Area Type	1	1	1	1	1	1	1
Treatment Information	1	1	0	1	1	1	1
Source Type	1	1	0	1	1	1	0
Filing Backlog	2	5	2	5	5	5	5
Data Entry Backlog	5	5	5	5	5	5	5
Comments	update sys. contact info/ operator,		update sys. Contact info, pop. Served, treatment info, source type, service area type No current SS available		update address & phone		sanitary survey lists source PWS# as 5264101
						Section A Total Points Earned	91
						Section A Total Possible Points	105

B. Bacteriological Monitoring Data

System Name							
PWS ID	5114133	5260053	5284122	5114149	5264063	5114141	5264101
12 months of bacti results in the file	0.5	1	0.5	1	0.5	1	1
12 months of bacti results in the database	1	1	1	1	1	1	1
Bacti results in file match those in database	1	0	1	1	1	1	1
Bacti lab reports signed and marked correctly	1	1	1	1	1	1	1
CL residual on lab reports	1	1	1	1	1	1	1
Repeat samples done when required	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Public notice done when required; database codes updated, documentation in file	N/A	N/A	N/A	N/A	N/A	N/A	0
Appropriate Violation and Enforcement records in file	N/A	N/A	N/A	N/A	N/A	N/A	1
Appropriate Violation and Enforcement codes in database	N/A	N/A	N/A	N/A	N/A	N/A	1
Comments	missing files 12/2012 & 10/2013	56 samples in PWS 10/2012, 10 samples in file	missing 1/13	incorrect sample type "G" on sample reports	missing files 4th 2012, 1st 2013		PN requested, but not received in PWS
						Section B Subtotal	34.5
						Section B Total Possible Points	38

C. Chemical and Radiological Monitoring Data							
System Name							
PWS ID	5114133	5260053	5284122	5114149	5264063	5114141	5264101
Required information (per 62-550.730) included on lab report	1	1	1	1	1	1	1
Analytical results in file	1	1	1	1	1	1	1
Analytical results in database	1	1	1	1	1	1	1
Analytical results in file match those in database	1	1	1	1	1	1	1
Analytical reports signed	1	1	0	1	1	1	1
Confirmation samples taken when required	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Public notice done when required	N/A	N/A	N/A	1	N/A	N/A	N/A
Appropriate Violation and Enforcement records in file	1	N/A	N/A	1	N/A	N/A	N/A
Appropriate Violation and Enforcement codes in database	1	N/A	N/A	1	N/A	N/A	N/A
Asbestos Sampling Plan or Certification in file	1	1	1	1	N/A	N/A	1
SOC Questionnaire in file	0	1	N/A	1	N/A	N/A	N/A
Documentation of waiver approval included in file	0	1	1	1	N/A	N/A	N/A
Information included for other required monitoring	N/A	N/A	1	1	N/A	N/A	N/A
Comments							
						Section C Total Points Earned	49
						Section C Total Possible Points	52
D. Lead and Copper Tap Sampling Data							
System Name							
PWS ID	5114133	5260053	5284122	5114149	5264063	5114141	5264101
Date of latest sampling plan							
Lead and Copper and Water Quality Parameter (if applicable) Sampling Plan in file	0	1	1	1	N/A	N/A	1
Required information for reporting L&C tap samples (per 62-550.730(4)(a)) included on lab report	1	1	1	1	N/A	N/A	1
Required information for reporting WQP (per 62-550.730(4)(c)) included on lab report	N/A	N/A	N/A	N/A	N/A	N/A	N/A
L&C results in file	1	1	1	1	N/A	N/A	1
WQP results in file	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Lead and copper results in the file match those in database	1	1	1	1	N/A	N/A	1
Appropriate waiver and milestone codes in database	1	1	1	1	N/A	N/A	1

Consumer Notification done when required (form 62-555.900(16))	0	1	N/A	1	N/A	N/A	1
If system had a lead action level exceedance, was Form 62-555.90(17) (Public Education) completed?	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Source water monitoring results entered in database	N/A	N/A	N/A	N/A	N/A	N/A	1
Water Quality Parameter ranges or levels assigned in writing, in the system file	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Water Quality Parameter monitoring results evaluated for excursions	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Appropriate violation and enforcement records in files	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Appropriate violation and enforcement codes in database	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Comments	Need LCR & WQP samp. Plan						
						Section D Total Points Earned	28
						Section D Total Possible Points	30
E. File Completeness							
System Name							
PWS ID	5114133	5260053	5284122	5114149	5264063	5114141	5264101
Monthly Operation Reports submitted and included in the files	1	1	1	1	1	N/A	1
Consumer Confidence Report in file	1	1	N/A	N/A	N/A	N/A	1
Certification of delivery of CCR in file	1	1	N/A	N/A	N/A	N/A	1
Is the PWS "Waiver Screen" kept current with correctly coded waivers?	1	1	1	1	1	1	1
Comments							
						Section E Total Points Earned	19
						Section E Total Possible Points	19
						Program Element II Total Points Earned	221.5
						Program Element II Total Possible Points	244

Program Element III: Compliance			
A. Overall Compliance	**Answer**	**Comments**	**Points**
1. Are PWS Reports (Bact., Compliance, & MORs) reviewed and documented monthly?	Yes		1
2. Are PWS Reports (Inspections, Chems, Pb/Cu, San Surveys) reviewed and documented quarterly?	Yes		1
3. Are PWS Reports (Annual Invoice and Facility Reports) reviewed and documented annually?	Yes		1
4. Are violations identified, documented, and reported in a timely manner?	Yes		1
5. Is the program ensuring that systems comply with storage tank inspection requirements?	Yes		1
6. Are monitoring reminder letters sent to each system on an annual basis?	Yes		1
7. Are all systems exceeding the chemical trigger levels on quarterly monitoring?	Yes		1
8. Are the correct sample types entered in the database?	Yes		1
9. Is the program following through with the PN requirements of the GWR (i.e. requesting PN when a FI+ source sample is identified, entering PN codes in database, entering appropriate violation if PN isn't done)?	Yes		1
10. Are five additional samples collected when fecal-indicator positive source water samples are found?	Yes		1
11. Are CCRs reviewed for completeness and accuracy?	Yes		1
12. Bonus - Does office have and use additional testing capability to verify field parameters such as chloramines, ammonia, orthophosphate, nitrite?	No		0
		Section A Base Points Earned	**11**
		Section A Bonus Points Earned	**0**
		Section A Total Points Earned	**11**
		Section A Total Possible Points (not including bonuses)	**11**
B. Subpart H Surface Water	**Answer**	**Comments**	**Points**
Number of Subpart H Systems	4	Info. Only	
1. Are MORs for all Subpart H systems treating surface water submitted to both the local program and the DWSWMOR email address?	Yes		1
2. Are MORs submitted for consecutive Subpart H systems?	Yes		1
3. Do MORs include CT calculations and disinfection profiles?	Yes		1
4. Are TOC monitoring results evaluated for advanced coagulation/softening compliance?	Yes		1
5. Are violations entered for turbidity exceedances over the operating level and Maximum Allowable Limit	Yes		1
6. Are public notices required for turbidity exceedances over the Maximum Allowable Limit?	Yes		1
7. Are systems with turbidity exceedences referred to DEP HQ as possible AWOP candidates?	No		Info. Only
		Section B Total Points Earned	**6**
		Section B Total Possible Points	**6**
C. Complaint Management	**Answer**	**Comments**	**Points**
1. Are complaints about water systems investigated within 48 hours of receipt (per Interagency Agreement 3.2.3.3)?	Yes		1
2. Is a complaint log or electronic complaint system maintained?	Yes		1
3. Are violations and/or deficiencies that are uncovered during complaint investigations identified, documented, and reported in a timely manner?	Yes		1
		Section C Total Points Earned	**3**
		Section C Total Possible Points	**3**
		Program Element III Base Points Earned	**20**
		Program Element III Bonus Points Earned	**0**
		Program Element III Total Points Earned	**20**
		Program Element III Total Possible Points (not including bonuses)	**20**

Program Element IV: Enforcement			
A. Enforcement Readiness	**Answer**	**Comments**	**Points**
1. Does the program have access to the DEP Enforcement Manual?	Yes		1
2. Has the Drinking Water staff reviewed the appropriate chapters of the DEP Enforcement Manual?	Yes		1
3. Are the program's enforcement actions in general conformance with the DEP Enforcement Manual?	Yes		1
4. Has the program staff been trained on the program's enforcement protocol?	Yes		1
5. Does the program utilize the DEP Drinking Water Penalty Guidelines?	Yes		1
		Section A Total Points Earned	**5**
		Section A Total Possible Points	**5**
B. Accomplished Enforcement Activities (non-Enforcement Tracking Tool)	**Answer**	**Comments**	**Points**
System 1 Name:	Oak Haven Campground	PWS ID:	6142032
Violation Type:	MCL - Radionuclides		
Time period between violation and technical assistance or warning letter:	7 days		
Has PWS been returned to compliance?	Yes - inactivated (regionalized)		
1. Was the enforcement case escalated in general accordance with the enforcement manual?	Yes		5
System 2 Name:	Shell Creek Park	PWS ID:	6080256
Violation Type:	MCL - Radiolonuclides		
Time period between violation and technical assistance or warning letter:	Case went directly to consent order		
Has PWS been returned to compliance?	Not yet, finishing quarterly monitoring, recent results good.		
2. Was the enforcement case escalated in general accordance with the enforcement manual?	Yes		5
		Section B Total Points Earned	**10**
		Section B Total Possible Points	**10**

C.	Enforcement Related to EPA's Enforcement Tracking Tool	Answer	Comments	Points
1.	Has the office responded to and acted upon ETT inquiry emails from HQ by the specified deadline?	Yes		1
2.	Is the office escalating enforcement activities in response to priority systems?	Yes		
	Number of systems on ETT list with score ≥ 11 with unaddressed violations	0	Info Only	
	Number of PWSs listed as repeat offenders	0	Info Only	
	Provide comments on the activities being conducted to return each system with score ≥ 11 with unaddressed violations to compliance.	South District has been proactive in escalating enforcement as needed to prevent systems from gaining national priority status.		
			Section C Bonus Points Earned	1
D.	Secondary Contaminant Enforcement Policies	Answer	Comments	Points
1.	Are SMCLs enforced for all LARGE community systems serving 3,300 or more people per PCE guidance?	Yes		1
2.	Are SMCLs enforced for SMALL community systems per 2013 Enforcement Guidance Table and PCE info?	Yes		1
3.	Are "Public Notices" required for all SMCL violations?	Yes	fluoride	Info Only
			Section D Total Points Earned	2
			Section D Total Possible Points	2
			Program Element IV Base Points Earned	17
			Program Element IV Bonus Points Earned	1
			Program Element IV Total Points Earned	18
			Program Element IV Total Possible Points	17

A. Sanitary Surveys - Status			Answer	Comments	Points
1. Have all of the systems been given at least one initial Sanitary Survey after activation?			Yes		1
2. Are SS done every 3 years for CWS and NTNC systems and every 5 years for TNC systems?			Yes		1
3. Are all of the sanitary surveys up to date?	Yes	Percent complete?	100		10
				Section A Total Points Earned	12
				Section A Total Possible Points	12

B. B. Sanitary Surveys - Procedures	Answer	Comments	Points
1. Does the program use a form that includes all 8 required elements and associated questions?	Yes		1
2. Is a file review done for data verification prior to conducting a sanitary survey?	Yes		1
3. Are pesticide monitoring waivers reviewed in the office and verified in the field?	Yes		1
4. Is Wellhead/Source Protection information reviewed in the office prior to the survey?	Yes		1
5. Are Bacti Sampling Plans reviewed to ensure samples are collected in accordance with the plan?	Yes		1
6. Are D/DBP monitoring plans reviewed to ensure samples are collected in accordance with the plan?	Yes		1
7. Are the systems' valve maintenance plans and records reviewed?	Yes		1
8. Are the systems' flushing plans and records reviewed?	Yes		1
9. Are samples collected in the field for disinfectant residual measurement?	Yes		1
10. When no disinfectant residual is found, are appropriate actions taken?	Yes		1
11. Bonus - Are UDI factors such as sealing and venting and nearby sanitary hazards noted in survey?	Yes		1
Have any potential UDI systems been identified? Note system names/PWS numbers in comments	No		Info only
		Section B Base Points Earned	10
		Section B Bonus Points Earned	1
		Section B Total Points Earned	11
		Section B Total Possible Points (not including bonuses)	10

C. Sanitary Surveys - Report Review					
System Name	Everglades City	Hendersons Fishing R.	Highlands Hammock	Highway Park WTP	Knight Island Utilities
PWS ID	5110089	5280125	6280131	5284133	6084075
Form filled out accurately and completely	1	1	1	1	1
Treatment in report matches that in database	0	1	1	1	0
Cross Connection Control Plan reviewed and CCC supplement to SS form in file	1	N/A	N/A	1	1
Contact information in report matches that in database	1	1	1	1	1
Sanitary Survey form signed by senior reviewer or QA/QC staff	1	1	1	1	1
Cover letter (which either lists the deficiencies or notes that deficiencies are identified in report) was sent	1	1	1	1	1
A compliance schedule specified or requested in deficiency letter	1	1	1	1	1
Copy of the completed survey sent to the owner and operator within 30 days	0	1	1	1	1
Comments	db says iron rmvl/seq				form missing RO
				Section C Total Points Earned	35
				Section C Total Possible Points	38

D. Sanitary Surveys - Follow-Up Procedures					
System Name					
PWS ID	5110089	5280125	6280131	5284133	6084075
SS activities and deficiencies are tracked in PWS	1	1	1	1	1
Inspection information is entered into the database within 30 days of report issuance	1	1	1	1	1
Follow-up compliance inspections are made	1	1	1	1	N/A
Follow-up compliance is tracked in PWS	1	1	1	1	1
Actions to correct deficiencies are adequate	1	1	1	1	N/A
Comments					
				Section D Total Points Earned	23
				Section D Total Possible Points	23

E.	Compliance Inspections	Answer	Comments	Points
1.	Are any compliance inspections performed on an annual basis as resources allow (per 2010 interagency agreement)?	Yes		1
2.	Bonus - What was the percentage of compliance inspections done for C, NTNC, and TNC systems during the 12-month performance evaluation period?	100		5
			Section E Base Points Earned	1
			Section E Bonus Points Earned	5
			Section E Total Points Earned	6
			Section E Total Possible Points (not including bonuses)	1
			Program Element V Base Points Earned	81
			Program Element V Bonus Points Earned	6
			Program Element V Total Points Earned	87
			Program Element V Total Possible Points	84

Program Element VI: Permits and Certificate Procedures			
A. Forms and References	**Answer**	**Comments**	**Points**
1. Is a hard copy of Chapter 62-555, FAC available?	Yes		1
2. Is a hard copy of Section 62-555.330, FAC (Engineering References) available?	Yes		1
3. Is a hard copy of Section 62-555.335, FAC (Guidance Documents) available?	Yes		1
4. Does the program have access to the most current forms in 62-555.900?	Yes		1
5. Is a copy of the Capacity Development Implementation Manual available?	Yes		1
6. Does the program have access to copies of the PCE minutes?	Yes		1
7. Is a Construction Permit Checklist used and available?	Yes		1
8. Are additional checklists or references used? (list in comments)	No		Info Only
		Section A Total Points Earned	7
		Section A Total Possible Points	7
B. Permit Application (PA) Tracking	**Answer**	**Comments**	**Points**
Number of Construction Permits issued during the last calendar year?	33	Info Only	
Number of General Permits processed during the last calender year?	86	Info Only	
1. Is the PA tracking system the primary one used to log in and track all permits?	Yes		1
2. Is permit data also entered into the PWS database?	Yes		1
3. Bonus - Are the Program Summary Reports run?	Yes		1
		Section B Base Points Earned	2
		Section B Bonus Points Earned	1
		Section B Total Points Earned	3
		Section B Total Possible Points (not including bonuses)	2
C. Permit Processing	**Answer**	**Comments**	**Points**
1. What is the average time to process construction permits (days)?	8.8		2
2. What is the average time to process general permits (days)?	12.4		2
3. Were any "specific" construction permits issued by default? (put number in comments)	No		1
4. Were any "general" water main extension permits issued by default? (put number in comments)	No		1
5. Are compliance status and system capacity checked to determine general permit eligibility?	Yes		1
6. Are the recommended permit formats used?	Yes		1
7. Are construction permits signed by the Program Administrator or the delegated signatory?	Yes		1
8. Are General Permit denials signed by the Program Administrator or the delegated signatory?	Yes		1
9. Are General Permit acceptance letters signed by the PE?	Yes		1
10. Are PE certifications on file?	Yes		1
11. Is a Clerk "Certification of Service" on file within each permit file?	Yes	for specific permits	1
		Section C Total Points Earned	13
		Section C Total Possible Points	13
D. Capacity Development Procedures	**Answer**	**Comments**	**Points**
Were any new systems permitting within the program review time period?	Yes	Info Only	
1. Are 3-year financial projections spreadsheets submitted for new NTNC and C systems?	Yes		1
2. Was the financial capacity of the system reviewed and deemed adequate?	Yes		1
3. Was the managerial capacity of the system reviewed and deemed adequate?	Yes		1
4. Is a field inspection made to certify adequate technical capacity before clearance is granted?	Yes		1
5. Are 3-year (post clearance) updates from new systems received and reviewed?	Yes		1
		Section D Total Points Earned	5
		Section D Total Possible Points	5

E. Clearance Procedures	Answer	Comments	Points
Review two clearance files: # 316732-001-DSGP and # 308471-001-DS			
1. Were bacteriological tests submitted and ok for both files? (one point for each clearance)	Yes		2
2. Were disinfectant residuals tests submitted and ok for both files? (one point for each clearance)	Yes		2
3. Was a "Request for Clearance signed by a PE or RLS? (one point for each clearance)	Yes		2
		Section E Total Points Earned	6
		Section E Total Possible Points (not including bonuses)	6

F. 4-Log Virus Removal Review and Approval			
System Name: AMI Kids Crossroads	System Type: NTNC	PWS ID: 5084061	
Demonstration submittal per "guidelines for Four-Log Virus Treatment of Ground Water", October 2009 (submittal package includes original submittal and RAI responses)			
1. Did the demonstration include the cover sheets from appendix of the 4-log guidelines?	Yes		1
2. Did the demonstration include intent (open to atmosphere = GWR or closed = GWR and finished water req.)?	Yes		1
3. Did the demonstration include identification of the 4-log technologies and claimed removal credits?	Yes		1
4. Did the demonstration include a schematic diagram of the WTP showing individual treatment sections in CT calcs?	Yes		1
5. Depending on the system processes, did the demonstration include requirements from pages 1-6 & 1-7?	Yes		1
6. Does the CT calculation include either minimum measured aquifer temp data or minimum temps from D-1?	Yes		1
7. Was the CT requirement determined using the appropriate tables taking into account disinfectant, pH, and temp.?	Yes		1
8. Was the actual CT calculation included in the demonstration confirmed by DEP/DOH staff?	Yes		1
9. Is there written documentation of the 4-log approval (either a letter or an order)?	Yes		1
10. Does the approval identify the technologies used to provide 4-log treatment and the removal credit for each?	Yes		1
11. Does the approval identify or establish the correct compliance monitoring requirements?	Yes		1
12. Does the approval identify or establish operating requirements for each virus treatment technology?	Yes		1
13. Does the approval include notice of the right to an administrative hearing?	Yes		1
14. Is the file complete:	Yes		1
15. Is the approval adequate based upon the demonstration submittal, guidance docs, and professional judgement?	Yes		1
16. Bonus - Was a follow-up inspection of the facility performed to verify compliance with the approval?	Yes		1
		Section F Base Points Earned	15
		Section F Bonus Points Earned	1
		Section F Total Points Earned	16
		Section F Total Possible Points (not including bonuses)	16

G. Permit File Review	Specific	Specific	Specific	General	General
System Name	City of Punta Gorda	Leisure Lakes WTP	Peace River	City of Moore Haven	Collier County Regional WTP
System Type	CWS	CWS	CWS	CWS	CWS
Permit Number	322036-001-WC	319811-001-WC	320466-001-WC	320436-001-DSGP	320380-001-DSGP
Permit Type	construction	construction	plant upgrade/update	DSGP	DSGP
PWS ID	6080051	6280064	6142734	5220912	5114069
Comments:					
Everything well documented.					
RAIs, when sent, were included in the permit file					

Section G Total Points Earned	50
Section G Total Possible Points	50
Program Element VI Base Points Earned	98
Program Element VI Bonus Points Earned	2
Program Element VI Total Points Earned	100
Program Element VI Total Possible Points (not including bonuses)	99

Program Element VII - DEP Coordination and Assistance Activities			
A. Interagency Resources	**Answer**	**Comments**	**Points**
1. Does staff have access to the 2010 DOH/DEP Interagency Agreement?	Yes		1
2. Are DEP PCE meetings/teleconferences attended?	Yes		1
3. Is Oracle access available for each position?	Yes		1
4. Does the office have small- and large-scale scanning capabilities for electronic filing?	Yes		1
		Section A Total Points Earned	**4**
		Section A Total Possible Points	**4**
B. Coordination Procedures	**Answer**	**Comments**	**Points**
1. Are meetings held with the DEP District office to review permit procedures?	Yes		1
2. Are meetings held to review the technical aspects of permits and permit decisions?	Yes		1
3. Are compliance procedures and compliance status reviewed?	Yes		1
4. Are enforcement cases and enforcement program status reviewed?	Yes		1
5. Does staff attend/participate in Focus on Change seminars?	Yes		1
6. Is technical assistance coordinated with the FRWA?	Yes		1
		Section B Total Points Earned	**6**
		Section B Total Possible Points	**6**
		Program Element VII Total Points Earned	**10**
		Program Element VII Total Possible Points	**10**

Program Elements VIII: Training			
A. Accomplished Training	**Staff Trained**	**Staff Needing Training**	**Points**
1. Oracle PWS database (including reports)	5	cross training needed due to recent reorganization	1
2. Permit Application (PA) tracking system (including reports)	2	see above	1
3. Capacity Development reviews and inspections	2	see above	1
4. CT calculations and 4-log reviews	2	see above	1
5. Monitoring waiver reviews	1	see above	0
6. Cross Connection Control Plans and reviewing Cross Connection Control programs	2	see above	1
7. CCR template and review of CCRs	1	see above	0
8. Corrosion Control Plan and the Lead and Copper Rule	1	see above	0
9. Sanitary surveys and Inspections	2	see above	1
10. Compliance and Enforcement	3	see above	
Comments	ss training needed due to recent district reorganizat		
		Section A Total Points Earned	**6**
		Section A Total Possible Points	**9**
B. Training Plans and Activities	**Answer**	**Comments**	**Points**
1. Does the program have a written training plan?	Yes		1
2. Does the program have a system for training new employees on job functions?	Yes		1
3. Does the program participate in cross-training with the local DEP District or other ACHDs?	Yes		1
		Section B Total Points Earned	**3**
		Section B Total Possible Points	**3**
		Program Element VIII Total Points Earned	**9**
		Program Element VIII Total Possible Points	**12**

Program Evaluation for: _____ **Calendar Year:** _____

Program Element	Program Element Weight	Total Possible Points	Base Points Awarded	Bonus Points Earned	Total Points Earned	Ratio	Score
I. Organization, Staffing, and Resources	5.0%	48	48	1	49	1.02	5.10%
II. Data Management and Files	25.0%	244	221.5	N/A	221.5	0.91	22.69%
III. Compliance	15.0%	20	20	0	20	1.00	15.00%
IV. Enforcement	15.0%	17	17	1	18	1.06	15.88%
V. Review of Sanitary Surveys and Compliance Inspections	15.0%	84	81	6	87	1.04	15.54%
VI. Permits and Plan Review Procedures	15.0%	99	98	2	100	1.01	15.15%
VII. DEP Coordination and Assistance Activities	5.0%	10	10	N/A	10	1.00	5.00%
VIII. Training	5.0%	12	9	N/A	9	0.75	3.75%

OVERALL SCORE AND DESIGNATION 98.12% EXCELLENT

REVIEWERS' COMMENTS

Areas Needing Immediate Attention

Positive Activities to Reinforce

Areas of Improvement

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#15

FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION
BOB MARTINEZ CENTER
2600 BLAIRSTONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

RICK SCOTT
GOVERNOR

CARLOS LOPEZ-CANTERA
LT. GOVERNOR

HERSCHEL T. VINYARD JR.
SECRETARY

July 17, 2014

Mr. Anthony Vomero
Broward County Health Department
2421 SW 6th Avenue
Ft. Lauderdale, Florida 33315

Dear Mr. Vomero:

Enclosed please find the Public Water System Supervision Program Review report for the program evaluation conducted at your office on April 16, 2014. I am pleased to report that your program received an excellent overall rating of 100.59 percent.

Please review the enclosed report and contact me at 850-245-8635 if you have any questions or concerns about the program evaluation.

Your efforts to ensure safe drinking water for the residents and visitors of Broward County are appreciated.

Sincerely,

Trevor D. Noble
Administrator, Source and Drinking Water Program

Attachment – 4/16/2014 Public Water Supervision Program Review report

Public Water System Supervision Program Review

Approved County Health Department:	Broward County Health Department
Date of Evaluation:	16-Apr-14
Evaluators:	Jeffrey Lawson, Virginia Harmon, Mark Peters, Judith Perez, Michelle Owens, Michael Hambor, Ed Bettinger, Bahman Zangeneh

Program Element I: Organization, Staffing, and Resources

A. Updated Contact Information

Phone Number:	(954) 467-4700
Fax Number:	(954) 467-4898
Mailing Address:	2421 SE 6th Avenue, Fort Lauderdale, FL 33415

B. Supervision and Program Organization	Answer	Comments	Points
1. Is the permitting staff under the direct supervision of a PE registered in the State of Florida and possessing at least six months of experience with Florida's water system program, **OR**			
2. Is the permitting staff under the indirect supervision of a PE registered in the State of Florida and the direct supervision of an individual possessing an engineering degree and at least six months of experience in Florida's water system program?	Yes		12
3. Are an organizational chart and a listing of position descriptions available?	Yes		Info only
a. Are responsibilities for inspections, data and file management, compliance, permitting, and enforcement clearly specified?	Yes		5
b. Is the organization of the PWSS program adequate to perform program functions in an efficient manner?	Yes		5
4. Is sufficient equipment available to the PWSS program (vehicles, test equipment, etc.)?	Yes		1
		Section B Total Points Earned	23
		Section B Total Possible Points	23

C. Staffing Level

CWS =	36	NTNC =	3	TNC =	13	Total PWSs =	52
Filled Professional Positions =	5.5	Filled Clerical Positions =	0.5				
Vacant Professional Positions =	0	Vacant Clerical Positions =	0				

1. What is the ratio of the total number of PWSs to the professional staff?	9.454545		20
2. Is the current staffing adequate to cover the required workload?	Yes		5
3. Bonus - Does the program have a planning tool to monitor staffing requirements based on scheduled/predicted workload.	Yes	Spreadsheet with work assignments for the year	1
		Section C - Subtotal	25
		Section C - Bonus	1
		Section C - Total Points Earned	26
		Section C Total Possible Points (not including bonuses)	25
		Program Element I Base Points Earned	48
		Program Element I Bonus Points Earned	1
		Program Element I Total Points Earned	49
		Program Element I Total Possible Points (not including bonuses)	48

Program Element II: Data Management and Files

A. Comparison of File with Database - General System Information

System Name	CPWS Coral Springs Improvement District	CPWS Royal Utility	NTNC Everglades Holiday Park	NTNC Kids Paradise	TNC Dairy Queen	TNC Levitt-Weinstein Funeral Home	Consecutive Davie (Hacienda Village)
PWS ID	4060291	4061517	4060402	4064392	4060334	4064308	4061925
System Contact Information	1	1	1	1	1	1	1
Population Served	1	1	1	1	1	1	1
Service Area Type	1	1	1	1	1	1	1
Treatment Information	1	1	1	1	1	1	1
Source Type	1	1	1	1	1	1	1
Filing Backlog	5	5	5	5	5	5	5
Data Entry Backlog	5	5	5	5	5	5	5
Comments							
						Section A Total Points Earned	105
						Section A Total Possible Points	105

B. Bacteriological Monitoring Data

System Name	Coral Springs Improvement District	Royal Utility	Everglades Holiday Park	Kids Paradise	Dairy Queen	Levitt-Weinstein Funeral Home	Davie (Hacienda Village)
PWS ID	4060291	4061517	4060402	4064392	4060334	4064308	4061925
12 months of bacti results in the file	1	1	1	1	1	1	1
12 months of bacti results in the database	1	1	1	1	1	1	1
Bacti results in file match those in database	1	1	1	1	1	1	1
Bacti lab reports signed and marked correctly	1	1	1	1	1	1	1
CL residual on lab reports	1	1	1	1	1	1	1
Repeat samples done when required	1	N/A	N/A	N/A	N/A	N/A	N/A
Public notice done when required; database codes updated, documentation in file	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Appropriate Violation and Enforcement records in file	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Appropriate Violation and Enforcement codes in database	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Comments							
						Section B Subtotal	36
						Section B Total Possible Points	36

C. Chemical and Radiological Monitoring Data							
System Name	Coral Springs Improvement District	Royal Utility	Everglades Holiday Park	Kids Paradise	Dairy Queen	Levitt-Weinstein Funeral Home	Davie (Hacienda Village)
PWS ID	4060291	4061517	4060402	4064392	4060334	4064308	4061925
Required information (per 62-550.730) included on lab report	1	1	1	1	1	1	1
Analytical results in file	1	1	1	1	1	1	1
Analytical results in database	1	1	1	1	1	1	1
Analytical results in file match those in database	1	0	1	1	1	1	1
Analytical reports signed	1	1	1	1	1	1	1
Confirmation samples taken when required	1	0	1	N/A	N/A	N/A	N/A
Public notice done when required	N/A	1	1	1	N/A	N/A	N/A
Appropriate Violation and Enforcement records in file	N/A	1	1	1	N/A	N/A	N/A
Appropriate Violation and Enforcement codes in database	N/A	1	1	1	N/A	N/A	N/A
Asbestos Sampling Plan or Certification in file	1	1	1	1	N/A	N/A	1
SOC Questionnaire in file	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Documentation of waiver approval included in file	N/A	N/A	1	1	N/A	N/A	N/A
Information included for other required monitoring	1	1	1	1	N/A	N/A	N/A
Comments		Rad report doesn't match results in PWS. 1Q 2014 dalapon not taken. NCL issued.	High DBP levels				
						Section C Total Points Earned	52
						Section C Total Possible Points	54

D. Lead and Copper Tap Sampling Data							
System Name	Coral Springs Improvement District	Royal Utility	Everglades Holiday Park	Kids Paradise	Dairy Queen	Levitt-Weinstein Funeral Home	Davie (Hacienda Village)
PWS ID	4060291	4061517	4060402	4064392	4060334	4064308	4061925
Date of latest sampling plan	8/29/2013	2/20/2013	9/21/2012	6/26/2012	LCR does not apply to TWSs	LCR does not apply to TWSs	2/14/2014
Lead and Copper and Water Quality Parameter (if applicable) Sampling Plan in file	1	1	1	1	N/A	N/A	1
Required information for reporting L&C tap samples (per 62-550.730(4)(a)) included on lab report	1	0	1	0	N/A	N/A	1
Required information for reporting WQP (per 62-550.730(4)(c)) included on lab report	N/A	N/A	0	N/A	N/A	N/A	N/A
L&C results in file	1	1	1	1	N/A	N/A	1
WQP results in file	N/A	N/A	1	N/A	N/A	N/A	N/A

Lead and copper results in the file match those in database	1	1	1	1	N/A	N/A	0
Appropriate waiver and milestone codes in database	1	1	0	0	N/A	N/A	0
Consumer Notification done when required (form 62-555.900(16))	1	1	0	0	N/A	N/A	0
If system had a lead action level exceedance, was Form 62-555.90(17) (Public Education) completed?	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Source water monitoring results entered in database			1		N/A	N/A	
Water Quality Parameter ranges or levels assigned in writing, in the system file	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Water Quality Parameter monitoring results evaluated for excursions	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Appropriate violation and enforcement records in files	N/A	1	1	N/A	N/A	N/A	N/A
Appropriate violation and enforcement codes in database	N/A	N/A	1	N/A	N/A	N/A	N/A
Comments	See Word comments file.	See Word comments file.	See Word comments file.	See Word comments file.			See Word comments file.
						Section D Total Points Earned	26
						Section D Total Possible Points	36

E. File Completeness

System Name	Coral Springs Improvement District	Royal Utility	Everglades Holiday Park	Kids Paradise	Dairy Queen	Levitt-Weinstein Funeral Home	Davie (Hacienda Village)
PWS ID	4060291	4061517	4060402	4064392	4060334	4064308	4061925
Monthly Operation Reports submitted and included in the files	1	1	1	1	1	N/A	1
Consumer Confidence Report in file	1	1	N/A	N/A	N/A	N/A	1
Certification of delivery of CCR in file	1	1	N/A	N/A	N/A	N/A	1
Is the PWS "Waiver Screen" kept current with correctly coded waivers?	1	1	1	1	1	1	1
Comments							
						Section E Total Points Earned	19
						Section E Total Possible Points	19
						Program Element II Total Points Earned	238
						Program Element II Total Possible Points	250

Program Element III: Compliance			
A. Overall Compliance	**Answer**	**Comments**	**Points**
1. Are PWS Reports (Bact., Compliance, & MORs) reviewed and documented monthly?	Yes		1
2. Are PWS Reports (Inspections, Chems, Pb/Cu, San Surveys) reviewed and documented quarterly?	Yes		1
3. Are PWS Reports (Annual Invoice and Facility Reports) reviewed and documented annually?	Yes		1
4. Are violations identified, documented, and reported in a timely manner?	Yes		1
5. Is the program ensuring that systems comply with storage tank inspection requirements?	Yes		1
6. Are monitoring reminder letters sent to each system on an annual basis?	Yes		1
7. Are all systems exceeding the chemical trigger levels on quarterly monitoring?	Yes		1
8. Are the correct sample types entered in the database?	Yes		1
9. Is the program following through with the PN requirements of the GWR (i.e. requesting PN when a FI+ source sample is identified, entering PN codes in database, entering appropriate violation if PN isn't done)?	Yes		1
10. Are five additional samples collected when fecal-indicator positive source water samples are found?	Yes		1
11. Are CCRs reviewed for completeness and accuracy?	Yes		1
12. Bonus - Does office have and use additional testing capability to verify field parameters such as chloramines, ammonia, orthophosphate, nitrite?	Yes		1
		Section A Base Points Earned	**11**
		Section A Bonus Points Earned	**1**
		Section A Total Points Earned	**12**
		Section A Total Possible Points (not including bonuses)	**11**
B. Subpart H Surface Water	**Answer**	**Comments**	**Points**
Number of Subpart H Systems	0	Info. Only	
1. Are MORs for all Subpart H systems treating surface water submitted to both the local program and the DWSWMOR email address?	N/A		N/A
2. Are MORs submitted for consecutive Subpart H systems?	N/A		N/A
3. Do MORs include CT calculations and disinfection profiles?	N/A		N/A
4. Are TOC monitoring results evaluated for advanced coagulation/softening compliance?	N/A		N/A
5. Are violations entered for turbidity exceedances over the operating level and Maximum Allowable Limit	N/A		N/A
6. Are public notices required for turbidity exceedances over the Maximum Allowable Limit?	N/A		N/A
7. Are systems with turbidity exceedences referred to DEP HQ as possible AWOP candidates?			Info. Only
		Section B Total Points Earned	**0**
		Section B Total Possible Points	**0**
C. Complaint Management	**Answer**	**Comments**	**Points**
1. Are complaints about water systems investigated within 48 hours of receipt (per Interagency Agreement 3.2.3.3)?	Yes		1
2. Is a complaint log or electronic complaint system maintained?	Yes		1
3. Are violations and/or deficiencies that are uncovered during complaint investigations identified, documented, and reported in a timely manner?	Yes		1
		Section C Total Points Earned	**3**
		Section C Total Possible Points	**3**
		Program Element III Base Points Earned	**14**
		Program Element III Bonus Points Earned	**1**
		Program Element III Total Points Earned	**15**
		Program Element III Total Possible Points (not including bonuses)	**14**

Program Elements IV. Enforcement			
A. Enforcement Readiness	**Answer**	**Comments**	**Points**
1. Does the program have access to the DEP Enforcement Manual?	Yes		1
2. Has the Drinking Water staff reviewed the appropriate chapters of the DEP Enforcement Manual?	Yes		1
3. Are the program's enforcement actions in general conformance with the DEP Enforcement Manual?	Yes		1
4. Has the program staff been trained on the program's enforcement protocol?	Yes		1
5. Does the program utilize the DEP Drinking Water Penalty Guidelines?	Yes		1
		Section A Total Points Earned	**5**
		Section A Total Possible Points	**5**
B. Accomplished Enforcement Activities (non-Enforcement Tracking Tool)	**Answer**	**Comments**	**Points**
System 1 Name:	Margate	PWS ID:	4060845
Violation Type:	failure to monitor at the correct location for asbestos		
Time period between violation and technical assistance or warning letter:	120 days		
Has PWS been returned to compliance?	Yes		
1. Was the enforcement case escalated in general accordance with the enforcement manual?	Yes		5
System 2 Name:	Dania Beach	PWS ID:	4060253
Violation Type:	modification without a permit		
Time period between violation and technical assistance or warning letter:	6 days		
Has PWS been returned to compliance?	Yes		
2. Was the enforcement case escalated in general accordance with the enforcement manual?	Yes		5
		Section B Total Points Earned	**10**
		Section B Total Possible Points	**10**

C.	Enforcement Related to EPA's Enforcement Tracking Tool	Answer	Comments	Points
1.	Has the office responded to and acted upon ETT inquiry emails from HQ by the specified deadline?	Yes		1
2.	Is the office escalating enforcement activities in response to priority systems?	Yes		
	Number of systems on ETT list with score ≥ 11 with unaddressed violations	0	Info Only	
	Number of PWSs listed as repeat offenders	1	Info Only	
	Provide comments on the activities being conducted to return each system with score ≥ 11 with unaddressed violations to compliance.			
			Section C Bonus Points Earned	1
D.	Secondary Contaminant Enforcement Policies	Answer	Comments	Points
1.	Are SMCLs enforced for all LARGE community systems serving 3,300 or more people per PCE guidance?	Yes		1
2.	Are SMCLs enforced for SMALL community systems per 2013 Enforcement Guidance Table and PCE info?	Yes		1
3.	Are "Public Notices" required for all SMCL violations?	Yes		Info Only
			Section D Total Points Earned	2
			Section D Total Possible Points	2
			Program Element IV Base Points Earned	17
			Program Element IV Bonus Points Earned	1
			Program Element IV Total Points Earned	18
			Program Element IV Total Possible Points	17

A. Sanitary Surveys - Status			Answer	Comments	Points
1. Have all of the systems been given at least one initial Sanitary Survey after activation?			Yes		1
2. Are SS done every 3 years for CWS and NTNC systems and every 5 years for TNC systems?			Yes		1
3. Are all of the sanitary surveys up to date?	Yes	Percent complete?	100		10
				Section A Total Points Earned	12
				Section A Total Possible Points	12

B. B. Sanitary Surveys - Procedures	Answer	Comments	Points
1. Does the program use a form that includes all 8 required elements and associated questions?	Yes		1
2. Is a file review done for data verification prior to conducting a sanitary survey?	Yes		1
3. Are pesticide monitoring waivers reviewed in the office and verified in the field?	Yes		1
4. Is Wellhead/Source Protection information reviewed in the office prior to the survey?	Yes		1
5. Are Bacti Sampling Plans reviewed to ensure samples are collected in accordance with the plan?	Yes		1
6. Are D/DBP monitoring plans reviewed to ensure samples are collected in accordance with the plan?	Yes		1
7. Are the systems' valve maintenance plans and records reviewed?	Yes		1
8. Are the systems' flushing plans and records reviewed?	Yes		1
9. Are samples collected in the field for disinfectant residual measurement?	Yes		1
10. When no disinfectant residual is found, are appropriate actions taken?	Yes		1
11. Bonus - Are UDI factors such as sealing and venting and nearby sanitary hazards noted in survey?	Yes		1
Have any potential UDI systems been identified? Note system names/PWS numbers in comments	No		Info only
		Section B Base Points Earned	10
		Section B Bonus Points Earned	1
		Section B Total Points Earned	11
		Section B Total Possible Points (not including bonuses)	10

C. Sanitary Surveys - Report Review					
System Name	Ft. Lauderdale Assembly Hall of Jehovah's Witnesses	I-75 Rest Area	Iglesia Bautista West Broward	North Lauderdale	Wilton Manors
PWS ID	4060112	4064403	4064395	4060976	4061574
Form filled out accurately and completely	1	1	1	1	1
Treatment in report matches that in database	1	1	1	1	1
Cross Connection Control Plan reviewed and CCC supplement to SS form in file	N/A	N/A	N/A	0	1
Contact information in report matches that in database	1	1	1	1	1
Sanitary Survey form signed by senior reviewer or QA/QC staff	1	1	1	1	1
Cover letter (which either lists the deficiencies or notes that deficiencies are identified in report) was sent	0	0	1	1	1
A compliance schedule specified or requested in deficiency letter	1	1	1	1	1
Copy of the completed survey sent to the owner and operator within 30 days	1	1	1	1	1
Comments					
				Section C Total Points Earned	34
				Section C Total Possible Points	37

D. Sanitary Surveys - Follow-Up Procedures					
System Name	Ft. Lauderdale Assembly Hall of Jehovah's Witnesses	I-75 Rest Area	Iglesia Bautista West Broward	North Lauderdale	Wilton Manors
PWS ID	4060112	4064403	4064395	4060976	4061574
SS activities and deficiencies are tracked in PWS	1	1	0	1	1
Inspection information is entered into the database within 30 days of report issuance	1	1	1	1	1
Follow-up compliance inspections are made	1	1	1	1	1
Follow-up compliance is tracked in PWS	1	1	1	1	1
Actions to correct deficiencies are adequate	1	1	1	1	1
Comments					
				Section D Total Points Earned	24
				Section D Total Possible Points	25

E. Compliance Inspections		Answer	Comments	Points
1.	Are any compliance inspections performed on an annual basis as resources allow (per 2010 interagency agreement)?	Yes		1
2.	Bonus - What was the percentage of compliance inspections done for C, NTNC, and TNC systems during the 12-month performance evaluation period?	100		5
			Section E Base Points Earned	1
			Section E Bonus Points Earned	5
			Section E Total Points Earned	6
			Section E Total Possible Points (not including bonuses)	1
			Program Element V Base Points Earned	81
			Program Element V Bonus Points Earned	6
			Program Element V Total Points Earned	87
			Program Element V Total Possible Points	85

Program Element VI: Permit and Plan Review Procedures			
A. Forms and References	**Answer**	**Comments**	**Points**
1. Is a hard copy of Chapter 62-555, FAC available?	Yes		1
2. Is a hard copy of Section 62-555.330, FAC (Engineering References) available?	Yes		1
3. Is a hard copy of Section 62-555.335, FAC (Guidance Documents) available?	Yes		1
4. Does the program have access to the most current forms in 62-555.900?	Yes		1
5. Is a copy of the Capacity Development Implementation Manual available?	Yes		1
6. Does the program have access to copies of the PCE minutes?	Yes		1
7. Is a Construction Permit Checklist used and available?	Yes		1
8. Are additional checklists or references used? (list in comments)	Yes	general permits	Info Only
		Section A Total Points Earned	**7**
		Section A Total Possible Points	**7**
B. Permit Application (PA) Tracking	**Answer**	**Comments**	**Points**
Number of Construction Permits issued during the last calendar year?	14	Info Only	
Number of General Permits processed during the last calendar year?	151	Info Only	
1. Is the PA tracking system the primary one used to log in and track all permits?	Yes		1
2. Is permit data also entered into the PWS database?	Yes		1
3. Bonus - Are the Program Summary Reports run?	Yes		1
		Section B Base Points Earned	**2**
		Section B Bonus Points Earned	**1**
		Section B Total Points Earned	**3**
		Section B Total Possible Points (not including bonuses)	**2**
C. Permit Processing	**Answer**	**Comments**	**Points**
1. What is the average time to process construction permits (days)?	20.69		2
2. What is the average time to process general permits (days)?	14.63		2
3. Were any "specific" construction permits issued by default? (put number in comments)	No		1
4. Were any "general" water main extension permits issued by default? (put number in comments)	No		1
5. Are compliance status and system capacity checked to determine general permit eligibility?	Yes		1
6. Are the recommended permit formats used?	Yes		1
7. Are construction permits signed by the Program Administrator or the delegated signatory?	Yes		1
8. Are General Permit denials signed by the Program Administrator or the delegated signatory?	Yes		1
9. Are General Permit acceptance letters signed by the PE?	Yes		1
10. Are PE certifications on file?	Yes		1
11. Is a Clerk "Certification of Service" on file within each permit file?	Yes		1
		Section C Total Points Earned	**13**
		Section C Total Possible Points	**13**
D. Capacity Development Procedures	**Answer**	**Comments**	**Points**
Were any new systems permitting within the program review time period?	No	Info Only	
1. Are 3-year financial projections spreadsheets submitted for new NTNC and C systems?	Yes		1
2. Was the financial capacity of the system reviewed and deemed adequate?	N/A		N/A
3. Was the managerial capacity of the system reviewed and deemed adequate?	N/A		N/A
4. Is a field inspection made to certify adequate technical capacity before clearance is granted?	N/A		N/A
5. Are 3-year (post clearance) updates from new systems received and reviewed?	Yes		1
		Section D Total Points Earned	**2**
		Section D Total Possible Points	**2**

E. Clearance Procedures			Answer	Comments	Points
Review two clearance files: #	127999-074-WC	126081-494-DSGP			
1. Were bacteriological tests submitted and ok for both files? (one point for each clearance)			Yes		2
2. Were disinfectant residuals tests submitted and ok for both files? (one point for each clearance)			Yes		2
3. Was a "Request for Clearance signed by a PE or RLS? (one point for each clearance)			Yes		2
				Section E Total Points Earned	6
				Section E Total Possible Points (not including bonuses)	6

F. 4-Log Virus Removal Review and Approval					
System Name: Broward Co WWS 1A		System Type: Community		PWS ID: 4060167	
Demonstration submittal per "guidelines for Four-Log Virus Treatment of Ground Water", October 2009 (submittal package includes original submittal and RAI responses)					
1. Did the demonstration include the cover sheets from appendix of the 4-log guidelines?			Yes		1
2. Did the demonstration include intent (open to atmosphere = GWR or closed = GWR and finished water req.)?			Yes		1
3. Did the demonstration include identification of the 4-log technologies and claimed removal credits?			Yes		1
4. Did the demonstration include a schematic diagram of the WTP showing individual treatment sections in CT calcs?			Yes		1
5. Depending on the system processes, did the demonstration include requirements from pages 1-6 & 1-7?			Yes		1
6. Does the CT calculation include either minimum measured aquifer temp data or minimum temps from D-1?			Yes		1
7. Was the CT requirement determined using the appropriate tables taking into account disinfectant, pH, and temp.?			Yes		1
8. Was the actual CT calculation included in the demonstration confirmed by DEP/DOH staff?			Yes		1
9. Is there written documentation of the 4-log approval (either a letter or an order)?			Yes		1
10. Does the approval identify the technologies used to provide 4-log treatment and the removal credit for each?			Yes		1
11. Does the approval identify or establish the correct compliance monitoring requirements?			Yes		1
12. Does the approval identify or establish operating requirements for each virus treatment technology?			Yes		1
13. Does the approval include notice of the right to an administrative hearing?			Yes		1
14. Is the file complete:			Yes		1
15. Is the approval adequate based upon the demonstration submittal, guidance docs, and professional judgement?			Yes		1
16. Bonus - Was a follow-up inspection of the facility performed to verify compliance with the approval?			No		0
				Section F Base Points Earned	15
				Section F Bonus Points Earned	0
				Section F Total Points Earned	15
				Section F Total Possible Points (not including bonuses)	16

G. Permit File Review	Specific	Specific	Specific	General	General
System Name	Coral Springs Imp Dist	Royal Utilities	Coconut Creek	Cooper City	Coral Springs
System Type	Community	Community	Community	Community	Community
Permit Number	135810-035	317324-001	126396-158	68232-102	126614-152
Permit Type	Specific	Specific	Specific	General	General
PWS ID	4060291	4061517	4061584	4060282	4060290

Comments:

In several cases, the permits were clerked and/or signed up to 2 weeks after the permit issuance date.

In one case, 2 applications were submitted for the same project by 2 different consultants. The first application was never withdrawn.

In this same case case, the P.E. certification for application #2 was signed by 2 different P.E.s for the same work.

Section G Total Points Earned	46
Section G Total Possible Points	50
Program Element VI Base Points Earned	91
Program Element VI Bonus Points Earned	1
Program Element VI Total Points Earned	92
Program Element VI Total Possible Points (not including bonuses)	96

Program Element VII: DEP Coordination and Assistance Activities			
A. Interagency Resources	**Answer**	**Comments**	**Points**
1. Does staff have access to the 2010 DOH/DEP Interagency Agreement?	Yes	electronic files & internet	1
2. Are DEP PCE meetings/teleconferences attended?	Yes	Tri-County Quarterly Mtgs.	1
3. Is Oracle access available for each position?	Yes		1
4. Does the office have small- and large-scale scanning capabilities for electronic filing?	Yes		1
		Section A Total Points Earned	**4**
		Section A Total Possible Points	**4**
B. Coordination Procedures	**Answer**	**Comments**	**Points**
1. Are meetings held with the DEP District office to review permit procedures?	Yes	Tri-County Mtgs. & as needed	1
2. Are meetings held to review the technical aspects of permits and permit decisions?	Yes	Tri-County Mtgs. & as needed	1
3. Are compliance procedures and compliance status reviewed?	Yes	Tri-County Mtgs. & as needed	1
4. Are enforcement cases and enforcement program status reviewed?	Yes	Tri-County Mtgs. & as needed	1
5. Does staff attend/participate in Focus on Change seminars?	Yes	Annually	1
6. Is technical assistance coordinated with the FRWA?	Yes	As needed	1
		Section B Total Points Earned	**6**
		Section B Total Possible Points	**6**
		Program Element VII Total Points Earned	**10**
		Program Element VII Total Possible Points	**10**

Program Element VIII: Training			
A. Accomplished Training	**Staff Trained**	**Staff Needing Training**	**Points**
1. Oracle PWS database (including reports)	4	1	1
2. Permit Application (PA) tracking system (including reports)	5	0	1
3. Capacity Development reviews and inspections	2	2	1
4. CT calculations and 4-log reviews	4	1	1
5. Monitoring waiver reviews	3	2	1
6. Cross Connection Control Plans and reviewing Cross Connection Control programs	5	0	1
7. CCR template and review of CCRs	3	2	1
8. Corrosion Control Plan and the Lead and Copper Rule	4	1	1
9. Sanitary surveys and Inspections	5	0	1
10. Compliance and Enforcement	3	2	
Comments			
		Section A Total Points Earned	**9**
		Section A Total Possible Points	**9**
B. Training Plans and Activities	**Answer**	**Comments**	**Points**
1. Does the program have a written training plan?	Yes		1
2. Does the program have a system for training new employees on job functions?	Yes		1
3. Does the program participate in cross-training with the local DEP District or other ACHDs?	Yes	Tri-County Mtgs. & Sanitary Survey School	1
		Section B Total Points Earned	**3**
		Section B Total Possible Points	**3**
		Program Element VIII Total Points Earned	**12**
		Program Element VIII Total Possible Points	**12**

Public Water System Supervision Program Review

Program Evaluation for: _____ **Calendar Year:** _____

Program Element	Program Element Weight	Total Possible Points	Base Points Awarded	Bonus Points Earned	Total Points Earned	Ratio	Score
I. Organization, Staffing, and Resources	5.0%	48	48	1	49	1.02	5.10%
II. Data Management and Files	25.0%	250	238	N/A	238	0.95	23.80%
III. Compliance	15.0%	14	14	1	15	1.07	16.07%
IV. Enforcement	15.0%	17	17	1	18	1.06	15.88%
V. Review of Sanitary Surveys and Compliance Inspections	15.0%	85	81	6	87	1.02	15.35%
VI. Permits and Plan Review Procedures	15.0%	96	91	1	92	0.96	14.38%
VII. DEP Coordination and Assistance Activities	5.0%	10	10	N/A	10	1.00	5.00%
VIII. Training	5.0%	12	12	N/A	12	1.00	5.00%

OVERALL SCORE AND DESIGNATION	100.59%	EXCELLENT

REVIEWERS' COMMENTS

Areas Needing Immediate Attention

4-log request calibration information for all devices for at least one year.

Positive Activities to Reinforce

4- log excellent review and conditional approval pending the results of monitoring for one year because of the natural ammonia

Excellent record of inspection and sanitary surveys on file, and good tracking in PWS

Areas of Improvement

SEBR is in process of requesting updated sampling plans for all systems to replace older plans.

Numbers 1 through 14 in the tables below indicate the 1st through the 14th lead and copper questions, respectively, on the Excel program evaluation form.

Coral Springs Improvement District 4060291

No AL exceedances since 1995.

Latest L&C results in 2013.

Rationale for Scores	
7.	1 because file, milestones match for %A 8/29/13, %B 9/13/13 and %F 10/8/13 and no milestones/files appear to be missing and T waiver in DB. Note however the remarks field of the %F does not identify the associated sampling period.
10.	N/A
13.	N/A because no violations or enforcements seen in files or expected based on available files and DB records
14.	N/A same as above

Royal Utility 4061517

No AL exceedances in PWS DB, which goes back to 1993.

Latest L&C results 2011.

Noticed "extra" documentation – PWS is on triennial yet there is a %F in DB dated 10/8/2013.

Rationale for Scores	
2.	0 because no PWSID, contact person
7.	1 because the following codes present in DB and consistent with files: %E 1/30/12, %F 5/8/12, %B 5/13/13, %E 1/30/12, %A 2/20/13. Also T waiver in DB. Note remarks field for %F does not identify the associated sampling period.
10.	N/A
13.	1 because file analytical results marked received late
14.	HX 1/30/12 corresponding to above late results

Everglades Holiday Park 4060402

No AL exceedances since Cu exceedance 7-12/2012.

Latest L&C results 2013.

Rationale for Scores	
2.	1 because contact phone not completed, otherwise OK.
3.	0 because system submitted 6/16/13 WQPs on wrong format. SEBR had system resubmit these results on correct format in April 2014.

7.	0 because cert forms for 1-6/2013 and 7-12/2013 were submitted late documented by %E 4/11/14 and %F 4/11/14. However %P in DB for CC study done 8/21/13. And however 1/30/13 %E, 2/13/13 %F in DB related to 2012 sampling. No other %E or %F in DB dated 2013. B waiver in DB ending 12/31/13 and R waiver beginning 1/1/14. • Remarks fields for %F: Remarks field for 4/11/14 %F references "2013 sampling events" unclear from remarks field whether this pertains to 1-6/2013 and/or 7-12/2013. Remarks field for 2/13/13 %F is blank.
8.	0 same reason as for 7.
10.	1 source water 3/25/13 Pb results in file and in DB as inorganic. Source water 3/25/13 Cu results in file and in DB as secondary.
13.	1 because files corresponding to 1/30/13 EM
14.	1 because 1/30/13 EM

Kids Paradise 4064392

No AL exceedances since 1993.

Latest L&C results 2012.

System on triennial so sampling expected in 2011 but did not take place in 2011. CO issued per item 13. Below.

Rationale for Scores	
2.	0 because no PWSID, contact person but otherwise OK.
7.	0 because %E (apparently for 2012 sampling) requested late 5/14/2013. T waiver in DB.
8.	0 for reason above for item 7.
10.	N/A
13.	N/A but note there was a CO for multiple parameters (Pb/Cu 2011 monitoring, coliform, VOCs, etc) effective 4/26/12
14.	N/A for above reason for item 13.

Davie (Hacienda Village) 4061925

No AL exceedances while DB goes back to 1999.

Latest L&C results 2011. Not sure why they sampled in 2011, because they were on triennial and sampled in 2010.

Rationale for Scores	
6.	0 because 2011 Cu results need to use highest value as 90th percentile value
7.	0 because SEBR caught missing 2011 Form 16 in 2014. %E 4/1/2014, %F 4/2/2014. Good: remarks field of 4/2/2014 %F identifies the associated sampling event. T waiver in DB not in agreement with sampling in 2010 and 2011.
8.	0 for same reason above for item 7.
10.	N/A

13.	N/A missing Form 16 is deficiency, not a violation.
14.	N/A same as above

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#16

STATE OF FLORIDA

DEPARTMENT OF ENVIRONMENTAL PROTECTION

OPERATOR CERTIFICATION PROGRAM

2014 Annual Submittal

Operator Certification Program
2600 Blair Stone Rd. MS 3506, Tallahassee, FL 32399-2400
Telephone (850) 245-7500 Fax (850) 245-8410

www.dep.state.fl.us/water/wff/ocp

State of Florida
Operator Certification Program
Annual Submittal
Ronald W. McCulley, Program Administrator
April 2014

Introduction

In 2013, the State of Florida received approval for the Operator Certification Program (OCP) under the EPA Guidelines published on February 5, 1999. Under these guidelines, approved States are required to submit an annual "documentation and evaluation" of the program. The following is the Florida submittal for May 2013 through April 2014 prepared in accordance with the directions provided by EPA.

Since the last report in 2013, an extension to the contract with the Association of Boards of Certification (ABC) was initiated. This six-month extension will run from February 28, 2014, and will expire on August 28, 2014. ABC continues to provide examination development and computer based examination administration services to the Department's Operator Certification Program. These services are performed for all of our licensure categories.

The Operator Certification Program in Florida is unique. Our OCP consists of five full-time employees. The OCP staff members are neither licensed nor trained in water/wastewater operations, but are professional and clerical staff whose responsibilities include application approvals, maintenance of the operator certification database, and the many other administrative functions associated with the daily operations of the program.

The staff is actively involved in the overall process. The OCP office is in constant contact with the various professional water and wastewater operator organizations, plus many of the individual operators throughout the State. It has representatives from these organizations, representatives from the DEP, and professionals in the field who are fundamentally responsible for the examination standards and training quality that Florida operators receive. Preparatory training of operators is derived from formal classroom work, correspondence courses, and personal instruction approved by the professional organizations. The Examination Review Committee composed of licensed operators, subject matter experts, and members of the DEP, create the appropriate examination questions reflecting current standards. This committee is also responsible for the validation and verification of examination results. Enforcement of mandated State and National requirements for adequate and accurate reporting of data by operators and their various plants is the responsibility of the DEP District Offices. Thus, even though the OCP is not directly responsible for some of these activities, the OCP has assumed the vital responsibility of advocate for the current system. The OCP is often the source of inspiration for many of the above activities and becomes the vector for information to and between the various professional organizations, DEP, and the operators. This is being fostered through an on-going and continual information exchange through phone contacts, emails, and personal appearances at regional, State, and national meetings.

(1) Authorization

The Florida Department of Environmental Protection (FDEP) implements the Operator Certification Program. The OCP is authorized by Chapter 403, Sections .865-.88, Florida Statutes, and Chapter 62-602, Florida Administrative Code (F.A.C.). In October 2007, the Secretary of FDEP approved revisions to Chapter 62-602, F.A.C. The revision included mandatory Water Distribution Operator licensure.

(2) Classification of Systems, Facilities and Operators

Water treatment plants, including Community Water Systems (CWSs) and Nontransient, Noncommunity Water Systems (NTNCWSs) are classified in five categories based on the complexity of treatment:

Water Treatment Process	Class A	Class B	Class C	Class D
Category I: Chemical preparation with filtration including lime softening, coagulation, direct filtration.	5.0 MGD and above	1.0 MGD up to 5.0 MGD	up to 1.0 MGD	None at this level
Category II: Demineralization including reverse osmosis desalinization, electro dialysis, and ultra filtration.	6.5 MGD and above	1.0 MGD up to 6.5 MGD	up to 1.0 MGD	None at this level
Category III: Filtration (other than category II) including primary treatment or ion exchange.	8.0 MGD and above	2.0 MGD up to 8.0 MGD	up to 2.0 MGD	None at this level
Category IV: Primary Treatment (includes aeration, stabilization, and disinfection).	None at this level	10 MGD and above	0.1 MGD up to 10 MGD	Up to 0.1 MGD
Category V: Disinfection only	None at this level	None at this level	.25 MGD and above	Up to .25 MGD

Water Distributions Systems are classified in two categories:

Water Distribution System Category I (Distribution system connected to a **Class A, B, or C** water treatment plant)			
Level 1	**Level 2**	**Level 3**	**Level 4**
Serving 100,000 or more persons.	Serving at least 10,000 persons and less than 100,000 persons.	Serving at least 1,000 persons and less than 10,000 persons.	Serving less than 1,000 persons

Water Distribution System Category II (Distribution system connected to a **Class D** water treatment plant only)			
Level 1	**Level 2**	**Level 3**	**Level 4**
N/A	N/A	N/A	No specific # persons served. Must be connected to a "D" level plant.

Furthermore, each category is divided into four classes of licensure based on permitted design flow. The four classes of licensure for Water and Wastewater Treatment Plant operators are A, B, C, & D and the four levels for Water Distribution System operators are 1, 2, 3, & 4.

The highest of these is Class A and Level 1. Each increasing class and level requires that the applicant pass a more thorough and demanding knowledge-based examination. Operators may hold either a water, wastewater, distribution license or may hold all three. Florida currently has the following breakdown of licensed operators.

Class	Water Plant Operators	Wastewater Plant Operators
A	1114	1445
B	787	893
C	2180	2012
D	213	92
Total	4294	4442

Level	Water Distribution System Operators
1	775
2	716
3	2195
4	11
Total	3697

(Not included in the above totals are 1304 license holders in an Inactive Licensure Status. If these licenses are not renewed by April 30, 2015, they will become Null and Void).

All systems in the State of Florida have licensed operators. Florida law requires that systems have licensed operators before they can become functional. A new system that may need an operator is referred by the OCP to the Florida Rural Water Association, Florida Water and Pollution Control Operators Association, or the Florida Section/American Water Works Association for fulfillment of any job vacancies.

Due to Florida's continued reorganization and regionalization of facilities, there has been a reduction in both CWS and in NTNCWS as shown in the following table.

	CWS	NTNCWS	Total Systems	Gain or Loss (from previous year)
April 2014	1,668	804	2,472	-41
April 2013	1,687	826	2,513	-49
April 2012	1,714	848	2,562	-35
April 2011	1,729	868	2,597	-63
April 2010	1,748	912	2,660	-70
April 2009	1,786	944	2,730	-49

(3) Operator Qualifications

Florida Operators must meet all certification requirements. There is no provision with regard to reciprocity between states.

All applicants must have a high school diploma or GED and must score at least 70% on the Department's level-specific examination. To be eligible to take the examination for any

license classification, the candidate must possess the next lower level license except for Class C or Level 3 (which is considered entry level) and must document successful completion of an approved training course within 5 years of filing an application. The required experience for licensure is:

Drinking Water/Wastewater Classes and Water Distribution Levels

Class A/Level 1:	Document at least 5 years (10,400 hours) of experience
Class B/Level 2:	Document at least 3 years (6,240 hours) of experience
Class C/Level 3:	Document at least 1 year (2,080 hours) of experience
Class D/Level 4:	Document at least 3 calendar months of experience

Note: Class D/Level 4: This class/level includes the owner or owner's manager, agent or trainee engaged in the operation and maintenance of a public drinking water or domestic wastewater plant or a regulated public water distribution system.

The most current passing rate data for each of our examinations is as follows:

Drinking Water exams 5/13 – 4/14		
Level	Number Examined	Percent Passing
A-DW	119	40%
B-DW	143	54%
C-DW	349	60%
D-DW	27	44%

Wastewater exams 5/13 – 4/14		
Level	Number Examined	Percent Passing
A-WW	112	59%
B-WW	208	50%
C-WW	458	58%
D-WW	128	56%

Water Distribution exams 5/13 – 4/14		
Level	Number Examined	Percent Passing
1-DS	106	48%
2-DS	128	82%
3-DS	431	64%
4-DS	1	100%

(4) Enforcement

The Florida Department of Environmental Protection has jurisdiction in enforcement actions against operators and systems. The Department's District Offices have primary authority and responsibility for enforcement that is taken against an operator.

Disciplinary proceedings may be brought for operating a plant without a valid license, submitting false information, operating a plant in a manner inconsistent with Standard Operating Procedures (SOPs), or otherwise violating regulations or lawful order of the FDEP. The State's enforcement actions may include bilateral compliance agreements, administrative orders, and civil and criminal penalties. The FDEP may impose monetary penalties of $100-$1000, and may suspend or revoke a license. Violations are most often discovered through system inspections conducted by the district offices of the FDEP.

OCP documents infractions in an operator's records. Attached is a list of the PWS that were associated with these infractions. During the past year, the following enforcement actions were reported against individual operators:

1. Warning Letters Issued
    a. DW = 0
    b. WW = 0
2. Probation Letters Issued
    a. DW = 0
    b. WW = 0
3. Final Consent Orders Issued
    a. DW = 0
    b. WW = 0
4. Suspensions/Revocations
    a. DW = 0
    b. WW= 0

(5) Certification Renewal & Training

Licenses must be renewed every two years. The next renewal date is April 30, 2015. Renewal notices are mailed 90 days before a license expires. To be eligible for renewal, the operator must pay a fee and document completion of an appropriate number of Continuing Education Units (CEUs) based on the level of the license being renewed. The number of CEUs required for each type of license is also established by rule.

Drinking Water and Wastewater CEU requirements for license renewal are:

Class A	2.0 CEU per 2 yr period
Class B	2.0 CEU per 2 yr period
Class C	1.0 CEU per 2 yr period
Class D	0.5 CEU per 2 yr period

Example: 1.0 CEU = 10 hours of instruction

Water Distribution CEU requirements for license renewal are:

Level 1	0.5 CEU per 2 yr period
Level 2	0.5 CEU per 2 yr period
Level 3	0.5 CEU per 2 yr period
Level 4	0.5 CEU per 2 yr period

Example: 0.5 CEU = 5 hours of instruction

The Department implements the current CEU program through contracts with six CEU Providers (Providers). Each Provider is given the authority and responsibility to develop CEU courses and to approve courses developed by other course "Sponsors" that meet specific criteria established by the Department. The Providers are responsible for categorizing each course by subject and license applicability and for assigning the appropriate CEU credit.

In addition, the Providers upload a licensee's completed CEUs directly to the OCP database. This is required to be done within 30 days of CEU course completion. The CEU Provider is also responsible for maintaining records for each course attendance and completion.

The following is a list of the six CEU Providers for Florida:

1. University of Florida (TREEO Center)
2. Florida Water & Pollution Control Operators Association (FWPCOA)
3. Florida Rural Water Association (FRWA)
4. Florida Water Environment Association (FWEA)
5. Florida Section/American Water Works Association (FS/AWWA)
6. Florida University of Sanitary Education (FUSE)

Florida also directly accepts correspondence courses for CEUs from:

1. University of California at Sacramento
2. Michigan State University
3. FEMA/Department of Homeland Security

After the expiration date, a license becomes inactive and the licensee must pay a $100 penalty plus the renewal fee to reactivate. An inactive license may be reactivated within two years after its expiration date. If after the two years the license has not been renewed, the license becomes null and void and may not be reactivated.

(6) Resources Needed to Implement the Program

The Operator Certification Program derives all funding from the examination, license and renewal fees.

The most routinely collected fees are:

	Exam Fee	License Fee	Renewal Fee	Renewal Late Fee
Class A, B or C	**$100**	**$100**	**$75**	**$100**
Class D	**$75**	**$75**	**$50**	**$100**
Wards of the State (prisoners)	**$20**	**$20**	**$20**	**$100**

	Exam Fee	License Fee	Renewal Fee	Renewal Late Fee
Level 1, 2, 3 or 4	**$75**	**$50**	**$50**	**$100**
Wards of the State (prisoners)	**$20**	**$20**	**$20**	**$100**

All basic program resources enumerated in the original application for program approval remain available.

The FDEP supplies five full-time staff positions for the Operator Certification Program.

The FDEP supplies/maintains a comprehensive database of examination, licensure, continuing education and enforcement information for use by OCP staff. Additionally, FDEP provides database access to its district compliance and enforcement staff. Each district has read-only access to an operator's application information, license history and previous/current enforcement actions. Furthermore, the FDEP has implemented an electronic document management system (OCULUS). Essentially, all paper files are scanned and stored in an electronic format.

(7) Stakeholder Involvement

The following are the major stakeholders who work jointly with the Operator Certification Program, Florida Rural Water Association (FRWA), Florida Section/American Water Works Association (FS/AWWA), Florida Water Environment Association (FWEA), Florida Water and Pollution Control Operators Association (FWPCOA) and Workforce Florida, Inc.

The FDEP provides funding to the Florida Rural Water Association, which in turn is involved with the OCP by the means of providing training to operators and assistance to small systems. FRWA circuit riders provide assistance throughout the State often at no charge to the operators. They also hold six "Focus on Change" seminars throughout the State bringing information and training to small systems and small system operators. Each year, the OCP is able to speak directly with approximately 1,500 operators through this series of seminars.

The other major stakeholder is the Florida Water and Pollution Control Operators Association. FWPCOA provides training through their two annual short schools, in addition to offering 16 voluntary training/certificate programs to operators. These training resources are an invaluable asset to the Operator Certification Program. The Florida Section/America Water Works Association (FS/AWWA) and the Florida Water Environment Association (FWEA) provide stakeholder vital roles in offering training and assistance to Florida Operators and constituents.

Even with the onset of our contract with ABC to provide examination development and administration services to the OCP, our exam committee still meets once a year. This committee is comprised of licensed operators and subject matter experts who review the exams generated by ABC to ensure Florida continues to have validated examinations for the Operator Certification Program. Furthermore, Florida uses a prescriptive examination process by which it uses both nationally developed examination questions (ABC) with state developed/specific examination questions (Florida).

OCP has significantly improved customer service through our telephone inquiries as well as our continually updated web page (http://www.dep.state.fl.us/water/wff/ocp). The web page is well received by the Operators and our primary way of communication with those we serve.

(8) Program Review

The last "Internal Audit" of the program was conducted by the Department's Office of the Inspector General and was completed in September 2009. The Office of the Inspector

General initiated a new Internal Audit in January 2014. The audit results have not been finalized as of the writing of this report. The Florida Department of Financial Services (DFS) conducted an "External Audit" of the program's contract with ABC on February 16, 2012. At the conclusion of this audit, no discrepancies were noted.

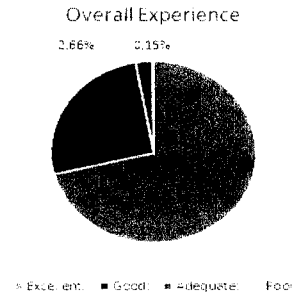
The FDEP's Technical Advisory Council (Council) for the Operator Certification Program is designed to assist in the evaluation of the program and to foster better communication of OCP policies within the Water Industry. The Council consists of volunteers. The membership includes certified water (2) and wastewater (2) operators, a representative each from the Florida Department of Education and the Department of Health, a Professional Engineer, and Department staff including an Enforcement Agent, the Program Attorney and the Program Administrator who chairs the Council. The dedication of the Council members should be noted since they come from all over the State of Florida and, pursuant to Section 403.87, Florida Statutes, "*Members shall provide for their own expenses.*" The Council's responsibilities include, but are not limited to, reviewing of rules and policies; review and recommendations for coursework/training and implementation, facilitate communication between program administration and stakeholders, and offer recommendations for the future needs and direction for all water, wastewater and distribution operators.

(9) Implementation Schedule Update

An extension to the contract with the Association of Boards of Certification (ABC) was initiated in February 2014. This six-month extension will run from February 28, 2014, and will expire on August 28, 2014. ABC provides examination development and computer-based examination administration services for the Department's Operator Certification Program. These services are performed for the professions of Water and Wastewater Treatment Plant Operators along with our new licensure category of Water Distribution System Operators. To date, this contract has served the OCP well and has had a significantly positive impact on those we regulate.

In the past, the program was only able to offer testing twice a year with no exceptions. Reporting examination grades often took as long as a 4-5 weeks. Having immediate access to ABC's examination question item bank, coupled with Florida's existing item bank, greatly enhances the quality, availability and reliability of our exams. Contracting with ABC also gave Florida the ability to migrate from a paper and pencil examination to a computer-based test administration. There is no longer a need for an application deadline and penalties associated with missing this deadline. Daily approval of exam applications coupled with daily exam administrations, allows our candidates to take the examination at their convenience instead of having only two specific dates a year on which to take an examination. Examination results are immediately available to the examinee. The overall result is a more efficient Operator Certification Program.

The computer based exam platform also allows us to conduct post examination surveys to obtain feedback from our customers. The chart below illustrates our candidates' overall experience ratings thus far with 97.2% rating the examination process as either good or excellent.



Beginning January 30, 2009, the program launched an on-line license renewal module. This capability allows operators to view their licenses, status of CEU's and renew on-line. This has been well received by our operators and over 14,193 licenses have been renewed via the web since its inception. During the last renewal period (2013) we reached a significant milestone of online renewals at a rate of around 63%. This is up from the previous renewal cycle's (2011) online renewals rate which was around 50%.

Beginning October 2012, the OCP now offers on-line application submittal capability to Florida's reexamination candidates. Our applicants can now apply for their re-exam online and receive an instant re-approval. Retake applicants can view their most recent exam history and course expiration dates online. Following their re-approval, the applicant receives an email containing their approval letter and a receipt that can be given to employers for reimbursement purposes. This will save our applicants about 4 weeks of waiting time that is typically associated with the standard paper process. It also greatly reduces the amount of paper associated with the printing and mailing of applications. This has also been well received by our operators and over 446 re-exams have been applied for via the web since its inception.

FLORIDA RURAL WATER ASSOCIATION

2970 Wellington Circle • Tallahassee, FL 32309-6885
Telephone: 850-668-2746 ~ Fax: 850-893-4581

New Water System Start-Up Checklist

Technical, Managerial & Financial Capacity

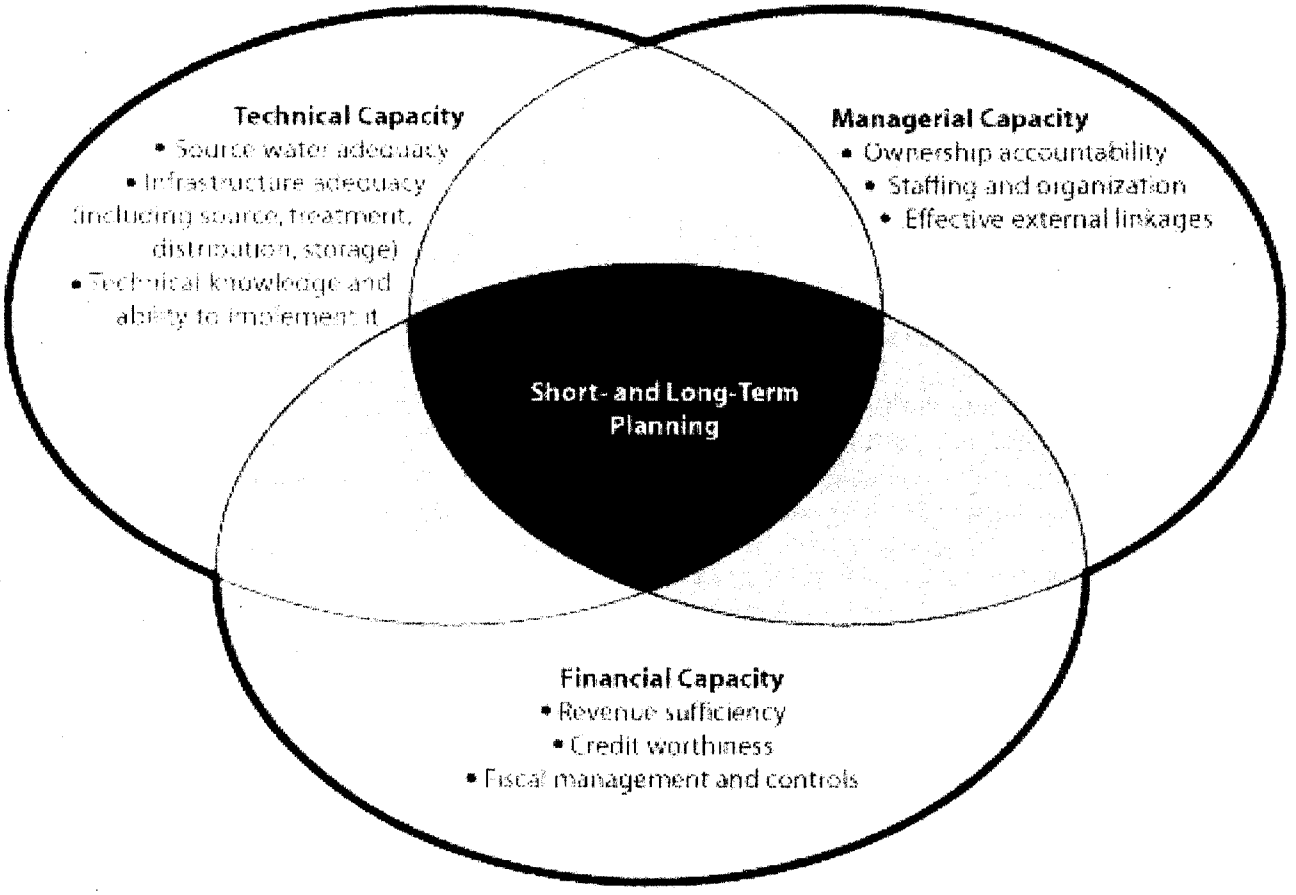


Figure ~ Elements of Small Water System Capacity Development
Source: USEPA http://water.epa.gov/type/drink/pws/smallsystems/basicinformation.cfm

System Operation Discussion:

- Mandatory Issues – elements required by FDEP or controlling authority
- Necessary Activities – elements vital and critical to utility survival
- Prudent Utility Operation – elements important to long-term sustainable utility operation

TECHNICAL CAPACITY

Technical Capacity includes the physical infrastructure of the water system, including but not limited to the source water adequacy, infrastructure adequacy, and technical knowledge. In other words, does your treatment system work the way it is supposed to? Are you providing the safest and cleanest water possible and required by law to your customers right now, and will you be able to in the future?

- Well / Source Water Adequacy - Is the condition and capacity of the source water production facilities adequate to meet all flow demands and all pressure requirements?
  - Quantity of well water and well pump
  - Quality of well water
  - Wellhead Protection Plan - Does the system maintain a Source Water Protection Plan? Have all potential contaminant sources in the source water area been identified and delineated on a map?
  - Monitoring and Analysis of well water
  - Consumptive Use Permit and Renewal with NWFWMD
- Water Treatment and Distribution Infrastructure Adequacy – Is the condition and capacity of the treatment facilities, storage, and distribution facilities adequate to meet water demands?
  - FDEP and Safe Drinking Water Act Compliance
  - Condition of water treatment plant, tanks, and distribution system
  - Sampling for Contaminants – Public water systems are required to deliver safe and reliable drinking water to their customers 24 hours a day, 365 days a year. If the water supply becomes contaminated, consumers can become seriously ill. Fortunately, public water systems take many steps to ensure that the public has safe, reliable drinking water. One of the most important steps is to regularly test the water for potential contaminants.
    - Evaluating Sampling Results
    - Maximum Contaminant Levels (MCLs)
    - Resampling triggers
    - Public Notification triggers
    - FDEP Notification triggers
    - Precautionary Boil Water Notices
  - Sampling Plan from FDEP NW District Office
  - Annual Consumer Confidence Reports
  - Standby / Emergency Power Equipment
  - Tools and Equipment – Does the operations staff have all the equipment they need to safely perform their job duties?

- Technical Knowledge & Implementation
  - Certified Operator – Is there an adequate number of additional properly certified operator(s) to properly operate the production and distribution systems?
  - Contract Operations – FRWA Checklist
  - Experienced & Knowledgeable Operator
  - Operator Training – Are all the operator(s) on track in their training programs to maintain their certifications?
  - Equipment needed for Operation (including safety) to perform job duties
  - Monthly Operation Reports
  - Technical Assistance Provider Support – FRWA Membership & Circuit Riders
  - Copies of FDEP Drinking Water Rules
- Maintain an updated distribution map – make several copies and safeguard master copies.

- Does the system maintain an updated set of maps of its distribution system?
- Are the distribution maps available to field and department staff?
- Do field personnel update those maps and transmit changes to the office regularly?

- **Effective Operations & Maintenance (O&M) Program** - Does the system have a written operation and maintenance plan?
  - Does the chief operator know of and follow the written operation and maintenance plan?
  - If there is no written operation and maintenance plan, does the chief operator understand how to properly operate and maintain the system?
- **List / Inventory of Assets** – all equipment, wells, pumps, tanks, buildings, meters, valves, hydrants, etc.
- **Asset Management & Capital Improvement Plan**
- **Record Keeping** – MORs, Monitoring Plans, Sample Results, manuals, logs, etc.
  - Does the system maintain copies on file and make available water use data including present water consumption, water losses, projected demands, fire flow demand, present and future source yields, etc.?
- **O&M MANUAL** – includes technical documents for each piece of equipment, operation and maintenance manuals, plans and specifications, who to call for service or parts. Required for ALL water systems regardless of size in your water plant office per FDEP Rule 62-555.350(13), FAC. FRWA recommends that you make at least 2 copies of the O&M Manual and store one in a safe place in case the plant copy gets lost or damaged by normal use. Your O&M Manual and Preventive Maintenance Logs can be stored together in a 3-ring binder.
  - Annual individual valve exercising program?
- **PREVENTATIVE MAINTENANCE LOGS** – required for ALL water systems regardless of size per FDEP Rule 62-555.350(12), FAC. Keep a copy in your water plant office. Preventive Maintenance Logs on electrical and mechanical equipment; cleaning and inspection logs of treatment facilities and storage tanks; records of coatings and linings rehabilitation or repair; licensed engineer inspection report (once every 5-years) for finished-drinking-water storage tanks and hydropneumatic tanks; written flushing program and logs showing that dead-end water mains are being flushed at least quarterly; and isolation valves exercise logs.
  - Meter and valve change out program? Meters at 7-years and valves at 25 to 30-years
  - Main break and leak repair program?
  - Leak detection and water loss reduction program?
  - Is there adequate backup equipment on-site for use in emergency situations?
- **CROSS-CONNECTION CONTROL**, backflow detection, and elimination program – required for ALL water systems regardless of size per FDEP Rule 62-555.360, FAC.
- **Flushing Dead-End Water Mains at least quarterly** or more often based on legitimate water quality complaints per FDEP Rule 62-555.350 (2), FAC. Include water-flushing plan in Preventative Maintenance Logs.
- **Tank Maintenance / Contract**
- **Annual Tank Inspection by Operators** – including hydropneumatic tanks with an access manhole to ensure that hatches are closed and screens are in place per FDEP Rule 62-555.350 (2), FAC.
- **Every 5-year Tank Cleaning by Operators** – including hydropneumatic tanks with an access manhole to remove biogrowths, calcium or iron/manganese deposits, and sludge from inside the tanks per FDEP Rule 62-555.350 (2), FAC.
- **Every 5-year Tank Inspection by personnel under the responsible charge of a Professional Engineer Licensed in Florida** – per FDEP Rule 62-555.350 (2), FAC.
- **Capital Improvements Program** – for repair, rehabilitation, and replacement of existing infrastructure, and new facilities

- Upcoming Regulations – Focus On Change (each February)
  - Ground Water Rule
  - Disinfectants/Disinfection By-Products Rule
  - Radon Rule

- Water Loss and Audits (Unaccounted for Water) – Recover production capacity lost due to leaks and unauthorized use, lost revenue due to faulty meters, extend the life of pumps due to a reduction in demand, and reduce system liability due to the possibility of contamination through cross connections.
- Preparing for FDEP Sanitary Surveys and Inspections

MANAGERIAL CAPACITY

Managerial Capacity involves the management structure of the water system, including but not limited to ownership accountability, staffing and organization, and effective linkages. In simpler terms, do you have an effective management structure? Do you have a capable and trained staff?

- Ownership Accountability -- a permanent organization exists as the continuing operating authority for the management, operation, maintenance, replacement, and modernization of the facility
  - Clearly identified owners & accountable
  - Authority to lay all necessary water lines, install services, and so forth
  - Adopted resolutions and policies for utility operation and new connections
  - Ability to set rates and fees, levee fines, and so forth -- Bylaws of the association provide for the proper operation, maintenance, and modernization of the facility to include at minimum: the power to regulate the use of the facility, the power to levy assessments on members and enforce them on each owner
  - Written Rate Structure and Service Fees published
  - Water Board Meetings – agendas, public notification, and scheduling
  - Florida Sunshine Laws apply to Water Board Meetings
  - Public Meetings required for any changes in rate structure or service fees with advanced notice to customers
  -
- Staffing & Organization
  - Clear roles and responsibilities – organizational chart and duties
  - Clear lines of authority
  - Appropriate and adequate expertise – TRAINING
  - Standard Operating Procedures for reliable water system operation, consistent with type of treatment and degree of automatic control, including the process to be used to identify and implement changes to current procedures and ensure that changes in responsible personnel are reported and implemented.
    - Is there a clear plan of organization and control among the people responsible for management and operation of the system?
    - Does your utility have a governing board?
    - Is your utility board knowledgeable about the basic information included in the "Getting Started" section of this assessment?
    - Is there a process that ensures that the utility board approves of any significant changes to the basic plans and operating procedures?
    - Are the limits of the operator's authority clearly known?
    - Are all the specific functional areas of operations and management assigned?

        - Does everyone involved in operations know who is responsible for each area?
        - Is someone responsible for scheduling work?
        - Do you have explicit rules and standards for system modifications?
        - Do you have rules governing new hook-ups?
        - Do you have a water main extension policy?
        - Do you have standard construction specifications to be followed?
        - Do you have measures to assure cross-connection control and backflow prevention?
        - Do you have policies or rules describing customer rights and responsibilities?
        - Do you have a planned maintenance management system -- a system for scheduling routine preventive maintenance?
        - Do you have a system for assuring adequate inventory of essential spare parts and back-up equipment?
        - Do you have relationships with contractors and equipment vendors to assure prompt priority service?
        - Do you have records and data management systems for system operating and maintenance data, for regulatory compliance data, and for system management and administration?
- Workers Compensation per Florida requirements
- Occupational Safety and Health Act - assure safe and healthful working conditions for workers
    - Place of employment which is free from recognized hazards that are causing or are likely to cause death or serious physical harm to employees
        - Do you have a safety program defining measures to be taken if someone is injured?
        - Do you have written operating procedures for both routine and emergency system operations?
    - Hazard Communication– Material Safety Data Sheets (MSDS) any known hazards associated with handling the chemical and generally applicable safety precautions.
        - Does everyone understand the risks and safety measures involved in handling water treatment chemicals?
    - Confined Space Safety – tanks, vessels, silos, storage bins, hoppers, vaults, and pits are spaces that may have limited means of entry that has the potential to: contain a hazardous atmosphere; contain a material that has the potential for engulfing a worker in the space; pose a risk for trapping and asphyxiating a person in the space; or contain any other recognized safety hazard.
        - Are you fully aware of Occupational Safety and Health Administration (OSHA) confined space (such as trenches/manholes) regulations?

- Effective External Linkages
    - Effective customer relations – handling of customer complaints / requests - written customer complaint procedures
    - Effective regulator relations - designated compliance contact person with FDEP
        - Do you fully understand monitoring requirements and have a scheduling mechanism to assure compliance?
        - Do you have a mechanism to obtain the most recent information on regulatory requirements?
        - Do you know how to obtain clarification or explanation of requirements?
        - Do you maintain adequate records to document compliance? 7 to 10-yrs
        - Do you know what to do in the event of a violation?
    - Who to call for help?
    - Emergency Response Plan and Vulnerability Assessment

        - Is there an updated Emergency Operation Plan available for department staff?
        - Is there a contingency for making emergency interconnections to neighboring systems, and do you know they will work if needed?
        - Is there a contingency for trucking potable water in for emergency uses?
        - Does everyone involved in operations know what they are to do in the event of contamination from a toxic hazardous waste spill in your source water or a main break or a tank failure?
        - Do you have a clear chain-of-command protocol for emergency action?
        - Is someone responsible for emergency operations, for communications with state regulators, for customer relations, for media relations?
        -
    - FlaWARN Membership and Mutual Aid Agreements (www.flawarn.org)
        - FlaWARN is the formalized system of "utilities helping utilities" address Mutual Aid during emergency situations. These incidents may be man-made or natural disasters. The project's infrastructure consists of a secure web-based data bank of available resources and a practical mutual aid agreement.
        - The goal of FlaWARN is to provide immediate relief for member utilities during emergencies. FlaWARN works by matching personnel with the necessary tools and equipment to both assess and assist the impacted water and wastewater system as quickly as possible until a permanent solution to the devastation may be implemented. This method of assistance is analogous to triage at a hospital.
- Consulting Expertise / Outside Assistance – Are you getting the outside services and technical assistance you need?
    - Contracting agreements with neighboring utilities or construction firms for major system repairs
    - Engineering Services (managing engineering firms) and FRWA Engineering
    - Technical / Operations Assistance
    - Legal Counsel / Services (managing attorneys)
    - Rate Case Preparation and other financial advice – FRWA Assistance
    - Permitting (minor permitting by FRWA Engineering)
    - Licensing

FINANCIAL CAPACITY

Financial Capacity encompasses the financial resources of the water system, including but not limited to the fiscal controls, revenue sufficiency, and ability to access funds when needed. Basically, does your system have a budget and enough revenue coming in to cover costs, repairs, and replacements?

- Fiscal Management & Controls
    - Accounting System – use Standard Accounting Principles and Practices in accordance with Generally Accepted Accounting Principals & Practices or the NARUC Uniform Systems of Accounts
    - Cash Management – controls, checks and balances – two people to verify cash handling
    - Meter Reading, Billing and Collections System including measures to obtain payment for non-payment (i.e., disconnect service, late fee charge, etc.);
    - Annual Budget of revenues and expenditures with an annual comparison of planned budget to actual budget
        - Do you have an annual budget?

        - Do you have within the annual budget a provision for deposits to separate reserve accounts for equipment replacement and/or capital improvement?
        - Do you have a capital budget or capital improvement plan that projects future capital investment needs some distance (at least five years) into the future?
        - Does your capital improvement plan include expected funding sources for each project?
        - Do you have a process for scheduling and committing to capital projects?
        - Does your planning process take account of all the potential capital needs suggested by your answers to the technical questions in these worksheets?
        - Does your long-term planning incorporate analysis of alternative strategies that might offer cost saving to customers, such as consolidation with other nearby systems or sharing of operations and management expenses with other nearby systems?
    - Written Rate Structure and Service Fees – only the Board has authority to make changes
    - Financial Planning Mechanisms
        - Do you have audited financial statements?
        - Does your water system presently operate on a break-even basis?
        - Does the water system keep all the water revenues (i.e., water revenue does not support other municipal departments or unrelated activities)?
        - Do you employ standardized accounting and tracking systems?
        - Do you track budget performance?
        - Do you keep records to substantiate depreciation of fixed assets and accounting for reserve funds?
        - Are financial management recordkeeping systems organized?
        - Are controls exercised over expenditures?
        - Are controls exercised to keep from exceeding your budget?
        - Are there formal and/or written purchasing procedures?
- Insurance
- Workers Compensation per Florida requirements
- Revenue Sufficiency
    - Annual revenues cover public water system costs
    - Full Life-Cycle Cost Recovery
    - Role of Subsidies
    - Affordability & Customer Diversity
    - 5-year Budget and Capital Improvement Plan -- to be updated annually, including at a minimum, annual revenue income, annual estimated cost of operation including salary of operator, Operating Reserve, Emergency Equipment Replacement Reserve, Debt Service Reserve, and proposed methods to finance both capital charges and operating expenses.
        - Revenues: Water Rates; Fees and Service Charges; Hookup Charges; Other Revenues as Drinking Water Revenues; etc.,
        - Other Funds/Resources Available: Depreciation Reserves; Capital Contribution from Owner/Stockholder (own source); Contribution/Advance from Customer/Others; Grants; USDA RD / DWSRF Loan; Business loans; Withdrawal from Capital or Other Reserves
        - Operating & Maintenance Expenses includes Operating Expenses and General & Administrative Expenses:
        - Operating Expenses: Salaries and Benefits; Power and Other Utility; Chemicals and Treatment; Monitoring; Materials, Supplies, and Parts; Transportation; etc.
        - General & Administrative Expenses: Salaries and Benefits; Office Supplies and Postage; Insurance-vehicles, liability, workers compensation; Legal and Accounting; Contractor/ Professional Services; Fees; Other Deductions, Income Taxes, Other Taxes,

etc., Reserve Expenses: Operating Reserve; Emergency Equipment Replacement Reserve; and Debt Service Reserve,

- **Capital Improvement Plan Expenses:** New Capital Facilities; Renewal and Replacement Facilities; Safe Drinking Water Act Facilities; Non-facility Costs; Other Use of Funds; etc.,
- **Debt Obligation Expenses [principal and interest expenses]:** Repayment to Customers/others; Repayment of Business Loans; Repayment of SRF Loan; Other Use of Funds; etc., and
- **Funded Depreciation Expenses** in excess of all other P&I payments;
- **Reserves**
  - **Debt Service Reserve** will equal or exceed the required in bonding agreement
  - **Establishing an Operating Reserve** (must = 1/10 of annual operations and maintenance expenses and established over a ten year period in at least equal payments).
  - **Emergency Equipment Replacement Reserve** equal to or greater than the most expensive mechanical equipment item and established in at least equal annual payments over ten (10) years (i.e., if most expensive equipment is $10,000, the minimum yearly reserve must be $1,000/year + inflation);

- **Rates and Fee Sufficiency**
  - Do you regularly review your rates? How often? Yearly
  - Do you have a plan in place for periodic increases in rates? Consumer Price Index?
  - Is the rate structure based on metered watered use?
  - Do users pay the same or higher rate per 1000 gallons as they use more water?
  - Does the rate structure assure proportionality among users?
  - Do you have procedures for billing and collection?
  - Is your billing collection rate greater than 95%?
  - Do you have collection procedures specifically for delinquent accounts?
  -

- **Credit Worthiness**
- **Financial health**
- **Ability to service debt**
- **Planning and consideration for the financial capacity impacts of future regulations.** The upcoming regulations are the same as listed under the Technical Capacity Section

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#17

FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION

BOB MARTINEZ CENTER
2600 BLAIRSTONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

RICK SCOTT
GOVERNOR

HERSCHEL T. VINYARD JR.
SECRETARY

June 28 2013

Ms. Christine Ferraro, Program Administrator
Ms. Lisa Kelley, Assistant Director
Florida Department of Environmental Protection
Central District Office
3319 Maguire Boulevard, Suite 232
Orlando, Florida 32803

Dear Ms. Ferraro and Ms. Kelley:

Enclosed please find the Public Water System Supervision Program Review report for the program evaluation conducted at your office on May 1, 2013. I am pleased to report that your program received an excellent overall rating of 97.36 percent.

Please review the enclosed report and contact me at 850-245-8635 if you have any questions or concerns about the program evaluation.

Your efforts to ensure safe drinking water for the residents and visitors of the Central District are appreciated.

Sincerely,

Jennifer E. C. Porter, P.E.
Administrator, Source and Drinking Water Program

Attachment – 5/1/13 Public Water Supervision Program Review report

Public Water System Supervision Program Review

District Office: Central	
Date of Evaluation:	5/1/2013
Evaluators:	Eric Bengston, David Wales, Virginia Harmon, Jeffrey Lawson

Program Element I: Organization, Staffing, and Resources

A. Updated Contact Information

Phone Number:	(407)897-4100
Fax Number:	(407)897-4189
Mailing Address:	3319 Maguire Blvd. Suite 232; Orlando, FL 32807-3767

B. Supervision and Program Organization	**Answer**	**Comments**	**Points**
1. Is the permitting staff under the direct supervision of a PE registered in the State of Florida and possessing at least six months of experience with Florida's water system program, **OR**	Yes	PE, PG	12
2. Is the permitting staff under the indirect supervision of a PE registered in the State of Florida and the direct supervision of an individual possessing an engineering degree and at least six months of experience in Florida's water system program?			
3. Are an organizational chart and a listing of position descriptions available?	Yes		Info only
a. Are responsibilities for inspections, data and file management, compliance, permitting, and enforcement clearly specified?	Yes		5
b. Is the organization of the PWSS program adequate to perform program functions in an efficient manner?	Yes		5
4. Is sufficient equipment available to the PWSS program (vehicles, test equipment, etc.)?	Yes		1
		Section B Total Points Earned	**23**
		Section B Total Possible Points	**23**

C. Staffing Level

CWS =	447	NTNC =	173	TNC =	684	Total PWSs = 1304
Filled Professional Positions =	20	Filled Clerical Positions =	pooled			
Vacant Professional Positions =	2	Vacant Clerical Positions =	0			

1. What is the ratio of the total number of PWSs to the professional staff?	65.2		15
2. Is the current staffing adequate to cover the required workload?	Yes		5
3. Bonus - Does the program have a planning tool to monitor staffing requirements based on scheduled/predicted workload.	Yes		1
		Section C - Subtotal	**20**
		Section C - Bonus	**1**
		Section C - Total Points Earned	**21**
		Section C Total Possible Points (not including bonuses)	**25**
		Program Element I Base Points Earned	**43**
		Program Element I Bonus Points Earned	**1**
		Program Element I Total Points Earned	**44**
		Program Element I Total Possible Points (not including bonuses)	**48**

Program Element II: Data Management and Files

A. Comparison of File with Database - General System Information

	CPWS	CPWS	NTNC	NTNC	TNC	TNC	Consecutive
System Name	Altamonte Springs	Diamond Point	Reddick Elementary	Skate Mania	Orlando Wetlands Park	Fill-In-Station	Holiday Haven
PWS ID	3590026	3354657	3424968	3424983	3484402	3054161	3354886
System Contact Information	1	1	1	1	1	1	1
Population Served	1	1	1	1	1	1	1
Service Area Type	1	1	1	1	1	1	1
Treatment Information	1	1	1	1	1	1	1
Source Type	1	1	1	1	1	1	1
Filing Backlog	5	2	5	5	0	5	0
Data Entry Backlog	5	5	5	5	5	5	5
Comments	Complete	Complete	Complete	Complete	Nathan will notify when BACT paper is tracked down. In Oculus 5/9	Complete	Nathan will notify when BACT paper is tracked down. In Oculus 5/9
						Section A Total Points Earned	**92**
						Section A Total Possible Points	**105**

B. Bacteriological Monitoring Data

System Name	Altamonte Springs	Diamond Point	Reddick Elementary	Skate Mania	Orlando Wetlands Park	Fill-In-Station	Holiday Haven
PWS ID	3590026	3354657	3424968	3424983	3484402	3054161	3354886
12 months of bacti results in the file	1	1	1	1	1	1	1
12 months of bacti results in the database	1	1	1	1	1	1	1
Bacti results in file match those in database	1	1	1	1	1	1	1
Bacti lab reports signed and marked correctly	1	1	1	1	1	1	1
CL residual on lab reports	1	1	1	1	1	1	1
Repeat samples done when required	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Public notice done when required; database codes updated, documentation in file	N/A	N/A	N/A	N/A	N/A	1	N/A
Appropriate Violation and Enforcement records in file	N/A	N/A	N/A	N/A	N/A	1	N/A
Appropriate Violation and Enforcement codes in database	N/A	N/A	N/A	N/A	N/A	1	N/A
Comments	No Repeat Samples Req. In 2012	No Repeat Samples Req. In 2012	Additional Well Samples Taken: Not Req. Since Fl-	No Repeat Samples Req. In 2012	No Repeat Samples Req. In 2012 Missing 2012 BACT paperwork	Complete	No Repeat Samples Req. In 2012 Missing 2012 BACT paperwork
						Section B Subtotal	**38**
						Section B Total Possible Points	**38**

C. Chemical and Radiological Monitoring Data							
System Name	Altamonte Springs	Diamond Point	Reddick Elementary	Skate Mania	Orlando Wetlands Park	Fill-In-Station	Holiday Haven
PWS ID	3590026	3354657	3424968	3424983	3484402	3054161	3354886
Required information (per 62-550.730) included on lab report	1	1	1	1	1	1	
Analytical results in file	1	1	1	1	1	1	
Analytical results in database	1	1	1	1	1	1	
Analytical results in file match those in database	1	1	1	1	1	1	
Analytical reports signed	1	1	1	1	1	1	
Confirmation samples taken when required	N/A	n/a	n/a	n/a	n/a	1	N/A
Public notice done when required	N/A	1	1	1	n/a	1	N/A
Appropriate Violation and Enforcement records in file	1	n/a	1	1	n/a		N/A
Appropriate Violation and Enforcement codes in database	1	n/a	1	1	n/a	1	N/A
Asbestos Sampling Plan or Certification in file	1	1	1	1	n/a	N/A	1
SOC Questionnaire in file	n/a	1	1	1	n/a	N/A	N/A
Documentation of waiver approval included in file	n/a	1	1	1	n/a	n/a	N/A
Information included for other required monitoring	1	1	1	1	n/a		1
Comments						Should have letter for 1040 up to 20?	BACT Monitoring Only
						Section C Total Points Earned	53
						Section C Total Possible Points	53

D. Lead and Copper Tap Sampling Data							
System Name	Altamonte Springs	Diamond Point	Reddick Elementary	Skate Mania	Orlando Wetlands Park	Fill-In-Station	Holiday Haven
PWS ID	3590026	3354657	3424968	3424983	3484402	3054161	3354886
Date of latest sampling plan	7/27/2010	7/15/2010	9/10/2009	7/3/2003	N/A	N/A	2/1/2010
Lead and Copper and Water Quality Parameter (if applicable) Sampling Plan in file	1	1	1	1	N/A	N/A	1
Required information for reporting L&C tap samples (per 62-550.730(4)(a)) included on lab report	1	1	1	1	N/A	N/A	1
Required information for reporting WQP (per 62-550.730(4)(c)) included on lab report	1	1	1	N/A	N/A	N/A	1
L&C results in file	1	1	1	1	N/A	N/A	1
WQP results in file	1	1	1	N/A	N/A	N/A	N/A
Lead and copper results in the file match those in database	1	1	1	1	N/A	N/A	1
Appropriate waiver and milestone codes in database	1	1	1	1	N/A	N/A	1

Consumer Notification done when required (form 62-555.900(16))	1	1	1	1	N/A	N/A	1
If system had a lead action level exceedance, was Form 62-555.90(17) (Public Education) completed?	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Source water monitoring results entered in database	1				N/A	N/A	N/A
Water Quality Parameter ranges or levels assigned in writing, in the system file	1	N/A	1	N/A	N/A	N/A	N/A
Water Quality Parameter monitoring results evaluated for excursions	1	N/A	1	1	N/A	N/A	1
Appropriate violation and enforcement records in files	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Appropriate violation and enforcement codes in database	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Comments	WQP Excursions Question should be program-wide.						
						Section D Total Points Earned	44
						Section D Total Possible Points	44
E. File Completeness							
System Name	Altamonte Springs	Diamond Point	Reddick Elementary	Skate Mania	Orlando Wetlands Park	Fill-In-Station	Holiday Haven
PWS ID	3590026	3354657	3424968	3424983	3484402	3054161	3354886
Monthly Operation Reports submitted and included in the files	1	1	1	1	N/A	N/A	1
Consumer Confidence Report in file	1	1	N/A	N/A	N/A	N/A	1
Certification of delivery of CCR in file	1	1	N/A	N/A	N/A	N/A	1
Is the PWS "Waiver Screen" kept current with correctly coded waivers?	1	1	1	1	1	1	1
Comments	Complete	Complete	Complete	Complete	Complete	Back to "A" or Keep on "Q" for 1040??	Complete
						Section E Total Points Earned	18
						Section E Total Possible Points	18
						Program Element II Total Points Earned	245
						Program Element II Total Possible Points	258

Program Element III: Compliance			
A. Overall Compliance	**Answer**	**Comments**	**Points**
1. Are PWS Reports (Bact., Compliance, & MORs) reviewed and documented monthly?	Yes		1
2. Are PWS Reports (Inspections, Chems, Pb/Cu, San Surveys) reviewed and documented quarterly?	Yes		1
3. Are PWS Reports (Annual Invoice and Facility Reports) reviewed and documented annually?	Yes		1
4. Are violations identified, documented, and reported in a timely manner?	Yes		1
5. Is the program ensuring that systems comply with storage tank inspection requirements?	Yes		1
6. Are monitoring reminder letters sent to each system on an annual basis?	Yes		1
7. Are all systems exceeding the chemical trigger levels on quarterly monitoring?	Yes		1
8. Are the correct sample types entered in the database?	Yes		1
9. Is the program following through with the PN requirements of the GWR (i.e. requesting PN when a FI+ source sample is identified, entering PN codes in database, entering appropriate violation if PN isn't done)?	Yes		1
10. Are five additional samples collected when fecal-indicator positive source water samples are found?	Yes		1
11. Are CCRs reviewed for completeness and accuracy?	Yes		1
12. Bonus - Does office have and use additional testing capability to verify field parameters such as chloramines, ammonia, orthophosphate, nitrite?	Yes		1
		Section A Base Points Earned	**11**
		Section A Bonus Points Earned	**1**
		Section A Total Points Earned	**12**
		Section A Total Possible Points (not including bonuses)	**11**
B. Subpart H Surface Water	**Answer**	**Comments**	**Points**
Number of Subpart H Systems	2	Info. Only	
1. Are MORs for all Subpart H systems treating surface water submitted to both the local program and the DWSWMOR email address?	Yes		1
2. Are MORs submitted for consecutive Subpart H systems?	No		0
3. Do MORs include CT calculations and disinfection profiles?	Yes		1
4. Are TOC monitoring results evaluated for advanced coagulation/softening compliance?	Yes		1
5. Are violations entered for turbidity exceedances over the operating level and Maximum Allowable Limit	Yes		1
6. Are public notices required for turbidity exceedances over the Maximum Allowable Limit?	Yes		1
7. Are systems with turbidity exceedences referred to DEP HQ as possible AWOP candidates?	No		Info. Only
		Section B Total Points Earned	**5**
		Section B Total Possible Points	**6**
C. Complaint Management	**Answer**	**Comments**	**Points**
1. Are complaints about water systems investigated within 48 hours of receipt (per Interagency Agreement 3.2.3.3)?	Yes		1
2. Is a complaint log or electronic complaint system maintained?	Yes	electronic logbook	1
3. Are violations and/or deficiencies that are uncovered during complaint investigations identified, documented, and reported in a timely manner?	Yes		1
		Section C Total Points Earned	**3**
		Section C Total Possible Points	**3**
		Program Element III Base Points Earned	**19**
		Program Element III Bonus Points Earned	**1**
		Program Element III Total Points Earned	**20**
		Program Element III Total Possible Points (not including bonuses)	**20**

Program Element IV: Enforcement			
A. Enforcement Readiness	**Answer**	**Comments**	**Points**
1. Does the program have access to the DEP Enforcement Manual?	Yes		1
2. Has the Drinking Water staff reviewed the appropriate chapters of the DEP Enforcement Manual?	Yes		1
3. Are the program's enforcement actions in general conformance with the DEP Enforcement Manual?	Yes		1
4. Has the program staff been trained on the program's enforcement protocol?	Yes	ESIIs are trained	1
5. Does the program utilize the DEP Drinking Water Penalty Guidelines?	Yes		1
		Section A Total Points Earned	**5**
		Section A Total Possible Points	**5**
B. Accomplished Enforcement Activities (non-Enforcement Tracking Tool)	**Answer**	**Comments**	**Points**
System 1 Name:	Mims Water-N Brevard Co	PWS ID:	3050834
Violation Type:	DBP MCL		
Time period between violation and technical assistance or warning letter:	14 days for CO to facility		
Has PWS been returned to compliance?	Yes		
1. Was the enforcement case escalated in general accordance with the enforcement manual?	Yes		5
System 2 Name:	Black Bear Reserve	PWS ID:	3354938
Violation Type:	NOx - M/R & TT - 4-log		
Time period between violation and technical assistance or warning letter:	NOx- 30 days to WL, TT- 9 days to WL		
Has PWS been returned to compliance?	Yes		
2. Was the enforcement case escalated in general accordance with the enforcement manual?	Yes		5
		Section B Total Points Earned	**10**
		Section B Total Possible Points	**10**

C. Enforcement Related to EPA's Enforcement Tracking Tool	Answer	Comments	Points
1. Has the office responded to and acted upon ETT inquiry emails from HQ by the specified deadline?		N/A	Response Required
2. Is the office escalating enforcement activities in response to priority systems?		N/A	
Number of systems on ETT list with score ≥ 11 with unaddressed violations	0	Info Only	
Number of PWSs listed as repeat offenders	0	Info Only	
Provide comments on the activities being conducted to return each system with score ≥ 11 with unaddressed violations to compliance.	No Systems on ETT list at time of P/E		
		Section C Bonus Points Earned	0

D. Secondary Contaminant Enforcement Policies	Answer	Comments	Points
1. Are SMCLs enforced for all LARGE community systems serving 3,300 or more people per PCE guidance?	Yes		1
2. Are SMCLs enforced for SMALL community systems per 2013 Enforcement Guidance Table and PCE info?	Yes		1
3. Are "Public Notices" required for all SMCL violations?			Info Only
		Section D Total Points Earned	2
		Section D Total Possible Points	2
		Program Element IV Base Points Earned	17
		Program Element IV Bonus Points Earned	0
		Program Element IV Total Points Earned	17
		Program Element IV Total Possible Points	17

A. Sanitary Surveys - Status			Answer	Comments	Points
1. Have all of the systems been given at least one initial Sanitary Survey after activation?			Yes	PWS DB shows only one system, 3484425, that has not been given a SS. It has begin date in 7/2010 and bactis starting in 2/2013.	1
2. Are SS done every 3 years for CWS and NTNC systems and every 5 years for TNC systems?			Yes	CWS: Only Melbourne 3051447 did not have SS 1/1/10 - 12/31/12. It had SS 12/30/09 and 1/18/13. CD was working with system and large size was a factor in carrying out inspection. NTNCs and TWSs: 3354756 (TWS) BD 1994, no SS between 1994 and 4/4/13.	1
3. Are all of the sanitary surveys up to date?	Yes	Percent complete?	99.9	1301 systems/1303 systems = 0.999	8
				Section A Total Points Earned	10
				Section A Total Possible Points	12
B. B. Sanitary Surveys - Procedures			Answer	Comments	Points
1. Does the program use a form that includes all 8 required elements and associated questions?			Yes	Nathan Hess's 5/6 email says CD's SS form(s) have the eight elements and associated questions. He sent me "relatively current" form in response to my request on 5/6/13. The questions part is 4 pages compared to 8 pages for the DEP-Tallahassee Large Ground Water/Surface Water form, which upon a quick review is seen to have better coverage of the 8 elements.	1

2. Is a file review done for data verification prior to conducting a sanitary survey?	Yes	CD checks PWS, checks with Permitting, checks previous inspection report. CD plans to develop enhancement to this process within one year.	1
3. Are pesticide monitoring waivers reviewed in the office and verified in the field?	Yes	CD uses SOC questionnaire and checks the following on SS report: well sanitary seal, well vent protection, etc.	1
4. Is Wellhead/Source Protection information reviewed in the office prior to the survey?	Yes	CD reviews CCR/SWAP language. Question came up as to whether new SWAP language is being generated.	1
5. Are Bacti Sampling Plans reviewed to ensure samples are collected in accordance with the plan?	Yes	If not before, during and upon receipt of bacti results.	1
6. Are D/DBP monitoring plans reviewed to ensure samples are collected in accordance with the plan?	Yes	If not before, during and upon receipt of DBP results.	1
7. Are the systems' valve maintenance plans and records reviewed?	Yes	Yes, during inspection. Preventive maintenance section of SS form references isolation valve exercising and records thereof.	1
8. Are the systems' flushing plans and records reviewed?	Yes	Yes, during inspection. Preventive maintenance section of SS form references flushing program and records thereof.	1
9. Are samples collected in the field for disinfectant residual measurement?	Yes	Chlorination section of SS form documents this	1

10. When no disinfectant residual is found, are appropriate actions taken?	Yes	Discussed with Nathan Hess, options include determining whether the plant residual is low, having the operator fix it, etc.	1
11. Bonus - Are UDI factors such as sealing and venting and nearby sanitary hazards noted in survey?	Yes	in "Ground Water Source" part of SS form	1
Have any potential UDI systems been identified? Note system names/PWS numbers in comments			Info only
		Section B Base Points Earned	10
		Section B Bonus Points Earned	1
		Section B Total Points Earned	11
		Section B Total Possible Points (not including bonuses)	10

C. Sanitary Surveys - Report Review

System Name	Orlando Utilities [illegible]	Community of Faith [illegible]	Tavares Water [illegible]	Golden Hills MHP	Northgate Mobile Ranch
PWS ID	3480962	3494435	3351333	6424623	3050890
Form filled out accurately and completely	1	1	1	1	1
Treatment in report matches that in database	1	1	1	1	1
Cross Connection Control Plan reviewed and CCC supplement to SS form in file	1	N/A	1	0	1
Contact information in report matches that in database	1	0	1	1	1
Sanitary Survey form signed by senior reviewer or QA/QC staff	1	N/A	1	N/A	1
Cover letter (which either lists the deficiencies or notes that deficiencies are identified in report) was sent	1	1	1	1	1
A compliance schedule specified or requested in deficiency letter	1	1	N/A	1	1
Copy of the completed survey sent to the owner and operator within 30 days	1	1	1	0	1
Comments	CWS popn 425,500. Neither pictures nor schematic found.	Contact person on SS report not found in facility contact fields of PWS DB but address found in contact fields of PWS DB. Address typo in PWS DB - 33987 in contact field vs. 33897 in invoice field. J. Ferris said NTNC and TWS inspections are peer reviewed then signed by the inspector. NTNC popn 90. Neither picture nor schematic found.	CWS popn 25,700. Schematic not found. Pictures not needed because no deficiencies.	CWS popn 323. CCC plan checklist not included because system given to CD from SWD. Not sure if Nick Noreika (SWD) is a senior reviewer or QC staff. SS 1/4/12; cover letter 2/14/12. SS report has photos and schematic.	CWS popn 350. CD wrote them up for no CCC plan. No pictures, no schematic found.
			Section C Total Points Earned		33

Section C Total Possible Points	**36**

D. Sanitary Surveys - Follow-Up Procedures					
System Name					
PWS ID	3480962	3494435	3351333	6424623	3050890
SS activities and deficiencies are tracked in PWS	1	1	1	0	1
Inspection information is entered into the database within 30 days of report issuance	1	1	1	1	1
Follow-up compliance inspections are made	N/A	N/A	N/A	N/A	1
Follow-up compliance is tracked in PWS	1	1	N/A	0	1
Actions to correct deficiencies are adequate	1	1	N/A	1	1
Comments	For each of the five systems, report issue date is later than the inspection time stamp. Above system: follow up type 4 - no field inspection. In inspection details screen for 2012 SS all deficiencies (8 total) were entered except #6 and #4 was entered twice. Not all action done fields were filled in.	Follow up type 4 - no field inspection. All deficiencies (2 total) entered in inspection screen for 2012 SS; all action done fields were filled in.	No deficiencies	Golden Hills' letter in response to SS not referenced in PWS DB inspection browse. Follow-up was FRWA inspections; no subsequent DEP inspection listed in inspections browse. No deficiencies enetered in inspection details screen for 2012 SS.	No consent order at this time; CD is in the process of negotiating with them. All 24 deficiencies entered in inspection detail screen tor 2012 SS. Only one action done field filled in.
				Section D Total Points Earned	17
				Section D Total Possible Points	19

E. Compliance Inspections	Answer	Comments	Points
1. Are any compliance inspections performed on an annual basis as resources allow (per 2010 interagency agreement)?	Yes		1
2. Bonus - What was the percentage of compliance inspections done for C, NTNC, and TNC systems during the 12-month performance evaluation period?	39		1
		Section E Base Points Earned	1
		Section E Bonus Points Earned	1
		Section E Total Points Earned	2
		Section E Total Possible Points (not including bonuses)	1
		Program Element V Base Points Earned	71
		Program Element V Bonus Points Earned	2
		Program Element V Total Points Earned	73
		Program Element V Total Possible Points	78

Program Element 10: Permits and Other New Procedures			
A. Forms and References	**Answer**	**Comments**	**Points**
1. Is a hard copy of Chapter 62-555, FAC available?	Yes	all staff has own copy	1
2. Is a hard copy of Section 62-555.330, FAC (Engineering References) available?	Yes		1
3. Is a hard copy of Section 62-555.335, FAC (Guidance Documents) available?	Yes		1
4. Does the program have access to the most current forms in 62-555.900?	Yes	CD and hardcopy	1
5. Is a copy of the Capacity Development Implementation Manual available?	Yes		1
6. Does the program have access to copies of the PCE minutes?	Yes		1
7. Is a Construction Permit Checklist used and available?	Yes		1
8. Are additional checklists or references used? (list in comments)	Yes	separate lists for all types of permits	Info Only
		Section A Total Points Earned	7
		Section A Total Possible Points	7
B. Permit Application (PA) Tracking	**Answer**	**Comments**	**Points**
Number of Construction Permits issued during the last calendar year?	99	Info Only	
Number of General Permits processed during the last calendar year?	363	Info Only	
1. Is the PA tracking system the primary one used to log in and track all permits?	Yes		1
2. Is permit data also entered into the PWS database?	Yes		1
3. Bonus - Are the Program Summary Reports run?	Yes	run 3x/week	1
		Section B Base Points Earned	2
		Section B Bonus Points Earned	1
		Section B Total Points Earned	3
		Section B Total Possible Points (not including bonuses)	2
C. Permit Processing	**Answer**	**Comments**	**Points**
1. What is the average time to process construction permits (days)?	25.6		2
2. What is the average time to process general permits (days)?	11.6		2
3. Were any "specific" construction permits issued by default? (put number in comments)	No		1
4. Were any "general" water main extension permits issued by default? (put number in comments)	No		1
5. Are compliance status and system capacity checked to determine general permit eligibility?	Yes		1
6. Are the recommended permit formats used?	Yes		1
7. Are construction permits signed by the Program Administrator or the delegated signatory?	Yes		1
8. Are General Permit denials signed by the Program Administrator or the delegated signatory?	Yes		1
9. Are General Permit acceptance letters signed by the PE?	Yes		1
10. Are PE certifications on file?	Yes		1
11. Is a Clerk "Certification of Service" on file within each permit file?	Yes		1
		Section C Total Points Earned	13
		Section C Total Possible Points	13
D. Capacity Development Procedures	**Answer**	**Comments**	**Points**
Were any new systems permitting within the program review time period?	Yes	Info Only	
1. Are 3-year financial projections spreadsheets submitted for new NTNC and C systems?	Yes		1
2. Was the financial capacity of the system reviewed and deemed adequate?	Yes		1
3. Was the managerial capacity of the system reviewed and deemed adequate?	Yes		1
4. Is a field inspection made to certify adequate technical capacity before clearance is granted?	Yes		1
5. Are 3-year (post clearance) updates from new systems received and reviewed?	Yes	3 in 2012	1
		Section D Total Points Earned	5
		Section D Total Possible Points	5

E. Clearance Procedures	Answer	Comments	Points
Review two clearance files: # 0126878-171 and # 49-0076597-326			
1. Were bacteriological tests submitted and ok for both files? (one point for each clearance)	Yes		2
2. Were disinfectant residuals tests submitted and ok for both files? (one point for each clearance)	Yes		2
3. Was a "Request for Clearance signed by a PE or RLS? (one point for each clearance)	Yes		2
		Section E Total Points Earned	6
		Section E Total Possible Points (not including bonuses)	6

F. 4-Log Virus Removal Review and Approval			
System Name: OCUD Western Regional Water System	System Type: CWS	PWS ID: 3481546	
Demonstration submittal per "guidelines for Four-Log Virus Treatment of Ground Water", October 2009 (submittal package includes original submittal and RAI responses)			
1. Did the demonstration include the cover sheets from appendix of the 4-log guidelines?	Yes		1
2. Did the demonstration include intent (open to atmosphere = GWR or closed = GWR and finished water req.)?	Yes		1
3. Did the demonstration include identification of the 4-log technologies and claimed removal credits?	Yes		1
4. Did the demonstration include a schematic diagram of the WTP showing individual treatment sections in CT calcs?	Yes		1
5. Depending on the system processes, did the demonstration include requirements from pages 1-6 & 1-7?	Yes		1
6. Does the CT calculation include either minimum measured aquifer temp data or minimum temps from D-1?	Yes		1
7. Was the CT requirement determined using the appropriate tables taking into account disinfectant, pH, and temp.?	Yes		1
8. Was the actual CT calculation included in the demonstration confirmed by DEP/DOH staff?	Yes		1
9. Is there written documentation of the 4-log approval (either a letter or an order)?	Yes		1
10. Does the approval identify the technologies used to provide 4-log treatment and the removal credit for each?	Yes		1
11. Does the approval identify or establish the correct compliance monitoring requirements?	Yes		1
12. Does the approval identify or establish operating requirements for each virus treatment technology?	Yes		1
13. Does the approval include notice of the right to an administrative hearing?	Yes		1
14. Is the file complete:	Yes		1
15. Is the approval adequate based upon the demonstration submittal, guidance docs, and professional judgement?	Yes		1
16. Bonus - Was a follow-up inspection of the facility performed to verify compliance with the approval?	Yes	done by permit staff	1
		Section F Base Points Earned	15
		Section F Bonus Points Earned	1
		Section F Total Points Earned	16
		Section F Total Possible Points (not including bonuses)	16

G. Permit File Review	Specific	Specific	Specific	General	General
System Name	Seminole Co S.E. Regional WTP	Seminole Co NE PW	OCUD Western Regional	Harbor Chase Assisted Living Facility	Dimar LLC
System Type	CWS	CWS	CWS	CWS	CWS
Permit Number	WC59-0078769-246	0122188-084-WC	OCD-PW-10-163	0126878-171-DSGP/02	49-0076597-326
Permit Type	Construction	Construction	Construction	Construction GP	Construction GP
PWS ID	3590571	3590473	3481546	6604892	3491373

Comments:
system type not always indicated on clearance requests
recommend including checklists in files
office continuing to automate submissions

Section G Total Points Earned	49
Section G Total Possible Points	50
Program Element VI Base Points Earned	97
Program Element VI Bonus Points Earned	2
Program Element VI Total Points Earned	99
Program Element VI Total Possible Points (not including bonuses)	99

Program Element VII: DEP Coordination and Assistance Activities			
A. Interagency Resources	**Answer**	**Comments**	**Points**
1. Does staff have access to the 2010 DOH/DEP Interagency Agreement?	Yes		1
2. Are DEP PCE meetings/teleconferences attended?	Yes		1
3. Is Oracle access available for each position?	Yes		1
4. Does the office have small- and large-scale scanning capabilities for electronic filing?	Yes		1
		Section A Total Points Earned	**4**
		Section A Total Possible Points	**4**
B. Coordination Procedures	**Answer**	**Comments**	**Points**
1. Are meetings held with the DEP District office to review permit procedures?	Yes	1-2/year, more desired	1
2. Are meetings held to review the technical aspects of permits and permit decisions?	Yes	1-2/year, more desired	1
3. Are compliance procedures and compliance status reviewed?	Yes	1-2/year, more desired	1
4. Are enforcement cases and enforcement program status reviewed?	Yes		1
5. Does staff attend/participate in Focus on Change seminars?	Yes		1
6. Is technical assistance coordinated with the FRWA?	Yes	CD requests FRWA contact CD office when visiting systems	1
		Section B Total Points Earned	**6**
		Section B Total Possible Points	**6**
		Program Element VII Total Points Earned	**10**
		Program Element VII Total Possible Points	**10**

Program Element VIII: Training			
A. Accomplished Training	**Staff Trained**	**Staff Needing Training**	**Points**
1. Oracle PWS database (including reports)	20	ongoing	1
2. Permit Application (PA) tracking system (including reports)	7	0	1
3. Capacity Development reviews and inspections	2	No	1
4. CT calculations and 4-log reviews	2	2	1
5. Monitoring waiver reviews	3	Yes	1
6. Cross Connection Control Plans and reviewing Cross Connection Control programs	8	No	1
7. CCR template and review of CCRs	2	Yes	1
8. Corrosion Control Plan and the Lead and Copper Rule	2	Yes	1
9. Sanitary surveys and Inspections	Ongoing	ongoing	1
10. Compliance and Enforcement	7		
Comments	HAZWOPER Cert'd as well		
		Section A Total Points Earned	**9**
		Section A Total Possible Points	**9**
B. Training Plans and Activities	**Answer**	**Comments**	**Points**
1. Does the program have a written training plan?	Yes		1
2. Does the program have a system for training new employees on job functions?	Yes		1
3. Does the program participate in cross-training with the local DEP District or other ACHDs?	Yes		1
		Section B Total Points Earned	**3**
		Section B Total Possible Points	**3**
		Program Element VIII Total Points Earned	**12**
		Program Element VIII Total Possible Points	**12**

Program Evaluation for: _____ **Calendar Year:** 2012

Program Element	Program Element Weight	Total Possible Points	Base Points Awarded	Bonus Points Earned	Total Points Earned	Ratio	Score
I. Organization, Staffing, and Resources	5.0%	48	43	1	44	0.92	4.58%
II. Data Management and Files	25.0%	258	245	N/A	245	0.95	23.74%
III. Compliance	15.0%	20	19	1	20	1.00	15.00%
IV. Enforcement	15.0%	17	17	0	17	1.00	15.00%
V. Review of Sanitary Surveys and Compliance Inspections	15.0%	78	71	2	73	0.94	14.04%
VI. Permits and Plan Review Procedures	15.0%	99	97	2	99	1.00	15.00%
VII. DEP Coordination and Assistance Activities	5.0%	10	10	N/A	10	1.00	5.00%
VIII. Training	5.0%	12	12	N/A	12	1.00	5.00%

OVERALL SCORE AND DESIGNATION	97.36%	EXCELLENT

REVIEWERS' COMMENTS

Areas Needing Immediate Attention
Some training needs acknowledged, see Program Element VIII.A
It is headquarters' understanding that MOR data is no longer being added to the PWS database. It is important to note that this information is essential for program determinations such as capacity analysis, annual operating licensing fees, waivers, and public records requests. The District is encouraged to ensure that there is continuity in the input of MOR data and that this activity continues.
Positive Activities to Reinforce
Continued automation of permit submittals
District requests increased coordination with Tallahassee, see Program Element VII.B

Areas of Improvement
The district is encouraged to review and reduce the backlog of chem and bacti postings.

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#18

Florida Department of
Environmental Protection
Southwest District Office
13051 North Telecom Parkway
Temple Terrace, Florida 33637-0926

Rick Scott
Governor

Jennifer Carroll
Lt. Governor

Herschel T. Vinyard Jr.
Secretary

August 23, 2012

Ms. Linda Emerick, President
Holiday Gardens Utilities, Inc.
4804 Mile Stretch Drive
Holiday, FL 34690
countrygirl@svs.net

Re: Final Clearance – Modification to provide blending of waters from two existing supply wells (HG-1 & HG-2)

Project:	Holiday Gardens WTP
FDEP Permit No.:	0307749-001-WC/M1
PWS ID No.:	651-0807
OGC Case No:	10-3523
County:	Pasco

Dear Ms. Emerick:

The Department has received your *Certification of Construction Completion and Request for Clearance to Place Permitted PWS Components into Operation* [FDEP Form 62-555.900(9)] and supporting documents for the above-referenced project. This project was approved for construction under the FDEP permit number identified above and completed without substantial deviations, as noted in FDEP Form 62-555.900(9).

The submitted documents indicate compliance with the clearance procedures identified in Rule 62-555.345, Florida Administrative Code (F.A.C.). Therefore, the Department is issuing this letter of release to place the above-referenced water treatment plant components into service.

The attached Department Order referenced in paragraph 6(a) of the Department's Consent Order agreement, OGC File NO. 10-3523, is being issued in conjunction with this Final Clearance.

Please note that public water supply systems must comply with any changes and/or revisions to applicable laws and regulations, which affect operating procedures and/or quality standards.

If you have any questions or comments, please contact me at (813) 632-7600, extension 318 or via email at steve.thompson@dep.state.fl.us

Sincerely,

Stephen G. Thompson
Engineering Specialist
Water Facilities

cc: Pankaj Shah, P.E., Cumbey & Fair, Inc., shah@cumbeyfair.com
Richard Graziano, Operator, tallboyrichard@yahoo.com
Ed Watson, FDEP-SWD, PW Environmental Manager, edward.watson@dep.state.fl.us
Jayme Brock, FDEP-SWD, PW Environmental Specialist, james.brock@dep.state.fl.us
Gwen Shofner, FDEP-SWD, Program Manager, gwen.shofner@dep.state.fl.us

CUMBEY & FAIR, INC.

2463 Enterprise Road • Clearwater, Florida 33763-1790 • 727-797-8982 (Clw) • 813-223-4333 (Tpa) • Fax 727-791-8752

DELIVERED

Dept. Of Environmental Protection

AUG 22 2011

August 22, 2011

Ms. Gwen Shofner, P.E.
Florida Department of Environmental Protection
13051 North Telecom Parkway
Temple Terrace, Florida 33637-0926

Southwest District

Re: Holiday Gardens Utilities, Inc.
PWS - ID# 651-0807
OGC File #10-3523-51-PW
C&F Job No. 096C

Dear Ms. Shofner:

Enclosed herewith is the Specific Permit Application with a review fee in the amount of $1,000.00 for the above referenced subject. Also enclosed is a set of construction plans and a Preliminary Design Report.

The review fee is as discussed with you and the plans are in compliance with the consent letter dated June 24, 2011 regarding system exceeding annual average for arsenic.

Please contact me, if you have any questions regarding this submittal.

Very truly yours,
CUMBEY & FAIR, INC.

P.J. Shah, P.E.

PJS/lc
Enclosures
xc: Linda Emerick (w/encl)
Rich Graziano (via email w/encl)
J:\jn-C\096C\Words\Shofner DEP 082211pjs.docx

APPLICATION FOR A SPECIFIC PERMIT TO CONSTRUCT PWS COMPONENTS

See page 4 for instructions.

I. General Project Information

A. Name of Project: Holiday Gardens

B. Description of Project and Its Purpose: To modify existing source facilities for Arsenic at Well Plant #2 by blending the two (2) well plants. The total scope includes the following:

1) 1,140 feet of 4" PVC pipe and pair of #12 wires.
2) Add rate of flow controller valve and apurtenances at Well HG #2 including connect to existing 4"x4" cross.
3) Connect to Well HG #1, add bubbler tank.

C. Does project create a "new system" as described under subsection 62-555.525(1), F.A.C.? ☐Yes, and a completed copy of Form 62-555.900(20), New Water System Capacity Development Financial and Managerial Operations Plan, is attached. ☒No.

D. Location of Project

1. County Where Project Located: Pasco County
2. Description of Project Location: Tammy Lane between Pamela Drive and Prestige Drive in Holiday Gardens Subdivision

3. Latitude and Longitude of Each New Treatment Plant and Each New Raw Water Source (attach additional sheets if necessary):

Name of New Treatment Plant or Raw Water Source	Latitude			Longitude		
Well Plant #1	28°	11'	29"N	82°	43'	41"W
Well Plant #2	28°	11'	29"N	82°	43'	53"W
	°	'	"N	°	'	"W
	°	'	"N	°	'	"W
	°	'	"N	°	'	"W

E. Estimate of Cost to Construct Project: $45,000

F. Estimate of Dates for Starting and Completing Construction of Project: December 2011, completion April 2012

G. Applicant

PWS/Company Name: Holiday Gardens Utilities, Inc.		PWS Identification No.:* 6510807
PWS Type:* ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive		
Contact Person: Linda Emerick	Contact Person's Title: President	
Contact Person's Mailing Address: 4804 Mile Stretch Drive		
City: Holiday	State: FL	Zip Code: 34690
Contact Person's Telephone Number: 317/729-5808	Contact Person's Fax Number:	
Contact Person's E-Mail Address: countrygirl@svs.net		

** This information is required only if the applicant is a public water system (PWS).*

H. Public Water System (PWS) Supplying Water to Project

PWS Name: Holiday Gardens Utilities, Inc.		PWS Identification No.: 6510807
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive		
PWS Owner: Holiday Gardens Utilities, Inc.		
Contact Person: Linda Emerick	Contact Person's Title: President	
Contact Person's Mailing Address: 4804 Mile Stretch Drive		
City: Holiday	State: FL	Zip Code: 34690
Contact Person's Telephone Number: 317/729-5805	Contact Person's Fax Number:	
Contact Person's E-Mail Address: countrygirl@svs.net		

APPLICATION FOR A SPECIFIC PERMIT TO CONSTRUCT PWS COMPONENTS

Project Name: Holiday Gardens	Applicant: Holiday Gardens Utilities, Inc.

I. Public Water System (PWS) that Will Own Project After It Is Placed into Permanent Operation

PWS Name: Holiday Gardens Utilities, Inc.	PWS Identification No.:* 6510807	
PWS Type:* ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive		
PWS Owner: Holiday Gardens Utilities, Inc.		
Contact Person: Linda Emerick	Contact Person's Title: President	
Contact Person's Mailing Address: 4804 Mile Stretch Drive		
City: Holiday	State: Fl	Zip Code: 34690
Contact Person's Telephone Number: 317/729-5805	Contact Person's Fax Number:	
Contact Person's E-Mail Address: countrygirl@svs.net		

* *This information is required only if the owner/operator is an existing PWS.*

J. Professional Engineer(s) or Other Person(s) in Responsible Charge of Designing Project*

Company Name: Cumbey & Fair, Inc.		
Designer(s): Pankaj Shah, P. E.	Title(s) of Designer(s): Project Manager	
Qualifications of Designer(s): ☒ Professional Engineer(s) Licensed in Florida – License Number(s): 21180 ☐ Public Officer(s) Employed by State, County, Municipal, or Other Governmental Unit of State† ☐ Plumbing Contractor(s) Licensed in Florida – License Number(s):^		
Mailing Address of Designer(s): 2463 Enterprise Road		
City: Clearwater	State: Florida	Zip Code: 33763
Telephone Number of Designer(s): 727/797-8982	Fax Number of Designer(s): 727/791-8752	
E-Mail Address(es) of Designer(s): shah@cumbeyfair.com		

* *Except as noted in paragraphs 62-555.520(3)(a) and (b), F.A.C., projects shall be designed under the responsible charge of one or more professional engineers licensed in Florida.*

† *Attach a detailed construction cost estimate showing that the cost to construct this project is $10,000 or less.*

^ *Attach documentation showing that this project will be installed by the plumbing contractor(s) designing this project, documentation showing that this project involves a public water system serving a single property and fewer than 250 fixture units, and a detailed construction cost estimate showing that the cost to construct this project is $50,000 or less.*

II. Certifications

A. Certification by Applicant

I am duly authorized to sign this application on behalf of the applicant identified in Part I.G of this application. I certify that, to the best of my knowledge and belief, this project complies with Chapter 62-555, F.A.C., and provides assurance of compliance with Chapter 62-550, F.A.C. I also certify that construction of this project has not begun yet.

Linda Emerick, Pres. 8/12/2011	Linda Emerick	President
Signature and Date	Printed or Typed Name	Title

B. Certification by PWS Supplying Water to Project

I am duly authorized to sign this application on behalf of the PWS identified in Part I.H of this application. I certify that said PWS will supply the water necessary to meet the design water demands for this project. I certify that, to the best of my knowledge and belief, said PWS's connection to this project will not cause said PWS to be, or contribute to said PWS being, in noncompliance with Chapter 62-550 or 62-555, F.A.C. I also certify that said PWS has reviewed the preliminary design report or drawings, specifications, and design data for this project and that said PWS considers the connection(s) between this project and said PWS acceptable as designed.

- Name(s) of Water Treatment Plant(s) to Which this Project Will Be Connected: Well Plant #1 and Wall Plant #2
- Total Permitted Maximum Day Operating Capacity of Plant(s), gpd: 340,000 g.p.d
- Total Maximum Day Flow at Plant(s) as Recorded on Monthly Operating Reports During Past 12 Months, gpd: 134,706

Linda Emerick, Pres. 8/12/2011	Linda Emerick	President
Signature and Date	Printed or Typed Name	Title

APPLICATION FOR A SPECIFIC PERMIT TO CONSTRUCT PWS COMPONENTS

Project Name: Holiday Gardens	Applicant: Holiday Gardens Utilities, Inc.

C. Certification by PWS that Will Own Project After It Is Placed into Permanent Operation

I am duly authorized to sign this application on behalf of the PWS identified in Part I.I of this application. I certify that said PWS will own this project after it is placed into permanent operation. I also certify that said PWS has reviewed the preliminary design report or drawings, specifications, and design data for this project and that said PWS considers this project acceptable as designed.

Linda Emerick, Pres. 8/12/2011	Linda Emerick	President
Signature and Date	Printed or Typed Name	Title

D. Certification by Professional Engineer(s) in Responsible Charge of Designing Project*

I, the undersigned professional engineer licensed in Florida, am in responsible charge of preparing the preliminary design report or drawings, specifications, and design data for this project. I certify that, to the best of my knowledge and belief, the design of this project complies with Chapter 62-555, F.A.C., and provides assurance of compliance with Chapter 62-550, F.A.C.

Signature, Seal, and Date:	Signature, Seal, and Date:
PS Shah 8/18/11	
Printed/Typed Name: PANKAJ SHAH	Printed/Typed Name:
License Number: 21180	License Number:
Portion of Engineering Document(s) for Which Responsible:	Portion of Engineering Document(s) for Which Responsible:

Signature, Seal, and Date:	Signature, Seal, and Date:
Printed/Typed Name:	Printed/Typed Name:
License Number:	License Number:
Portion of Engineering Document(s) for Which Responsible:	Portion of Engineering Document(s) for Which Responsible:

* *Except as noted in paragraphs 62-555.520(3)(a) and (b), F.A.C., projects shall be designed under the responsible charge of one or more professional engineers (PEs) licensed in Florida. If this project is being designed under the responsible charge of one or more PEs licensed in Florida, Part II.D of this application shall be completed by the PE(s) in responsible charge. If this project is <u>not</u> being designed under the responsible charge of one or more PEs licensed in Florida, Part II.D does <u>not</u> have to be completed.*

APPLICATION FOR A SPECIFIC PERMIT TO CONSTRUCT PWS COMPONENTS

INSTRUCTIONS: This application shall be completed and submitted by persons proposing to construct or alter public water system components unless such proposed construction or alteration is permitted under the Department of Environmental Protection's (DEP's) "General Permit for Construction of Water Main Extensions for Public Water Systems," in which case Form 62-555.900(7) is to be completed and submitted, or under the DEP's "General Permit for Construction of Lead or Copper Corrosion Control, or Iron or Manganese Sequestration, Treatment Facilities for Small or Medium Public Water Systems," in which case Form 62-555.900(18) is to be completed and submitted. Complete and submit one copy of this application to the appropriate DEP District Office or Approved County Health Department (ACHD) along with payment of the proper application processing fee and one copy of the following information:

- either a preliminary design report or drawings, specifications, and design data (the preliminary design report or drawings, specifications, and design data shall contain all pertinent information required under subsection 62-555.520(4), F.A.C.); and
- the Florida Public Service Commission (FPSC) certificate of authorization to provide water service if the project involves construction of a new public water system subject to the jurisdiction of the FPSC.

All information provided on this application shall be typed or printed in ink. Application processing fees are listed in paragraph 62-4.050(4)(n), F.A.C. Checks for application processing fees shall be made payable to the Department of Environmental Protection or to the appropriate ACHD. Preliminary design reports, drawings, specifications, and design data prepared under the responsible charge of one or more professional engineers licensed in Florida shall be signed, sealed, and dated by the professional engineer(s) in responsible charge. NOTE THAT A SEPARATE APPLICATION AND A SEPARATE APPLICATION PROCESSING FEE ARE REQUIRED FOR EACH NON-CONTIGUOUS PROJECT.*

* *Non-contiguous projects are projects that are neither interconnected nor located nearby one another (i.e., on the same site, on adjacent streets, or in the same neighborhood).*

THE FOLLOWING DOCUMENTS ARE LOCATED IN RESTRICTED FILES

(Contact Southwest District)

☑ Plans:

☐ 8.5" x 11" to 11" x 17"

☑ C, D, or E size

☐ Specifications

Note:

HOLIDAY GARDENS UTILITIES, INC.

HOLIDAY, FLORIDA

WELL HG #1 AND HG #2 SPECIFIC PERMIT

PRELIMINARY DESIGN REPORT

PWS ID #651-0807

Prepared by:
CUMBEY & FAIR, INC.
2463 Enterprise Rd.
Clearwater, FL 33763

Pankaj Shah, P.E.
Registered Engineer #21180
State of Florida

C&F Job No. 096C
August, 2011

Holiday Gardens WTP
PWS #651-0807

WELL CAPACITY & WATER SERVICE AREA

The service area for Holiday Gardens Utilities, Inc. includes 449 single family residences (5/8" x 3/4" water meter) and 5 - 1" non-residential and 2 - 2" non-residential meters.

Estimated total average daily flow

= 150 g.p.d/residence x 449
= 67,350 gallons per day
(Non-residential use is considered to be minimal and absorbed in the residential flow)

Maximum daily flow is estimated at twice 2.0 x average daily flow and peak flow is estimated at 4.0 times the average daily flow.

Maximum Day Flow = 2 x 67,350
= 134,700 g.p.d.

Estimated Peak Flow = 4.0 x 67,350
= 269,400 g.p.d.
= 0.269 m.g.d or 187 g.p.m.

Well Capacity required = 187 g.p.m.

Source facility shall have a capacity to deliver a peak hourly demand.

For both Wells HG #1 - 200 g.p.m capacity and Well HG #2 - 250 g.p.m. the capacity exceeds the required 187 g.p.m. flow. Desired pressure = minimum 35 psi at the residence.

ACTUAL FLOWS AND PRESSURES

Attached is a copy of the flow data from December 2009 to July 2011 (see Exhibit 1).

The average flow for the last 12 months = 67,353 g.p.d. which is the same as estimated and is well below the permitted flow and the capacity of the wells.

Actual pressures of the system are set at a **minimum of 45** psi at the water plants (and a range of 45 to 55 psi) thus assuring pressures above 40 psi for the service area since head loss in 4" water main is 0.17 psi per 100 feet for a maximum of 3,000 feet the head loss = 5.2 psi.

CHLORINATOR

Type Hypochlorinator
Capacity = 31 g.p.d

Desired Capacity = $\frac{\text{Max day}\ 0.1347 \times 2.0\ \text{m.g./l.}}{0.07}$
(Assuming 7% hypochloride solution

= 3.74 m.g.d

Holiday Gardens WTP
PWS #651-0807

Permitted maximum day capacity = 0.342 g.p.d
Per the Flow Data Exhibit 1 - Flow = 0.1347 g.p.d.

ARSENIC

See Exhibit 2

Arsenic at HG #2 (from May 2010 to June 2011) is at an average rate of 0.0125 ppm. Allowed is 0.01 ppm.

Arsenic at HG #1 is 0.0017 ppm. It is therefore proposed to blend 100% of well flow at HG #1 with rate of flow of 50% of Well #1 from HG #2, say Well #1 is at 200 g.p.m. only 100 g.p.m will be allowed from Well #2. Thus providing a resultant arsenic at approximately 0.004 ppm.

EXHIBIT 1.

Holiday Gardens Utilities, Inc.							
Permit: WUP# 20.540.004							
date submitted	**date of flow**	**flow DID #1**	**flow DID #2**	**DID 1 chloride results**	**DID 1 SO4 results**	**DID 1 TDS results**	**date of sampling**
12/03/09	11/30/09	23,239,000	75,104,000	38.9	25.2	414	11/?/09
01/07/10	12/30/09	24,210,000	76,020,000	49	25	320	12/28/2009
02/11/10	1/29/10	25,127,000	76,938,000	46.6	26.1	380	1/19/2010
03/02/10	2/26/10	25,985,000	77,849,000	46.4	25.8	374	2/10/2010
04/08/10	3/28/10	27,051,000	78,911,000	46	26	400	3/18/2010
05/04/10	4/30/10	28,264,000	79,993,000	8.69	9.22	186	4/29/2010
06/07/10	5/29/10	29,557,000	81,064,000	6.78	8.2	154	5/31/2010
07/02/10	7/1/10	31,087,000	82,201,000	53	27.4	410	6/24/2010
08/05/10	7/31/10	32,199,000	83,041,000	54.2	25.8	430	7/22/2010
09/07/10	8/30/10	33,353,000	83,877,000	46.5	23.9	480	8/31/2010
10/04/10	9/29/10	34,437,000	84,867,000	6.62	6.15	174	9/30/2010
11/03/10	11/1/10	35,108,000	86,649,000	50.3	25.2	416	10/28/2010
12/09/10	11/30/10	36,157,000	87,820,000	42.4	23.5	380	11/30/2010
01/06/11	12/31/10	36,933,000	89,174,000	33.1	21.7	332	12/15/2010
02/07/11	1/31/11	39,085,000	89,289,000	47.5	26.9	368	1/31/2011
03/08/11	2/28/11	40,683,000	89,610,000	46.4	26.4	412	2/28/2011
04/06/11	3/31/11	42,288,000	90,235,000	44.9	25.4	404	3/30/2011
05/06/11	4/29/11	43,643,000	91,159,000	48	28	418	4/27/2011
06/03/11	5/31/11	45,524,000	91,955,000	41	22.3	446	5/25/2011
07/05/11	6/29/11	47,316,000	92,508,000	35.5	20	396	6/23/2011

12 months
Flow = 15,117,000 / 366 days =
41416 gpd.

well #2 : 9,467,000 / 365
25,937 gpd.

Ave Flow 41,416 | 25,937 | = TOTAL 67,353 gpd

MAX DAY FLOW = 2.0 x 67,353 = 134,706 gpd.
= 93.6 gpm

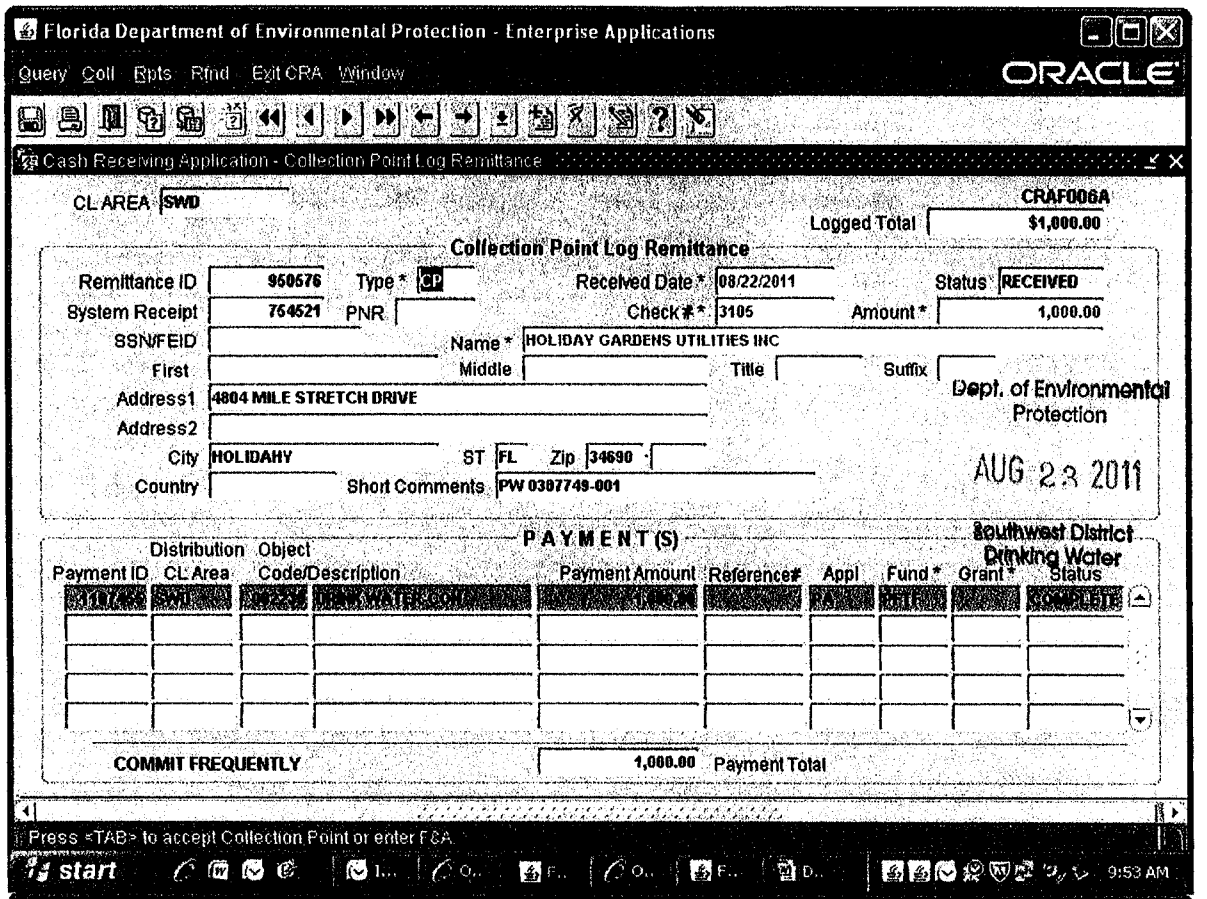
H_L in 4" pipe
for 94 gpm = 0.4' /100' of pipe
= 0.17 psi /100'

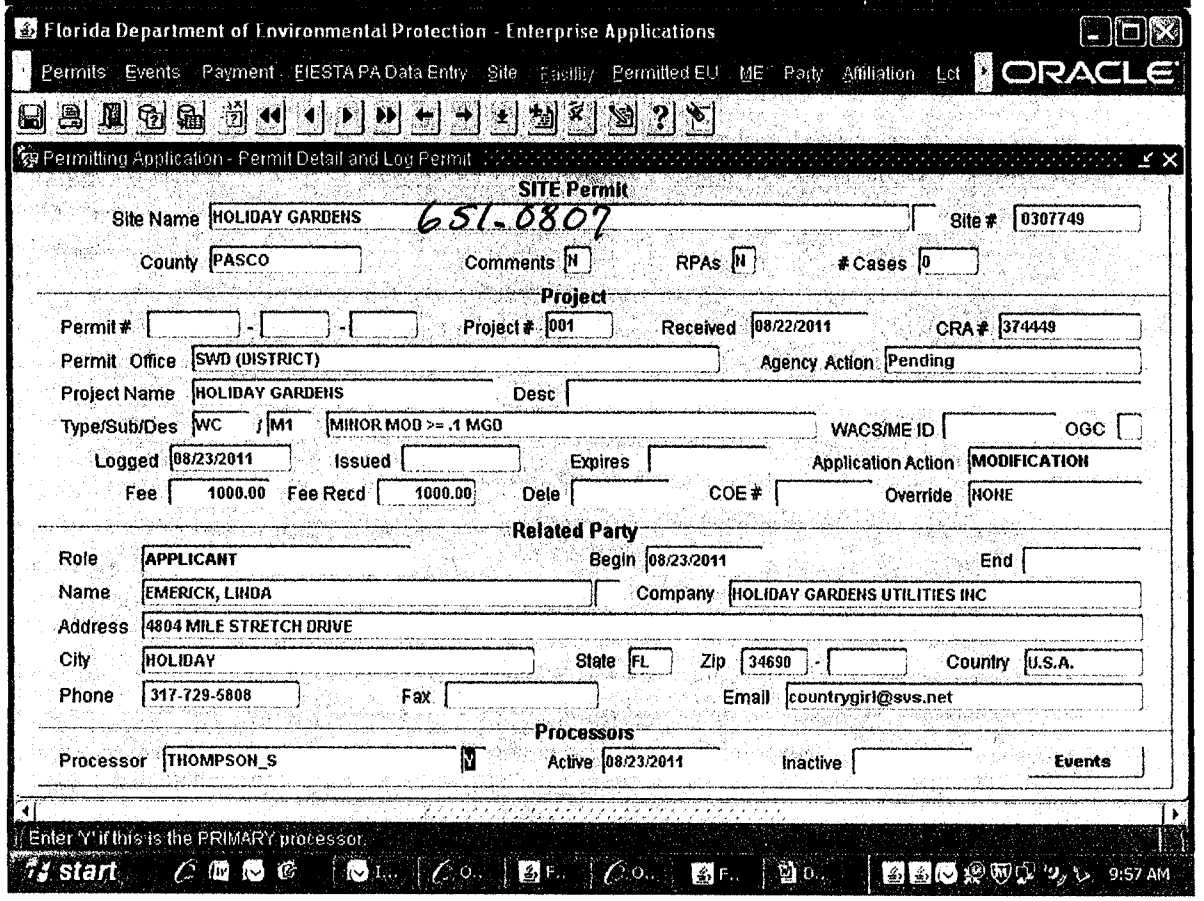
EXHIBIT 2.

	HOLIDAY GARDENS UTILITIES, INC.					###########	
TO:	**P. J. Shah, P.E. Cumbey & Fair, Inc.**						
RE:	**Historic Arsenic Test Results 2010 & 2011**						
Plant:	**POE HG# 2**	**Lab Results**	**Sample Date:**	***Common***	**MCL 0.010**	Common 10	
	Pamela &		**Quarterly**	***Results***			
	Tammy Ln.	0.019	March 2010	19			
		0.015	May 2010	15			
		0.016	August 2010	16			
		0.013	December 2010	13			
		0.015	March 2011	15			
		0.0035	June 2011	3.5			
Plant:	**POE HG# 1**	0.0017	Nov. 2009	1.7	From 2009 3-Yr Testing Cycle		
	Prestige &	0.0017	March 2011	1.7	Test Requested by FDEP		
	Tammy Ln.						
**** MCL for Arsenic was 50 (0.050) prior to ERA lowering of MCL to 10 (0.010)**							
	HGU did not have to start quarterly sampling until 2010 per DEP at # 2 well						

Fee Verified SK

PW 2011-117





CUMBEY & FAIR, INC.

2463 ENTERPRISE ROAD, CLEARWATER, FLORIDA 33762
(727) 797-8982 Clearwater (813) 223-4333 Tampa (727) 791-8752 Fax WWW.CUMBEYFAIR.COM

October 21, 2011

DELIVERED

Mr. Steve Thompson
Permitting Engineer
Florida Department of Environmental Protection
13051 North Telecom Parkway
Temple Terrace, Florida 33637-0926

Re: Request for Additional Information
Holiday Gardens Water Treatment Plant – PWS 651-0807
Application File No. 0307749-001
Pasco County

Dear Mr. Thompson:

Reference is requested to your letter dated September 16, 2011. Two (2) sets of revised plans are enclosed herewith for your review and approval. Also see below my responses to your questions.

1. Overall the application does not provide enough detail to portray the operation of the proposed system. Please provide a detailed narrative showing how the blending of the two water supply wells will be accomplished to achieve the reduction in contaminates.

   See attached narrative including EXHIBIT "B" (3 pages).

2. Provide an up-to-date existing process flow diagram and a post modification diagram to show the details of the piping, valving, disinfection, bypassing and blending.

   See attached EXHIBIT "A" (2 pages) and EXHIBIT "C" (2 Pages)

3. Provide the vendor sheet for the selected Flow Controller Valve (even if the final valve has not been chosen) shown on drawing sheet 2 of 2. We need more detailed information regarding the design functionality for our evaluation.

   See attached EXHIBIT "D" (3 Pages).

4. What is the purpose of the 350 gallon bubbler tank? Is this tank a bladder tank? Provide the selected tank vendor information.

   It is essentially a bladder tank. Tank Vendor information is attached see EXHIBIT "E".

5. Please list and describe the pressure sensing and other controls currently on the 3,000 gallon storage tank at HG #1 that will be transferred to the bubbler tank.

   The ¾ air line and pressure sensing will be transferred or added to the 350 gallon bladder tank.

CUMBEY & FAIR, INC.

2463 ENTERPRISE ROAD, CLEARWATER, FLORIDA 33762
(727) 797-8982 Clearwater (813) 223-4333 Tampa (727) 791-8752 Fax WWW.CUMBEYFAIR.COM

6. According to our files the existing pressure tank at HG #2 needs to be inspected in accordance with Rule 62-555.350(2), of the Florida Administrative Code (FAC). Provide a date certain for the inspection of the unit.

   The pressure tank at HG#2 will be inspected when the proposed construction shown on these plans will be completed.

7. It appears that disconnection of the storage tank at Well HG #1 will reduce finished water storage to 3,000 gallons. According to our calculations, the utility would then be unable to comply with the Finished Drinking-Water Storage Capacity requirements given in Rule 62-555.320(19)(a), FAC. Is it your intention to show that a lesser storage capacity is acceptable via one of the demonstrations described in 62-555.320(19)(b)1 and 2, FAC? If so please provide the details or your proposed demonstration. Note that the Department will not approve reduction in storage capacity to 3,000 gallons unless the proposed reduction is supported by one of the two demonstrations mentioned above.

   See revised Construction Plan - Sheet #2 indicating piping modifications including a proposed check valve to utilize the 3000 gallon tank's storage capacity for the system.

If you have any other questions, please feel free to contact me.

Very truly yours,

CUMBEY & FAIR, INC.

P. J. Shah P.E.
President

PJS/jc
Xc: Linda Emerick

NARRATIVE

Re: Holiday Gardens Water Treatment Plant
PWS 741-0807
Application File #0307749-001

The existing system comprises Wells HG #1 and HG #2 furnishing potable water to the 440 single family homes in the Community of Holiday Gardens.

Both wells at the present time pump directly into the system at a rate of between 200 and 250 GPM and at a pressure range from 45 psi to 60 psi.

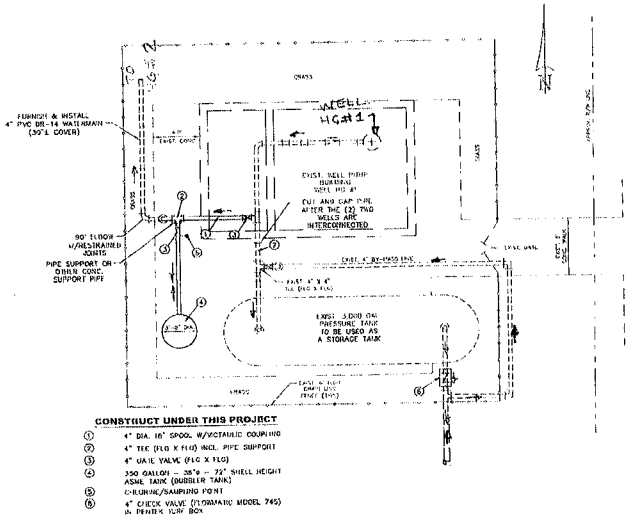
Recently in 2010, the amount of Arsenic in HG #2 exceeded 10 MCL; whereas the amount of Arsenic in HG #1 was 1.7 MCL. It is therefore proposed to use HG #1 as the primary and lead pump source for the Community. It is proposed to disconnect well HG #1 (see Exhibit "B" attached) from the existing 3,000 gallon pressure tank and connecting it to the tank at HG #2's well site. HG #1 will be pumping utilizing a bladder tank into the existing pressure tank at HG #2 site and then into the system with the discharge at ONE LOCATION ONLY. The existing pressure tank at HG#1 will be left in service for storage purposes; as shown on the Exhibit. In order to maintain the circulation of water through the tank a check vale is proposed south of the tank.

Every other time when the system demand requires the pump to turn-on, both HG #1 and HG #2 will turn-on and pump through the pressure tank into the distribution system. Pump HG #1 will provide water flow at an average rate of 225 GPM; however the flow rate at HG #2 will be adjusted through the proposed rate of flow control valve (Clayton Model #40A) to approximately ½ of 225 GPM flow. Therefore the total blended flow will produce an acceptable Arsenic level.

$$\text{AVE} = \frac{225 \times 1.7 \text{ MCL} + 112.5 \times 15 \text{ MCL}}{338 \text{ GPM}} = 6.12 \text{ MCL}$$

The rate of flow control valve can be adjusted to further reduce the flow (from HG#2) to decrease the blended Arsenic amount, if desired.

With limiting the amount of pumping/use of well HG #2, the amount of Arsenic is likely to decrease. See attached Test Results for 2010 -2011 on Exhibit "B" page 3 of 3. Your attention is directed to the highlighted results of March 2011 of 15 MCL decreased on June 2011 to 3.5 MCL.

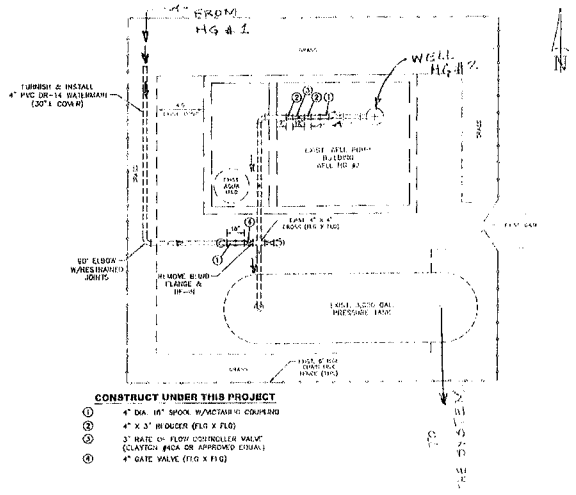


CONSTRUCT UNDER THIS PROJECT

① 4" DIA. 18" SPOOL W/VICTAULIC COUPLING
② 4" TEE (FLG X FLG) INCL. PIPE SUPPORT
③ 4" GATE VALVE (FLG X FLG)
④ 350 GALLON – 38"ø – 72" SHELL HEIGHT ASME TANK (RUBBER TANK)
⑤ CHLORINE/SAMPLING POINT
⑥ 4" CHECK VALVE (FLOWMATIC MODEL 745) IN PENTEK VLVP BOX

SITE PLAN for HG#1

EXHIBIT "B"



SITE PLAN WELL HG #2

EXHIBIT "B"

HOLIDAY GARDENS UTILITIES, INC. ##########

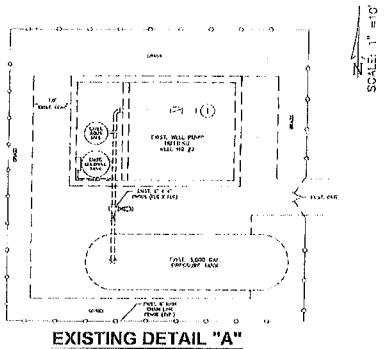
TO: P. J. Shah, P.E. Cumbey & Fair, Inc.

RE: Historic Arsenic Test Results 2010 & 2011

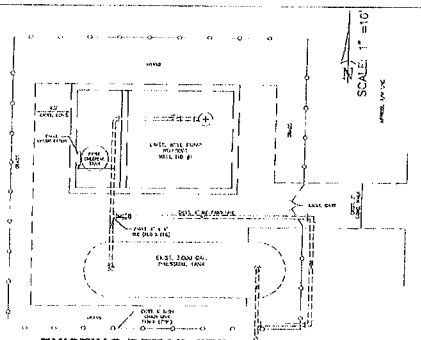
Plant:	POE HG# 2	Lab Results	Sample Date: Quarterly	*Common Results*	MCL 0.010 Common 10
	Pamela & Tammy Ln.	0.019	March 2010	19	
		0.015	May 2010	15	
		0.016	August 2010	16	
		0.013	December 2010	13	
		0.015	March 2011	15	
		0.0035	June 2011	3.5	
Plant:	POE HG# 1	0.0017	Nov. 2009	1.7	From 2009 3-Yr Testing Cycle
	Prestige & Tammy Ln.	0.0017	March 2011	1.7	Test Requested by FDEP

** MCL for Arsenic was 50 (0.050) prior to ERA lowering of MCL to 10 (0.010)
HGU did not have to start quarterly sampling until 2010 per DEP at # 2 well

EXHIBIT "B"
3 OF 3



EXISTING DETAIL "A"



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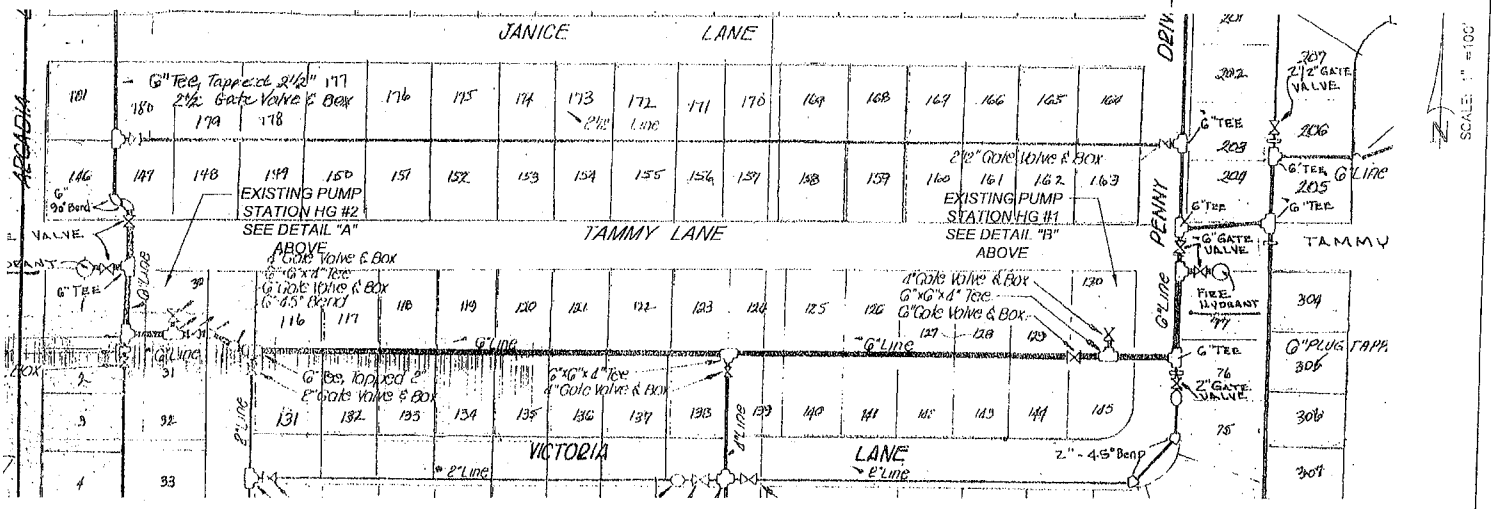


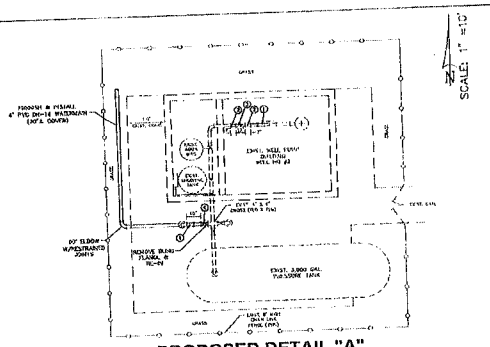
REVISIONS		
BY	DATE	DESCRIPTION

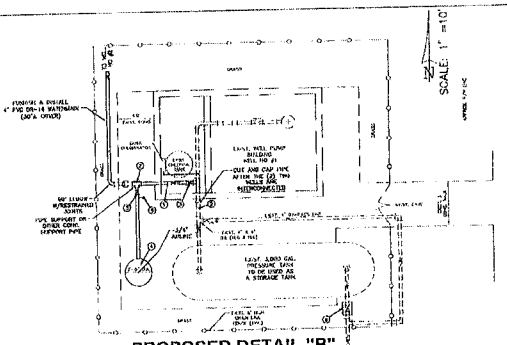
CUMBEY & FAIR, INC.
CONSULTING CIVIL ENGINEERS
CERTIFICATE OF AUTHORIZATION 600002169
ENGINEERING PLANNING LAND SURVEYS
2463 ENTERPRISE ROAD, CLEARWATER, FLORIDA 33763-1720 — CLEARWATER (727) 797-8982
TAMPA (813) 223-4333

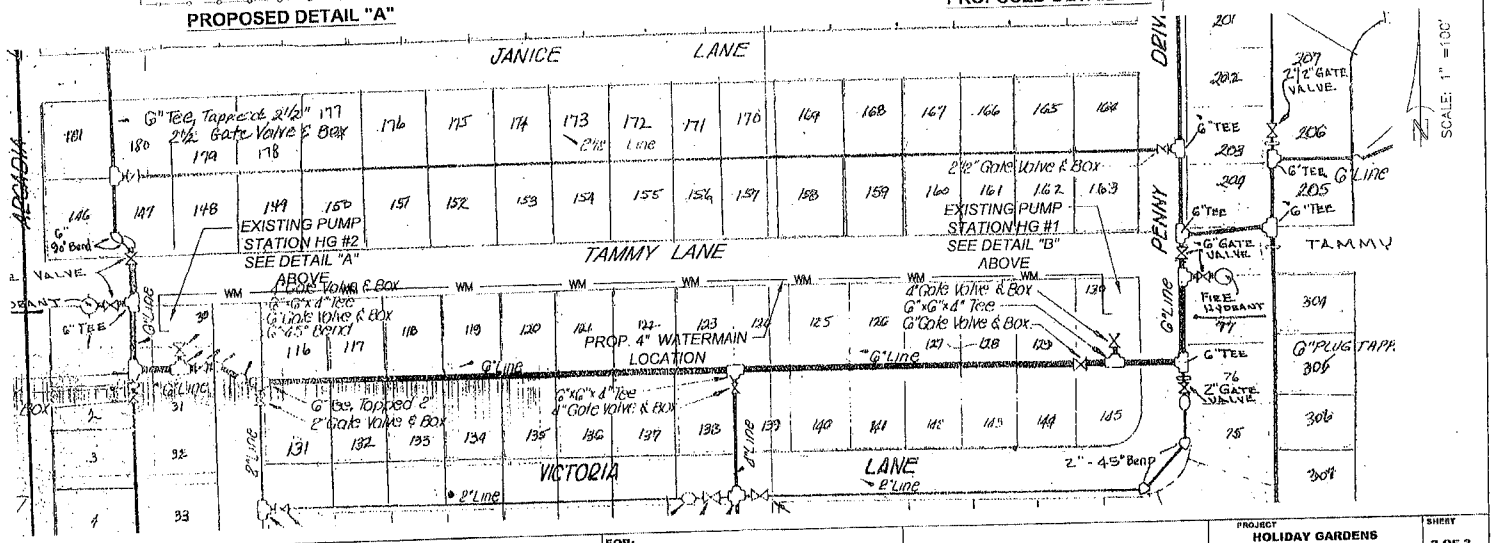
FOR:
Holiday Gardens Utilities, Inc.
4804 ADELSTROP ROAD
HOLIDAY, FLORIDA 34690
PHONE: (727) 937-4325

WELL PUMP STATIONS
HG-1 & HG-2
EXISTING CONDITIONS

PROJECT: HOLIDAY GARDENS UTILITIES, INC.
SHEET: 1 OF 2
EXHIBIT "A"
JOB NO.: 096C







REVISIONS		
BY	DATE	DESCRIPTION

CUMBEY & FAIR, INC.
CONSULTING CIVIL ENGINEERS
CERTIFICATE OF AUTHORIZATION #000021B0
ENGINEERING PLANNING LAND SURVEYS
2465 ENTERPRISE ROAD
CLEARWATER, FLORIDA 33763-1780
CLEARWATER (727) 787-9982
TAMPA (813) 223-4331

FOR: *Holiday Gardens Utilities, Inc.*
4804 MILKSTITCH ROAD
HOLIDAY, FLORIDA 34690
PHONE: (727) 937-6275

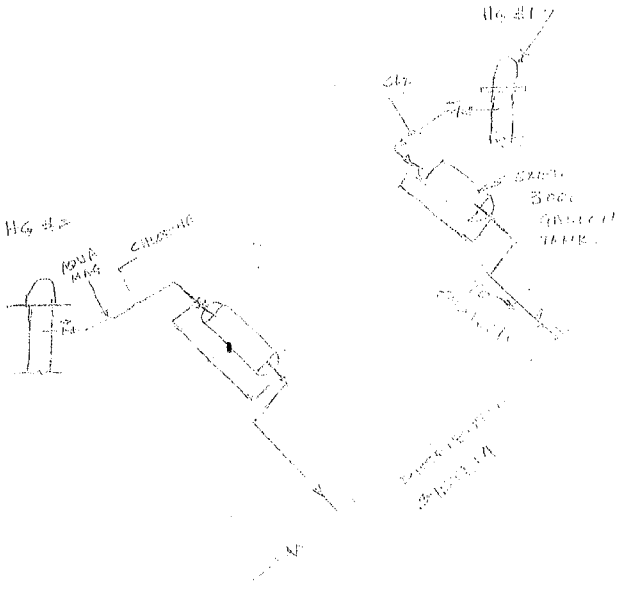
WELL PUMP STATIONS HG-1 & HG-2 PROPOSED CONDITIONS

PROJECT: HOLIDAY GARDENS UTILITIES, INC.
SHEET: 2 OF 2
EXHIBIT "A"
JOB NO.: 0966

CUMBEY & PAIR, INC.
CONSULTING CIVIL ENGINEERS
ENGINEERING · PLANNING · LAND SURVEYING

2463 ENTERPRISE ROAD, CLEARWATER, FLORIDA 34623-1790/813/797-8982,223-4333

job no. _____
description _____ computed by____date
_____ sheet____of____ checked by____date



SCHEMATIC

FLOW DIAGRAM

EXISTING SYSTEM

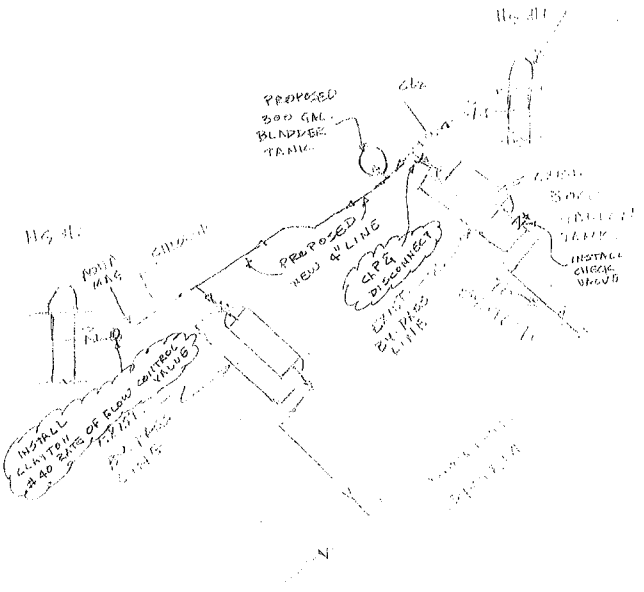
EXHIBIT "C"

1 OF 2

CUMBEY & FAIR, INC.
CONSULTING CIVIL ENGINEERS
ENGINEERING — PLANNING — LAND SURVEYING

2463 ENTERPRISE ROAD, CLEARWATER, FLORIDA 34623-1790/813/797-8962,223-4393

job no. _____ computed by _____ date _____
description _____ sheet ____ of ____ checked by _____ date _____



SCHEMATIC

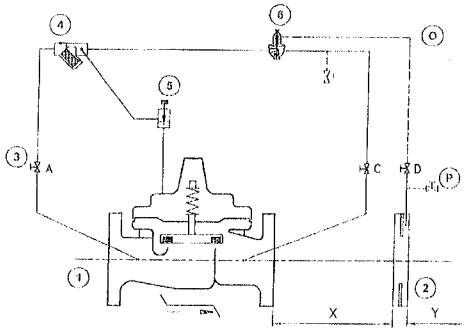
FLOW DIAGRAM

PROPOSED SYSTEM

EXHIBIT "C"
2 OF 2

CLA-VAL 40-01

Rate of Flow Control Valve



STANDARD EQUIPMENT			
No	Description	Qty	Type
1	MAIN VALVE HYTROL AF/GE/NGE	1	100-01
2	ORIFICE PLATE ASSEMBLY	1	X52-A
3	ISOLATION BALL VALVE	3	RB-117
4	STRAINER WITH INCORPORATED ORIFICE	1	X44-A
5	NEEDLE VALVE	1	8120
6	DIFFERENTIAL PRESSURE CONTROL	1	CDHS-18

OPTIONAL FEATURES			
No	Description	Qty	Type
O	NYLON PIPE Ø 6/3 mm	1	-
P	2-WAY PRESSURE COCK (Rp 3/8")	2	RB-117

NOTES

AL/GE : DN 32 - DN 400 / NGL : DN 50 - DN 600

OPTIONAL FEATURES :

NOT FURNISHED BY CLA-VAL :

Orifice plate assembly X52-A (2) may be fixed directly to the main valve outlet flange, however, better control is obtained, if it is mounted according to the following recommendation : distance X = 5x pipe diameter, distance Y = 3x pipe diameter.

CLA-VAL			

EXHIBIT "D"
1 OF 3

CLA-VAL

CLA-VAL 40-01

Rate of Flow Control Valve

▷ Operating data

1.1 ▷ RATE OF FLOW FEATURE

Differential pressure control (6) is "normally open" and responds to differential pressure changes sensed across orifice plate assembly (2). An increase in differential pressure tends to close control (6) and a decrease in differential pressure tends to open control (6). This causes the main valve cover pressure to vary and the main valve to modulate (opens and closes) maintaining a relatively constant rate of flow.

Differential pressure control (6) adjustment: Turn the adjusting screw clockwise to increase the rate of flow.

1.2 ▷ CLOSING / OPENING SPEED CONTROL

A calibrated orifice within the strainer (4) and needle valve (5) control the closing speed of the main valve (1). Needle valve (5) controls the opening speed of the main valve (1).

Needle valve (5) adjustment: Turn the adjusting stem of needle valve (5) clockwise to make the main valve close / open more slowly.

Note: Do not close needle valve (5) completely otherwise the main valve (1) will not close or open (suggested initial setting of needle valve is ½ to 1 turn open).

If high speed opening and low speed closing of main valve (1) are required by the operating conditions, it may be necessary to replace the original orifice plug of strainer (4) by *a smaller one*.

1.3 ▷ (E*) EUROPEAN STANDARDS

ITEM (3) - Isolation ball valve:

The cocks are used to isolate the pilot system from main line pressure. These cocks must be open during normal operation.

ITEM (4) - Y-Strainer with incorporated orifice:

The strainer is installed in the pilot supply line to protect the pilot system from foreign particles. The strainer screen must be cleaned periodically.

1.4 ▷ OPTIONAL FEATURES

Suffix (O) - Nylon tube:

The nylon tube Ø 6 / 3mm allows the connection between the differential pressure control (6) and the orifice plate (2).

Suffix (P) - 2-Way pressure cock:

These two 2-way pressure cock allow the installation of a differential pressure gauge.

EXHIBIT "D"

page 2 OF 3

CLA-VAL

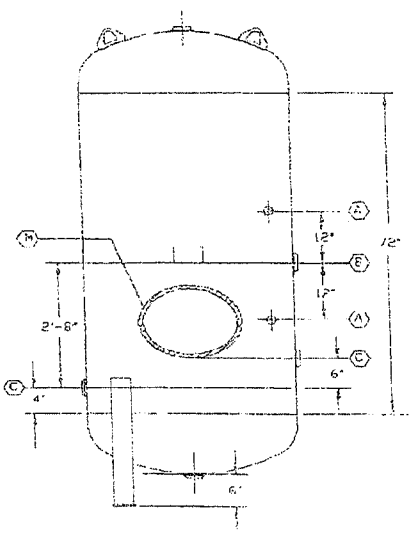
CLA-VAL 40-01

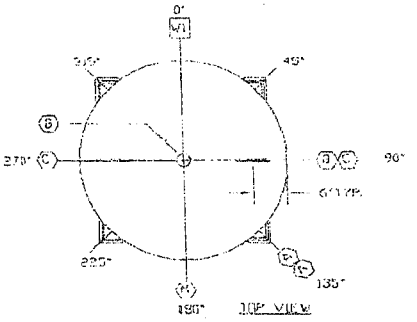
Rate of Flow Control Valve

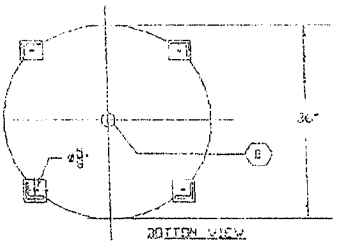
1.5 ▸ CHECK LIST FOR PROPER OPERATION

- ☐ System valves open upstream and downstream
- ☐ Air removed from the main valve cover and pilot system at all high points.
- ☐ Remote control line properly connected between pilot (6) and orifice plate (2).
- ☐ Cocks (3A), (3C) and (3D) open.
- ☐ Periodic cleaning of strainer (4) is recommended.
- ☐ Needle valve (5) open from ½ to 1 turn.

EXHIBIT "D"
3 OF 3







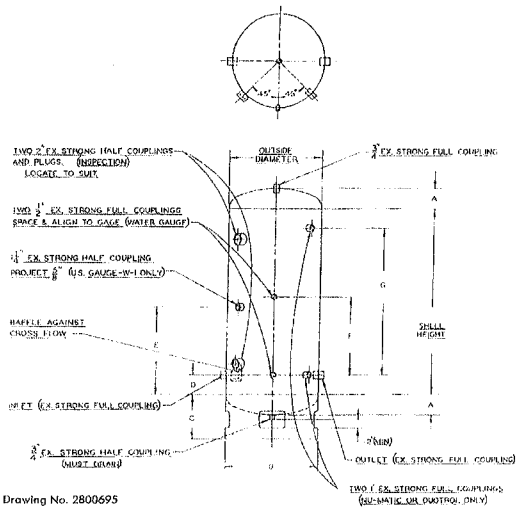
INTERIOR PAINT:
TWO COATS OF TNEMEC SERIES N140 (WHITE)
EXTERIOR PAINT:
PRIMER COAT OF SHOP PRIMER

MARK	QTY	DESCRIPTION	MARK	QTY	DESRIPTION
A	2	1/2" 3000# Full Coupling			
B	3	1-1/4" Ser.178 Tk Flange			
C	2	2" Ser. 150 Tk. Flange			
M	1	12" x 16" Manway			

DIXIE TANK CO
JACKSONVILLE, FLORIDA

373 VPT-100WP-F-ASME

SKETCH #:SA03/3V



Drawing No. 2800695

Note: Dimensions for tanks are taken from National Tank & Mfg. Co.'s standard for A.S.M.E. code construction. Tanks may vary from the dimensions indicated but sizes and relative locations of openings shall be maintained. Tanks shall be constructed to withstand working pressures as specified on purchase order.

FOR: 60-40 & 40-20 P.S.I. PRESSURE RANGES

Tank O.D.	Shell Height	Approx. Tank Capacity	Inlet Pipe Size	Outlet Pipe Size	DIMENSION IN INCHES A Approx.	B Approx.	C	D	60-40 B	60-40 F	40-20 B	40-20 F	G
16″	48″	46	1¼″	1¼″	5	16⅜	11	2	18¼	20	22½	25	44
16″	60″	56	1¼″	1¼″	5	16⅜	11	2	22½	25	27½	30	56
18″	48″	59	1¼″	1¼″	5½	18⅜	11½	2	18¼	20	22½	25	44
18″	60″	72	1¼″	1¼″	5½	18⅜	11½	2	22½	25	27½	30	56
20″	60″	90	1¼″	1¼″	6	20⅜	12	2	22½	25	27½	30	56
22″	60″	109	1¼″	1¼″	6½	22⅜	12½	2	22½	25	27½	30	56
24″	60″	132	1½″	1½″	7	24⅜	13	2	22½	25	27½	30	56
24″	72″	155	1½″	1½″	7	24⅜	13	2	26¾	30	32¾	36	68
30″	60″	205	1½″	1½″	8½	30⅜	14½	2	22½	25	27½	30	56
30″	72″	240	1½″	1½″	8½	30⅜	14½	2	26¾	30	32¾	36	68
36″	72″	350	1½″	1½″	10	36⅜	16	2	26¾	30	32¾	36	68

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#19

Florida Department of
Environmental Protection
Southwest District Office
13051 North Telecom Parkway
Temple Terrace, Florida 33637-0926

March 7, 2012

Rick Scott
Governor

Jennifer Carroll
Lt. Governor

Herschel T. Vinyard Jr.
Secretary

In the Matter of an
Application for Permit by:

Holiday Gardens Utilities, Inc.
Linda Emerick, President
4804 Mile Stretch Drive
Holiday, FL 34690
countrygirl@svs.net

Project: Modification of Wells HG-1 & HG-2
Permit No. 0307749-001-WC/M1
Holiday Gardens WTP, PWS No. 651-0807
Pasco County

NOTICE OF PERMIT ISSUANCE

Enclosed is Permit Number 0307749-001-WC/M1 to modify a public water system, issued pursuant to Section(s) 403.087(l), Florida Statutes (F.S.).

A person whose substantial interests are affected by this permit may petition for an administrative proceeding (hearing) in accordance with Section l20.57, F.S. The petition must contain the information set forth below and must be filed (received) in the Office of General Counsel of the Department at 3900 Commonwealth Boulevard, Tallahassee, Florida 32399-3000, within l4 days of receipt of this Permit. Petitioner shall mail a copy of the petition to the applicant at the address indicated above at the time of filing. Failure to file a petition within this time period shall constitute a waiver of any right such person may have to request an administrative determination (hearing) under Section l20.57, F.S.

The Petition shall contain the following information;

(a) The name, address, and telephone number of each petitioner, the applicant's name and address, the Department Permit File Number and the county in which the project is proposed;
(b) A statement of how and when each petitioner received notice of the Department's action or proposed action;
(c) A statement of how each petitioner's substantial interests are affected by the Department's action or proposed action;
(d) A statement of the material facts disputed by Petitioner, if any;
(e) A statement of facts which petitioner contends warrant reversal or modification of the Department's action or proposed action;
(f) A statement of which rules or statutes petitioner contends require reversal or modification of the Department's action or proposed action; and
(g) A statement of the relief sought by petitioner, stating precisely the action petitioner wants the Department to take with respect to the Department's action or proposed action.

If a petition is filed, the administrative hearing process is designed to formulate agency action. Accordingly, the Department's final action may be different from the position taken by it in this permit. Persons whose substantial interests will be affected by any decision of the Department with regard to the application have the right to petition to become a party to the proceeding. The petition must conform to the requirements specified above and be filed (received) within l4 days of receipt of this notice in the Office of General Counsel at the above address of the Department. Failure to petition within the allowed time frame constitutes a waiver of any right such person has to request a hearing under Section l20.57, F.S., and to participate as a party to this proceeding. Any subsequent intervention will only be at the approval of the presiding officer upon motion filed pursuant to Rule 28-5.207, F.A.C.

This permit is final and effective on the date filed with the Clerk of the Department unless a petition is filed in accordance with the above paragraphs or unless a request for extension of time in which to file a petition is filed within the time specified for filing a petition and conforms to Rule 62-l03.070, F.A.C. Upon timely filing of a petition or a request for an extension of time this permit will not be effective until further Order of the Department.

When the Order (Permit) is final, any party to the Order has the right to seek judicial review of the Order pursuant to Section l20.68, F.S., by the filing of a Notice of Appeal pursuant to Rule 9.ll0, Florida Rules of Appellate procedure, with the Clerk of the Department in the Office of General Counsel, 3900 Commonwealth Boulevard, Tallahassee, Florida 32399-3000; and by filing a copy of the Notice of Appeal accompanied by the applicable filing fees with the appropriate District Court of Appeal. The Notice of Appeal must be filed within 30 days from the date the Final Order is filed with the Clerk of the Department.

Executed in Hillsborough County, Florida.

STATE OF FLORIDA DEPARTMENT
OF ENVIRONMENTAL PROTECTION
DRINKING WATER PROGRAM

Jeffry S. Greenwell, P.E.
Water Facilities Administrator
Southwest District

JSG/st

PERMITTEE: Holiday Gardens Utilities, Inc. PERMIT No: 0307749-001-WC/M1
PROJECT: Modification to blend Well HG-1 and Well HG-2 waters

CERTIFICATE OF SERVICE

This is to certify that this NOTICE OF PERMIT ISSUANCE and all copies were mailed before the close of business on March 7, 2012 to the listed persons.

FILING AND ACKNOWLEDGMENT

FILED, on this date, pursuant to §120.52, Florida Statutes, with the designated Department Clerk, receipt of which is hereby acknowledged.

Helena Stierley
(Clerk)

3-7-12
(Date)

Enclosure

cc: Pankaj Shah, P.E., Cumbey & Fair, Inc., shah@cumbeyfair.com
Ed Watson, FDEP-SWD, edward.watson@dep.state.fl.us
Jamie L. Lewis, FDEP-SWD, jamie.l.lewis@dep.state.fl.us

Florida Department of
Environmental Protection
Southwest District Office
13051 North Telecom Parkway
Temple Terrace, Florida 33637-0926

Rick Scott
Governor

Jennifer Carroll
Lt. Governor

Herschel T. Vinyard Jr.
Secretary

PERMITTEE
Holiday Gardens Utilities, Inc.
4804 Mile Stretch Drive
Holiday, FL 34690

Attn: Ms. Linda Emerick
President

PERMIT/CERTIFICATION
PWS ID Number: 651-0807
Permit Number: 0307749-001-WC/M1
Date of Issue: March 7, 2012
Expiration Date: March 6, 2017
County: Pasco
Lat/Long: 28° 11' 29" / 82° 43' 41" &
28° 11' 29" / 82° 43' 53"
Sect/Town/Range: N/A
Project: Holiday Gardens WTP

This permit is issued under the provisions of Chapter 403, Florida Statutes, and Florida Administrative Code Rule(s) 62-555. The above named permittee is hereby authorized to perform the work or operate the facility shown on the application and approved drawing(s), plans, and other documents, attached hereto or on file with the department and made a part hereof and specifically described as follows:

The modification of an existing community water system to provide the capability of blending the waters from the two existing wells (HG-1 & HG-2). The construction is to be in accordance with engineering design drawings and related documents prepared by Pankay Shah, P.E., [Cumbey & Fair, Inc.] and is to include the following:

Replacement of existing 3,000 gallon storage tank at Well HG-1 with a new storage tank.

Installation of a 350-gallon ASME approved bladder tank at Well HG-1;

The installation of 1,140 LF of four-inch pipe to connect the two wells;

Associated piping, valves, meters and appurtenances.

Location: Tammy Lane between Pamela Drive and Prestige Drive in Holiday Gardens S/D, Pasco County, Florida.

Specific Conditions

1. All construction must be in accordance with this permit. Before commencing work on project changes for which a construction permit modification is required per 62-555.536(1), the permittee shall submit to the Department a written request for a permit modification. Each such request shall be accompanied by one copy of a revised construction permit application, the proper processing fee and one copy of either a revised preliminary design report or revised drawings, specifications and design data. [F.A.C. Rule 62-555.536]

2. Permitted construction or alteration of public water supply systems must be supervised during construction by a professional engineer registered in the State of Florida if the project was designed under the responsible charge of a professional engineer licensed in the State of Florida. The permittee must retain the service of a professional engineer registered in the State of Florida to observe that construction of the project is in accordance with the engineering design plans and specifications as submitted in support of the application for this permit. [F.A.C. Rule 62-555.520(3)]

3. Permitted construction or alteration of a public water system may not be placed into service until a letter of clearance has been issued by this Department. [F.A.C. Rule 62-555.345]

4. A letter of clearance may be issued once the following items have been submitted:

   a. Complete and fully executed form "Certification of Construction Completion and Request for Clearance to Place Permitted PWS Components into Operation", DEP Form 62-555.900(9) effective August 28, 2003 [F.A.C. Rule 62-555.345(1)];

   b. The portion of record drawings showing deviations from DEP construction permit, including the approved preliminary design report or drawings and specifications, if there are any deviations from said permit. (Note that it is necessary to submit a copy of only the portion of record drawings showing deviations and not a complete set of record drawings) [F.A.C. Rule 62-555.345(1)(a)];

   c. Copies of satisfactory bacteriological analyses verifying that proper disinfection of the distribution system piping was conducted in accordance with 62-555.340(2)(a) through (c) and the American Water Works Association (AWWA) Standard C653-97 as follows:

      i. After reducing the total chlorine residual in the water mains to no more than four milligrams per liter, a total of at least two samples – each taken on a separate day and taken at least six hours apart from the other sample - shall be collected at each of the locations indicated in the applicable AWWA standard, and the samples shall be analyzed for total residual chlorine and for the presence of total coliform;

      ii. Samples shall be taken from the following locations: two locations from inside the building, on two consecutive days, for a minimum of four samples;

      iii. If any sample contains more than four milligrams per liter of total chlorine, the sample shall be considered invalid. If any sample shows the presence of total coliform, the water mains shall be redisinfected and resampled until two consecutive samples at each sampling location show the absence of total coliform;

   [F.A.C. Rule 62-555.340]

d. Copy of a satisfactory pressure test of the process piping performed in accordance with AWWA Standards. [F.A.C. Rule 62-555.320(21)(a)(1)]

5. The permittee must instruct the engineer of record to request system clearance from the Department within sixty (60) days of completion of construction, testing and disinfecting the system. Bacteriological test results shall be considered unacceptable if the test were completed more than 60 days before the Department received the results. [F.A.C. Rule 62-555.340(2)(c)]

6. The permittee must ensure that all components that will be installed under this project and that will come into contact with drinking water or drinking water treatment chemicals conform to one of the following:

   a. NSF International Standard 61 as adopted in Rule 62-555.335, F.A.C.;
   b. NSF International Standard 42, 44, 53, 55, 58, or 62 as adopted in Rule 62-555.335, F.A.C.;
   c. Section 6 of NSF International Standard 14 as adopted in Rule 62-555.335, F.A.C.;
   d. The Food and Drug Administration's regulations for indirect food additives as contained in the April 1, 2002, revision of 121 CFR Parts 174 through 189.

   [F.A.C. Rule 62-555.320(3)(b)]

7. The permittee must provide responsible operation personnel in accordance with the Chapters 62-602 and 62-699, F.A.C.

8. Compliance monitoring shall be in accordance with F.A.C. Rule 62-550.

9. The supplier of water shall operate and maintain the public water system so as to comply with applicable standards in F.A.C. Rule 62-550 and 62-555.350.

10. Reclaimed water land application areas must not be located within the setback distance from potable water supply wells established in Chapter 62-610, F.A.C.

11. Setback distances between potable water wells and sanitary hazards shall be in accordance with 62-555.312 F.A.C.

12. If prehistoric or historic artifacts, such as pottery or ceramics, stone tools or metal implements, dugout canoe remains, or any other physical remains that could be associated with Native American cultures, or early colonial or American settlement are encountered at any time within the project site area, the permitted project should cease all activities involving subsurface disturbance in the immediate vicinity of such discoveries. The permittee, or other designee, should contact the Florida Department of State, Division of Historical Resources, Compliance and Review Section at 850.245.6333 or 800.847.7278, as well as the appropriate permitting agency office. Project activities should not resume without verbal and/or written authorization from the Division of Historical Resources and the permitting agency. In the event that unmarked human remains are encountered during

permitted activities, all work shall stop immediately and the proper authorities notified in accordance with Section 872.05, *Florida Statutes*.

13. The permittee shall be aware of and operate under the attached "Applicable Conditions." Applicable conditions are binding upon the permittee and enforceable pursuant to Chapter 403, Florida Statutes. [F.A.C. Rule 62-555.533(1)]

14. This document satisfies Drinking Water permitting requirements only and does not authorize construction or operation of this facility prior to obtaining all other permits required by local, State and Federal agencies.

15. If unanticipated delays will cause project completion to extend beyond the expiration date of this permit, the permittee shall submit to the Department a request to extend the expiration date of this permit including the appropriate processing fee. This request shall specify the reasons for the delay and shall be submitted to the Department for approval prior to the expiration date of this permit. Note that no specific construction permit shall be extended so as to remain in effect longer than five years. [F.A.C. Rule 62-555.536(4)]

16. The new or altered, aboveground piping at the drinking water treatment plant shall be color coded and labeled as recommended in Section 2.14 of "Recommended Standards for Water Works, 1997 Edition". [F.A.C. Rule 62-555.320(10)]

17. Persons proposing to transfer this permit prior to the project being approved or cleared by the Department for placement into permanent operation shall complete DEP Form 62-555.900(8) effective August 28, 2003 and submit to the Department along with the proper processing fee. [F.A.C. Rule 62-555.536]

18. The permittee shall provide an operation and maintenance manual for the new or altered treatment facilities to fulfill the requirements under subsection 62-555.350(13), F.A.C. The manual shall contain operation and control procedures, and preventative maintenance and repair procedures, for all plant equipment and shall be made available for reference at the plant or at a convenient location near the plant. Bound and indexed equipment manufacturer manuals shall be considered sufficient to meet the requirements of the subsection.

STATE OF FLORIDA DEPARTMENT
OF ENVIRONMENTAL PROTECTION
DRINKING WATER PROGRAM

Gwen Shafer for

Jeffry S. Greenwell, P.E.
Water Facilities Administrator
Southwest District

JSG/st

Applicable Permit Conditions.

(1) The terms, conditions, requirements, limitations and restrictions set forth in this permit, are "permit conditions" and are binding and enforceable pursuant to Sections 403.141, 403.727, or 403.859 through 403.861, F.S. The permittee is placed on notice that the Department will review this permit periodically and may initiate enforcement action for any violation of these conditions.

(2) This permit is valid only for the specific processes and operations applied for and indicated in the approved drawings or exhibits. Any unauthorized deviation from the approved drawings, exhibits, specifications, or conditions of this permit may constitute grounds for revocation and enforcement action by the Department.

(3) As provided in Subsections 403.087(6) and 403.722(5), F.S., the issuance of this permit does not convey any vested rights or any exclusive privileges. Neither does it authorize any injury to public or private property or any invasion of personal rights, nor any infringement of federal, state, or local laws or regulations. This permit is not a waiver of or approval of any other department permit that may be required for other aspects of the total project which are not addressed in this permit.

(4) This permit conveys no title to land or water, does not constitute State recognition or acknowledgment of title, and not constitute authority for the use of submerged lands unless herein provided and the necessary title or leasehold interests have been obtained from the State. Only the Trustees of the Internal Improvement Trust Fund may express State opinion as to title.

(5) This permit does not relieve the permittee from liability for harm or injury to human health or welfare, animal, or plant life, or property caused by the construction or operation of this permitted source, or from penalties therefore; nor does it allow the permittee to cause pollution in contravention of Florida Statutes and Department rules, unless specifically authorized by an order from the Department.

(6) The permittee shall properly operate and maintain the facility and systems of treatment and control (and related appurtenances) that are installed and used by the permittee to achieve compliance with the conditions of this permit, as required by Department rules. This provision includes the operation of backup or auxiliary facilities or similar systems when necessary to achieve compliance with the conditions of the permit and when required by Department rules.

(7) The permittee, by accepting this permit, specifically agrees to allow authorized Department personnel, upon presentation of credentials or other documents as may be required by law and at reasonable times, access to the premises where the permitted activity is located or conducted to:

(a) Have access to and copy any records that must be kept under conditions of the permit;

(b) Inspect the facility, equipment, practices, or operations regulated or required under this permit; and

(c) Sample or monitor any substances or parameters at any location reasonably necessary to assure compliance with this permit or Department rules.

Reasonable time may depend on the nature of the concern being investigated.

(8) If, for any reason, the permittee does not comply with or will be unable to comply with any condition or limitation specified in this permit, the permittee shall immediately provide the Department with the following information:

(a) A description of and cause of noncompliance; and

(b) The period of noncompliance, including dates and times; or, if not corrected, the anticipated time the noncompliance is expected to continue, and steps being taken to reduce, eliminate, and prevent

recurrence of the noncompliance. The permittee shall be responsible for any and all damages which may result and may be subject to enforcement action by the Department for penalties or for revocation of this permit.

(9) In accepting this permit, the permittee understands and agrees that all records, notes, monitoring data and other information relating to the construction or operation of this permitted source which are submitted to the Department may be used by the Department as evidence in any enforcement case involving the permitted source arising under the Florida Statutes or Department rules, except where such use is prescribed by Sections 403.111 and 403.73, F.S. Such evidence shall only be used to the extent it is consistent with the Florida Rules of Civil Procedure and appropriate evidentiary rules.

(10) The permittee agrees to comply with changes in Department rules and Florida Statutes after a reasonable time for compliance; provided, however, the permittee does not waive any other rights granted by Florida Statutes or Department rules. A reasonable time for compliance with a new or amended surface water quality standard, other than those standards addressed in Rule 62-302.500, shall include a reasonable time to obtain or be denied a mixing zone for the new or amended standard.

(11) This permit is transferable only upon Department approval in accordance with Rule 62-4.120 and 62-730.300, F.A.C., as applicable. The permittee shall be liable for any non-compliance of the permitted activity until the transfer is approved by the Department.

(12) This permit or a copy thereof shall be kept at the work site of the permitted activity.

(13) This permit also constitutes:
(a) Determination of Best Available Control Technology (BACT)
(b) Determination of Prevention of Significant Deterioration (PSD)
(c) Certification of compliance with State Water Quality Standards (Section 401, PL 92-500)
(d) Compliance with New Source Performance Standards

(14) The permittee shall comply with the following:
(a) Upon request, the permittee shall furnish all records and plans required under Department rules. During enforcement actions, the retention period for all records will be extended automatically unless otherwise stipulated by the Department.
(b) The permittee shall hold at the facility or other location designated by this permit records of all monitoring information (including all calibration and maintenance records and all original strip chart recordings for continuous monitoring instrumentation) required by the permit, copies of all reports required by this permit, and records of all data used to complete the application for this permit. These materials shall be retained at least three years from the date of the sample, measurement, report, or application unless otherwise specified by Department rule.
(c) Records of monitoring information shall include:
1. the date, exact place, and time of sampling or measurements;
2. the person responsible for performing the sampling or measurements;
3. the dates analyses were performed;
4. the person responsible for performing the analyses;
5. the analytical techniques or methods used;
6. the results of such analyses.

(15) When requested by the Department, the permittee shall within a reasonable time furnish any information required by law which is needed to determine compliance with the permit. If the permittee becomes aware the relevant facts were not submitted or were incorrect in the permit application or in any report to the Department, such facts or information shall be corrected promptly.

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Broward County
Royal Utility - DEP #: 4061517
August 12, 2013

Notice of Non-Compliance

Royal Utility Co.
c/o: Jock McCartney, President
8900 NW 44th Court
Coral Springs, FL. 33065
JockM@RoyalUtility.com

Reference: Repeat Cross-Connection Deficiency

Dear Mr. McCartney,

A recent review of the Department's records indicates that Royal Utility currently has a repeat deficiency.

During the 2013 annual Compliance Inspection it was noted that Royal Utility failed to correct a deficiency from the 2012 Sanitary Survey. Apparently, there is a cross connection with the Ground Storage Tank (GST) drain line and the lime sludge drain. This deficiency was noted during the inspection completed in 2012, and has yet to be addressed.

Rule 62-555.360(3) requires that the cross connection be eliminated by an air gap separation or the installation of an appropriate back flow prevention device acceptable to the Department. An "approved air gap separation" shall be at least double the diameter of the supply pipe measured vertically above the top of the rim of the receiving vessel. The GST drain location is lower that the lime sludge pond overflow according to the inspection performed in 2012; moreover, the air gap separation of the GST drain does not comply with the rule requirement and definition mentioned above.

Cross-connections are deemed "significant deficiencies" and need to be corrected within 30 days in order to stay in compliance with the Florida Administrative Code. Please correct this deficiency within 30 days or provide this Department with the results of a topographical survey demonstrating that the lowest elevation of the ground storage tank is higher than the lime sludge overflow.

PWS

If you have any questions with the above mentioned requirements, please do not hesitate to contact me at 954-467-4700 ext. 4212 or Sandra Giraldo at ext.4223.

Sincerely,

Tara Payne

Tara Payne
Environmental Specialist III
Environmental Engineering Section, Florida Dept. of Health in Broward County

Cc: Rafael Reyes, Environmental Engineering Director, Florida Dept. of Health in Broward County
Michele Owens, Environmental Specialist III, DEP-West Palm Beach
Sandra Giraldo, Engineer IV, Florida Dept. of Health in Broward County

Contam Group	Viol ID	Viol Type Desc	Desc	Result	Vio Start Date	Vio End Date
DBP	20130006148	AVERAGE MCL	TOTAL THMS	102.9004	4/1/2013	6/30/2013
DBP	20130004375	AVERAGE MCL	TOTAL THMS	99.7213	10/1/2012	12/31/2012
DBP	20130007296	AVERAGE MCL	TOTAL THMS	92.2521	7/1/2013	9/30/2013
DBP	20110005832	CHEM MONITORING AND REPORTING	TOTAL THMS		7/1/2011	9/30/2011
DBP	20110005814	CHEM MONITORING AND REPORTING	TOTAL HALOACETIC ACIDS (HAA5)		7/1/2011	9/30/2011
DBP	20130004375	AVERAGE MCL	TOTAL THMS	99.7213	10/1/2012	12/31/2012
PNR	20150000044	PN-OTHER	USED FOR PUBLIC NOTIFICATION REQUIREMENT		9/30/2014	10/10/2014
DBP	20130007296	AVERAGE MCL	TOTAL THMS	92.2521	7/1/2013	9/30/2013
DBP	20130004375	AVERAGE MCL	TOTAL THMS	99.7213	10/1/2012	12/31/2012
DBP	20130004375	AVERAGE MCL	TOTAL THMS	99.7213	10/1/2012	12/31/2012
DBP	20150000042	AVERAGE MCL	TOTAL THMS	59.4	7/1/2014	9/30/2014
DBP	20130007296	AVERAGE MCL	TOTAL THMS	92.2521	7/1/2013	9/30/2013
DBP	20130004375	AVERAGE MCL	TOTAL THMS	99.7213	10/1/2012	12/31/2012
DBP	20130004375	AVERAGE MCL	TOTAL THMS	99.7213	10/1/2012	12/31/2012
DBP	20130007296	AVERAGE MCL	TOTAL THMS	92.2521	7/1/2013	9/30/2013
DBP	20130007296	AVERAGE MCL	TOTAL THMS	92.2521	7/1/2013	9/30/2013
DBP	20130006148	AVERAGE MCL	TOTAL THMS	102.9004	4/1/2013	6/30/2013
DBP	20130007296	AVERAGE MCL	TOTAL THMS	92.2521	7/1/2013	9/30/2013
DBP	20130004375	AVERAGE MCL	TOTAL THMS	99.7213	10/1/2012	12/31/2012
DBP	20150000042	AVERAGE MCL	TOTAL THMS	59.4	7/1/2014	9/30/2014
DBP	20130007296	AVERAGE MCL	TOTAL THMS	92.2521	7/1/2013	9/30/2013
DBP	20130006148	AVERAGE MCL	TOTAL THMS	102.9004	4/1/2013	6/30/2013
DBP	20130004375	AVERAGE MCL	TOTAL THMS	99.7213	10/1/2012	12/31/2012
DBP	20130005371	AVERAGE MCL	TOTAL THMS	101.3283	1/1/2013	3/31/2013
DBP	20150000043	AVERAGE MCL	TOTAL THMS	60.6	4/1/2014	6/30/2014
DBP	20130005371	AVERAGE MCL	TOTAL THMS	101.3283	1/1/2013	3/31/2013
DBP	20130007296	AVERAGE MCL	TOTAL THMS	92.2521	7/1/2013	9/30/2013
DBP	20130007296	AVERAGE MCL	TOTAL THMS	92.2521	7/1/2013	9/30/2013
DBP	20130006148	AVERAGE MCL	TOTAL THMS	102.9004	4/1/2013	6/30/2013
DBP	20130005371	AVERAGE MCL	TOTAL THMS	101.3283	1/1/2013	3/31/2013
PNR	20150000044	PN-OTHER	USED FOR PUBLIC NOTIFICATION REQUIREMENT		9/30/2014	10/10/2014
DBP	20150000043	AVERAGE MCL	TOTAL THMS	60.6	4/1/2014	6/30/2014
DBP	20130007296	AVERAGE MCL	TOTAL THMS	92.2521	7/1/2013	9/30/2013
PNR	20150000044	PN-OTHER	USED FOR PUBLIC NOTIFICATION REQUIREMENT		9/30/2014	10/10/2014
DBP	20130004375	AVERAGE MCL	TOTAL THMS	99.7213	10/1/2012	12/31/2012
DBP	20130007296	AVERAGE MCL	TOTAL THMS	92.2521	7/1/2013	9/30/2013
DBP	20130004375	AVERAGE MCL	TOTAL THMS	99.7213	10/1/2012	12/31/2012
DBP	20130007296	AVERAGE MCL	TOTAL THMS	92.2521	7/1/2013	9/30/2013
DBP	20130005371	AVERAGE MCL	TOTAL THMS	101.3283	1/1/2013	3/31/2013

Enf Related Date	Enf Id	Enf Action
10/23/2012	404672	INFORMAL/COMPLIANCE MEETING
12/21/2012	363232	PUBLIC NOTIFICATION REQUESTED
7/22/2014	392546	PUBLIC NOTIFICATION RECEIVED
7/13/2011	375360	ETT RETURNED TO COMPLIANCE CHEM/RAD
7/13/2011	375360	ETT RETURNED TO COMPLIANCE CHEM/RAD
1/28/2013	363270	FORMAL/CONSENT ORDER TO FACILITY
10/17/2014	404549	PUBLIC NOTIFICATION CERTIFICATION REC'D
4/11/2014	385447	PUBLIC NOTIFICATION CERTIFICATION REC'D
1/28/2013	363248	PUBLIC NOTIFICATION CERTIFICATION REC'D
1/25/2013	363231	PUBLIC NOTIFICATION CERTIFICATION REC'D
10/29/2014	397659	FORMAL/WARNING LETTER
1/17/2014	384735	PUBLIC NOTIFICATION RECEIVED
1/6/2013	363233	PUBLIC NOTIFICATION RECEIVED
10/31/2012	363230	PUBLIC NOTIFICATION RECEIVED
10/17/2014	404549	PUBLIC NOTIFICATION CERTIFICATION REC'D
7/22/2014	392547	PUBLIC NOTIFICATION CERTIFICATION REC'D
8/8/2013	375460	PUBLIC NOTIFICATION CERTIFICATION REC'D
2/5/2013	363631	FORMAL/CONSENT ORDER EFFECTIVE
10/23/2012	404672	INFORMAL/COMPLIANCE MEETING
12/11/2014	403508	FORMAL/CONSENT ORDER TO FACILITY
1/17/2014	382018	PUBLIC NOTIFICATION CERTIFICATION REC'D
2/5/2013	363631	FORMAL/CONSENT ORDER EFFECTIVE
10/10/2012	363272	FORMAL/WARNING LETTER
4/30/2013	375458	PUBLIC NOTIFICATION RECEIVED
12/11/2014	403508	FORMAL/CONSENT ORDER TO FACILITY
10/23/2012	404672	INFORMAL/COMPLIANCE MEETING
4/11/2014	385565	PUBLIC NOTIFICATION RECEIVED
10/9/2013	384732	PUBLIC NOTIFICATION RECEIVED
7/31/2013	375459	PUBLIC NOTIFICATION RECEIVED
2/5/2013	363631	FORMAL/CONSENT ORDER EFFECTIVE
10/29/2014	397659	FORMAL/WARNING LETTER
10/29/2014	397659	FORMAL/WARNING LETTER
10/23/2012	404672	INFORMAL/COMPLIANCE MEETING
12/11/2014	403508	FORMAL/CONSENT ORDER TO FACILITY
2/1/2013	363630	FORMAL/CONSENT ORDER SIGNED BY FACILITY
1/17/2014	384736	PUBLIC NOTIFICATION CERTIFICATION REC'D
2/5/2013	363631	FORMAL/CONSENT ORDER EFFECTIVE
10/17/2014	404548	PUBLIC NOTIFICATION RECEIVED
5/14/2013	367741	PUBLIC NOTIFICATION CERTIFICATION REC'D

Vio Remarks

STAGE 1 DBP PN NOT ISSUED

STAGE 2 THMS LRAA EXCEEDANCE

STAGE 2 THMS LRAA EXCEEDANCE

STAGE 2 DBP LRAA EXCEEDANCE

STAGE 1 DBP PN NOT ISSUED
STAGE 2 DBP LRAA EXCEEDANCE

STAGE 1 DBP PN NOT ISSUED

TRIG SAMP#	TRIG DATA TYPE
)ANCE - WL 12-1517-02	
ANCE Q4 2012	
AGE 1 MCL TOTAL TTHMS-PUBLISHED 06/30/2014	
ANCE - Q3 2012	
EXCEEDANCE OF DBPS STAGE 1-MCL TOTAL TTHMS- DELIVERED 10/15/2014 (2 WEEKS AFTER DEADLINE)	
AGE 1 MCL TOTAL TTHMS-PUBLISHED 03/31/2014	
ANCE Q4 2012 - PN PUBLISHED ON NEWSPAPER FOR 7 DAYS JAN 6-12/2013; MAILED 12/31/12	
ANCE Q3 2012 - PN MAILED 10/30/12; POSTED 10/30/12	
EDANCE PN VIOLATION	
E OF DBPR STAGE 1 TTHM MCL Q3-2013	
ANCE Q4 2012 - PN PUBLISHED ON NEWSPAPER FOR 7 DAYS JAN 6-12/2013; MAILED 12/31/12	
ANCE Q3 2012- PUBLIC NOTIFICATION SENT BY MAIL 10/30/12	
EXCEEDANCE OF DBPS STAGE 1-MCL TOTAL TTHMS- DELIVERED 10/15/2014 (2 WEEKS AFTER DEADLINE)	
AGE 1 MCL TOTAL TTHMS-PUBLISHED 06/30/14	
NCE FOR Q2 2013; PN MAILED 07/31/13; PUBLISHED ON SYSTEM'S WEBSITE 07/31/13,	
)ANCE - WL 12-1517-02	
) DALAPON	
PR STAGE 1 TTHM MCL Q3-2013	
)ANCE THIRD QUARTER 2012	
NCE Q1 2013 - PN MAILED 04/30/13; PUBLISHED ON SYSTEM WEBSITE 04/3013	
) DALAPON	
)ANCE - WL 12-1517-02	
GE 1 MCL TOTAL TTHMS-PUBLISHED 03/31/2014	
EXCEEDANCE OF DBPR STAGE 1 TTHM MCL Q3-2013	
NCE FOR Q2 2013; PN MAILED 07/31/13; PUBLISHED ON SYSTEM'S WEBSITE 07/31/13	
DANCE PN VIOLATION	
DANCE PN VIOLATION	
ANCE - WL 12-1517-02	
DALAPON	
THIRD QUARTER OF 2012	
EXCEEDANCE OF DBPR STAGE 1 TTHM MCL Q3-2013.	
EXCEEDANCE OF DBPS STAGE 1-MCL TOTAL TTHMS- DELIVERED 10/15/2014 (2 WEEKS AFTER DEADLINE)	

Royal Utility 4061517
WL12-1517-01
OGC Case#12-406PWS1517-A

Contam Group	Viol ID	Viol Type Desc	Desc	Vio Start Date	Vio End Date	Enf Related Date	Enf Id	Enf Action	Vio Remarks	Enf Remarks
SOC	20120001232	CHEM MONITORING AND REPORTING	CHLORDANE	1/1/2011	12/31/2011	3/5/2012	338830	FORMAL/WARNING LETTER		2011 ASBESTOS AND SYNTHTIC ORGANIC COMPOUNDS MONITORING FAILURES
SOC	20120001232	CHEM MONITORING AND REPORTING	CHLORDANE	1/1/2011	12/31/2011	3/21/2012	403231	INFORMAL/COMPLIANCE MEETING		ENFORCEMENT MEETING REGARDING 2011 ASBESTOS SAMPLING AND 2011 2ND SOC ROUND
SOC	20120001232	CHEM MONITORING AND REPORTING	CHLORDANE	1/1/2011	12/31/2011	3/23/2012	404810	EMAIL		E-MAIL WITH REQUIRED ACTIONS RELATED TO WL12-1517-01 PLUS LEAD & COPPER AND CHEMICAL REPORTING
SOC	20120001232	CHEM MONITORING AND REPORTING	CHLORDANE	1/1/2011	12/31/2011	4/22/2012	343068	PUBLIC NOTIFICATION RECEIVED		TIER 3 PN MAILED AND POSTED ON 03/30/12; PUBLISHED IN NEWSPAPER ON 04/22/12
SOC	20120001232	CHEM MONITORING AND REPORTING	CHLORDANE	1/1/2011	12/31/2011	5/1/2012	343069	PUBLIC NOTIFICATION CERTIFICATION REC'D		TIER 3 PN MAILED AND POSTED ON 03/30/12; PUBLISHED IN NEWSPAPER ON 04/22/12
SOC	20120001232	CHEM MONITORING AND REPORTING	CHLORDANE	1/1/2011	12/31/2011	5/10/2012	343588	FORMAL/CONSENT ORDER TO FACILITY		SFCO SENT TO SYSTEM. 2011 ASBESTOS MONITORING VIOLATION; 2ND SOC ROUND MONITORING VIOLATION
SOC	20120001232	CHEM MONITORING AND REPORTING	CHLORDANE	1/1/2011	12/31/2011	5/17/2012	346426	FORMAL/CONSENT ORDER SIGNED BY FACILITY		
SOC	20120001233	CHEM MONITORING AND REPORTING	DALAPON	1/1/2011	12/31/2011	3/5/2012	338830	FORMAL/WARNING LETTER		2011 ASBESTOS AND SYNTHTIC ORGANIC COMPOUNDS MONITORING FAILURES
SOC	20120001233	CHEM MONITORING AND REPORTING	DALAPON	1/1/2011	12/31/2011	3/21/2012	403231	INFORMAL/COMPLIANCE MEETING		ENFORCEMENT MEETING REGARDING 2011 ASBESTOS SAMPLING AND 2011 2ND SOC ROUND
SOC	20120001233	CHEM MONITORING AND REPORTING	DALAPON	1/1/2011	12/31/2011	3/23/2012	404810	EMAIL		E-MAIL WITH REQUIRED ACTIONS RELATED TO WL12-1517-01 PLUS LEAD & COPPER AND CHEMICAL REPORTING
SOC	20120001233	CHEM MONITORING AND REPORTING	DALAPON	1/1/2011	12/31/2011	4/22/2012	343068	PUBLIC NOTIFICATION RECEIVED		TIER 3 PN MAILED AND POSTED ON 03/30/12; PUBLISHED IN NEWSPAPER ON 04/22/12
SOC	20120001233	CHEM MONITORING AND REPORTING	DALAPON	1/1/2011	12/31/2011	5/1/2012	343069	PUBLIC NOTIFICATION CERTIFICATION REC'D		TIER 3 PN MAILED AND POSTED ON 03/30/12; PUBLISHED IN NEWSPAPER ON 04/22/12
SOC	20120001233	CHEM MONITORING AND REPORTING	DALAPON	1/1/2011	12/31/2011	5/10/2012	343588	FORMAL/CONSENT ORDER TO FACILITY		SFCO SENT TO SYSTEM. 2011 ASBESTOS MONITORING VIOLATION; 2ND SOC ROUND MONITORING VIOLATION
SOC	20120001233	CHEM MONITORING AND REPORTING	DALAPON	1/1/2011	12/31/2011	5/17/2012	346426	FORMAL/CONSENT ORDER SIGNED BY FACILITY		
SOC	20120001234	CHEM MONITORING AND REPORTING	SIMAZINE	1/1/2011	12/31/2011	3/5/2012	338830	FORMAL/WARNING LETTER		2011 ASBESTOS AND SYNTHTIC ORGANIC COMPOUNDS MONITORING FAILURES
SOC	20120001234	CHEM MONITORING AND REPORTING	SIMAZINE	1/1/2011	12/31/2011	3/21/2012	403231	INFORMAL/COMPLIANCE MEETING		ENFORCEMENT MEETING REGARDING 2011 ASBESTOS SAMPLING AND 2011 2ND SOC ROUND
SOC	20120001234	CHEM MONITORING AND REPORTING	SIMAZINE	1/1/2011	12/31/2011	3/23/2012	404810	EMAIL		E-MAIL WITH REQUIRED ACTIONS RELATED TO WL12-1517-01 PLUS LEAD & COPPER AND CHEMICAL REPORTING
SOC	20120001234	CHEM MONITORING AND REPORTING	SIMAZINE	1/1/2011	12/31/2011	4/22/2012	343068	PUBLIC NOTIFICATION RECEIVED		TIER 3 PN MAILED AND POSTED ON 03/30/12; PUBLISHED IN NEWSPAPER ON 04/22/12
SOC	20120001234	CHEM MONITORING AND REPORTING	SIMAZINE	1/1/2011	12/31/2011	5/1/2012	343069	PUBLIC NOTIFICATION CERTIFICATION REC'D		TIER 3 PN MAILED AND POSTED ON 03/30/12; PUBLISHED IN NEWSPAPER ON 04/22/12
SOC	20120001234	CHEM MONITORING AND REPORTING	SIMAZINE	1/1/2011	12/31/2011	5/10/2012	343588	FORMAL/CONSENT ORDER TO FACILITY		SFCO SENT TO SYSTEM. 2011 ASBESTOS MONITORING VIOLATION; 2ND SOC ROUND MONITORING VIOLATION
SOC	20120001234	CHEM MONITORING AND REPORTING	SIMAZINE	1/1/2011	12/31/2011	5/17/2012	346426	FORMAL/CONSENT ORDER SIGNED BY FACILITY		

Royal Utility 4061517
WL12-1517-01
OGC Case#12-406PWS1517-A

Contam Group	Viol ID	Viol Type Desc	Desc	Vio Start Date	Vio End Date	Enf Related Date	Enf Id	Enf Action	Vio Remarks	Enf Remarks
SOC	20120001276	CHEM MONITORING AND REPORTING	HEXACHLOROCYCLOPENTADIENE	1/1/2011	12/31/2011	3/5/2012	338830	FORMAL/WARNING LETTER		2011 ASBESTOS AND SYNTHTIC ORGANIC COMPOUNDS MONITORING FAILURES
SOC	20120001276	CHEM MONITORING AND REPORTING	HEXACHLOROCYCLOPENTADIENE	1/1/2011	12/31/2011	3/21/2012	403231	INFORMAL/COMPLIANCE MEETING		ENFORCEMENT MEETING REGARDING 2011 ASBESTOS SAMPLING AND 2011 2ND SOC ROUND
SOC	20120001276	CHEM MONITORING AND REPORTING	HEXACHLOROCYCLOPENTADIENE	1/1/2011	12/31/2011	3/23/2012	404810	EMAIL		E-MAIL WITH REQUIRED ACTIONS RELATED TO WL12-1517-01 PLUS LEAD & COPPER AND CHEMICAL REPORTING
SOC	20120001276	CHEM MONITORING AND REPORTING	HEXACHLOROCYCLOPENTADIENE	1/1/2011	12/31/2011	4/22/2012	343068	PUBLIC NOTIFICATION RECEIVED		TIER 3 PN MAILED AND POSTED ON 03/30/12; PUBLISHED IN NEWSPAPER ON 04/22/12
SOC	20120001276	CHEM MONITORING AND REPORTING	HEXACHLOROCYCLOPENTADIENE	1/1/2011	12/31/2011	5/1/2012	343069	PUBLIC NOTIFICATION CERTIFICATION REC'D		TIER 3 PN MAILED AND POSTED ON 03/30/12; PUBLISHED IN NEWSPAPER ON 04/22/12
SOC	20120001276	CHEM MONITORING AND REPORTING	HEXACHLOROCYCLOPENTADIENE	1/1/2011	12/31/2011	5/10/2012	343588	FORMAL/CONSENT ORDER TO FACILITY		SFCO SENT TO SYSTEM. 2011 ASBESTOS MONITORING VIOLATION; 2ND SOC ROUND MONITORING VIOLATION
SOC	20120001276	CHEM MONITORING AND REPORTING	HEXACHLOROCYCLOPENTADIENE	1/1/2011	12/31/2011	5/17/2012	346426	FORMAL/CONSENT ORDER SIGNED BY FACILITY		
SOC	20120001277	CHEM MONITORING AND REPORTING	CARBOFURAN	1/1/2011	12/31/2011	3/5/2012	338830	FORMAL/WARNING LETTER		2011 ASBESTOS AND SYNTHTIC ORGANIC COMPOUNDS MONITORING FAILURES
SOC	20120001277	CHEM MONITORING AND REPORTING	CARBOFURAN	1/1/2011	12/31/2011	3/21/2012	403231	INFORMAL/COMPLIANCE MEETING		ENFORCEMENT MEETING REGARDING 2011 ASBESTOS SAMPLING AND 2011 2ND SOC ROUND
SOC	20120001277	CHEM MONITORING AND REPORTING	CARBOFURAN	1/1/2011	12/31/2011	3/23/2012	404810	EMAIL		E-MAIL WITH REQUIRED ACTIONS RELATED TO WL12-1517-01 PLUS LEAD & COPPER AND CHEMICAL REPORTING
SOC	20120001277	CHEM MONITORING AND REPORTING	CARBOFURAN	1/1/2011	12/31/2011	4/22/2012	343068	PUBLIC NOTIFICATION RECEIVED		TIER 3 PN MAILED AND POSTED ON 03/30/12; PUBLISHED IN NEWSPAPER ON 04/22/12
SOC	20120001277	CHEM MONITORING AND REPORTING	CARBOFURAN	1/1/2011	12/31/2011	5/1/2012	343069	PUBLIC NOTIFICATION CERTIFICATION REC'D		TIER 3 PN MAILED AND POSTED ON 03/30/12; PUBLISHED IN NEWSPAPER ON 04/22/12
SOC	20120001277	CHEM MONITORING AND REPORTING	CARBOFURAN	1/1/2011	12/31/2011	5/10/2012	343588	FORMAL/CONSENT ORDER TO FACILITY		SFCO SENT TO SYSTEM. 2011 ASBESTOS MONITORING VIOLATION; 2ND SOC ROUND MONITORING VIOLATION
SOC	20120001277	CHEM MONITORING AND REPORTING	CARBOFURAN	1/1/2011	12/31/2011	5/17/2012	346426	FORMAL/CONSENT ORDER SIGNED BY FACILITY		
SOC	20120001308	CHEM MONITORING AND REPORTING	ENDOTHALL	1/1/2011	12/31/2011	3/5/2012	338830	FORMAL/WARNING LETTER		2011 ASBESTOS AND SYNTHTIC ORGANIC COMPOUNDS MONITORING FAILURES
SOC	20120001308	CHEM MONITORING AND REPORTING	ENDOTHALL	1/1/2011	12/31/2011	3/21/2012	403231	INFORMAL/COMPLIANCE MEETING		ENFORCEMENT MEETING REGARDING 2011 ASBESTOS SAMPLING AND 2011 2ND SOC ROUND
SOC	20120001308	CHEM MONITORING AND REPORTING	ENDOTHALL	1/1/2011	12/31/2011	3/23/2012	404810	EMAIL		E-MAIL WITH REQUIRED ACTIONS RELATED TO WL12-1517-01 PLUS LEAD & COPPER AND CHEMICAL REPORTING
SOC	20120001308	CHEM MONITORING AND REPORTING	ENDOTHALL	1/1/2011	12/31/2011	4/22/2012	343068	PUBLIC NOTIFICATION RECEIVED		TIER 3 PN MAILED AND POSTED ON 03/30/12; PUBLISHED IN NEWSPAPER ON 04/22/12
SOC	20120001308	CHEM MONITORING AND REPORTING	ENDOTHALL	1/1/2011	12/31/2011	5/1/2012	343069	PUBLIC NOTIFICATION CERTIFICATION REC'D		TIER 3 PN MAILED AND POSTED ON 03/30/12; PUBLISHED IN NEWSPAPER ON 04/22/12
SOC	20120001308	CHEM MONITORING AND REPORTING	ENDOTHALL	1/1/2011	12/31/2011	5/10/2012	343588	FORMAL/CONSENT ORDER TO FACILITY		SFCO SENT TO SYSTEM. 2011 ASBESTOS MONITORING VIOLATION; 2ND SOC ROUND MONITORING VIOLATION
SOC	20120001308	CHEM MONITORING AND REPORTING	ENDOTHALL	1/1/2011	12/31/2011	5/17/2012	346426	FORMAL/CONSENT ORDER SIGNED BY FACILITY		

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Contam Group	Viol ID	Viol Type Desc	Desc	Vio Start Date	Vio End Date	Enf Related Date	Enf Id	Enf Action	Vio Remarks	Enf Remarks
SOC	20120001309	CHEM MONITORING AND REPORTING	GLYPHOSATE	1/1/2011	12/31/2011	3/5/2012	338830	FORMAL/WARNING LETTER		2011 ASBESTOS AND SYNTHTIC ORGANIC COMPOUNDS MONITORING FAILURES
SOC	20120001309	CHEM MONITORING AND REPORTING	GLYPHOSATE	1/1/2011	12/31/2011	3/21/2012	403231	INFORMAL/COMPLIANCE MEETING		ENFORCEMENT MEETING REGARDING 2011 ASBESTOS SAMPLING AND 2011 2ND SOC ROUND
SOC	20120001309	CHEM MONITORING AND REPORTING	GLYPHOSATE	1/1/2011	12/31/2011	3/23/2012	404810	EMAIL		E-MAIL WITH REQUIRED ACTIONS RELATED TO WL12-1517-01 PLUS LEAD & COPPER AND CHEMICAL REPORTING
SOC	20120001309	CHEM MONITORING AND REPORTING	GLYPHOSATE	1/1/2011	12/31/2011	4/22/2012	343068	PUBLIC NOTIFICATION RECEIVED		TIER 3 PN MAILED AND POSTED ON 03/30/12; PUBLISHED IN NEWSPAPER ON 04/22/12
SOC	20120001309	CHEM MONITORING AND REPORTING	GLYPHOSATE	1/1/2011	12/31/2011	5/1/2012	343069	PUBLIC NOTIFICATION CERTIFICATION REC'D		TIER 3 PN MAILED AND POSTED ON 03/30/12; PUBLISHED IN NEWSPAPER ON 04/22/12
SOC	20120001309	CHEM MONITORING AND REPORTING	GLYPHOSATE	1/1/2011	12/31/2011	5/10/2012	343588	FORMAL/CONSENT ORDER TO FACILITY		SFCO SENT TO SYSTEM. 2011 ASBESTOS MONITORING VIOLATION; 2ND SOC ROUND MONITORING VIOLATION
SOC	20120001309	CHEM MONITORING AND REPORTING	GLYPHOSATE	1/1/2011	12/31/2011	5/17/2012	346426	FORMAL/CONSENT ORDER SIGNED BY FACILITY		
SOC	20120001310	CHEM MONITORING AND REPORTING	DINOSEB	1/1/2011	12/31/2011	3/5/2012	338830	FORMAL/WARNING LETTER		2011 ASBESTOS AND SYNTHTIC ORGANIC COMPOUNDS MONITORING FAILURES
SOC	20120001310	CHEM MONITORING AND REPORTING	DINOSEB	1/1/2011	12/31/2011	3/21/2012	403231	INFORMAL/COMPLIANCE MEETING		ENFORCEMENT MEETING REGARDING 2011 ASBESTOS SAMPLING AND 2011 2ND SOC ROUND
SOC	20120001310	CHEM MONITORING AND REPORTING	DINOSEB	1/1/2011	12/31/2011	3/23/2012	404810	EMAIL		E-MAIL WITH REQUIRED ACTIONS RELATED TO WL12-1517-01 PLUS LEAD & COPPER AND CHEMICAL REPORTING
SOC	20120001310	CHEM MONITORING AND REPORTING	DINOSEB	1/1/2011	12/31/2011	4/22/2012	343068	PUBLIC NOTIFICATION RECEIVED		TIER 3 PN MAILED AND POSTED ON 03/30/12; PUBLISHED IN NEWSPAPER ON 04/22/12
SOC	20120001310	CHEM MONITORING AND REPORTING	DINOSEB	1/1/2011	12/31/2011	5/1/2012	343069	PUBLIC NOTIFICATION CERTIFICATION REC'D		TIER 3 PN MAILED AND POSTED ON 03/30/12; PUBLISHED IN NEWSPAPER ON 04/22/12
SOC	20120001310	CHEM MONITORING AND REPORTING	DINOSEB	1/1/2011	12/31/2011	5/10/2012	343588	FORMAL/CONSENT ORDER TO FACILITY		SFCO SENT TO SYSTEM. 2011 ASBESTOS MONITORING VIOLATION; 2ND SOC ROUND MONITORING VIOLATION
SOC	20120001310	CHEM MONITORING AND REPORTING	DINOSEB	1/1/2011	12/31/2011	5/17/2012	346426	FORMAL/CONSENT ORDER SIGNED BY FACILITY		
SOC	20120001311	CHEM MONITORING AND REPORTING	ATRAZINE	1/1/2011	12/31/2011	3/5/2012	338830	FORMAL/WARNING LETTER		2011 ASBESTOS AND SYNTHTIC ORGANIC COMPOUNDS MONITORING FAILURES
SOC	20120001311	CHEM MONITORING AND REPORTING	ATRAZINE	1/1/2011	12/31/2011	3/21/2012	403231	INFORMAL/COMPLIANCE MEETING		ENFORCEMENT MEETING REGARDING 2011 ASBESTOS SAMPLING AND 2011 2ND SOC ROUND
SOC	20120001311	CHEM MONITORING AND REPORTING	ATRAZINE	1/1/2011	12/31/2011	3/23/2012	404810	EMAIL		E-MAIL WITH REQUIRED ACTIONS RELATED TO WL12-1517-01 PLUS LEAD & COPPER AND CHEMICAL REPORTING
SOC	20120001311	CHEM MONITORING AND REPORTING	ATRAZINE	1/1/2011	12/31/2011	4/22/2012	343068	PUBLIC NOTIFICATION RECEIVED		TIER 3 PN MAILED AND POSTED ON 03/30/12; PUBLISHED IN NEWSPAPER ON 04/22/12
SOC	20120001311	CHEM MONITORING AND REPORTING	ATRAZINE	1/1/2011	12/31/2011	5/1/2012	343069	PUBLIC NOTIFICATION CERTIFICATION REC'D		TIER 3 PN MAILED AND POSTED ON 03/30/12; PUBLISHED IN NEWSPAPER ON 04/22/12
SOC	20120001311	CHEM MONITORING AND REPORTING	ATRAZINE	1/1/2011	12/31/2011	5/10/2012	343588	FORMAL/CONSENT ORDER TO FACILITY		SFCO SENT TO SYSTEM. 2011 ASBESTOS MONITORING VIOLATION; 2ND SOC ROUND MONITORING VIOLATION
SOC	20120001311	CHEM MONITORING AND REPORTING	ATRAZINE	1/1/2011	12/31/2011	5/17/2012	346426	FORMAL/CONSENT ORDER SIGNED BY FACILITY		

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Contam Group	Viol ID	Viol Type Desc	Desc	Vio Start Date	Vio End Date	Enf Related Date	Enf Id	Enf Action	Vio Remarks	Enf Remarks
SOC	20120001327	CHEM MONITORING AND REPORTING	POLYCHLORINATED BIPHENYL (PCB)	1/1/2011	12/31/2011	3/5/2012	338830	FORMAL/WARNING LETTER		2011 ASBESTOS AND SYNTHTIC ORGANIC COMPOUNDS MONITORING FAILURES
SOC	20120001327	CHEM MONITORING AND REPORTING	POLYCHLORINATED BIPHENYL (PCB)	1/1/2011	12/31/2011	3/21/2012	403231	INFORMAL/COMPLIANCE MEETING		ENFORCEMENT MEETING REGARDING 2011 ASBESTOS SAMPLING AND 2011 2ND SOC ROUND
SOC	20120001327	CHEM MONITORING AND REPORTING	POLYCHLORINATED BIPHENYL (PCB)	1/1/2011	12/31/2011	3/23/2012	404810	EMAIL		E-MAIL WITH REQUIRED ACTIONS RELATED TO WL12-1517-01 PLUS LEAD & COPPER AND CHEMICAL REPORTING
SOC	20120001327	CHEM MONITORING AND REPORTING	POLYCHLORINATED BIPHENYL (PCB)	1/1/2011	12/31/2011	4/22/2012	343068	PUBLIC NOTIFICATION RECEIVED		TIER 3 PN MAILED AND POSTED ON 03/30/12; PUBLISHED IN NEWSPAPER ON 04/22/12
SOC	20120001327	CHEM MONITORING AND REPORTING	POLYCHLORINATED BIPHENYL (PCB)	1/1/2011	12/31/2011	5/1/2012	343069	PUBLIC NOTIFICATION CERTIFICATION REC'D		TIER 3 PN MAILED AND POSTED ON 03/30/12; PUBLISHED IN NEWSPAPER ON 04/22/12
SOC	20120001327	CHEM MONITORING AND REPORTING	POLYCHLORINATED BIPHENYL (PCB)	1/1/2011	12/31/2011	5/10/2012	343588	FORMAL/CONSENT ORDER TO FACILITY		SFCO SENT TO SYSTEM. 2011 ASBESTOS MONITORING VIOLATION; 2ND SOC ROUND MONITORING VIOLATION
SOC	20120001327	CHEM MONITORING AND REPORTING	POLYCHLORINATED BIPHENYL (PCB)	1/1/2011	12/31/2011	5/17/2012	346426	FORMAL/CONSENT ORDER SIGNED BY FACILITY		
SOC	20120001353	CHEM MONITORING AND REPORTING	METHOXYCLOR	1/1/2011	12/31/2011	3/5/2012	338830	FORMAL/WARNING LETTER		2011 ASBESTOS AND SYNTHTIC ORGANIC COMPOUNDS MONITORING FAILURES
SOC	20120001353	CHEM MONITORING AND REPORTING	METHOXYCLOR	1/1/2011	12/31/2011	3/21/2012	403231	INFORMAL/COMPLIANCE MEETING		ENFORCEMENT MEETING REGARDING 2011 ASBESTOS SAMPLING AND 2011 2ND SOC ROUND
SOC	20120001353	CHEM MONITORING AND REPORTING	METHOXYCLOR	1/1/2011	12/31/2011	3/23/2012	404810	EMAIL		E-MAIL WITH REQUIRED ACTIONS RELATED TO WL12-1517-01 PLUS LEAD & COPPER AND CHEMICAL REPORTING
SOC	20120001353	CHEM MONITORING AND REPORTING	METHOXYCLOR	1/1/2011	12/31/2011	4/22/2012	343068	PUBLIC NOTIFICATION RECEIVED		TIER 3 PN MAILED AND POSTED ON 03/30/12; PUBLISHED IN NEWSPAPER ON 04/22/12
SOC	20120001353	CHEM MONITORING AND REPORTING	METHOXYCLOR	1/1/2011	12/31/2011	5/1/2012	343069	PUBLIC NOTIFICATION CERTIFICATION REC'D		TIER 3 PN MAILED AND POSTED ON 03/30/12; PUBLISHED IN NEWSPAPER ON 04/22/12
SOC	20120001353	CHEM MONITORING AND REPORTING	METHOXYCLOR	1/1/2011	12/31/2011	5/10/2012	343588	FORMAL/CONSENT ORDER TO FACILITY		SFCO SENT TO SYSTEM. 2011 ASBESTOS MONITORING VIOLATION; 2ND SOC ROUND MONITORING VIOLATION
SOC	20120001353	CHEM MONITORING AND REPORTING	METHOXYCLOR	1/1/2011	12/31/2011	5/17/2012	346426	FORMAL/CONSENT ORDER SIGNED BY FACILITY		
SOC	20120001354	CHEM MONITORING AND REPORTING	2 4-D	1/1/2011	12/31/2011	3/5/2012	338830	FORMAL/WARNING LETTER		2011 ASBESTOS AND SYNTHTIC ORGANIC COMPOUNDS MONITORING FAILURES
SOC	20120001354	CHEM MONITORING AND REPORTING	2 4-D	1/1/2011	12/31/2011	3/21/2012	403231	INFORMAL/COMPLIANCE MEETING		ENFORCEMENT MEETING REGARDING 2011 ASBESTOS SAMPLING AND 2011 2ND SOC ROUND
SOC	20120001354	CHEM MONITORING AND REPORTING	2 4-D	1/1/2011	12/31/2011	3/23/2012	404810	EMAIL		E-MAIL WITH REQUIRED ACTIONS RELATED TO WL12-1517-01 PLUS LEAD & COPPER AND CHEMICAL REPORTING
SOC	20120001354	CHEM MONITORING AND REPORTING	2 4-D	1/1/2011	12/31/2011	4/22/2012	343068	PUBLIC NOTIFICATION RECEIVED		TIER 3 PN MAILED AND POSTED ON 03/30/12; PUBLISHED IN NEWSPAPER ON 04/22/12
SOC	20120001354	CHEM MONITORING AND REPORTING	2 4-D	1/1/2011	12/31/2011	5/1/2012	343069	PUBLIC NOTIFICATION CERTIFICATION REC'D		TIER 3 PN MAILED AND POSTED ON 03/30/12; PUBLISHED IN NEWSPAPER ON 04/22/12
SOC	20120001354	CHEM MONITORING AND REPORTING	2 4-D	1/1/2011	12/31/2011	5/10/2012	343588	FORMAL/CONSENT ORDER TO FACILITY		SFCO SENT TO SYSTEM. 2011 ASBESTOS MONITORING VIOLATION; 2ND SOC ROUND MONITORING VIOLATION
SOC	20120001354	CHEM MONITORING AND REPORTING	2 4-D	1/1/2011	12/31/2011	5/17/2012	346426	FORMAL/CONSENT ORDER SIGNED BY FACILITY		

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Contam Group	Viol ID	Viol Type Desc	Desc	Vio Start Date	Vio End Date	Enf Related Date	Enf Id	Enf Action	Vio Remarks	Enf Remarks
SOC	20120001355	CHEM MONITORING AND REPORTING	HEXACHLOROBENZENE	1/1/2011	12/31/2011	3/5/2012	338830	FORMAL/WARNING LETTER		2011 ASBESTOS AND SYNTHTIC ORGANIC COMPOUNDS MONITORING FAILURES
SOC	20120001355	CHEM MONITORING AND REPORTING	HEXACHLOROBENZENE	1/1/2011	12/31/2011	3/21/2012	403231	INFORMAL/COMPLIANCE MEETING		ENFORCEMENT MEETING REGARDING 2011 ASBESTOS SAMPLING AND 2011 2ND SOC ROUND
SOC	20120001355	CHEM MONITORING AND REPORTING	HEXACHLOROBENZENE	1/1/2011	12/31/2011	3/23/2012	404810	EMAIL		E-MAIL WITH REQUIRED ACTIONS RELATED TO WL12-1517-01 PLUS LEAD & COPPER AND CHEMICAL REPORTING
SOC	20120001355	CHEM MONITORING AND REPORTING	HEXACHLOROBENZENE	1/1/2011	12/31/2011	4/22/2012	343068	PUBLIC NOTIFICATION RECEIVED		TIER 3 PN MAILED AND POSTED ON 03/30/12; PUBLISHED IN NEWSPAPER ON 04/22/12
SOC	20120001355	CHEM MONITORING AND REPORTING	HEXACHLOROBENZENE	1/1/2011	12/31/2011	5/1/2012	343069	PUBLIC NOTIFICATION CERTIFICATION REC'D		TIER 3 PN MAILED AND POSTED ON 03/30/12; PUBLISHED IN NEWSPAPER ON 04/22/12
SOC	20120001355	CHEM MONITORING AND REPORTING	HEXACHLOROBENZENE	1/1/2011	12/31/2011	5/10/2012	343588	FORMAL/CONSENT ORDER TO FACILITY		SFCO SENT TO SYSTEM. 2011 ASBESTOS MONITORING VIOLATION; 2ND SOC ROUND MONITORING VIOLATION
SOC	20120001355	CHEM MONITORING AND REPORTING	HEXACHLOROBENZENE	1/1/2011	12/31/2011	5/17/2012	346426	FORMAL/CONSENT ORDER SIGNED BY FACILITY		
SOC	20120001369	CHEM MONITORING AND REPORTING	PENTACHLOROPHENOL	1/1/2011	12/31/2011	3/5/2012	338830	FORMAL/WARNING LETTER		2011 ASBESTOS AND SYNTHTIC ORGANIC COMPOUNDS MONITORING FAILURES
SOC	20120001369	CHEM MONITORING AND REPORTING	PENTACHLOROPHENOL	1/1/2011	12/31/2011	3/21/2012	403231	INFORMAL/COMPLIANCE MEETING		ENFORCEMENT MEETING REGARDING 2011 ASBESTOS SAMPLING AND 2011 2ND SOC ROUND
SOC	20120001369	CHEM MONITORING AND REPORTING	PENTACHLOROPHENOL	1/1/2011	12/31/2011	3/23/2012	404810	EMAIL		E-MAIL WITH REQUIRED ACTIONS RELATED TO WL12-1517-01 PLUS LEAD & COPPER AND CHEMICAL REPORTING
SOC	20120001369	CHEM MONITORING AND REPORTING	PENTACHLOROPHENOL	1/1/2011	12/31/2011	4/22/2012	343068	PUBLIC NOTIFICATION RECEIVED		TIER 3 PN MAILED AND POSTED ON 03/30/12; PUBLISHED IN NEWSPAPER ON 04/22/12
SOC	20120001369	CHEM MONITORING AND REPORTING	PENTACHLOROPHENOL	1/1/2011	12/31/2011	5/1/2012	343069	PUBLIC NOTIFICATION CERTIFICATION REC'D		TIER 3 PN MAILED AND POSTED ON 03/30/12; PUBLISHED IN NEWSPAPER ON 04/22/12
SOC	20120001369	CHEM MONITORING AND REPORTING	PENTACHLOROPHENOL	1/1/2011	12/31/2011	5/10/2012	343588	FORMAL/CONSENT ORDER TO FACILITY		SFCO SENT TO SYSTEM. 2011 ASBESTOS MONITORING VIOLATION; 2ND SOC ROUND MONITORING VIOLATION
SOC	20120001369	CHEM MONITORING AND REPORTING	PENTACHLOROPHENOL	1/1/2011	12/31/2011	5/17/2012	346426	FORMAL/CONSENT ORDER SIGNED BY FACILITY		
SOC	20120001391	CHEM MONITORING AND REPORTING	PICLORAM	1/1/2011	12/31/2011	3/5/2012	338830	FORMAL/WARNING LETTER		2011 ASBESTOS AND SYNTHTIC ORGANIC COMPOUNDS MONITORING FAILURES
SOC	20120001391	CHEM MONITORING AND REPORTING	PICLORAM	1/1/2011	12/31/2011	3/21/2012	403231	INFORMAL/COMPLIANCE MEETING		ENFORCEMENT MEETING REGARDING 2011 ASBESTOS SAMPLING AND 2011 2ND SOC ROUND
SOC	20120001391	CHEM MONITORING AND REPORTING	PICLORAM	1/1/2011	12/31/2011	3/23/2012	404810	EMAIL		E-MAIL WITH REQUIRED ACTIONS RELATED TO WL12-1517-01 PLUS LEAD & COPPER AND CHEMICAL REPORTING
SOC	20120001391	CHEM MONITORING AND REPORTING	PICLORAM	1/1/2011	12/31/2011	4/22/2012	343068	PUBLIC NOTIFICATION RECEIVED		TIER 3 PN MAILED AND POSTED ON 03/30/12; PUBLISHED IN NEWSPAPER ON 04/22/12
SOC	20120001391	CHEM MONITORING AND REPORTING	PICLORAM	1/1/2011	12/31/2011	5/1/2012	343069	PUBLIC NOTIFICATION CERTIFICATION REC'D		TIER 3 PN MAILED AND POSTED ON 03/30/12; PUBLISHED IN NEWSPAPER ON 04/22/12
SOC	20120001391	CHEM MONITORING AND REPORTING	PICLORAM	1/1/2011	12/31/2011	5/10/2012	343588	FORMAL/CONSENT ORDER TO FACILITY		SFCO SENT TO SYSTEM. 2011 ASBESTOS MONITORING VIOLATION; 2ND SOC ROUND MONITORING VIOLATION
SOC	20120001391	CHEM MONITORING AND REPORTING	PICLORAM	1/1/2011	12/31/2011	5/17/2012	346426	FORMAL/CONSENT ORDER SIGNED BY FACILITY		

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Contam Group	Viol ID	Viol Type Desc	Desc	Vio Start Date	Vio End Date	Enf Related Date	Enf Id	Enf Action	Vio Remarks	Enf Remarks
SOC	20120001392	CHEM MONITORING AND REPORTING	BENZO(A)PYRENE	1/1/2011	12/31/2011	3/5/2012	338830	FORMAL/WARNING LETTER		2011 ASBESTOS AND SYNTHTIC ORGANIC COMPOUNDS MONITORING FAILURES
SOC	20120001392	CHEM MONITORING AND REPORTING	BENZO(A)PYRENE	1/1/2011	12/31/2011	3/21/2012	403231	INFORMAL/COMPLIANCE MEETING		ENFORCEMENT MEETING REGARDING 2011 ASBESTOS SAMPLING AND 2011 2ND SOC ROUND
SOC	20120001392	CHEM MONITORING AND REPORTING	BENZO(A)PYRENE	1/1/2011	12/31/2011	3/23/2012	404810	EMAIL		E-MAIL WITH REQUIRED ACTIONS RELATED TO WL12-1517-01 PLUS LEAD & COPPER AND CHEMICAL REPORTING
SOC	20120001392	CHEM MONITORING AND REPORTING	BENZO(A)PYRENE	1/1/2011	12/31/2011	4/22/2012	343068	PUBLIC NOTIFICATION RECEIVED		TIER 3 PN MAILED AND POSTED ON 03/30/12; PUBLISHED IN NEWSPAPER ON 04/22/12
SOC	20120001392	CHEM MONITORING AND REPORTING	BENZO(A)PYRENE	1/1/2011	12/31/2011	5/1/2012	343069	PUBLIC NOTIFICATION CERTIFICATION REC'D		TIER 3 PN MAILED AND POSTED ON 03/30/12; PUBLISHED IN NEWSPAPER ON 04/22/12
SOC	20120001392	CHEM MONITORING AND REPORTING	BENZO(A)PYRENE	1/1/2011	12/31/2011	5/10/2012	343588	FORMAL/CONSENT ORDER TO FACILITY		SFCO SENT TO SYSTEM. 2011 ASBESTOS MONITORING VIOLATION; 2ND SOC ROUND MONITORING VIOLATION
SOC	20120001392	CHEM MONITORING AND REPORTING	BENZO(A)PYRENE	1/1/2011	12/31/2011	5/17/2012	346426	FORMAL/CONSENT ORDER SIGNED BY FACILITY		
SOC	20120001435	CHEM MONITORING AND REPORTING	DIBROMOCHLOROPROPANE	1/1/2011	12/31/2011	3/5/2012	338830	FORMAL/WARNING LETTER		2011 ASBESTOS AND SYNTHTIC ORGANIC COMPOUNDS MONITORING FAILURES
SOC	20120001435	CHEM MONITORING AND REPORTING	DIBROMOCHLOROPROPANE	1/1/2011	12/31/2011	3/21/2012	403231	INFORMAL/COMPLIANCE MEETING		ENFORCEMENT MEETING REGARDING 2011 ASBESTOS SAMPLING AND 2011 2ND SOC ROUND
SOC	20120001435	CHEM MONITORING AND REPORTING	DIBROMOCHLOROPROPANE	1/1/2011	12/31/2011	3/23/2012	404810	EMAIL		E-MAIL WITH REQUIRED ACTIONS RELATED TO WL12-1517-01 PLUS LEAD & COPPER AND CHEMICAL REPORTING
SOC	20120001435	CHEM MONITORING AND REPORTING	DIBROMOCHLOROPROPANE	1/1/2011	12/31/2011	4/22/2012	343068	PUBLIC NOTIFICATION RECEIVED		TIER 3 PN MAILED AND POSTED ON 03/30/12; PUBLISHED IN NEWSPAPER ON 04/22/12
SOC	20120001435	CHEM MONITORING AND REPORTING	DIBROMOCHLOROPROPANE	1/1/2011	12/31/2011	5/1/2012	343069	PUBLIC NOTIFICATION CERTIFICATION REC'D		TIER 3 PN MAILED AND POSTED ON 03/30/12; PUBLISHED IN NEWSPAPER ON 04/22/12
SOC	20120001435	CHEM MONITORING AND REPORTING	DIBROMOCHLOROPROPANE	1/1/2011	12/31/2011	5/10/2012	343588	FORMAL/CONSENT ORDER TO FACILITY		SFCO SENT TO SYSTEM. 2011 ASBESTOS MONITORING VIOLATION; 2ND SOC ROUND MONITORING VIOLATION
SOC	20120001435	CHEM MONITORING AND REPORTING	DIBROMOCHLOROPROPANE	1/1/2011	12/31/2011	5/17/2012	346426	FORMAL/CONSENT ORDER SIGNED BY FACILITY		
SOC	20120001436	CHEM MONITORING AND REPORTING	ETHYLENE DIBROMIDE	1/1/2011	12/31/2011	3/5/2012	338830	FORMAL/WARNING LETTER		2011 ASBESTOS AND SYNTHTIC ORGANIC COMPOUNDS MONITORING FAILURES
SOC	20120001436	CHEM MONITORING AND REPORTING	ETHYLENE DIBROMIDE	1/1/2011	12/31/2011	3/21/2012	403231	INFORMAL/COMPLIANCE MEETING		ENFORCEMENT MEETING REGARDING 2011 ASBESTOS SAMPLING AND 2011 2ND SOC ROUND
SOC	20120001436	CHEM MONITORING AND REPORTING	ETHYLENE DIBROMIDE	1/1/2011	12/31/2011	3/23/2012	404810	EMAIL		E-MAIL WITH REQUIRED ACTIONS RELATED TO WL12-1517-01 PLUS LEAD & COPPER AND CHEMICAL REPORTING
SOC	20120001436	CHEM MONITORING AND REPORTING	ETHYLENE DIBROMIDE	1/1/2011	12/31/2011	4/22/2012	343068	PUBLIC NOTIFICATION RECEIVED		TIER 3 PN MAILED AND POSTED ON 03/30/12; PUBLISHED IN NEWSPAPER ON 04/22/12
SOC	20120001436	CHEM MONITORING AND REPORTING	ETHYLENE DIBROMIDE	1/1/2011	12/31/2011	5/1/2012	343069	PUBLIC NOTIFICATION CERTIFICATION REC'D		TIER 3 PN MAILED AND POSTED ON 03/30/12; PUBLISHED IN NEWSPAPER ON 04/22/12
SOC	20120001436	CHEM MONITORING AND REPORTING	ETHYLENE DIBROMIDE	1/1/2011	12/31/2011	5/10/2012	343588	FORMAL/CONSENT ORDER TO FACILITY		SFCO SENT TO SYSTEM. 2011 ASBESTOS MONITORING VIOLATION; 2ND SOC ROUND MONITORING VIOLATION
SOC	20120001436	CHEM MONITORING AND REPORTING	ETHYLENE DIBROMIDE	1/1/2011	12/31/2011	5/17/2012	346426	FORMAL/CONSENT ORDER SIGNED BY FACILITY		

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SOC	20120001437	CHEM MONITORING AND REPORTING	TOXAPHENE	1/1/2011	12/31/2011	3/5/2012	338830	FORMAL/WARNING LETTER		2011 ASBESTOS AND SYNTHTIC ORGANIC COMPOUNDS MONITORING FAILURES
SOC	20120001437	CHEM MONITORING AND REPORTING	TOXAPHENE	1/1/2011	12/31/2011	3/21/2012	403231	INFORMAL/COMPLIANCE MEETING		ENFORCEMENT MEETING REGARDING 2011 ASBESTOS SAMPLING AND 2011 2ND SOC ROUND
SOC	20120001437	CHEM MONITORING AND REPORTING	TOXAPHENE	1/1/2011	12/31/2011	3/23/2012	404810	EMAIL		E-MAIL WITH REQUIRED ACTIONS RELATED TO WL12-1517-01 PLUS LEAD & COPPER AND CHEMICAL REPORTING
SOC	20120001437	CHEM MONITORING AND REPORTING	TOXAPHENE	1/1/2011	12/31/2011	4/22/2012	343068	PUBLIC NOTIFICATION RECEIVED		TIER 3 PN MAILED AND POSTED ON 03/30/12; PUBLISHED IN NEWSPAPER ON 04/22/12
SOC	20120001437	CHEM MONITORING AND REPORTING	TOXAPHENE	1/1/2011	12/31/2011	5/1/2012	343069	PUBLIC NOTIFICATION CERTIFICATION REC'D		TIER 3 PN MAILED AND POSTED ON 03/30/12; PUBLISHED IN NEWSPAPER ON 04/22/12
SOC	20120001437	CHEM MONITORING AND REPORTING	TOXAPHENE	1/1/2011	12/31/2011	5/10/2012	343588	FORMAL/CONSENT ORDER TO FACILITY		SFCO SENT TO SYSTEM. 2011 ASBESTOS MONITORING VIOLATION; 2ND SOC ROUND MONITORING VIOLATION
SOC	20120001437	CHEM MONITORING AND REPORTING	TOXAPHENE	1/1/2011	12/31/2011	5/17/2012	346426	FORMAL/CONSENT ORDER SIGNED BY FACILITY		
SOC	20120001438	CHEM MONITORING AND REPORTING	DIQUAT	1/1/2011	12/31/2011	3/5/2012	338830	FORMAL/WARNING LETTER		2011 ASBESTOS AND SYNTHTIC ORGANIC COMPOUNDS MONITORING FAILURES
SOC	20120001438	CHEM MONITORING AND REPORTING	DIQUAT	1/1/2011	12/31/2011	3/21/2012	403231	INFORMAL/COMPLIANCE MEETING		ENFORCEMENT MEETING REGARDING 2011 ASBESTOS SAMPLING AND 2011 2ND SOC ROUND
SOC	20120001438	CHEM MONITORING AND REPORTING	DIQUAT	1/1/2011	12/31/2011	3/23/2012	404810	EMAIL		E-MAIL WITH REQUIRED ACTIONS RELATED TO WL12-1517-01 PLUS LEAD & COPPER AND CHEMICAL REPORTING
SOC	20120001438	CHEM MONITORING AND REPORTING	DIQUAT	1/1/2011	12/31/2011	4/22/2012	343068	PUBLIC NOTIFICATION RECEIVED		TIER 3 PN MAILED AND POSTED ON 03/30/12; PUBLISHED IN NEWSPAPER ON 04/22/12
SOC	20120001438	CHEM MONITORING AND REPORTING	DIQUAT	1/1/2011	12/31/2011	5/1/2012	343069	PUBLIC NOTIFICATION CERTIFICATION REC'D		TIER 3 PN MAILED AND POSTED ON 03/30/12; PUBLISHED IN NEWSPAPER ON 04/22/12
SOC	20120001438	CHEM MONITORING AND REPORTING	DIQUAT	1/1/2011	12/31/2011	5/10/2012	343588	FORMAL/CONSENT ORDER TO FACILITY		SFCO SENT TO SYSTEM. 2011 ASBESTOS MONITORING VIOLATION; 2ND SOC ROUND MONITORING VIOLATION
SOC	20120001438	CHEM MONITORING AND REPORTING	DIQUAT	1/1/2011	12/31/2011	5/17/2012	346426	FORMAL/CONSENT ORDER SIGNED BY FACILITY		
SOC	20120001439	CHEM MONITORING AND REPORTING	DI(2-ETHYLHEXYL)PHTHALATE	1/1/2011	12/31/2011	3/5/2012	338830	FORMAL/WARNING LETTER		2011 ASBESTOS AND SYNTHTIC ORGANIC COMPOUNDS MONITORING FAILURES
SOC	20120001439	CHEM MONITORING AND REPORTING	DI(2-ETHYLHEXYL)PHTHALATE	1/1/2011	12/31/2011	3/21/2012	403231	INFORMAL/COMPLIANCE MEETING		ENFORCEMENT MEETING REGARDING 2011 ASBESTOS SAMPLING AND 2011 2ND SOC ROUND
SOC	20120001439	CHEM MONITORING AND REPORTING	DI(2-ETHYLHEXYL)PHTHALATE	1/1/2011	12/31/2011	3/23/2012	404810	EMAIL		E-MAIL WITH REQUIRED ACTIONS RELATED TO WL12-1517-01 PLUS LEAD & COPPER AND CHEMICAL REPORTING
SOC	20120001439	CHEM MONITORING AND REPORTING	DI(2-ETHYLHEXYL)PHTHALATE	1/1/2011	12/31/2011	4/22/2012	343068	PUBLIC NOTIFICATION RECEIVED		TIER 3 PN MAILED AND POSTED ON 03/30/12; PUBLISHED IN NEWSPAPER ON 04/22/12
SOC	20120001439	CHEM MONITORING AND REPORTING	DI(2-ETHYLHEXYL)PHTHALATE	1/1/2011	12/31/2011	5/1/2012	343069	PUBLIC NOTIFICATION CERTIFICATION REC'D		TIER 3 PN MAILED AND POSTED ON 03/30/12; PUBLISHED IN NEWSPAPER ON 04/22/12
SOC	20120001439	CHEM MONITORING AND REPORTING	DI(2-ETHYLHEXYL)PHTHALATE	1/1/2011	12/31/2011	5/10/2012	343588	FORMAL/CONSENT ORDER TO FACILITY		SFCO SENT TO SYSTEM. 2011 ASBESTOS MONITORING VIOLATION; 2ND SOC ROUND MONITORING VIOLATION
SOC	20120001439	CHEM MONITORING AND REPORTING	DI(2-ETHYLHEXYL)PHTHALATE	1/1/2011	12/31/2011	5/17/2012	346426	FORMAL/CONSENT ORDER SIGNED BY FACILITY		

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SOC	20120001440	CHEM MONITORING AND REPORTING	ALACHLOR (LASSO)	1/1/2011	12/31/2011	3/5/2012	338830	FORMAL/WARNING LETTER		2011 ASBESTOS AND SYNTHTIC ORGANIC COMPOUNDS MONITORING FAILURES
SOC	20120001440	CHEM MONITORING AND REPORTING	ALACHLOR (LASSO)	1/1/2011	12/31/2011	3/21/2012	403231	INFORMAL/COMPLIANCE MEETING		ENFORCEMENT MEETING REGARDING 2011 ASBESTOS SAMPLING AND 2011 2ND SOC ROUND E-MAIL WITH REQUIRED ACTIONS RELATED TO WL12-1517-01 PLUS LEAD & COPPER AND CHEMICAL REPORTING
SOC	20120001440	CHEM MONITORING AND REPORTING	ALACHLOR (LASSO)	1/1/2011	12/31/2011	3/23/2012	404810	EMAIL		TIER 3 PN MAILED AND POSTED ON 03/30/12;
SOC	20120001440	CHEM MONITORING AND REPORTING	ALACHLOR (LASSO)	1/1/2011	12/31/2011	4/22/2012	343068	PUBLIC NOTIFICATION RECEIVED		PUBLISHED IN NEWSPAPER ON 04/22/12
SOC	20120001440	CHEM MONITORING AND REPORTING	ALACHLOR (LASSO)	1/1/2011	12/31/2011	5/1/2012	343069	PUBLIC NOTIFICATION CERTIFICATION REC'D		TIER 3 PN MAILED AND POSTED ON 03/30/12; PUBLISHED IN NEWSPAPER ON 04/22/12
SOC	20120001440	CHEM MONITORING AND REPORTING	ALACHLOR (LASSO)	1/1/2011	12/31/2011	5/10/2012	343588	FORMAL/CONSENT ORDER TO FACILITY		SFCO SENT TO SYSTEM. 2011 ASBESTOS MONITORING VIOLATION; 2ND SOC ROUND MONITORING VIOLATION
SOC	20120001440	CHEM MONITORING AND REPORTING	ALACHLOR (LASSO)	1/1/2011	12/31/2011	5/17/2012	346426	FORMAL/CONSENT ORDER SIGNED BY FACILITY		
SOC	20120001441	CHEM MONITORING AND REPORTING	2 4 5-TP (Silvex)	1/1/2011	12/31/2011	3/5/2012	338830	FORMAL/WARNING LETTER		2011 ASBESTOS AND SYNTHTIC ORGANIC COMPOUNDS MONITORING FAILURES
SOC	20120001441	CHEM MONITORING AND REPORTING	2 4 5-TP (Silvex)	1/1/2011	12/31/2011	3/21/2012	403231	INFORMAL/COMPLIANCE MEETING		ENFORCEMENT MEETING REGARDING 2011 ASBESTOS SAMPLING AND 2011 2ND SOC ROUND E-MAIL WITH REQUIRED ACTIONS RELATED TO WL12-1517-01 PLUS LEAD & COPPER AND CHEMICAL REPORTING
SOC	20120001441	CHEM MONITORING AND REPORTING	2 4 5-TP (Silvex)	1/1/2011	12/31/2011	3/23/2012	404810	EMAIL		TIER 3 PN MAILED AND POSTED ON 03/30/12;
SOC	20120001441	CHEM MONITORING AND REPORTING	2 4 5-TP (Silvex)	1/1/2011	12/31/2011	4/22/2012	343068	PUBLIC NOTIFICATION RECEIVED		PUBLISHED IN NEWSPAPER ON 04/22/12
SOC	20120001441	CHEM MONITORING AND REPORTING	2 4 5-TP (Silvex)	1/1/2011	12/31/2011	5/1/2012	343069	PUBLIC NOTIFICATION CERTIFICATION REC'D		TIER 3 PN MAILED AND POSTED ON 03/30/12; PUBLISHED IN NEWSPAPER ON 04/22/12
SOC	20120001441	CHEM MONITORING AND REPORTING	2 4 5-TP (Silvex)	1/1/2011	12/31/2011	5/10/2012	343588	FORMAL/CONSENT ORDER TO FACILITY		SFCO SENT TO SYSTEM. 2011 ASBESTOS MONITORING VIOLATION; 2ND SOC ROUND MONITORING VIOLATION
SOC	20120001441	CHEM MONITORING AND REPORTING	2 4 5-TP (Silvex)	1/1/2011	12/31/2011	5/17/2012	346426	FORMAL/CONSENT ORDER SIGNED BY FACILITY		
SOC	20120001470	CHEM MONITORING AND REPORTING	LINDANE	1/1/2011	12/31/2011	3/5/2012	338830	FORMAL/WARNING LETTER		2011 ASBESTOS AND SYNTHTIC ORGANIC COMPOUNDS MONITORING FAILURES
SOC	20120001470	CHEM MONITORING AND REPORTING	LINDANE	1/1/2011	12/31/2011	3/21/2012	403231	INFORMAL/COMPLIANCE MEETING		ENFORCEMENT MEETING REGARDING 2011 ASBESTOS SAMPLING AND 2011 2ND SOC ROUND E-MAIL WITH REQUIRED ACTIONS RELATED TO WL12-1517-01 PLUS LEAD & COPPER AND CHEMICAL REPORTING
SOC	20120001470	CHEM MONITORING AND REPORTING	LINDANE	1/1/2011	12/31/2011	3/23/2012	404810	EMAIL		TIER 3 PN MAILED AND POSTED ON 03/30/12;
SOC	20120001470	CHEM MONITORING AND REPORTING	LINDANE	1/1/2011	12/31/2011	4/22/2012	343068	PUBLIC NOTIFICATION RECEIVED		PUBLISHED IN NEWSPAPER ON 04/22/12
SOC	20120001470	CHEM MONITORING AND REPORTING	LINDANE	1/1/2011	12/31/2011	5/1/2012	343069	PUBLIC NOTIFICATION CERTIFICATION REC'D		TIER 3 PN MAILED AND POSTED ON 03/30/12; PUBLISHED IN NEWSPAPER ON 04/22/12
SOC	20120001470	CHEM MONITORING AND REPORTING	LINDANE	1/1/2011	12/31/2011	5/10/2012	343588	FORMAL/CONSENT ORDER TO FACILITY		SFCO SENT TO SYSTEM. 2011 ASBESTOS MONITORING VIOLATION; 2ND SOC ROUND MONITORING VIOLATION
SOC	20120001470	CHEM MONITORING AND REPORTING	LINDANE	1/1/2011	12/31/2011	5/17/2012	346426	FORMAL/CONSENT ORDER SIGNED BY FACILITY		

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SOC	20120001471	CHEM MONITORING AND REPORTING	HEPTACHLOR	1/1/2011	12/31/2011	3/5/2012	338830	FORMAL/WARNING LETTER		2011 ASBESTOS AND SYNTHTIC ORGANIC COMPOUNDS MONITORING FAILURES
SOC	20120001471	CHEM MONITORING AND REPORTING	HEPTACHLOR	1/1/2011	12/31/2011	3/21/2012	403231	INFORMAL/COMPLIANCE MEETING		ENFORCEMENT MEETING REGARDING 2011 ASBESTOS SAMPLING AND 2011 2ND SOC ROUND
SOC	20120001471	CHEM MONITORING AND REPORTING	HEPTACHLOR	1/1/2011	12/31/2011	4/22/2012	343068	PUBLIC NOTIFICATION RECEIVED		TIER 3 PN MAILED AND POSTED ON 03/30/12; PUBLISHED IN NEWSPAPER ON 04/22/12
SOC	20120001471	CHEM MONITORING AND REPORTING	HEPTACHLOR	1/1/2011	12/31/2011	5/1/2012	343069	PUBLIC NOTIFICATION CERTIFICATION REC'D		TIER 3 PN MAILED AND POSTED ON 03/30/12; PUBLISHED IN NEWSPAPER ON 04/22/12
SOC	20120001471	CHEM MONITORING AND REPORTING	HEPTACHLOR	1/1/2011	12/31/2011	5/10/2012	343588	FORMAL/CONSENT ORDER TO FACILITY		SFCO SENT TO SYSTEM. 2011 ASBESTOS MONITORING VIOLATION; 2ND SOC ROUND MONITORING VIOLATION
SOC	20120001471	CHEM MONITORING AND REPORTING	HEPTACHLOR	1/1/2011	12/31/2011	5/17/2012	346426	FORMAL/CONSENT ORDER SIGNED BY FACILITY		
SOC	20120001495	CHEM MONITORING AND REPORTING	ENDRIN	1/1/2011	12/31/2011	3/5/2012	338830	FORMAL/WARNING LETTER		2011 ASBESTOS AND SYNTHTIC ORGANIC COMPOUNDS MONITORING FAILURES
SOC	20120001495	CHEM MONITORING AND REPORTING	ENDRIN	1/1/2011	12/31/2011	3/21/2012	403231	INFORMAL/COMPLIANCE MEETING		ENFORCEMENT MEETING REGARDING 2011 ASBESTOS SAMPLING AND 2011 2ND SOC ROUND
SOC	20120001495	CHEM MONITORING AND REPORTING	ENDRIN	1/1/2011	12/31/2011	3/23/2012	404810	EMAIL		E-MAIL WITH REQUIRED ACTIONS RELATED TO WL12-1517-01 PLUS LEAD & COPPER AND CHEMICAL REPORTING
SOC	20120001495	CHEM MONITORING AND REPORTING	ENDRIN	1/1/2011	12/31/2011	4/22/2012	343068	PUBLIC NOTIFICATION RECEIVED		TIER 3 PN MAILED AND POSTED ON 03/30/12; PUBLISHED IN NEWSPAPER ON 04/22/12
SOC	20120001495	CHEM MONITORING AND REPORTING	ENDRIN	1/1/2011	12/31/2011	5/1/2012	343069	PUBLIC NOTIFICATION CERTIFICATION REC'D		TIER 3 PN MAILED AND POSTED ON 03/30/12; PUBLISHED IN NEWSPAPER ON 04/22/12
SOC	20120001495	CHEM MONITORING AND REPORTING	ENDRIN	1/1/2011	12/31/2011	5/10/2012	343588	FORMAL/CONSENT ORDER TO FACILITY		SFCO SENT TO SYSTEM. 2011 ASBESTOS MONITORING VIOLATION; 2ND SOC ROUND MONITORING VIOLATION
SOC	20120001495	CHEM MONITORING AND REPORTING	ENDRIN	1/1/2011	12/31/2011	5/17/2012	346426	FORMAL/CONSENT ORDER SIGNED BY FACILITY		
SOC	20120001496	CHEM MONITORING AND REPORTING	DI(2-ETHYLHEXYL)ADIPATE	1/1/2011	12/31/2011	3/5/2012	338830	FORMAL/WARNING LETTER		2011 ASBESTOS AND SYNTHTIC ORGANIC COMPOUNDS MONITORING FAILURES
SOC	20120001496	CHEM MONITORING AND REPORTING	DI(2-ETHYLHEXYL)ADIPATE	1/1/2011	12/31/2011	3/21/2012	403231	INFORMAL/COMPLIANCE MEETING		ENFORCEMENT MEETING REGARDING 2011 ASBESTOS SAMPLING AND 2011 2ND SOC ROUND
SOC	20120001496	CHEM MONITORING AND REPORTING	DI(2-ETHYLHEXYL)ADIPATE	1/1/2011	12/31/2011	3/23/2012	404810	EMAIL		E-MAIL WITH REQUIRED ACTIONS RELATED TO WL12-1517-01 PLUS LEAD & COPPER AND CHEMICAL REPORTING
SOC	20120001496	CHEM MONITORING AND REPORTING	DI(2-ETHYLHEXYL)ADIPATE	1/1/2011	12/31/2011	4/22/2012	343068	PUBLIC NOTIFICATION RECEIVED		TIER 3 PN MAILED AND POSTED ON 03/30/12; PUBLISHED IN NEWSPAPER ON 04/22/12
SOC	20120001496	CHEM MONITORING AND REPORTING	DI(2-ETHYLHEXYL)ADIPATE	1/1/2011	12/31/2011	5/1/2012	343069	PUBLIC NOTIFICATION CERTIFICATION REC'D		TIER 3 PN MAILED AND POSTED ON 03/30/12; PUBLISHED IN NEWSPAPER ON 04/22/12
SOC	20120001496	CHEM MONITORING AND REPORTING	DI(2-ETHYLHEXYL)ADIPATE	1/1/2011	12/31/2011	5/10/2012	343588	FORMAL/CONSENT ORDER TO FACILITY		SFCO SENT TO SYSTEM. 2011 ASBESTOS MONITORING VIOLATION; 2ND SOC ROUND MONITORING VIOLATION
SOC	20120001496	CHEM MONITORING AND REPORTING	DI(2-ETHYLHEXYL)ADIPATE	1/1/2011	12/31/2011	5/17/2012	346426	FORMAL/CONSENT ORDER SIGNED BY FACILITY		
SOC	20120001497	CHEM MONITORING AND REPORTING	OXAMYL (VYDATE)	1/1/2011	12/31/2011	3/5/2012	338830	FORMAL/WARNING LETTER		2011 ASBESTOS AND SYNTHTIC ORGANIC COMPOUNDS MONITORING FAILURES

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SOC	20120001497	CHEM MONITORING AND REPORTING	OXAMYL (VYDATE)	1/1/2011	12/31/2011	3/21/2012	403231	INFORMAL/COMPLIANCE MEETING		ENFORCEMENT MEETING REGARDING 2011 ASBESTOS SAMPLING AND 2011 2ND SOC ROUND E-MAIL WITH REQUIRED ACTIONS RELATED TO WL12-1517-01 PLUS LEAD & COPPER AND CHEMICAL REPORTING TIER 3 PN MAILED AND POSTED ON 03/30/12; PUBLISHED IN NEWSPAPER ON 04/22/12 TIER 3 PN MAILED AND POSTED ON 03/30/12; PUBLISHED IN NEWSPAPER ON 04/22/12 SFCO SENT TO SYSTEM. 2011 ASBESTOS MONITORING VIOLATION; 2ND SOC ROUND MONITORING VIOLATION
SOC	20120001497	CHEM MONITORING AND REPORTING	OXAMYL (VYDATE)	1/1/2011	12/31/2011	3/23/2012	404810	EMAIL		
SOC	20120001497	CHEM MONITORING AND REPORTING	OXAMYL (VYDATE)	1/1/2011	12/31/2011	4/22/2012	343068	PUBLIC NOTIFICATION RECEIVED		
SOC	20120001497	CHEM MONITORING AND REPORTING	OXAMYL (VYDATE)	1/1/2011	12/31/2011	5/1/2012	343069	PUBLIC NOTIFICATION CERTIFICATION REC'D		
SOC	20120001497	CHEM MONITORING AND REPORTING	OXAMYL (VYDATE)	1/1/2011	12/31/2011	5/10/2012	343588	FORMAL/CONSENT ORDER TO FACILITY		
SOC	20120001497	CHEM MONITORING AND REPORTING	OXAMYL (VYDATE)	1/1/2011	12/31/2011	5/17/2012	346426	FORMAL/CONSENT ORDER SIGNED BY FACILITY		
SOC	20120001498	CHEM MONITORING AND REPORTING	HEPTACHLOR EPOXIDE	1/1/2011	12/31/2011	3/5/2012	338830	FORMAL/WARNING LETTER		2011 ASBESTOS AND SYNTHTIC ORGANIC COMPOUNDS MONITORING FAILURES ENFORCEMENT MEETING REGARDING 2011 ASBESTOS SAMPLING AND 2011 2ND SOC ROUND E-MAIL WITH REQUIRED ACTIONS RELATED TO WL12-1517-01 PLUS LEAD & COPPER AND CHEMICAL REPORTING TIER 3 PN MAILED AND POSTED ON 03/30/12; PUBLISHED IN NEWSPAPER ON 04/22/12 TIER 3 PN MAILED AND POSTED ON 03/30/12; PUBLISHED IN NEWSPAPER ON 04/22/12 SFCO SENT TO SYSTEM. 2011 ASBESTOS MONITORING VIOLATION; 2ND SOC ROUND MONITORING VIOLATION
SOC	20120001498	CHEM MONITORING AND REPORTING	HEPTACHLOR EPOXIDE	1/1/2011	12/31/2011	3/21/2012	403231	INFORMAL/COMPLIANCE MEETING		
SOC	20120001498	CHEM MONITORING AND REPORTING	HEPTACHLOR EPOXIDE	1/1/2011	12/31/2011	3/23/2012	404810	EMAIL		
SOC	20120001498	CHEM MONITORING AND REPORTING	HEPTACHLOR EPOXIDE	1/1/2011	12/31/2011	4/22/2012	343068	PUBLIC NOTIFICATION RECEIVED		
SOC	20120001498	CHEM MONITORING AND REPORTING	HEPTACHLOR EPOXIDE	1/1/2011	12/31/2011	5/1/2012	343069	PUBLIC NOTIFICATION CERTIFICATION REC'D		
SOC	20120001498	CHEM MONITORING AND REPORTING	HEPTACHLOR EPOXIDE	1/1/2011	12/31/2011	5/10/2012	343588	FORMAL/CONSENT ORDER TO FACILITY		
SOC	20120001498	CHEM MONITORING AND REPORTING	HEPTACHLOR EPOXIDE	1/1/2011	12/31/2011	5/17/2012	346426	FORMAL/CONSENT ORDER SIGNED BY FACILITY		
INOR	20120003236	CHEM MONITORING AND REPORTING	ASBESTOS	1/1/2011	12/31/2011	3/5/2012	338830	FORMAL/WARNING LETTER	ASBESTOS MONITORING VIOLATION IN 2011	2011 ASBESTOS AND SYNTHTIC ORGANIC COMPOUNDS MONITORING FAILURES ENFORCEMENT MEETING REGARDING 2011 ASBESTOS SAMPLING AND 2011 2ND SOC ROUND E-MAIL WITH REQUIRED ACTIONS RELATED TO WL12-1517-01 PLUS LEAD & COPPER AND CHEMICAL REPORTING TIER 3 PN MAILED AND POSTED ON 03/30/12; PUBLISHED IN NEWSPAPER ON 04/22/12 TIER 3 PN MAILED AND POSTED ON 03/30/12; PUBLISHED IN NEWSPAPER ON 04/22/12 SFCO SENT TO SYSTEM. 2011 ASBESTOS MONITORING VIOLATION; 2ND SOC ROUND MONITORING VIOLATION
INOR	20120003236	CHEM MONITORING AND REPORTING	ASBESTOS	1/1/2011	12/31/2011	3/21/2012	403231	INFORMAL/COMPLIANCE MEETING	ASBESTOS MONITORING VIOLATION IN 2011	
INOR	20120003236	CHEM MONITORING AND REPORTING	ASBESTOS	1/1/2011	12/31/2011	3/23/2012	404810	EMAIL	ASBESTOS MONITORING VIOLATION IN 2011	
INOR	20120003236	CHEM MONITORING AND REPORTING	ASBESTOS	1/1/2011	12/31/2011	4/22/2012	343068	PUBLIC NOTIFICATION RECEIVED	ASBESTOS MONITORING VIOLATION IN 2011	
INOR	20120003236	CHEM MONITORING AND REPORTING	ASBESTOS	1/1/2011	12/31/2011	5/1/2012	343069	PUBLIC NOTIFICATION CERTIFICATION REC'D	ASBESTOS MONITORING VIOLATION IN 2011	
INOR	20120003236	CHEM MONITORING AND REPORTING	ASBESTOS	1/1/2011	12/31/2011	5/10/2012	343588	FORMAL/CONSENT ORDER TO FACILITY	ASBESTOS MONITORING VIOLATION IN 2011	
INOR	20120003236	CHEM MONITORING AND REPORTING	ASBESTOS	1/1/2011	12/31/2011	5/17/2012	346426	FORMAL/CONSENT ORDER SIGNED BY FACILITY	ASBESTOS MONITORING VIOLATION IN 2011	
LCR	20120001461	L/C TAP M/R	LEAD & COPPER RULE	1/1/2009	12/31/2011	1/30/2012	337376	DOH/INFORMAL/RETURN TO COMPLIANCE		LEAD AND COPPER RESULTS SUBMITTED LATE (01-30-12)

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LCR	20120001461	L/C TAP M/R	LEAD & COPPER RULE	1/1/2009	12/31/2011	3/23/2012	404810	EMAIL		E-MAIL WITH REQUIRED ACTIONS RELATED TO WL12-1517-01 PLUS LEAD & COPPER AND CHEMICAL REPORTING

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WL14-1517-02
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Cont	Viol ID	Viol Type Desc	Desc	Result	Vio Start D	Vio End Date	Enf Related Date	Enf Id	Enf Action	Vio Remarks
SOC	20140002654	CHEM MONITORING AND REPORTING	DALAPON	1/1/2014	3/31/2014	4/15/2014	385628	DOH/INFORMAL/NONCOMPLIANCE LETTER	QUARTERLY MONITORING FOR DALAPON NOT COLLECTED AFTER DETECT ON DEC 2013	FAILURE TO BEGIN QUARTERLY MONITORING OF DALAPON AFTER CONTAMINANT DETECTION.
SOC	20140002654	CHEM MONITORING AND REPORTING	DALAPON	1/1/2014	3/31/2014	5/30/2014	392054	PUBLIC NOTIFICATION RECEIVED	QUARTERLY MONITORING FOR DALAPON NOT COLLECTED AFTER DETECT ON DEC 2013	DALAPON MONITORING VIOLATION Q1-2014
SOC	20140002654	CHEM MONITORING AND REPORTING	DALAPON	1/1/2014	3/31/2014	6/13/2014	392055	PUBLIC NOTIFICATION CERTIFICATION REC'D	QUARTERLY MONITORING FOR DALAPON NOT COLLECTED AFTER DETECT ON DEC 2013	DALAPON MONITORING VIOLATION FOR Q1-2014; PN MAILED/POSTED/PUBLISH IN NEWSPAPER ON 05/30/14
SOC	20140002654	CHEM MONITORING AND REPORTING	DALAPON	1/1/2014	3/31/2014	12/11/2014	403508	FORMAL/CONSENT ORDER TO FACILITY	QUARTERLY MONITORING FOR DALAPON NOT COLLECTED AFTER DETECT ON DEC 2013	LFCO FOR DBPS AND DALAPON
SOC	20140005337	CHEM MONITORING AND REPORTING	DALAPON	7/1/2014	9/30/2014	12/11/2014	403508	FORMAL/CONSENT ORDER TO FACILITY		LFCO FOR DBPS AND DALAPON

Contam Group	Viol ID	Viol Type	Desc	Result	Vio Start Date	Vio End Date	Enf Related Date	Enf Id	Enf Action	Vio Remarks
	20130006179	OTHER (MAJOR)			12/17/2012	7/30/2013	9/10/2013	404588	DOH/INFORMAL/RETURN TO COMPLIANCE	POSSIBLE CROSS CONNECTION ON TWO COMPLIANCE INSPECTIONS. ROYAL UTILITY IS GETTING A SURVEY TO PROVE OTHERWISE.
	20130006179	OTHER (MAJOR)			12/17/2012	7/30/2013	8/12/2013	375515	DOH/INFORMAL/NONCOMPLIANCE LETTER	POSSIBLE CROSS CONNECTION ON TWO COMPLIANCE INSPECTIONS. ROYAL UTILITY IS GETTING A SURVEY TO PROVE OTHERWISE.

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Giraldo, Sandra E

From:	Thompson, Paul S
Sent:	Thursday, December 11, 2014 11:08 AM
To:	jockm@royalutility.com; johnm@royalutility.com
Cc:	Reyes, Rafael; Giraldo, Sandra E; Lorenzo-Sulsona, William G; Grant, Shani H; Hernandez, Adda
Subject:	Long-Form Consent Order LFCO-14-406PWS1517-A Royal Utility
Attachments:	LFCO-14-406PWS1517-A Royal Utility.pdf

Mr. McCartney,

Please find the attached Long Form Consent Order related to the Disinfection By-Products and Dalapon violations incurred by the Public Water System. Read the document carefully and respond to the department within the allotted timeframe. If you have any questions, do not hesitate to contact us.

Regards,

Paul S. Thompson
Engineer III
Environmental Engineering Section
Florida Department of Health – Broward County
(954) 467 4700 x 4212
(954) 826-2718 Cell
Fax: (954) 467-4898
2421A S.W. 6th Avenue
Ft. Lauderdale, Fl. 33315
paul.thompson@flhealth.gov
website: http://broward.floridahealth.gov

Mission: To protect, promote & improve the health of all people in Florida through integrated state, county, & community efforts.

Vision: To be the **Healthiest State** in the Nation

Values: (ICARE)

I nnovation: We search for creative solutions and manage resources wisely.
C ollaboration: We use teamwork to achieve common goals & solve problems.
A ccountability: We perform with integrity & respect.
R esponsiveness: We achieve our mission by serving our customers & engaging our partners.
E xcellence: We promote quality outcomes through learning & continuous performance improvement.

Please Note: Florida has a very broad public records law. Most written communications to or from state officials regarding state business are public records available to the public and media upon request. Your e-mail communication may therefore be subject to public disclosure.

Broward County
Royal Utility – PWS#: 4061517
December 10, 2014

Royal Utility Company
c/o Mr. Jock McCartney, President
8900 NW 44th Court
Coral Springs, FL 33065

Subject: Florida Department of Health - Broward County V. Royal Utility PWS# 4061517
OGC File# 14-406PWS1517-A

Dear Mr. McCartney:

Enclosed for your review and signature is the Long Form Consent Order drafted by the Department, for the aforementioned case. This Consent Order represents the resolution acceptable to the Department in this matter.

Please review, sign and return this original Consent Order by **December 24, 2014** to the Florida Department of Health - Broward County, Environmental Engineering Section, 2421 A S.W. 6th Avenue, Fort Lauderdale, Florida 33315, for Department signature, filing and distribution.

Should you have any questions concerning the Consent Order, please do not hesitate to contact us.

Sincerely,

Rafael Reyes
Environmental Engineering Director
Florida Department of Health – Broward County

RR/pt

cc: Paul Eichner, Chief Legal Counsel, Florida Department of Health - Broward County

BEFORE THE STATE OF FLORIDA
FLORIDA DEPARTMENT OF HEALTH – BROWARD COUNTY

FLORIDA DEPARTMENT of HEALTH
BROWARD COUNTY

Complainant, OGC FILE NO. **14-406PWS1517-A**

vs.

ROYAL UTILITY PWS#4061517

Respondent.
_____/

CONSENT ORDER

This Consent Order is entered into between the Florida Department of Health in Broward County ("Department") and **Royal Utility PWS#4061517** ("Respondent") to reach settlement of certain matters at issue between the Department and the Respondent.

The Department finds and the Respondent admits the following:

1. The Department is the delegated local program of the Florida Department of Environmental Protection ("FDEP") authorized under Section 403.182, Florida Statutes ("F.S.") having the power and duty to administer and enforce the provisions of the Florida Safe Drinking Water Act, Sections 403.850, et seq., F.S, and the rules promulgated thereunder, Title 62, Florida Administrative Code ("F.A.C.") within Broward County, Florida. The Department has jurisdiction over the matters addressed in this Consent Order.

2. Respondent is a person within the meaning of Section 403.852(5), F.S.

3. Respondent is responsible for the operation of a **Community Public Water System**; **PWS #4061517** located at **8900 NW 44th Court, Coral Springs, FL 33065**, Broward County.

4. **The Department finds that the following violations occurred:**

a. **Royal Utility failed to deliver public notification of Stage I DBPs MCL exceedance to their customers as required, no later than September 30, 2014 (within 90 days of the previous notice, which was issued on June 30, 2014) in accordance with 62-560.410(3)(a).**

b. **Royal Utility failed to conduct an operational evaluation and submit a written report no later than 90 days after being notified of the analytical result that caused the system to exceed the operational evaluation level pursuant to CFR141.626(b)(1).**

c. **Respondent is in violation of Rule 62-550.310(3)(b)2, FAC, which establishes the maximum contaminant level ("MCL") for Total Trihalomethanes ("TTHMs") as 0.080 milligrams per liter ("mg/L"). The locational running annual average (Stage II) for sample collected from monitoring**

location SP8 from the 4th Quarter 2013 to the 3rd Quarter 2014 and analyzed for TTHMs were reported as follows:

Location 1(SP8): 82.75 mg/L

d. Failed to conduct quarterly monitoring for Dalapon after contaminant detection. No monitoring results for Dalapon were received by the Department for the first and third quarters of 2014.

Having reached a resolution of the matter, Respondent and the Department mutually agree and it is,

ORDERED:

5. Since the Respondent has voluntarily (i.e. without a formal Consent Order) initiated an evaluation of the PWS, decided on a technological solution to the DBP exceedance and submitted a permit application to the Department to construct the necessary modification, received an approval for the modification and has commenced construction, the following actions shall be completed within the stated time periods:

   i. **Corresponds to 4a-c:**

      a. Respondent shall complete the modifications approved pursuant to permit# 0317324-001-WC issued on October 8, 2013, no later than **June 30, 2015**. The permit was issued for the addition of ammoniation system downstream of existing gas chlorination system with the purpose of reducing disinfection by-products formation in the distribution system.

      b. Upon project completion, the Respondent shall submit to the Department, the engineer's Certification of Completion of Construction, along with all required supporting documentation. Respondent shall not place the system modifications into service prior to receiving written Department clearance.

      c. Respondent shall continue to sample quarterly for TTHMs in accordance with Rule 62-550.514(2), FAC. Results shall be submitted to the Department within ten (10) days following the month in which the samples were taken or within 10 days following Respondent's receipt of the results, whichever is sooner.

      d. **Immediately**, Respondent shall publish a Tier II Public Notice to its customers for the TTHMs MCL violation. The Public Notice shall be delivered in accordance with 62-560.410(1)(a)2 and 3; 62-560.410(1)(b) FAC. This Public Notice shall be repeated at least once every three months as long as the violation exists.

      e. **Corresponds to 4b:** The Respondent shall conduct an operational evaluation of the PWS and submit a written report to the Department no later than **December 19, 2014** and continue evaluating and reporting quarterly as long as the MCL is exceeded.

   ii. Respondent shall publish a Tier III Public Notice (for monitoring violation) to its customers for the Dalapon monitoring violation. The Public Notice shall be delivered in accordance with 62-560.410(3) FAC. This Public Notice shall be delivered no later than **January 12, 2015**.

   iii. Respondent shall continue quarterly monitoring for Dalapon in accordance with 62-550.516(4).

6. The Respondent shall pay the Department **$2,700.00** in settlement of the matters addressed in this Consent Order. This amount includes **$500.00** for costs and expenses incurred by the Department during the investigation of this matter and the preparation and tracking of this Consent Order.

7. All payments shall be made payable to the Florida Department of Health - Broward County and mailed or delivered to the Environmental Engineering Section. The physical/mailing address is: Florida Department of Health - Broward County, Environmental Engineering Section, 2421A S.W. 6th Avenue Ft. Lauderdale, Florida 33315. Payment shall be made no later than **December 24, 2014**.

8. The Respondent agrees to pay the Department stipulated penalties in the amount of **$500 per day for each day Respondent fails to timely comply** with any of the requirements of this Consent Order. A separate stipulated penalty shall be assessed for each violation of this Consent Order. Within 15 days of written demand from the Department, Respondent shall make payment of the appropriate stipulated penalties to the Florida Department of Health - Broward County, Environmental Engineering Section, 2421A S.W. 6th Avenue Ft. Lauderdale, Florida 33315, by cashier's check or money order. The Department may make demands for payment at any time after violations occur. Nothing in this paragraph shall prevent the Department from filing suit to specifically enforce any of the terms of this Consent Order. Any penalties assessed under this paragraph shall be in addition to the settlement sum agreed to in paragraph (6) of this Consent Order. If the Department is required to file a lawsuit to recover stipulated penalties under this paragraph, the Department will not be foreclosed from seeking civil penalties for violations of this Consent Order in an amount greater than the stipulated penalties due under this paragraph.

9. If any event, including administrative or judicial challenges by third parties unrelated to the Respondent, occurs which causes delay or the reasonable likelihood of delay, in complying with the requirements of this Consent Order, Respondent shall have the burden of proving the delay was or will be caused by circumstances beyond the reasonable control of the Respondent and could not have been or cannot be overcome by Respondent's due diligence. Economic circumstances shall not be considered circumstances beyond the control of Respondent, nor shall the failure of a contractor, subcontractor, materialman or other agent (collectively referred to as "contractor") to whom responsibility for performance is delegated to meet contractually imposed deadlines be a cause beyond the control of Respondent, unless the cause of the contractor's late performance was also beyond the contractor's control. Upon occurrence of an event causing delay, or upon becoming aware of a potential for delay, Respondent shall notify the Department orally within 24 hours or by the next working day and shall, within seven calendar days of oral notification to the Department, notify the Department in writing of the anticipated length and cause of the delay, the measures taken or to be taken to prevent or minimize the delay and the timetable by which Respondent intends to implement these measures. If the parties can agree that the delay or anticipated delay has been or will be caused by circumstances beyond the reasonable control of Respondent, the time for performance hereunder shall be extended for a period equal to the agreed delay resulting from such circumstances. Such agreement shall adopt all reasonable measures necessary to avoid or minimize delay. Failure of Respondent to comply with the notice requirements of this Paragraph in a timely manner shall constitute a waiver of Respondent's right to request an extension of time for compliance with the requirements of this Consent Order.

10. Persons who are not parties to this Consent Order but whose substantial interests are affected by this Consent Order have a right, pursuant to Sections 120.569 and 120.57, Florida Statutes, to petition for an administrative hearing on it. The Petition must contain the information set forth below and must be filed (received) at the Department's Legal Office, 780 SW 24th Street, Fort Lauderdale, FL 33315, within 21 days of receipt of this notice. A copy of the Petition must also be mailed at the time of filing to the Department's Environmental Engineering Section, 2421A SW 6th Avenue, Fort Lauderdale, FL 33315. Failure to file a petition within the 21 days constitutes a waiver of any right such person has to an administrative hearing pursuant to Sections 120.569 and 120.57, Florida Statutes.

    The petition shall contain the following information:

(a) The Department's identification number for the Consent Order and the county in which the subject matter or activity is located;

(b) The name, address, and telephone number of each petitioner; the name, address, and telephone number of the petitioner's representative, if any, which shall be the address for service purposes;

(c) A statement of how and when each petitioner received notice of the Consent Order;

(d) A statement of how each petitioner's substantial interests are affected by the Consent Order;

(e) A statement of the material facts disputed by petitioner, if any;

(f) A statement of which rules or statutes petitioner contends require reversal or modification of the Consent Order;

(g) A statement of facts which petitioner contends warrant reversal or modification of the Consent Order, including an explanation of how the alleged facts relate to the specific rules or statutes; and

(h) A statement of the relief sought by petitioner, stating precisely the action petitioner wants the Department to take with respect to the Consent Order.

If a petition is filed, the administrative hearing process is designed to formulate agency action. Accordingly, the Department's final action may be different from the position taken by it in this Notice. Persons whose substantial interests will be affected by any decision of the Department with regard to the subject Consent Order have the right to petition to become a party to the proceeding. The petition must conform to the requirements specified above and be filed (received) within 21 days of receipt of this notice in the Office of General Counsel at the above address of the Department. Failure to petition within the allowed time frame constitutes a waiver of any right such person has to request a hearing under Sections 120.569 and 120.57, Florida Statutes, and to participate as a party to this proceeding. Any subsequent intervention will only be at the approval of the presiding officer upon motion filed pursuant to Rule 28-106.205, Florida Administrative Code.

A person whose substantial interests are affected by the Consent Order may file a timely petition for an administrative hearing under Sections 120.569 and 120.57, Florida Statutes, or may choose to pursue mediation as an alternative remedy under Section 120.573, Florida Statutes, before the deadline for filing a petition. Choosing mediation will not adversely affect the right to a hearing if mediation does not result in a settlement. The procedures for pursuing mediation are set forth below.

Mediation may only take place if the Department and all the parties to the proceeding agree that mediation is appropriate. A person may pursue mediation by reaching a mediation agreement with all parties to the proceeding (which include the Respondent, the Department, and any person who has filed a timely and sufficient petition for a hearing) and by showing how the substantial interests of each mediating party are affected by the Consent Order. The agreement must be filed in (received by) the Department's Legal Office, 780 SW 24th Street, Fort Lauderdale, FL 33315, within 10 days after the deadline as set forth above for the filing of a petition.

The agreement to mediate must include the following:

(a) The names, addresses, and telephone numbers of any persons who may attend the mediation;

(b) The name, address, and telephone number of the mediator selected by the parties, or a provision for selecting a mediator within a specified time;

(c) The agreed allocation of the costs and fees associated with the mediation;

(d) The agreement of the parties on the confidentiality of discussions and documents introduced during mediation;

(e) The date, time, and place of the first mediation session, or a deadline for holding the first session, if no mediator has yet been chosen;

(f) The name of each party's representative who shall have authority to settle or recommend settlement; and

(g) Either an explanation of how the substantial interests of each mediating party will be affected by the action or proposed action addressed in this notice of intent or a statement clearly identifying the petition for hearing that each party has already filed, and incorporating it by reference.

(h) The signatures of all parties or their authorized representatives.

As provided in Section 120.573, Florida Statutes, the timely agreement of all parties to mediate will toll the time limitations imposed by Sections 120.569 and 120.57, Florida Statutes, for requesting and holding an administrative hearing. Unless otherwise agreed by the parties, the mediation must be concluded within sixty days of the execution of the agreement. If mediation results in settlement of the administrative dispute, the Department must enter a final order incorporating the agreement of the parties. Persons whose substantial interests will be affected by such a modified final decision of the Department have a right to petition for a hearing only in accordance with the requirements for such petitions set forth above, and must therefore file their petitions within fourteen days of receipt of this notice. If mediation terminates without settlement of the dispute, the Department shall notify all parties in writing that the administrative hearing processes under Sections 120.569 and 120.57, Florida Statutes, remain available for disposition of the dispute, and the notice will specify the deadlines that then will apply for challenging the agency action and electing remedies under those two statutes.

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FLORIDA DEPARTMENT OF HEALTH – BROWARD COUNTY

NOTICE OF CONSENT ORDER

The Florida Department of Health – Broward County, gives notice of agency action of entering into a Consent Order with **Royal Utility** pursuant to Section 120.57(4), Florida Statutes. The Consent Order addresses the **Various Violations** observed at this water treatment plant located at **8900 NW 44th Court, Coral Springs, FL 33065**, Broward County. The Consent Order is available for public inspection during normal business hours, 8:00 a.m. to 5:00 p.m., Monday through Friday, except legal holidays, at the Florida Department of Health – Broward County, Environmental Engineering Section, 2421A SW 6th Avenue, Fort Lauderdale, FL 33315.

Persons whose substantial interests are affected by this Consent Order have a right to petition for an administrative hearing on the Consent Order. The Petition must contain the information set forth below and must be filed (received) in the Department's Office of General Counsel, 3900 Commonwealth Boulevard, MS-35, Tallahassee, Florida 32399-3000, within 21 days of receipt of this notice. A copy of the Petition must also be mailed at the time of filing to the District Office named above at the address indicated. Failure to file a petition within the 21 days constitutes a waiver of any right such person has to an administrative hearing pursuant to Sections 120.569 and 120.57, Florida Statutes.

The petition shall contain the following information: (a) the Department's identification number for the Consent Order and the county in which the subject matter or activity is located; (b) the name, address, and telephone number of each petitioner; the name, address, and telephone number of the petitioner's representative, if any, which shall be the address for service purposes; (c) a statement of how and when each petitioner received notice of the Consent Order; (d) a statement of how each petitioner's substantial interests are affected by the Consent Order; (e) a statement of the material facts disputed by petitioner, If there are none, the petition must so indicate; (f) statement of which rules or statutes petitioner contends require reversal or modification of the Consent Order; (g) statement of facts which petitioner contends warrant reversal or modification of the Consent Order, including an explanation of how the alleged facts relate to the specific rules or statutes; and (h) a statement of the relief sought by petitioner, stating precisely the action petitioner wants the Department to take with respect to the Consent Order.

If a petition is filed, the administrative hearing process is designed to formulate agency action. Accordingly, the Department's final action may be different from the position taken by it in this Notice. Persons whose substantial interests will be affected by any decision of the Department with regard to the subject Consent Order have the right to petition to become a party to the proceeding. The petition must conform to the requirements specified above and be filed (received) within 21 days of receipt of this notice in the Office of General Counsel at the above address of the Department. Failure to petition within the allowed time frame constitutes a waiver of any right such person has to request a hearing under Sections 120.569 and 120.57, Florida Statutes, and to participate as a party to this proceeding. Any subsequent intervention will only be at the approval of the presiding officer upon motion filed pursuant to Rule 28-106.205, Florida Administrative Code.

A person whose substantial interests are affected by the Consent Order may file a timely petition for an administrative hearing under Sections 120.569 and 120.57, Florida Statutes, or may choose to pursue mediation as an alternative remedy under Section 120.573, Florida Statutes, before the deadline for filing a petition. Choosing mediation will not adversely affect the right to a hearing if mediation does not result in a settlement. The procedures for pursuing mediation are set forth below.

Mediation may only take place if the Department and all the parties to the proceeding agree that mediation is appropriate. A person may pursue mediation by reaching a mediation agreement with all parties to the proceeding (which include the Respondent, the Department, and any person who has filed a timely and sufficient petition for a hearing) and by showing how the substantial interests of each mediating party are affected by the Consent Order. The agreement must be filed in (received by) the Department's Legal Office, 780

SW 24th Street, Fort Lauderdale, FL 33315, within 10 days after the deadline as set forth above for the filing of a petition.

The agreement to mediate must include the following:

(a) The names, addresses, and telephone numbers of any persons who may attend the mediation;

(b) The name, address, and telephone number of the mediator selected by the parties, or a provision for selecting a mediator within a specified time;

(c) The agreed allocation of the costs and fees associated with the mediation;

(d) The agreement of the parties on the confidentiality of discussions and documents introduced during mediation;

(e) The date, time, and place of the first mediation session, or a deadline for holding the first session, if no mediator has yet been chosen;

(f) The name of each party's representative who shall have authority to settle or recommend settlement; and

(g) Either an explanation of how the substantial interests of each mediating party will be affected by the action or proposed action addressed in this notice of intent or a statement clearly identifying the petition for hearing that each party has already filed, and incorporating it by reference.

(h) The signatures of all parties or their authorized representatives.

As provided in Section 120.573, Florida Statutes, the timely agreement of all parties to mediate will toll the time limitations imposed by Sections 120.569 and 120.57, Florida Statutes, for requesting and holding an administrative hearing. Unless otherwise agreed by the parties, the mediation must be concluded within sixty days of the execution of the agreement. If mediation results in settlement of the administrative dispute, the Department must enter a final order incorporating the agreement of the parties. Persons whose substantial interests will be affected by such a modified final decision of the Department have a right to petition for a hearing only in accordance with the requirements for such petitions set forth above, and must therefore file their petitions within 21 days of receipt of this notice. If mediation terminates without settlement of the dispute, the Department shall notify all parties in writing that the administrative hearing processes under Sections 120.569 and 120.57, Florida Statutes, remain available for disposition of the dispute, and the notice will specify the deadlines that then will apply for challenging the agency action and electing remedies under those two statutes.

11. Entry of this Consent Order does not relieve Respondent of the need to comply with applicable federal, state or local laws, regulations or ordinances.

12. The terms and conditions set forth in this Consent Order may be enforced in a court of competent jurisdiction pursuant to Sections 120.69 and 403.121, Florida Statutes. Failure to comply with the terms of this Consent Order shall constitute a violation of Section 403.859, Florida Statutes.

13. Respondent is fully aware that a violation of the terms of this Consent Order may subject Respondent to judicial imposition of damages, civil penalties up to $5,000.00 per day per violation, and criminal penalties.

14. Respondent shall allow all authorized representatives of the Department access to the property and facility at reasonable times for the purpose of determining compliance with the terms of this Consent Order and the rules and statutes of the Department.

15. All submittals and payments required by this Consent Order to be submitted to the Department shall be sent to the Florida Department of Health – Broward County, Environmental Engineering Section, 2421A SW 6th Avenue, Fort Lauderdale, FL 33315.

16. The Department hereby expressly reserves the right to initiate appropriate legal action to prevent or prohibit any violations of applicable statutes, or the rules promulgated thereunder that are not specifically addressed by the terms of this Consent Order.

17. The Department, for and in consideration of the complete and timely performance by Respondent of the obligations agreed to in this Consent Order, hereby waives its right to seek judicial imposition of damages or civil penalties for alleged violations addressed in this Consent Order.

18. Respondent acknowledges and waives its right to an administrative hearing pursuant to Sections 120.569 and 120.57, Florida Statutes, on the terms of this Consent Order. Respondent acknowledges its right to appeal the terms of this Consent Order pursuant to Section 120.68, Florida Statutes, and waives that right upon signing this Consent Order.

19. No modifications of the terms of this Consent Order shall be effective until reduced to writing and executed by both Respondent and the Department.

20. In the event of a sale or conveyance of the facility or of the property upon which the facility is located, if all of the requirements of this Consent Order have not been fully satisfied, Respondent shall, at least 30 days prior to the sale or conveyance of the property or facility, (1) notify the Department of such sale or conveyance, (2) provide the name and address of the purchaser, or operator, or person(s) in control of the facility, and (3) provide a copy of this Consent Order with all attachments to the new owner. The sale or conveyance of the facility, or the property upon which the facility is located shall not relieve the Respondent of the obligations imposed in this Consent Order.

21. This Consent Order is a settlement of the Department's civil and administrative authority arising under Florida law to resolve the matters addressed herein. This Consent Order is not a settlement of any criminal liabilities which may arise under Florida law, nor is it a settlement of any violation which may be prosecuted criminally or civilly under federal law.

22. This Consent Order is a final order of the Department pursuant to Section 120.52(7), Florida Statutes, and it is final and effective on the date filed with the Clerk of the Department unless a Petition for Administrative Hearing is filed in accordance with Chapter 120, Florida Statutes. Upon the timely filing of a petition this Consent Order will not be effective until further order of the Department.

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FOR THE RESPONDENT:

I, _____ [Type or Print Name], **HEREBY ACCEPT THE TERMS OF THE CONSENT ORDER IDENTIFIED ABOVE.**

By: _____ Date: _____
[Signature]

Title: _____
[Type or Print]

FOR DEPARTMENT USE ONLY

DONE AND ORDERED this day of , , in Broward County, Florida.

FLORIDA DEPARTMENT OF HEALTH - BROWARD COUNTY

_____
Rafael Reyes
Environmental Engineering Director
Department of Health – Broward County

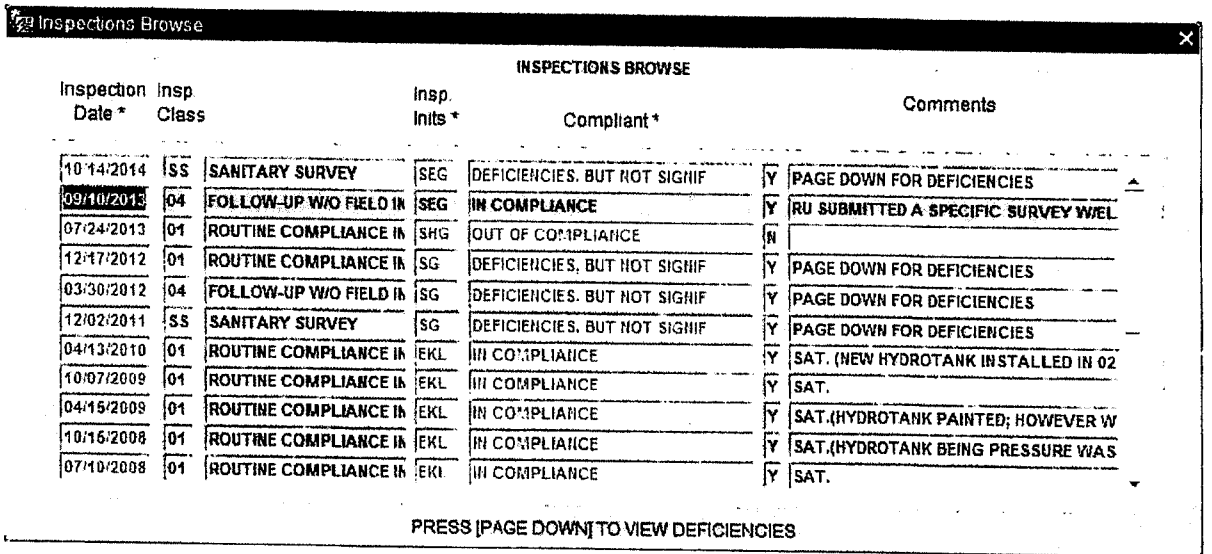
Filed, on this date, pursuant to section 120.52, F.S., with the designated Department Clerk, receipt of which is hereby acknowledged.

_____ _____
Clerk Date

Copies furnished to:
Paul Eichner, Chief Legal Counsel, Florida Department of Health - Broward County

Contam Group	Viol ID	Viol Type	Desc	Result	Vio Start Date	Vio End Date	Enf Related Date	Enf Id	Enf Action	Vio Remarks
	20130006179	OTHER	(MAJOR)		12/17/2012	7/30/2013	9/10/2013	404588	DOH/INFORMAL/RETURN TO COMPLIANCE	POSSIBLE CROSS CONNECTION ON TWO COMPLIANCE INSPECTIONS. ROYAL UTILITY IS GETTING A SURVEY TO PROVE OTHERWISE.
	20130006179	OTHER	(MAJOR)		12/17/2012	7/30/2013	8/12/2013	375515	DOH/INFORMAL/NONCOMPLIANC E LETTER	POSSIBLE CROSS CONNECTION ON TWO COMPLIANCE INSPECTIONS. ROYAL UTILITY IS GETTING A SURVEY TO PROVE OTHERWISE.

RU- Cross-Connection case.


Inspections Browse

INSPECTIONS BROWSE

Inspection Date *	Insp Class		Insp. Inits *	Compliant *		Comments
10/14/2014	SS	SANITARY SURVEY	SEG	DEFICIENCIES, BUT NOT SIGNIF	Y	PAGE DOWN FOR DEFICIENCIES
09/10/2013	04	FOLLOW-UP W/O FIELD IN	SEG	IN COMPLIANCE	Y	RU SUBMITTED A SPECIFIC SURVEY W/EL
07/24/2013	01	ROUTINE COMPLIANCE IN	SHG	OUT OF COMPLIANCE	N	
12/17/2012	01	ROUTINE COMPLIANCE IN	SG	DEFICIENCIES, BUT NOT SIGNIF	Y	PAGE DOWN FOR DEFICIENCIES
03/30/2012	04	FOLLOW-UP W/O FIELD IN	SG	DEFICIENCIES, BUT NOT SIGNIF	Y	PAGE DOWN FOR DEFICIENCIES
12/02/2011	SS	SANITARY SURVEY	SG	DEFICIENCIES, BUT NOT SIGNIF	Y	PAGE DOWN FOR DEFICIENCIES
04/13/2010	01	ROUTINE COMPLIANCE IN	EKL	IN COMPLIANCE	Y	SAT. (NEW HYDROTANK INSTALLED IN 02
10/07/2009	01	ROUTINE COMPLIANCE IN	EKL	IN COMPLIANCE	Y	SAT.
04/15/2009	01	ROUTINE COMPLIANCE IN	EKL	IN COMPLIANCE	Y	SAT.(HYDROTANK PAINTED; HOWEVER W
10/16/2008	01	ROUTINE COMPLIANCE IN	EKL	IN COMPLIANCE	Y	SAT.(HYDROTANK BEING PRESSURE WAS
07/10/2008	01	ROUTINE COMPLIANCE IN	EKL	IN COMPLIANCE	Y	SAT.

PRESS [PAGE DOWN] TO VIEW DEFICIENCIES

Related to violation #20130006179