

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

System Name: Colina Bay Homeowners Association Inc. PWS I.D. #: 335-4969

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

Address: Caravaggio Loop

City: Montverde ZIP Code: 34756

Phone # 866-753-8292 Fax #: 727-849-4219 E-Mail Address: mrotteveel@uswatercorp.net

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: 1 - A2000669001 Sample Date: 1-15-20 Sample Time: 800 AM PM (Circle One)

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

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): 1.1 mg/L Field pH: 7.4

Sample Type (Check Only One)

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

Distribution

Routine Compliance with 62-550

Replacement (of Invalidated Sample)

Entry Point (to Distribution)

Confirmation of MCL Exceedance*

Special (not for compliance with 62-550)

Plant Tap (not for compliance with 62-550)

Composite of Multiple Sites**

Clearance (permitting)

Raw (at well or intake)

Other: _____

Max Residence Time

Sampling Procedure Used or Other Comments: _____

Ave Residence Time

Near First Customer

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

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

SAMPLER CERTIFICATION

I, Trevor Powell, _____, _____ Operator _____, do HEREBY CERTIFY
(Print Name) (Print Title)

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

Signature: [Handwritten Signature]

Date: 1-15-20

Certified Operator #: 017573 Phone #: 866-753-8292

Sampler's Fax #: 727-849-4219

Sampler's E-mail: MRotteveel@USWaterCorp.Net

REVIEWED

By Carr_Z at 2:09 pm, Mar 25, 2020

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 #: E53076 Certification Expiration Date: 06/30/2020

ATTACH CURRENT DOH ANALYTE *

Address: 380 North Lake Blvd., Suite 1048 Altamonte Payments: P.O. Box Phone #: (407)937-1594

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: 01/15/2020

PWS ID (From Page 1): 335-4969 Sample Number (From Page 1): A2000669001 Lab Assigned Report # or Job A2000669

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

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

LAB CERTIFICATION

I, Brandon O'Hara, Laboratory Manager, do HEREBY CERTIFY
(Print Name) (Print Title)

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

Signature: Brandon O'Hara Date: 02/06/2020

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

INORGANIC CONTAMINANTS

62-550.310(1)

Report Number / Job ID: A2000669001

PWS ID (From Page 1): 335-4969

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Certification
1040	Nitrate (as N)	10	mg/L	0.22	I	EPA 300.0	0.051	01/16/2020	06:40	E53076
1041	Nitrite (as N)	1	mg/L	0.13	U	EPA 300.0	0.13	01/16/2020	06:40	E53076



Advanced Environmental Laboratories, Inc.

- Altamonte Springs: 528 S. Nor
- Gainesville: 4965 SW 41st Blvd. •
- Jacksonville: 6681 Southpoint Pl
- Miramar: 10200 USA Today Way •
- Tallahassee: 2639 North Monroe
- Tampa: 9610 Princess Palm Ave. •

937.1594 • Fax 407.937.1597



354

x 850.219.6275

Client Name: US Water Services Corporation		Project Name: Colina Bay		ANALYSIS REQUIRED		BOTTLE SIZE & TYPE				LABORATORY I.D. NUMBER						
Address: 4939 Cross Bayou Boulevard		P.O. Number or Project Number:														
New Port Richey, Fl 34652		FDEP Facility No: 335-4969														
Phone: 866-753-8292		Project Address:														
FAX: 727-849-4219																
Contact: Melisa		Special Instructions:		PRESERVATION		NO. COUNT										
Sampled By:																
Turn Around Time: <input checked="" type="radio"/> Standard <input type="radio"/> RUSH																
Page: ___ of ___		<input type="checkbox"/> ADaPT <input type="checkbox"/> EQUIS <input type="checkbox"/> Other														
SAMPLE ID	SAMPLE DESCRIPTION	Grab Comp	SAMPLING		MATRIX	NO. COUNT	PRESERVATION									
			DATE	TIME			-	-								
1	POE Cl ₂ - 1.1 mg/L PH - 7.4	G	1-15-20	8:00	DW	1	X	X								

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 _____ (in degrees celsius)

DCN: AD-051 Form last revised 08/18/2014 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	<i>[Signature]</i>		1-15-20		14:30		<i>[Signature]</i>		1-15-20		14:30	
2	<i>[Signature]</i>		1-15-20		10:30		<i>[Signature]</i>		1-15-20		16:30	
3												
4												

FOR DRINKING WATER USE:

PWS ID: _____

Contact Person: _____ Phone: _____

Supplier of Water: _____

Site Address: _____