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: Sandy Acres PWS I.D. #: 3 4 2 1 1 1 8

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

Address: 16968 SE 251st Ter.

City: Umatilla State: FL ZIP Code: 32784

Phone #: (314) 464-3618 Fax #: E-Mail Address: Arthur@cswrgroup.com

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: G2402318001 Sample Date: February 29, 2024 Sample Time: 17:55 AM [ ] PM [X] (Check One)

Sample Location (be specific): POE 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
- [X] 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**
- [X] Other: NO2/NO3
- [ ] 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.
NOTE: See 62-550.512(3) for additional requirements for nitrate and nitrite MCL exceedances.

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

SAMPLER CERTIFICATION

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

Signature: Date: March 27, 2024

Cetrified Operator #: 29559 Sampler's Phone: (352) 640-4976 Sampler's Fax:

Sampler's E-Mail Address: keanu.wadhams@clearwatersolutions.com

Reporting Format 62-550.730
Effective January 1995, Revised February 2010

REVIEWED
By Smicherko_J at 11:05 am, Apr 01, 2024

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

Lab Name: Advanced Environmental Laboratories, Inc. Florida DOH Certification #: E82001 Certification Expiration Date: 06/30/2024

ATTACH CURRENT DOH ANALYTE SHEET*

Address: 4965 SW 41st Blvd, Gainesville, FL 32608 Phone #: (352) 377-2349

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

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 03/01/2024

PWS ID: (From Page 1): _____ Sample Number (From Page 1): G2402318001 Lab Assigned Report # Or Job ID: G2402318

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					

LAB CERTIFICATION

I, Madeline Lynch (Print Name), Project 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: Madeline Lynch Date: 03/15/2024

* 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 "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: _____

*Results must be reported with appropraite qualifers in accordance with Florida Administration Code Rule 62-160, Table1. 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.

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INORGANIC CONTAMINANTS
62-550.310(1)

Report Number / Job ID: G2402318001

PWS ID (From Page 1): _____

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Certification #
1040	Nitrate (as N)	10	mg/L	0.23		EPA 300.0	0.10	03/01/2024	18:44	E82001
1041	Nitrite (as N)	1	mg/L	0.10	U	EPA 300.0	0.10	03/01/2024	18:44	E82001

*Results must be reported with appropraite qualifers in accordance with Florida Administration Code Rule 62-160, Table1. 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.

6601 Southpoint Pkwy. • Jacksonville, FL 32216 • 904.363.9350 • Fax 904.363.9354 • E82574
9610 Princess Palm Ave. • Tampa, FL 33619 • 813.630.9616 • Fax 813.630.4327 • E84589
4965 SW 41st Blvd • Gainesville, FL 32608 • 352.377.2349 • Fax 352.395.6639 • E82001
380 Northlake Blvd., Ste. 1048 • Altamonte Springs, FL 32701 • 407.937.1594 • Fax 407.937.1597• E53076

LAB NUM

G2402318

CLIENT NAME: Central States Water Resources
ADDRESS: 3780 NE 40th Place
Ocala, FL 34479
PHONE: 352-699-1992
FAX:
CONTACT: Sharon Sarp
SAMPLED BY: Jason Woods
TURN AROUND TIME:
☐ STANDARD _____ ☐ RUSH _____

P.O. NUMBER/PROJECT NUMBER: FL.5001.120
PROJECT LOCATION: Sandy Acres - 3421118
REMARKS/SPECIAL INSTRUCTIONS:
FDEP FACILITY ADDRESS: : 18968 SE 251st Ter., Umatilla, FL 32784

SAMPLE ID	SAMPLE DESCRIPTION	Grab Comp	SAMPLING DATE	SAMPLING TIME	MATRIX	NO. COUNT	PRESERVATION	BOTTLE SIZE & TYPE	ANALYSIS REQUIRED: NO2 Limit 12 - Annual	NO3 Limit 12 - Annual	LABORATORY I.D. NUMBER
1	POE	Grab	2/29/2024	17:55	DW	1			X	X	001

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 temp blank ☐ pH required, pH checked

Temperature when received 2.1 **(in degrees celcius)**

Form revised 2/8/08

Device used for measuring Temp by unique identifier (circle IR temp gun used) J : 9A G: LT-1 LT-2 T: 10A A: 3A

	Relinquished by:		Date	Time	Received by:		Date	Time
1		CWS	3/1/24	950	KM	AEL	3/1	1010
2	KM		31		CR		3/1/24	1110
3								
4								

FOR DRINKING WATER USE:

(When PWS Information not otherwise supplied) PWS ID: 3421118

Contact Person: Arthur Faiello Phone: (314)464-3618

Supplier of Water: Umatilla

Site-Address: 16968 SE 251st Ter Umatilla, FL 32784