

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 Sample Date: 2-6-18 Sample Time: 6:45 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: 7.3

Sample Type (Check Only One)

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

- | | | |
|---|--|---|
| <input type="checkbox"/> Distribution | <input checked="" type="checkbox"/> Routine Compliance with 62-550 | <input type="checkbox"/> Replacement (of Invalidated Sample) |
| <input checked="" type="checkbox"/> Entry Point (to Distribution) | <input type="checkbox"/> Confirmation of MCL Exceedance* | <input type="checkbox"/> Special (not for compliance with 62-550) |
| <input type="checkbox"/> Plant Tap (not for compliance with 62-550) | <input type="checkbox"/> Composite of Multiple Sites** | <input type="checkbox"/> Clearance (permitting) |
| <input type="checkbox"/> Raw (at well or intake) | <input type="checkbox"/> Other: _____ | |
| <input type="checkbox"/> Max Residence Time | Sampling Procedure Used or Other Comments: _____ | |
| <input type="checkbox"/> Ave Residence Time | | |
| <input type="checkbox"/> 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: [Signature] Date: 2-6-18

Certified Operator #: C17573 Phone #: 866-753-8292 Sampler's Fax #: 727-849-4219

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

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: 06/30/2018

ATTACH CURRENT DOH ANALYTE *

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

Were any analyses subcontracted? Yes No If yes, please provide DOH certification numbers: E82001, E82535, E82574, E84859, E84025

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED *

ANALYSIS INFORMATION (to be completed by lab)

Date Sample(s) Received: 02/06/2018

PWS ID (From Page 1): 3354969 Sample Number (From Page 1): A1801035001 Lab Assigned Report # or Job A1801035

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

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

LAB CERTIFICATION

I, Brandon O'Hara, Client Services 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: 03/02/2018

* 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: A1801035001

PWS ID (From Page 1): 3354969

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Certification
1040	Nitrate	10	mg/L	4.5		EPA 300.0	0.051	02/07/2018	18:03	E53076
1041	Nitrite	1	mg/L	0.053	U	EPA 300.0	0.053	02/07/2018	18:03	E53076
1005	Arsenic	0.010	mg/L	0.00099	I	EPA 200.8	0.000077	02/20/2018	15:17	E82574
1010	Barium	2	mg/L	0.027		EPA 200.7	0.00083	02/15/2018	14:27	E82574
1015	Cadmium	0.005	mg/L	0.000064	U	EPA 200.8	0.000064	02/20/2018	15:17	E82574
1020	Chromium	0.1	mg/L	0.0016	U	EPA 200.7	0.0016	02/15/2018	14:27	E82574
1024	Cyanide	0.2	mg/L	0.0048	U	SM 4500-CN-E	0.0048	02/09/2018	08:06	E84589
1025	Fluoride	4.0	mg/L	0.20	I	EPA 300.0	0.075	02/07/2018	18:03	E53076
1030	Lead	0.015	mg/L	0.00024	U	EPA 200.8	0.00024	02/20/2018	15:17	E82574
1035	Mercury	0.002	mg/L	0.000050	U	EPA 245.1	0.000050	02/13/2018	08:20	E84589
1036	Nickel	0.1	mg/L	0.0060	U	EPA 200.7	0.0060	02/15/2018	14:27	E82574
1045	Selenium	0.05	mg/L	0.0025	I	EPA 200.8	0.00058	02/20/2018	15:17	E82574
1052	Sodium	160	mg/L	7.9		EPA 200.7	0.34	02/15/2018	14:27	E82574
1074	Antimony	0.006	mg/L	0.00020	I	EPA 200.8	0.000046	02/20/2018	15:17	E82574
1075	Beryllium	0.004	mg/L	0.00040	U	EPA 200.7	0.00040	02/15/2018	14:27	E82574
1085	Thallium	0.002	mg/L	0.00018	I	EPA 200.8	0.000057	02/20/2018	15:17	E82574

*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

SECONDARY CONTAMINANTS

62-550.320

Report Number / Job ID: A1801035001

PWS ID (From Page 1): 3354969

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Certification #
1002	Aluminum	0.2	mg/L	0.028	U	EPA 200.7	0.028	02/15/2018	14:27	E82574
1017	Chloride	250	mg/L	17		EPA 300.0	0.78	02/07/2018	18:03	E53076
1022	Copper	1	mg/L	0.0032	U	EPA 200.7	0.0032	02/15/2018	14:27	E82574
1025	Fluoride	2.0	mg/L	0.20	I	EPA 300.0	0.075	02/07/2018	18:03	E53076
1028	Iron	0.3	mg/L	0.10	U	EPA 200.7	0.10	02/15/2018	14:27	E82574
1032	Manganese	0.05	mg/L	0.0019	U	EPA 200.7	0.0019	02/15/2018	14:27	E82574
1050	Silver	0.1	mg/L	0.00010	U	EPA 200.8	0.00010	02/20/2018	15:17	E82574
1055	Sulfate	250	mg/L	6.6	I	EPA 300.0	0.52	02/07/2018	18:03	E53076
1095	Zinc	5	mg/L	0.033	U	EPA 200.7	0.033	02/15/2018	14:27	E82574
1905	Color	15	PCU	5.0	U	SM 2120 B	5.0	02/07/2018	10:45	E53076
1920	Odor	3	TON @ 40°C	1.0	U	SM 2150 B	1.0	02/06/2018	16:20	E53076
1925	pH	6.5 - 8.5	SU	8.2	Q	SM 4500H+B		02/06/2018	15:26	E53076
1930	Total Dissolved Solids	500	mg/L	140		SM 2540 C	10	02/08/2018	09:00	E53076
2905	Foaming Agents	0.5	mg/L	0.055	I	SM 5540 C	0.040	02/07/2018	10:00	E82001

*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

VOLATILE ORGANICS

62-550.310(4)(a)

Report Number / Job ID: A1801035001

PWS ID (From Page 1): 3354969

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	RDL	Analysis Date	Analysis Time	DOH Lab Certification #
2378	1,2,4-Trichlorobenzene	70	ug/L	0.28	U	EPA 524.2	0.28	0.5	02/09/2018	08:27	E82535
2380	cis-1,2-Dichloroethylene	70	ug/L	0.32	U	EPA 524.2	0.32	0.5	02/09/2018	08:27	E82535
2955	Xylenes (total)	10,000	ug/L	0.28	U	EPA 524.2	0.28	0.5	02/09/2018	08:27	E82535
2964	Dichloromethane	5	ug/L	0.44	U	EPA 524.2	0.44	0.5	02/09/2018	08:27	E82535
2968	o-Dichlorobenzene	600	ug/L	0.46	U	EPA 524.2	0.46	0.5	02/09/2018	08:27	E82535
2969	para-Dichlorobenzene	75	ug/L	0.26	U	EPA 524.2	0.26	0.5	02/09/2018	08:27	E82535
2976	Vinyl Chloride	1	ug/L	0.20	U	EPA 524.2	0.20	0.5	02/09/2018	08:27	E82535
2977	1,1-Dichloroethylene	7	ug/L	0.18	U	EPA 524.2	0.18	0.5	02/09/2018	08:27	E82535
2979	trans-1,2-Dichloroethylene	100	ug/L	0.28	U	EPA 524.2	0.28	0.5	02/09/2018	08:27	E82535
2980	1,2-Dichloroethane	3	ug/L	0.36	U	EPA 524.2	0.36	0.5	02/09/2018	08:27	E82535
2981	1,1,1-Trichloroethane	200	ug/L	0.39	U	EPA 524.2	0.39	0.5	02/09/2018	08:27	E82535
2982	Carbon tetrachloride	3	ug/L	0.23	U	EPA 524.2	0.23	0.5	02/09/2018	08:27	E82535
2983	1,2-Dichloropropane	5	ug/L	0.26	U	EPA 524.2	0.26	0.5	02/09/2018	08:27	E82535
2984	Trichloroethylene	3	ug/L	0.28	U	EPA 524.2	0.28	0.5	02/09/2018	08:27	E82535
2985	1,1,2-Trichloroethane	5	ug/L	0.12	U	EPA 524.2	0.12	0.5	02/09/2018	08:27	E82535
2987	Tetrachloroethylene	3	ug/L	0.24	U	EPA 524.2	0.24	0.5	02/09/2018	08:27	E82535
2989	Chlorobenzene	100	ug/L	0.12	U	EPA 524.2	0.12	0.5	02/09/2018	08:27	E82535
2990	Benzene	1	ug/L	0.17	U	EPA 524.2	0.17	0.5	02/09/2018	08:27	E82535
2991	Toluene	1,000	ug/L	0.22	U	EPA 524.2	0.22	0.5	02/09/2018	08:27	E82535
2992	Ethylbenzene	700	ug/L	0.17	U	EPA 524.2	0.17	0.5	02/09/2018	08:27	E82535
2996	Styrene	100	ug/L	0.39	U	EPA 524.2	0.39	0.5	02/09/2018	08:27	E82535

NOTE: Results indicating non-detection with a reported lab MDL > .5 µg/L will not be accepted for compliance.

Reporting Format 62-550.730

Effective January 1995, Revised February 2010

Page 5 of 5

*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**

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

Lab Name: KNL Environmental Testing Florida DOH Certification #: E84025 Certification Expiration Date: June Renewal

ATTACH CURRENT DOH ANALYTE SHEET*

Address: 3202 N. Florida Ave. Tampa, FL 33603 Phone #: 813-229-2879

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: 2-7-18

PWS ID (From Pg 1): 3354969 Sample # (From Pg 1): A1801035001 Lab Assigned Report # or Job ID: 18.1175 R1

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 checked="" type="checkbox"/> Single Sample | <input type="checkbox"/> All 14 |
| <input 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 type="checkbox"/> Nitrate | <input type="checkbox"/> Partial | | <input type="checkbox"/> Chlorite | | |
| <input type="checkbox"/> Nitrite | <input type="checkbox"/> Dioxin Only | | <input type="checkbox"/> Bromate | | |
| <input type="checkbox"/> Asbestos | | | | | |

LAB CERTIFICATION

I, James W. Hayes, Laboratory Director, do HEREBY CERTIFY
(Print Name) (Print Title)

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

Signature:  Date: 2-27-18

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

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

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

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

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

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

KNL Environmental Testing
3202 N. Florida Ave.
Tampa, FL 33603

Ph: (813) 229-2879 Fax: (813) 229-0002

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

RADIONUCLIDES

62-550.310(6)

Client ID: AEL-Altamonte Attn: B. O'hara A1801035001 POE

KNL Report Number/Job ID: 18.1175R1

PWS ID(From Page 1): 3354969

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier *	Analytical Method	Lab MDL	RDL	Analysis Error	Analysis Date	Analysis Time	DOH Lab Certification #
4002	Gross Alpha (incl Uranium)	15 ***	pCi/L	8.3		EPA 900.0	1.9	3	2.2	2-12-18	0704	E84025
4020	Radium-226	5	pCi/L	2.1		EPA 903.0	0.5	1	0.5	2-27-18	1112	E84025
4030	Radium-228	5	pCi/L	0.7	U	EPA Ra-05	0.7	1	0.5	2-15-18	1200	E84025

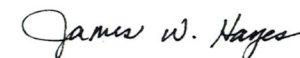
Reporting Format 62-550.730

Effective January 1995, Revised February 2010.

- * Qualifier Codes: U = indicates that the compound was analyzed for but not detected.
I = the reported value is between the laboratory detection limit and the laboratory practical quantitation limit.
- ** If the result exceeds 5 pCi/L, a measurement for radium-226 is required. Uranium is reported separately under Contam ID 4006.
- *** If the results exceed 5 pCi/L, a measurement for radium-226 is required. If the results exceed 15 pCi/L, a measurement for Combined Uranium must be reported separately. The DEP/DOH will subtract the U value from the Gross Alpha (ID 4002) to determine compliance with MCL for Gross Alpha (Excl.U) of 15 pCi/L. If the result for ID 4002 Gross Alpha (incl.Uranium) does not exceed 15 pCi/L, Combined Uranium need not be measured nor reported.
- **** If using Uranium testing methods ASTM D5174 or EPA 200.8 only, then Analysis Error need not be reported.

Test results meet all requirements of the NELAC standards. Contact person: Jim Hayes (813) 229-2879.

Approved by:



James W. Hayes
Laboratory Director

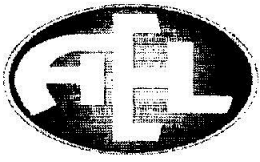
Chain of Custody

18.11705

Document 7440 - HBN 5705

Results Requested By 2/18/2018

Report To		Subcontract To				Requested Analysis																
Project Manager Altamonte Advanced Environmental Laboratories, Inc 380 North Lake Blvd., Suite 1048 Altamonte Springs, FL 32701 Payments: P.O. Box 551580 Jacksonville, FL 32255-1580 Phone (407)937-1594		KNL-FL KNL Laboratory Services, Inc. 2742 North Florida Avenue Tampa, FL 33602 Phone Fax				<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 5px;">Preserved Containers</div> <div>EPA 903.1</div> <div>EPA Re-05</div> <div>EPA 900</div> </div> <p style="text-align: right;">added per 2-21-18 email</p>																
Item	Sample ID	Collect Date/Time	Lab ID	Matrix	HNO3																LAB USE ONLY	
1	24HR COMPOSITE	2/6/2018 08:00	A1801022001	Drinking Water	2																	
2	POE	2/6/2018 06:45	A1801035001	Drinking Water	2																	
3	POE	2/6/2018 10:45	A1801036001	Drinking Water	2																	
4																						
5																						
Report		Electronic Data Deliverables				Comments																
<input type="checkbox"/> Standard (Results only) <input type="checkbox"/> Standard with Batch QC <input type="checkbox"/> CLP <input type="checkbox"/> Other _____		<input type="checkbox"/> SEDD Stage 2A <input type="checkbox"/> SEDD Stage 2B <input type="checkbox"/> SEDD Stage 3 <input type="checkbox"/> Other _____																				
Preservative					Transfers	Released By	Date/Time	Received By		Date/Time												
HNO3 = HNO3					1	max ill	2-6-18	J. H. H. 2/21/18		12:30												
					2	J. H. H. 2/21/18	12:50	J. H. H. 2/21/18														
					3																	
					4			KNL JH		2-7-18												
					5					12:50												



Advanced
Environmental Laboratories, Inc.

Altamonte Springs: 380 Northlake Blvd., Suite 1048 • 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: 2639 North Monroe Street, Suite D • Tallahassee, FL 32303 • 850.219.6274 • Fax 850.219.6275
 Tampa: 9610 Princess Palm Ave. • Tampa, FL 33619 • 813.630.9616 • Fax 813.630.4327

Client Name: US Water Services		Project Name: Colina Bay		BOTTLE SIZE & TYPE	ANALYSIS REQUIRED	Primary Inorganics	Secondary Contaminants	VOC's	Gross Alpha	Radium 228	LABORATORY I.D. #
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		Special Instructions:									
Contact: Melisa Rotteveel											
Sampled By: <i>Trevor Powell</i>		Turn Around Time: <input checked="" type="checkbox"/> STANDARD <input type="checkbox"/> RUSH		<h1>A1801035</h1>							
Page: ___ of ___		<input type="checkbox"/> ADaPT <input type="checkbox"/> EQUiS <input type="checkbox"/> Other									

SAMPLE ID	SAMPLE DESCRIPTION	Grab Comp	SAMPLING		MATRIX	NO COUNT	PRESER- VATION												
			DATE	TIME															
1	POE <i>Cl2 - 1.1 mg/L PH - 7.3</i>	G	<i>2-6-18</i>	<i>1645</i>	DW	11		X	X	X	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 4 (in degrees celcius)

DCN: AD-051 Form last revised 04/30/2015 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
<i>Trevor Powell</i>	<i>2-6-18</i>	<i>1405</i>	<i>Matt [Signature]</i>	<i>2-6-18</i>	<i>1405</i>
<i>Matt [Signature]</i>	<i>2-6-18</i>	<i>1600</i>	<i>Matt [Signature]</i>	<i>2-6-18</i>	<i>1600</i>

FOR DRINKING WATER USE:

PWS ID: _____

Contact Person: _____ Phone: _____

Supplier of Water: _____

Site-Address: _____