

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: COLINA BAY PWS I.D. #: 3354969

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

Address: 16734 Caravaggio Loop

City: Montverde ZIP Code: 34756

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

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: A2300957001 Sample Date: 01/19/2023 Sample Time: 08:00 AM PM (Circle One)

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

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

Sample Type (Check Only One)

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

- | | | |
|---|--|---|
| <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 | | |
| <input type="checkbox"/> Ave Residence Time | | |
| <input type="checkbox"/> Near First Customer | | |

Sampling Procedure Used or Other Comments: _____

*See 62-550(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 Donald Harris, Operator, do HEREBY CERTIFY
(Print Name) (Print Title)

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

Signature:  For DH Date: 9 Feb 2023

Certified Operator # 0002241 Phone # 352-787-2493 Sampler's Fax #: _____

Sampler's E-mail: _____

REVIEWED

By William Gillett at 9:14 am, Feb 20, 2023

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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 #: E53076 Certification Expiration Date: 06/30/2023

ATTACH CURRENT DOH ANALYTE SHEET*

Address: 380 Northlake Blvd., Altamonte Springs, FL 32701 Phone #: 407-937-1594

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: 01/19/2023

PWS ID: (From Page 1): 3354969 Sample Number (From Page 1): A2300957001 Lab Assigned Report # Or Job ID: A2300957

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 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 | | | | | |

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 (NELAC).

Signature: *Brandon O'Hara* Date: 02/06/2023

* 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: _____

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INORGANIC CONTAMINANTS
62-550.310(1)

Report Number / Job ID: A2300957001

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 (as N) | 10 | mg/L | 3 | | EPA 300.0 | 0.0240 | 01/20/2023 | 04:42 | E53076 |
| 1041 | Nitrite (as N) | 1 | mg/L | 0.0034 | U | EPA 300.0 | 0.0034 | 01/20/2023 | 04:42 | E53076 |