

July 2, 2020

Ref: Peace River/Manasota Regional Water Supply Authority  
(PWS #6142734 – Quarterly Compliance Monitoring)

Dear Members/Customers,

Enclosed are the compliance monitoring test results for samples collected and analyzed during the Second Quarter of 2020.

Should you have any questions or require additional information, please feel free to call me at (863) 993-4565.

Regards,

Michael P. Chell  
Peace River/Manasota Regional Water Supply Authority  
Operations Supervisor  
DEP License # DWA- 15153

cc: w/attachments  
P. Lehman (PRMRWSA) [PLehman@regionalwater.org](mailto:PLehman@regionalwater.org)  
R. Anderson (PRMRWSA) [RAnderson@regionalwater.org](mailto:RAnderson@regionalwater.org)  
S. Kipfinger (CCU) [stephen.kipfinger@charlottefl.com](mailto:stephen.kipfinger@charlottefl.com)  
R. Newkirk (NPU) [rnewkirk@cityofnorthport.com](mailto:rnewkirk@cityofnorthport.com)  
B. Warner (DCU) [b.warner@Desotobocc.com](mailto:b.warner@Desotobocc.com)  
M. Mylett (SCU) [mmylett@scgov.net](mailto:mmylett@scgov.net)  
S. Adams (PGU) [sadams@ci.punta-gorda.fl.us](mailto:sadams@ci.punta-gorda.fl.us)  
File/Compliance Monitoring

**DISINFECTANT RESIDUAL (CHLORINE OR CHLORAMINES)  
EXAMPLE REPORTING FORMAT**

<b>SYSTEM INFORMATION</b>		<b>QUARTERLY REPORTING PERIOD:</b> 2cnd quarter	<b>YEAR:</b> 2020
<b>PWS NAME:</b> Peace River/Manasota Regional Water Supply Authority			
<b>PWS ID NUMBER:</b> 6142734		<b>COUNTY:</b> Desoto	
<b>CONTACT PERSON:</b> Mike Chell		<b>PHONE NUMBER:</b> (863) 993-4565	
<b>E-MAIL ADDRESS (optional):</b>		<b>FAX NUMBER (optional):</b> (863) 993-4568	

<b>DISINFECTANT RESIDUAL COMPLIANCE SUMMARY</b>												
Last 12 Months	7	8	9	10	11	12	1	2	3	4	5	6
Actual Month/Year	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20
Provide the number of disinfectant residual samples taken each month of the last quarter (include disinfectant residual samples taken for all total coliform samples, including repeat or additional total coliform samples)*	12	15	12	15	12	12	15	12	12	15	12	12
Provide the monthly arithmetic average of all samples taken in each month for the last 12 months (include disinfectant residual samples taken for all total coliform samples, including repeat or additional total coliform samples)	3.74	3.53	3.54	3.51	3.36	3.48	3.67	3.58	3.88	3.69	3.43	3.21
Calculate the Running Annual Average (RAA) (i.e., calculate the arithmetic average of the monthly averages for the last 12 months)												3.55
Does the RAA violate the Maximum Residual Disinfectant Level of 4.0 mg/l? (YES/NO)												<b>NO</b>

\*Also, for each disinfectant residual sample taken each month of the last quarter, provide the information requested in the table on page two of this format.

**INSTRUCTIONS:** This format should be completed and submitted **WITHIN 10 DAYS AFTR THE END OF EACH QUARTER IN WHICH SAMPLES WERE COLLECTED**, by all community or non-transient non-community water systems that add a chemical disinfectant and that serve at least 4,901 persons. For example, for disinfectant residual samples collected in the first quarter (January - March) of 2004, this format is due no later than April 0, 2004. Submit the completed form to the appropriate Department of Environmental Protection District Office or Approved County Health Department.

The following specific instructions are for the "Disinfectant Residual Analysis Results for Reporting Period" table on page two.

Attach additional sheets if necessary.

**Analytical Method:** In accordance with 40 CFR 141.31(c)(1), the approved methods for disinfectant residual compliance monitoring are as follows:

Free Chlorine: Standard Methods 4500-CI D, 4500-CI F, 4500-CI G (DPD Colorimetric), and 4500-CI H and ASTM Method D 1253-86

Combined Chlorine: Standard Methods 4500-CI D, 4500-CI F, and 4500-CI G (DPD Colorimetric) and ASTM Method D 1253-86

Total Chlorine: 4500CI-D, 4500-CI E, 4500-CI F, 4500-CI G (DPD Colorimetric), and 4500-CI I and ASTM Method D 1253-86

Enter in the space provided the analytical method that the person or laboratory is using to measure disinfectant residuals.

**Analysis Information:** In accordance with Florida Administrative Code (F.A.C.) subsections 62-550.550(1), 62-550.821(8), operators licensed under F.A.C. Chapter 62-602 and persons working under the direct supervision of a licensed operator, as well as laboratories certified by the Department of Health, are approved to measure disinfectant residuals. If the person measuring the disinfectant residual is a licensed operator or is working under the direct supervision of a licensed operator, enter the name and license number of the operator. In cases where certified laboratory personnel measuring the disinfectant residual, indicate the name and certification number of the laboratory.



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

DISINFECTION BYPRODUCTS  
62-550.310(3)

Report Number / Job ID: 20040456-001

Disinfectant Residual (mg/L): 3.7

PWS ID (From Page 1): 6142734

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Regulatory MRL**	Analysis Date	Analysis Time	DOH Lab Certification #
1009	Chlorite	1000	µg/L					20***			E
1011	Bromate	10	µg/L					5.0 or 1.0****			E

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	µg/L	0.5	U	552.2	0.5	2.0	4/9/2020	18:14	E84167
2451	Dichloroacetic Acid	N/A	µg/L	7.34		552.2	0.5	1.0	4/9/2020	18:14	E84167
2452	Trichloroacetic Acid	N/A	µg/L	6.56		552.2	0.5	1.0	4/9/2020	18:14	E84167
2453	Monobromoacetic Acid	N/A	µg/L	0.5	U	552.2	0.5	1.0	4/9/2020	18:14	E84167
2454	Dibromoacetic Acid	N/A	µg/L	1.59	I	552.2	0.5	1.0	4/9/2020	18:14	E84167
2456	Total Haloacetic Acids (HAA5)	60	µg/L	15.5		552.2	0.5	---	4/9/2020	18:14	E84167

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	µg/L	19.2		524.2	0.5	1.0	4/9/2020	15:52	E84167
2942	Bromoform	N/A	µg/L	0.5	U	524.2	0.5	1.0	4/9/2020	15:52	E84167
2943	Bromodichloromethane	N/A	µg/L	12.6		524.2	0.5	1.0	4/9/2020	15:52	E84167
2944	Dibromochloromethane	N/A	µg/L	3.48		524.2	0.5	1.0	4/9/2020	15:52	E84167
2950	Total Trihalomethanes (TTHM)	80	µg/L	35.3		524.2	0.5	---	4/9/2020	15:52	E84167

\*\* 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.

U = Analyte analyzed but not detected at the value indicated. I = Reported value is between the laboratory MDL and the PQL.

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

DISINFECTION BYPRODUCTS  
62-550.310(3)

Report Number / Job ID: 20040456-002

Disinfectant Residual (mg/L): 4.0

PWS ID (From Page 1): 6142734

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Regulatory MRL**	Analysis Date	Analysis Time	DOH Lab Certification #
1009	Chlorite	1000	µg/L					20***			E
1011	Bromate	10	µg/L					5.0 or 1.0****			E

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	µg/L	0.5	U	552.2	0.5	2.0	4/9/2020	18:41	E84167
2451	Dichloroacetic Acid	N/A	µg/L	6.98		552.2	0.5	1.0	4/9/2020	18:41	E84167
2452	Trichloroacetic Acid	N/A	µg/L	6.25		552.2	0.5	1.0	4/9/2020	18:41	E84167
2453	Monobromoacetic Acid	N/A	µg/L	0.5	U	552.2	0.5	1.0	4/9/2020	18:41	E84167
2454	Dibromoacetic Acid	N/A	µg/L	1.38	I	552.2	0.5	1.0	4/9/2020	18:41	E84167
2456	Total Haloacetic Acids (HAA5)	60	µg/L	14.6		552.2	0.5	---	4/9/2020	18:41	E84167

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	µg/L	19.5		524.2	0.5	1.0	4/9/2020	16:21	E84167
2942	Bromoform	N/A	µg/L	0.5	U	524.2	0.5	1.0	4/9/2020	16:21	E84167
2943	Bromodichloromethane	N/A	µg/L	13.1		524.2	0.5	1.0	4/9/2020	16:21	E84167
2944	Dibromochloromethane	N/A	µg/L	3.40		524.2	0.5	1.0	4/9/2020	16:21	E84167
2950	Total Trihalomethanes (TTHM)	80	µg/L	36.0		524.2	0.5	---	4/9/2020	16:21	E84167

\*\* 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.

U = Analyte analyzed but not detected at the value indicated. I = Reported value is between the laboratory MDL and the PQL.

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

DISINFECTION BYPRODUCTS  
62-550.310(3)

Report Number / Job ID: 20040456-003

Disinfectant Residual (mg/L): 4.1

PWS ID (From Page 1): 6142734

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Regulatory MRL**	Analysis Date	Analysis Time	DOH Lab Certification #
1009	Chlorite	1000	µg/L					20***			E
1011	Bromate	10	µg/L					5.0 or 1.0****			E

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	µg/L	0.5	U	552.2	0.5	2.0	4/9/2020	19:09	E84167
2451	Dichloroacetic Acid	N/A	µg/L	6.80		552.2	0.5	1.0	4/9/2020	19:09	E84167
2452	Trichloroacetic Acid	N/A	µg/L	7.04		552.2	0.5	1.0	4/9/2020	19:09	E84167
2453	Monobromoacetic Acid	N/A	µg/L	0.5	U	552.2	0.5	1.0	4/9/2020	19:09	E84167
2454	Dibromoacetic Acid	N/A	µg/L	1.57	I	552.2	0.5	1.0	4/9/2020	19:09	E84167
2456	Total Haloacetic Acids (HAA5)	60	µg/L	15.4		552.2	0.5	---	4/9/2020	19:09	E84167

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	µg/L	20.5		524.2	0.5	1.0	4/9/2020	16:50	E84167
2942	Bromoform	N/A	µg/L	0.5	U	524.2	0.5	1.0	4/9/2020	16:50	E84167
2943	Bromodichloromethane	N/A	µg/L	13.5		524.2	0.5	1.0	4/9/2020	16:50	E84167
2944	Dibromochloromethane	N/A	µg/L	3.91		524.2	0.5	1.0	4/9/2020	16:50	E84167
2950	Total Trihalomethanes (TTHM)	80	µg/L	37.9		524.2	0.5	---	4/9/2020	16:50	E84167

\*\* 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.

U = Analyte analyzed but not detected at the value indicated. I = Reported value is between the laboratory MDL and the PQL.

**Benchmark EnviroAnalytical, Inc.**

1711 Twelfth Street East  
 Palmetto, FL 34221  
 (941) 723-9986  
 (941) 723-6061 fax  
 WWW.Benchmarkea.com

**Client: Peace River/ Manasota RWS**  
 8998 SW County Road 769  
 Arcadia, FL 34269  
 (863) 993-4565  
 Fax: (863) 993-4568

COC # 63

Chain of Custody Form: Quarterly TTHM/HAA

Project Name: Peace River Facility Compliance Monitoring – Qtly (Jan., April, July, Oct.) Laboratory Submission #: **20040456**

Method of Discharge<sup>2</sup>: DW

Sample Name	Sample Type <sup>1</sup>	Collection		Container			Preservative <sup>4</sup>	Parameters for Analysis	Laboratory Sample #
		Date	Time	Qty	Capacity	Type <sup>3</sup>			
<b>Carlton 42 (NRTM)</b> Cl <sub>2</sub> @ time of collection: <u>3.7</u> pH @ time of collection: <u>8.10</u>	Grab	4/8/20	1100	1	250mL	Glass	NH <sub>4</sub> Cl	HAA's	1
				3	40mL*	Glass Vials		1:1 HCl	
<b>Charlotte County Utility 10</b> Cl <sub>2</sub> @ time of collection: <u>4.0</u> pH @ time of collection: <u>8.14</u>	Grab	4/8/20	1005	1	250mL	Glass	NH <sub>4</sub> Cl	HAA's	2
				3	40mL*	Glass Vials		1:1 HCl	
<b>Peace River Facility</b> Cl <sub>2</sub> @ time of collection: <u>4.1</u> pH @ time of collection: <u>8.12</u>	Grab	4/8/20	0910	1	250mL	Glass	NH <sub>4</sub> Cl	HAA's	3
				3	40mL*	Glass Vials		1:1 HCl	

\* Fill all 3 Vials Full, no head space, sample can not have any air bubbles.

- 1 "Sample Type" is used to indicate whether the sample was a grab (G) or whether it was a composite (C)  
 2 "Sample Matrix" is used to indicate whether the sample is being discharged to drinking water (DW), groundwater (GW), surface water (SW), soil, sediment (SDMNT), or sludge (SLDG)  
 3 "Container Type" is used to indicate whether the container is plastic (P) or glass (G)  
 4 Sample must be refrigerated or stored in wet ice after collection. The temperature during storage should be less than or equal to 6°C (42.8°F).  
 Under "Preservative," list any preservatives that were added to the sample container

- Instructions:**  
 1. Each bottle has a label identifying sample ID, premeasured preservative contained in the bottle, sample type, client ID, and parameters for analysis  
 2. The following information should be added to each bottle label after collection with permanent black ink: date and time of collection, sampler's name or initials, and any field number or ID  
 3. All bottles not containing preservative may be rinsed with appropriate sample prior to collection.

4. The client is responsible for documentation of the sampling event. Please note special sampling events on the sample custody form

Laboratory Sample Acceptability: pH < 2 :   
 BEA Temperature: 3.10°C

1	Collector: <u>John Ramsey</u>	Date: <u>4/8/20</u>	Time: <u>1145</u>	Received By: <u>Melinda Muehnt</u>	Date: <u>4/8/20</u>	Time: <u>1145</u>
2	Relinquished by: <u>Melinda Muehnt</u>	Date: <u>4/8/20</u>	Time: <u>12:05</u>	Received By: <u>Tom Scurry</u>	Date: <u>4/8/20</u>	Time: <u>12:05</u>
3	Relinquished by: <u>Tom Scurry</u>	Date: <u>4/8/20</u>	Time: <u>1435</u>	Received By: <u>AJA</u>	Date: <u>4-8-20</u>	Time: <u>1435</u>
4	Relinquished by:	Date:	Time:	Received By:	Date:	Time:

# 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: Benchmark EnviroAnalytical, Inc. Florida DOH Certification #: E84167 Certification Expiration Date: 06/30/2020

ATTACH CURRENT DOH ANALYTE SHEET\*

Address: 1711 12th Street East, Palmetto, FL 34221 Phone #: 941-723-9986

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: 04/08/20

PWS ID (From Page 1): 6142734 Sample Number (From Page 1): \_\_\_\_\_ Lab Assigned Report # or Job ID: 20040456-001

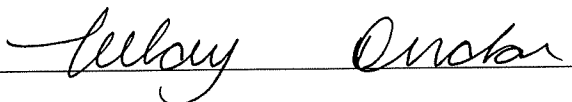
Group(s) Analyzed & Results attached for compliance with Chapter 62-550, F.A.C. (Check all that apply):

<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 checked="" 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 checked="" 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, Dale Dixon / Tulay Tanrisever / Kara Peterson, Lab Director / QC Officer / QA Officer, 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: 4/13/2020

\* 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 (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

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

Lab Name: Benchmark EnviroAnalytical, Inc. Florida DOH Certification #: E84167 Certification Expiration Date: 06/30/2020

ATTACH CURRENT DOH ANALYTE SHEET\*

Address: 1711 12th Street East, Palmetto, FL 34221 Phone #: 941-723-9986

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: 04/08/20

PWS ID (From Page 1): 6142734 Sample Number (From Page 1): \_\_\_\_\_ Lab Assigned Report # or Job ID: 20040456-002

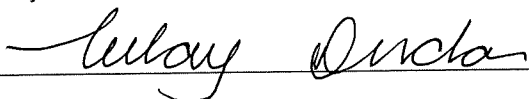
Group(s) Analyzed & Results attached for compliance with Chapter 62-550, F.A.C. (Check all that apply):

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

## LAB CERTIFICATION

I, Dale Dixon / Tulay Tanrisever / Kara Peterson, Lab Director / QC Officer / QA Officer, 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: 4/13/2020

\* 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 (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

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Lab Name: Benchmark EnviroAnalytical, Inc. Florida DOH Certification #: E84167 Certification Expiration Date: 06/30/2020

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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: 04/08/20

PWS ID (From Page 1): 6142734 Sample Number (From Page 1): \_\_\_\_\_ Lab Assigned Report # or Job ID: 20040456-003

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

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

## LAB CERTIFICATION

I, Dale Dixon / Tulay Tanrisever / Kara Peterson, Lab Director / QC Officer / QA Officer, 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: 4/13/2020

\* 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 (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**

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

System Name: Peace River Manasota Regional Water Supply PWS I.D. #: 

6	1	4	2	7	3	4
---	---	---	---	---	---	---

  
 System Type (check one):  Community  Nontransient Noncommunity  Transient Noncommunity  
 Address: 8998 S.W. County Rd 769  
 City: Arcadia FL  
 Phone #: 863-993-4565 Fax #: 863-993-4568 ZIP Code: 34269

E-Mail Address: randerson@regionalwater.org

**SAMPLE INFORMATION** (to be completed by sampler)

Sample Number: \_\_\_\_\_ Sample Date: 4/8/20 Sample Time: 1100  AM  PM (Circle One)  
 Sample Location (be specific): Carlton 42" Location Code: \_\_\_\_\_  
 Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): 3.7 mg/L Field pH: 8.10

**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: TTHM, HAA

\*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, John Ramsey (Print Name), Ops. Specialist (Print Title), do HEREBY CERTIFY that the above public water system and sample collection information is complete and correct.

Signature: John Ramsey Date: 4/8/20  
 Certified Operator #: 4668 Phone #: 863-993-4565 Sampler's Fax #: 863-993-4568  
 Sampler's E-mail: \_\_\_\_\_

**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: Peace River Manasota Regional Water Supply PWS I.D. #: 

6	1	4	2	7	3	4
---	---	---	---	---	---	---

  
 System Type (check one):  Community  Nontransient Noncommunity  Transient Noncommunity  
 Address: 8998 S.W. County Rd. 769  
 City: Arcadia FL. ZIP Code: 34269  
 Phone #: 863-993-4565 Fax #: 863-993-4568 E-Mail Address: randerson@regionalwater.org

**SAMPLE INFORMATION** (to be completed by sampler)

Sample Number: \_\_\_\_\_ Sample Date: 4/8/20 Sample Time: 1005 (AM) PM (Circle One)  
 Sample Location (be specific): Charlotte County 10" Location Code: \_\_\_\_\_  
 Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): 4.0 mg/L Field pH: 8.14  
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:

TTHM, HAA

\*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, John Ramsey (Print Name), Ops. Specialist (Print Title), do HEREBY CERTIFY  
 that the above public water system and sample collection information is complete and correct.

Signature: John Ramsey Date: 4/8/20  
 Certified Operator #: 4668 Phone #: 863-993-4565 Sampler's Fax #: 863-993-4568  
 Sampler's E-mail: \_\_\_\_\_

**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: Peace River Manasota Regional Water Supply PWS I.D. #: 

6	1	4	2	7	3	4
---	---	---	---	---	---	---

  
 System Type (check one):  Community  Nontransient Noncommunity  Transient Noncommunity  
 Address: 8998 S.W. County Rd. 769  
 City: Arcadia FL.  
 Phone #: 863-993-4565 Fax #: 863-993-4568 ZIP Code: 34269

E-Mail Address: randerson@regionalwater.org

**SAMPLE INFORMATION** (to be completed by sampler)

Sample Number: \_\_\_\_\_ Sample Date: 4/8/20 Sample Time: 0910  AM  PM (Circle One)  
 Sample Location (be specific): Peace River Facility Location Code: \_\_\_\_\_  
 Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): 4.1 mg/L Field pH: 8.12  
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: TTM, HAA

\*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, John Ramsey (Print Name), Ops. Specialist (Print Title), do HEREBY CERTIFY that the above public water system and sample collection information is complete and correct.

Signature: [Signature] Date: 4/8/20  
 Certified Operator #: 4668 Phone #: 863-993-4565 Sampler's Fax #: 863-993-4568  
 Sampler's E-mail: \_\_\_\_\_



*Laboratory Scope of Accreditation*

Attachment to Certificate #: E84167-48, expiration date June 30, 2020. This listing of accredited analytes should be used only when associated with a valid certificate.

State Laboratory ID: E84167      EPA Lab Code: FL00289      (941) 723-9986

**E84167**  
**Benchmark EnviroAnalytical, Inc.**  
**1711 12th Street East**  
**Palmetto, FL 34221**

Matrix: **Drinking Water**

Analyte	Method/Tech	Category	Certification Type	Effective Date
1,1,1-Trichloroethane	EPA 524.2	Other Regulated Contaminants	NELAP	9/28/2005
1,1,2-Trichloroethane	EPA 524.2	Other Regulated Contaminants	NELAP	9/28/2005
1,1-Dichloroethylene	EPA 524.2	Other Regulated Contaminants	NELAP	9/28/2005
1,2,4-Trichlorobenzene	EPA 524.2	Group II Unregulated Contaminants	NELAP	9/28/2005
1,2-Dibromo-3-chloropropane (DBCP)	EPA 504.1	Synthetic Organic Contaminants	NELAP	4/20/2009
1,2-Dibromoethane (EDB, Ethylene dibromide)	EPA 504.1	Synthetic Organic Contaminants	NELAP	4/20/2009
1,2-Dichlorobenzene	EPA 524.2	Other Regulated Contaminants	NELAP	12/29/2015
1,2-Dichloroethane	EPA 524.2	Other Regulated Contaminants	NELAP	9/28/2005
1,2-Dichloropropane	EPA 524.2	Other Regulated Contaminants	NELAP	9/28/2005
1,4-Dichlorobenzene	EPA 524.2	Other Regulated Contaminants	NELAP	12/29/2015
Alkalinity as CaCO3	SM 2320 B	Primary Inorganic Contaminants	NELAP	5/25/2004
Aluminum	EPA 200.7	Secondary Inorganic Contaminants	NELAP	5/25/2004
Ammonia as N	EPA 350.1	Primary Inorganic Contaminants	NELAP	3/7/2011
Antimony	SM 3113 B	Primary Inorganic Contaminants	NELAP	1/3/2002
Arsenic	SM 3113 B	Primary Inorganic Contaminants	NELAP	1/3/2002
Barium	EPA 200.7	Primary Inorganic Contaminants	NELAP	5/25/2004
Benzene	EPA 524.2	Other Regulated Contaminants	NELAP	9/28/2005
Beryllium	EPA 200.7	Primary Inorganic Contaminants	NELAP	5/25/2004
Boron	EPA 200.7	Secondary Inorganic Contaminants	NELAP	3/7/2011
Bromate	EPA 300.1	Primary Inorganic Contaminants	NELAP	11/21/2008
Bromide	EPA 300.0	Primary Inorganic Contaminants	NELAP	5/25/2004
Bromoacetic acid	EPA 552.2	Group I Unregulated Contaminants	NELAP	4/20/2009
Bromodichloromethane	EPA 524.2	Group II Unregulated Contaminants	NELAP	9/28/2005
Bromoform	EPA 524.2	Group II Unregulated Contaminants	NELAP	9/28/2005
Cadmium	EPA 200.7	Primary Inorganic Contaminants	NELAP	5/25/2004
Calcium	EPA 200.7	Primary Inorganic Contaminants	NELAP	5/25/2004
Carbon tetrachloride	EPA 524.2	Other Regulated Contaminants	NELAP	9/28/2005
Chlorate	EPA 300.1	Secondary Inorganic Contaminants	NELAP	11/21/2008
Chloride	EPA 300.0	Secondary Inorganic Contaminants	NELAP	5/25/2004
Chlorine	SM 4500-Cl G	Primary Inorganic Contaminants	NELAP	3/7/2011
Chlorite	EPA 300.1	Primary Inorganic Contaminants	NELAP	11/21/2008
Chloroacetic acid	EPA 552.2	Group I Unregulated Contaminants	NELAP	4/20/2009
Chlorobenzene	EPA 524.2	Other Regulated Contaminants	NELAP	12/29/2015
Chloroform	EPA 524.2	Group II Unregulated Contaminants	NELAP	9/28/2005
Chromium	EPA 200.7	Primary Inorganic Contaminants	NELAP	5/25/2004
cis-1,2-Dichloroethylene	EPA 524.2	Other Regulated Contaminants	NELAP	9/28/2005

**Clients and Customers are urged to verify the laboratory's current certification status with the Environmental Laboratory Certification Program.**

**Issue Date: 12/5/2019**

**Expiration Date: 6/30/2020**



Laboratory Scope of Accreditation

Attachment to Certificate #: E84167-48, expiration date June 30, 2020. This listing of accredited analytes should be used only when associated with a valid certificate.

State Laboratory ID: E84167 EPA Lab Code: FL00289 (941) 723-9986

E84167  
Benchmark Enviro.Analytical, Inc.  
1711 12th Street East  
Palmetto, FL 34221

Matrix: Drinking Water

Analyte	Method/Tech	Category	Certification Type	Effective Date
Color	SM 2120 B	Secondary Inorganic Contaminants	NELAP	7/31/2007
Conductivity	SM 2510 B	Primary Inorganic Contaminants	NELAP	5/25/2004
Copper	EPA 200.7	Primary Inorganic Contaminants; Secondary Inorganic Contaminants	NELAP	5/25/2004
Corrosivity (langlier index)	SM 2330 B	Secondary Inorganic Contaminants	NELAP	3/7/2011
Cyanide	EPA 335.4	Primary Inorganic Contaminants	NELAP	3/7/2011
Dibromoacetic acid	EPA 552.2	Group I Unregulated Contaminants	NELAP	4/20/2009
Dibromochloromethane	EPA 524.2	Group II Unregulated Contaminants	NELAP	9/28/2005
Dichloroacetic acid	EPA 552.2	Group I Unregulated Contaminants	NELAP	4/20/2009
Dichloromethane (DCM, Methylene chloride)	EPA 524.2	Other Regulated Contaminants	NELAP	9/28/2005
Dissolved organic carbon (DOC)	SM 5310 B	Primary Inorganic Contaminants	NELAP	11/21/2008
Escherichia coli	SM 9223 B	Microbiology	NELAP	1/3/2002
Escherichia coli	SM 9223 B /QUANTIT-TRAY	Microbiology	NELAP	3/7/2011
Ethylbenzene	EPA 524.2	Other Regulated Contaminants	NELAP	9/28/2005
Fluoride	EPA 300.0	Primary Inorganic Contaminants; Secondary Inorganic Contaminants	NELAP	5/25/2004
Hardness	SM 2340 B	Secondary Inorganic Contaminants	NELAP	3/7/2011
Heterotrophic plate count	SMPLATE	Microbiology	NELAP	7/1/2016
Heterotrophic plate count	SM 9215 B	Microbiology	NELAP	5/25/2004
Hydrogen sulfide, un-ionized (calculation)	SM 4500-S H (21st Ed.)	Primary Inorganic Contaminants	NELAP	3/7/2011
Iron	EPA 200.7	Secondary Inorganic Contaminants	NELAP	5/25/2004
Lead	SM 3113 B	Primary Inorganic Contaminants	NELAP	1/3/2002
Magnesium	EPA 200.7	Primary Inorganic Contaminants	NELAP	5/25/2004
Manganese	EPA 200.7	Secondary Inorganic Contaminants	NELAP	5/25/2004
Mercury	EPA 245.1	Primary Inorganic Contaminants	NELAP	1/3/2002
Molybdenum	EPA 200.7	Secondary Inorganic Contaminants	NELAP	3/7/2011
Nickel	EPA 200.7	Primary Inorganic Contaminants	NELAP	5/25/2004
Nitrate	EPA 353.2	Primary Inorganic Contaminants	NELAP	1/3/2002
Nitrate as N	EPA 300.0	Primary Inorganic Contaminants	NELAP	5/25/2004
Nitrite as N	EPA 300.0	Primary Inorganic Contaminants	NELAP	5/25/2004
Nitrite as N	EPA 353.2	Primary Inorganic Contaminants	NELAP	5/25/2004
Nitrite as N	EPA 140.1	Secondary Inorganic Contaminants	NELAP	1/3/2002
Odor	EPA 300.0	Primary Inorganic Contaminants	NELAP	3/7/2011
Orthophosphate as P	SM 4500-H+-B	Secondary Inorganic Contaminants	NELAP	7/31/2007
pH	SM 4500-H+-B	Secondary Inorganic Contaminants	NELAP	7/31/2007
Potassium	EPA 200.7	Secondary Inorganic Contaminants	NELAP	5/25/2004

Clients and Customers are urged to verify the laboratory's current certification status with the Environmental Laboratory Certification Program.

Issue Date: 12/5/2019

Expiration Date: 6/30/2020



*Laboratory Scope of Accreditation*

Attachment to Certificate #: E84167-48, expiration date June 30, 2020. This listing of accredited analytes should be used only when associated with a valid certificate.

State Laboratory ID: E84167

EPA Lab Code: FL00289

(941) 723-9986

**E84167**  
**Benchmark EnviroAnalytical, Inc.**  
1711 12th Street East  
Palmetto, FL 34221

Matrix: **Drinking Water**

Analyte	Method/Tech	Category	Certification Type	Effective Date
Selenium	SM 3113 B	Primary Inorganic Contaminants	NE LAP	1/3/2002
Silica as SiO2	EPA 200.7	Primary Inorganic Contaminants	NE LAP	5/25/2004
Silver	EPA 200.7	Secondary Inorganic Contaminants	NE LAP	5/25/2004
Sodium	EPA 200.7	Primary Inorganic Contaminants	NE LAP	5/25/2004
Styrene	EPA 524.2	Other Regulated Contaminants	NE LAP	12/29/2015
Sulfate	EPA 300.0	Primary Inorganic Contaminants,Secondary Inorganic Contaminants	NE LAP	5/25/2004
Sulfide	SM 4500-S D/UV-VIS	Primary Inorganic Contaminants	NE LAP	3/7/2011
Surfactants - MBAS	SM 5540 C	Secondary Inorganic Contaminants	NE LAP	1/3/2002
Tetrachloroethylene (Perchloroethylene)	EPA 524.2	Other Regulated Contaminants	NE LAP	12/29/2015
Thallium	EPA 200.9	Primary Inorganic Contaminants	NE LAP	1/3/2002
Toluene	EPA 524.2	Other Regulated Contaminants	NE LAP	9/28/2005
Total coliforms	SM 9223 B	Microbiology	NE LAP	1/3/2002
Total coliforms	SM 9223 B /QUANTIT-TRAY	Microbiology	NE LAP	3/7/2011
Total dissolved solids	SM 2540 C	Secondary Inorganic Contaminants	NE LAP	7/31/2007
Total haloacetic acids (HAA5)	EPA 552.2	Synthetic Organic Contaminants	NE LAP	4/20/2009
Total nitrate-nitrite	EPA 300.0	Primary Inorganic Contaminants	NE LAP	5/25/2004
Total nitrate-nitrite	EPA 353.2	Primary Inorganic Contaminants	NE LAP	1/3/2002
Total organic carbon	SM 5310 B	Primary Inorganic Contaminants	NE LAP	5/25/2004
Total trihalomethanes	EPA 524.2	Other Regulated Contaminants	NE LAP	9/28/2005
trans-1,2-Dichloroethylene	EPA 524.2	Other Regulated Contaminants	NE LAP	9/28/2005
Trichloroacetic acid	EPA 552.2	Group I Unregulated Contaminants	NE LAP	10/14/2010
Trichloroethene (Trichloroethylene)	EPA 524.2	Other Regulated Contaminants	NE LAP	9/28/2005
Turbidity	EPA 180.1	Secondary Inorganic Contaminants	NE LAP	3/7/2011
UV 254	SM 5910 B	Primary Inorganic Contaminants	NE LAP	11/16/2016
Vanadium	EPA 200.7	Secondary Inorganic Contaminants	NE LAP	3/7/2011
Vinyl chloride	EPA 524.2	Other Regulated Contaminants	NE LAP	9/28/2005
Xylene (total)	EPA 524.2	Other Regulated Contaminants	NE LAP	12/29/2015
Zinc	EPA 200.7	Secondary Inorganic Contaminants	NE LAP	5/25/2004

Clients and Customers are urged to verify the laboratory's current certification status with the Environmental Laboratory Certification Program.

Issue Date: 12/5/2019

Expiration Date: 6/30/2020



## 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.

<b>QUARTERLY MONITORING PERIOD*:</b>
--------------------------------------

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

<b>SYSTEM INFORMATION</b>
---------------------------

PWS ID Number:		
PWS Name:		
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*:		
Contact Person:		
Phone Number:		
E-Mail Address (optional):		
Fax Number (optional):		

\* See 40 CFR 141.621 and 141.623 for more details.





**QUARTERLY WORKSHEET FOR  
TOTAL ORGANIC CARBON MONTHLY OPERATION REPORT (TOC-MOR)  
FOR SURFACE WATER OR GROUND WATER SYSTEMS UNDER THE DIRECT INFLUENCE  
OF SURFACE WATER**

Qtr. 2	Year 2020
--------	-----------

PWS NAME: Peace River/Man. Reg. Water	PLANT NAME OR NUMBER: Peace River Water Facility
PWS ID NUMBER: 6142734	COUNTY: DeSoto
FACILITY CONTACT: Mike Chell	PHONE NUMBER: 863-993-4565

Type of Treatment: Conventional
---------------------------------

DATE	Monthly TOC Sample Set			Actual % TOC Removed	Step 1 Required % Removal	Step 1 Removal Ratio
	Raw Alkalinity	Treated TOC	Raw TOC			
4/14/2020	68	1.7	12	86	40	2.15
5/12/2020	70	3.3	11.4	71	40	1.78
6/9/2020	67.5	3.05	9.8	69	40	1.72

DATE	(1-Treated Water TOC % / Source Water TOC) x 100 = Monthly % TOC Removal
4/14/2020	(1-1.7 /12 )x 100= 86
5/12/2020	( 1-3.3 /11.4 ) x100 = 71
6/9/2020	( 1-3.05 /9.8 ) x 100 = 69

DATE	Calculated Monthly TOC % Removal / Required TOC % Removal = Ratio	Ratio > 1.0
4/14/2020	2.15	YES
5/12/2020	1.78	YES
6/9/2020	1.72	YES



**TOTAL ORGANIC CARBON (TOC) ANNUAL REMOVAL SUMMARY**

	By Month for Past 12 Months											
	7	8	9	10	11	12	1	2	3	4	5	6
<b>Actual Month/Year</b>	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20
Number of Paired (Source Water and Treated Water) TOC Samples Collected	1	1	1	1	1	1	1	1	1	1	1	1
Raw Water TOC Monthly Arithmetic Average	13.1	13.7	12.4	12.8	12.5	12.92	12.6	12	12.5	12	11.4	9.8
Treated Water TOC Monthly Arithmetic Average	3.27	2.64	3.1	3.48	3.73	3.82	3.68	3.62	3.81	1.7	3.3	3.05
Actual % TOC Removed *	75	81	75	73	70	70	71	70	70	86	71	69
% TOC Removed Quarterly Arithmetic Average			77			71			70			75
% TOC Removed 12 Month Running Arithmetic Average												73
Required % Removal	40	50	50	50	50	50	50	50	50	40	40	40
Monthly Actual/Required Ratio	1.88	1.61	1.50	1.46	1.40	1.41	1.42	1.40	1.39	2.15	1.78	1.72
Quarterly Average of Actual/Required Ratio			1.664			1.423			1.401			1.881
Running 12 Month Actual/Required Ratio												1.592

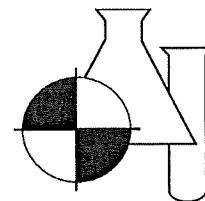
Does the system meet the enhanced coagulation or enhanced softening % removal requirements in 40 CFR 141.135(b) (2) or (3) for the past four quarters? (Yes/No)	<b>YES</b>
---	------------

\*Attach calculations for determining compliance with the TOC percent removal requirements, as provided in 40 CFR 141.135(e)(1). 40 CFR 141.135(3)(1), TOC removal requirements that are found in 40 CFR 141.135(e)(1) are calculated using the following formula:

(1- Treated water TOC/source water TOC) X 100 = Actual Monthly TOC Removal Percentage  
 Removal Ratio = Calculated Monthly TOC % Removal/Required % Removal

# BENCHMARK

*EnviroAnalytical Inc.*



NELAC Certification #E84167

## ANALYTICAL TEST REPORT

THESE RESULTS MEET NELAC STANDARDS

Submission Number : 20040777

Peace River/Manasota R W S  
8998 Sw County Road 769  
Arcadia, FL 34269

Project Name : MONTHLY ANALYSIS  
Date Received : 04/14/2020  
Time Received : 1450

Sam Stone

Submission Number: 20040777	Sample Date: 04/14/2020
Sample Number: 001	Sample Time: 0915
Sample Description: Raw Water	Sample Method: Grab

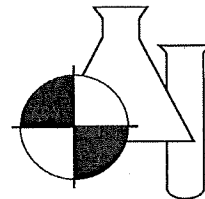
Parameter	Result	Units	MDL	PQL	Procedure	Analysis Date/Time	Analyst
TOTAL ALKALINITY (CACO3)	68.0	MG/L	0.594	2.376	SM2320B	04/15/2020 09:16	HS
TOTAL ORGANIC CARBON	12	MG/L	1.7	5.0	SM5310B	05/04/2020 11:45	E83182

Submission Number: 20040777	Sample Date: 04/14/2020
Sample Number: 002	Sample Time: 0920
Sample Description: Transfer Station #3	Sample Method: Grab

Parameter	Result	Units	MDL	PQL	Procedure	Analysis Date/Time	Analyst
TOTAL ORGANIC CARBON	1.7 UC4	MG/L	1.7	5.0	SM5310B	04/27/2020 20:38	E83182

# BENCHMARK

## EnviroAnalytical Inc.



NELAC Certification #E84167

05/05/2020

Dale D. Dixon / Laboratory Director

Date

Tülay Tarrisever / Kara Peterson - QC/QA Officers

### DATA QUALIFIERS THAT MAY APPLY:

A = Value reported is an average of two or more determinations.  
B = Results based upon colony counts outside the ideal range.  
H = Value based on field kit determination. Results may not be accurate.  
I = Reported value is between the laboratory MDL and the PQL.  
J1 = Estimated value. Surrogate recovery limits exceeded.  
J2 = Estimated value. No quality control criteria exists for component.  
J3 = Estimated value. Quality control criteria for precision or accuracy not met.  
J4 = Estimated value. Sample matrix interference suspected.  
J5 = Estimated value. Data questionable due to improper lab or field protocols.  
K = Off-scale low. Value is known to be < the value reported.  
L = Off-scale high. Value is known to be > the value reported.  
N = Presumptive evidence of presence of material.  
O = Sampled, but analysis lost or not performed.

Q = Sample held beyond accepted hold time.  
T = Value reported is < MDL. Reported for informational purposes only and shall not be used in statistical analysis.  
U = Analyte analyzed but not detected at the value indicated.  
V = Analyte detected in sample and method blank. Results for this analyte in associated samples may be biased high. Standard, Duplicate and Spike values are within control limits. Reported data are usable.  
Y = Analysis performed on an improperly preserved sample. Data may be inaccurate.  
Z = Too many colonies were present (TNTC). The numeric value represents the filtration volume.  
! = Data deviate from historically established concentration ranges.  
? = Data rejected and should not be used. Some or all of QC data were outside criteria, and the presence or absence of the analyte cannot be determined from the data.  
\* = Not reported due to interference.  
Oil & Grease - If client does not send sufficient sample quantity for spike evaluation surface water samples are supplied by the laboratory.

### NOTES:

MBAS calculated as LAS; molecular weight = 340.  
PQL = 4xMDL.  
ND = Not detected at or above the adjusted reporting limit.  
X = Value exceeds MCL.  
G1 = Accuracy standard does not meet method control limits, but does meet lab control limits that are in agreement with USEPA generated data. USEPA letter available upon request.

### COMMENTS:

C4 = The associated continuing calibration verification standard exhibited high bias; since the result is ND, there is no impact.

For questions or comments regarding these results, please contact us at (941) 723-9986.

*Results relate only to the samples.*

**Benchmark EnviroAnalytical, Inc.**

1711 Twelfth Street East  
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 (941) 723-9986  
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[www.benchmarkarkea.com](http://www.benchmarkarkea.com)

**Client:**

8998 SW County Road 769  
 Arcadia, FL 34269  
 (863) 993-4565  
 (863) 993-4568

**Peace River Regional Water Supply**

COC #120

Chain of Custody Form: Monthly Analysis

Method of Discharge: DW (Benchmark report format)

Laboratory Submission #: 20040777

Sample Name	Sample Type	Collection		Qty	Container		Preservative <sup>1</sup>	Parameters for Analysis		Laboratory Sample #
		Date	Time		Capacity	Type <sup>3</sup>		Total Alkalinity SM2320B	TOC SM5310B	
Raw Water	Grab	4/14/20	0915	1	1/2 Pint	Plastic	Plain	Total Alkalinity SM2320B	1	
Transfer Station #3	Grab	4/14/20	0920	1	40mL	Glass Vial	1:1 HCl	TOC SM5310B	2	

Chlorine residual at time of collection: 4.3 Temperature at time of collection: 22.0 Turbidity at time of collection: 0.01

Laboratory Sample Acceptability:  
 pH < 2: ✓  
 Temperature: 2.40C

- "Sample Type" is used to indicate whether the sample was a grab (G) or whether it was a composite (C)
- "Sample Matrix" is used to indicate whether the sample is being discharged to drinking water (DW), groundwater (GW), surface water (SW), soil, sediment (SDMNT), or sludge (SLDG).
- "Container Type" is used to indicate whether the container is plastic (P) or glass (G).
- Sample must be refrigerated or stored in wet ice after collection. The temperature during storage should be less than or equal to 6°C (42.8°F). Under "Preservative," list any preservatives that were added to the sample container.

Instructions:

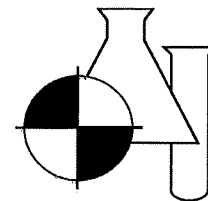
- Each bottle has a label identifying sample ID, premeasured preservative contained in the bottle, sample type, client ID, and parameters for analysis.
- The following information should be added to each bottle label after collection with permanent black ink: date and time of collection, sampler's name or initials, and any field number or ID.
- All bottles not containing preservative may be rinsed with appropriate sample prior to collection.
- The client is responsible for documentation of the sampling event. Please note special sampling events on the sample custody form.

1	Collector: <u>John Ramsey</u>	Date: <u>4/14/20</u>	Time: <u>1210</u>	Received By: <u>[Signature]</u>	Date: <u>4/14/20</u>	Time: <u>1210</u>
2	Relinquished by: <u>[Signature]</u>	Date: <u>4/14/20</u>	Time: <u>1200</u>	Received By: <u>[Signature]</u>	Date: <u>4/14/20</u>	Time: <u>1210</u>
3	Relinquished by: <u>[Signature]</u>	Date: <u>4/14/20</u>	Time: <u>1450</u>	Received By: <u>[Signature]</u>	Date: <u>4-14-20</u>	Time: <u>1450</u>
4	Relinquished by:			Received By:		



# BENCHMARK

## *EnviroAnalytical Inc.*



NELAC Certification #E84167

### ANALYTICAL TEST REPORT

**THESE RESULTS MEET NELAC STANDARDS**

**Submission Number :** 20050519

Peace River/Manasota R W S  
8998 Sw County Road 769  
Arcadia, FL 34269

**Project Name :** MONTHLY ANALYSIS  
**Date Received :** 05/12/2020  
**Time Received :** 1430

Sam Stone

<b>Submission Number:</b> 20050519	<b>Sample Date:</b> 05/12/2020
<b>Sample Number:</b> 001	<b>Sample Time:</b> 0910
<b>Sample Description:</b> Raw Water	<b>Sample Method:</b> Grab

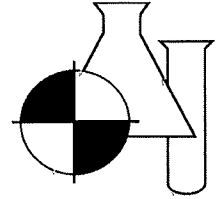
Parameter	Result	Units	MDL	PQL	Procedure	Analysis Date/Time	Analyst
TOTAL ALKALINITY (CACO3)	70.0	MG/L	0.594	2.376	SM2320B	05/20/2020 12:36	CE
TOTAL ORGANIC CARBON	11.4	MG/L	0.271	1.084	SM5310B	05/16/2020 06:26	ASA

<b>Submission Number:</b> 20050519	<b>Sample Date:</b> 05/12/2020
<b>Sample Number:</b> 002	<b>Sample Time:</b> 0915
<b>Sample Description:</b> Transfer Station #3	<b>Sample Method:</b> Grab

Parameter	Result	Units	MDL	PQL	Procedure	Analysis Date/Time	Analyst
TOTAL ORGANIC CARBON	3.30	MG/L	0.271	1.084	SM5310B	05/16/2020 06:40	ASA

# BENCHMARK

*EnviroAnalytical Inc.*



NELAC Certification #E84167

*Dale D. Dixon*  
Dale D. Dixon / Laboratory Director

05/21/2020

Date

Tülay Tanrisever / Kara Peterson - QC/QA Officers

#### **DATA QUALIFIERS THAT MAY APPLY:**

A = Value reported is an average of two or more determinations.  
B = Results based upon colony counts outside the ideal range.  
H = Value based on field kit determination. Results may not be accurate.  
I = Reported value is between the laboratory MDL and the PQL.  
J1 = Estimated value. Surrogate recovery limits exceeded.  
J2 = Estimated value. No quality control criteria exists for component.  
J3 = Estimated value. Quality control criteria for precision or accuracy not met.  
J4 = Estimated value. Sample matrix interference suspected.  
J5 = Estimated value. Data questionable due to improper lab or field protocols.  
K = Off-scale low. Value is known to be < the value reported.  
L = Off-scale high. Value is known to be > the value reported.  
N = Presumptive evidence of presence of material.  
O = Sampled, but analysis lost or not performed.

#### **NOTES:**

MBAS calculated as LAS; molecular weight = 340.  
PQL = 4xMDL.  
ND = Not detected at or above the adjusted reporting limit.  
X = Value exceeds MCL.  
G1 = Accuracy standard does not meet method control limits, but does meet lab control limits that are in agreement with USEPA generated data. USEPA letter available upon request.

Q = Sample held beyond accepted hold time.  
T = Value reported is < MDL. Reported for informational purposes only and shall not be used in statistical analysis.  
U = Analyte analyzed but not detected at the value indicated.  
V = Analyte detected in sample and method blank. Results for this analyte in associated samples may be biased high. Standard, Duplicate and Spike values are within control limits. Reported data are usable.  
Y = Analysis performed on an improperly preserved sample. Data may be inaccurate.  
Z = Too many colonies were present (TNTC). The numeric value represents the filtration volume.  
! = Data deviate from historically established concentration ranges.  
? = Data rejected and should not be used. Some or all of QC data were outside criteria, and the presence or absence of the analyte cannot be determined from the data.  
\* = Not reported due to interference.  
Oil & Grease - If client does not send sufficient sample quantity for spike evaluation surface water samples are supplied by the laboratory.

#### **COMMENTS:**

For questions or comments regarding these results, please contact us at (941) 723-9986.

*Results relate only to the samples.*

**Benchmark EnviroAnalytical, Inc.**

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 www.benchmarkea.com

**Client:**

**Peace River Regional Water Supply**  
 8998 SW County Road 769  
 Arcadia, FL 34269  
 (863) 993-4565  
 (863) 993-4568

COC #120

Chain of Custody Form: Monthly Analysis  
 Method of Discharge: DW (Benchmark report format)

Sample Name	Sample Type <sup>1</sup>	Collection		Qty	Container		Preservative <sup>4</sup>	Parameters for Analysis	Laboratory Sample #
		Date	Time		Capacity	Type <sup>3</sup>			
Raw Water	Grab	5/12/20	0910	1	½ Pint	Plastic	Plain	Total Alkalinity SM2320B	20050519
				1	40mL	Glass Vial	1:1 HCl	TOC SM5310B	
Transfer Station #3	Grab	5/12/20	0915	1	40mL	Glass Vial	1:1 HCl	TOC SM5310B	2

Chlorine residual at time of collection: 4.3 Temperature at time of collection: 28.7 Turbidity at time of collection: 0.11

- "Sample Type" is used to indicate whether the sample was a grab (G) or whether it was a composite (C).
- "Sample Matrix" is used to indicate whether the sample is being discharged to drinking water (DW), groundwater (GW), surface water (SW), soil, sediment (SDMNT), or sludge (SLDGG).
- "Container Type" is used to indicate whether the container is plastic (P) or glass (G).
- Sample must be refrigerated or stored in wet ice after collection. The temperature during storage should be less than or equal to 6°C (42.8°F). Under "Preservative," list any preservatives that were added to the sample container.

**Instructions:**

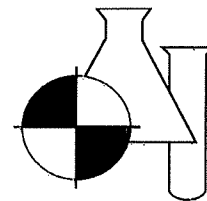
- Each bottle has a label identifying sample ID, premeasured preservative contained in the bottle, sample type, client ID, and parameters for analysis.
- The following information should be added to each bottle label after collection with permanent black ink: date and time of collection, sampler's name or initials, and any field number or ID.
- All bottles not containing preservative may be rinsed with appropriate sample prior to collection.
- The client is responsible for documentation of the sampling event. Please note special sampling events on the sample custody form.

Laboratory Sample Acceptability:  
 pH < 2.5  
 Temperature: 24°C

1	Collector: John Ramsey	Date: 5/12/20	Time: 1210	Received By: [Signature]	Date: 5/12/20	Time: 1210
2	Relinquished by: [Signature]	Date: 5/12/20	Time: 1214	Received By: [Signature]	Date: 5/12/20	Time: 1214
3	Relinquished by: [Signature]	Date: 5/12/20	Time: 1430	Received By: [Signature]	Date: 5-12-20	Time: 1430
4	Relinquished by:	Date:	Time:	Received By:	Date:	Time:

# BENCHMARK

*EnviroAnalytical Inc.*



NELAC Certification #E84167

## ANALYTICAL TEST REPORT

THESE RESULTS MEET NELAC STANDARDS

Submission Number : 20060676

Peace River/Manasota R W S  
8998 Sw County Road 769  
Arcadia, FL 34269

Project Name : MONTHLY ANALYSIS  
Date Received : 06/10/2020  
Time Received : 1440

Sam Stone

Submission Number: 20060676      Sample Date: 06/09/2020  
Sample Number: 001      Sample Time: 1000  
Sample Description: Raw Water      Sample Method: Grab

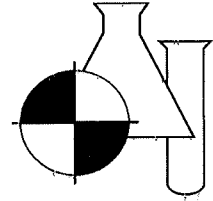
Parameter	Result	Units	MDL	PQL	Procedure	Analysis Date/Time	Analyst
TOTAL ALKALINITY (CACO3)	67.5	MG/L	0.594	2.376	SM2320B	06/16/2020 11:00	CB
TOTAL ORGANIC CARBON	9.80	MG/L	0.271	1.084	SM5310B	06/13/2020 18:28	ASA

Submission Number: 20060676      Sample Date: 06/09/2020  
Sample Number: 002      Sample Time: 0955  
Sample Description: Transfer Station #3      Sample Method: Grab

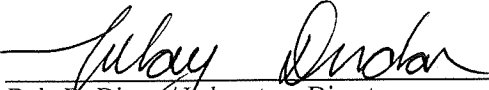
Parameter	Result	Units	MDL	PQL	Procedure	Analysis Date/Time	Analyst
TOTAL ORGANIC CARBON	3.05	MG/L	0.271	1.084	SM5310B	06/13/2020 18:45	ASA

# BENCHMARK

*EnviroAnalytical Inc.*



NELAC Certification #E84167

  
Dale D. Dixon / Laboratory Director  
Túlay Tanrisever - Technical Director/QC Officer  
Kara Peterson - QA Officer

06/16/2020

Date

#### DATA QUALIFIERS THAT MAY APPLY:

A = Value reported is an average of two or more determinations.  
B = Results based upon colony counts outside the ideal range.  
H = Value based on field kit determination. Results may not be accurate.  
I = Reported value is between the laboratory MDL and the PQL.  
J1 = Estimated value. Surrogate recovery limits exceeded.  
J2 = Estimated value. No quality control criteria exists for component.  
J3 = Estimated value. Quality control criteria for precision or accuracy not met.  
J4 = Estimated value. Sample matrix interference suspected.  
J5 = Estimated value. Data questionable due to improper lab or field protocols.  
K = Off-scale low. Value is known to be < the value reported.  
L = Off-scale high. Value is known to be > the value reported.  
N = Presumptive evidence of presence of material.  
O = Sampled, but analysis lost or not performed.

Q = Sample held beyond accepted hold time.  
T = Value reported is < MDL. Reported for informational purposes only and shall not be used in statistical analysis.  
U = Analyte analyzed but not detected at the value indicated.  
V = Analyte detected in sample and method blank. Results for this analyte in associated samples may be biased high. Standard, Duplicate and Spike values are within control limits. Reported data are usable.  
Y = Analysis performed on an improperly preserved sample. Data may be inaccurate.  
Z = Too many colonies were present (TNTC). The numeric value represents the filtration volume.  
! = Data deviate from historically established concentration ranges.  
? = Data rejected and should not be used. Some or all of QC data were outside criteria, and the presence or absence of the analyte cannot be determined from the data.  
\* = Not reported due to interference.  
Oil & Grease - If client does not send sufficient sample quantity for spike evaluation surface water samples are supplied by the laboratory.

#### NOTES:

MBAS calculated as LAS; molecular weight = 340.  
PQL = 4xMDL.  
ND = Not detected at or above the adjusted reporting limit.  
X = Value exceeds MCL.  
G1 = Accuracy standard does not meet method control limits, but does meet lab control limits that are in agreement with USEPA generated data. USEPA letter available upon request.

#### COMMENTS:

For questions or comments regarding these results, please contact us at (941) 723-9986.

*Results relate only to the samples.*

**Benchmark EnviroAnalytical, Inc.**

1711 Twelfth Street East  
 Palmetto, FL 34221  
 (941) 723-9986  
 (941) 723-6061 fax  
 www.benchmarkea.com

**Client:**

**Peace River Regional Water Supply**  
 8998 SW County Road 769  
 Arcadia, FL 34269  
 (863) 993-4565  
 (863) 993-4568

COC #120

Chain of Custody Form: Monthly Analysis  
 Method of Discharge: DW (Benchmark report format)

Sample Name	Sample Type	Collection		Qty	Container Capacity	Type <sup>3</sup>	Preservative <sup>4</sup>	Parameters for Analysis	Laboratory Sample #
		Date	Time						
Raw Water	Grab	6/9/20	1000	1	½ Pint	Plastic	Plain	Total Alkalinity SM220B	1
				1	40mL	Glass Vial	1:1 HCl	TOC SM5310B	
Transfer Station #3	Grab	6/9/20	0955	1	40mL	Glass Vial	1:1 HCl	TOC SM5310B	2

Laboratory Submission #: 20060676

Chlorine residual at time of collection: 4.6 Temperature at time of collection: 31.6 Turbidity at time of collection: 1.13

- 1 "Sample Type" is used to indicate whether the sample was a grab (G) or whether it was a composite (C).
- 2 "Sample Matrix" is used to indicate whether the sample is being discharged to drinking water (DW), groundwater (GW), surface water (SW), soil, sediment (SDMNT), or sludge (SLDG).
- 3 "Container Type" is used to indicate whether the container is plastic (P) or glass (G).
- 4 Sample must be refrigerated or stored in wet ice after collection. The temperature during storage should be less than or equal to 6°C (42.8°F).

**Instructions:**

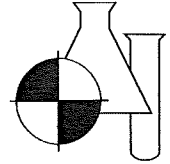
1. Each bottle has a label identifying sample ID, premeasured preservative contained in the bottle, sample type, client ID, and parameters for analysis.
2. The following information should be added to each bottle label after collection with permanent black ink: date and time of collection, sampler's name or initials, and any field number or ID.
3. All bottles not containing preservative may be rinsed with appropriate sample prior to collection.
4. The client is responsible for documentation of the sampling event. Please note special sampling events on the sample custody form.

Laboratory Sample Acceptability:  
 pH < 2:   
 Temperature 3.6°C

1	Collector: John Ramsey	Date: 6/9/20	Time: 1358	Received By: Jeff C	Date: 6/9/20	Time: 1358
2	Relinquished by: Jeff C	Date: 6/10/20	Time: 17:00	Received By: Tom Scary	Date: 6/10/20	Time: 17:00
3	Relinquished by: Tom Scary	Date: 6/9/20	Time: 1440	Received By: [Signature]	Date: 6/10/20	Time: 1440
4	Relinquished by: [Signature]			Received By: [Signature]		

# BENCHMARK

*EnviroAnalytical Inc.*



FDOH Certification #E84167

Peace River/Manasota R W S  
8998 Sw County Road 769  
Arcadia, FL 34269  
Sam Stone

## ANALYTICAL TEST REPORT

THESE RESULTS MEET NELAC STANDARDS

### INORGANIC ANALYSIS

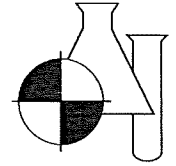
62-550.310 (1)

REPORT NUMBER: 20040349 - 001  
SYSTEM NAME: Facility Lab Tap (Finish Water)  
SYSTEM ID: 6142734

PARAMETER ID	PARAMETER NAME	MCL	UNITS	ANALYSIS RESULT	QUALIFIER	ANALYTICAL METHOD	MDL	ANALYSIS DATE	ANALYSIS TIME	LAB ID
1005	ARSENIC	0.010	MG/L	0.001	I	SM3113B	0.00069	04/08/2020	11:48	E84167
1052	SODIUM	160	MG/L	42.9		200.7	0.034	04/08/2020	12:43	E84167

# BENCHMARK

*EnviroAnalytical Inc.*



FDOH Certification #E84167

Peace River/Manasota R W S  
8998 Sw County Road 769  
Arcadia, FL 34269

Sam Stone

## ANALYTICAL TEST REPORT

THESE RESULTS MEET NELAC STANDARDS

### INORGANIC ANALYSIS

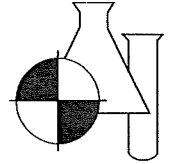
62-550.310 (1)

REPORT NUMBER: 20040349 - 002  
SYSTEM NAME: Facility Influent (Raw)  
SYSTEM ID: 6142734

PARAMETER ID	PARAMETER NAME	MCL	UNITS	ANALYSIS RESULT	QUALIFIER	ANALYTICAL METHOD	MDL	ANALYSIS DATE	ANALYSIS TIME	LAB ID
1005	ARSENIC	0.010	MG/L	0.001	I	SM3113B	0.00069	04/08/2020	12:07	E84167
1052	SODIUM	160	MG/L	20.0		200.7	0.034	04/08/2020	12:45	E84167

# BENCHMARK

*EnviroAnalytical Inc.*



FDOH Certification #E84167

Peace River/Manasota R W S  
8998 Sw County Road 769  
Arcadia, FL 34269

Sam Stone

## ANALYTICAL TEST REPORT

**THESE RESULTS MEET NELAC STANDARDS**

### RADIONUCLIDES

62-550.310 (6)

**REPORT NUMBER:** 20040349 - 003  
**SYSTEM NAME:** Entry Point (Lab Tap)  
**SYSTEM ID:** 6142734

PARAMETER ID	PARAMETER NAME	MCL	UNITS	ANALYSIS RESULT	QUALIFIER	ANALYTICAL METHOD	MDL	ANALYSIS DATE	ANALYSIS TIME	LAB ID
4002	GROSS ALPHA (INCL URANIUM)	15	PCI/L	0.9+/-0.6	U	900.0	0.9	04/17/2020	09:50	E83033
4020	RADIUM-226	5	PCI/L	0.4+/-0.2		903.1	0.2	04/22/2020	09:47	E83033
4030	RADIUM-228	5	PCI/L	0.9+/-0.6		Ra-05	0.9	04/22/2020	09:14	E83033

**DATA QUALIFIERS THAT MAY APPLY:**

I = Reported value is between the laboratory MDL and the PQL.  
 J = Estimated value.  
 J3 = Estimated value. Quality control criteria for precision or accuracy not met.  
 J4 = Estimated value. Sample matrix interference suspected.  
 Q = Sample held beyond accepted hold time.  
 U = Analyte analyzed but not detected at the value indicated.  
 V = Analyte detected in sample and method blank. Results for this analyte in associated samples may be biased high. Standard, Duplicate, and Spike values are within control limits. Reported data are usable.  
 Y = Analysis performed on an improperly preserved sample. Data may be inaccurate.

**NOTES:**

PQL = 4 x MDL.  
 ND = Not Detected at or above adjusted reporting limit.  
 MBAS calculated as LAS; molecular weight = 340.  
 X = Value exceeds MCL.

For questions or comments regarding these results, please contact us at (941)723-9986.

*Results relate only to the samples.*

**Benchmark EnviroAnalytical, Inc.**

1711 Twelfth Street East  
 Palmetto, FL 34221  
 (941) 723-9986  
 (941) 723-6061 fax  
 www.benchmark.com

Client: **Peace River/ Manasota RWS**

8998 SW County Road 769  
 Arcadia, FL 34269  
 (863) 993-4565  
 (863) 993-4568 (Fax)

COC # 62

Chain of Custody Form: Peace River Monthly Finish, Raw  
 Project Name: Peace River Facility Monthly Quality Control  
 Method of discharge<sup>2</sup>: DW Sample Type<sup>1</sup>: Grab PWS #: 614-2734

Laboratory Submission #:	20040349
--------------------------	----------

Station ID	As (SM3113B) Na (200.7)	Gross Alpha Total Uranium* Radium 226 & 228	Laboratory Sample #
	1:4 HNO <sub>3</sub> pH<2 <input checked="" type="checkbox"/>	1:4 HNO <sub>3</sub> pH<2 <input checked="" type="checkbox"/>	
	1 x 1/2 Pint Plastic	2 x 2 Quart Plastic	
Facility Lab Tap (Finish Water)	Date/Time: 4/7/20 0830		1
Facility Influent (Raw)	Date/Time: 4/7/20 0840		2
Entry Point (Lab Tap)		Date/Time: 4/7/20 0835	3

\* Run Total Uranium only if the Gross Alpha is ≥15 pCi/L.

- "Sample Type" is used to indicate whether the sample was a grab (G) or whether it was a composite (C).
- "Sample Matrix" is used to indicate whether the sample is being discharged to drinking water (DW), groundwater (GW), surface water (SW), soil, sediment (SDMNT), or sludge (SLDG).
- "Container Type" is used to indicate whether the container is plastic (P) or glass (G).
- Sample must be refrigerated or stored in wet ice after collection. The temperature during storage should be less than or equal to 6°C (42.8°F). Under "Preservative," list any preservatives that were added to the sample container.

Instructions:

- Each bottle has a label identifying sample ID, premeasured preservative contained in the bottle, sample type, client ID, and parameters for analysis.
- The following information should be added to each bottle label after collection with permanent black ink: date and time of collection, sampler's name or initials, and any field number or ID.
- All bottles not containing preservative may be rinsed with appropriate sample prior to collection.
- The client is responsible for documentation of the sampling event. Please note special sampling events on the sample custody form.

Laboratory Sample Acceptability: pH < 2 :   
 BEA Temperature: 1.2°C

	Collected / Relinquished By:	Date:	Time:	Received By:	Date:	Time:
1	John Ramsey	4/7/20	1104	Melinda Merchant	4/7/20	1104
2	Melinda Merchant	4/7/20	1143	Butch Dun	4/7/20	1143
3	Butch Dun	4/7/20	1450		4-7-20	1450
4						

## INTERLABORATORY SAMPLE TRANSMITTAL FORM

Benchmark EnviroAnalytical, Inc.  
 1711 12<sup>th</sup> Street East  
 Palmetto, FL 34221  
 (941) 723-9986  
 (941) 723-6061 fax  
 WWW.Benchmark.com  
 Office QC Check: \_\_\_\_\_  
 Bottle Check: \_\_\_\_\_


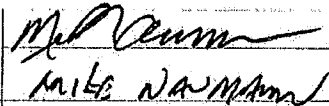
Date:	04/09/20		
# of Samples:	1	Total # of Bottles:	2
Method of Shipment:	Hand Delivery		
Subcontract Laboratory:	Florida Radiochemistry 5456 Hoffner Ave. #201 Orlando, FL 32812 Phone: 407-382-7733 Fax: 407-382-7744		
Page	1	of	1

### 10 BUSINESS DAY T.A.T. PLEASE

Laboratory Submission #	Collection		Sample Matrix*	Collection Method**	Preservative	Container			Parameters	Conductivity** (µmhos)
	Date	Time				Qty	Capacity	Type***		
2004035A-1 44	04/07/20	0835	DW	Grab	1:4 HNO <sub>3</sub>	2	2 Qt.	P	GROSS ALPHA, RADIUM 226/228 TOTAL URANIUM**	

\*\* Run Total Uranium only if Gross Alpha is greater than 15 pCi/L.

\* Sample Matrix abbreviations: Groundwater (GW), Surface Water (SW), Saline Surface Water (SSW), Fresh Surface Water (FSW), Drinking Water (DW), Sludge (Slg), Solid (Sol), Soil (Soil), Domestic Effluent (Dom Eff), Industrial Effluent (Ind Eff)  
 \*\* Sample Method abbreviations: Grab (G), Composite (C), 24 Hour Composite (24HR Comp.)  
 \*\*\* Container Type abbreviations: Plastic (P), Glass (G).

Relinquished By: (Benchmark)	Sign Name:		Date:	4-9-20	Received By:		Date:	4/14/20
	Print Name:	Nathan Hadsell	Time:			Time:	11:10	
Relinquished By:	Sign Name:		Date:		Received By:		Date:	
	Print Name:		Time:				Time:	

# 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: Benchmark EnviroAnalytical, Inc. Florida DOH Certification #: E84167 Certification Expiration Date: 06/30/2020

ATTACH CURRENT DOH ANALYTE SHEET\*

Address: 1711 12th Street East, Palmetto, FL 34221 Phone #: 941-723-9986

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: 04/07/20

PWS ID (From Page 1): 6142734 Sample Number (From Page 1): \_\_\_\_\_ Lab Assigned Report # or Job ID: 20040349-001

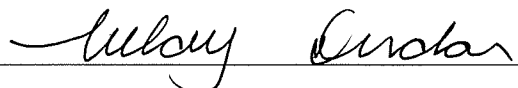
Group(s) Analyzed & Results attached for compliance with Chapter 62-550, F.A.C. (Check all that apply):

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

## LAB CERTIFICATION

I, Dale Dixon / Tulay Tanrisever / Kara Peterson, Lab Director / QC Officer / QA Officer, 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: 4/23/2020

\* 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 (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**

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

Lab Name: Benchmark EnviroAnalytical, Inc. Florida DOH Certification #: E84167 Certification Expiration Date: 06/30/2020

ATTACH CURRENT DOH ANALYTE SHEET\*

Address: 1711 12th Street East, Palmetto, FL 34221 Phone #: 941-723-9986

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: 04/07/20

PWS ID (From Page 1): 6142734 Sample Number (From Page 1): \_\_\_\_\_ Lab Assigned Report # or Job ID: 20040349-002

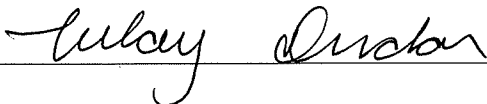
Group(s) Analyzed & Results attached for compliance with Chapter 62-550, F.A.C. (Check all that apply):

<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 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, Dale Dixon / Tulay Tanrisever / Kara Peterson, Lab Director / QC Officer / QA Officer, 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: 4/23/2020

\* 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 (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

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

Lab Name: Benchmark EnviroAnalytical, Inc. Florida DOH Certification #: E84167 Certification Expiration Date: 06/30/2019

ATTACH CURRENT DOH ANALYTE SHEET\*

Address: 1711 12th Street East, Palmetto, FL 34221 Phone #: 941-723-9986

Were any analyses subcontracted?  Yes  No If yes, please provide DOH certification number(s): E83033

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB\*

**ANALYSIS INFORMATION** (to be completed by lab) Date Sample(s) Received: 04/07/20

PWS ID (From Page 1): 6142734 Sample Number (From Page 1): \_\_\_\_\_ Lab Assigned Report # or Job ID: 20040349-003

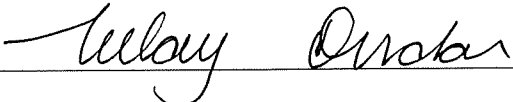
Group(s) Analyzed & Results attached for compliance with Chapter 62-550, F.A.C. (Check all that apply):

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

## LAB CERTIFICATION

I, Dale Dixon / Tulay Tanrisever / Kara Peterson, Lab Director / QC Officer / QA Officer, 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: 4/23/2020

\* 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**  
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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: \_\_\_\_\_

**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: Peace River Manasota Regional Water Supply PWS I.D. #: 

6	1	4	2	7	3	4
---	---	---	---	---	---	---

  
 System Type (check one):  Community  Nontransient Noncommunity  Transient Noncommunity  
 Address: 8998 S.W. County Rd 769  
 City: Arcadia FL ZIP Code: 34269  
 Phone #: 863-993-4565 Fax #: 863-993-4568 E-Mail Address: randerson@regionalwater.org

**SAMPLE INFORMATION** (to be completed by sampler)

Sample Number: \_\_\_\_\_ Sample Date: 4/7/20 Sample Time: 0830  AM  PM (Circle One)  
 Sample Location (be specific): Facility Lab Tap (Finish Water) Location Code: \_\_\_\_\_  
 Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): 4.1 mg/L Field pH: 8.16

**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: As, Na

\*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, John Ramsey (Print Name), Ops. Specialist (Print Title), do HEREBY CERTIFY that the above public water system and sample collection information is complete and correct.

Signature: [Signature] Date: 4/7/20  
 Certified Operator #: 4668 Phone #: 863-993-4565 Sampler's Fax #: 863-993-4568  
 Sampler's E-mail: \_\_\_\_\_

**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: Peace River Manasota Regional Water Supply PWS I.D. #: 

6	1	4	2	7	3	4
---	---	---	---	---	---	---

  
 System Type (check one):  Community  Nontransient Noncommunity  Transient Noncommunity  
 Address: 8998 S.W. County Rd. 769  
 City: Arcadia FL. ZIP Code: 34269  
 Phone #: 863-993-4565 Fax #: 863-993-4568 E-Mail Address: randerson@regionalwater.org

**SAMPLE INFORMATION** (to be completed by sampler)

Sample Number: \_\_\_\_\_ Sample Date: 4/7/20 Sample Time: 0840 (AM) PM (Circle One)  
 Sample Location (be specific): Facility Influent (Raw) Location Code: \_\_\_\_\_  
 Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): 0 mg/L Field pH: 7.55

**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:

As, Na

\*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, John Ramsey (Print Name), Op. specialist (Print Title), do HEREBY CERTIFY that the above public water system and sample collection information is complete and correct.

Signature: John Ramsey Date: 4/7/20  
 Certified Operator #: 4668 Phone #: 863-993-4565 Sampler's Fax #: 863-993-4568  
 Sampler's E-mail: \_\_\_\_\_

**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: Peace River Manasota Regional Water Supply PWS I.D. #: 

6	1	4	2	7	3	4
---	---	---	---	---	---	---

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

Address: 8998 S.W. County Rd. 769

City: Arcadia FL ZIP Code: 34269

Phone #: 863-993-4565 Fax #: 863-993-4568 E-Mail Address: canderson@regionalwater.org

**SAMPLE INFORMATION** (to be completed by sampler)

Sample Number: \_\_\_\_\_ Sample Date: 4/7/20 Sample Time: 0835  AM  PM (Circle One)

Sample Location (be specific): Entry Point (Lab Tap) Location Code: \_\_\_\_\_

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): 4.1 mg/L Field pH: 8.16

**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:

Gross Alpha Radium 226 + 228

\*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, John Ramsey (Print Name), Op. Specialist (Print Title), do HEREBY CERTIFY

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

Signature: John Ramsey Date: 4/7/20

Certified Operator #: 4668 Phone #: 863-993-4565 Sampler's Fax #: 863-993-4568

Sampler's E-mail: \_\_\_\_\_



*Laboratory Scope of Accreditation*

Attachment to Certificate #: E84167-48, expiration date June 30, 2020. This listing of accredited analytes should be used only when associated with a valid certificate.

State Laboratory ID: E84167

EPA Lab Code: FL00289

(941) 723-9986

E84167

Benchmark EnviroAnalytical, Inc.

1711 12th Street East

Palmetto, FL 34221

Matrix: Drinking Water

Analyte	Method/Tech	Category	Certification Type	Effective Date
1,1,1-Trichloroethane	EPA 524.2	Other Regulated Contaminants	NELAP	9/28/2005
1,1,2-Trichloroethane	EPA 524.2	Other Regulated Contaminants	NELAP	9/28/2005
1,1-Dichloroethylene	EPA 524.2	Other Regulated Contaminants	NELAP	9/28/2005
1,2,4-Trichlorobenzene	EPA 524.2	Group II Unregulated Contaminants	NELAP	9/28/2005
1,2-Dibromo-3-chloropropane (DBCP)	EPA 504.1	Synthetic Organic Contaminants	NELAP	4/20/2009
1,2-Dibromoethane (EDB, Ethylene dibromide)	EPA 504.1	Synthetic Organic Contaminants	NELAP	4/20/2009
1,2-Dichlorobenzene	EPA 524.2	Other Regulated Contaminants	NELAP	12/29/2015
1,2-Dichloroethane	EPA 524.2	Other Regulated Contaminants	NELAP	9/28/2005
1,2-Dichloropropane	EPA 524.2	Other Regulated Contaminants	NELAP	9/28/2005
1,4-Dichlorobenzene	EPA 524.2	Other Regulated Contaminants	NELAP	12/29/2015
Alkalinity as CaCO3	SM 2320 B	Primary Inorganic Contaminants	NELAP	5/25/2004
Aluminum	EPA 200.7	Secondary Inorganic Contaminants	NELAP	5/25/2004
Ammonia as N	EPA 350.1	Primary Inorganic Contaminants	NELAP	3/7/2011
Antimony	SM 3113 B	Primary Inorganic Contaminants	NELAP	1/3/2002
Arsenic	SM 3113 B	Primary Inorganic Contaminants	NELAP	1/3/2002
Barium	EPA 200.7	Primary Inorganic Contaminants	NELAP	5/25/2004
Benzene	EPA 524.2	Other Regulated Contaminants	NELAP	9/28/2005
Beryllium	EPA 200.7	Primary Inorganic Contaminants	NELAP	5/25/2004
Boron	EPA 200.7	Secondary Inorganic Contaminants	NELAP	3/7/2011
Bromate	EPA 300.1	Primary Inorganic Contaminants	NELAP	11/21/2008
Bromide	EPA 300.0	Primary Inorganic Contaminants	NELAP	5/25/2004
Bromoacetic acid	EPA 552.2	Group I Unregulated Contaminants	NELAP	4/20/2009
Bromodichloromethane	EPA 524.2	Group II Unregulated Contaminants	NELAP	9/28/2005
Bromoform	EPA 524.2	Group II Unregulated Contaminants	NELAP	9/28/2005
Cadmium	EPA 200.7	Primary Inorganic Contaminants	NELAP	5/25/2004
Calcium	EPA 200.7	Primary Inorganic Contaminants	NELAP	5/25/2004
Carbon tetrachloride	EPA 524.2	Other Regulated Contaminants	NELAP	9/28/2005
Chlorate	EPA 300.1	Secondary Inorganic Contaminants	NELAP	11/21/2008
Chloride	EPA 300.0	Secondary Inorganic Contaminants	NELAP	5/25/2004
Chlorine	SM 4500-Cl G	Primary Inorganic Contaminants	NELAP	3/7/2011
Chlorite	EPA 300.1	Primary Inorganic Contaminants	NELAP	11/21/2008
Chloroacetic acid	EPA 552.2	Group I Unregulated Contaminants	NELAP	4/20/2009
Chlorobenzene	EPA 524.2	Other Regulated Contaminants	NELAP	12/29/2015
Chloroform	EPA 524.2	Group II Unregulated Contaminants	NELAP	9/28/2005
Chromium	EPA 200.7	Primary Inorganic Contaminants	NELAP	5/25/2004
cis-1,2-Dichloroethylene	EPA 524.2	Other Regulated Contaminants	NELAP	9/28/2005

Clients and Customers are urged to verify the laboratory's current certification status with the Environmental Laboratory Certification Program.

Issue Date: 12/5/2019

Expiration Date: 6/30/2020



Laboratory Scope of Accreditation

Attachment to Certificate #: E84167-48, expiration date June 30, 2020. This listing of accredited analytes should be used only when associated with a valid certificate.

State Laboratory ID: E84167  
E84167  
Benchmark EnviroAnalytical, Inc.  
1711 12th Street East  
Palmetto, FL 34221

EPA Lab Code: FL00289

(941) 723-9986

Matrix: Drinking Water

Analyte	Method/Tech	Category	Certification Type	Effective Date
Selenium	SM 3113 B	Primary Inorganic Contaminants	NELAP	1/3/2002
Silica as SiO2	EPA 200.7	Primary Inorganic Contaminants	NELAP	5/25/2004
Silver	EPA 200.7	Secondary Inorganic Contaminants	NELAP	5/25/2004
Sodium	EPA 200.7	Primary Inorganic Contaminants	NELAP	5/25/2004
Styrene	EPA 524.2	Other Regulated Contaminants	NELAP	12/29/2015
Sulfate	EPA 300.0	Primary Inorganic Contaminants,Secondary Inorganic Contaminants	NELAP	5/25/2004
Sulfide	SM 4500-S D/UV-VIS	Primary Inorganic Contaminants	NELAP	3/7/2011
Surfactants - MBAS	SM 5540 C	Secondary Inorganic Contaminants	NELAP	1/3/2002
Tetrachloroethylene (Perchloroethylene)	EPA 524.2	Other Regulated Contaminants	NELAP	12/29/2015
Thallium	EPA 200.9	Primary Inorganic Contaminants	NELAP	1/3/2002
Toluene	EPA 524.2	Other Regulated Contaminants	NELAP	9/28/2005
Total coliforms	SM 9223 B	Microbiology	NELAP	1/3/2002
Total coliforms	SM 9223 B /QUANTI-TRAY	Microbiology	NELAP	3/7/2011
Total dissolved solids	SM 2540 C	Secondary Inorganic Contaminants	NELAP	7/31/2007
Total haloacetic acids (HAA5)	EPA 552.2	Synthetic Organic Contaminants	NELAP	4/20/2009
Total nitrate-nitrite	EPA 300.0	Primary Inorganic Contaminants	NELAP	5/25/2004
Total nitrate-nitrite	EPA 353.2	Primary Inorganic Contaminants	NELAP	1/3/2002
Total organic carbon	SM 5310 B	Primary Inorganic Contaminants	NELAP	5/25/2004
Total trihalomethanes	EPA 524.2	Other Regulated Contaminants	NELAP	9/28/2005
trans-1,2-Dichloroethylene	EPA 524.2	Other Regulated Contaminants	NELAP	9/28/2005
Trichloroacetic acid	EPA 552.2	Group 1 Unregulated Contaminants	NELAP	10/14/2010
Trichloroethylene (Trichloroethylene)	EPA 524.2	Other Regulated Contaminants	NELAP	9/28/2005
Turbidity	EPA 180.1	Secondary Inorganic Contaminants	NELAP	3/7/2011
UV 254	SM 5910 B	Primary Inorganic Contaminants	NELAP	11/16/2016
Vanadium	EPA 200.7	Secondary Inorganic Contaminants	NELAP	3/7/2011
Vinyl chloride	EPA 524.2	Other Regulated Contaminants	NELAP	9/28/2005
Xylene (total)	EPA 524.2	Other Regulated Contaminants	NELAP	12/29/2015
Zinc	EPA 200.7	Secondary Inorganic Contaminants	NELAP	5/25/2004

Clients and Customers are urged to verify the laboratory's current certification status with the Environmental Laboratory Certification Program.

Issue Date: 12/5/2019

Expiration Date: 6/30/2020



*Laboratory Scope of Accreditation*

Attachment to Certificate #: E83033-15, expiration date June 30, 2020. This listing of accredited analytes should be used only when associated with a valid certificate.

State Laboratory ID: E83033

EPA Lab Code: FL01113

(407) 382-7733

E83033

Florida Radiochemistry Services, Inc.  
5456 Hoffner Rd, Suite 201  
Orlando, FL 32812

Matrix: Drinking Water

Analyte	Method/Tech	Category	Certification Type	Effective Date
Gross-alpha	EPA 900.0	Radiochemistry	NEIAP	6/28/2001
Gross-beta	EPA 900.0	Radiochemistry	NEIAP	6/28/2001
Radium-226	EPA 903.0	Radiochemistry	NEIAP	12/15/2003
Radium-226	EPA 903.1	Radiochemistry	NEIAP	6/28/2001
Radium-228	EPA Ra-05	Radiochemistry	NEIAP	6/28/2001
Uranium	EPA 908.0	Radiochemistry	NEIAP	6/28/2001

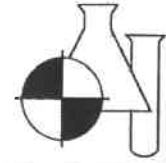
Clients and Customers are urged to verify the laboratory's current certification status with the Environmental Laboratory Certification Program.

Issue Date: 7/1/2019

Expiration Date: 6/30/2020

# BENCHMARK

*EnviroAnalytical Inc.*



FDOH Certification #E84167

Peace River/Manasota R W S  
8998 Sw County Road 769  
Arcadia, FL 34269

Sam Stone

## ANALYTICAL TEST REPORT

THESE RESULTS MEET NELAC STANDARDS

### INORGANIC ANALYSIS

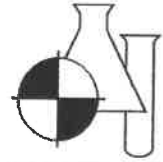
62-550.310 (1)

REPORT NUMBER: 20050162 - 001  
SYSTEM NAME: Entry Point (Lab Tap)  
SYSTEM ID: 6142734

PARAMETER ID	PARAMETER NAME	MCL	UNITS	ANALYSIS RESULT	QUALIFIER	ANALYTICAL METHOD	MDL	ANALYSIS DATE	ANALYSIS TIME	LAB ID
1005	ARSENIC	0.010	MG/L	0.001	I	SM3113B	0.00069	05/07/2020	21:03	E84167
1052	SODIUM	160	MG/L	41.1		200.7	0.034	05/07/2020	14:59	E84167

# BENCHMARK

*EnviroAnalytical Inc.*



FDOH Certification #E84167

Peace River/Manasota R W S  
8998 Sw County Road 769  
Arcadia, FL 34269  
Sam Stone

## ANALYTICAL TEST REPORT

THESE RESULTS MEET NELAC STANDARDS

### INORGANIC ANALYSIS

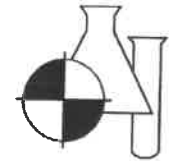
62-550.310 (1)

REPORT NUMBER: 20050162 - 002  
SYSTEM NAME: Facility Influent (Raw)  
SYSTEM ID: 6142734

PARAMETER ID	PARAMETER NAME	MCL	UNITS	ANALYSIS RESULT	QUALIFIER	ANALYTICAL METHOD	MDL	ANALYSIS DATE	ANALYSIS TIME	LAB ID
1005	ARSENIC	0.010	MG/L	0.002	I	SM3113B	0.00069	05/07/2020	21:09	E84167
1052	SODIUM	180	MG/L	19.6		200.7	0.034	05/07/2020	15:02	E84167

# BENCHMARK

## EnviroAnalytical Inc.



FDOH Certification #E84167

Peace River/Manasota R W S  
8998 Sw County Road 769  
Arcadia, FL 34269

Sam Stone

### ANALYTICAL TEST REPORT

**THESE RESULTS MEET NELAC STANDARDS**

**RADIONUCLIDES**  
62-550.310 (6)

**REPORT NUMBER:** 20050162 - 003  
**SYSTEM NAME:** Entry Point (Lab Tap)  
**SYSTEM ID:** 6142734

PARAMETER ID	PARAMETER NAME	MCL	UNITS	ANALYSIS RESULT	QUALIFIER	ANALYTICAL METHOD	MDL	ANALYSIS DATE	ANALYSIS TIME	LAB ID
4002	GROSS ALPHA (INCL URANIUM)	15	PCI/L	1.1+/-0.8	U	900.0	1.1	05/19/2020	09:20	E83033
4020	RADIUM-226	5	PCI/L	0.7+/-0.3		903.1	0.2	05/18/2020	11:09	E83033
4030	RADIUM-228	5	PCI/L	0.9+/-0.5	U	Ra-05	0.9	05/18/2020	12:42	E83033

**DATA QUALIFIERS THAT MAY APPLY:**

I = Reported value is between the laboratory MDL and the PQL.  
 J = Estimated value.  
 J3 = Estimated value. Quality control criteria for precision or accuracy not met.  
 J4 = Estimated value. Sample matrix interference suspected.  
 Q = Sample held beyond accepted hold time.  
 U = Analyte analyzed but not detected at the value indicated.  
 V = Analyte detected in sample and method blank. Results for this analyte in associated samples may be biased high. Standard, Duplicate, and Spike values are within control limits. Reported data are usable.  
 Y = Analysis performed on an improperly preserved sample. Data may be inaccurate.

**NOTES:**

PQL = 4 x MDL.  
 ND = Not Detected at or above adjusted reporting limit.  
 MBAS calculated as LAS; molecular weight = 340.  
 X = Value exceeds MCL.

For questions or comments regarding these results, please contact us at (941)723-9986.  
 Results relate only to the samples.

**Benchmark EnviroAnalytical, Inc.**

1711 Twelfth Street East  
 Palmetto, FL 34221  
 (941) 723-9986  
 (941) 723-6061 fax  
 www.benchmark.com

**Client: Peace River/ Manasota RWS**  
 8998 SW County Road 769  
 Arcadia, FL 34269  
 (863) 993-4565  
 (863) 993-4568 (Fax)

COC # 62

Chain of Custody Form: Peace River Monthly Finish, Raw  
 Project Name: Peace River Facility Monthly Quality Control  
 Method of discharge<sup>2</sup>: DW Sample Type<sup>1</sup>: Grab PWS #: 614-2734

Laboratory Submission #: 20050162

Station ID	As (SM3113B) Na (200.7)	Gross Alpha Total Uranium* Radium 226 & 228	Laboratory Sample #
	1:4 HNO <sub>3</sub> pH<2 <input checked="" type="checkbox"/>	1:4 HNO <sub>3</sub> pH<2 <input checked="" type="checkbox"/>	
	1 x 1/2 Pint Plastic	2 x 2 Quart Plastic	
Facility Lab Tap (Finish Water)	Date/Time: 5/5/20 0905		1
Facility Influent (Raw)	Date/Time: 5/5/20 0845		2
Entry Point (Lab Tap)		Date/Time: 5/5/20 0900	3

\* Run Total Uranium only if the Gross Alpha is ≥15 pCi/L.

- "Sample Type" is used to indicate whether the sample was a grab (G) or whether it was a composite (C).
- "Sample Matrix" is used to indicate whether the sample is being discharged to drinking water (DW), groundwater (GW), surface water (SW), soil, sediment (SDMNT), or sludge (SLDG).
- "Container Type" is used to indicate whether the container is plastic (P) or glass (G).
- Sample must be refrigerated or stored in wet ice after collection. The temperature during storage should be less than or equal to 6°C (42.8°F). Under "Preservative," list any preservatives that were added to the sample container.

Instructions:

- Each bottle has a label identifying sample ID, premeasured preservative contained in the bottle, sample type, client ID, and parameters for analysis.
- The following information should be added to each bottle label after collection with permanent black ink: date and time of collection, sampler's name or initials, and any field number or ID.
- All bottles not containing preservative may be rinsed with appropriate sample prior to collection.
- The client is responsible for documentation of the sampling event. Please note special sampling events on the sample custody form.

Laboratory Sample Acceptability: pH < 2   
 BEA Temperature: 0.9°C

	Collected / Relinquished By:	Date:	Time:	Received By:	Date:	Time:
1	John Ramsey	5/5/20	1148	[Signature]	5/5/20	1148
2	[Signature]	5/5/20	1155	[Signature]	5/5/20	1155
3	[Signature]	5/5/20	1400	[Signature]	5-5-20	1400
4	Relinquished By:	Date:	Time:	Received By:	Date:	Time:

## INTERLABORATORY SAMPLE TRANSMITTAL FORM

Benchmark EnviroAnalytical, Inc.  
 1711 12<sup>th</sup> Street East  
 Palmetto, FL 34221  
 (941) 723-9986  
 (941) 723-6061 fax  
 WWW.Benchmark.com  
 Office QC Check: \_\_\_\_\_  
 Bottle Check: \_\_\_\_\_

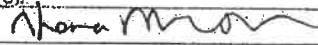
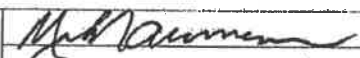

Date:	05/06/20		
# of Samples:	1	Total # of Bottles:	2
Method of Shipment:	Hand Delivery		
Subcontract Laboratory:	Florida Radiochemistry 5456 Hoffer Ave. #201 Orlando, FL 32812 Phone: 407-382-7733 Fax: 407-382-7744		
Page	1	of	1

**10 BUSINESS DAY T.A.T. PLEASE**

Laboratory Submission #	Collection		Sample Matrix*	Collection Method**	Preservative	Container			Parameters	Conductivity** (µmhos)
	Date	Time				Qty	Capacity	Type***		
20050162-003	05/05/20	0900	DW	Grab	1:4 HNO <sub>3</sub>	2	2 Qt.	P	GROSS ALPHA, RADIUM 226/228 TOTAL URANIUM**	

\*\* Run Total Uranium only if Gross Alpha is greater than 15 pCi/L.

\* Sample Matrix abbreviations: Groundwater (GW), Surface Water (SW), Saline Surface Water (SSW), Fresh Surface Water (FSW), Drinking Water (DW), Sludge (Slg), Solid (Sol), Soil (Soil), Domestic Effluent (Dom Eff), Industrial Effluent (Ind Eff).  
 \*\* Sample Method abbreviations: Grab (G), Composite (C), 24 Hour Composite (24HR Comp).  
 \*\*\* Container Type abbreviations: Plastic (P), Glass (G).

Relinquished By: (Benchmark)	Sign Name:		Date:	5/6/20	Received By:		Date:	5/6/20
	Print Name:	Kara McGowan	Time:	1600			Time:	11:10
Relinquished By:	Sign Name:		Date:		Received By:		Date:	
	Print Name:		Time:				Time:	

# 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: Benchmark EnviroAnalytical, Inc. Florida DOH Certification #: E84167 Certification Expiration Date: 06/30/2020

ATTACH CURRENT DOH ANALYTE SHEET\*

Address: 1711 12th Street East, Palmetto, FL 34221 Phone #: 941-723-9986

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: 05/05/20

PWS ID (From Page 1): 6142734 Sample Number (From Page 1): \_\_\_\_\_ Lab Assigned Report # or Job ID: 20050162-001

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

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

## LAB CERTIFICATION

I, Dale Dixon / Tulay Tarrisever / Kara Peterson, Lab Director / QC Officer / QA Officer, 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: 5/21/20

\* 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: \_\_\_\_\_

# 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: Benchmark EnviroAnalytical, Inc. Florida DOH Certification #: E84167 Certification Expiration Date: 06/30/2020

ATTACH CURRENT DOH ANALYTE SHEET\*

Address: 1711 12th Street East, Palmetto, FL 34221 Phone #: 941-723-9986

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: 05/05/20

PWS ID (From Page 1): 6142734 Sample Number (From Page 1): \_\_\_\_\_ Lab Assigned Report # or Job ID: 20050162-002

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

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

## LAB CERTIFICATION

I, Dale Dixon / Tulay Tanrisever / Kara Peterson, Lab Director / QC Officer / QA Officer, 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: 5/21/20

\* 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: \_\_\_\_\_

# 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: Benchmark EnviroAnalytical, Inc. Florida DOH Certification #: E84167 Certification Expiration Date: 06/30/2019

ATTACH CURRENT DOH ANALYTE SHEET\*

Address: 1711 12th Street East, Palmetto, FL 34221 Phone #: 941-723-9986

Were any analyses subcontracted?  Yes  No If yes, please provide DOH certification number(s): E83033

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB\*

**ANALYSIS INFORMATION** (to be completed by lab) Date Sample(s) Received: 05/05/20

PWS ID (From Page 1): 6142734 Sample Number (From Page 1): \_\_\_\_\_ Lab Assigned Report # or Job ID: 20050162-003

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

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

## LAB CERTIFICATION

I, Dale Dixon / Tulay Tanrisever / Kara Peterson, Lab Director / QC Officer / QA Officer, 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: 5/21/20

\* 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: \_\_\_\_\_

**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: Peace River Manasota Regional Water Supply

System Type (check one):  Community

Nontransient Noncommunity

PWS I.D. #: 

6	1	4	2	7	3	4
---	---	---	---	---	---	---

Transient Noncommunity

Address: 8998 S.W. County Rd. 769

City: Accadia FL

Phone #: 863-993-4565 Fax #: 863-993-4568

ZIP Code: 34269

E-Mail Address: randerson@regionalwater.org

**SAMPLE INFORMATION** (to be completed by sampler)

Sample Number: \_\_\_\_\_ Sample Date: 5/5/20

Sample Location (be specific): Facility Influent (Raw)

Sample Time: 0845  AM  PM (Circle One)

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): 0 mg/L

Location Code: \_\_\_\_\_

Field pH: 7.91

**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:

As, Na

\*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, John Ramsey (Print Name), Ops. Specialist (Print/Title), do HEREBY CERTIFY

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

Signature: John Ramsey

Date: 5/5/20

Certified Operator #: 4668 Phone #: 863-993-4565

Sampler's Fax #: 863-993-4568

Sampler's E-mail: \_\_\_\_\_

**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: Peace River Manasota Regional Water Supply PWS I.D. #: 

6	1	4	2	7	3	4
---	---	---	---	---	---	---

  
 System Type (check one):  Community  Nontransient Noncommunity  Transient Noncommunity  
 Address: 8998 S.W. County Rd 769  
 City: Arcadia FL. ZIP Code: 34269  
 Phone #: 863-993-4565 Fax #: 863-993-4568 E-Mail Address: randerson@regionalwater.org

**SAMPLE INFORMATION** (to be completed by sampler)

Sample Number: \_\_\_\_\_ Sample Date: 5/5/20 Sample Time: 0905  AM  PM (Circle One)  
 Sample Location (be specific): Facility Lab Tap (Finish Water) Location Code: \_\_\_\_\_  
 Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): 4.2 mg/L Field pH: 8.06

**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:

AS, Na

\*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, John Ramsey (Print Name), Op. Specialist (Print Title), do HEREBY CERTIFY  
 that the above public water system and sample collection information is complete and correct.

Signature: John Ramsey Date: 5/5/20  
 Certified Operator #: 4668 Phone #: 863-993-4568 Sampler's Fax #: 863-993-4568  
 Sampler's E-mail: \_\_\_\_\_

**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: Peace River Manasota Regional Water Supply PWS I.D. #: 

6	1	4	2	7	3	4
---	---	---	---	---	---	---

  
 System Type (check one):  Community  Nontransient Noncommunity  Transient Noncommunity  
 Address: 8998 S.W. County Rd 769  
 City: Accadia FL  
 Phone #: 863-993-4565 Fax #: 863-993-4568 ZIP Code: 34269  
 E-Mail Address: randerson@regionalwater.org

**SAMPLE INFORMATION** (to be completed by sampler)

Sample Number: \_\_\_\_\_ Sample Date: 5/5/20 Sample Time: 0900  AM  PM (Circle One)  
 Sample Location (be specific): Entry Point (Lab Tap) Location Code: \_\_\_\_\_  
 Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): 4.2 mg/L Field pH: 8.06  
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: \_\_\_\_\_  
Gross Alpha Radium 226 + 228  
\*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, John Ramsey (Print Name) \_\_\_\_\_, Op. Specialist (Print Title) \_\_\_\_\_, do HEREBY CERTIFY that the above public water system and sample collection information is complete and correct.

Signature: John Ramsey Date: 5/5/20  
 Certified Operator #: 4668 Phone #: 863-993-4565 Sampler's Fax #: 863-993-4568  
 Sampler's E-mail: \_\_\_\_\_

Revised Florida DEP Form 1206  
 Effective January 1, 2010. Reprinted February 2011.



Ron DeSantis  
Governor



**Laboratory Scope of Accreditation**

Attachment to Certificate #: E84167-48, expiration date June 30, 2020. This listing of accredited analytes should be used only when associated with a valid certificate.

State Laboratory ID: E84167

EPA Lab Code: FL00289

(941) 723-9986

E84167  
Benchmark EnviroAnalytical, Inc.  
1711 12th Street East  
Palmetto, FL 34221

Matrix: Drinking Water

Analyte	Method/Tech	Category	Certification Type	Effective Date
1,1,1-Trichloroethane	EPA 524.2	Other Regulated Contaminants	NELAP	9/28/2005
1,1,2-Trichloroethane	EPA 524.2	Other Regulated Contaminants	NELAP	9/28/2005
1,1-Dichloroethylene	EPA 524.2	Other Regulated Contaminants	NELAP	9/28/2005
1,2,4-Trichlorobenzene	EPA 524.2	Group II Unregulated Contaminants	NELAP	9/28/2005
1,2-Dibromo-3-chloropropane (DBCP)	EPA 504.1	Synthetic Organic Contaminants	NELAP	4/20/2009
1,2-Dibromoethane (EDB, Ethylene dibromide)	EPA 504.1	Synthetic Organic Contaminants	NELAP	4/20/2009
1,2-Dichlorobenzene	EPA 524.2	Other Regulated Contaminants	NELAP	12/29/2015
1,2-Dichloroethane	EPA 524.2	Other Regulated Contaminants	NELAP	9/28/2005
1,2-Dichloropropane	EPA 524.2	Other Regulated Contaminants	NELAP	9/28/2005
1,4-Dichlorobenzene	EPA 524.2	Other Regulated Contaminants	NELAP	12/29/2015
Alkalinity as CaCO3	SM 2320 B	Primary Inorganic Contaminants	NELAP	5/25/2004
Aluminum	EPA 200.7	Secondary Inorganic Contaminants	NELAP	5/25/2004
Ammonia as N	EPA 350.1	Primary Inorganic Contaminants	NELAP	3/7/2011
Antimony	SM 3113 B	Primary Inorganic Contaminants	NELAP	1/3/2002
Arsenic	SM 3113 B	Primary Inorganic Contaminants	NELAP	1/3/2002
Barium	EPA 200.7	Primary Inorganic Contaminants	NELAP	5/25/2004
Benzene	EPA 524.2	Other Regulated Contaminants	NELAP	9/28/2005
Beryllium	EPA 200.7	Primary Inorganic Contaminants	NELAP	5/25/2004
Boron	EPA 200.7	Secondary Inorganic Contaminants	NELAP	3/7/2011
Bromate	EPA 300.1	Primary Inorganic Contaminants	NELAP	11/21/2008
Bromide	EPA 300.0	Primary Inorganic Contaminants	NELAP	5/25/2004
Bromoacetic acid	EPA 552.2	Group I Unregulated Contaminants	NELAP	4/20/2009
Bromodichloromethane	EPA 524.2	Group II Unregulated Contaminants	NELAP	9/28/2005
Bromoform	EPA 524.2	Group II Unregulated Contaminants	NELAP	9/28/2005
Cadmium	EPA 200.7	Primary Inorganic Contaminants	NELAP	5/25/2004
Calcium	EPA 200.7	Primary Inorganic Contaminants	NELAP	5/25/2004
Carbon tetrachloride	EPA 524.2	Other Regulated Contaminants	NELAP	9/28/2005
Chlorate	EPA 300.1	Secondary Inorganic Contaminants	NELAP	11/21/2008
Chloride	EPA 300.0	Secondary Inorganic Contaminants	NELAP	5/25/2004
Chlorine	SM 4500-Cl G	Primary Inorganic Contaminants	NELAP	3/7/2011
Chlorite	EPA 300.1	Primary Inorganic Contaminants	NELAP	11/21/2008
Chloroacetic acid	EPA 552.2	Group I Unregulated Contaminants	NELAP	4/20/2009
Chlorobenzene	EPA 524.2	Other Regulated Contaminants	NELAP	12/29/2015
Chloroform	EPA 524.2	Group II Unregulated Contaminants	NELAP	9/28/2005
Chromium	EPA 200.7	Primary Inorganic Contaminants	NELAP	5/25/2004
cis-1,2-Dichloroethylene	EPA 524.2	Other Regulated Contaminants	NELAP	9/28/2005

Clients and Customers are urged to verify the laboratory's current certification status with the Environmental Laboratory Certification Program.

Issue Date: 12/5/2019

Expiration Date: 6/30/2020



Ron DeSantis  
Governor

**Laboratory Scope of Accreditation**

Attachment to Certificate #: E84167-48, expiration date June 30, 2020. This listing of accredited analytes should be used only when associated with a valid certificate.

State Laboratory ID: E84167 EPA Lab Code: FL00289 (941) 723-9986

E84167  
Benchmark EnviroAnalytical, Inc.  
1711 12th Street East  
Palmetto, FL 34221

Matrix: Drinking Water

Analyte	Method/Tech	Category	Certification Type	Effective Date
Selenium	SM 3113 B	Primary Inorganic Contaminants	NELAP	1/3/2002
Silica as SiO2	EPA 200.7	Primary Inorganic Contaminants	NELAP	5/25/2004
Silver	EPA 200.7	Secondary Inorganic Contaminants	NELAP	5/25/2004
Sodium	EPA 200.7	Primary Inorganic Contaminants	NELAP	5/25/2004
Styrene	EPA 524.2	Other Regulated Contaminants	NELAP	12/29/2015
Sulfate	EPA 300.0	Primary Inorganic Contaminants, Secondary Inorganic Contaminants	NELAP	5/25/2004
Sulfide	SM 4500-S D(UV-VIS	Primary Inorganic Contaminants	NELAP	3/7/2011
Surfactants - MBAS	SM 5540 C	Secondary Inorganic Contaminants	NELAP	1/3/2002
Tetrachloroethylene (Perchloroethylene)	EPA 524.2	Other Regulated Contaminants	NELAP	12/29/2015
Thallium	EPA 200.9	Primary Inorganic Contaminants	NELAP	1/3/2002
Toluene	EPA 524.2	Other Regulated Contaminants	NELAP	9/28/2005
Total coliforms	SM 9223 B	Microbiology	NELAP	1/3/2002
Total coliforms	SM 9223 B /QUANTIT-TRAY	Microbiology	NELAP	3/7/2011
Total dissolved solids	SM 2540 C	Secondary Inorganic Contaminants	NELAP	7/31/2007
Total haloacetic acids (HAA5)	EPA 552.2	Synthetic Organic Contaminants	NELAP	4/20/2009
Total nitrate-nitrite	EPA 300.0	Primary Inorganic Contaminants	NELAP	5/25/2004
Total nitrate-nitrite	EPA 353.2	Primary Inorganic Contaminants	NELAP	1/3/2002
Total organic carbon	SM 5310 B	Primary Inorganic Contaminants	NELAP	5/25/2004
Total trihalomethanes	EPA 524.2	Other Regulated Contaminants	NELAP	9/28/2005
trans-1,2-Dichloroethylene	EPA 524.2	Other Regulated Contaminants	NELAP	9/28/2005
Trichloroacetic acid	EPA 552.2	Group I Unregulated Contaminants	NELAP	10/14/2010
Trichloroethene (Trichloroethylene)	EPA 524.2	Other Regulated Contaminants	NELAP	9/28/2005
Turbidity	EPA 180.1	Secondary Inorganic Contaminants	NELAP	3/7/2011
UV 254	SM 5910 B	Primary Inorganic Contaminants	NELAP	11/16/2016
Vanadium	EPA 200.7	Secondary Inorganic Contaminants	NELAP	3/7/2011
Vinyl chloride	EPA 524.2	Other Regulated Contaminants	NELAP	9/28/2005
Xylene (total)	EPA 524.2	Other Regulated Contaminants	NELAP	12/29/2015
Zinc	EPA 200.7	Secondary Inorganic Contaminants	NELAP	5/25/2004

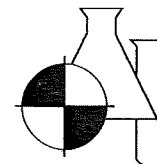
Clients and Customers are urged to verify the laboratory's current certification status with the Environmental Laboratory Certification Program.

Issue Date: 12/5/2019

Expiration Date: 6/30/2020

# BENCHMARK

*EnviroAnalytical Inc.*



FDOH Certification #E84167

Peace River/Manasota R W S  
8998 Sw County Road 769  
Arcadia, FL 34269

Sam Stone

## ANALYTICAL TEST REPORT

THESE RESULTS MEET NELAC STANDARDS

### INORGANIC ANALYSIS

62-550.310 (1)

REPORT NUMBER: 20060138 - 001

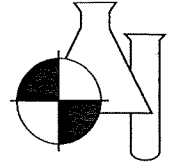
SYSTEM NAME: Facility Lab Tap (Finish Water)

SYSTEM ID: 6142734

PARAMETER ID	PARAMETER NAME	MCL	UNITS	ANALYSIS RESULT	QUALIFIER	ANALYTICAL METHOD	MDL	ANALYSIS DATE	ANALYSIS TIME	LAB ID
1005	ARSENIC	0.010	MG/L	0.00069	U	SM3113B	0.00069	06/05/2020	11:28	E84167
1052	SODIUM	160	MG/L	38.7		200.7	0.034	06/09/2020	14:22	E84167

# BENCHMARK

*EnviroAnalytical Inc.*



FDOH Certification #E84167

Peace River/Manasota R W S  
8998 Sw County Road 769  
Arcadia, FL 34269

Sam Stone

## ANALYTICAL TEST REPORT

THESE RESULTS MEET NELAC STANDARDS

### INORGANIC ANALYSIS

62-550.310 (1)

REPORT NUMBER: 20060138 - 002

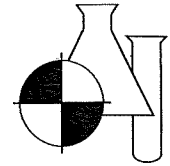
SYSTEM NAME: Facility Influent (Raw)

SYSTEM ID: 6142734

PARAMETER ID	PARAMETER NAME	MCL	UNITS	ANALYSIS RESULT	QUALIFIER	ANALYTICAL METHOD	MDL	ANALYSIS DATE	ANALYSIS TIME	LAB ID
1005	ARSENIC	0.010	MG/L	0.001	I	SM3113B	0.00069	06/05/2020	12:44	E84167
1052	SODIUM	160	MG/L	24.6		200.7	0.034	06/03/2020	15:18	E84167

# BENCHMARK

*EnviroAnalytical Inc.*



FDOH Certification #E84167

Peace River/Manasota R W S  
8998 Sw County Road 769  
Arcadia, FL 34269

Sam Stone

## ANALYTICAL TEST REPORT

THESE RESULTS MEET NELAC STANDARDS

### RADIONUCLIDES

62-550.310 (6)

REPORT NUMBER: 20060138 - 003

SYSTEM NAME: Entry Point (Lab Tap)

SYSTEM ID: 6142734

PARAMETER ID	PARAMETER NAME	MCL	UNITS	ANALYSIS RESULT	QUALIFIER	ANALYTICAL METHOD	MDL	ANALYSIS DATE	ANALYSIS TIME	LAB ID
4002	GROSS ALPHA (INCL URANIUM)	15	PCI/L	1.7+/-1.1	U	900.0	1.7	06/12/2020	09:58	E83033
4020	RADIUM-226	5	PCI/L	0.5+/-0.2		903.1	0.2	06/17/2020	10:49	E83033
4030	RADIUM-228	5	PCI/L	0.8+/-0.5	U	Ra-05	0.8	06/17/2020	10:50	E83033

#### DATA QUALIFIERS THAT MAY APPLY:

I = Reported value is between the laboratory MDL and the PQL.  
J = Estimated value.  
J3 = Estimated value. Quality control criteria for precision or accuracy not met.  
J4 = Estimated value. Sample matrix interference suspected.  
Q = Sample held beyond accepted hold time.  
U = Analyte analyzed but not detected at the value indicated.  
V = Analyte detected in sample and method blank. Results for this analyte in associated samples may be biased high. Standard, Duplicate, and Spike values are within control limits. Reported data are usable.  
Y = Analysis performed on an improperly preserved sample. Data may be inaccurate.

#### NOTES:

PQL = 4 x MDL.  
ND = Not Detected at or above adjusted reporting limit.  
MBAS calculated as LAS; molecular weight = 340.  
X = Value exceeds MCL.

For questions or comments regarding these results, please contact us at (941)723-9986.

*Results relate only to the samples.*

**Benchmark EnviroAnalytical, Inc.**

1711 Twelfth Street East  
 Palmetto, FL 34221  
 (941) 723-9986  
 (941) 723-6061 fax  
 www.benchmark.com

**Client: Peace River/ Manasota RWS**  
 8998 SW County Road 769  
 Arcadia, FL 34269  
 (863) 993-4565  
 (863) 993-4568 (Fax)

COC # 62

Chain of Custody Form: Peace River Monthly Finish, Raw  
 Project Name: Peace River Facility Monthly Quality Control  
 Method of discharge<sup>2</sup>: DW Sample Type<sup>1</sup>: Grab PWS #: 614-2734

Laboratory Submission #: **20060138**

Station ID	As (SM3113B) Na (200.7)	Gross Alpha Total Uranium* Radium 226 & 228	Laboratory Sample #
	1:4 HNO <sub>3</sub> pH<2 1 x 1/2 Pint Plastic	1:4 HNO <sub>3</sub> pH<2 2 x 2 Quart Plastic	
Facility Lab Tap (Finish Water)	Date/Time: 6/2/20 0845 ..		1
Facility Influent (Raw)	Date/Time: 6/2/20 0840 ..		2
Entry Point (Lab Tap)		Date/Time: 6/2/20 0850 ..	3

\* Run Total Uranium only if the Gross Alpha is ≥15 pCi/L.

- "Sample Type" is used to indicate whether the sample was a grab (G) or whether it was a composite (C).
- "Sample Matrix" is used to indicate whether the sample is being discharged to drinking water (DW), groundwater (GW), surface water (SW), soil, sediment (SDMNT), or sludge (SLDG).
- "Container Type" is used to indicate whether the container is plastic (P) or glass (G).
- Sample must be refrigerated or stored in wet ice after collection. The temperature during storage should be less than or equal to 6°C (42.8°F). Under "Preservative," list any preservatives that were added to the sample container.

- Instructions:**
- Each bottle has a label identifying sample ID, premeasured preservative contained in the bottle, sample type, client ID, and parameters for analysis.
  - The following information should be added to each bottle label after collection with permanent black ink: date and time of collection, sampler's name or initials, and any field number or ID.
  - All bottles not containing preservative may be rinsed with appropriate sample prior to collection.
  - The client is responsible for documentation of the sampling event. Please note special sampling events on the sample custody form.

Laboratory Sample Acceptability: pH < 2 : 0  
 BEA Temperature: 2.8°C

	Collected / Relinquished By:	Date:	Time:	Received By:	Date:	Time:
1	John Ramsey	6/2/20	1140	Jerry R	6/2/20	1140
2	Jerry R	6/2/20	1155	Burt D	6/2/20	1155
3	Burt D	6/2/20	1535	[Signature]	06/02/20	1535
4						

## INTERLABORATORY SAMPLE TRANSMITTAL FORM

Benchmark EnviroAnalytical, Inc.  
 1711 12<sup>th</sup> Street East  
 Palmetto, FL 34221  
 (941) 723-9986  
 (941) 723-6061 fax  
 WWW.Benchmark.com  
 Office QC Check: \_\_\_\_\_  
 Bottle Check: \_\_\_\_\_

Date:	06/04/20		
# of Samples:	1	Total # of Bottles:	2
Method of Shipment:	Hand Delivery		
Subcontract Laboratory:	Florida Radiochemistry 5456 Hoffner Ave. #201 Orlando, FL 32812 Phone: 407-382-7733 Fax: 407-382-7744		
Page	1	of	1

**10 BUSINESS DAY T.A.T. PLEASE**

Laboratory Submission #	Collection		Sample Matrix*	Collection Method**	Preservative	Container			Parameters	Conductivity** (µmhos)
	Date	Time				Qty	Capacity	Type***		
20060138-003	06/02/20	0850	DW	Grab	1:4 HNO <sub>3</sub>	2	2 Qt.	P	GROSS ALPHA, RADIUM 226/228 TOTAL URANIUM**	

\*\* Run Total Uranium only if Gross Alpha is greater than 15 pCi/L.

\* Sample Matrix abbreviations: Groundwater (GW), Surface Water (SW), Saline Surface Water (SSW), Fresh Surface Water (FSW), Drinking Water (DW), Sludge (Slgd), Solid (Sol), Soil (Soil), Domestic Effluent (Dom Eff), Industrial Effluent (Ind Eff).  
 \*\* Sample Method abbreviations: Grab (G), Composite (C), 24 Hour Composite (24HR Comp).  
 \*\*\* Container Type abbreviations: Plastic (P), Glass (G).

Relinquished By: (Benchmark)	Sign Name:	<i>Kara McGowan</i>	Date:	6/4/20	Received By:	<i>MIKE NAMMANN</i>	Date:	6-9-20
	Print Name:	Kara McGowan	Time:	1:00		Time:	11:35	
Relinquished By:	Sign Name:		Date:		Received By:		Date:	
	Print Name:		Time:			Time:		

# 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: Benchmark EnviroAnalytical, Inc. Florida DOH Certification #: E84167 Certification Expiration Date: 06/30/2020

ATTACH CURRENT DOH ANALYTE SHEET\*

Address: 1711 12th Street East, Palmetto, FL 34221 Phone #: 941-723-9986

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: 06/02/20

PWS ID (From Page 1): 6142734 Sample Number (From Page 1): \_\_\_\_\_ Lab Assigned Report # or Job ID: 20060138-001

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

### Inorganics

- All Except 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  
 Qtrly Composite\*\*

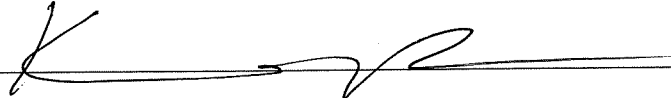
### Secondaries

- All 14  
 Partial

## LAB CERTIFICATION

I, Dale Dixon / Tulay Tanrisever / Kara Peterson, Lab Director / Technical Director & QC Officer / QA Officer, 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: 6/17/2020

\* 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 (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

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

Lab Name: Benchmark EnviroAnalytical, Inc. Florida DOH Certification #: E84167 Certification Expiration Date: 06/30/2020

ATTACH CURRENT DOH ANALYTE SHEET\*

Address: 1711 12th Street East, Palmetto, FL 34221 Phone #: 941-723-9986

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: 06/02/20

PWS ID (From Page 1): 6142734 Sample Number (From Page 1): \_\_\_\_\_ Lab Assigned Report # or Job ID: 20060138-002

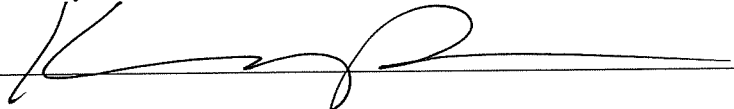
Group(s) Analyzed & Results attached for compliance with Chapter 62-550, F.A.C. (Check all that apply):

<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 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, Dale Dixon / Tulay Tanrisever / Kara Peterson, Lab Director / Technical Director & QC Officer / QA Officer, 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: 6/17/2020

\* 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 (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

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

Lab Name: Benchmark EnviroAnalytical, Inc. Florida DOH Certification #: E84167 Certification Expiration Date: 06/30/2019

ATTACH CURRENT DOH ANALYTE SHEET\*

Address: 1711 12th Street East, Palmetto, FL 34221 Phone #: 941-723-9986

Were any analyses subcontracted?  Yes  No If yes, please provide DOH certification number(s): E83033

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB\*

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 06/02/20

PWS ID (From Page 1): 6142734 Sample Number (From Page 1): \_\_\_\_\_ Lab Assigned Report # or Job ID: 20060138-003

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

### Inorganics

- All Except 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  
 Qtrly Composite\*\*

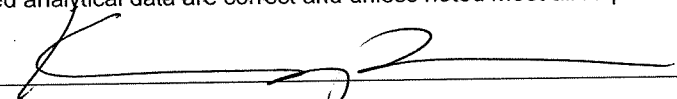
### Secondaries

- All 14  
 Partial

## LAB CERTIFICATION

I, Dale Dixon / Tulay Tannisever / Kara Peterson, Lab Director / Technical Director & QC Officer / QA Officer, 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: 6/17/2020

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\*\* 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: \_\_\_\_\_

**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: Peace River Manasota Regional Water Supply

System Type (check one):  Community

Nontransient Noncommunity

PWS I.D. #: 

6	1	4	2	7	3	4
---	---	---	---	---	---	---

Transient Noncommunity

Address: 8998 S.W. County Rd. 769

City: Arcadia FL

Phone #: 863-993-4565 Fax #: 863-993-4568

ZIP Code: 34269

E-Mail Address: randerson@regionalwater.org

**SAMPLE INFORMATION** (to be completed by sampler)

Sample Number: \_\_\_\_\_

Sample Date: 6/2/20

Sample Time: 0845  AM  PM (Circle One)

Sample Location (be specific): Facility Lab Tap (Finish Water)

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): 4.0 mg/L

Location Code: \_\_\_\_\_

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)

Field pH: 8.29

Sampling Procedure Used or Other Comments: \_\_\_\_\_

As, Na

\*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, John Ramsey  
 (Print Name)

Ops. Specialist, do HEREBY CERTIFY  
 (Print Title)

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

Signature: John Ramsey

Certified Operator #: 4668 Phone #: 863-993-4565

Date: 6/2/20

Sampler's E-mail: \_\_\_\_\_ Sampler's Fax #: 863-993-4568

**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: Peace River Manasota Regional Water Supply PWS I.D. #: 

6	1	4	2	7	3	4
---	---	---	---	---	---	---

  
 System Type (check one):  Community  Nontransient Noncommunity  Transient Noncommunity  
 Address: 8998 S.W. County Rd. 769  
 City: Arcadia FL ZIP Code: 34269  
 Phone #: 863-993-4565 Fax #: 863-993-4568 E-Mail Address: randerson@regionalwater.org

**SAMPLE INFORMATION** (to be completed by sampler)

Sample Number: \_\_\_\_\_ Sample Date: 6/2/20 Sample Time: 0840  AM  PM (Circle One)  
 Sample Location (be specific): Facility Influent (RAW) Location Code: \_\_\_\_\_  
 Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): 0 mg/L Field pH: 7.73  
0 mg/L

**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:

As, Na

\*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, John Ramsey (Print Name), Ops. Specialist (Print Title), do HEREBY CERTIFY  
 that the above public water system and sample collection information is complete and correct.

Signature: John Ramsey Date: 6/2/20  
 Certified Operator #: 4668 Phone #: 863-993-4565 Sampler's Fax #: 863-993-4568  
 Sampler's E-mail: \_\_\_\_\_

**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: Peace River Manatee Regional Water Supply

System Type (check one):  Community

Nontransient Noncommunity

PWS I.D. #: 

6	1	4	2	7	3	4
---	---	---	---	---	---	---

Transient Noncommunity

Address: 8998 S.W. County Rd. 769

City: Arcadia FL

Phone #: 863-993-4565 Fax #: 863-993-4568

ZIP Code: 34269

**SAMPLE INFORMATION** (to be completed by sampler)

E-Mail Address: canderson@regionalwater.org

Sample Number: \_\_\_\_\_ Sample Date: 6/2/20

Sample Location (be specific): Entry Point (Lab Tap)

Sample Time: 0850  AM  PM (Circle One)

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): 4.0 mg/L

Location Code: \_\_\_\_\_

**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:

Gross Alpha Radium 226+228

\*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, John Ramsey  
 (Print Name)

Ops. Specialist  
 (Print Title)

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

do HEREBY CERTIFY

Signature: John Ramsey

Certified Operator #: 4668 Phone #: 863-993-4565

Date: 6/2/20

Sampler's E-mail: \_\_\_\_\_ Sampler's Fax #: 863-993-4568



*Laboratory Scope of Accreditation*

Attachment to Certificate #: E84167-48, expiration date June 30, 2020. This listing of accredited analytes should be used only when associated with a valid certificate.

State Laboratory ID: E84167      EPA Lab Code: FL00289      (941) 723-9986

**E84167**  
**Benchmark EnviroAnalytical, Inc.**  
**1711 12th Street East**  
**Palmetto, FL 34221**

Matrix: **Drinking Water**

Analyte	Method/Tech	Category	Certification Type	Effective Date
1,1,1-Trichloroethane	EPA 524.2	Other Regulated Contaminants	NELAP	9/28/2005
1,1,2-Trichloroethane	EPA 524.2	Other Regulated Contaminants	NELAP	9/28/2005
1,1-Dichloroethylene	EPA 524.2	Other Regulated Contaminants	NELAP	9/28/2005
1,2,4-Trichlorobenzene	EPA 524.2	Group II Unregulated Contaminants	NELAP	9/28/2005
1,2-Dibromo-3-chloropropane (DBCP)	EPA 504.1	Synthetic Organic Contaminants	NELAP	4/20/2009
1,2-Dibromoethane (EDB, Ethylene dibromide)	EPA 504.1	Synthetic Organic Contaminants	NELAP	4/20/2009
1,2-Dichlorobenzene	EPA 524.2	Other Regulated Contaminants	NELAP	12/29/2015
1,2-Dichloroethane	EPA 524.2	Other Regulated Contaminants	NELAP	9/28/2005
1,2-Dichloropropane	EPA 524.2	Other Regulated Contaminants	NELAP	9/28/2005
1,4-Dichlorobenzene	EPA 524.2	Other Regulated Contaminants	NELAP	12/29/2015
Alkalinity as CaCO3	SM 2320 B	Primary Inorganic Contaminants	NELAP	5/25/2004
Aluminum	EPA 200.7	Secondary Inorganic Contaminants	NELAP	5/25/2004
Ammonia as N	EPA 350.1	Primary Inorganic Contaminants	NELAP	3/7/2011
Antimony	SM 3113 B	Primary Inorganic Contaminants	NELAP	1/3/2002
Arsenic	SM 3113 B	Primary Inorganic Contaminants	NELAP	1/3/2002
Barium	EPA 200.7	Primary Inorganic Contaminants	NELAP	5/25/2004
Benzene	EPA 524.2	Other Regulated Contaminants	NELAP	9/28/2005
Beryllium	EPA 200.7	Primary Inorganic Contaminants	NELAP	5/25/2004
Boron	EPA 200.7	Secondary Inorganic Contaminants	NELAP	3/7/2011
Bromate	EPA 300.1	Primary Inorganic Contaminants	NELAP	11/21/2008
Bromide	EPA 300.0	Primary Inorganic Contaminants	NELAP	5/25/2004
Bromoacetic acid	EPA 552.2	Group I Unregulated Contaminants	NELAP	4/20/2009
Bromodichloromethane	EPA 524.2	Group II Unregulated Contaminants	NELAP	9/28/2005
Bromoform	EPA 524.2	Group II Unregulated Contaminants	NELAP	9/28/2005
Cadmium	EPA 200.7	Primary Inorganic Contaminants	NELAP	5/25/2004
Calcium	EPA 200.7	Primary Inorganic Contaminants	NELAP	5/25/2004
Carbon tetrachloride	EPA 524.2	Other Regulated Contaminants	NELAP	9/28/2005
Chlorate	EPA 300.1	Secondary Inorganic Contaminants	NELAP	11/21/2008
Chloride	EPA 300.0	Secondary Inorganic Contaminants	NELAP	5/25/2004
Chlorine	SM 4500-Cl G	Primary Inorganic Contaminants	NELAP	3/7/2011
Chlorite	EPA 300.1	Primary Inorganic Contaminants	NELAP	11/21/2008
Chloroacetic acid	EPA 552.2	Group I Unregulated Contaminants	NELAP	4/20/2009
Chlorobenzene	EPA 524.2	Other Regulated Contaminants	NELAP	12/29/2015
Chloroform	EPA 524.2	Group II Unregulated Contaminants	NELAP	9/28/2005
Chromium	EPA 200.7	Primary Inorganic Contaminants	NELAP	5/25/2004
cis-1,2-Dichloroethylene	EPA 524.2	Other Regulated Contaminants	NELAP	9/28/2005

**Clients and Customers are urged to verify the laboratory's current certification status with the Environmental Laboratory Certification Program.**

**Issue Date: 12/5/2019**

**Expiration Date: 6/30/2020**



*Laboratory Scope of Accreditation*

Attachment to Certificate #: E84167-48, expiration date June 30, 2020. This listing of accredited analytes should be used only when associated with a valid certificate.

State Laboratory ID: E84167

EPA Lab Code:

FL00289

(941) 723-9986

E84167

Benchmark EnviroAnalytical, Inc.

1711 12th Street East

Palmetto, FL 34221

Matrix: Drinking Water

Analyte	Method/Tech	Category	Certification Type	Effective Date
Selenium	SM 3113 B	Primary Inorganic Contaminants	NELAP	1/3/2002
Silica as SiO2	EPA 200.7	Primary Inorganic Contaminants	NELAP	5/25/2004
Silver	EPA 200.7	Secondary Inorganic Contaminants	NELAP	5/25/2004
Sodium	EPA 200.7	Primary Inorganic Contaminants	NELAP	5/25/2004
Styrene	EPA 524.2	Other Regulated Contaminants	NELAP	12/29/2015
Sulfate	EPA 300.0	Primary Inorganic Contaminants,Secondary Inorganic Contaminants	NELAP	5/25/2004
Sulfide	SM 4500-S D/UV-VIS	Primary Inorganic Contaminants	NELAP	3/7/2011
Surfactants - MBAS	SM 5540 C	Secondary Inorganic Contaminants	NELAP	1/3/2002
Tetrachloroethylene (Perchloroethylene)	EPA 524.2	Other Regulated Contaminants	NELAP	12/29/2015
Thallium	EPA 200.9	Primary Inorganic Contaminants	NELAP	1/3/2002
Toluene	EPA 524.2	Other Regulated Contaminants	NELAP	9/28/2005
Total coliforms	SM 9223 B	Microbiology	NELAP	1/3/2002
Total coliforms	SM 9223 B /QUANTI-TRAY	Microbiology	NELAP	3/7/2011
Total dissolved solids	SM 2540 C	Secondary Inorganic Contaminants	NELAP	7/31/2007
Total haloacetic acids (HAA5)	EPA 552.2	Synthetic Organic Contaminants	NELAP	4/20/2009
Total nitrate-nitrite	EPA 300.0	Primary Inorganic Contaminants	NELAP	5/25/2004
Total nitrate-nitrite	EPA 353.2	Primary Inorganic Contaminants	NELAP	1/3/2002
Total organic carbon	SM 5310 B	Primary Inorganic Contaminants	NELAP	5/25/2004
Total trihalomethanes	EPA 524.2	Other Regulated Contaminants	NELAP	9/28/2005
trans-1,2-Dichloroethylene	EPA 524.2	Other Regulated Contaminants	NELAP	9/28/2005
Trichloroacetic acid	EPA 552.2	Group I Unregulated Contaminants	NELAP	10/14/2010
Trichloroethene (Trichloroethylene)	EPA 524.2	Other Regulated Contaminants	NELAP	9/28/2005
Turbidity	EPA 180.1	Secondary Inorganic Contaminants	NELAP	3/7/2011
UV 254	SM 5910 B	Primary Inorganic Contaminants	NELAP	11/16/2016
Vanadium	EPA 200.7	Secondary Inorganic Contaminants	NELAP	3/7/2011
Vinyl chloride	EPA 524.2	Other Regulated Contaminants	NELAP	9/28/2005
Xylene (total)	EPA 524.2	Other Regulated Contaminants	NELAP	12/29/2015
Zinc	EPA 200.7	Secondary Inorganic Contaminants	NELAP	5/25/2004

Clients and Customers are urged to verify the laboratory's current certification status with the Environmental Laboratory Certification Program.

Issue Date: 12/5/2019

Expiration Date: 6/30/2020

Ron DeSantis  
Governor



*Laboratory Scope of Accreditation*

Page 1 of 2

Attachment to Certificate #: E83033-15, expiration date June 30, 2020. This listing of accredited analytes should be used only when associated with a valid certificate.

State Laboratory ID: E83033

EPA Lab Code: FL01113

(407) 382-7733

E83033  
Florida Radiochemistry Services, Inc.  
5456 Hoffner Rd, Suite 201  
Orlando, FL 32812

Matrix: Drinking Water

Analyte	Method/Tech	Category	Certification Type	Effective Date
Gross-alpha	EPA 900.0	Radiochemistry	NELAP	6/28/2001
Gross-beta	EPA 900.0	Radiochemistry	NELAP	6/28/2001
Radium-226	EPA 903.0	Radiochemistry	NELAP	12/15/2003
Radium-226	EPA 903.1	Radiochemistry	NELAP	6/28/2001
Radium-228	EPA Ra-05	Radiochemistry	NELAP	6/28/2001
Uranium	EPA 908.0	Radiochemistry	NELAP	6/28/2001

Clients and Customers are urged to verify the laboratory's current certification status with the Environmental Laboratory Certification Program.

Issue Date: 7/1/2019

Expiration Date: 6/30/2020

**AQUIFER STORAGE AND RECOVERY QUARTERLY SUMMARY REPORT (example reporting format)**

<b>QUARTERLY REPORTING PERIOD:</b> Quarter 2 2020	<b>Year:</b> 2020
<b>PWS NAME:</b> Peace River Regional Water Supply Authority	<b>PWS ID #</b> 6142734
<b>How Many ASR Wells Do You Have?</b>	<b>21</b>

ASR WELL COMPLIANCE SUMMARY 2009												
	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
<b>INJECTION YES/NO</b>	no	no	no	no	no	no						
Dates: From												
Dates: To												
ASR WELL # (s)												
<b>STORAGE Yes/No</b>	yes	yes	yes	no	no	yes						
Dates: From	1/1/2020	2/1/2020	3/1/2020			6/1/2020						
Dates: To	1/31/2020	2/29/2020	3/31/2020			6/30/2020						
ASR WELL # (s)	4,10,11,12, 13,14,15,1 6,17,18,19, 20,T1,S1,S2 ,S3,S5,S6,S 8,S7,S9	4,10,11,12, 13,14,15,1 6,17,18,19, 20,T1,S1,S2 ,S3,S5,S6,S 8,S7,S9	4,10,11,12, 13,14,15,1 6,17,18,19, 20,T1,S1,S2 ,S3,S5,S6,S 8,S7,S9			4,10,11,12, 13,14,15,1 6,17,18,19, 20,T1,S1,S2 ,S3,S5,S6,S 8,S7,S9						
<b>RECOVERY Yes/No</b>	no	no	no	yes	yes	yes						
Dates: From				4/1/2020	5/1/2020	6/19/2020						
Dates: To				4/30/2020	5/27/2020	6/19/2020						
ASR WELL # (s)				4,10,11,12, 13,14,15,1 6,17,18,19, 20,T1,S1,S2 ,S3,S5,S6,S 8,S7	4,10,11,12, 13,14,15,1 6,17,18,19, 20,T1,S1,S2 ,S3,S5,S6,S 8,S7	4,13,S7						
<b>SAMPLES COLLECTED Yes/No</b>	yes	yes	yes	yes	yes	yes						
* ARSENIC (number of samples collected)	1	1	1	1	1	1						
* RADIOLOGICALS (number of sets of samples collected) Gross Alpha, Radium 226 and 228 = 1 Set	1	1	1	1	1	1						

\* Attach laboratory analyses results in approved Drinking Water format.