January 04, 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 Fourth 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
R. Anderson (PRMRWSA) RAnderson@regionalwater.org
S. Kipfinger (CCU) stephen.kipfinger@charlottefl.com
R. Newkirk (NPU) rnewkirk@cityofnorthport.com
B. Warner (DCU) b.warner@Desotobocc.com
M. Mylett (SCU mmylett@scgov.net
S. Adams (PGU) sadams@ci.punta-gorda.fl.us
File/Compliance Monitoring

DISINFECTANT RESIDUAL (CHLORINE OR CHLORAMINES)
EXAMPLE REPORTING FORMAT

	QUARTERLY REPORTING PERIOD: 4th quarter YEAR: 2020
SYSTEM INFORMATION	
PWS NAME: Peace River/Manasota Regional Water Supply Authority	
PWS ID NUMBER: 6142734	**COUNTY: Desoto**
CONTACT PERSON: Mike Chell	**PHONE NUMBER: (863) 993-4565**
E-MAIL ADDRESS (optional):	**FAX NUMBER (optional): (863) 993-4568**

DISINFECTANT RESIDUAL COMPLIANCE SUMMARY												
Last 12 Months	**10**	**11**	**12**	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**
Actual Month/Year	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-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)*	15	12	12	15	12	12	15	12	12	12	12	15
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)	3.51	3.36	3.48	3.67	3.58	3.88	3.85	3.88	3.81	3.56	3.65	3.69
Calculate the Running Annual Average (RAA) (i.e., calculate the arithmetic average of the monthly averages for the last 12 months)												3.66
Does the RAA violate the Maximum Residual Disinfectant Level of 4.0 mg/l? (YES/NO)												**NO**

*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-Cl D, 4500-Cl F, 4500-Cl G (DPD Colorimetric, and 4500-Cl H and ASTM Method D 1253-86
Combined Chlorine: Standard Methods 4500-Cl D, 4500-Cl F, and 4500-Cl G (DPD Colorimetric) and ASTM Method D 1253-86
Total Chlorine: 4500Cl-D, 4500-Cl E, 4500-Cl F, 4500-Cl G (DPD Colorimetric), and 4500-Cl 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.

4th quarter 2020

DISINFECTANT RESIDUAL ANALYSIS RESULT FOR REPORTING PERIOD

Sample Location	Date of Sample Collection (mo/da/yr)	Name of Person Collecting Sample	Date of Analysis (mo/da/yr)	Analytical Method	Analysis Information Provide one of the following: (Unless the analysis is performed by a DEP/DOH employee) (1) Name & License number of licensed operator responsible for analysis or (2) Name & certification number of laboratory responsible for analysis	Residual Disinfectant Analysis Result (mgL)
Desoto Regional Transmission Main (DRTM)	10/6/2020	John Ramsey	10/6/2020	4500-Cl G	John Ramsey-4668	3.3
Charlotte County Regional Transmission Main (CCRTM-CCU24" Meter)	10/6/2020	John Ramsey	10/6/2020	4500-Cl G	John Ramsey-4668	3.6
North Regional Transmission main (NRTM-CARLTON METER)	10/6/2020	John Ramsey	10/6/2020	4500-Cl G	John Ramsey-4668	3.6
Desoto Regional Transmission Main (DRTM)	10/13/2020	John Ramsey	10/13/2020	4500-Cl G	John Ramsey-4668	3.6
Charlotte County Regional Transmission Main (CCRTM-CCU24" Meter)	10/13/2020	John Ramsey	10/13/2020	4500-Cl G	John Ramsey-4668	3.6
North Regional Transmission main (NRTM-CARLTON METER)	10/13/2020	John Ramsey	10/13/2020	4500-Cl G	John Ramsey-4668	3.5
Desoto Regional Transmission Main (DRTM)	10/20/2020	John Ramsey	10/20/2020	4500-Cl G	John Ramsey-4668	3.8
Charlotte County Regional Transmission Main (CCRTM-CCU24" Meter)	10/20/2020	John Ramsey	10/20/2020	4500-Cl G	John Ramsey-4668	3.6
North Regional Transmission main (NRTM-CARLTON METER)	10/20/2020	John Ramsey	10/20/2020	4500-Cl G	John Ramsey-4668	3.5
Desoto Regional Transmission Main (DRTM)	10/27/2020	John Ramsey	10/27/2020	4500-Cl G	John Ramsey-4668	3.7
Charlotte County Regional Transmission Main (CCRTM-CCU24" Meter)	10/27/2020	John Ramsey	10/27/2020	4500-Cl G	John Ramsey-4668	3.4
North Regional Transmission main (NRTM-CARLTON METER)	10/27/2020	John Ramsey	10/27/2020	4500-Cl G	John Ramsey-4668	3.5

3.56

4th quarter 2020

DISINFECTANT RESIDUAL ANALYSIS RESULT FOR REPORTING PERIOD

Sample Location	Date of Sample Collection (mo/da/yr)	Name of Person Collecting Sample	Date of Analysis (mo/da/yr)	Analytical Method	Analysis Information Provide one of the following: (Unless the analysis is performed by a DEP/DOH employee) (1) Name & License number of licensed operator responsible for analysis or (2) Name & certification number of laboratory responsible for analysis	Residual Disinfectant Analysis Result (mgL)
Desoto Regional Transmission Main (DRTM)	11/3/2020	John Ramsey	11/3/2020	4500-Cl G	John Ramsey-4668	3.7
Charlotte County Regional Transmission Main (CCRTM-CCU24" Meter)	11/3/2020	John Ramsey	11/3/2020	4500-Cl G	John Ramsey-4668	3.3
North Regional Transmission main (NRTM-CARLTON METER)	11/3/2020	John Ramsey	11/3/2020	4500-Cl G	John Ramsey-4668	3.5
Desoto Regional Transmission Main (DRTM)	11/9/2020	John Ramsey	11/9/2020	4500-Cl G	John Ramsey-4668	3.9
Charlotte County Regional Transmission Main (CCRTM-CCU24" Meter)	11/9/2020	John Ramsey	11/9/2020	4500-Cl G	John Ramsey-4668	3.7
North Regional Transmission main (NRTM-CARLTON METER)	11/9/2020	John Ramsey	11/9/2020	4500-Cl G	John Ramsey-4668	3.7
Desoto Regional Transmission Main (DRTM)	11/17/2020	John Ramsey	11/17/2020	4500-Cl G	John Ramsey-4668	3.5
Charlotte County Regional Transmission Main (CCRTM-CCU24" Meter)	11/17/2020	John Ramsey	11/17/2020	4500-Cl G	John Ramsey-4668	4.1
North Regional Transmission main (NRTM-CARLTON METER)	11/17/2020	John Ramsey	11/17/2020	4500-Cl G	John Ramsey-4668	3.3
Desoto Regional Transmission Main (DRTM)	11/24/2020	John Ramsey	11/24/2020	4500-Cl G	John Ramsey-4668	3.9
Charlotte County Regional Transmission Main (CCRTM-CCU24" Meter)	11/24/2020	John Ramsey	11/24/2020	4500-Cl G	John Ramsey-4668	3.6
North Regional Transmission main (NRTM-CARLTON METER)	11/24/2020	John Ramsey	11/24/2020	4500-Cl G	John Ramsey-4668	3.6

3.65

4th quarter 2020

DISINFECTANT RESIDUAL ANALYSIS RESULT FOR REPORTING PERIOD

Sample Location	Date of Sample Collection (mo/da/yr)	Name of Person Collecting Sample	Date of Analysis (mo/da/yr)	Analytical Method	Analysis Information Provide one of the following: (Unless the analysis is performed by a DEP/DOH employee) (1) Name & License number of licensed operator responsible for analysis or (2) Name & certification number of laboratory responsible for analysis	Residual Disinfectant Analysis Result (mgL)
Desoto Regional Transmission Main (DRTM)	12/1/2020	John Ramsey	12/1/2020	4500-Cl G	John Ramsey-4668	3.8
Charlotte County Regional Transmission Main (CCRTM-CCU24" Meter)	12/1/2020	John Ramsey	12/1/2020	4500-Cl G	John Ramsey-4668	3.4
North Regional Transmission main (NRTM-CARLTON METER)	12/1/2020	John Ramsey	12/1/2020	4500-Cl G	John Ramsey-4668	3.5
Desoto Regional Transmission Main (DRTM)	12/8/2020	John Ramsey	12/8/2020	4500-Cl G	John Ramsey-4668	3.8
Charlotte County Regional Transmission Main (CCRTM-CCU24" Meter)	12/8/2020	John Ramsey	12/8/2020	4500-Cl G	John Ramsey-4668	3.5
North Regional Transmission main (NRTM-CARLTON METER)	12/8/2020	John Ramsey	12/8/2020	4500-Cl G	John Ramsey-4668	3.5
Desoto Regional Transmission Main (DRTM)	12/15/2020	John Ramsey	12/15/2020	4500-Cl G	John Ramsey-4668	3.7
Charlotte County Regional Transmission Main (CCRTM-CCU24" Meter)	12/15/2020	John Ramsey	12/15/2020	4500-Cl G	John Ramsey-4668	3.8
North Regional Transmission main (NRTM-CARLTON METER)	12/15/2020	John Ramsey	12/15/2020	4500-Cl G	John Ramsey-4668	3.7
Desoto Regional Transmission Main (DRTM)	12/22/2020	John Ramsey	12/22/2020	4500-Cl G	John Ramsey-4668	4.1
Charlotte County Regional Transmission Main (CCRTM-CCU24" Meter)	12/22/2020	John Ramsey	12/22/2020	4500-Cl G	John Ramsey-4668	3.7
North Regional Transmission main (NRTM-CARLTON METER)	12/22/2020	John Ramsey	12/22/2020	4500-Cl G	John Ramsey-4668	3.7
Desoto Regional Transmission Main (DRTM)	12/29/2020	John Ramsey	12/29/2020	4500-Cl G	John Ramsey-4668	3.9
Charlotte County Regional Transmission Main (CCRTM-CCU24" Meter)	12/29/2020	John Ramsey	12/29/2020	4500-Cl G	John Ramsey-4668	3.7
North Regional Transmission main (NRTM-CARLTON METER)	12/29/2020	John Ramsey	12/29/2020	4500-Cl G	John Ramsey-4668	3.5

3.69

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.

QUARTERLY MONITORING PERIOD*: October-December 2020

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

SYSTEM INFORMATION

PWS ID Number: 6142734

PWS Name: Peace River Manasota Regional water supply authority

Source Water Type and Population Size Category:

- ☐ Ground Water:
  - ☐ 10,000 – 99,999
  - ☐ 100,000 – 499,999
  - ☐ ≥ 500,000
- ☑ Subpart H:
  - ☐ 500 – 3,300
  - ☐ 3,301 – 9,999
  - ☐ 10,000 – 49,999
  - ☑ 50,000 – 249,999
  - ☐ 250,000 – 999,999
  - ☐ 1,000,000 – 4,999,999
  - ☐ ≥ 5,000,000

Monitoring Mode*: Routine Monitoring ☑ Reduced Monitoring ☐

Monitoring Frequency*: Quarterly ☑ Annually ☐

Total Number Of Distribution System Monitoring Locations*: 3

Contact Person: Richard Anderson

Phone Number: 863-993-4565

E-Mail Address (optional): randerson@regionalwater.org

Fax Number (optional): 863-993-4568

* See 40 CFR 141.621 and 141.623 for more details.

QUARTERLY MONITORING PERIOD: October-December 2020 PWS ID Number: 6142734

TTHM COMPLIANCE SUMMARY FOR SYSTEMS MONITORING QUARTERLY

Monitoring Location*	DOH Lab Certification No.	This Quarter: No. of TTHM Samples Taken	This Quarter: Date Each TTHM Sample Taken (mo/da/yr)	This Quarter: TTHM Sample Result (µg/L)	This Quarter: TTHM Locational Quarterly Average (µg/L) A	Previous Quarter: TTHM Locational Quarterly Average (µg/L) B	2 Quarters Ago: TTHM Locational Quarterly Average (µg/L) C	3 Quarters Ago: TTHM Locational Quarterly Average (µg/L) D	TTHM LRAA** (µg/L) (A+B+C+D)/4	TTHM OE Value*** (µg/L) (2A+B+C)/4
Peace River Facility (Finished POE)	E84167	1	10/13/2020	38.0	38.0	24.3	37.9	36.3	34.125	34.55
Charlotte County Utility 10"	E84167	1	10/13/2020	41.5	41.5	22.5	36.0	36.0	34	35.375
Carlton 42" (NRTM)	E84167	1	10/13/2020	38.2	38.2	29.9	35.3	38.7	35.525	35.400000000000006
									0	0
									0	0
									0	0
									0	0
									0	0
									0	0
									0	0
									0	0
									0	0

Does the TTHM LRAA at any monitoring location violate the TTHM MCL of 80 µg/L? (YES/NO)	Yes ☐ No ☑
Does the TTHM OE value at any monitoring location exceed 80 µg/L? (YES/NO)****	Yes ☐ No ☑
If you are on reduced quarterly monitoring, does the TTHM LRAA exceed 40 µg/L at any monitoring location?	Yes ☐ No ☐ N/A ☑

* Location names or numbers should correspond to those in your Stage 2 D/DBPR compliance monitoring plan required under 40 CFR 141.622.

** Calculate and enter the LRAA beginning at the end of the fourth quarter of Stage 2 monitoring and at the end of each subsequent quarter. Also, if the LRAA calculated based on fewer than four quarters of data would cause the MCL to be exceeded regardless of the monitoring results of subsequent quarters, calculate and enter the LRAA (using zero for the results of subsequent quarters).

*** Calculate the OE value beginning at the end of the third quarter of Stage 2 monitoring and at the end of each subsequent quarter. Enter the OE value if it exceeds 80 µg/L.

**** If any TTHM OE value at any location exceeds 80 µg/L, conduct an OE and submit an OE report in accordance with 40 CFR 141.626.

***** If any TTHM LRAA at any location exceeds 40 µg/L, resume routine quarterly monitoring under 40 CFR 141.621.

QUARTERLY MONITORING PERIOD: October-December 2020 PWS ID Number: 6142734

HAA5 COMPLIANCE SUMMARY FOR SYSTEMS MONITORING QUARTERLY

Monitoring Location*	DOH Lab Certification No.	This Quarter: No. of HAA5 Samples Taken	This Quarter: Date Each HAA5 Sample Taken (mo/da/yr)	This Quarter: HAA5 Sample Result (µg/L)	This Quarter: HAA5 Locational Quarterly Average (µg/L) A	Previous Quarter: HAA5 Locational Quarterly Average (µg/L) B	2 Quarters Ago: HAA5 Locational Quarterly Average (µg/L) C	3 Quarters Ago: HAA5 Locational Quarterly Average (µg/L) D	HAA5 LRAA** (µg/L) (A+B+C+D)/4	HAA5 OE Value*** (µg/L) (2A+B+C)/4
Peace River Facility (Finished POE)	E84167	1	10/13/2020	23.8	23.8	10.8	15.4	24.6	18.65	18.450000000000003
Charlotte County Utility 10"	E84167	1	10/13/2020	22.7	22.7	9.84	14.6	27.0	18.535	17.459999999999997
Carlton 42" (NRTM)	E84167	1	10/13/2020	20.8	20.8	10.8	15.5	22.0	17.275	16.975
									0	0
									0	0
									0	0
									0	0
									0	0
									0	0
									0	0
									0	0
									0	0

Does the HAA5 LRAA at any monitoring location violate the HAA5 MCL of 60 µg/L?	Yes ☐	No ☑
Does the HAA5 OE value at any monitoring location exceed 60 µg/L?	Yes ☐	No ☑
If you are on reduced quarterly monitoring, does the HAA5 LRAA exceed 30 µg/L at any monitoring location?	Yes ☐ No ☐	N/A ☑

* Location names or numbers should correspond to those in your Stage 2 D/DBPR compliance monitoring plan required under 40 CFR 141.622.

** Calculate and enter the LRAA beginning at the end of the fourth quarter of Stage 2 monitoring and at the end of each subsequent quarter. Also, if the LRAA calculated based on fewer than four quarters of data would cause the MCL to be exceeded regardless of the monitoring results of subsequent quarters, calculate and enter the LRAA (using zero for the results of subsequent quarters).

*** Calculate the OE value beginning at the end of the third quarter of Stage 2 monitoring and at the end of each subsequent quarter. Enter the OE value if it exceeds 60 µg/L.

**** If any HAA5 OE value at any location exceeds 60 µg/L, you must conduct an OE and submit an OE report in accordance with 40 CFR 141.626.

***** If any HAA5 LRAA at any location exceeds 30 µg/L, you must resume routine quarterly monitoring under 40 CFR 141.621.

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: 10/13/20 Sample Time: 0915 (AM) PM (Circle One)

Sample Location (be specific): Peace River Facility Location Code:

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): 4.3 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 62-560)
- ☐ 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: 10/13/20

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: 10/13/20 Sample Time: 1030 (AM) PM (Circle One)

Sample Location (be specific): Charlotte County Utility 10"

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): 3.5 mg/L Location Code: Field pH: 7.94

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: 10/13/20

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. 768

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: 10/13/20 Sample Time: 1130 (AM) PM (Circle One)

Sample Location (be specific): Carlton 42" (NRTM) Location Code: _____

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): 3.3 mg/L Field pH: 8.04

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: _____

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

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: 06/30/2021

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: 10/14/20

PWS ID (From Page 1): 6142734 Sample Number (From Page 1): _____ Lab Assigned Report # or Job ID: 20100720-001

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

Inorganics	Synthetic Organics	Volatile Organics	Disinfection Byproducts	Radionuclides	Secondaries
☐All Except Asbestos	☐All 30	☐All 21	☒Trihalomethanes	☐Single Sample	☐All 14
☐Partial	☐All Except Dioxin	☐Partial	☒Haloacetic Acids	☐Qtrly Composite**	☐Partial
☐Nitrate	☐Partial		☐Chlorite		
☐Nitrite	☐Dioxin Only		☐Bromate		
☐Asbestos					

LAB CERTIFICATION

I, Dale Dixon / Tulay Tanrisever / Kara Peterson (Print Name), Lab Director / Technical Director & QC Officer / QA Officer (Print Title), do HEREBY CERTIFY that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).

Signature: Tulay Dixon Date: 10/20/20

* 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: 06/30/2021

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: 10/14/20

PWS ID (From Page 1): 6142734 Sample Number (From Page 1): _____ Lab Assigned Report # or Job ID: 20100720-002

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

Inorganics	Synthetic Organics	Volatile Organics	Disinfection Byproducts	Radionuclides	Secondaries
☐All Except Asbestos	☐All 30	☐All 21	☒Trihalomethanes	☐Single Sample	☐All 14
☐Partial	☐All Except Dioxin	☐Partial	☒Haloacetic Acids	☐Qtrly Composite**	☐Partial
☐Nitrate	☐Partial		☐Chlorite		
☐Nitrite	☐Dioxin Only		☐Bromate		
☐Asbestos					

LAB CERTIFICATION

I, Dale Dixon / Tulay Tanrisever / Kara Peterson (Print Name), Lab Director / Technical Director & QC Officer / QA Officer (Print Title), do HEREBY CERTIFY that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).

Signature: Tulay Dixon Date: 10/20/20

* 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: 06/30/2021

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: 10/14/20

PWS ID (From Page 1): 6142734 Sample Number (From Page 1): _____ Lab Assigned Report # or Job ID: 20100720-003

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

Inorganics	Synthetic Organics	Volatile Organics	Disinfection Byproducts	Radionuclides	Secondaries
☐All Except Asbestos	☐All 30	☐All 21	☒Trihalomethanes	☐Single Sample	☐All 14
☐Partial	☐All Except Dioxin	☐Partial	☒Haloacetic Acids	☐Qtrly Composite**	☐Partial
☐Nitrate	☐Partial		☐Chlorite		
☐Nitrite	☐Dioxin Only		☐Bromate		
☐Asbestos					

LAB CERTIFICATION

I, Dale Dixon / Tulay Tanrisever / Kara Peterson (Print Name), Lab Director / Technical Director & QC Officer / QA Officer (Print Title), do HEREBY CERTIFY that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).

Signature: Tulay Dixon Date: 10/20/20

* 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

DISINFECTION BYPRODUCTS
62-550.310(3)

Report Number / Job ID: 20100720-001

Disinfectant Residual (mg/L): 3.3

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	10/15/2020	13:03	E84167
2451	Dichloroacetic Acid	N/A	µg/L	11.5		552.2	0.5	1.0	10/15/2020	13:03	E84167
2452	Trichloroacetic Acid	N/A	µg/L	7.60		552.2	0.5	1.0	10/15/2020	13:03	E84167
2453	Monobromoacetic Acid	N/A	µg/L	0.5	U	552.2	0.5	1.0	10/15/2020	13:03	E84167
2454	Dibromoacetic Acid	N/A	µg/L	1.73	I	552.2	0.5	1.0	10/15/2020	13:03	E84167
2456	Total Haloacetic Acids (HAA5)	60	µg/L	20.8		552.2	0.5	---	10/15/2020	13:03	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	21.2		524.2	0.5	1.0	10/15/2020	13:43	E84167
2942	Bromoform	N/A	µg/L	0.5	U	524.2	0.5	1.0	10/15/2020	13:43	E84167
2943	Bromodichloromethane	N/A	µg/L	13.5		524.2	0.5	1.0	10/15/2020	13:43	E84167
2944	Dibromochloromethane	N/A	µg/L	3.52		524.2	0.5	1.0	10/15/2020	13:43	E84167
2950	Total Trihalomethanes (TTHM)	80	µg/L	38.2		524.2	0.5	---	10/15/2020	13:43	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.

*Results must be reported with appropriate qualifiers in accordance with Florida Administrative Code Rule 62-160, Table 1. Results qualified with A, F, H, N, O, T, Z, ?, *, are unacceptable for compliance with 62-550. Results qualified with a J, Q, R, or Y must be accompanied by written justification and will be evaluated on a case by case basis. To avoid a monitoring violation, unacceptable results must be replaced with acceptable results from samples collected during the same monitoring period.

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

DISINFECTION BYPRODUCTS
62-550.310(3)

Report Number / Job ID: 20100720-002

Disinfectant Residual (mg/L): 3.5

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	10/15/2020	13:31	E84167
2451	Dichloroacetic Acid	N/A	µg/L	12.6		552.2	0.5	1.0	10/15/2020	13:31	E84167
2452	Trichloroacetic Acid	N/A	µg/L	8.17		552.2	0.5	1.0	10/15/2020	13:31	E84167
2453	Monobromoacetic Acid	N/A	µg/L	0.5	U	552.2	0.5	1.0	10/15/2020	13:31	E84167
2454	Dibromoacetic Acid	N/A	µg/L	1.97	I	552.2	0.5	1.0	10/15/2020	13:31	E84167
2456	Total Haloacetic Acids (HAA5)	60	µg/L	22.7		552.2	0.5	---	10/15/2020	13:31	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	23.5		524.2	0.5	1.0	10/15/2020	14:42	E84167
2942	Bromoform	N/A	µg/L	0.5	U	524.2	0.5	1.0	10/15/2020	14:42	E84167
2943	Bromodichloromethane	N/A	µg/L	14.3		524.2	0.5	1.0	10/15/2020	14:42	E84167
2944	Dibromochloromethane	N/A	µg/L	3.65		524.2	0.5	1.0	10/15/2020	14:42	E84167
2950	Total Trihalomethanes (TTHM)	80	µg/L	41.5		524.2	0.5	---	10/15/2020	14:42	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.

*Results must be reported with appropriate qualifiers in accordance with Florida Administrative Code Rule 62-160, Table 1. Results qualified with A, F, H, N, O, T, Z, ?, *, are unacceptable for compliance with 62-550. Results qualified with a J, Q, R, or Y must be accompanied by written justification and will be evaluated on a case by case basis. To avoid a monitoring violation, unacceptable results must be replaced with acceptable results from samples collected during the same monitoring period.

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

DISINFECTION BYPRODUCTS
62-550.310(3)

Report Number / Job ID: 20100720-003

Disinfectant Residual (mg/L): 4.3

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	10/15/2020	13:59	E84167
2451	Dichloroacetic Acid	N/A	µg/L	13.1		552.2	0.5	1.0	10/15/2020	13:59	E84167
2452	Trichloroacetic Acid	N/A	µg/L	8.73		552.2	0.5	1.0	10/15/2020	13:59	E84167
2453	Monobromoacetic Acid	N/A	µg/L	0.5	U	552.2	0.5	1.0	10/15/2020	13:59	E84167
2454	Dibromoacetic Acid	N/A	µg/L	1.94	I	552.2	0.5	1.0	10/15/2020	13:59	E84167
2456	Total Haloacetic Acids (HAA5)	60	µg/L	23.8		552.2	0.5	---	10/15/2020	13:59	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	21.4		524.2	0.5	1.0	10/15/2020	16:41	E84167
2942	Bromoform	N/A	µg/L	0.5	U	524.2	0.5	1.0	10/15/2020	16:41	E84167
2943	Bromodichloromethane	N/A	µg/L	13.0		524.2	0.5	1.0	10/15/2020	16:41	E84167
2944	Dibromochloromethane	N/A	µg/L	3.57		524.2	0.5	1.0	10/15/2020	16:41	E84167
2950	Total Trihalomethanes (TTHM)	80	µg/L	38.0		524.2	0.5	---	10/15/2020	16:41	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.

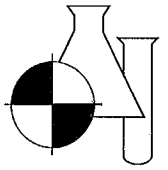
*Results must be reported with appropriate qualifiers in accordance with Florida Administrative Code Rule 62-160, Table 1. Results qualified with A, F, H, N, O, T, Z, ?, *, are unacceptable for compliance with 62-550. Results qualified with a J, Q, R, or Y must be accompanied by written justification and will be evaluated on a case by case basis. To avoid a monitoring violation, unacceptable results must be replaced with acceptable results from samples collected during the same monitoring period.

DATA QUALIFIERS THAT MAY APPLY:

B = Results based upon colony counts outside the ideal range.
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.
G2 = Accuracy standard exceeds acceptable control limits. Duplicate and spike values are within control limits. Reported data are usable.
G3 = Precision measurement exceeded acceptable control limits. Standard and spike values are within control limits. Reported data are usable.
G4 = Spike recovery exceeds acceptable control limits. Standard and duplicate values are within control limits. Reported data are usable.
I = Reported value is between the laboratory MDL and the PQL.
J3 = Estimated value. Quality control criteria for precision and accuracy not met.
J4 = Estimated value. Sample matrix interference suspected.
J6 = Estimated value. SM5210B test replicates show more than 30% difference between high and low values, indicating potential presence of toxicity within the sample.
K = Off-scale low. Value is known to be < the value reported.
L = Off scale high; reported concentration exceeds the highest standard.
ND = Not Detected at or above adjusted reporting limit.
Q = Sample held beyond accepted hold time.
U = Analyte analyzed but not detected at the value indicated.
X = Value exceed MCL.
Y = Analysis preformed on an improperly preserved sample. Data may be inaccurate
Z = Too many colonies were present (TNTC). The numeric value represents the filtration volume.

FDOH Certification #E84167

BENCHMARK
EnviroAnalytical Inc.



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

Sam Stone

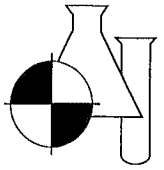
ANALYTICAL TEST REPORT
THESE RESULTS MEET NELAC STANDARDS

DISINFECTION BYPRODUCTS
62-550.310 (3)

REPORT NUMBER: 20100720 - 001
SYSTEM NAME: Carlton 42 (NRTM)
SYSTEM ID: 6142734

PARAMETER ID	PARAMETER NAME	MCL	UNITS	ANALYSIS RESULT	QUALIFIER	ANALYTICAL METHOD	MDL	ANALYSIS DATE	ANALYSIS TIME	LAB ID
2450	MONOCHLOROACETIC ACID	N/A	UG/L	0.5	U	552.2	0.5	10/15/2020	13:03	E84167
2451	DICHLOROACETIC ACID	N/A	UG/L	11.5		552.2	0.5	10/15/2020	13:03	E84167
2452	TRICHLOROACETIC ACID	N/A	UG/L	7.60		552.2	0.5	10/15/2020	13:03	E84167
2453	MONOBROMOACETIC ACID	N/A	UG/L	0.5	U	552.2	0.5	10/15/2020	13:03	E84167
2454	DIBROMOACETIC ACID	N/A	UG/L	1.73	I	552.2	0.5	10/15/2020	13:03	E84167
2456	TOTAL HAA(5)	60	UG/L	20.8		552.2	0.5	10/15/2020	13:03	E84167
2941	CHLOROFORM	N/A	UG/L	21.2		524.2	0.5	10/15/2020	13:43	E84167
2942	BROMOFORM	N/A	UG/L	0.5	U	524.2	0.5	10/15/2020	13:43	E84167
2943	BROMODICHLOROMETHANE	N/A	UG/L	13.5		524.2	0.5	10/15/2020	13:43	E84167
2944	DIBROMOCHLOROMETHANE	N/A	UG/L	3.52		524.2	0.5	10/15/2020	13:43	E84167
2950	TRIHALOMETHANES, TOTAL	80	UG/L	38.2		524.2	0.5	10/15/2020	13:43	E84167

BENCHMARK
EnviroAnalytical Inc.



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

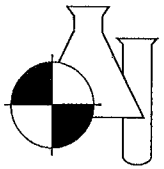
Sam Stone

ANALYTICAL TEST REPORT
THESE RESULTS MEET NELAC STANDARDS

DISINFECTION BYPRODUCTS
62-550.310 (3)

REPORT NUMBER: 20100720 - 002
SYSTEM NAME: Charlotte County Utility 10
SYSTEM ID: 6142734

PARAMETER ID	PARAMETER NAME	MCL	UNITS	ANALYSIS RESULT	QUALIFIER	ANALYTICAL METHOD	MDL	ANALYSIS DATE	ANALYSIS TIME	LAB ID
2450	MONOCHLOROACETIC ACID	N/A	UG/L	0.5	U	552.2	0.5	10/15/2020	13:31	E84167
2451	DICHLOROACETIC ACID	N/A	UG/L	12.6		552.2	0.5	10/15/2020	13:31	E84167
2452	TRICHLOROACETIC ACID	N/A	UG/L	8.17		552.2	0.5	10/15/2020	13:31	E84167
2453	MONOBROMOACETIC ACID	N/A	UG/L	0.5	U	552.2	0.5	10/15/2020	13:31	E84167
2454	DIBROMOACETIC ACID	N/A	UG/L	1.97	I	552.2	0.5	10/15/2020	13:31	E84167
2456	TOTAL HAA(5)	60	UG/L	22.7		552.2	0.5	10/15/2020	13:31	E84167
2941	CHLOROFORM	N/A	UG/L	23.5		524.2	0.5	10/15/2020	14:42	E84167
2942	BROMOFORM	N/A	UG/L	0.5	U	524.2	0.5	10/15/2020	14:42	E84167
2943	BROMODICHLOROMETHANE	N/A	UG/L	14.3		524.2	0.5	10/15/2020	14:42	E84167
2944	DIBROMOCHLOROMETHANE	N/A	UG/L	3.65		524.2	0.5	10/15/2020	14:42	E84167
2950	TRIHALOMETHANES, TOTAL	80	UG/L	41.5		524.2	0.5	10/15/2020	14:42	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

DISINFECTION BYPRODUCTS
62-550.310 (3)

REPORT NUMBER: 20100720 - 003
SYSTEM NAME: Peace River Facility
SYSTEM ID: 6142734

PARAMETER ID	PARAMETER NAME	MCL	UNITS	ANALYSIS RESULT	QUALIFIER	ANALYTICAL METHOD	MDL	ANALYSIS DATE	ANALYSIS TIME	LAB ID
2450	MONOCHLOROACETIC ACID	N/A	UG/L	0.5	U	552.2	0.5	10/15/2020	13:59	E84167
2451	DICHLOROACETIC ACID	N/A	UG/L	13.1		552.2	0.5	10/15/2020	13:59	E84167
2452	TRICHLOROACETIC ACID	N/A	UG/L	8.73		552.2	0.5	10/15/2020	13:59	E84167
2453	MONOBROMOACETIC ACID	N/A	UG/L	0.5	U	552.2	0.5	10/15/2020	13:59	E84167
2454	DIBROMOACETIC ACID	N/A	UG/L	1.94	I	552.2	0.5	10/15/2020	13:59	E84167
2456	TOTAL HAA(5)	60	UG/L	23.8		552.2	0.5	10/15/2020	13:59	E84167
2941	CHLOROFORM	N/A	UG/L	21.4		524.2	0.5	10/15/2020	16:41	E84167
2942	BROMOFORM	N/A	UG/L	0.5	U	524.2	0.5	10/15/2020	16:41	E84167
2943	BROMODICHLOROMETHANE	N/A	UG/L	13.0		524.2	0.5	10/15/2020	16:41	E84167
2944	DIBROMOCHLOROMETHANE	N/A	UG/L	3.57		524.2	0.5	10/15/2020	16:41	E84167
2950	TRIHALOMETHANES, TOTAL	80	UG/L	38.0		524.2	0.5	10/15/2020	16:41	E84167

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.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 #: 20100720
Method of Discharge[2]: DW

Sample Name	Sample Type[1]	Collection		Container			Preservative[4]	Parameters for Analysis	Laboratory Sample #
		Date	Time	Qty	Capacity	Type[3]			
Carlton 42 (NRTM) 3.3 Cl_2 @ time of collection: ~~3.03~~ 3.3R pH @ time of collection: 8.04	Grab	10/13/20	1130	1	250mL	Glass	NH_4Cl	HAA's	1
				3	40mL*	Glass Vials	NaThio	THM's	
Charlotte County Utility 10 Cl_2 @ time of collection: 3.5 pH @ time of collection: 7.94	Grab	10/13/20	1030	1	250mL	Glass	NH_4Cl	HAA's	2
				3	40mL*	Glass Vials	NaThio	THM's	
Peace River Facility Cl_2 @ time of collection: 4.3 pH @ time of collection: 8.10	Grab	10/13/20	0915	1	250mL	Glass	NH_4Cl	HAA's	3
				3	40mL*	Glass Vials	NaThio	THM's	

*** 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: 2.1 °C

1	Collector: John Ramsey	Date: 10/13/20	Time: 1257	Received By: Melinda Merchant	Date: 10/13/20	Time: 1257
2	Relinquished by: Melinda Merchant	Date: 10/14/20	Time: 12:50	Received By: [signature]	Date: 10-14-20	Time: 12:50
3	Relinquished by: [signature]	Date: 10-14-20	Time: 1545	Received By: [signature]	Date: 10/14/20	Time: 1545
4	Relinquished by:	Date:	Time:	Received By:	Date:	Time:

Ron DeSantis
Governor

Florida HEALTH

Laboratory Scope of Accreditation

Attachment to Certificate #: E84167-49, expiration date June 30, 2021. 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

Attachment to Certificate #: E84167-49, expiration date June 30, 2021. 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
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 /QUANTI-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	SIMPLATE	Microbiology	NELAP	7/1/2016
Heterotrophic plate count	SM 9215 B	Microbiology	NELAP	5/25/2004
Hydrogen sulfide, un-ionized (calculation)	SM 4500S= 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
Odor	EPA 140.1	Secondary Inorganic Contaminants	NELAP	1/3/2002
Orthophosphate as P	EPA 300.0	Primary Inorganic Contaminants	NELAP	3/7/2011
pH	SM 4500-H+-B	Secondary Inorganic Contaminants	NELAP	7/31/2007
Potassium	EPA 200.7	Secondary Inorganic Contaminants	NELAP	5/25/2004

Laboratory Scope of Accreditation

Attachment to Certificate #: E84167-49, expiration date June 30, 2021. 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

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. 4	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

	Monthly TOC Sample Set			Actual %	Step 1	Step 1
DATE	Raw Alkalinity	Treated TOC	Raw TOC	TOC Removed	Required % Removal	Removal Ratio
10/8/2020	61	4.85	16.32	70	40	1.76
11/9/2020	59	4.3	17.4	75	50	1.51
12/8/2020	58.5	4.609	17.786	74	50	1.48

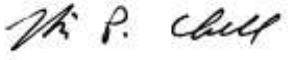
DATE	(1-Treated Water TOC % / Source Water TOC) x 100 = Monthly % TOC Removal	
10/8/2020	(1- 4.85/16.320) x 100=	70
11/9/2020	(1- 4.3/ 17.4) x 100 =	75
12/8/2020	(1- 4.609 / 17.786) x 100 =	74

DATE	Calculated Monthly TOC % Removal / Required TOC % Removal = Ratio	Ratio > 1.0
10/8/2020	1.76	YES
11/9/2020	1.51	YES
12/8/2020	1.48	YES

QUARTERLY SAMPLE INFORMATION - ___4th_____ QUARTER REPORT __2020

Parameter	Number of Samples Collected	Number of paired (source water and treated water) samples collected	Sample Location	Name of the Individual Sampler	Laboratory Certification Number responsible for the analysis	Date(s) of Collection	Date of Analysis	Analytical Method Used
Raw Alkalinity	3	3	Raw Water	John Ramsey	E84167	10/8/20	10/15/2020	SM2320B
						11/9/20	11/10/2020	SM2320B
						12/8/20	12/9/2020	SM2320B
Raw TOC	3		Raw Water	John Ramsey	E84167	10/8/20	10/15/2020	SM5310B
						11/9/20	11/10/2020	SM5310B
						12/8/20	12/15/2020	SM5310B
Treated TOC	3		Finish Water	John Ramsey	E84167	10/8/20	10/15/2020	SM5310B
						11/9/20	11/10/2020	SM5310B
						12/8/20	12/15/2020	SM5310B

*I hereby certify that I am familiar with the information contained in this report and that, to the best of my knowledge, the information is true, complete and accurate.

Operator's Signature:_  Date:__12/18/2020_____

Certificate Number & Class:_A 15153_____ Expiration Date:_4/30/2021_____

TOTAL ORGANIC CARBON (TOC) ANNUAL REMOVAL SUMMARY

	By Month for Past 12 Months											
	1	2	3	4	5	6	7	8	9	10	11	12
Actual Month/Year	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-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	12.6	12	12.5	12	11.4	9.8	12.5	12.9	15.4	14	13.5	13.8
Treated Water TOC Monthly Arithmetic Average	3.68	3.62	3.81	0	3.3	3.05	2.7	2.98	3.88	3.98	4.15	4.21
Actual % TOC Removed *	71	70	70	100	71	69	78	77	75	72	69	69
% TOC Removed Quarterly Arithmetic Average			70			80			77			70
% TOC Removed 12 Month Running Arithmetic Average						75			76			74
Required % Removal	50	50	50	50	40	40	40	40	40	40	50	50
Monthly Actual/Required Ratio	1.42	1.40	1.39	2.00	1.78	1.72	1.96	1.92	1.87	1.79	1.39	1.39
Quarterly Average of Actual/Required Ratio			1.401			1.833			1.918			1.521
Running 12 Month Actual/Required Ratio												1.668

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)	**YES**

*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 : 20100415

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

Sam Stone

Project Name : MONTHLY ANALYSIS
Date Received : 10/08/2020
Time Received : 1500

Submission Number: 20100415
Sample Number: 001
Sample Description: Raw Water
Sample Date: 10/08/2020
Sample Time: 1035
Sample Method: Grab

Parameter	Result	Units	MDL	PQL	Procedure	Analysis Date/Time	Analyst
TOTAL ALKALINITY (CACO3)	61.0	MG/L	0.594	2.376	SM2320B	10/15/2020 10:18	CE
TOTAL ORGANIC CARBON	16.320	MG/L	0.271	1.084	SM5310B	10/15/2020 17:23	JW

Submission Number: 20100415
Sample Number: 002
Sample Description: Transfer Station #3
Sample Date: 10/08/2020
Sample Time: 1030
Sample Method: Grab

Parameter	Result	Units	MDL	PQL	Procedure	Analysis Date/Time	Analyst
TOTAL ORGANIC CARBON	4.850	MG/L	0.271	1.084	SM5310B	10/15/2020 17:37	JW

1711 12th Street East * Palmetto, FL 34221 * Phone (941) 723-9986 * Fax (941) 723-6061

Dale D. Dixon / Laboratory Director — 10/19/2020 Date

Tülay Tanrisever - Technical Director/QC Officer

Kara Peterson - QA Officer

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)

Laboratory Submission #: 20100415

Sample Name	Sample Type[1]	Collection Date	Collection Time	Container Qty	Container Capacity	Container Type[3]	Preservative[4]	Parameters for Analysis	Laboratory Sample #
Raw Water	Grab	10/8/20	1035	1	½ Pint	Plastic	Plain	Total Alkalinity *SM2320B*	1
				1	40mL	Glass Vial	1:1 HCl	TOC *SM5310B*	
#3 Transfer Station	Grab	10/8/20	1030	1	40mL	Glass Vial	1:1 HCl	TOC *SM5310B*	2

Chlorine residual at time of collection: 4.5 Temperature at time of collection: 30.8 Turbidity at time of collection: .11

Laboratory Sample Acceptability:
pH <2 : □
Temperature: 0 - 6°C

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.

1	Collector: John Ramsey	Date: 10/8/20	Time: 1150	Received By:	Date: 10/8/20	Time: 1150
2	Relinquished by:	Date: 10/8/20	Time: 1153	Received By:	Date: 10/8/20	Time: 1153
3	Relinquished by:	Date: 10/8/20	Time: 1500	Received By:	Date: 10/8/20	Time: 1500
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 : 20110460

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

Sam Stone

Project Name : MONTHLY ANALYSIS
Date Received : 11/09/2020
Time Received : 1335

Submission Number: 20110460
Sample Number: 001
Sample Description: Raw Water
Sample Date: 11/09/2020
Sample Time: 0850
Sample Method: Grab

Parameter	Result	Units	MDL	PQL	Procedure	Analysis Date/Time	Analyst
TOTAL ALKALINITY (CACO3)	59	MG/L	0.594	2.376	SM2320B	11/10/2020 08:34	LKD
TOTAL ORGANIC CARBON	17.4	MG/L	0.271	1.084	SM5310B	11/10/2020 17:26	JW

Submission Number: 20110460
Sample Number: 002
Sample Description: Transfer Station #3
Sample Date: 11/09/2020
Sample Time: 0855
Sample Method: Grab

Parameter	Result	Units	MDL	PQL	Procedure	Analysis Date/Time	Analyst
TOTAL ORGANIC CARBON	4.30	MG/L	0.271	1.084	SM5310B	11/10/2020 17:41	JW

Dale D. Dixon / Laboratory Director — 11/13/2020 Date

Tülay Tanrisever - Technical Director/QC Officer

Kara Peterson - QA Officer

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)

Laboratory Submission #: 20112460

Sample Name	Sample Type[1]	Collection		Container			Preservative[4]	Parameters for Analysis	Laboratory Sample #
		Date	Time	Qty	Capacity	Type[3]			
Raw Water	Grab	11/9/20	0850	1	½ Pint	Plastic	Plain	Total Alkalinity *SM2320B* •	1
				1	40mL	Glass Vial	1:1 HCl	TOC *SM5310B* •	
#3 Transfer Station	Grab	11/9/20	0855 1R	1	40mL	Glass Vial	1:1 HCl	TOC *SM5310B* •	2

Chlorine residual at time of collection: 4.5 Temperature at time of collection: 27.9 Turbidity at time of collection: >10

Laboratory Sample Acceptability:
pH <2 : ☐
Temperature: 0.6°C

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.

1	Collector: John Ramsey	Date: 11/9/20	Time: 1129	Received By: Melinda Merchant	Date: 11/9/20	Time: 1129
2	Relinquished by: Melinda Merchant	Date: 11/9/20	Time: 16:50	Received By: [signature]	Date: 11/9/20	Time: 11:50
3	Relinquished by: [signature]	Date: 11/9/20	Time: 1335	Received By: [signature]	Date: 11/9/20	Time: 1335
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 : 20120482

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

Sam Stone

Project Name : MONTHLY ANALYSIS
Date Received : 12/08/2020
Time Received : 1420

Submission Number: 20120482
Sample Number: 001
Sample Description: Raw Water
Sample Date: 12/08/2020
Sample Time: 0850
Sample Method: Grab

Parameter	Result	Units	MDL	PQL	Procedure	Analysis Date/Time	Analyst
TOTAL ALKALINITY (CACO3)	58.5	MG/L	0.594	2.376	SM2320B	12/09/2020 12:37	LKD
TOTAL ORGANIC CARBON	17.786	MG/L	0.271	1.084	SM5310B	12/15/2020 15:02	JW

Submission Number: 20120482
Sample Number: 002
Sample Description: Transfer Station #3
Sample Date: 12/08/2020
Sample Time: 0855
Sample Method: Grab

Parameter	Result	Units	MDL	PQL	Procedure	Analysis Date/Time	Analyst
TOTAL ORGANIC CARBON	4.609	MG/L	0.271	1.084	SM5310B	12/15/2020 15:18	JW

1711 12th Street East * Palmetto, FL 34221 * Phone (941) 723-9986 * Fax (941) 723-6061

12/17/2020

Dale D. Dixon / Laboratory Director — Date

Tülay Tanrisever - Technical Director/QC Officer

Kara Peterson - QA Officer

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)

Laboratory Submission #: 20120482

Sample Name	Sample Type[1]	Collection Date	Collection Time	Container Qty	Container Capacity	Container Type[3]	Preservative[4]	Parameters for Analysis	Laboratory Sample #
Raw Water	Grab	12/8/20	0850	1	½ Pint	Plastic	Plain	Total Alkalinity *SM2320B* •	1
				1	40mL	Glass Vial	1:1 HCl	TOC *SM5310B* •	
#3 Transfer Station	Grab	12/8/20	0855	1	40mL	Glass Vial	1:1 HCl	TOC *SM5310B* •	2

Chlorine residual at time of collection: 5.1 Temperature at time of collection: 20.7 Turbidity at time of collection: .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).**
Under "Preservative," list any preservatives that were added to the sample container.

Laboratory Sample Acceptability:
pH <2 : ✓
Temperature 3.2°C

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.

1	Collector: John Ramsey	Date: 12/8/20	Time: 1201	Received By:	Date: 12/8/20	Time: 1201
2	Relinquished by:	Date: 12/8/20	Time: 1207	Received By:	Date: 12/8/20	Time: 1207
3	Relinquished by:	Date: 12/8/20	Time: 1420	Received By:	Date: 12/08/20	Time: 1420
4	Relinquished by:	Date:	Time:	Received By:	Date:	Time:

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

QUARTERLY REPORTING PERIOD: Quarter 4 2020	Year: 2020	
PWS NAME: Peace River Regional Water Supply Authority	PWS ID # 6142734	How Many ASR Wells Do You Have? 21

ASR WELL COMPLIANCE SUMMARY 2009												
	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
INJECTION YES/NO	no	no	no	no	no	no	no	yes	yes	yes	yes	yes
Dates: From								8/13/2020	9/1/2020	10/1/2020	11/1/2020	12/1/2020
Dates: To								8/31/2020	9/30/2020	10/31/2020	11/30/2020	12/17/2020
ASR WELL # (s)								4,10,11,12,13,14,15,16,17,18,19,20,T1,S1,S2,S5,S6,S8,S7	4,10,11,12,13,14,15,16,17,18,19,20,T1,S1,S2,S5,S6,S8,S7	4,10,11,12,13,14,15,16,17,18,19,20,T1,S1,S2,S6,S8,S7	4,10,11,12,13,14,15,16,17,18,19,20,T1,S1,S2,S6,S8,S7	4,10,11,12,13,14,15,16,17,18,19,20,T1,S2,S6,S7,S8,S9
STORAGE Yes/No	yes	yes	yes	no	no	yes	yes	yes	yes	yes	yes	yes
Dates: From	1/1/2020	2/1/2020	3/1/2020			6/1/2020	7/1/2020	8/1/2020	9/1/2020	10/1/2020	11/1/2020	12/1/2020
Dates: To	1/31/2020	2/29/2020	3/31/2020			6/30/2020	7/31/2020	8/12/2020	9/30/2020	10/31/2020	11/30/2020	12/31/2020
ASR WELL # (s)	4,10,11,12,13,14,15,16,17,18,19,20,T1,S1,S2,S3,S5,S6,S8,S7,S9	4,10,11,12,13,14,15,16,17,18,19,20,T1,S1,S2,S3,S5,S6,S8,S7,S9	4,10,11,12,13,14,15,16,17,18,19,20,T1,S1,S2,S3,S5,S6,S8,S7,S9			4,10,11,12,13,14,15,16,17,18,19,20,T1,S1,S2,S3,S5,S6,S8,S7,S9	4,10,11,12,13,14,15,16,17,18,19,20,T1,S1,S2,S3,S5,S6,S8,S7,S9	4,10,11,12,13,14,15,16,17,18,19,20,T1,S1,S2,S3,S5,S6,S8,S7,S9	s3,s9	s3,s5,s9	s3,s5,s9	s1,s3,s5,s9
RECOVERY Yes/No	no	no	no	yes	yes	yes	no	no	no	no	no	no
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)				4,10,11,12,13,14,15,16,17,18,19,20,T1,S1,S2,S3,S5,S6,S8,S7	4,10,11,12,13,14,15,16,17,18,19,20,T1,S1,S2,S3,S5,S6,S8,S7	4,13,S7						
SAMPLES COLLECTED Yes/No	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes
* ARSENIC (number of samples collected)	1	1	1	1	1	1	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	1	1	1	1	1	1

* Attach laboratory analyses results in approved Drinking Water format.

Form: Jackson & Baron 2-27-09

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: 20100252 - 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	0.002	I	SM3113B	0.00069	10/08/2020	10:57	E84167
1052	SODIUM	160	MG/L	18.2		200.7	0.034	10/09/2020	15:33	E84167

BENCHMARK
EnviroAnalytical Inc.

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

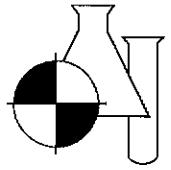
Sam Stone

ANALYTICAL TEST REPORT
THESE RESULTS MEET NELAC STANDARDS

INORGANIC ANALYSIS
62-550.310 (1)

REPORT NUMBER: 20100252 - 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	0.00069	U	SM3113B	0.00069	10/08/2020	11:04	E84167
1052	SODIUM	160	MG/L	39.0		200.7	0.034	10/09/2020	15:37	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: 20100252 - 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+/-0.7	U	900.0	1.1	10/22/2020	10:46	E83033
4020	RADIUM-226	5	PCI/L	0.2+/-0.1	U	903.1	0.2	10/28/2020	10:52	E83033
4030	RADIUM-228	5	PCI/L	1.0+/-0.6	U	Ra-05	1.0	10/28/2020	10:42	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.benchmarkea.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[2]: DW Sample Type[1]: Grab PWS #: 614-2734

Laboratory Submission #: 2010025

Station ID	As (SM3113B) Na (200.7)	Gross Alpha Total Uranium* Radium 226 & 228	Laboratory Sample #
	1:4 HNO_3 pH<2 ✓	1:4 HNO_3 pH<2 ✓	
	1 x ½ Pint Plastic	2 x 2 Quart Plastic	
Facility Lab Tap (Finish Water)	Date/Time: 10/6/20 0900		1
Facility Influent (Raw)	Date/Time: 10/6/20 0905		2
Entry Point (Lab Tap)		Date/Time: 10/6/20 0910	3

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

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.

Laboratory Sample Acceptability: pH <2 : ✓
BEA Temperature: 1.8°C

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.

	Collected / Relinquished By:	Date:	Time:	Received By:	Date:	Time:
1	John Ramsey	10/6/20	1121	Melinda Merchant	10/6/20	1121
2	Relinquished By: Melinda Merchant	Date: 10/6/20	Time: 1145	Received By: Butch Dean	Date: 10/6/20	Time: 1145
3	Relinquished By: Butch Dean	Date: 10/6/20	Time: 1425	Received By: [signature]	Date: 10-6-20	Time: 1425
4	Relinquished By:	Date:	Time:	Received By:	Date:	Time:

INTERLABORATORY SAMPLE TRANSMITTAL FORM

Benchmark EnviroAnalytical, Inc.
1711 12th Street East
Palmetto, FL 34221
(941) 723-9986
(941) 723-6061 fax
WWW.Benchmarkea.com
Office QC Check: _____
Bottle Check: _____

Date:	10/07/20		
# 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***		
20100252-003	10/06/20	0910	DW	Grab	1:4 HNO_3	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 (Sldg), 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:		Received By:		Date: 10-20-20
	Print Name:	Kara McGowan	Time:			MIKE NAMAN	Time: 11:00
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: 06/30/2021

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: 10/06/20

PWS ID (From Page 1): 6142734 Sample Number (From Page 1): _____ Lab Assigned Report # or Job ID: 20100252-001

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

Inorganics	Synthetic Organics	Volatile Organics	Disinfection Byproducts	Radionuclides	Secondaries
☐All Except Asbestos	☐All 30	☐All 21	☐Trihalomethanes	☐Single Sample	☐All 14
☒Partial	☐All Except Dioxin	☐Partial	☐Haloacetic Acids	☐Qtrly Composite**	☐Partial
☐Nitrate	☐Partial		☐Chlorite		
☐Nitrite	☐Dioxin Only		☐Bromate		
☐Asbestos					

LAB CERTIFICATION

I, Dale Dixon / Tulay Tanrisever / Kara Peterson (Print Name), Lab Director / Technical Director & QC Officer / QA Officer (Print Title), do HEREBY CERTIFY that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).

Signature: Tulay Onalan Date: 11/2/20

* 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: 06/30/2021

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: 10/06/20

PWS ID (From Page 1): 6142734 Sample Number (From Page 1): _____ Lab Assigned Report # or Job ID: 20100252-002

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

Inorganics	Synthetic Organics	Volatile Organics	Disinfection Byproducts	Radionuclides	Secondaries
☐All Except Asbestos	☐All 30	☐All 21	☐Trihalomethanes	☐Single Sample	☐All 14
☒Partial	☐All Except Dioxin	☐Partial	☐Haloacetic Acids	☐Qtrly Composite**	☐Partial
☐Nitrate	☐Partial		☐Chlorite		
☐Nitrite	☐Dioxin Only		☐Bromate		
☐Asbestos					

LAB CERTIFICATION

I, Dale Dixon / Tulay Tanrisever / Kara Peterson (Print Name), Lab Director / Technical Director & QC Officer / QA Officer (Print Title), do HEREBY CERTIFY that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).

Signature: Tulay Dixon Date: 11/2/20

* 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: 06/30/2021

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: 10/06/20

PWS ID (From Page 1): 6142734 Sample Number (From Page 1): _____ Lab Assigned Report # or Job ID: 20100252-003

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

Inorganics	Synthetic Organics	Volatile Organics	Disinfection Byproducts	Radionuclides	Secondaries
☐All Except Asbestos	☐All 30	☐All 21	☐Trihalomethanes	☒Single Sample	☐All 14
☐Partial	☐All Except Dioxin	☐Partial	☐Haloacetic Acids	☐Qtrly Composite**	☐Partial
☐Nitrate	☐Partial		☐Chlorite		
☐Nitrite	☐Dioxin Only		☐Bromate		
☐Asbestos					

LAB CERTIFICATION

I, Dale Dixon / Tulay Tanrisever / Kara Peterson (Print Name), Lab Director / Technical Director & QC Officer / QA Officer (Print Title), do HEREBY CERTIFY that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).

Signature: Tulay Dixon Date: 11/2/20

* 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 ☐ Transient Noncommunity

PWS I.D. #: 6 1 4 2 7 3 4

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: 10/6/20 Sample Time: 0900 (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: 8.04

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: 10/6/20

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

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

PWS I.D. #: 6 1 4 2 7 3 4

Address: 8998 S.W. County Rd. 769

City: Arcadia FL.

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

ZIP Code: 34269

E-Mail Address: rcondersan@regionalwater.org

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: _____ Sample Date: 10/6/20 Sample Time: 0905 (AM) PM (Circle One)

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

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): Ø mg/L Field pH: 7.60

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: 10/6/20

Certified Operator #: 46668 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: 10/6/20 Sample Time: 0910 (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: 8.04

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), do HEREBY CERTIFY that the above public water system and sample collection information is complete and correct.

Signature: John Ramsey Date: 10/6/20

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

Sampler's E-mail: _____

Laboratory Scope of Accreditation

Attachment to Certificate #: E84167-49, expiration date June 30, 2021. 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

Laboratory Scope of Accreditation

Attachment to Certificate #: E84167-49, expiration date June 30, 2021. 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
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 /QUANTI-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	SIMPLATE	Microbiology	NELAP	7/1/2016
Heterotrophic plate count	SM 9215 B	Microbiology	NELAP	5/25/2004
Hydrogen sulfide, un-ionized (calculation)	SM 4500S= 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
Odor	EPA 140.1	Secondary Inorganic Contaminants	NELAP	1/3/2002
Orthophosphate as P	EPA 300.0	Primary Inorganic Contaminants	NELAP	3/7/2011
pH	SM 4500-H÷-B	Secondary Inorganic Contaminants	NELAP	7/31/2007
Potassium	EPA 200.7	Secondary Inorganic Contaminants	NELAP	5/25/2004

Attachment to Certificate #: E84167-49, expiration date June 30, 2021. 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

BENCHMARK
EnviroAnalytical Inc.

FDOH Certification #E84167

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

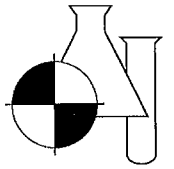
Sam Stone

ANALYTICAL TEST REPORT
THESE RESULTS MEET NELAC STANDARDS

INORGANIC ANALYSIS
62-550.310 (1)

REPORT NUMBER: 20110139 - 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	11/06/2020	17:57	E84167
1052	SODIUM	160	MG/L	40.6		200.7	0.034	11/06/2020	15:18	E84167



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

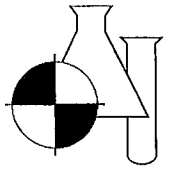
Sam Stone

ANALYTICAL TEST REPORT
THESE RESULTS MEET NELAC STANDARDS

INORGANIC ANALYSIS
62-550.310 (1)

REPORT NUMBER: 20110139 - 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	11/06/2020	18:16	E84167
1052	SODIUM	160	MG/L	19.1		200.7	0.034	11/06/2020	15:23	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: 20110139 - 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	11/15/2020	17:48	E830033
4020	RADIUM-226	5	PCI/L	0.6+/-0.2		903.1	0.1	11/18/2020	12:40	E830033
4030	RADIUM-228	5	PCI/L	0.9+/-0.6	U	Ra-05	0.9	11/17/2020	10:58	E830033

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.benchmarkea.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[2]: DW Sample Type[1]: Grab PWS #: 614-2734

Laboratory Submission #: 2011389

Station ID	As (SM3113B) Na (200.7)	Gross Alpha Total Uranium* Radium 226 & 228	Laboratory Sample #
	1:4 HNO_3 pH<2 ☐	1:4 HNO_3 pH<2 ☐	
	1 x ½ Pint Plastic	2 x 2 Quart Plastic	
Facility Lab Tap (Finish Water)	Date/Time: 11/3/20 0900		1
Facility Influent (Raw)	Date/Time: 11/3/20 0905		2
Entry Point (Lab Tap)		Date/Time: 11/3/20 0910	3

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

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.

Laboratory Sample Acceptability: pH <2 : ☑
BEA Temperature: 6.7 2

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.

1	Collected / Relinquished By: John Ramsey	Date: 11/3/20	Time: 1127	Received By: Melinda Muchant	Date: 11/3/20	Time: 1127
2	Relinquished By: Melinda Muchant	Date: 11/3/20	Time: 1210	Received By:	Date: 11-3-20	Time: 1210
3	Relinquished By:	Date: 11-3-20	Time: 1425	Received By:	Date: 11/3/20	Time: 1425
4	Relinquished By:	Date:	Time:	Received By:	Date:	Time:

INTERLABORATORY SAMPLE TRANSMITTAL FORM

Benchmark EnviroAnalytical, Inc.
1711 12th Street East
Palmetto, FL 34221
(941) 723-9986
(941) 723-6061 fax
WWW.Benchmarkea.com
Office QC Check: _____
Bottle Check: _____

Date:	11/09/20		
# 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**** *(umhos)*
	Date	Time				Qty	Capacity	Type***		
20110139-003	11/03/20	0910	DW	Grab	1:4 HNO_3	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 (Sldg), 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:	11/9/18	Received By:		Date:	11-10-20
	Print Name:	Kara McGowan	Time:	1200		MIKE NAUMAN	Time:	10:31
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: 06/30/2021

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: 11/03/20

PWS ID (From Page 1): 6142734 Sample Number (From Page 1): _____ Lab Assigned Report # or Job ID: 20110139-001

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

Inorganics	Synthetic Organics	Volatile Organics	Disinfection Byproducts	Radionuclides	Secondaries
☐All Except Asbestos	☐All 30	☐All 21	☐Trihalomethanes	☐Single Sample	☐All 14
☒Partial	☐All Except Dioxin	☐Partial	☐Haloacetic Acids	☐Qtrly Composite**	☐Partial
☐Nitrate	☐Partial		☐Chlorite		
☐Nitrite	☐Dioxin Only		☐Bromate		
☐Asbestos					

LAB CERTIFICATION

I, Dale Dixon / Tulay Tanrisever / Kara Peterson (Print Name), Lab Director / Technical Director & QC Officer / QA Officer (Print Title), do HEREBY CERTIFY that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).

Signature: Tulay Dinder Date: 11/18/20

* 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: 06/30/2021

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: 11/03/20

PWS ID (From Page 1): 6142734 Sample Number (From Page 1): _____ Lab Assigned Report # or Job ID: 20110139-002

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

Inorganics	Synthetic Organics	Volatile Organics	Disinfection Byproducts	Radionuclides	Secondaries
☐All Except Asbestos	☐All 30	☐All 21	☐Trihalomethanes	☐Single Sample	☐All 14
☒Partial	☐All Except Dioxin	☐Partial	☐Haloacetic Acids	☐Qtrly Composite**	☐Partial
☐Nitrate	☐Partial		☐Chlorite		
☐Nitrite	☐Dioxin Only		☐Bromate		
☐Asbestos					

LAB CERTIFICATION

I, Dale Dixon / Tulay Tanrisever / Kara Peterson (Print Name), Lab Director / Technical Director & QC Officer / QA Officer (Print Title), do HEREBY CERTIFY that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).

Signature: Tulay Dixon Date: 11/18/20

* 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: 06/30/2021

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: 11/03/20

PWS ID (From Page 1): 6142734 Sample Number (From Page 1): _____ Lab Assigned Report # or Job ID: 20110139-003

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

Inorganics	Synthetic Organics	Volatile Organics	Disinfection Byproducts	Radionuclides	Secondaries
☐All Except Asbestos	☐All 30	☐All 21	☐Trihalomethanes	☒Single Sample	☐All 14
☐Partial	☐All Except Dioxin	☐Partial	☐Haloacetic Acids	☐Qtrly Composite**	☐Partial
☐Nitrate	☐Partial		☐Chlorite		
☐Nitrite	☐Dioxin Only		☐Bromate		
☐Asbestos					

LAB CERTIFICATION

I, Dale Dixon / Tulay Tanrisever / Kara Peterson (Print Name), Lab Director / Technical Director & QC Officer / QA Officer (Print Title), do HEREBY CERTIFY that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).

Signature: Tulay Dixon Date: 11/18/20

* 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 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: 11/3/20 Sample Time: 0900 (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): 3.9 mg/L Field pH: 7.95

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: 11/3/20

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: 11/3/20 Sample Time: 0905 (AM) PM (Circle One)

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

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): Ø mg/L Field pH: 7.61

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**
- ☐ Replacement (of Invalidated Sample)
- ☐ Special (not for compliance with 62-550)
- ☐ Clearance (permitting)
- ☐ Other: _____

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: 11/3/20

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: 11/3/20 Sample Time: 0910 (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): 3.9 mg/L Field pH: 7.95

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**
- ☐ Replacement (of Invalidated Sample)
- ☐ Special (not for compliance with 62-550)
- ☐ Clearance (permitting)
- ☐ Other: _____

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), do HEREBY CERTIFY that the above public water system and sample collection information is complete and correct.

Signature: John Ramsey Date: 11/3/20

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

Sampler's E-mail: _____

Laboratory Scope of Accreditation

Attachment to Certificate #: E84167-49, expiration date June 30, 2021. 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

Laboratory Scope of Accreditation

Attachment to Certificate #: E84167-49, expiration date June 30, 2021. 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
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 /QUANTI-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	SIMPLATE	Microbiology	NELAP	7/1/2016
Heterotrophic plate count	SM 9215 B	Microbiology	NELAP	5/25/2004
Hydrogen sulfide, un-ionized (calculation)	SM 4500S= 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
Odor	EPA 140.1	Secondary Inorganic Contaminants	NELAP	1/3/2002
Orthophosphate as P	EPA 300.0	Primary Inorganic Contaminants	NELAP	3/7/2011
pH	SM 4500-H+-B	Secondary Inorganic Contaminants	NELAP	7/31/2007
Potassium	EPA 200.7	Secondary Inorganic Contaminants	NELAP	5/25/2004

Laboratory Scope of Accreditation

Attachment to Certificate #: E84167-49, expiration date June 30, 2021. 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

Ron DeSantis
Governor

Florida HEALTH

Laboratory Scope of Accreditation

Attachment to Certificate #: E83033-16, expiration date June 30, 2021. 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: 7/1/2020** **Expiration Date: 6/30/2021**

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: rsanderson@regionalwater.org

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: _____ Sample Date: 12/1/2020 Sample Time: 0935 (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: 7.98

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: 12/1/2020

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. 768

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: 12/1/2020 Sample Time: 0920 (AM) PM (Circle One)

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

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): Ø mg/L Field pH: 7.59

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: 12/1/2020

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

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

PWS I.D. #: 6 1 4 2 7 3 4

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: 12/1/2020 Sample Time: 0940 (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: 7.98

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), do HEREBY CERTIFY that the above public water system and sample collection information is complete and correct.

Signature: John Ramsey Date: 12/1/2020

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

Sampler's E-mail: _____

INORGANIC CONTAMINANTS
62-550.310(1)

Report Number / Job ID: 20120067-001

PWS ID (From Page 1): 614-2734

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Certification #
1040	Nitrate (as N)	10	mg/L							
1041	Nitrite (as N)	1	mg/L							
1005	Arsenic	0.010	mg/L	0.00069	U	SM3113B	0.00069	12/2/2020	17:37	E84167
1010	Barium	2	mg/L							
1015	Cadmium	0.005	mg/L							
1020	Chromium	0.1	mg/L							
1024	Cyanide	0.2	mg/L							
1025	Fluoride	4.0	mg/L							
1030	Lead	0.015	mg/L							
1035	Mercury	0.002	mg/L							
1036	Nickel	0.1	mg/L							
1045	Selenium	0.05	mg/L							
1052	Sodium	160	mg/L	41.3		200.7	0.034	12/3/2020	16:52	E84167
1074	Antimony	0.006	mg/L							
1075	Beryllium	0.004	mg/L							
1085	Thallium	0.002	mg/L							
1094	Asbestos	7 MFL	MFL							

*Results must be reported with appropriate qualifiers in accordance with Florida Administrative Code Rule 62-160, Table 1. Results qualified with A, F, H, N, O, T, Z, ?, *, are unacceptable for compliance with 62-550. Results qualified with a J, Q, R, or Y must be accompanied by written justification and will be evaluated on a case by case basis. To avoid a monitoring violation, unacceptable results must be replaced with acceptable results from samples collected during the same monitoring period.

INORGANIC CONTAMINANTS
62-550.310(1)

Report Number / Job ID: 20120067-002

PWS ID (From Page 1): 614-2734

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Certification #
1040	Nitrate (as N)	10	mg/L							
1041	Nitrite (as N)	1	mg/L							
1005	Arsenic	0.010	mg/L	0.00069	U	SM3113B	0.00069	12/2/2020	18:04	E84167
1010	Barium	2	mg/L							
1015	Cadmium	0.005	mg/L							
1020	Chromium	0.1	mg/L							
1024	Cyanide	0.2	mg/L							
1025	Fluoride	4.0	mg/L							
1030	Lead	0.015	mg/L							
1035	Mercury	0.002	mg/L							
1036	Nickel	0.1	mg/L							
1045	Selenium	0.05	mg/L							
1052	Sodium	160	mg/L	16.8		200.7	0.034	12/3/2020	16:54	E84167
1074	Antimony	0.006	mg/L							
1075	Beryllium	0.004	mg/L							
1085	Thallium	0.002	mg/L							
1094	Asbestos	7 MFL	MFL							

*Results must be reported with appropriate qualifiers in accordance with Florida Administrative Code Rule 62-160, Table 1. Results qualified with A, F, H, N, O, T, Z, ?, *, are unacceptable for compliance with 62-550. Results qualified with a J, Q, R, or Y must be accompanied by written justification and will be evaluated on a case by case basis. To avoid a monitoring violation, unacceptable results must be replaced with acceptable results from samples collected during the same monitoring period.

RADIONUCLIDES
62-550.310(6)

Report Number / Job ID: 20120067-003

PWS ID (From Page 1): 614-2734

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	RDL	Analysis Error	Analysis Date	Analysis Time	DOH Lab Certification #
4000	Gross Alpha (Excl Uranium)	15	pCi/L	**				3				
4002	Gross Alpha (Incl Uranium)	***	pCi/L	1.9	U	900.0	1.9	3	1.3	12/10/2020	06:42	E83033
4006	Combined Uranium**** (U-234, U-235, & U-238)	20	pCi/L			908.0		0.67				
		30	µg/L					1				
4020	Radium-226	5	pCi/L	0.7		903.1	0.2	1	0.3	12/17/2020	15:03	E83033
4030	Radium-228			0.7	U	Ra-05	0.7	1	0.4	12/16/2020	11:47	E83033

** If the result exceeds 5 pCi/L, a measurement for radium-226 is required. Uranium is reported separately under Contam ID 4006.

*** If the results exceed 5 pCi/L, a measurement for radium-226 is required. If the results exceed 15 pCi/L, a measurement for Combined Uranium must be reported separately. The DEP/DOH will subtract the U value from the Gross Alpha (ID 4002) to determine compliance with MCL for Gross Alpha (Excl. U) of 15pCi/L. If the result for ID 4002 Gross Alpha (Including Uranium) does not exceed 15pCi/L, Combined Uranium need not be measured nor reported.

**** If using Uranium testing methods ASTM D5174 or EPA 200.8 only, then Analysis Error need not be reported.

*Results must be reported with appropriate qualifiers in accordance with Florida Administrative Code Rule 62-160, Table 1. Results qualified with A, F, H, N, O, T, Z, ?, *, are unacceptable for compliance with 62-550. Results qualified with a J, Q, R, or Y must be accompanied by written justification and will be evaluated on a case by case basis. To avoid a monitoring violation, unacceptable results must be replaced with acceptable results from samples collected during the same monitoring period.

DATA QUALIFIERS THAT MAY APPLY:

B = Results based upon colony counts outside the ideal range.
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.
G2 = Accuracy standard exceeds acceptable control limits. Duplicate and spike values are within control limits. Reported data are usable.
G3 = Precision measurement exceeded acceptable control limits. Standard and spike values are within control limits. Reported data are usable.
G4 = Spike recovery exceeds acceptable control limits. Standard and duplicate values are within control limits. Reported data are usable.
I = Reported value is between the laboratory MDL and the PQL.
J3 = Estimated value. Quality control criteria for precision and accuracy not met.
J4 = Estimated value. Sample matrix interference suspected.
J6 = Estimated value. SM5210B test replicates show more than 30% difference between high and low values, indicating potential presence of toxicity within the sample.
K = Off-scale low. Value is known to be < the value reported.
L = Off scale high; reported concentration exceeds the highest standard.
ND = Not Detected at or above adjusted reporting limit.
Q = Sample held beyond accepted hold time.
U = Analyte analyzed but not detected at the value indicated.
X = Value exceed MCL.
Y = Analysis preformed on an improperly preserved sample. Data may be inaccurate
Z = Too many colonies were present (TNTC). The numeric value represents the filtration volume.

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: 20120067 - 001
SYSTEM NAME: Facility Lab Tap (Finish Water
SYSTEM ID:

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	12/02/2020	17:37	E84167
1052	SODIUM	160	MG/L	41.3		200.7	0.034	12/03/2020	16:52	E84167

BENCHMARK
EnviroAnalytical Inc.

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: 20120067 - 002
SYSTEM NAME: Facility Influent (Raw)
SYSTEM ID:

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	12/02/2020	18:04	E84167
1052	SODIUM	160	MG/L	16.8		200.7	0.034	12/03/2020	16:54	E84167

BENCHMARK
EnviroAnalytical Inc.

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: 20120067 - 003
SYSTEM NAME: Entry Point (Lab Tap)
SYSTEM ID:

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	1.9+/-1.3	U	900.0	1.9	12/10/2020	06:42	E83033
4020	RADIUM-226	5	PCI/L	0.7+/-0.3		903.1	0.2	12/17/2020	15:03	E83033
4030	RADIUM-228	5	PCI/L	0.7+/-0.4	U	Ra-05	0.7	12/16/2020	11:47	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.

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/ 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[2]: DW Sample Type[1]: Grab PWS #: 614-2734

Laboratory Submission #: 20120067

Station ID	As (SM3113B) Na (200.7)	Gross Alpha Total Uranium* Radium 226 & 228	Laboratory Sample #
	1:4 HNO_3 pH<2	1:4 HNO_3 pH<2	
	1 x ½ Pint Plastic	2 x 2 Quart Plastic	
Facility Lab Tap (Finish Water)	Date/Time: 12/1/2020 0935		1
Facility Influent (Raw)	Date/Time: 12/1/2020 0920		2
Entry Point (Lab Tap)		Date/Time: 12/1/2020 0940	3

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

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.

Laboratory Sample Acceptability: pH <2 ~~/ >10~~
BEA Temperature: 1.1°C

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.

	Collected / Relinquished By:	Date:	Time:	Received By:	Date:	Time:
1	John Ramsey	12/1/2020	1135		12/1/20	1135
2	Relinquished By:	12/1/20	1142	Received By:	12/1/20	1142
3	Relinquished By:	12/1/20	1520	Received By:	12/1/20	1520
4	Relinquished By:	Date:	Time:	Received By:	Date:	Time:

INTERLABORATORY SAMPLE TRANSMITTAL FORM

Benchmark EnviroAnalytical, Inc.
1711 12th Street East
Palmetto, FL 34221
(941) 723-9986
(941) 723-6061 fax
WWW.Benchmarkea.com
Office QC Check: _____
Bottle Check: _____

Date:	12/02/20		
# 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***		
20120067-003	12/01/20	0940	DW	Grab	1:4 HNO_3	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 (Sldg), 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:	[signature]	Date:	12/3/20	Received By:	[signature]	Date: 12-3-20
	Print Name:	Kara McGowan	Time:	1200		MIKE NAUMAN	Time: 10:50
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: 06/30/2021

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: 12/01/2020

PWS ID (From Page 1): 6142734 Sample Number (From Page 1): _____ Lab Assigned Report # or Job ID: 20120067-001

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

Inorganics	Synthetic Organics	Volatile Organics	Disinfection Byproducts	Radionuclides	Secondaries
☐All Except Asbestos	☐All 30	☐All 21	☐Trihalomethanes	☐Single Sample	☐All 14
☒Partial	☐All Except Dioxin	☐Partial	☐Haloacetic Acids	☐Qtrly Composite**	☐Partial
☐Nitrate	☐Partial		☐Chlorite		
☐Nitrite	☐Dioxin Only		☐Bromate		
☐Asbestos					

LAB CERTIFICATION

I, Dale Dixon / Tulay Tanrisever / Kara Peterson (Print Name), Lab Director / Technical Director & QC Officer / QA Officer (Print Title), do HEREBY CERTIFY that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).

Signature: _____ Date: 12/23/2020

* 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: 06/30/2021

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: 12/01/2020

PWS ID (From Page 1): 6142734 Sample Number (From Page 1): _____ Lab Assigned Report # or Job ID: 20120067-002

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

Inorganics	Synthetic Organics	Volatile Organics	Disinfection Byproducts	Radionuclides	Secondaries
☐All Except Asbestos	☐All 30	☐All 21	☐Trihalomethanes	☐Single Sample	☐All 14
☒Partial	☐All Except Dioxin	☐Partial	☐Haloacetic Acids	☐Qtrly Composite**	☐Partial
☐Nitrate	☐Partial		☐Chlorite		
☐Nitrite	☐Dioxin Only		☐Bromate		
☐Asbestos					

LAB CERTIFICATION

I, Dale Dixon / Tulay Tanrisever / Kara Peterson (Print Name), Lab Director / Technical Director & QC Officer / QA Officer (Print Title), do HEREBY CERTIFY that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).

Signature: _____ Date: 12/23/2020

* 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: 06/30/2021

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: 12/01/20

PWS ID (From Page 1): 6142734 Sample Number (From Page 1): _____ Lab Assigned Report # or Job ID: 20120067-003

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

Inorganics	Synthetic Organics	Volatile Organics	Disinfection Byproducts	Radionuclides	Secondaries
☐All Except Asbestos	☐All 30	☐All 21	☐Trihalomethanes	☒Single Sample	☐All 14
☐Partial	☐All Except Dioxin	☐Partial	☐Haloacetic Acids	☐Qtrly Composite**	☐Partial
☐Nitrate	☐Partial		☐Chlorite		
☐Nitrite	☐Dioxin Only		☐Bromate		
☐Asbestos					

LAB CERTIFICATION

I, Dale Dixon / Tulay Tanrisever / Kara Peterson (Print Name), Lab Director / Technical Director & QC Officer / QA Officer (Print Title), do HEREBY CERTIFY that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).

Signature: _____ Date: 12/23/2020

* 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 Radiochemistry Services, Inc.

QA Page

Analyte	Sample #	Date Analyzed	Sample Result	Amount Spiked	Spike Result	Spike /Dup Result	Spike % Rec.	Spike Dup % Rpd
Gross Alpha	2012052-02	12/10/20	<2.2	10.0	9.8	10.2	98	4.0
Radium 226	2012049-01	12/17/20	2.2	11.05	12.6	12.2	94	3.2
Radium 228	2012049-01	12/16/20	<0.8	4.06	4.2	3.6	103	15.4

	Quality Control Limits	
	% RPD	% Rec.
Gross Alpha	25.0	60-125
Radium 226	23.4	78-125
Radium 228	23.9	67-125

Laboratory Scope of Accreditation

Attachment to Certificate #: E84167-49, expiration date June 30, 2021. 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

Laboratory Scope of Accreditation

Attachment to Certificate #: E84167-49, expiration date June 30, 2021. 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
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 /QUANTI-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	SIMPLATE	Microbiology	NELAP	7/1/2016
Heterotrophic plate count	SM 9215 B	Microbiology	NELAP	5/25/2004
Hydrogen sulfide, un-ionized (calculation)	SM 4500S= 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
Odor	EPA 140.1	Secondary Inorganic Contaminants	NELAP	1/3/2002
Orthophosphate as P	EPA 300.0	Primary Inorganic Contaminants	NELAP	3/7/2011
pH	SM 4500-H+-B	Secondary Inorganic Contaminants	NELAP	7/31/2007
Potassium	EPA 200.7	Secondary Inorganic Contaminants	NELAP	5/25/2004

Laboratory Scope of Accreditation

Attachment to Certificate #: E84167-49, expiration date June 30, 2021. 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

Ron DeSantis
Governor

Florida HEALTH

Laboratory Scope of Accreditation

Attachment to Certificate #: E83033-16, expiration date June 30, 2021. 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: 7/1/2020** **Expiration Date: 6/30/2021**