

January 5, 2022

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 2021.

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 Manager
DEP License # DWA- 15153

cc: w/attachments
M. Coats (PRMRWSA) Mcoats@regionalwater.org
R. Anderson (PRMRWSA) RAnderson@regionalwater.org
M. Mylett (SCU) mmylett@scgov.net
G. Fischer (SCU) gfischer@scgov.net
S. Kipfinger (CCU) stephen.kipfinger@charlottefl.com
C. Rudy (CCU) Craig.rudy@charlottefl.com
M. Giardullo (DCU) m.giardullo@desotobocc.com
J. Tatum (DCU) j.tatum@desotobocc.com
R. Reed (DCU) r.reed@desotobocc.com
J. Desrosiers (NP) jdesrosiers@cityofnorthport.com
M. Vuolo (NP) mvuolo@cityofnorthport.com
S. Adams (PGU) sadams@ci.punta-gorda.fl.us

File/Compliance Monitoring



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 2021

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

SYSTEM INFORMATION

PWS ID Number: 614-2734

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.

TTHM COMPLIANCE SUMMARY FOR SYSTEMS MONITORING QUARTERLY										
Monitoring Location*	DOH Lab Certification No.	This Quarter				Previous Quarter	2 Quarters Ago	3 Quarters Ago	TTHM LRAA (µg/L)	TTHM OE Value (µg/L)
		No. of TTHM Samples Taken	Date Each TTHM Sample Taken (mo/da/yr)	TTHM Sample Result (µg/L)	TTHM Locational Quarterly Average (µg/L)	TTHM Locational Quarterly Average (µg/L)	TTHM Locational Quarterly Average (µg/L)	TTHM Locational Quarterly Average (µg/L)		
Peace River Facility (Finished- POE)	E84167	1	10/11/2021	25.2	25.2	24.6	25.7	48.7	31.05	25.18
Charlotte County Utility 10"	E84167	1	10/11/2021	24.8	24.8	25.4	24.3	46.9	30.35	24.82
Carlton 42" (NRTM)	E84167	1	10/11/2021	25.4	25.4	25.9	24.3	44.2	29.95	25.25
Does the TTHM LRAA at any monitoring location violate the TTHM MCL of 80 µg/L? (YES/NO)									NO	
Does the TTHM OE value at any monitoring location exceed 80 µg/L? (YES/NO) ****									NO	
If you are on reduced quarterly monitoring, does the TTHM LRAA exceed 0.040 µg/L at any monitoring location? (YES/NO/NA) *****									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.

HAA5 COMPLIANCE SUMMARY FOR SYSTEMS MONITORING QUARTERLY										
Monitoring Location*	DOH Lab Certification No.	This Quarter				Previous Quarter	2 Quarters Ago	3 Quarters Ago	HAA5 LRAA (µg/L)	HAA5 OE Value (µg/L)
		No. of HAA5 Samples Taken	Date Each HAA5 Sample Taken (mo/da/yr)	HAA5 Sample Result (ug/L)	HAA5 Locational Quarterly Average (µg/L)	HAA5 Locational Quarterly Average (µg/L)	HAA5 Locational Quarterly Average (µg/L)	HAA5 Locational Quarterly Average (µg/L)		
					A	B	C	D		
									(A+B+C+D)/4	(2A+B+C)/4
Peace River Facility (Finished- POE)	E84167	1	10/11/2021	17.7	17.7	11.6	25.8	31.6	21.68	18.2
Charlotte County Utility 10"	E84167	1	10/11/2021	21.6	21.6	12.7	30.9	21.0	21.55	21.7
Carlton 42" (NRTM)	E84167	1	10/11/2021	14.8	14.8	15.2	35.8	25.0	22.7	20.15
Does the HAA5 LRAA at any monitoring location violate the HAA5 MCL of 60 µg/L? (YES/NO)									NO	
Does the HAA5 OE value at any monitoring location exceed 60 µg/L? (YES/NO) ****									NO	
If you are on reduced quarterly monitoring, does the HAA5 LRAA exceed 30 µg/L at any monitoring location? (YES/NO/NA) *****									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.

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

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	1	2	3	4	5	6	7	8	9	10	11	12
Actual Month/Year	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21
Provide the number of disinfectant residual samples taken each month of the last quarter (include disinfectant residual samples taken for all total coliform samples, including repeat or additional total coliform samples)*	12	12	15	12	12	15	12	12	15	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)	3.84	3.93	3.85	3.48	3.42	2.91	3.51	3.77	3.45	3.82	3.43	3.63
Calculate the Running Annual Average (RAA) (i.e., calculate the arithmetic average of the monthly averages for the last 12 months)												3.59
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.

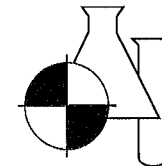
Analysis Information: In accordance with Florida Administrative Code (F.A.C.) subsections 62-550.550(1), 62-550.821(8), operators licensed under F.A.C. Chapter 62-602 and persons working under the direct supervision of a licensed operator, as well as laboratories certified by the Department of Health, 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.

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

DISINFECTION BYPRODUCTS

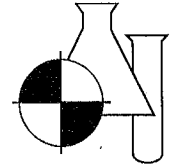
62-550.310 (3)

REPORT NUMBER: 21100539 - 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	10/12/2021	18:47	E84167
2451	DICHLOROACETIC ACID	N/A	UG/L	8.71		552.2	0.5	10/12/2021	18:47	E84167
2452	TRICHLOROACETIC ACID	N/A	UG/L	4.10		552.2	0.5	10/12/2021	18:47	E84167
2453	MONOBROMOACETIC ACID	N/A	UG/L	0.5	U	552.2	0.5	10/12/2021	18:47	E84167
2454	DIBROMOACETIC ACID	N/A	UG/L	2.03		552.2	0.5	10/12/2021	18:47	E84167
2456	TOTAL HAA(5)	60	UG/L	14.8		552.2	0.5	10/12/2021	18:47	E84167
2941	CHLOROFORM	N/A	UG/L	12.0		524.2	0.5	10/13/2021	21:45	E84167
2942	BROMOFORM	N/A	UG/L	0.5	U	524.2	0.5	10/13/2021	21:45	E84167
2943	BROMODICHLOROMETHANE	N/A	UG/L	10.4		524.2	0.5	10/13/2021	21:45	E84167
2944	DIBROMOCHLOROMETHANE	N/A	UG/L	2.99		524.2	0.5	10/13/2021	21:45	E84167
2950	TRIHALOMETHANES, TOTAL	80	UG/L	25.4		524.2	0.5	10/13/2021	21:45	E84167

BENCHMARK

EnviroAnalytical Inc.



FDOH Certification #E84167

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

Sam Stone

ANALYTICAL TEST REPORT

THESE RESULTS MEET NELAC STANDARDS

DISINFECTION BYPRODUCTS

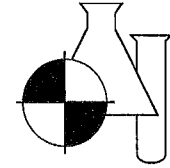
62-550.310 (3)

REPORT NUMBER: 21100539 - 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	10/12/2021	19:24	E84167
2451	DICHLOROACETIC ACID	N/A	UG/L	11.2		552.2	0.5	10/12/2021	19:24	E84167
2452	TRICHLOROACETIC ACID	N/A	UG/L	6.03		552.2	0.5	10/12/2021	19:24	E84167
2453	MONOBROMOACETIC ACID	N/A	UG/L	2.96		552.2	0.5	10/12/2021	19:24	E84167
2454	DIBROMOACETIC ACID	N/A	UG/L	1.38	I	552.2	0.5	10/12/2021	19:24	E84167
2456	TOTAL HAA(5)	60	UG/L	21.6		552.2	0.5	10/12/2021	19:24	E84167
2941	CHLOROFORM	N/A	UG/L	12.7		524.2	0.5	10/13/2021	22:15	E84167
2942	BROMOFORM	N/A	UG/L	0.5	U	524.2	0.5	10/13/2021	22:15	E84167
2943	BROMODICHLOROMETHANE	N/A	UG/L	9.72		524.2	0.5	10/13/2021	22:15	E84167
2944	DIBROMOCHLOROMETHANE	N/A	UG/L	2.42		524.2	0.5	10/13/2021	22:15	E84167
2950	TRIHALOMETHANES, TOTAL	80	UG/L	24.8		524.2	0.5	10/13/2021	22:15	E84167

BENCHMARK

EnviroAnalytical Inc.



FDOH Certification #E84167

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

Sam Stone

ANALYTICAL TEST REPORT

THESE RESULTS MEET NELAC STANDARDS

DISINFECTION BYPRODUCTS

62-550.310 (3)

REPORT NUMBER: 21100539 - 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	10/12/2021	20:00	E84167
2451	DICHLOROACETIC ACID	N/A	UG/L	10.0		552.2	0.5	10/12/2021	20:00	E84167
2452	TRICHLOROACETIC ACID	N/A	UG/L	4.60		552.2	0.5	10/12/2021	20:00	E84167
2453	MONOBROMOACETIC ACID	N/A	UG/L	1.25	I	552.2	0.5	10/12/2021	20:00	E84167
2454	DIBROMOACETIC ACID	N/A	UG/L	1.82	I	552.2	0.5	10/12/2021	20:00	E84167
2456	TOTAL HAA(5)	60	UG/L	17.7		552.2	0.5	10/12/2021	20:00	E84167
2941	CHLOROFORM	N/A	UG/L	12.4		524.2	0.5	10/13/2021	22:45	E84167
2942	BROMOFORM	N/A	UG/L	0.5	U	524.2	0.5	10/13/2021	22:45	E84167
2943	BROMODICHLOROMETHANE	N/A	UG/L	10.1		524.2	0.5	10/13/2021	22:45	E84167
2944	DIBROMOCHLOROMETHANE	N/A	UG/L	2.69		524.2	0.5	10/13/2021	22:45	E84167
2950	TRIALOMETHANES, TOTAL	80	UG/L	25.2		524.2	0.5	10/13/2021	22:45	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.

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
 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 #:

21100539

Method of Discharge²: DW

Sample Name	Sample Type ¹	Collection		Container			Preservative ⁴	Parameters for Analysis	Laboratory Sample #
		Date	Time	Qty	Capacity	Type ³			
Carlton 42 (NRTM) Cl ₂ @ time of collection: <u>3.0</u> pH @ time of collection: <u>7.76</u>	Grab	10/11/21	1150	1	250mL	Glass	NH ₄ Cl	HAA's	1
				3	40mL*	Glass Vials	NaThio	THM's	
Charlotte County Utility 10 Cl ₂ @ time of collection: <u>4.7</u> pH @ time of collection: <u>7.98</u>	Grab	10/11/21	1045	1	250mL	Glass	NH ₄ Cl	HAA's	2
				3	40mL*	Glass Vials	NaThio	THM's	
Peace River Facility Cl ₂ @ time of collection: <u>4.7</u> pH @ time of collection: <u>8.09</u>	Grab	10/11/21	0940	1	250mL	Glass	NH ₄ Cl	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.

Laboratory Sample Acceptability: pH < 8
 BEA Temperature: 3.3 °C

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

1	Collector: <u>John Ramsey</u>	Date: <u>10/11/21</u>	Time: <u>12:35</u>	Received By: <u>Melinda Muchant</u>	Date: <u>10/11/21</u>	Time: <u>12:35</u>
2	Relinquished by: <u>Melinda Muchant</u>	Date: <u>10/12/21</u>	Time: <u>12:38</u>	Received By: <u>m r Hall</u>	Date: <u>10/11/21</u>	Time: <u>12:38</u>
3	Relinquished by: <u>m r Hall</u>	Date: <u>10/11/21</u>	Time: <u>1433</u>	Received By: <u>A J L</u>	Date: <u>10-11-21</u>	Time: <u>1433</u>
4	Relinquished by:	Date:	Time:	Received By:	Date:	Time:

**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 Authority PWS I.D. #: 6142734
 System Type (check one): Community Nontransient Noncommunity Transient Noncommunity
 Address: 8998 S.W. County Road 769
 City: Arcadia, Florida ZIP Code: 34269
 Phone #: 863 993-4565 Fax #: 863 494-2622 E-Mail Address: randerson@regionalwater.org

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: _____ Sample Date: 10/11/21 Sample Time: 1150 AM PM (Circle One)
 Sample Location (be specific): Carlton 42" Location Code: _____
 Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): 3.0 mg/L Field pH: 7.76

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, Ops. Specialist, do HEREBY CERTIFY
 (Print Name) (Print Title)

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

Signature: John Ramsey Date: 10/11/21
 Certified Operator #: 4668 Phone #: 863 993-4565 Sampler's Fax #: 863 494-2622
 Sampler's E-mail: jramsey@regionalwater.org

**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 Manassata Regional Water Supply Authority PWS I.D. #: 6142734
 System Type (check one): Community Nontransient Noncommunity Transient Noncommunity
 Address: 8998 S.W. County Road 769
 City: Arcadia, Florida ZIP Code: 34269
 Phone #: 863 993-4565 Fax #: 863 494-2622 E-Mail Address: randerson@regionalwater.org

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: _____ Sample Date: 10/11/21 Sample Time: 1045 AM PM (Circle One)
 Sample Location (be specific): Charlotte County 10" Location Code: _____
 Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): 4.7 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:

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: 10/11/21
 Certified Operator #: 4668 Phone #: 863 993-4565 Sampler's Fax #: 863 494-2622
 Sampler's E-mail: jramsey@regionalwater.org

**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 Authority PWS I.D. #: 6142734
 System Type (check one): Community Nontransient Noncommunity Transient Noncommunity
 Address: 8998 S.W. County Road 769
 City: Arcadia, Florida ZIP Code: 34269
 Phone # 863 993-4565 Fax #: 863 494-2622 E-Mail Address: randerson@regionalwater.org

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: _____ Sample Date: 10/11/21 Sample Time: 0940 AM PM (Circle One)
 Sample Location (be specific): Peace River Facility Location Code: _____
 Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): 4.7 mg/L Field pH: 8.09

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: 10/11/21
 Certified Operator #: 4668 Phone #: 863 993-4565 Sampler's Fax #: 863 494-2622
 Sampler's E-mail: jramsey@regionalwater.org

**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: 06/30/2022

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: 10/11/2021

PWS ID (From Page 1): 6142734 Sample Number (From Page 1): _____ Lab Assigned Report # or Job ID: 21100539-001

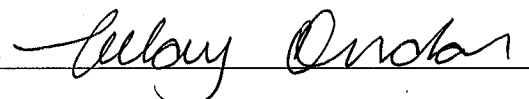
Group(s) Analyzed & Results attached for compliance with Chapter 62-550, F.A.C. (Check all that apply):

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

LAB CERTIFICATION

I, Dale Dixon / Tulay Tanrisever / Kara Peterson, Lab Director / Technical Director & QC Officer / QA Officer, do HEREBY CERTIFY
(Print Name) (Print Title)

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

Signature:  Date: 10/20/21

* 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: 06/30/2022

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: 10/11/2021

PWS ID (From Page 1): 6142734 Sample Number (From Page 1): _____ Lab Assigned Report # or Job ID: 21100539-002

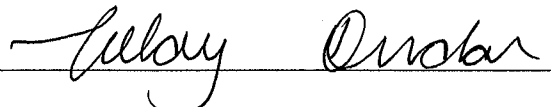
Group(s) Analyzed & Results attached for compliance with Chapter 62-550, F.A.C. (Check all that apply):

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

LAB CERTIFICATION

I, Dale Dixon / Tulay Tanrisever / Kara Peterson, Lab Director / Technical Director & QC Officer / QA Officer, do HEREBY CERTIFY
(Print Name) (Print Title)

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

Signature:  Date: 10/20/21

* 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: 06/30/2022

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: 10/11/2021

PWS ID (From Page 1): 6142734 Sample Number (From Page 1): _____ Lab Assigned Report # or Job ID: 21100539-003

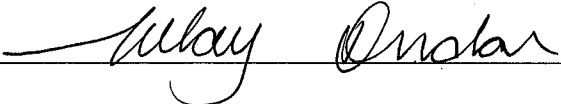
Group(s) Analyzed & Results attached for compliance with Chapter 62-550, F.A.C. (Check all that apply):

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

LAB CERTIFICATION

I, Dale Dixon / Tulay Tanrisever / Kara Peterson, Lab Director / Technical Director & QC Officer / QA Officer, do HEREBY CERTIFY
(Print Name) (Print Title)

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

Signature:  Date: 10/20/21

* 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: 21100539-001

Disinfectant Residual (mg/L): 3.0

PWS ID (From Page 1): 6142734

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

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Regulatory MRL**	Analysis Date	Analysis Time	DOH Lab Certification #
2450	Monochloroacetic Acid	N/A	µg/L	0.5	U	552.2	0.5	2.0	10/12/2021	18:47	E84167
2451	Dichloroacetic Acid	N/A	µg/L	8.71		552.2	0.5	1.0	10/12/2021	18:47	E84167
2452	Trichloroacetic Acid	N/A	µg/L	4.10		552.2	0.5	1.0	10/12/2021	18:47	E84167
2453	Monobromoacetic Acid	N/A	µg/L	0.5	U	552.2	0.5	1.0	10/12/2021	18:47	E84167
2454	Dibromoacetic Acid	N/A	µg/L	2.03		552.2	0.5	1.0	10/12/2021	18:47	E84167
2456	Total Haloacetic Acids (HAA5)	60	µg/L	14.8		552.2	0.5	---	10/12/2021	18:47	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	12.0		524.2	0.5	1.0	10/13/2021	21:45	E84167
2942	Bromoform	N/A	µg/L	0.5	U	524.2	0.5	1.0	10/13/2021	21:45	E84167
2943	Bromodichloromethane	N/A	µg/L	10.4		524.2	0.5	1.0	10/13/2021	21:45	E84167
2944	Dibromochloromethane	N/A	µg/L	2.99		524.2	0.5	1.0	10/13/2021	21:45	E84167
2950	Total Trihalomethanes (TTHM)	80	µg/L	25.4		524.2	0.5	---	10/13/2021	21:45	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.

Florida Department of Environmental Protection

Safe Drinking Water Program Laboratory Reporting Format

DISINFECTION BYPRODUCTS
62-550.310(3)

Report Number / Job ID: 21100539-002

Disinfectant Residual (mg/L): 4.7

PWS ID (From Page 1): 6142734

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

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Regulatory MRL**	Analysis Date	Analysis Time	DOH Lab Certification #
2450	Monochloroacetic Acid	N/A	µg/L	0.5	U	552.2	0.5	2.0	10/12/2021	19:24	E84167
2451	Dichloroacetic Acid	N/A	µg/L	11.2		552.2	0.5	1.0	10/12/2021	19:24	E84167
2452	Trichloroacetic Acid	N/A	µg/L	6.03		552.2	0.5	1.0	10/12/2021	19:24	E84167
2453	Monobromoacetic Acid	N/A	µg/L	2.96		552.2	0.5	1.0	10/12/2021	19:24	E84167
2454	Dibromoacetic Acid	N/A	µg/L	1.38	I	552.2	0.5	1.0	10/12/2021	19:24	E84167
2456	Total Haloacetic Acids (HAA5)	60	µg/L	21.6		552.2	0.5	---	10/12/2021	19:24	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	12.7		524.2	0.5	1.0	10/13/2021	22:15	E84167
2942	Bromoform	N/A	µg/L	0.5	U	524.2	0.5	1.0	10/13/2021	22:15	E84167
2943	Bromodichloromethane	N/A	µg/L	9.72		524.2	0.5	1.0	10/13/2021	22:15	E84167
2944	Dibromochloromethane	N/A	µg/L	2.42		524.2	0.5	1.0	10/13/2021	22:15	E84167
2950	Total Trihalomethanes (TTHM)	80	µg/L	24.8		524.2	0.5	---	10/13/2021	22:15	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.

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

DISINFECTION BYPRODUCTS
62-550.310(3)

Report Number / Job ID: 21100539-003

Disinfectant Residual (mg/L): 4.7

PWS ID (From Page 1): 6142734

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

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Regulatory MRL**	Analysis Date	Analysis Time	DOH Lab Certification #
2450	Monochloroacetic Acid	N/A	µg/L	0.5	U	552.2	0.5	2.0	10/12/2021	20:00	E84167
2451	Dichloroacetic Acid	N/A	µg/L	10.0		552.2	0.5	1.0	10/12/2021	20:00	E84167
2452	Trichloroacetic Acid	N/A	µg/L	4.60		552.2	0.5	1.0	10/12/2021	20:00	E84167
2453	Monobromoacetic Acid	N/A	µg/L	1.25	I	552.2	0.5	1.0	10/12/2021	20:00	E84167
2454	Dibromoacetic Acid	N/A	µg/L	1.82	I	552.2	0.5	1.0	10/12/2021	20:00	E84167
2456	Total Haloacetic Acids (HAA5)	60	µg/L	17.7		552.2	0.5	---	10/12/2021	20:00	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	12.4		524.2	0.5	1.0	10/13/2021	22:45	E84167
2942	Bromoform	N/A	µg/L	0.5	U	524.2	0.5	1.0	10/13/2021	22:45	E84167
2943	Bromodichloromethane	N/A	µg/L	10.1		524.2	0.5	1.0	10/13/2021	22:45	E84167
2944	Dibromochloromethane	N/A	µg/L	2.69		524.2	0.5	1.0	10/13/2021	22:45	E84167
2950	Total Trihalomethanes (TTHM)	80	µg/L	25.2		524.2	0.5	---	10/13/2021	22:45	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.

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 performed on an improperly preserved sample. Data may be inaccurate

Z = Too many colonies were present (TNTC). The numeric value represents the filtration volume.



Laboratory Scope of Accreditation

Attachment to Certificate #: E84167-52, expiration date June 30, 2022. 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	Other Regulated Contaminants	NELAP	9/28/2005
1,2-Dibromo-3-chloropropane (DBCP)	EPA 504.1	Synthetic Organic Contaminants	NELAP	4/20/2009
1,2-Dibromoethane (EDB, Ethylene dibromide)	EPA 504.1	Synthetic Organic Contaminants	NELAP	4/20/2009
1,2-Dichlorobenzene	EPA 524.2	Other Regulated Contaminants	NELAP	12/29/2015
1,2-Dichloroethane	EPA 524.2	Other Regulated Contaminants	NELAP	9/28/2005
1,2-Dichloropropane	EPA 524.2	Other Regulated Contaminants	NELAP	9/28/2005
1,4-Dichlorobenzene	EPA 524.2	Other Regulated Contaminants	NELAP	12/29/2015
Alkalinity as CaCO3	SM 2320 B	Primary Inorganic Contaminants	NELAP	5/25/2004
Aluminum	EPA 200.7	Secondary Inorganic Contaminants	NELAP	5/25/2004
Ammonia as N	EPA 350.1	Primary Inorganic Contaminants	NELAP	3/7/2011
Antimony	SM 3113 B	Primary Inorganic Contaminants	NELAP	1/3/2002
Arsenic	SM 3113 B	Primary Inorganic Contaminants	NELAP	1/3/2002
Barium	EPA 200.7	Primary Inorganic Contaminants	NELAP	5/25/2004
Benzene	EPA 524.2	Other Regulated Contaminants	NELAP	9/28/2005
Beryllium	EPA 200.7	Primary Inorganic Contaminants	NELAP	5/25/2004
Boron	EPA 200.7	Secondary Inorganic Contaminants	NELAP	3/7/2011
Bromate	EPA 300.1	Primary Inorganic Contaminants	NELAP	11/21/2008
Bromide	EPA 300.0	Primary Inorganic Contaminants	NELAP	5/25/2004
Bromoacetic acid	EPA 552.2	Group I Unregulated Contaminants	NELAP	4/20/2009
Bromodichloromethane	EPA 524.2	Group II Unregulated Contaminants	NELAP	9/28/2005
Bromoform	EPA 524.2	Group II Unregulated Contaminants	NELAP	9/28/2005
Cadmium	EPA 200.7	Primary Inorganic Contaminants	NELAP	5/25/2004
Calcium	EPA 200.7	Primary Inorganic Contaminants	NELAP	5/25/2004
Carbon tetrachloride	EPA 524.2	Other Regulated Contaminants	NELAP	9/28/2005
Chlorate	EPA 300.1	Secondary Inorganic Contaminants	NELAP	11/21/2008
Chloride	EPA 300.0	Secondary Inorganic Contaminants	NELAP	5/25/2004
Chlorine	SM 4500-Cl G	Primary Inorganic Contaminants	NELAP	3/7/2011
Chlorite	EPA 300.1	Primary Inorganic Contaminants	NELAP	11/21/2008
Chloroacetic acid	EPA 552.2	Group I Unregulated Contaminants	NELAP	4/20/2009
Chlorobenzene	EPA 524.2	Other Regulated Contaminants	NELAP	12/29/2015
Chloroform	EPA 524.2	Group II Unregulated Contaminants	NELAP	9/28/2005
Chromium	EPA 200.7	Primary Inorganic Contaminants	NELAP	5/25/2004
cis-1,2-Dichloroethylene	EPA 524.2	Other Regulated Contaminants	NELAP	9/28/2005

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

Issue Date: 7/1/2021

Expiration Date: 6/30/2022



Laboratory Scope of Accreditation

Attachment to Certificate #: E84167-52, expiration date June 30, 2022. 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 Environmental Analytical, Inc.
1711 12th Street East
Palmetto, FL 34221

Matrix: Drinking Water

Analyte	Method/Tech	Category	Certification Type	Effective Date
Color	SM 2120 B	Secondary Inorganic Contaminants	NELAP	7/31/2007
Conductivity	SM 2510 B	Primary Inorganic Contaminants	NELAP	5/25/2004
Copper	EPA 200.7	Primary Inorganic Contaminants, Secondary Inorganic Contaminants	NELAP	5/25/2004
Corrosivity (langlier index)	SM 2330 B	Secondary Inorganic Contaminants	NELAP	3/7/2011
Cyanide	EPA 335.4	Primary Inorganic Contaminants	NELAP	1/7/2021
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
Dissolved organic carbon (DOC)	SM 5310 B	Primary Inorganic Contaminants	NELAP	11/21/2008
Escherichia coli	SM 9223 B	Microbiology	NELAP	1/3/2002
Escherichia coli	SM 9223 B /QUANTIT-TRAY	Microbiology	NELAP	3/7/2011
Ethylbenzene	EPA 524.2	Other Regulated Contaminants	NELAP	9/28/2005
Fluoride	EPA 300.0	Primary Inorganic Contaminants, Secondary Inorganic Contaminants	NELAP	5/25/2004
Hardness	SM 2340 B	Secondary Inorganic Contaminants	NELAP	3/7/2011
Heterotrophic plate count	SMPLATE	Microbiology	NELAP	7/1/2016
Heterotrophic plate count	SM 9215 B	Microbiology	NELAP	5/25/2004
Hydrogen sulfide	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
Methylene chloride	EPA 524.2	Other Regulated Contaminants	NELAP	9/28/2005
Molybdenum	EPA 200.7	Secondary Inorganic Contaminants	NELAP	3/7/2011
Nickel	EPA 200.7	Primary Inorganic Contaminants	NELAP	5/25/2004
Nitrate	EPA 353.2	Primary Inorganic Contaminants	NELAP	1/3/2002
Nitrate as N	EPA 300.0	Primary Inorganic Contaminants	NELAP	5/25/2004
Nitrite as N	EPA 300.0	Primary Inorganic Contaminants	NELAP	5/25/2004
Nitrite as N	EPA 353.2	Primary Inorganic Contaminants	NELAP	5/25/2004
Nitrite as N	EPA 140.1	Primary Inorganic Contaminants	NELAP	1/3/2002
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

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

Issue Date: 7/1/2021

Expiration Date: 6/30/2022



Laboratory Scope of Accreditation

Attachment to Certificate #: E84167-52, expiration date June 30, 2022. This listing of accredited analytes should be used only when associated with a valid certificate.

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

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

Matrix: Drinking Water

Analyte	Method/Tech	Category	Certification Type	Effective Date
Residue-filterable (TDS)	SM 2540 C	Secondary Inorganic Contaminants	NELAP	7/31/2007
Selenium	SM 3113 B	Primary Inorganic Contaminants	NELAP	1/3/2002
Silica as SiO2	EPA 200.7	Primary Inorganic Contaminants	NELAP	5/25/2004
Silver	EPA 200.7	Secondary Inorganic Contaminants	NELAP	5/25/2004
Sodium	EPA 200.7	Primary Inorganic Contaminants	NELAP	5/25/2004
Styrene	EPA 524.2	Other Regulated Contaminants	NELAP	12/29/2015
Sulfate	EPA 300.0	Primary Inorganic Contaminants, Secondary Inorganic Contaminants	NELAP	5/25/2004
Sulfide	SM 4500-S D/UV-VIS	Primary Inorganic Contaminants	NELAP	3/7/2011
Surfactants - MBAS	SM 5540 C	Secondary Inorganic Contaminants	NELAP	1/3/2002
Tetrachloroethylene (Perchloroethylene)	EPA 524.2	Other Regulated Contaminants	NELAP	12/29/2015
Thallium	EPA 200.9	Primary Inorganic Contaminants	NELAP	1/3/2002
Toluene	EPA 524.2	Other Regulated Contaminants	NELAP	9/28/2005
Total coliforms	SM 9223 B	Microbiology	NELAP	1/3/2002
Total coliforms	SM 9223 B /QUANTIT-TRAY	Microbiology	NELAP	3/7/2011
Total cyanide	EPA 335.4	Primary Inorganic Contaminants	NELAP	1/7/2021
Total haloacetic acids (HAA5)	EPA 552.2	Synthetic Organic Contaminants	NELAP	4/20/2009
Total nitrate-nitrite	EPA 300.0	Primary Inorganic Contaminants	NELAP	5/25/2004
Total nitrate-nitrite	EPA 353.2	Primary Inorganic Contaminants	NELAP	1/3/2002
Total organic carbon	SM 5310 B	Primary Inorganic Contaminants	NELAP	5/25/2004
Total trihalomethanes	EPA 524.2	Other Regulated Contaminants	NELAP	9/28/2005
trans-1,2-Dichloroethylene	EPA 524.2	Other Regulated Contaminants	NELAP	9/28/2005
Trichloroacetic acid	EPA 552.2	Group I Unregulated Contaminants	NELAP	10/14/2010
Trichloroethene (Trichloroethylene)	EPA 524.2	Other Regulated Contaminants	NELAP	9/28/2005
Turbidity	EPA 180.1	Secondary Inorganic Contaminants	NELAP	3/7/2011
UV 254	SM 5910 B	Primary Inorganic Contaminants	NELAP	11/16/2016
Vanadium	EPA 200.7	Secondary Inorganic Contaminants	NELAP	3/7/2011
Vinyl chloride	EPA 524.2	Other Regulated Contaminants	NELAP	9/28/2005
Xylene (total)	EPA 524.2	Other Regulated Contaminants	NELAP	12/29/2015
Zinc	EPA 200.7	Secondary Inorganic Contaminants	NELAP	5/25/2004

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

Issue Date: 7/1/2021

Expiration Date: 6/30/2022

**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	2021
--------	------

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

Type of Treatment: Conventional

DATE	Monthly TOC Sample Set			Actual % TOC Removed	Step 1 Required % Removal	Step 1 Removal Ratio
	Raw Alkalinity	Treated TOC	Raw TOC			
10/11/2021	54.5	3	14.6	79	50	1.59
11/4/2021	56.5	3.9	15.3	75	50	1.49
12/8/2021	54	4.63	18.7	75	50	1.50

DATE	(1-Treated Water TOC % / Source Water TOC) x 100 = Monthly % TOC Removal
10/11/2021	(1- 3.0/14.6) x 100= 79
11/4/2021	(1- 3.9/ 15.3) x 100 = 75
12/8/2021	(1- 4.63 / 18.7) x 100 = 75

DATE	Calculated Monthly TOC % Removal / Required TOC % Removal = Ratio	Ratio > 1.0
10/11/2021	1.59	YES
11/4/2021	1.49	YES
12/8/2021	1.50	YES

QUARTERLY SAMPLE INFORMATION - 4th QUARTER REPORT 2021

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	10/11/21	10/18/2021	SM2320B		
						11/4/21	11/8/2021	SM2320B		
						12/8/21	12/15/2021	SM2320B		
Raw TOC	3		3	Raw Water	John Ramsey	E84167	10/11/21	10/13/2021	SM5310B	
							11/4/21	11/5/2021	SM5310B	
							12/8/21	12/9/2021	SM5310B	
Treated TOC	3			3	Finish Water	John Ramsey	E84167	10/11/21	10/13/2021	SM5310B
								11/4/21	11/5/2021	SM5310B
								12/8/21	12/9/2021	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: *J.P. Chell* Date: 1/3/2022

Certificate Number & Class: A 15153 Expiration Date: 4/30/2023

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-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21
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	16.1	15.7	14.4	13.5	15.4	22.3	12	13.8	16.3	14.6	15.3	18.7
Treated Water TOC Monthly Arithmetic Average	4.53	4.78	3.61	3.82	3.68	4.72	3.53	3.2	3.92	3	3.9	4.63
Actual % TOC Removed *	72	70	75	72	76	79	71	77	76	79	75	75
% TOC Removed Quarterly Arithmetic Average			72			76			74			76
% TOC Removed 12 Month Running Arithmetic Average						74			74			75
Required % Removal	50	50	50	50	40	40	40	40	40	50	50	50
Monthly Actual/Required Ratio	1.44	1.39	1.50	1.43	1.90	1.97	1.76	1.92	1.90	1.59	1.49	1.50
Quarterly Average of Actual/Required Ratio			1.442			1.769			1.861			1.528
Running 12 Month Actual/Required Ratio												1.650

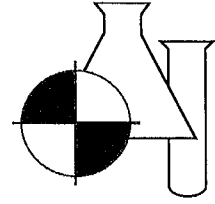
Does the system meet the enhanced coagulation or enhanced softening % removal requirements in 40 CFR 141.135(b) (2) or (3) for the past four quarters? (Yes/No)	YES
---	------------

*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 : 21100538

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

Project Name : MONTHLY ANALYSIS

PWS# 6142734

Date Received : 10/11/2021

Time Received : 1433

Sam Stone

Submission Number: 21100538	Sample Date: 10/11/2021
Sample Number: 001	Sample Time: 0910
Sample Description: Raw Water	Sample Method: Grab

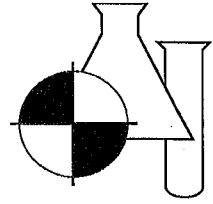
Parameter	Result	Units	MDL	PQL	Procedure	Analysis Date/Time	Analyst
TOTAL ALKALINITY (CACO3)	54.5	MG/L	0.594	2.376	SM2320B	10/18/2021 13:55	TG
TOTAL ORGANIC CARBON	14.6	MG/L	0.271	1.084	SM5310B	10/13/2021 10:03	JG

Submission Number: 21100538	Sample Date: 10/11/2021
Sample Number: 002	Sample Time: 0935
Sample Description: Transfer Station #4	Sample Method: Grab

Parameter	Result	Units	MDL	PQL	Procedure	Analysis Date/Time	Analyst
TOTAL ORGANIC CARBON	3.00	MG/L	0.271	1.084	SM5310B	10/13/2021 10:03	JG

BENCHMARK

EnviroAnalytical Inc.



NELAC Certification #E84167

Dale D. Dixon / Laboratory Director

10/18/2021

Date

Tülay Tarrisever - 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.

NOTES:

MBAS calculated as LAS; molecular weight = 340.
PQL = 4xMDL.
ND = Not detected at or above the adjusted reporting limit.
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.

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

Results relate only to the samples.

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

COMMENTS:

Benchmark EnviroAnalytical, Inc.

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

Client: Peace River Regional Water Supply

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

COC #120

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

Sample Name	Sample Type	Collection		Qty	Container		Preservative	Parameters for Analysis	Laboratory Sample #
		Date	Time		Capacity	Type			
Raw Water	Grab	10/11/21	0910	1	½ Pint	Plastic	Plain	Total Alkalinity SM2320B	1
				1	40mL	Glass Vial	1:1 H ₃ PO ₄	TOC SM5310B	
#4 Transfer Station	Grab	10/11/21	0935	1	40mL	Glass Vial	1:1 H ₃ PO ₄	TOC SM5310B	2

Laboratory Submission #: 21100538

Chlorine residual at time of collection: 5.0 Temperature at time of collection: 28.0 Turbidity at time of collection: .10

Laboratory Sample Acceptability:
 pH <: □
 Temperature: 3.3°C

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

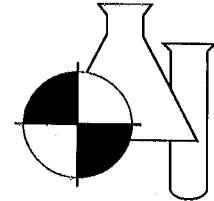
Instructions:

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

1	Collector: John Ramsey	Date: 10/11/21	Time: 1235	Received By: Melinda Mndant	Date: 10/11/21	Time: 1235
2	Relinquished by: Melinda Mndant	Date: 10/11/21	Time: 12:38	Received By: MreHall	Date: 10/11/21	Time: 12:38
3	Relinquished by: MreHall	Date: 10/11/21	Time: 1433	Received By: MreHall	Date: 10-11-21	Time: 1433
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 : 21110305

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

Project Name : MONTHLY ANALYSIS

PWS# 6142734

Date Received : 11/04/2021

Time Received : 1430

Sam Stone

Submission Number: 21110305
Sample Number: 001
Sample Description: Raw Water

Sample Date: 11/04/2021
Sample Time: 0915
Sample Method: Grab

Parameter	Result	Units	MDL	PQL	Procedure	Analysis Date/Time	Analyst
TOTAL ALKALINITY (CACO3)	56.5	MG/L	0.594	2.376	SM2320B	11/08/2021 12:20	TG
TOTAL ORGANIC CARBON	15.3	MG/L	0.271	1.084	SM5310B	11/05/2021 15:49	JG

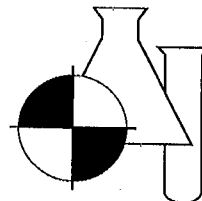
Submission Number: 21110305
Sample Number: 002
Sample Description: Transfer Station #4

Sample Date: 11/04/2021
Sample Time: 0855
Sample Method: Grab

Parameter	Result	Units	MDL	PQL	Procedure	Analysis Date/Time	Analyst
TOTAL ORGANIC CARBON	3.90	MG/L	0.271	1.084	SM5310B	11/05/2021 15:49	JG

BENCHMARK

EnviroAnalytical Inc.



NELAC Certification #E84167

Dale D. Dixon

11/11/2021

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.

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.

COMMENTS:

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

Results relate only to the samples.

Benchmark EnviroAnalytical, Inc.

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

Client: Peace River Regional Water Supply

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

COC #120

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

Sample Name		Sample Type	Date	Collection		Qty	Container		Preservative ⁴	Parameters for Analysis		Laboratory Sample #
					Time		Capacity	Type ³				
Raw Water		Grab	11/4/21		0915	1	½ Pint	Plastic	Plain	Total Alkalinity SM2320B		1
#74 Transfer Station		Grab	11/4/21		0855	1	40mL	Glass Vial	1:1 H ₃ PO ₄	TOC SM5310B		2

Laboratory Submission #: 2116305

Chlorine residual at time of collection: 5.6 Temperature at time of collection: 23.2 Turbidity at time of collection: 0.13

Laboratory Sample Acceptability:
 pH <:
 Temperature: 0.8 C

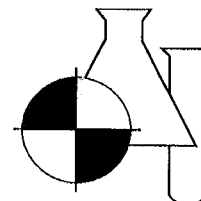
1. "Sample Type" is used to indicate whether the sample was a grab (G) or whether it was a composite (C).
2. "Sample Matrix" is used to indicate whether the sample is being discharged to drinking water (DW), groundwater (GW), surface water (SW), soil, sediment (SDMNT), or sludge (SLDG).
3. "Container 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: 11/4/21	Time: 1154	Received By: Mindy Marchant	Date: 11/4/21	Time: 1154
2	Relinquished by: Mindy Marchant	Date: 11/4/21	Time: 1200	Received By: Jeff Tamm	Date: 11/4/21	Time: 1200
3	Relinquished by: Jeff Tamm	Date: 11/4/21	Time: 1430	Received By: R. J. J.	Date: 11-4-21	Time: 1430
4 of 3	Relinquished by:	Date:	Time:	Received By:	Date:	Time:

BENCHMARK

EnviroAnalytical Inc.



NELAC Certification #E84167

ANALYTICAL TEST REPORT

THESE RESULTS MEET NELAC STANDARDS

Submission Number : 21120540

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

Project Name : MONTHLY ANALYSIS

PWS# 6142734

Date Received : 12/08/2021

Time Received : 1440

Sam Stone

Submission Number: 21120540
Sample Number: 001
Sample Description: Raw Water

Sample Date: 12/08/2021
Sample Time: 0935
Sample Method: Grab

Parameter	Result	Units	MDL	PQL	Procedure	Analysis Date/Time	Analyst
TOTAL ALKALINITY (CACO3)	54.0	MG/L	0.594	2.376	SM2320B	12/15/2021 13:57	TG
TOTAL ORGANIC CARBON	18.7	MG/L	0.271	1.084	SM5310B	12/09/2021 15:12	KP

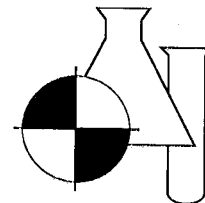
Submission Number: 21120540
Sample Number: 002
Sample Description: Transfer Station #4

Sample Date: 12/08/2021
Sample Time: 0925
Sample Method: Grab

Parameter	Result	Units	MDL	PQL	Procedure	Analysis Date/Time	Analyst
TOTAL ORGANIC CARBON	4.63	MG/L	0.271	1.084	SM5310B	12/09/2021 15:12	KP

BENCHMARK

EnviroAnalytical Inc.



NELAC Certification #E84167

Dale D. Dixon

12/16/2021

Dale D. Dixon / Laboratory Director

Date

Tülay Tanrısever - 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.
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.

COMMENTS:

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

Results relate only to the samples.

Benchmark EnviroAnalytical, Inc.

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

Client: Peace River Regional Water Supply

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

COC #120

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

Sample Name	Sample Type	Collection		Qty	Container Capacity	Type	Preservative	Parameters for Analysis	Laboratory Sample #
		Date	Time						
Raw Water	Grab	12/8/21	0935	1	1/2 Pint	Plastic	Plain	Total Alkalinity SM2320B	1
#4 Transfer Station	Grab	12/8/21	0925	1	40mL	Glass Vial	1:1 H ₃ PO ₄	TOC SM5310B	2

Laboratory Submission #: 21120540

Chlorine residual at time of collection: 5.5 Temperature at time of collection: 22.0
 Turbidity at time of collection: 0.11

Laboratory Sample Acceptability:
 pH < 2:
 Temperature: 1-5°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: <u>John Ramsey</u>	Date: <u>12/8/21</u>	Time: <u>1151</u>	Received By: <u>[Signature]</u>	Date: <u>12/8/21</u>	Time: <u>1151</u>
2	Relinquished by: <u>[Signature]</u>	Date: <u>12/8/21</u>	Time: <u>1152</u>	Received By: <u>[Signature]</u>	Date: <u>12/8/21</u>	Time: <u>1152</u>
3	Relinquished by: <u>[Signature]</u>	Date: <u>12/8/21</u>	Time: <u>1440</u>	Received By: <u>[Signature]</u>	Date: <u>12/8/21</u>	Time: <u>1440</u>
4	Relinquished by:	Date:	Time:	Received By:	Date:	Time:

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

QUARTERLY REPORTING PERIOD: Quarter 4 2021	Year: 2021
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	no	no	no	no	no
Dates: From												
Dates: To												
ASR WELL # (s)												

STORAGE Yes/No	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes
Dates: From	1/1/2021	2/1/2021	3/1/2021	4/1/2021	5/1/2021	6/1/2021	7/1/2021	8/1/2021	9/1/2021	10/1/2021	11/1/2021	12/1/2021
Dates: To	1/31/2021	2/29/2021	3/31/2021	4/30/2021	5/31/2021	6/30/2021	7/31/2021	8/31/2021	9/30/2021	#####	#####	12/31/2021
ASR WELL # (s)	4,10,11,12, 13,14,15,1 6,17,18,19, 20,T1,S1,S 2,S3,S5,S6, S8,S7,S9	4,10,11,12, 13,14,15,1 6,17,18,19, 20,T1,S1,S 2,S3,S5,S6, S8,S7,S9	4,10,11,12, 13,14,15,1 6,17,18,19, 20,T1,S1,S 2,S3,S5,S6, S8,S7,S9	4,10,11,12, 13,14,15,1 6,17,18,19, 20,T1,S1,S 2,S3,S5,S6, S8,S7,S9	4,10,11,12, 13,14,15,1 6,17,18,19, 20,T1,S1,S 2,S3,S5,S6, S8,S7,S9	4,10,11,12, 13,14,15,1 6,17,18,19, 20,T1,S1,S 2,S3,S5,S6, S8,S7,S9	4,10,11,12, 13,14,15,1 6,17,18,19, 20,T1,S1,S 2,S3,S5,S6, S8,S7,S9	4,10,11,12, 13,14,15,1 6,17,18,19, 20,T1,S1,S 2,S3,S5,S6, S8,S7,S9	4,10,11,12, 13,14,15,1 6,17,18,19, 20,T1,S1,S 2,S3,S5,S6, S8,S7,S9	4,10,11,12, 13,14,15,16 6,17,18,19, 20,T1,S1,S 2,S3,S5,S6, S8,S7,S9	4,10,11,12, 13,14,15,1 6,17,18,19, 20,T1,S1,S 2,S3,S5,S6, S8,S7,S9	4,10,11,12, 13,14,15,1 6,17,18,19, 20,T1,S1,S 2,S3,S5,S6, S8,S7,S9

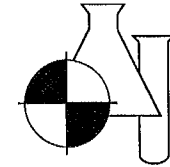
RECOVERY Yes/No	no	yes	yes	no	no	yes	no	no	yes	no	no	yes
Dates: From		2/10/2021	3/1/2021			6/15/2021			9/7/2021			12/6/2021
Dates: To		2/19/2021	3/13/2021			6/25/2021			9/17/2021			12/16/2021
ASR WELL # (s)		S3,S5	4,10,11,12, 13,14,15,1 6,17,18,19, 20,T1,S1,S 2,S3,S5,S6, S8,S7,S9			4,10,11,12, 13,14,15,1 6,17,18,19, 20,T1,S1,S 2,S3,S5,S6, S8,S7,S9			4,10,11,12, 13,14,15,1 6,17,18,19, 20,T1,S1,S 2,S3,S5,S6, S8,S7,S9			10,11,12,13 ,14,15,16,1 7,18,19,20, T1,S1,S2,S3 ,S5,S6,S8,S 7,S9

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.

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

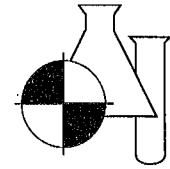
62-550.310 (1)

REPORT NUMBER: 21100404 - 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	10/14/2021	13:01	E84167
1052	SODIUM	160	MG/L	40.0		200.7	0.034	10/12/2021	15:05	E84167

BENCHMARK

EnviroAnalytical Inc.



FDOH Certification #E84167

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

ANALYTICAL TEST REPORT

THESE RESULTS MEET NELAC STANDARDS

RADIONUCLIDES

62-550.310 (6)

REPORT NUMBER: 21100404 - 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	1.8+/-1.2		900.0	1.5	10/15/2021	07:31	E83033
4020	RADIUM-226	5	PCI/L	0.2+/-0.1		903.1	0.1	10/25/2021	09:44	E83033
4030	RADIUM-228	5	PCI/L	1.3+/-0.5		Ra-05	0.7	10/25/2021	09:31	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. E84167

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

www.Benchmarkea.com

Sample Temperature checked upon receipt with Temperature Gun ID #RAYL000570277

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 discharge²: DW Sample Type¹: Grab PWS #: 614-2734

Laboratory Submission #:	211002104
--------------------------	-----------

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 1/2 Pint Plastic	2 x 2 Quart Plastic	
Facility Lab Tap (Finish Water)	Date/Time: 10/7/21 1025 .		1
Facility Influent (Raw)	Date/Time: 10/7/21 1030 .		2
Entry Point (Lab Tap)		Date/Time: 10/7/21 1035 . .	3

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

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

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

Laboratory Sample Acceptability: pH < 2
BEA Temperature: 0.82

	Collected / Relinquished By	Date:	Time:	Received By:	Date:	Time:
1	John Ramsey	10/7/21	1143	[Signature]	10/7/21	1143
2	[Signature]	10/7/21	11:50	[Signature]	10/7/21	11:50
3	[Signature]	10/7/21	1508	[Signature]	10/7/21	1508
4						

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: _____

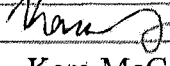


Date:	10/08/21		
# of Samples:	1	Total # of Bottles:	2
Method of Shipment:	Hand Delivery		
Subcontract Laboratory:	Florida Radiochemistry 5456 Hoffner Ave. #201 Orlando, Fl. 32812 Phone: 407-382-7733 Fax: 407-382-7744		
Page	1	of	1

10 BUSINESS DAY T.A.T. PLEASE

Laboratory Submission #	Collection		Sample Matrix*	Collection Method**	Preservative	Container			Parameters	Conductivity** (µmhos)
	Date	Time				Qty	Capacity	Type***		
21100404-003	10/07/21	1035	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 (Slg), Solid (Sol), Soil (Soil), Domestic Effluent (Dom Eff), Industrial Effluent (Ind Eff).
 ** Sample Method abbreviations: Grab (G), Composite (C), 24 Hour Composite (24HR Comp.).
 *** Container Type abbreviations: Plastic (P), Glass (G).

Relinquished By: (Benchmark)	Sign Name:		Date:		Received By:		Date:	10/22/21
	Print Name:	Kara McGowan	Time:				Time:	10:35
Relinquished By:	Sign Name:		Date:		Received By:		Date:	
	Print Name:		Time:				Time:	

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

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

System Name: Peace River Manassota Regional Water Supply Authority PWS I.D. #: 6142734
 System Type (check one): Community Nontransient Noncommunity Transient Noncommunity
 Address: 8998 S.W. County Road 769
 City: Arcadia, Florida ZIP Code: 34269
 Phone #: 863 993-4565 Fax #: 863 494-2622 E-Mail Address: randerson@regionalwater.org

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: 1 Sample Date: 10/7/21 Sample Time: 1025 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): 4.6mg/L 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
 - Replacement (of Inactivated Sample)
 - Confirmation of MCL Exceedance*
 - Special (not for compliance with 62-550)
 - Composite of Multiple Sites**
 - Clearance (permitted)
 - Other:
- Sampling Procedure Used or Other Comments: As, Na

*See 62-550.500(6) for requirements and restrictions.
 **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: 10/7/21
 Certified Operator #: 4668 Phone #: 863 993-4565
 Sampler's E-mail: jr Ramsey@regionalwater.org Sampler's Fax #: 863 494-2622

**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: Pace River Manasseta Regional Water Supply Authority PWS I.D. #: 6142734
 System Type (check one): Community Nontransient Noncommunity Transient Noncommunity
 Address: 8998 S.W. County Road 769
 City: Arcadia, Florida ZIP Code: 34269
 Phone # 863 993-4565 Fax #: 863 494-2622 E-Mail Address: randerson@regionalwater.org

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: 2 Sample Date: 10/17/21 Sample Time: 1030 AM PM (Circle One)
 Sample Location (be specific): Facility Influent (Raw) Location Code: _____
 Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): 2 mg/L Field pH: 7.64
 Sample Type (Check Only One)
 Distribution Routine Compliance with 62-550 Replacement (or Invalidated Sample)
 Entry Point (to Distribution) Confirmation of MCL Exceedance* Special (not for compliance with 62-550)
 Plant Tap (not for compliance with 62-550) Composite of Multiple Sites** Clearance (permitting)
 Raw (at well or intake) Other: _____
 Max Residence Time
 Ave Residence Time
 Near First Customer

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: 10/17/21
 Certified Operator #: 4668 Phone #: 863 993-4565 Sampler's Fax #: 863 494-2622
 Sampler's E-mail: ramsey@regionalwater.org

**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 Manassota Regional Water Supply Authority PWS ID.#: 6142734

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

Address: 8798 S.W. County Road 769

City: Arcadia, Florida ZIP Code: 34269

Phone # 863 993-4565 Fax #: 863 494-2622 E-Mail Address: randerson@regionalwater.org

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: 3 Sample Date: 10/17/21 Sample Time: 1035 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): 1.6 mg/L Field pH: 7.94

Sample Type (Check Only One) Reason(s) for Sample (Check all that apply)

- Distribution Routine Compliance with 62-550 Replacement (of Invalidated Sample)
- Entry Point (to Distribution) Confirmation of MCL Exceedance*
- Plant Tap (not for compliance with 62-550) Composite of Multiple Sites** Special (not for compliance with 62-550)
- Raw (at well or intake) Other: _____ Clearance (permitting)
- Max Residence Time
- Ave Residence Time
- Near First Customer

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: 10/17/21

Certified Operator #: 4668 Phone #: 863 993-4565 Sampler's Fax #: 863 494-2622

Sampler's E-mail: jranssey@regionalwater.org

**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: 06/30/2022

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: 10/07/2021

PWS ID (From Page 1): 6142734 Sample Number (From Page 1): _____ Lab Assigned Report # or Job ID: 21100404-001

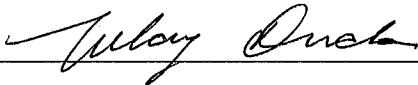
Group(s) Analyzed & Results attached for compliance with Chapter 62-550, F.A.C. (Check all that apply):

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

LAB CERTIFICATION

I, Dale Dixon / Tulay Tanrisever / Kara Peterson, Lab Director / Technical Director & QC Officer / QA Officer, do HEREBY CERTIFY
(Print Name) (Print Title)

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

Signature:  Date: 10/27/21

* 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: 06/30/2022

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: 10/07/2021

PWS ID (From Page 1): 6142734 Sample Number (From Page 1): _____ Lab Assigned Report # or Job ID: 21100404-002

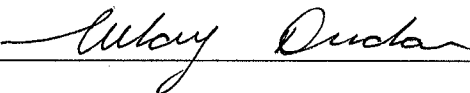
Group(s) Analyzed & Results attached for compliance with Chapter 62-550, F.A.C. (Check all that apply):

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

LAB CERTIFICATION

I, Dale Dixon / Tulay Tanrisever / Kara Peterson, Lab Director / Technical Director & QC Officer / QA Officer, do HEREBY CERTIFY
(Print Name) (Print Title)

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

Signature:  Date: 10/27/21

* 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: 06/30/2022

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: 10/07/2021

PWS ID (From Page 1): 6142734 Sample Number (From Page 1): _____ Lab Assigned Report # or Job ID: 21100404-003

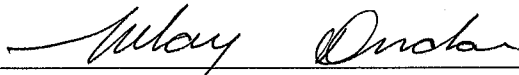
Group(s) Analyzed & Results attached for compliance with Chapter 62-550, F.A.C. (Check all that apply):

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

LAB CERTIFICATION

I, Dale Dixon / Tulay Tanrisever / Kara Peterson, Lab Director / Technical Director & QC Officer / QA Officer, do HEREBY CERTIFY
(Print Name) (Print Title)

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

Signature:  Date: 10/27/21

* 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

INORGANIC CONTAMINANTS
62-550.310(1)

Report Number / Job ID: 21100404-001

PWS ID (From Page 1): 6142734

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							E
1041	Nitrite (as N)	1	mg/L							E
1005	Arsenic	0.010	mg/L	0.00069	U	SM3113B	0.00069	10/14/2021	13:01	E84167
1010	Barium	2	mg/L							E
1015	Cadmium	0.005	mg/L							E
1020	Chromium	0.1	mg/L							E
1024	Cyanide	0.2	mg/L							E
1025	Fluoride	4.0	mg/L							E
1030	Lead	0.015	mg/L							E
1035	Mercury	0.002	mg/L							E
1036	Nickel	0.1	mg/L							E
1045	Selenium	0.05	mg/L							E
1052	Sodium	160	mg/L	40.0		200.7	0.034	10/12/2021	15:05	E84167
1074	Antimony	0.006	mg/L							E
1075	Beryllium	0.004	mg/L							E
1085	Thallium	0.002	mg/L							E
1094	Asbestos	7 MFL	MFL							E

*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

INORGANIC CONTAMINANTS
62-550.310(1)

Report Number / Job ID: 21100404-002

PWS ID (From Page 1): 6142734

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							E
1041	Nitrite (as N)	1	mg/L							E
1005	Arsenic	0.010	mg/L	0.002	I	SM3113B	0.00069	10/14/2021	13:07	E84167
1010	Barium	2	mg/L							E
1015	Cadmium	0.005	mg/L							E
1020	Chromium	0.1	mg/L							E
1024	Cyanide	0.2	mg/L							E
1025	Fluoride	4.0	mg/L							E
1030	Lead	0.015	mg/L							E
1035	Mercury	0.002	mg/L							E
1036	Nickel	0.1	mg/L							E
1045	Selenium	0.05	mg/L							E
1052	Sodium	160	mg/L	17.3		200.7	0.034	10/12/2021	15:08	E84167
1074	Antimony	0.006	mg/L							E
1075	Beryllium	0.004	mg/L							E
1085	Thallium	0.002	mg/L							E
1094	Asbestos	7 MFL	MFL							E

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

RADIONUCLIDES
62-550.310(6)

Report Number / Job ID: 21100404-003

PWS ID (From Page 1): 6142734

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	1.8		900.0	1.5	3	1.2	10/15/21	07:31	E83033
4006	Combined Uranium**** (U-234, U-235, & U-238)	20	pCi/L									
		30	µg/L									
4020	Radium-226	5	pCi/L	0.2		903.1	0.1	1	0.1	10/25/21	09:44	E83033
4030	Radium-228			1.3		Ra-05	0.7	1	0.5	10/25/21	09:31	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.

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.

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.

X = Value exceed MCL.

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

M1= Estimated value. Matrix spike recovery exceeded QC limits. Batch accepted based on laboratory control sample (LCS) recovery.



Laboratory Scope of Accreditation

Attachment to Certificate #: E84167-52, expiration date June 30, 2022. 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	Other Regulated 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
Chlorite	SM 4500-Cl G	Primary Inorganic Contaminants	NELAP	3/7/2011
Chlorine	EPA 300.1	Primary Inorganic Contaminants	NELAP	11/21/2008
Chloroacetic acid	EPA 552.2	Group I Unregulated Contaminants	NELAP	4/20/2009
Chlorobenzene	EPA 524.2	Other Regulated Contaminants	NELAP	12/29/2015
Chloroform	EPA 524.2	Group II Unregulated Contaminants	NELAP	9/28/2005
Chromium	EPA 200.7	Primary Inorganic Contaminants	NELAP	5/25/2004
cis-1,2-Dichloroethylene	EPA 524.2	Other Regulated Contaminants	NELAP	9/28/2005

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

Issue Date: 7/1/2021

Expiration Date: 6/30/2022



Laboratory Scope of Accreditation

Attachment to Certificate #: E84167-52, expiration date June 30, 2022. 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 Environmental Analytical, Inc.
1711 12th Street East
Palmetto, FL 34221

Matrix: Drinking Water

Analyte	Method/Tech	Category	Certification Type	Effective Date
Residue-filterable (TDS)	SM 2540 C	Secondary Inorganic Contaminants	NELAP	7/31/2007
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	Microbiology	NELAP	3/7/2011
Total cyanide	EPA 335.4	Primary Inorganic Contaminants	NELAP	1/7/2021
Total haloacetic acids (HAA5)	EPA 552.2	Synthetic Organic Contaminants	NELAP	4/20/2009
Total nitrate-nitrite	EPA 300.0	Primary Inorganic Contaminants	NELAP	5/25/2004
Total nitrate-nitrite	EPA 353.2	Primary Inorganic Contaminants	NELAP	1/3/2002
Total organic carbon	SM 5310 B	Primary Inorganic Contaminants	NELAP	5/25/2004
Total trihalomethanes	EPA 524.2	Other Regulated Contaminants	NELAP	9/28/2005
trans-1,2-Dichloroethylene	EPA 524.2	Other Regulated Contaminants	NELAP	9/28/2005
Trichloroacetic acid	EPA 552.2	Group I Unregulated Contaminants	NELAP	10/14/2010
Trichloroethene (Trichloroethylene)	EPA 524.2	Other Regulated Contaminants	NELAP	9/28/2005
Turbidity	EPA 180.1	Secondary Inorganic Contaminants	NELAP	3/7/2011
UV 254	SM 5910 B	Primary Inorganic Contaminants	NELAP	11/16/2016
Vanadium	EPA 200.7	Secondary Inorganic Contaminants	NELAP	3/7/2011
Vinyl chloride	EPA 524.2	Other Regulated Contaminants	NELAP	9/28/2005
Xylene (total)	EPA 524.2	Other Regulated Contaminants	NELAP	12/29/2015
Zinc	EPA 200.7	Secondary Inorganic Contaminants	NELAP	5/25/2004

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

Issue Date: 7/1/2021

Expiration Date: 6/30/2022



Laboratory Scope of Accreditation

Attachment to Certificate #: E83033-17, expiration date June 30, 2022. 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 (activity)	EPA 908.0	Radiochemistry	NELAP	6/28/2001

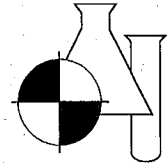
Clients and Customers are urged to verify the laboratory's current certification status with the Environmental Laboratory Certification Program.

Issue Date: 7/1/2021

Expiration Date: 6/30/2022

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

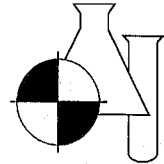
62-550.310 (1)

REPORT NUMBER: 21110151 - 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	11/09/2021	11:23	E84167
1052	SODIUM	160	MG/L	41.4		200.7	0.034	11/03/2021	17:25	E84167

BENCHMARK

EnviroAnalytical Inc.



FDOH Certification #E84167

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

ANALYTICAL TEST REPORT

THESE RESULTS MEET NELAC STANDARDS

INORGANIC ANALYSIS

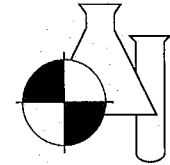
62-550.310 (1)

REPORT NUMBER: 21110151 - 002
SYSTEM NAME: Facility Influent (Raw)
SYSTEM ID: 6142734

PARAMETER ID	PARAMETER NAME	MCL	UNITS	ANALYSIS RESULT	QUALIFIER	ANALYTICAL METHOD	MDL	ANALYSIS DATE	ANALYSIS TIME	LAB ID
1005	ARSENIC	0.010	MG/L	0.002	I	SM3113B	0.00069	11/04/2021	13:09	E84167
1052	SODIUM	160	MG/L	19.0		200.7	0.034	11/03/2021	19:29	E84167

BENCHMARK

EnviroAnalytical Inc.



FDOH Certification #E84167

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

Sam Stone

ANALYTICAL TEST REPORT

THESE RESULTS MEET NELAC STANDARDS

RADIONUCLIDES

62-550.310 (6)

REPORT NUMBER: 21110151 - 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	2.5+/-1.2		900.0	1.1	11/12/2021	07:46	E83033
4020	RADIUM-226	5	PCI/L	0.8+/-0.3		903.1	0.2	11/19/2021	11:04	E83033
4030	RADIUM-228	5	PCI/L	0.6+/-0.4	U	Ra-05	0.6	11/18/2021	11:30	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. E84167

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

www.Benchmarkea.com

Sample Temperature checked upon receipt with Temperature Gun ID #RAYL000570277

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 discharge²: DW Sample Type¹: Grab PWS #: 614-2734

Laboratory Submission #: 2110151

Station ID	As (SM3113B) Na (200.7)		Gross Alpha Total Uranium* Radium 226 & 228		Laboratory Sample #
	1:4 HNO ₃ pH<2 <input checked="" type="checkbox"/>		1:4 HNO ₃ pH<2 <input checked="" type="checkbox"/>		
	1 x 1/2 Pint Plastic		2 x 2 Quart Plastic		
Facility Lab Tap (Finish Water)	Date/Time: 11/2/21	0905			1
Facility Influent (Raw)	Date/Time: 11/2/21	0910			2
Entry Point (Lab Tap)			Date/Time: 11/2/21	0900	3

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

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

Instructions:

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

Laboratory Sample Acceptability: pH < 2
 BEA Temperature: 2.5°C

	Collected / Relinquished By:	Date:	Time:	Received By:	Date:	Time:
1	John Ramsey	11/2/21	1148	Melinda Merchant	11/2/21	1148
2	Melinda Merchant	11/2/21	11:58	Justin Amund	11/2/21	1158
3	Justin Amund	11/2/21	1520	A J A	11-2-21	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:	11/03/21		
# 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***		
21110151-003	11/02/21	0900	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 (Slg), Solid (Sol), Soil (Soil), Domestic Effluent (Dom Eff), Industrial Effluent (Ind Eff).
 ** Sample Method abbreviations: Grab (G), Composite (C), 24 Hour Composite (24HR Comp.).
 *** Container Type abbreviations: Plastic (P), Glass (G).

Relinquished By: (Benchmark)	Sign Name:	<i>Kara McGowan</i>	Date:		Received By:	<i>Mike Nammann</i>	Date:	11-9-21
	Print Name:	Kara McGowan	Time:			MIKE NAMMANN	Time:	10:35
Relinquished By:	Sign Name:		Date:		Received By:		Date:	
	Print Name:		Time:				Time:	

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

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

System Name: Peace River Manasota Regional Water Supply Auth. PWS I.D. #: 6142734
 System Type (check one): Community Nontransient Noncommunity Transient Noncommunity
 Address: 8998 S.W. County Rd. 769
 City: Arcadia, Florida 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: 1 Sample Date: 11/2/21 Sample Time: 0905 AM PM (Circle One)
 Sample Location (be specific): Facility Lab Tap (Finish Water) Location Code: _____
 Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): 4.7 mg/L Field pH: 7.9

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
 Certified Operator #: 4668 Phone #: 863 993-4565
 Sampler's E-mail: jramsey@regionalwater.org

Date: 11/2/21
 Sampler's Fax #: 863 494-2622

**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 Auth. PWS I.D. #: 6142734
 System Type (check one): Community Nontransient Noncommunity Transient Noncommunity
 Address: 8998 S.W. County Rd. 769
 City: Arcadia, Florida 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: 2 Sample Date: 11/2/21 Sample Time: 0910 AM PM (Circle One)
 Sample Location (be specific): Facility Influent (Raw) Location Code: _____
 Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): 0 mg/L Field pH: 7.60

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
 Certified Operator #: 4668 Phone #: 863 993-4565
 Sampler's E-mail: jramsey@regionalwater.org

Date: 11/2/21
 Sampler's Fax #: 863 494-2622

**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 Auth. PWS I.D. #: 6142734
 System Type (check one): Community Nontransient Noncommunity Transient Noncommunity
 Address: 8998 S.W. County Rd. 769
 City: Arcadia, Florida 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: 3 Sample Date: 11/2/21 Sample Time: 0900 (AM) PM (Circle One)
 Sample Location (be specific): Entry Point (Lab Tap) Location Code: _____
 Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): 4.7 mg/L Field pH: 7.91

Sample Type (Check Only One)

- Distribution
- Entry Point (to Distribution)
- Plant Tap (not for compliance with 62-550)
- Raw (at well or intake)
- Max Residence Time
- Ave Residence Time
- Near First Customer

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

- Routine Compliance with 62-550
- Confirmation of MCL Exceedance*
- Composite of Multiple Sites**
- Other: _____
- Replacement (of Invalidated Sample)
- Special (not for compliance with 62-550)
- Clearance (permitting)

Sampling Procedure Used or Other Comments:

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
 Certified Operator #: 4668 Phone #: 863 993-4565
 Sampler's E-mail: jramsey@regionalwater.org

Date: 11/2/21
 Sampler's Fax #: 863 494-2622

**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: 06/30/2022

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: 11/02/2021

PWS ID (From Page 1): 6142734 Sample Number (From Page 1): _____ Lab Assigned Report # or Job ID: 21110151-001

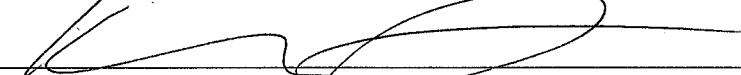
Group(s) Analyzed & Results attached for compliance with Chapter 62-550, F.A.C. (Check all that apply):

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

LAB CERTIFICATION

I, Dale Dixon / Tulay Tanrisever / Kara Peterson, Lab Director / Technical Director & QC Officer / QA Officer, do HEREBY CERTIFY
(Print Name) (Print Title)

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

Signature:  Date: 11/23/2021

* 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: 06/30/2022

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: 11/02/2021

PWS ID (From Page 1): 6142734 Sample Number (From Page 1): _____ Lab Assigned Report # or Job ID: 21110151-002

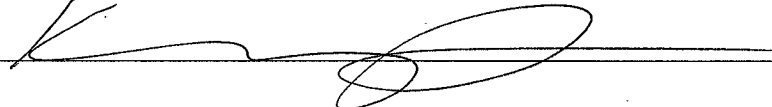
Group(s) Analyzed & Results attached for compliance with Chapter 62-550, F.A.C. (Check all that apply):

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

LAB CERTIFICATION

I, Dale Dixon / Tulay Tanrisever / Kara Peterson, Lab Director / Technical Director & QC Officer / QA Officer, do HEREBY CERTIFY
(Print Name) (Print Title)

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

Signature:  Date: 11/23/2021

* 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: 06/30/2022

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: 11/02/2021

PWS ID (From Page 1): 6142734 Sample Number (From Page 1): _____ Lab Assigned Report # or Job ID: 21110151-003


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

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

LAB CERTIFICATION

I, Dale Dixon / Tulay Tanrisever / Kara Peterson, Lab Director / Technical Director & QC Officer / QA Officer, do HEREBY CERTIFY
(Print Name) (Print Title)

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

Signature:  Date: 11/23/2021

* 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**

INORGANIC CONTAMINANTS
62-550.310(1)

Report Number / Job ID: 21110151-001

PWS ID (From Page 1): 6142734

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							E
1041	Nitrite (as N)	1	mg/L							E
1005	Arsenic	0.010	mg/L	0.00069	U	SM3113B	0.00069	11/9/2021	11:23	E84167
1010	Barium	2	mg/L							E
1015	Cadmium	0.005	mg/L							E
1020	Chromium	0.1	mg/L							E
1024	Cyanide	0.2	mg/L							E
1025	Fluoride	4.0	mg/L							E
1030	Lead	0.015	mg/L							E
1035	Mercury	0.002	mg/L							E
1036	Nickel	0.1	mg/L							E
1045	Selenium	0.05	mg/L							E
1052	Sodium	160	mg/L	41.4		200.7	0.034	11/03/0021	17:25	E84167
1074	Antimony	0.006	mg/L							E
1075	Beryllium	0.004	mg/L							E
1085	Thallium	0.002	mg/L							E
1094	Asbestos	7 MFL	MFL							E

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

INORGANIC CONTAMINANTS
62-550.310(1)

Report Number / Job ID: 21110151-002

PWS ID (From Page 1): 6142734

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							E
1041	Nitrite (as N)	1	mg/L							E
1005	Arsenic	0.010	mg/L	0.002	I	SM3113B	0.00069	11/4/2021	13:09	E84167
1010	Barium	2	mg/L							E
1015	Cadmium	0.005	mg/L							E
1020	Chromium	0.1	mg/L							E
1024	Cyanide	0.2	mg/L							E
1025	Fluoride	4.0	mg/L							E
1030	Lead	0.015	mg/L							E
1035	Mercury	0.002	mg/L							E
1036	Nickel	0.1	mg/L							E
1045	Selenium	0.05	mg/L							E
1052	Sodium	160	mg/L	19.0		200.7	0.034	11/3/2021	19:29	E84167
1074	Antimony	0.006	mg/L							E
1075	Beryllium	0.004	mg/L							E
1085	Thallium	0.002	mg/L							E
1094	Asbestos	7 MFL	MFL							E

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

RADIONUCLIDES
62-550.310(6)

Report Number / Job ID: 21110151-003

PWS ID (From Page 1): 6142734

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	2.5		900.0	1.1	3	1.2	11/12/2021	07:46	E83033
4006	Combined Uranium**** (U-234, U-235, & U-238)	20	pCi/L					.67				
		30	µg/L					1				
4020	Radium-226	5	pCi/L	0.8		903.1	0.2	1	0.3	11/19/2021	11:04	E83033
4030	Radium-228			0.6	U	Ra-05	0.6	1	0.4	11/18/2021	11:30	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.

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 performed on an improperly preserved sample. Data may be inaccurate

Z = Too many colonies were present (TNTC). The numeric value represents the filtration volume.



Laboratory Scope of Accreditation

Attachment to Certificate #: E83033-17, expiration date June 30, 2022. 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 (activity)	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: 7/1/2021

Expiration Date: 6/30/2022



Laboratory Scope of Accreditation

Attachment to Certificate #: E84167-52, expiration date June 30, 2022. 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	Other Regulated 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
1,4-Dichlorobenzene	EPA 524.2	Other Regulated Contaminants	NELAP	9/28/2005
Alkalinity as CaCO3	SM 2320 B	Other Regulated Contaminants	NELAP	12/29/2015
Aluminum	EPA 200.7	Primary Inorganic Contaminants	NELAP	5/25/2004
Ammonia as N	EPA 350.1	Secondary Inorganic Contaminants	NELAP	5/25/2004
Antimony	SM 3113 B	Primary Inorganic Contaminants	NELAP	3/7/2011
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	Secondary Inorganic Contaminants	NELAP	5/25/2004
Chlorite	EPA 300.1	Primary Inorganic Contaminants	NELAP	3/7/2011
Chloroacetic acid	EPA 552.2	Group I Unregulated Contaminants	NELAP	11/21/2008
Chlorobenzene	EPA 524.2	Other Regulated Contaminants	NELAP	4/20/2009
Chloroform	EPA 524.2	Other Regulated Contaminants	NELAP	12/29/2015
Chromium	EPA 200.7	Group II Unregulated Contaminants	NELAP	9/28/2005
cis-1,2-Dichloroethylene	EPA 200.7	Primary Inorganic Contaminants	NELAP	5/25/2004
	EPA 524.2	Other Regulated Contaminants	NELAP	9/28/2005

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

Issue Date: 7/1/2021

Expiration Date: 6/30/2022



Laboratory Scope of Accreditation

Attachment to Certificate #: E84167-52, expiration date June 30, 2022. 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
Residue-filterable (TDS)	SM 2540 C	Secondary Inorganic Contaminants	NELAP	7/31/2007
Selenium	SM 3113 B	Primary Inorganic Contaminants	NELAP	1/3/2002
Silica as SiO2	EPA 200.7	Primary Inorganic Contaminants	NELAP	5/25/2004
Silver	EPA 200.7	Secondary Inorganic Contaminants	NELAP	5/25/2004
Sodium	EPA 200.7	Primary Inorganic Contaminants	NELAP	5/25/2004
Styrene	EPA 524.2	Other Regulated Contaminants	NELAP	12/29/2015
Sulfate	EPA 300.0	Primary Inorganic Contaminants; Secondary Inorganic Contaminants	NELAP	5/25/2004
Sulfide	SM 4500-S D/UV-VIS	Primary Inorganic Contaminants	NELAP	3/7/2011
Surfactants - MBAS	SM 5540 C	Secondary Inorganic Contaminants	NELAP	1/3/2002
Tetrachloroethylene (Perchloroethylene)	EPA 524.2	Other Regulated Contaminants	NELAP	12/29/2015
Thallium	EPA 200.9	Primary Inorganic Contaminants	NELAP	1/3/2002
Toluene	EPA 524.2	Other Regulated Contaminants	NELAP	9/28/2005
Total coliforms	SM 9223 B	Microbiology	NELAP	1/3/2002
Total coliforms	SM 9223 B /QUANTIT-TRAY	Microbiology	NELAP	3/7/2011
Total cyanide	EPA 335.4	Primary Inorganic Contaminants	NELAP	1/7/2021
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 335.2	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	Other Regulated Contaminants	NELAP	10/14/2010
Trichloroethene (Trichloroethylene)	EPA 524.2	Other Regulated Contaminants	NELAP	9/28/2005
Turbidity	EPA 180.1	Secondary Inorganic Contaminants	NELAP	3/7/2011
UV 254	SM 5910 B	Primary Inorganic Contaminants	NELAP	11/16/2016
Vanadium	EPA 200.7	Secondary Inorganic Contaminants	NELAP	3/7/2011
Vinyl chloride	EPA 524.2	Other Regulated Contaminants	NELAP	9/28/2005
Xylene (total)	EPA 524.2	Other Regulated Contaminants	NELAP	12/29/2015
Zinc	EPA 200.7	Secondary Inorganic Contaminants	NELAP	5/25/2004

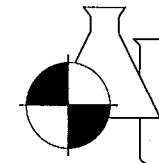
Clients and Customers are urged to verify the laboratory's current certification status with the Environmental Laboratory Certification Program.

Issue Date: 7/1/2021

Expiration Date: 6/30/2022

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: 21120114 - 001

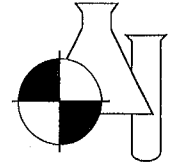
SYSTEM NAME: Facility Lab Tap (Finish Water)

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	12/07/2021	10:48	E84167
1052	SODIUM	160	MG/L	40.1		200.7	0.034	12/02/2021	18:23	E84167

BENCHMARK

EnviroAnalytical Inc.



FDOH Certification #E84167

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

Sam Stone

ANALYTICAL TEST REPORT

THESE RESULTS MEET NELAC STANDARDS

INORGANIC ANALYSIS

62-550.310 (1)

REPORT NUMBER: 21120114 - 002

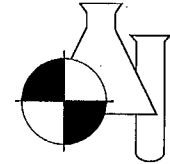
SYSTEM NAME: Facility Influent (Raw)

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	12/07/2021	10:54	E84167
1052	SODIUM	160	MG/L	17.7		200.7	0.034	12/02/2021	18:27	E84167

BENCHMARK

EnviroAnalytical Inc.



FDOH Certification #E84167

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

Sam Stone

ANALYTICAL TEST REPORT

THESE RESULTS MEET NELAC STANDARDS

RADIONUCLIDES

62-550.310 (6)

REPORT NUMBER: 21120114 - 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	2.3+/-1.7		900.0	1.7	12/10/2021	06:44	E83033
4020	RADIUM-226	5	PCI/L	0.7+/-0.3		903.1	0.2	12/16/2021	15:56	E83033
4030	RADIUM-228	5	PCI/L	0.6+/-0.5	U	Ra-05	0.6	12/15/2021	11:25	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. E84167

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

www.Benchmarkea.com

Sample Temperature checked upon receipt with Temperature Gun ID #RAYL000570277

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 discharge²: DW Sample Type¹: Grab PWS #: 614-2734

Laboratory Submission #: **21120114**

Station ID	As (SM3113B) Na (200.7)	Gross Alpha Total Uranium* Radium 226 & 228	Laboratory Sample #
	1:4 HNO ₃ pH<2 <input checked="" type="checkbox"/>	1:4 HNO ₃ pH<2 <input checked="" type="checkbox"/>	
	1 x 1/2 Pint Plastic	2 x 2 Quart Plastic	
Facility Lab Tap (Finish Water)	Date/Time: 12/1/21 0900		1
Facility Influent (Raw)	Date/Time: 12/1/21 0840		2
Entry Point (Lab Tap)		Date/Time: 12/1/21 0915	3

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

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

Instructions:

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

Laboratory Sample Acceptability: pH < 8
 BEA Temperature: 3.8°C

	Collected / Relinquished By:	Date:	Time:	Received By:	Date:	Time:
1	John Ramsey	12/1/21	1152	Lex	12/1/21	1152
2	Lex	12/1/21	12:15	mn Hall	12/1/21	12:15
3	mn Hall	12/1/21	1533	A Hall	12-1-21	1533
4						

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:	12/03/21		
# 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***		
21120114-003	12/01/21	0915	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 (Slgd), Solid (Sol), Soil (Soil), Domestic Effluent (Dom Eff), Industrial Effluent (Ind Eff)
 ** Sample Method abbreviations: Grab (G), Composite (C), 24 Hour Composite (24HR Comp)
 *** Container Type abbreviations: Plastic (P), Glass (G).

Relinquished By: (Benchmark)	Sign Name:		Date:		Received By:		Date:	12-7-21
	Print Name:	Kara McGowan	Time:			M. J. M. N. M. M. M.	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**

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

System Name: Peace River Manasota Regional Water Supply Auth. PWS I.D. #: 6142734
 System Type (check one): Community Nontransient Noncommunity Transient Noncommunity
 Address: 8998 S.W. County Rd. 769
 City: Arcadia, Florida 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: 1 Sample Date: 12/1/21 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): 5.1 mg/L Field pH: 8.01

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: 12/1/21
 Certified Operator #: 4668 Phone #: 863 993-4565 Sampler's Fax #: 863 494-2622
 Sampler's E-mail: jramsey@regionalwater.org

**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 Auth. PWS I.D. #: 6142734
 System Type (check one): Community Nontransient Noncommunity Transient Noncommunity
 Address: 8998 S.W. County Rd. 769
 City: Arcadia, Florida 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: 2 Sample Date: 12/1/21 Sample Time: 0840 AM PM (Circle One)
 Sample Location (be specific): Facility Influent (Raw) Location Code: _____
 Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): 0 mg/L Field pH: 7.72

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: 12/1/21
 Certified Operator #: 4668 Phone #: 863 993-4565 Sampler's Fax #: 863 494-2622
 Sampler's E-mail: jramsey@regionalwater.org

**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 Auth. PWS I.D. #: 6142734
 System Type (check one): Community Nontransient Noncommunity Transient Noncommunity
 Address: 8998 S.W. County Rd. 769
 City: Arcadia, Florida 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: 3 Sample Date: 12/1/21 Sample Time: 0915 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): 5.1 mg/L Field pH: 8.01

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: 12/1/21
 Certified Operator #: 4668 Phone #: 863 993-4565 Sampler's Fax #: 863 494-2622
 Sampler's E-mail: jramsey@regionalwater.org

**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: 06/30/2022

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: 12/01/2021

PWS ID (From Page 1): 6142734 Sample Number (From Page 1): _____ Lab Assigned Report # or Job ID: 21120114-001

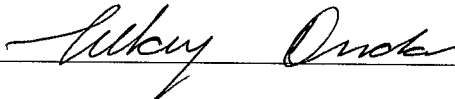
Group(s) Analyzed & Results attached for compliance with Chapter 62-550, F.A.C. (Check all that apply):

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

LAB CERTIFICATION

I, Dale Dixon / Tulay Tanrisever / Kara Peterson, Lab Director / Technical Director & QC Officer / QA Officer, do HEREBY CERTIFY
(Print Name) (Print Title)

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

Signature:  Date: 1/3/22

* 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: 06/30/2022

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: 12/01/2021

PWS ID (From Page 1): 6142734 Sample Number (From Page 1): _____ Lab Assigned Report # or Job ID: 21120114-002

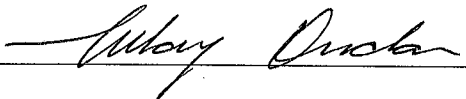
Group(s) Analyzed & Results attached for compliance with Chapter 62-550, F.A.C. (Check all that apply):

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

LAB CERTIFICATION

I, Dale Dixon / Tulay Tanrisever / Kara Peterson, Lab Director / Technical Director & QC Officer / QA Officer, do HEREBY CERTIFY
(Print Name) (Print Title)

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

Signature:  Date: 1/3/22

* 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: 06/30/2022

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: 12/01/2021

PWS ID (From Page 1): 6142734 Sample Number (From Page 1): _____ Lab Assigned Report # or Job ID: 21120114-003

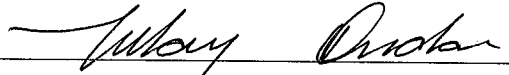
Group(s) Analyzed & Results attached for compliance with Chapter 62-550, F.A.C. (Check all that apply):

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

LAB CERTIFICATION

I, Dale Dixon / Tulay Tanrisever / Kara Peterson, Lab Director / Technical Director & QC Officer / QA Officer, do HEREBY CERTIFY
 (Print Name) (Print Title)

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

Signature:  Date: 1/3/22

* 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

INORGANIC CONTAMINANTS
62-550.310(1)

Report Number / Job ID: 21120114-001

PWS ID (From Page 1): 6142734

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							E
1041	Nitrite (as N)	1	mg/L							E
1005	Arsenic	0.010	mg/L	0.00069	U	SM3113B	0.00069	12/07/2021	10:48	E84167
1010	Barium	2	mg/L							E
1015	Cadmium	0.005	mg/L							E
1020	Chromium	0.1	mg/L							E
1024	Cyanide	0.2	mg/L							E
1025	Fluoride	4.0	mg/L							E
1030	Lead	0.015	mg/L							E
1035	Mercury	0.002	mg/L							E
1036	Nickel	0.1	mg/L							E
1045	Selenium	0.05	mg/L							E
1052	Sodium	160	mg/L	40.1		200.7	0.034	12/02/0021	18:23	E84167
1074	Antimony	0.006	mg/L							E
1075	Beryllium	0.004	mg/L							E
1085	Thallium	0.002	mg/L							E
1094	Asbestos	7 MFL	MFL							E

*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

INORGANIC CONTAMINANTS
62-550.310(1)

Report Number / Job ID: 21120114-002

PWS ID (From Page 1): 6142734

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							E
1041	Nitrite (as N)	1	mg/L							E
1005	Arsenic	0.010	mg/L	0.001	I	SM3113B	0.00069	12/07/2021	10:54	E84167
1010	Barium	2	mg/L							E
1015	Cadmium	0.005	mg/L							E
1020	Chromium	0.1	mg/L							E
1024	Cyanide	0.2	mg/L							E
1025	Fluoride	4.0	mg/L							E
1030	Lead	0.015	mg/L							E
1035	Mercury	0.002	mg/L							E
1036	Nickel	0.1	mg/L							E
1045	Selenium	0.05	mg/L							E
1052	Sodium	160	mg/L	17.7		200.7	0.034	12/02/0021	18:27	E84167
1074	Antimony	0.006	mg/L							E
1075	Beryllium	0.004	mg/L							E
1085	Thallium	0.002	mg/L							E
1094	Asbestos	7 MFL	MFL							E

*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

RADIONUCLIDES
62-550.310(6)

Report Number / Job ID: 21120114-003

PWS ID (From Page 1): 6142734

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	2.3		900.0	1.7	3	1.7	12/10/21	06:44	E83033
4006	Combined Uranium**** (U-234, U-235, & U-238)	20	pCi/L					.67				
		30	µg/L					1				
4020	Radium-226	5	pCi/L	0.7		903.1	0.2	1	0.3	12/16/21	15:56	E83033
4030	Radium-228			0.6	U	Ra-05	0.6	1	0.5	12/15/21	11:25	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.

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 performed on an improperly preserved sample. Data may be inaccurate

Z = Too many colonies were present (TNTC). The numeric value represents the filtration volume.



Laboratory Scope of Accreditation

Attachment to Certificate #: E84167-52, expiration date June 30, 2022. This listing of accredited analytes should be used only when associated with a valid certificate.

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

E84167

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

Matrix: Drinking Water

Analyte	Method/Tech	Category	Certification Type	Effective Date
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	Other Regulated 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	9/28/2005
Alkalinity as CaCO3	SM 2320 B	Primary Inorganic Contaminants	NELAP	12/29/2015
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	Secondary Inorganic Contaminants	NELAP	11/21/2008
Chloroacetic acid	EPA 300.1	Primary Inorganic Contaminants	NELAP	3/7/2011
Chlorobenzene	EPA 552.2	Group I Unregulated Contaminants	NELAP	11/21/2008
Chloroform	EPA 524.2	Group I Unregulated Contaminants	NELAP	4/20/2009
Chromium	EPA 524.2	Other Regulated Contaminants	NELAP	12/29/2015
cis-1,2-Dichloroethylene	EPA 200.7	Group II Unregulated Contaminants	NELAP	9/28/2005
	EPA 524.2	Primary Inorganic Contaminants	NELAP	5/25/2004
	EPA 524.2	Other Regulated Contaminants	NELAP	9/28/2005

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

Issue Date: 7/1/2021

Expiration Date: 6/30/2022



Laboratory Scope of Accreditation

Attachment to Certificate #: E84167-52, expiration date June 30, 2022. 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 Environmental Analytical, Inc.
1711 12th Street East
Palmetto, FL 34221

Matrix: Drinking Water

Analyte	Method/Tech	Category	Certification Type	Effective Date
Residue-filterable (TDS)	SM 2540 C	Secondary Inorganic Contaminants	NELAP	7/31/2007
Selenium	SM 3113 B	Primary Inorganic Contaminants	NELAP	1/3/2002
Silica as SiO2	EPA 200.7	Primary Inorganic Contaminants	NELAP	5/25/2004
Silver	EPA 200.7	Secondary Inorganic Contaminants	NELAP	5/25/2004
Sodium	EPA 200.7	Primary Inorganic Contaminants	NELAP	5/25/2004
Styrene	EPA 524.2	Other Regulated Contaminants	NELAP	12/29/2015
Sulfate	EPA 300.0	Primary Inorganic Contaminants; Secondary Inorganic Contaminants	NELAP	5/25/2004
Sulfide	SM 4500-S D/UV-VIS	Primary Inorganic Contaminants	NELAP	3/7/2011
Surfactants - MBAS	SM 5540 C	Secondary Inorganic Contaminants	NELAP	1/3/2002
Tetrachloroethylene (Perchloroethylene)	EPA 524.2	Other Regulated Contaminants	NELAP	12/29/2015
Thallium	EPA 200.9	Primary Inorganic Contaminants	NELAP	1/3/2002
Toluene	EPA 524.2	Other Regulated Contaminants	NELAP	9/28/2005
Total coliforms	SM 9223 B	Microbiology	NELAP	1/3/2002
Total coliforms	SM 9223 B /QUANTIT-TRAY	Microbiology	NELAP	3/7/2011
Total cyanide	EPA 335.4	Primary Inorganic Contaminants	NELAP	1/7/2021
Total haloacetic acids (HAAS)	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 trihaloethanes	EPA 524.2	Other Regulated Contaminants	NELAP	9/28/2005
trans-1,2-Dichloroethylene	EPA 524.2	Other Regulated Contaminants	NELAP	9/28/2005
Trichloroacetic acid	EPA 552.2	Group I Unregulated Contaminants	NELAP	10/14/2010
Trichloroethene (Trichloroethylene)	EPA 524.2	Other Regulated Contaminants	NELAP	9/28/2005
Turbidity	EPA 180.1	Secondary Inorganic Contaminants	NELAP	3/7/2011
UV 254	SM 5910 B	Primary Inorganic Contaminants	NELAP	11/16/2016
Vanadium	EPA 200.7	Secondary Inorganic Contaminants	NELAP	3/7/2011
Vinyl chloride	EPA 524.2	Other Regulated Contaminants	NELAP	9/28/2005
Xylene (total)	EPA 524.2	Other Regulated Contaminants	NELAP	12/29/2015
Zinc	EPA 200.7	Secondary Inorganic Contaminants	NELAP	5/25/2004

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

Issue Date: 7/1/2021

Expiration Date: 6/30/2022



Laboratory Scope of Accreditation

Attachment to Certificate #: E83033-17, expiration date June 30, 2022. 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 (activity)	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: 7/1/2021

Expiration Date: 6/30/2022