

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: Town of Highland Beach

PWS I.D. #: 4500609

System Type (check one): Community

Non-transient Non-community

Transient Non-community

Address: 3616 South Ocean Boulevard

City: Highland Beach

ZIP Code: 33487

Phone # 561-243-2084

Fax #: 561-279-9040

E-Mail Address: ralstock@highlandbeach.us

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: 35425776001

Sample Date: 10/23/2018

Sample Time: 8:30

AM PM (Circle One)

Sample Location (be specific): A

Location Code: _____

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

Sample Type (Check Only One) _____

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

Distribution

Routine Compliance with 62-550

Replacement (of 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)

Confirmation of Multiple Sites**

Clearance (permitting)

Raw (at well or intake)

Other: _____

Max Residence Time

Sampling Procedure Used or Other Comments: _____

Ave Residence Time

Near First Customer

*See 62-550.500(6) for requirements and restrictions. And 62-550.512(3) for nitrate or nitrite exceedances.

**See 62-550.550(4) for requirements and attach a results page for each site.

SAMPLER CERTIFICATION

I, David Richards (Print Name)

Chief Operator (Print Title), do HEREBY CERTIFY

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

Signature: David Richards

Date: 10/26/18

Certified Operator #: 0016017 Phone #: 561-243-2084

Sampler's Fax #: 561-279-9040

Sampler's E-mail: d.richard@s@highlandbeach.us

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

Lab Name: Pace Analytical Services, Inc. Florida DOH Certification #: _____

Certification Expiration Date: _____

ATTACH CURRENT DOH ANALYTE SHEET*

Address: _____

Phone #: _____

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

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB*

ANALYSIS INFORMATION (to be completed by lab)

Date Sample(s) Received: 10/23/2018

PWS ID (From Page 1): _____

Sample Number (From Page 1): 35425776001 Lab Assigned Report # or Job ID: 35425776001

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 checked="" type="checkbox"/> Nitrate | <input type="checkbox"/> Nitrite | <input type="checkbox"/> Dioxin Only | <input type="checkbox"/> Chlorite | <input type="checkbox"/> Bromate | |
| <input checked="" type="checkbox"/> Nitrite | | | | | |
| <input type="checkbox"/> Asbestos | | | | | |

LAB CERTIFICATION

I, Amy Weinberg _____, 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 Convergence (NELAC).

Signature: *Amy Weinberg* Date: 10/26/2018

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

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

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

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

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

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INORGANIC CONTAMINANTS
62-550.310(1)

Report Number / Job ID: 35425776001

PWS ID (From Page 1): 4500609

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	0.025	U	EPA 353.2	0.025	10/24/2018	08:23	E83079
1041	Nitrite as N	1	mg/L	0.025	U	EPA 353.2	0.025	10/24/2018	08:23	E83079
1005	Arsenic	0.010	mg/L							
1010	Barium	2	mg/L							
1015	Cadmium	0.005	mg/L							
1020	Chromium	0.1	mg/L							
1024	Cyanide	0.2	mg/L							
1025	Fluoride	4.0	mg/L							
1030	Lead	0.015	mg/L							
1035	Mercury	0.002	mg/L							
1036	Nickel	0.1	mg/L							
1045	Selenium	0.05	mg/L							
1052	Sodium	160	mg/L							
1074	Antimony	0.006	mg/L							
1075	Beryllium	0.004	mg/L							
1085	Thallium	0.002	mg/L							
1094	Asbestos	7 MFL	MFL							

Reporting Format 62-550.730

Effective January 1995, Revised December 2012

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*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 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.