

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: 3614 South Ocean Blvd

City: Boca Raton, FL

ZIP Code: 33487

Phone # (561)243-2084

Fax #: (561)276-9829

E-Mail Address: ralistock@ci.highland-beach.fl.us

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: 35388405001

Sample Date: 4/26/2018

Sample Time: 9:15

AM PM (Circle One)

Sample Location (be specific): 4748 S. Ocean Blvd

Location Code: _____

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): 0.0 mg/L Field pH: _____

Sample Type (Check Only One)

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

- 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

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

Sampling Procedure Used or Other Comments:

*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, Kevin T. Inghy
(Print Name)

Chief Water Plant Operator, do HEREBY CERTIFY
(Print Title)

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

Signature: _____

Date: 4-26-18

Certified Operator #: 0001067 Phone #: _____

561-243-2084

Sampler's Fax #: _____

561-279-9040

Sampler's E-mail: _____

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

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

Lab Name: Pace Analytical Services, Inc. Florida DOH Certification #: E83079 Certification Expiration Date: 6/30/2018

ATTACH CURRENT DOH ANALYTE SHEET*

Address: 8 East Tower Circle, Ormond Beach, FL 32174 Phone # (386) 672-5668

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: 4/26/2018

PWS ID (From Page 1): 4500609 Sample Number (From Page 1): 35388405001 Lab Assigned Report # or Job ID: 35388405001

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

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

LAB CERTIFICATION

I, Amy Atkins (Print Name) Amy Atkins (Print Title) do HEREBY CERTIFY

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

Signature: *Amy Atkins* Date: 05/03/2018

* 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: _____

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

DISINFECTION BYPRODUCTS
62-550.310(3)

Report Number / Job ID: 35388405001
Disinfect Residual (mg/L): 0.0
PWS ID (From Page 1): 4500609

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	ug/L					20****			
1011	Bromate	10	ug/L					5.0 or 1.0*****			

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	ug/L	0.90	U	EPA 552.3	0.90	2.0	05/01/2018	17:16	E83079
2451	Dichloroacetic Acid	N/A	ug/L	0.24	U	EPA 552.3	0.24	1.0	05/01/2018	17:16	E83079
2452	Trichloroacetic Acid	N/A	ug/L	0.26	U	EPA 552.3	0.26	1.0	05/01/2018	17:16	E83079
2453	Monobromoacetic Acid	N/A	ug/L	0.29	U	EPA 552.3	0.29	1.0	05/01/2018	17:16	E83079
2454	Dibromoacetic Acid	N/A	ug/L	0.95	I	EPA 552.3	0.43	1.0	05/01/2018	17:16	E83079
2456	Total Haloacetic Acids (HAA5)	60	ug/L	0.95	I	EPA 552.3	0.67	---	05/01/2018	17:16	E83079

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	ug/L	0.25	U	EPA 524.2	0.25	1.0	04/27/2018	14:09	E83079
2942	Bromoform	N/A	ug/L	1.1		EPA 524.2	0.32	1.0	04/27/2018	14:09	E83079
2943	Bromodichloromethane	N/A	ug/L	0.25	U	EPA 524.2	0.25	1.0	04/27/2018	14:09	E83079
2944	Dibromochloromethane	N/A	ug/L	0.25	U	EPA 524.2	0.25	1.0	04/27/2018	14:09	E83079
2950	Total Trihalomethanes (TTHM)	80	ug/L	1.1		EPA 524.2	0.32	---	04/27/2018	14:09	E83079

** 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 ug/L MRL for bromate.

NOTE: Do not round values. Report results to the accuracy, precision, and sensitivity of the analytical method used.

Reporting Format 62-550.730
Effective January 1995, Revised December 2012
Page 3 of 3

*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

PUBLIC WATER SYSTEM INFORMATION (to be completed by sampler - please type or print legibly) PWS I.D. #: 4500609

System Name: Town of Highland Beach

System Type (check one): Community Non-transient Non-community Transient Non-community

Address: 3614 South Ocean Blvd

City: Boca Raton, FL ZIP Code: 33487

Phone # (561)243-2084 Fax #: (561)276-9829 E-Mail Address: ralstock@ci.highland-beach.fl.us

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: 35388405002 Sample Date: 4/26/2018 Sample Time: 8:55 AM PM (Circle One)

Sample Location (be specific): 2701 S. Ocean Blvd Location Code: _____

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): 0.0 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*
- Plant Tap (not for compliance with 62-550) Confirmation 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: _____

*See 62-550.500(6) for requirements and restrictions. **See 62-550.550(4) for requirements and attach a results page for each site. And 62-550.512(3) for nitrate or nitrite exceedances.

SAMPLER CERTIFICATION

I, Kevin Tubby (Print Name), Chief Water Plant Operator (Print Title), do HEREBY CERTIFY

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

Signature: [Signature] Date: 4-26-18

Certified Operator #: 0007061 Phone #: 561-243-2087 Sampler's Fax #: 561-279-9040

Sampler's E-mail: _____

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

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

Lab Name: Pace Analytical Services, Inc. Florida DOH Certification #: E83079 Certification Expiration Date: 6/30/2018

ATTACH CURRENT DOH ANALYTE SHEET*

Address: 8 East Tower Circle, Ormond Beach, FL 32174 Phone # (386) 672-5668

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: 4/26/2018

PWS ID (From Page 1): 4500609 Sample Number (From Page 1): 35388405002 Lab Assigned Report # or Job ID: 35388405002

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

- | | | | | | |
|--|--|----------------------------------|--|--|----------------------------------|
| Inorganics | Synthetic Organics | Volatile Organics | Disinfection Byproducts | Radionuclides | Secondaries |
| <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, Amy Atkins Project Manager Amy Atkins 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: *Amy Atkins* Date: 05/03/2018

* 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: _____

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

DISINFECTION BYPRODUCTS
62-550.310(3)

Report Number / Job ID: 35388405002
Disinfect Residual (mg/L): 0.0
PWS ID (From Page 1): 4500609

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	ug/L					20***			
1011	Bromate	10	ug/L					5.0 or 1.0****			

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	ug/L	0.90	U	EPA 552.3	0.90	2.0	05/01/2018	17:37	E83079
2451	Dichloroacetic Acid	N/A	ug/L	0.24	U	EPA 552.3	0.24	1.0	05/01/2018	17:37	E83079
2452	Trichloroacetic Acid	N/A	ug/L	0.26	U	EPA 552.3	0.26	1.0	05/01/2018	17:37	E83079
2453	Monobromoacetic Acid	N/A	ug/L	0.29	U	EPA 552.3	0.29	1.0	05/01/2018	17:37	E83079
2454	Dibromoacetic Acid	N/A	ug/L	0.75	I	EPA 552.3	0.43	1.0	05/01/2018	17:37	E83079
2456	Total Haloacetic Acids (HAA5)	60	ug/L	0.75	I	EPA 552.3	0.67	---	05/01/2018	17:37	E83079

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	ug/L	0.25	U	EPA 524.2	0.25	1.0	04/27/2018	14:32	E83079
2942	Bromoform	N/A	ug/L	1.8		EPA 524.2	0.32	1.0	04/27/2018	14:32	E83079
2943	Bromodichloromethane	N/A	ug/L	0.25	U	EPA 524.2	0.25	1.0	04/27/2018	14:32	E83079
2944	Dibromochloromethane	N/A	ug/L	0.81	I	EPA 524.2	0.25	1.0	04/27/2018	14:32	E83079
2950	Total Trihalomethanes (TTHM)	80	ug/L	2.6		EPA 524.2	0.32	---	04/27/2018	14:32	E83079

** 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 ug/L MRL for bromate.

NOTE: Do not round values. Report results to the accuracy, precision, and sensitivity of the analytical method used.

Reporting Format 62-550.730
Effective January 1995, Revised December 2012
Page 3 of 3

*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

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: 3614 South Ocean Blvd

City: Boca Raton, FL

ZIP Code: 33487

Phone # (561)243-2084

Fax #: (561)276-9829

E-Mail Address: ralistock@ci.highland-beach.fl.us

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: 35388405003

Sample Date: 4/26/2018

Sample Time: 8:00

AM PM (Circle One)

Sample Location (be specific): TRIP BLANK

Location Code: _____

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): 0.0 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)

Max Residence Time

Ave Residence Time

Near First Customer

Sampling Procedure Used or Other Comments:

*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, Kevin Tibbby
(Print Name)

Chief Water Plant Operator, do HEREBY CERTIFY
(Print Title)

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

Signature: [Signature]

Date: 4-26-18

Certified Operator #: 6007061 Phone #: 561-243-2084

Sampler's Fax #: 561-279-9040

Sampler's E-mail: _____

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

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

Lab Name: Pace Analytical Services, Inc. Florida DOH Certification #: E83079 Certification Expiration Date: 6/30/2018

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Address: 8 East Tower Circle, Ormond Beach, FL 32174 Phone # (386) 672-5668

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: 4/26/2018

PWS ID (From Page 1): 4500609 Sample Number (From Page 1): 35388405003 Lab Assigned Report # or Job ID: 35388405003

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 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, Amy Atkins (Print Name) _____, Amy Atkins (Print Title) _____, do HEREBY CERTIFY

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

Signature: *Amy Atkins* Date: 05/03/2018

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

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

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

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

DISINFECTION BYPRODUCTS
62-550.310(3)

Report Number / Job ID: 35388405003
Disinfect Residual (mg/L): 0.0
PWS ID (From Page 1): 4500609

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	ug/L					20****			
1011	Bromate	10	ug/L					5.0 or 1.0****			

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	ug/L					2.0			
2451	Dichloroacetic Acid	N/A	ug/L					1.0			
2452	Trichloroacetic Acid	N/A	ug/L					1.0			
2453	Monobromoacetic Acid	N/A	ug/L					1.0			
2454	Dibromoacetic Acid	N/A	ug/L					1.0			
2456	Total Haloacetic Acids (HAA5)	60	ug/L					—			

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	ug/L	0.25	U	EPA 524.2	0.25	1.0	04/27/2018	14:56	E83079
2942	Bromoform	N/A	ug/L	0.32	U	EPA 524.2	0.32	1.0	04/27/2018	14:56	E83079
2943	Bromodichloromethane	N/A	ug/L	0.25	U	EPA 524.2	0.25	1.0	04/27/2018	14:56	E83079
2944	Dibromochloromethane	N/A	ug/L	0.25	U	EPA 524.2	0.25	1.0	04/27/2018	14:56	E83079
2950	Total Trihalomethanes (TTHM)	80	ug/L	0.32	U	EPA 524.2	0.32	—	04/27/2018	14:56	E83079

** 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 ug/L MRL for bromate.

NOTE: Do not round values. Report results to the accuracy, precision, and sensitivity of the analytical method used.

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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 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.