

May 27, 2021

Nathan Lewellen  
Town of Lake Hamilton  
100 Smith Avenue  
Lake Hamilton, FL 33851

RE: Project: Town of Lake Hamilton  
Pace Project No.: 35636060

Dear Nathan Lewellen:

Enclosed are the analytical results for sample(s) received by the laboratory on May 26, 2021. The results relate only to the samples included in this report. Results reported herein conform to the applicable TNI/NELAC Standards and the laboratory's Quality Manual, where applicable, unless otherwise noted in the body of the report.

The test results provided in this final report were generated by each of the following laboratories within the Pace Network:

- Pace Analytical Services - Tampa

If you have any questions concerning this report, please feel free to contact me.

Sincerely,



Cameron Meynardie  
cameron.meynardie@pacelabs.com  
813-855-1844  
Project Manager

Enclosures



## REPORT OF LABORATORY ANALYSIS

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## CERTIFICATIONS

Project: Town of Lake Hamilton

Pace Project No.: 35636060

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**Pace Analytical Services Tampa**

110 South Bayview Blvd., Tampa, FL 34677

Florida Certification #:E84129

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## REPORT OF LABORATORY ANALYSIS

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## SAMPLE SUMMARY

Project: Town of Lake Hamilton

Pace Project No.: 35636060

Lab ID	Sample ID	Matrix	Date Collected	Date Received
35636060001	1A 105 Sample Ave	Drinking Water	05/25/21 17:28	05/26/21 15:36
35636060002	2A 208 Lawson St N	Drinking Water	05/25/21 17:35	05/26/21 15:36

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## SAMPLE ANALYTE COUNT

Project: Town of Lake Hamilton

Pace Project No.: 35636060

Lab ID	Sample ID	Method	Analysts	Analytes Reported	Laboratory
35636060001	1A 105 Sample Ave	SM 9223B	HG1	2	PASI-Tp
35636060002	2A 208 Lawson St N	SM 9223B	HG1	2	PASI-Tp

PASI-Tp = Pace Analytical Services - Tampa

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## ANALYTICAL RESULTS

Project: Town of Lake Hamilton

Pace Project No.: 35636060

**Sample: 1A 105 Sample Ave**      **Lab ID: 35636060001**      Collected: 05/25/21 17:28      Received: 05/26/21 15:36      Matrix: Drinking Water

Parameters	Results	Units	PQL	MDL	DF	Prepared	Analyzed	CAS No.	Qual
<b>MBIO Total Coliform DW</b> Analytical Method: SM 9223B    Preparation Method: SM 9223B Initial Volume/Weight: 100 mL    Final Volume/Weight: Pace Analytical Services - Tampa									
Total Coliforms	<b>Absent</b>				1	05/26/21 15:59	05/27/21 10:12		
E.coli	<b>Absent</b>				1	05/26/21 15:59	05/27/21 10:12		

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## ANALYTICAL RESULTS

Project: Town of Lake Hamilton

Pace Project No.: 35636060

**Sample: 2A 208 Lawson St N**      **Lab ID: 35636060002**      Collected: 05/25/21 17:35      Received: 05/26/21 15:36      Matrix: Drinking Water

Parameters	Results	Units	PQL	MDL	DF	Prepared	Analyzed	CAS No.	Qual
<b>MBIO Total Coliform DW</b> Analytical Method: SM 9223B    Preparation Method: SM 9223B Initial Volume/Weight: 100 mL    Final Volume/Weight: Pace Analytical Services - Tampa									
Total Coliforms	<b>Absent</b>				1	05/26/21 15:59	05/27/21 10:12		
E.coli	<b>Absent</b>				1	05/26/21 15:59	05/27/21 10:12		

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## QUALITY CONTROL DATA

Project: Town of Lake Hamilton

Pace Project No.: 35636060

QC Batch: 733157

Analysis Method: SM 9223B

QC Batch Method: SM 9223B

Analysis Description: TotColDW MBIO Total Coliform

Laboratory: Pace Analytical Services - Tampa

Associated Lab Samples: 35636060001, 35636060002

METHOD BLANK: 3998608

Matrix: Water

Associated Lab Samples: 35636060001, 35636060002

Parameter	Units	Blank Result	Reporting Limit	MDL	Analyzed	Qualifiers
E.coli		Absent			05/27/21 10:12	
Total Coliforms		Absent			05/27/21 10:12	

Results presented on this page are in the units indicated by the "Units" column except where an alternate unit is presented to the right of the result.

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## QUALIFIERS

Project: Town of Lake Hamilton

Pace Project No.: 35636060

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### DEFINITIONS

DF - Dilution Factor, if reported, represents the factor applied to the reported data due to dilution of the sample aliquot.

ND - Not Detected at or above adjusted reporting limit.

TNTC - Too Numerous To Count

MDL - Adjusted Method Detection Limit.

PQL - Practical Quantitation Limit.

RL - Reporting Limit - The lowest concentration value that meets project requirements for quantitative data with known precision and bias for a specific analyte in a specific matrix.

S - Surrogate

1,2-Diphenylhydrazine decomposes to and cannot be separated from Azobenzene using Method 8270. The result for each analyte is a combined concentration.

Consistent with EPA guidelines, unrounded data are displayed and have been used to calculate % recovery and RPD values.

LCS(D) - Laboratory Control Sample (Duplicate)

MS(D) - Matrix Spike (Duplicate)

DUP - Sample Duplicate

RPD - Relative Percent Difference

NC - Not Calculable.

SG - Silica Gel - Clean-Up

U - Indicates the compound was analyzed for, but not detected.

N-Nitrosodiphenylamine decomposes and cannot be separated from Diphenylamine using Method 8270. The result reported for each analyte is a combined concentration.

Pace Analytical is TNI accredited. Contact your Pace PM for the current list of accredited analytes.

TNI - The NELAC Institute.

### ANALYTE QUALIFIERS

U Compound was analyzed for but not detected.

## REPORT OF LABORATORY ANALYSIS

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## QUALITY CONTROL DATA CROSS REFERENCE TABLE

Project: Town of Lake Hamilton

Pace Project No.: 35636060

Lab ID	Sample ID	QC Batch Method	QC Batch	Analytical Method	Analytical Batch
35636060001	1A 105 Sample Ave	SM 9223B	733157	SM 9223B	733159
35636060002	2A 208 Lawson St N	SM 9223B	733157	SM 9223B	733159

## REPORT OF LABORATORY ANALYSIS

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# DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORTING FORMAT



110 S Bayview Blvd. • Oldsmar, FL 34677  
(813) 855-1844  
DHRS Certification E84129

Lab Receipt Date & Time: 5-26-21 1536  
Analysis Date & Time: 5/26/21 1509  
Sample Acceptance Criteria:  
Sample Preservation: ☐ On Ice ☐ Not On Ice ☒ 1.6°C T202  
Disinfectant Check: ☒ Not Detected ☐ \_\_\_\_\_ mg/L  
This sample does not meet the following NELAC requirements:

Report Number: 35636060 Sub-Contract Lab ID: \_\_\_\_\_

## Analysis Requested: (check all that apply)

☒ Total Coliform/E. coli ☐ Total Coliform/Fecal ☐ Enterococci ☐ Coliphage ☐ HPC ☐ Other: \_\_\_\_\_

Public Water System (PWS) Name: Town of Lake Hamilton

PWS I.D. 6530977

PWS Address: 210 Monroe Ln.

City: Lake Hamilton FL 33851

PWS or PWS Owner's Phone #: 863-439-1910

Fax #: 863-439-1421

Collector: Harvey Sims

Collector's Phone #: 863-297-0608

## Type of Supply: (check only one)

☒ Community Water System ☐ Non-Transient Non-community Water System ☐ Transient Non-community Water System  
☐ Limited Use System ☐ Bottled Water ☐ Private Well ☐ Swimming Pool ☐ Other: \_\_\_\_\_

## Reason for Sampling: (check all that apply)

☐ Distribution Routine ☐ Distribution Repeat ☐ Raw (triggered or assessment) ☐ Raw (triggered or assessment) additional ☐ Well Survey  
☐ Clearance ☐ Replacement (also check type of sample being replaced) ☐ Boil Water Notice ☒ Other: Precautionary Boil Water

Sample Collection Date: 5/25/21

## To be completed by collector of sample

Sample #	Sample Point (Location or Specific Address)	Sample Collection Time	Sample Type <sup>1</sup>	Disinfectant Residual (mg/L)	pH
1A	105 Sample Ave	5:28	S	1.21	8.0
2A	208 Lawson St N	5:35	S	0.99	8.0

## To be completed by lab

Analysis Method(s):				
Total Coliform Analysis Method:			SM9223B	
Fecal or E. coli Analysis Method:			SM9223B	
Non-Coliform	Total Coliform	Fecal E. coli, Enterococci, or Coliphage <sup>2</sup>	Data Qualifier <sup>3</sup>	Lab Sample #
	A	A		35636060-1
	A	A		-2

WO#: 35636060



Average of disinfectant residuals for distribution routine & repeat samples.\* Free chlorine or Total chlorine (circle one) 1.1

## Disinfectant Residual Analysis Method:

☒ DPD Colorimetric ☐ Other: \_\_\_\_\_

Person performing disinfectant analysis is (see instructions on reverse):

☒ A certified operator (# C-7881)

☐ Supervised by certified operator (# \_\_\_\_\_)

☐ Employed by a certified lab ☐ Employed by DEP or DOH

☐ Authorized representative of supplier of water

Unless otherwise noted, all tests are performed in accordance with NELAC standards, and the results relate only to the samples.

Date and time PWS notified by lab of positive results: \_\_\_\_\_

Date and time DEP/DOH notified by lab of positive results: \_\_\_\_\_

Date Report Issued: 5-27-21

Lab Signature: L. McSweeney

Title: Project Manager

## DEP/DOH USE ONLY

☐ Satisfactory  
☐ Incomplete Collection Information  
☐ Repeat Samples Required  
☐ Replacement Samples Required  
Date Reviewed by DEP/DOH: \_\_\_\_\_  
DEP/DOH Reviewing Official: \_\_\_\_\_

Town of Lake Hamilton  
P.O. BOX 126  
Lake Hamilton, FL 33851

<sup>1</sup> Indicate the sample type for each sample collected. Sample Type codes are: D = Distribution (routine compliance), C = Repeat/Check, R = Raw, N = Entry Point to Distribution, P = Plant Tap, S = Special (clearance, etc.)

<sup>2</sup> MF = SM9223B & D; MTF = 9221B & EC/MUG; MMOMUG = SM9223B; HPC = SM9215B

<sup>3</sup> MF = SM9223B & D; MTF = 9221B & EC/MUG; MMOMUG = SM9223B; HPC = SM9215B

Please circle appropriate selection

\* Defined in Florida Administrative Code Rule 62.140 Table 1

<sup>1</sup> Excludes for community & non-transient non-community systems serving populations up to and including 4,000. Do not include raw or plant samples in the average.

Relinquished By: [Signature]

Date: 5-26-21 Time: 10:40

Received By: [Signature]

Date: 5-26-21 Time: 1036

Relinquished By: [Signature]

Date: 5-26-21 Time: 1536

Received By: [Signature]

Date: 5-26-21 Time: 1536



Document Name:  
Sample Condition Upon Receipt Form  
Document No.:  
F-FL-C-007 rev. 13

Document Revised:  
May 30, 2018  
Issuing Authority:  
Pace Florida Quality Office

### Sample Condition Upon Receipt Form (SCUR)

Project #  
Project Manager:  
Client:

**WO#: 35636060**

PM: CEM Due Date: 05/28/21  
CLIENT: 37-CLAKHAM

Date and Initials of person:

Examining contents: muc

Label: 5/26/21

Deliver:

pH: N/A

Thermometer Used: T202

Date: 5/26/21

Time: 1545

Initials: muc

State of Origin: FL

☐ For WV projects, all containers verified to  $\leq 6^\circ\text{C}$

Cooler #1 Temp.  $^\circ\text{C}$  1.6 (Visual) 0.0 (Correction Factor) 1.6 (Actual)

Cooler #2 Temp.  $^\circ\text{C}$  \_\_\_\_\_ (Visual) \_\_\_\_\_ (Correction Factor) \_\_\_\_\_ (Actual)

Cooler #3 Temp.  $^\circ\text{C}$  \_\_\_\_\_ (Visual) \_\_\_\_\_ (Correction Factor) \_\_\_\_\_ (Actual)

Cooler #4 Temp.  $^\circ\text{C}$  \_\_\_\_\_ (Visual) \_\_\_\_\_ (Correction Factor) \_\_\_\_\_ (Actual)

Cooler #5 Temp.  $^\circ\text{C}$  \_\_\_\_\_ (Visual) \_\_\_\_\_ (Correction Factor) \_\_\_\_\_ (Actual)

Cooler #6 Temp.  $^\circ\text{C}$  \_\_\_\_\_ (Visual) \_\_\_\_\_ (Correction Factor) \_\_\_\_\_ (Actual)

☐ Samples on ice, cooling process has begun

☐ Samples on ice, cooling process has begun

☐ Samples on ice, cooling process has begun

☐ Samples on ice, cooling process has begun

☐ Samples on ice, cooling process has begun

☐ Samples on ice, cooling process has begun

Courier: ☐ Fed Ex ☐ UPS ☐ USPS ☐ Client ☐ Commercial ☒ Pace

☐ Other \_\_\_\_\_

Shipping Method: ☐ First Overnight ☐ Priority Overnight ☐ Standard Overnight ☒ Ground ☐ International Priority

☐ Other \_\_\_\_\_

Billing: ☐ Recipient ☐ Sender ☐ Third Party ☐ Credit Card ☐ Unknown

Tracking # \_\_\_\_\_

Custody Seal on Cooler/Box Present: ☐ Yes ☒ No

Seals intact: ☐ Yes ☐ No

Ice: ☒ Wet ☐ Blue ☐ Dry ☐ None

Packing Material: ☐ Bubble Wrap ☐ Bubble Bags ☒ None ☐ Other \_\_\_\_\_

Samples shorted to lab (If Yes, complete)

Shorted Date: \_\_\_\_\_

Shorted Time: \_\_\_\_\_

Qty: \_\_\_\_\_

#### Comments:

Chain of Custody Present	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Chain of Custody Filled Out	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Relinquished Signature & Sampler Name COC	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Samples Arrived within Hold Time	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Rush TAT requested on COC	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	
Sufficient Volume	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Correct Containers Used	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Containers Intact	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Sample Labels match COC (sample IDs & date/time of collection)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
All containers needing acid/base preservation have been checked.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	Preservation Information: Preservative: _____ Lot #/Trace #: _____ Date: _____ Time: _____ Initials: _____
All Containers needing preservation are found to be in compliance with EPA recommendation:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
Exceptions: VOA, Coliform, TOC, O&G, Carbamates		
Headspace in VOA Vials? (>6mm):	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
Trip Blank Present:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	

#### Client Notification/ Resolution:

Person Contacted: \_\_\_\_\_

Date/Time: \_\_\_\_\_

Comments/ Resolution (use back for additional comments):

Project Manager Review: \_\_\_\_\_

Date: \_\_\_\_\_