

Pace Analytical Services, LLC 110 South Bayview Blvd. Oldsmar , FL 34677 (813)881-9401

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.: 35636063

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,

allah

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

Enclosures





CERTIFICATIONS

Project: Town of Lake Hamilton

Pace Project No.: 35636063

Pace Analytical Services Tampa

110 South Bayview Blvd., Tampa, FL 34677

Florida Certification #:E84129



SAMPLE SUMMARY

Project: Town of Lake Hamilton

Pace Project No.: 35636063

Lab ID	Sample ID	Matrix	Date Collected	Date Received
35636063001	1B 105 Sample Ave	Drinking Water	05/26/21 09:05	05/26/21 15:36
35636063002	2B 208 Lawson St N	Drinking Water	05/26/21 09:15	05/26/21 15:36



SAMPLE ANALYTE COUNT

Project: Town of Lake Hamilton Pace Project No.: 35636063

Lab ID	Sample ID	Method	Analysts	Analytes Reported	Laboratory
35636063001	1B 105 Sample Ave	SM 9223B	HG1	2	PASI-Tp
35636063002	2B 208 Lawson St N	SM 9223B	HG1	2	PASI-Tp

PASI-Tp = Pace Analytical Services - Tampa



ANALYTICAL RESULTS

Project: Town of Lake Hamilton

Pace Project No.: 35636063

Sample: 1B 105 Sample Ave	Lab ID:	Lab ID: 35636063001		ed: 05/26/2	21 09:05	Received: 05/	26/21 15:36 Ma	atrix: Drinking Water	
Parameters	Results	Units	PQL	MDL	DF	Prepared	Analyzed	CAS No.	Qual
MBIO Total Coliform DW	Initial Vol	l Method: SM 92 ume/Weight: 10 alytical Services	0 mL Fina			9223B			
Total Coliforms E.coli	Absent Absent				1 1	05/26/21 15:59 05/26/21 15:59	••••		



ANALYTICAL RESULTS

Project: Town of Lake Hamilton

Pace Project No.: 35636063

Sample: 2B 208 Lawson St N	Lab ID:	35636063002	Collected: 05/26/21 09:15			5 Received: 05/26/21 15:36 Matrix: Drinking W			Water
Parameters	Results	Units	PQL	MDL	DF	Prepared	Analyzed	CAS No.	Qual
MBIO Total Coliform DW	Initial Vo	al Method: SM 92 lume/Weight: 100 alytical Services	0 mL Fina			1 9223B			
Total Coliforms E.coli	Absent Absent				1 1	05/26/21 15:59 05/26/21 15:59	05/27/21 10:12 05/27/21 10:12		



QUALITY CONTROL DATA

Project: Pace Project No.:	Town of Lake Hamilton 35636063							
QC Batch:	733157	Analysis Met	hod:	SM 9223B				
QC Batch Method: SM 9223B		Analysis Des	Analysis Description:		TotCoIDW MBIO Total Coliform			
		Laboratory:	Laboratory:		Pace Analytical Services - Tampa			
Associated Lab Sar	nples: 35636063001, 35636063002	2						
METHOD BLANK:	3998608	Matrix:	Water					
Associated Lab Sar	nples: 35636063001, 35636063002	2						
		Blank	Reporting					
Parar	neter Units	Result	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.



QUALIFIERS

Project: Town of Lake Hamilton

Pace Project No.: 35636063

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.



QUALITY CONTROL DATA CROSS REFERENCE TABLE

Project:Town of Lake HamiltonPace Project No.:35636063

Lab ID	Sample ID	QC Batch Method	QC Batch	Analytical Method	Analytical Batch
35636063001	1B 105 Sample Ave	SM 9223B	733157	SM 9223B	733159
35636063002	2B 208 Lawson St N	SM 9223B	733157	SM 9223B	733159

						(1)
	G WATER MICROBIAL SAMPLE C LABORATORY REPORTING FOR		N		ab Receipt Date & Time: 5-26-21	536
~	7 110 S Bourieu	v Divel - Oldom	or El 24	677	natysis Date & Time: 5776171 509	
Pace Analytical (813) 855-1844				ample Acceptance Criteria: ample Preservation: DOn Ice ONot On Ice O	16.c.Th	
DHRS Certification E84129					isinfectant Check: 😡 Not Detected 🛛 🔲	mg/L
1	7-1 71 1 7				his sample does not meet the following NELAC require	ements:
	per: 35636063 Sub-Contract L	.ab ID:				
Analysis Re	equested: (check all that apply) n/E. coli	nterococci 🗆	Colipha	e 🗆 H	Other.	
Public Wat	er System (PWS) Name: Town O				PWS I.D. 6530977	
PWS Addres:	s 210 MONTOR LN.				city: Lake Ham. How FI 33	851
	S Owner's Phone # 863-439-	1910		Fax	863-439-1421	
	HARVer Sims			Colle	r's Phone #:863-247-0608	
Community W Limited Use S	pply: (check only one) Vater System INon-Transient Non-com System IBottled Water IPrivate We	munity Water S I D Swimm	lystem ning Pool	□Tran □ Oth	nt Non-community Water System	
Distribution R Clearance	Sampling: (check all that apply) Routine Distribution Repeat Replacement (also check type of sample to the sampl	w (triggered or a being replaced)	assessme	ent) 🔲 I Boil Water	v (triggered or assessment) additional DWell Su trice Dother: Liecow two may Back have	rvey tel
	To be completed by cellecto	or of semple			To be completed by lab	
				Disin-	Analysis Method(s)*: Total Colform Analysis Method: 8	6M92238
Sample #	Sample Point	Sample : Collection	Sample Type ⁱ	fectant Residual	H L	SM9223B
	(Location or Specific Address)	Time	Type	(mg/L)	Non- Total Fecal, E. coli, Data Coliform Coliform Coliform	
	105 00 000	AM	<u> </u>	0.110	Coliphage"	
13	105 SAMPLE AVE	9:05	2	0.40		356360
2B	208 LAWSON STN	9 15	5	0,89	D A A	-2
					- WO#: 35636063	
1					WU#: 35050005	
					NY WAA AND A MINISTRA AL MAN MAN	
		tine & reneat		() 177	35636063	
samples."	disinfectant residuals for distribution rout Free chlorine or Total chlorine (circle one)	Dire or Lebear		0.65	nless otherwise noted, all tests are performed in accorn NELAC standards, and the results relate only to the	dance with
	nt Residual Analysis Method:				8)	ourriphoo.
DPD Co	olorimetric Other forming disinfectant analysis is (see instru-	uctions on rev	verse):		ale and time PWS notified by lab of positive results:	
- ceerson DAL	ed operator (# <u>C-788</u>))		ate Report Issued: 5-27-21	
A certifie	the antified approtor (#)		ab Signature:	/
A certifie	sed by certified operator (#	Employed by a certified lab Employed by DEP or DOH				
A certifie	ed by a certified lab Employed by DEP	UI DOM			itle: Project Manager	
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A certifie Supervis Employe Authoriz	ed by a certified lab Employed by DEP			Dine Re Date F	DEP/DOH actory aplete Collection Information at Samples Required acement Samples Required	
Tow P. O.	ed by a certified lab Employed by DEP zed representative of supplier of water NOF Lake Ham. Hot BOX 126 Le HAM. HON IFI 3	285)		Date F	DEP/DOH actory aplete Collection Information at Samples Required acement Samples Required iewed by DEP/DOH:	USE ONLY
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Pace Analytical	Document Name: Sample Condition Upon Receipt Form	Document Revised: May 30, 2018
PROMAL Laber Woog	Document No.: F-FL-C-007 rev. 13	Issuing Authority: Pace Florida Quality Office
	Sample Condition Upon Rece	aipt Form (SCUR)
Project #	U0# . 35636063	Defe and hitight of
-	PM: CEM Due Date: 0	Date and Initials of person: Examining contents: MVC
Project Manager:		Label: 512(012)
Client:	CLIENT: 37-CLAKHAM	Deliver: pH: N R
Thermometer Used:	Date: 5/26/21	
State of Origin: FL	For WV projects,	, all containers verified to ≤6 °C
Cooler #1 Temp.*C \. 6 (Visual	Correction Factor)	(Actual) Samples on ice, cooling process has begu
Cooler #2 Temp.°C(Visual)(Correction Factor)	(Actual)
Cooler #3 Temp.ºC(Visual	(Correction Factor)	(Actual) Samples on ice, cooling process has begu
Cooler #4 Temp.°C(Visual)(Correction Factor)	(Actual) Samples on ice, cooling process has begu
Cooler #5 Temp.°C(Visual	(Correction Factor)	(Actual) Samples on ice, cooling process has begu
Cooler #6 Temp.°C(Visual	(Correction Factor)	(Actual) Samples on ice, cooling process has begu
Courier: 🔲 Fed Ex 🗍 UI	os USPS Client Commer	cial N Pace Other
	nt □ Priority Overnight □ Standard Overn	
□ Other		
Billing: Recipient	□ Sender □ Third Party □ Cr	redit Card 🛛 Unknown
Fracking #		
Custody Seal on Cooler/Box Present	: 🗆 Yes 🛛 No Seals intact:	Yes No Ice: Wel Blue Dry None
Packing Material: Bubble Wrap	Bubble Bags None Other	
Samples shorted to lab (if Yes, comp		
	· · · · · · · · · · · · · · · · · · ·	
Chain of Custody Present	Comm	ients:
Chain of Custody Filled Out		
Relinquished Signature & Sampler Nar	- N	_
Samples Arrived within Hold Time		-
Rush TAT requested on COC		
Sufficient Volume	Yes ONO N/A	
Correct Containers Used	Ves DNO DN/A	
Containers Intact	Ves DNO DN/A	
Sample Labels match COC (sample IDs & c collection)	late/time of	
All containers needing acid/base preservation	on have been	Preservation Information:
hecked All Containers needing preservation are fou	□Yes □ No ☑N/A	Preservative:
ompliance with EPA recommendation:		Lot #/Trace #: Date: Time:
Exceptions: VOA, Coliform		Initials:
leadspace in VOA Vials? (>6mm):		
·		
Client Notification/ Resolution: Person Contacted:	λ.	Date/Time:
0		
Comments/ Resolution (use back for	additional comments):	
Project Manager Review:		Date:

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