



NELAC: E16533

**Department of Health**  
**Bureau of Public Health Laboratories - Miami**

1325 N.W. 14th Avenue  
Miami, FL 33125

Phone: 305-324-2432

Provisional EPA Certification

**County:** Dade  
**Type of Supply:** Community Water System  
**Type of Sample:** Compliance

**System Owner:** TOWN OF SURFSIDE  
**System ID:** 4131424  
**System Phone:**  
**Collector/Phone:** JACK A / 305 623 3551  
**Collection Addr:** VARIOUS  
Surfside, FL 33154

**Report To:**  
TOWN OF SURFSIDE  
9293 HARDING AVE  
Surfside, FL 33154

**Date Received:** 2/21/2023 3:04:00PM  
**Date Analyzed:** 2/21/2023 3:45:00PM  
**Date Reported:** 2/23/2023 7:12:13AM  
**Sample Temp (°C):** 13 On Ice  
**Chlorine Check:** Not Detected  
**District:**

Collect ID	Sample Point	Date Collected	Raw /Dist	Res'd Cl	pH	Total Coliform	E.coli	HPC cfu/mL	Lab ID
1	8750 COLLINS AVE	2/21/2023 10:00AM	Dist	1.25	8.6	Absent	Absent		MED23000736
2	8855 COLLINS AVE	2/21/2023 10:20AM	Dist	1.25	8.6	Absent	Absent		MED23000737
3	9056 COLLINS AVE	2/21/2023 10:40AM	Dist	1.25	8.6	Absent	Absent		MED23000738
4	8826 DICKENS AVE	2/21/2023 11:00AM	Dist	1.25	8.6	Absent	Absent		MED23000739
5	1000 89 ST	2/21/2023 11:15AM	Dist	1.25	8.6	Absent	Absent		MED23000740

**Lab Comments/Qualifiers:**

1 (MED23000736) Sample(s) >10°C. Does not meet NELAC standards.  
2 (MED23000737) Sample(s) >10°C. Does not meet NELAC standards.  
3 (MED23000738) Sample(s) >10°C. Does not meet NELAC standards.

Water sample, as received  
considered bacteriologically  
safe for drinking purposes.  
Florida Department of Health  
Miami Dade County

**Disinfectant Residuals Avg:** 1.36 mg/l  
**Disinfectant Residuals Method:**  
**Disinfectant Analysis Certified Operator #:**

**All Tests Performed in Accordance with NELAC Standards**  
**\*The Total Coliform Test includes E. coli.**

**Coliform/E. Coli Method:** SM 9223 B

**Authorized By:** Dr. Xihui Newman  
**LIMS Report #:** 12400810

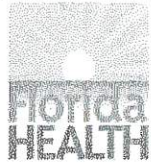
**DEP/DOH Use Only**

- Satisfactory
- Incomplete Collection Information
- Repeat Samples Required
- Replacement Samples Required

Date Reviewed by DEP/DOH: 02/23/2023

DEP/DOH Reviewing Official: [Signature]

**Final**



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**County:** Dade  
**Type of Supply:** Community Water System  
**Type of Sample:** Compliance

**System Owner:** TOWN OF SURFSIDE  
**System ID:** 4131424  
**System Phone:**  
**Collector/Phone:** JACK A / 305 623 3551  
**Collection Addr:** VARIOUS  
Surfside, FL 33154

**Report To:**  
TOWN OF SURFSIDE  
9293 HARDING AVE  
Surfside, FL 33154

**Date Received:** 2/21/2023 3:05:00PM  
**Date Analyzed:** 2/21/2023 3:45:00PM  
**Date Reported:** 2/23/2023 7:12:14AM  
**Sample Temp (°C):** 14 On Ice  
**Chlorine Check:** Not Detected  
**District:**

Collect ID	Sample Point	Date Collected	Raw /Dist	Res'd Cl	pH	Total Coliform	E.coli	HPC cfu/mL	Lab ID
6	9417 HARDING AVE	2/21/2023 11:25AM	Dist	1.25	8.6	Absent	Absent		MED23000741
7	9140 COLLINS AVE	2/21/2023 11:45AM	Dist	2.0	8.6	Absent	Absent		MED23000742

**Lab Comments/Qualifiers:**

Water sample, as received  
considered bacteriologically  
safe for drinking purposes.  
Florida Department of Health  
Miami Dade County

**Disinfectant Residuals Avg:**  
**Disinfectant Residuals Method:**  
**Disinfectant Analysis Certified Operator #:**  
**All Tests Performed in Accordance with NELAC Standards**  
**\*The Total Coliform Test includes E. coli.**  
**Coliform/E. Coli Method:** SM 9223 B  
**Authorized By:** Dr. Xihui Newman  
**LIMS Report #:** 12400811

**DEP/DOH Use Only**

Satisfactory  
 Incomplete Collection Information  
 Repeat Samples Required  
 Replacement Samples Required

Date Reviewed by DEP/DOH: 02-23-2023  
 DEP/DOH Reviewing Official:

**Final**