

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 Surfside PWS I.D. #: 4131424
 System Type (check one): Community Non-transient Non-community Transient Non-community
 Address: 9293 Harding Ave
 City: Miami Beach, FL ZIP Code: 33154
 Phone # 3058614863 Fax #: _____ E-Mail Address: _____

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: 35737615001 Sample Date: 8/8/2022 Sample Time: 7:40 AM PM (Circle One)
 Sample Location (be specific): 9415 Harding Ave Location Code: _____
 Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): _____ mg/L Field pH: 8.06

Sample Type (Check Only One)

- 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

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

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

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, HECTOR GAMER, PUBLIC WORKS DIRECTOR, do HEREBY CERTIFY
 (Print Name) (Print Title)

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

Signature: [Signature] Date: _____

Certified Operator #: 8825343 Phone #: 305-861-4863 Sampler's Fax #: _____

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, LLC Florida DOH Certification #: E83079 Certification Expiration Date: 6/30/2023

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: 8/8/2022

PWS ID (From Page1): 4131424 Sample Number (From Page1): 35737615001 Lab Assigned Report # or Job ID: 35737615001

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 checked="" 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, Brad Smith, Project Manager, 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:  Date: 09/14/2022

* 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

SECONDARY CONTAMINANTS
62-550.320

Report Number / Job ID: 35737615001

PWS ID (From Page 1): 4131424

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Certification #
1002	Aluminum	0.2	mg/L							
1017	Chloride	250	mg/L							
1022	Copper	1	mg/L							
1025	Fluoride	2.0	mg/L							
1028	Iron	0.3	mg/L							
1032	Manganese	0.05	mg/L							
1050	Silver	0.1	mg/L							
1055	Sulfate	250	mg/L							
1095	Zinc	5	mg/L							
1905	Color	15	CU							
1920	Odor	3	TON							
1925	pH (field pH from page 1)	6.5 - 8.5	Std. Units	8.06				08/09/2022	08:37	E83079
1930	Total Dissolved Solids	500	mg/L							
2905	Foaming Agents	0.5	mg/L							

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

DISINFECTION BYPRODUCTS
62-550.310(3)

Report Number / Job ID: 35737615001

Disinfect Residual (mg/L):

PWS ID (From Page 1): 4131424

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	2.2		EPA 552.3	0.90	2.0	08/21/2022	03:00	E83079
2451	Dichloroacetic Acid	N/A	ug/L	33.5		EPA 552.3	0.24	1.0	08/21/2022	03:00	E83079
2452	Trichloroacetic Acid	N/A	ug/L	8.2		EPA 552.3	0.26	1.0	08/21/2022	03:00	E83079
2453	Monobromoacetic Acid	N/A	ug/L	0.29	U	EPA 552.3	0.29	1.0	08/21/2022	03:00	E83079
2454	Dibromoacetic Acid	N/A	ug/L	0.83	J	EPA 552.3	0.43	1.0	08/21/2022	03:00	E83079
2456	Total Haloacetic Acids (HAA5)	60	ug/L	44.8		EPA 552.3	0.90	---	08/21/2022	03:00	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	8.7		EPA 524.2	0.44	1.0	08/09/2022	13:57	E83079
2942	Bromoform	N/A	ug/L	0.35	U	EPA 524.2	0.35	1.0	08/09/2022	13:57	E83079
2943	Bromodichloromethane	N/A	ug/L	1.6		EPA 524.2	0.37	1.0	08/09/2022	13:57	E83079
2944	Dibromochloromethane	N/A	ug/L	0.47	U	EPA 524.2	0.47	1.0	08/09/2022	13:57	E83079
2950	Total Trihalomethanes (TTHM)	80	ug/L	10.3		EPA 524.2	0.47	---	08/09/2022	13:57	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 µg/L MRL for bromate.

J-flag - The reported value is between the laboratory method detection limit and the laboratory practical quantitation limit.

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

**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 Surfside PWS I.D. #: 4131424

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

Address: 9293 Harding Ave

City: Miami Beach, FL ZIP Code: 33154

Phone # 3058614863 Fax #: _____ E-Mail Address: _____

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: 35737615002 Sample Date: 8/8/2022 Sample Time: 7:55 AM PM (Circle One)

Sample Location (be specific): 1000 89th ST Location Code: _____

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): _____ mg/L Field pH: 6.28

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: _____
- 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, _____, _____, do HEREBY CERTIFY
(Print Name) (Print Title)

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

Signature: _____ Date: _____

Certified Operator #: _____ Phone #: _____ Sampler's Fax #: _____

Sampler's E-mail: _____

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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: 8/8/2022

PWS ID (From Page1): 4131424 Sample Number (From Page1): 35737615002 Lab Assigned Report # or Job ID: 35737615002

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 checked="" 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, Brad Smith, Project Manager, 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:  Date: 09/14/2022

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** Please provide radiological sample dates & locations for each quarter.

CONFIRMATION & NOTIFICATION IS REQUIRED WITHIN 24 HRS FOR NITRATE OR NITRITE MCL EXCEEDANCES
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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: _____

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SECONDARY CONTAMINANTS
62-550.320

Report Number / Job ID: 35737615002

PWS ID (From Page 1): 4131424

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Certification #
1002	Aluminum	0.2	mg/L							
1017	Chloride	250	mg/L							
1022	Copper	1	mg/L							
1025	Fluoride	2.0	mg/L							
1028	Iron	0.3	mg/L							
1032	Manganese	0.05	mg/L							
1050	Silver	0.1	mg/L							
1055	Sulfate	250	mg/L							
1095	Zinc	5	mg/L							
1905	Color	15	CU							
1920	Odor	3	TON							
1925	pH (field pH from page 1)	6.5 - 8.5	Std. Units	6.28				08/09/2022	08:38	E83079
1930	Total Dissolved Solids	500	mg/L							
2905	Foaming Agents	0.5	mg/L							

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

DISINFECTION BYPRODUCTS
62-550.310(3)

Report Number / Job ID: 35737615002 _____

Disinfect Residual (mg/L): _____

PWS ID (From Page 1): 4131424 _____

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	08/21/2022	03:17	E83079
2451	Dichloroacetic Acid	N/A	ug/L	1.4		EPA 552.3	0.24	1.0	08/21/2022	03:17	E83079
2452	Trichloroacetic Acid	N/A	ug/L	5.8		EPA 552.3	0.26	1.0	08/21/2022	03:17	E83079
2453	Monobromoacetic Acid	N/A	ug/L	0.29	U	EPA 552.3	0.29	1.0	08/21/2022	03:17	E83079
2454	Dibromoacetic Acid	N/A	ug/L	0.43	U	EPA 552.3	0.43	1.0	08/21/2022	03:17	E83079
2456	Total Haloacetic Acids (HAA5)	60	ug/L	7.2		EPA 552.3	0.90	---	08/21/2022	03:17	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	0.44	U	EPA 524.2	0.44	1.0	08/09/2022	14:20	E83079
2942	Bromoform	N/A	ug/L	0.35	U	EPA 524.2	0.35	1.0	08/09/2022	14:20	E83079
2943	Bromodichloromethane	N/A	ug/L	0.37	U	EPA 524.2	0.37	1.0	08/09/2022	14:20	E83079
2944	Dibromochloromethane	N/A	ug/L	0.47	U	EPA 524.2	0.47	1.0	08/09/2022	14:20	E83079
2950	Total Trihalomethanes (TTHM)	80	ug/L	0.47	U	EPA 524.2	0.47	---	08/09/2022	14:20	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 µg/L MRL for bromate.

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