

## **Other Chemical Testing in 2018**

# 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: City of Pembroke Pines PWS I.D. #: 4061083

System Type (check one):  Community  Nontransient Noncommunity  Transient Noncommunity

Address: 7960 Johnson Street

City: Pembroke Pines, FL ZIP Code: 33024

Phone # (754) 260-4509/850-557-7147 Fax #: (954) 986-5025 E-Mail Address: Juglitta.Drieth@CH2M.com/J.Drieth@CH2M.com

**SAMPLE INFORMATION** (to be completed by sampler)

Sample Number: 18B0909-01 Sample Date: 02/27/2018 Sample Time: 14:39 AM  PM (Circle One)

Sample Location (be specific): 7960 Johnson Street, Pembroke Pines, FL 33024 Location Code: (WTP-POE)

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): \_\_\_\_\_ mg/L Field pH: \_\_\_\_\_ Units

Sample Type (Check Only One)

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)  Composite of Multiple Sites\*\*  Clearance (permitting)

Raw (at well or intake)  Other: \_\_\_\_\_

Max Residence Time

Ave Residence Time

Near First Customer

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

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, Oscar A. Castano, Operator II, do HEREBY CERTIFY  
(Print Name)

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

Signature:  Date: 02/27/2018

Certified Operator #: DWC-22627 Phone #: (423) 381-9122 Sampler's Fax #: (954) 986-5025

Sampler's E-mail: oscar.castano@CH2M.com

# 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: Florida-Spectrum Environmental Services Florida DOH Certification #: E86006 Certification Expiration Date: June 30th, 2018

ATTACH CURRENT DOH ANALYTE SHEET\*

Address: 1460 West McNab Road, Fort Lauderdale, FL 33309

Phone #: 954-978-6400

Were any analyses subcontracted?  Yes  No If yes, please provide DOH certification number(s): \_\_\_\_\_

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB\*

**ANALYSIS INFORMATION** (to be completed by lab) Date Sample(s) Received: 02/27/2018 at 16:15

PWS ID (From Page 1): 4061083 Sample Number (From Page 1): 18B0909-01 Lab Assigned Report # or Job ID: 18B0909

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

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

## LAB CERTIFICATION

I, Enrique Ochoa, B.S./Customer Service 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: 03/12/2018

\* 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.)**

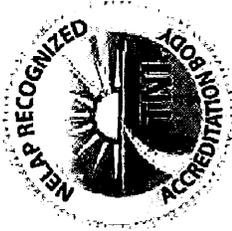
**COMPLIANCE DETERMINATION** (to be completed by DEP or DOH -- attach notes as necessary)

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

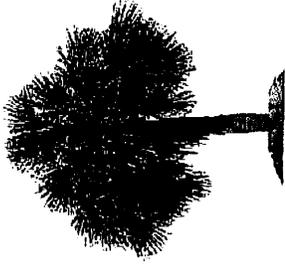
Person Notified: \_\_\_\_\_ Date Notified: \_\_\_\_\_ DEP/DOH Reviewing Official: \_\_\_\_\_







State of Florida  
Department of Health, Bureau of Public Health Laboratories  
This is to certify that



E86006

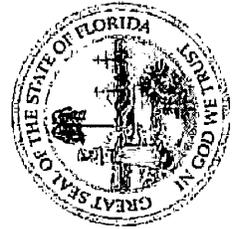
FLORIDA-SPECTRUM ENVIRONMENTAL SERVICES, INC.  
1460 WEST MCNAB ROAD  
FT. LAUDERDALE, FL 33309

has complied with Florida Administrative Code 64E-1,  
for the examination of environmental samples in the following categories

DRINKING WATER - GROUP I UNREGULATED CONTAMINANTS, DRINKING WATER - SYNTHETIC ORGANIC CONTAMINANTS, DRINKING WATER -  
GROUP II UNREGULATED CONTAMINANTS, DRINKING WATER - MICROBIOLOGY, DRINKING WATER - OTHER REGULATED CONTAMINANTS,  
DRINKING WATER - PRIMARY INORGANIC CONTAMINANTS, DRINKING WATER - RADIOCHEMISTRY, DRINKING WATER - SECONDARY  
INORGANIC CONTAMINANTS, NON-POTABLE WATER - EXTRACTABLE ORGANICS, NON-POTABLE WATER - GENERAL CHEMISTRY, NON-POTABLE  
WATER - METALS, NON-POTABLE WATER - MICROBIOLOGY, NON-POTABLE WATER - PESTICIDES-HERBICIDES-PCB'S, NON-POTABLE WATER -  
RADIOCHEMISTRY, NON-POTABLE WATER - VOLATILE ORGANICS, SOLID AND CHEMICAL MATERIALS - EXTRACTABLE ORGANICS, SOLID AND  
CHEMICAL MATERIALS - GENERAL CHEMISTRY, SOLID AND CHEMICAL MATERIALS - METALS, SOLID AND CHEMICAL MATERIALS -  
MICROBIOLOGY, SOLID AND CHEMICAL MATERIALS - PESTICIDES-HERBICIDES-PCB'S, SOLID AND CHEMICAL MATERIALS - VOLATILE ORGANICS

Continued certification is contingent upon successful on-going compliance with the NELAC Standards and FAC Rule 64E-1  
regulations. Specific methods and analytes certified are cited on the Laboratory Scope of Accreditation for this laboratory and  
are on file at the Bureau of Public Health Laboratories, P. O. Box 210, Jacksonville, Florida 32231. Clients and customers are  
urged to verify with this agency the laboratory's certification status in Florida for particular methods and analytes.

Date Issued: November 13, 2017      Expiration Date: June 30, 2018



A handwritten signature in cursive script that reads "Susanne Crowe".

Susanne Crowe, MHA  
Acting Chief, Bureau of Public Health Laboratories  
DH Form 1697, 7/04  
NON-TRANSFERABLE E86006-36-11/13/2017  
Supersedes all previously issued certificates

# 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: City of Pembroke Pines PWS I.D. #: 4061083  
System Type (check one):  Community  Nontransient Noncommunity  Transient Noncommunity  
Address: 7960 Johnson Street  
City: Pembroke Pines, FL ZIP Code: 33024  
Phone # (754) 260-4509 Fax #: (954) 986-5025 E-Mail Address: Juquitta.Drieth@CH2M.com

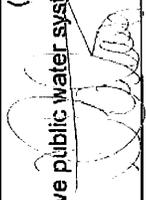
**SAMPLE INFORMATION** (to be completed by sampler)  
Sample Number: 18B0301-01 Sample Date: 02/09/2018 Sample Time: 08:04 AM PM (Circle One)  
Sample Location (be specific): 7960 Johnson Street, (POE), Pembroke Pines, FL 33024 Location Code: (POE)  
Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): \_\_\_\_\_ mg/L Field pH: 8.7 Units  
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)  Composite of Multiple Sites\*\*  Clearance (permitting)  
 Raw (at well or intake)  Other: \_\_\_\_\_  
 Max Residence Time  
 Ave Residence Time  
 Near First Customer

\*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, Oscar Castano, WTP Operator, do HEREBY CERTIFY  
(Print Name) (Print Title)

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

Signature:  Date: 02/09/2018

Certified Operator #: DWC-22627 Phone #: (754) 260-4509 Sampler's Fax #: (954) 986-5025

Sampler's E-mail: oscar.castano@ch2m.com

# 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: Florida-Spectrum Environmental Services Florida DOH Certification #: E86006 Certification Expiration Date: June 30th, 2018

ATTACH CURRENT DOH ANALYTE SHEET\*

Address: 1460 West McNab Road, Fort Lauderdale, FL 33309

Phone #: 954-978-6400

Were any analyses subcontracted?  Yes  No If yes, please provide DOH certification number(s): \_\_\_\_\_

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB\*

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 02/09/2018 at 09:57 AM

PWS ID (From Page 1): 4061083 Sample Number (From Page 1): 18B0301-01 Lab Assigned Report # or Job ID: 18B0301

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

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

## LAB CERTIFICATION

I, Enrique Ochoa B.S./Customer Service 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: 02/14/2018

\* 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 "c" 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: 18B0301-01

PWS ID (From Page 1): 4061083

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	Pt-Co	1.0	U	SM2120B	1.0	02/09/18	18:28	E86006
1920	Odor	3	TON							
1925	pH (field pH from page 1)	6.5 - 8.5	Units							
1930	Total Dissolved Solids	500	mg/L							
2905	Foaming Agents	0.5	mg/L							



**WORK ORDER #**

18130301



Logged in LIMS by [Signature]  
Meets Acceptance Criteria? Y/N

**CHAIN OF CUSTODY RECORD**

1460 W. McNab Road, Ft. Lauderdale, FL 33309  
630 Indian Street Savannah, GA 31401  
528 30th Street NE, Fort Meade, FL 33841  
610 Parrot Ave. N, Okeechobee, FL 34972  
1910 Harden Blvd, Suite 101, Lakeland, FL 33803

Original-Return w/report  
Yellow-Lab File Copy  
Pink - Sampler Copy

Report to: Jacobs/Ch2m - City of Pembroke Pines  
Invoice to: Jacobs/Ch2m

Project Name and/or Number: Jacobs/Ch2m

Project Contact: Juquitta Drieth

Sampler Name (printed): Oscar Castano

Phone: (850) 557-7147  
Affiliation: Jacobs/Ch2m

DUE DATE Requested

RUSH RESERVATION #

Rush Surcharges apply

Address: 1660 Johnson Street, Pembroke Pines FL 33024

Address: Same as above

Site Location: Water Treatment Plant

Fax: (954) 986-5025  
Email: jacobs@ch2m.com / oscar.castano@ch2m.com

Sampler Signature: [Signature]

**Analysis Required**

ORDER #	Lab Control Number	Shaded Areas For Laboratory Use Only	Sample ID	Date Sampled	Time Sampled	Matrix	Bottle & Pres.	Combo Codes	Number of Containers Received & NELAC Letter Suffixes # A-?	Color	Turbidity	PH	TEMP °C	C O N D	C H L O R
01			1660 Johnson Street (POE) 020918-03	2/9/18	0804	DW	fu		1	✓	✓	8.7	25.5c	N/A	N/A

**Special Comments:**

\*I waive TNI protocol\*\* (emergency) (sign here) >

Deliverables:

QA/QC Report Needed? Yes No (additional charge)

**Sample Custody & Field Comments**

Received on ice: Y  
Temp as received: 11.8  
Custody seals? Y  
RAD-9 GUN-1

**FIELD TIME**

Sampling \_\_\_ hrs Picket Up \_\_\_ hrs  
Misc. Charges

**Bottle Type**

A-liter amber Bacteria bag/bottle  
F-500 ml H-Plastic Amber Liter  
L-liter bottle  
S2-2 oz soil jar  
S4-4 oz soil jar / S8-8 oz soil jar  
T-250 ml V-40 ml vial  
W-wide mouth X-other TED-Tedlar Air Bag  
Additional Bottle Types  
B-brown liter plastic

**Preservatives**

A-ascorbic acid C-HCL  
Cu-CuSO4 DI-DI water  
H-HNO3 M-MCAB  
MeOH-Methanol Z-zinc acetate  
Additional Preservatives  
Hex-Hex Cr Buffer  
EDA-Ethylene Diamine

**Signature**

Relinquished by: [Signature]

Received by: [Signature]

Relinquished by:

Received by:

Relinquished by:

Received by:

Date/Time

1 Relinquished by: Jacobs/Ch2m 2/9/18 - 0957

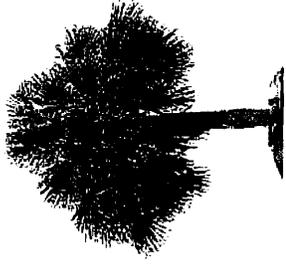
1 Received by: [Signature] 2/9/18 0957

2 Relinquished by:

2 Received by:

3 Relinquished by:

3 Received by:



HEALTH

State of Florida  
Department of Health, Bureau of Public Health Laboratories  
This is to certify that

E86006

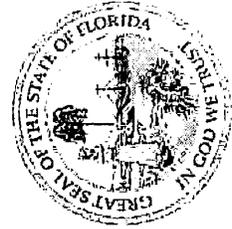
FLORIDA-SPECTRUM ENVIRONMENTAL SERVICES, INC.  
1460 WEST MCNAB ROAD  
FT. LAUDERDALE, FL 33309

has complied with Florida Administrative Code 64E-1,  
for the examination of environmental samples in the following categories

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GROUP II UNREGULATED CONTAMINANTS, DRINKING WATER - MICROBIOLOGY, DRINKING WATER - OTHER REGULATED CONTAMINANTS,  
DRINKING WATER - PRIMARY INORGANIC CONTAMINANTS, DRINKING WATER - RADIOCHEMISTRY, DRINKING WATER - SECONDARY  
INORGANIC CONTAMINANTS, NON-POTABLE WATER - EXTRACTABLE ORGANICS, NON-POTABLE WATER - GENERAL CHEMISTRY, NON-POTABLE  
WATER - METALS, NON-POTABLE WATER - MICROBIOLOGY, NON-POTABLE WATER - PESTICIDES-HERBICIDES-PCB'S, NON-POTABLE WATER -  
RADIOCHEMISTRY, NON-POTABLE WATER - VOLATILE ORGANICS, SOLID AND CHEMICAL MATERIALS - EXTRACTABLE ORGANICS, SOLID AND  
CHEMICAL MATERIALS - GENERAL CHEMISTRY, SOLID AND CHEMICAL MATERIALS - METALS, SOLID AND CHEMICAL MATERIALS -  
MICROBIOLOGY, SOLID AND CHEMICAL MATERIALS - PESTICIDES-HERBICIDES-PCB'S, SOLID AND CHEMICAL MATERIALS - VOLATILE ORGANICS

Continued certification is contingent upon successful on-going compliance with the NELAC Standards and FAC Rule 64E-1  
regulations. Specific methods and analytes certified are cited on the Laboratory Scope of Accreditation for this laboratory and  
are on file at the Bureau of Public Health Laboratories, P. O. Box 210, Jacksonville, Florida 32231. Clients and customers are  
urged to verify with this agency the laboratory's certification status in Florida for particular methods and analytes.

Date Issued: November 13, 2017 Expiration Date: June 30, 2018



Susanne Crowe, MHA  
Acting Chief, Bureau of Public Health Laboratories  
DH Form 1697, 7/04  
NON-TRANSFERABLE E86006-36-11/13/2017  
Supersedes all previously issued certificates

# 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: City of Pembroke Pines PWS I.D. #: 4061083

System Type (check one):  Community  Nontransient Noncommunity  Transient Noncommunity  
 Address: 7960 Johnson Street

City: Pembroke Pines, FL ZIP Code: 33024

Phone # (754) 260-4509 Fax # (954) 986-5025 E-Mail Address: Juguitta.Drieth@CH2M.com

**SAMPLE INFORMATION** (to be completed by sampler)

Sample Number: 18E0427-01 Sample Date: 05/11/2018 Sample Time: 14:30 AM PM (Circle One)

Sample Location (be specific): 7960 Johnson Street (POE), Pembroke Pines, FL 33024 Location Code: (POE)

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): \_\_\_\_\_ mg/L Field pH: 8.5 Units

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)  Composite of Multiple Sites\*\*  Clearance (permitting)
- Raw (at well or intake)  Other: \_\_\_\_\_

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, Michael Cepeda, WTP Operator, do HEREBY CERTIFY  
 (Print Name) (Print Title)

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

Signature: Michael Cepeda Date: 05/11/2018

Certified Operator #: DWA 15243 Phone #: (754) 260-4509 Sampler's Fax #: (954) 986-5025

Sampler's E-mail: Juguitta.Drieth@CH2M.com

# 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: Florida-Spectrum Environmental Services Florida DOH Certification #: E86006 Certification Expiration Date: June 30th, 2018

ATTACH CURRENT DOH ANALYTE SHEET\*

Address: 1460 West McNab Road, Fort Lauderdale, FL 33309

Phone #: 954-978-6400

Were any analyses subcontracted?  Yes  No If yes, please provide DOH certification number(s): \_\_\_\_\_

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB\*

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 05/11/2018 at 16:50 PM

PWS ID (From Page 1): 4061083 Sample Number (From Page 1): 18E0427-01 Lab Assigned Report # or Job ID: 18E0427

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

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

## LAB CERTIFICATION

I, Enrique Ochoa, B.S./Customer Service 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: 05/29/2018

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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**

**SECONDARY CONTAMINANTS**  
62-550.320

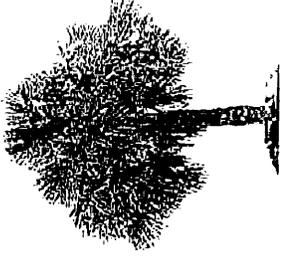
Report Number / Job ID: 18E0427-01

PWS ID (From Page 1): 4061083

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	Pt-Co	1.0	U	SM2120B	1.0	05/11/18	19:24	E86006
1920	Odor	3	TON							
1925	pH (field pH from page 1)	6.5 - 8.5	Units	8.50		SM 4500-H+-B		05/11/18	14:30	
1930	Total Dissolved Solids	500	mg/L							
2905	Foaming Agents	0.5	mg/L							

Florida Department of Environmental Protection, 6205 Reid Street, Tallahassee, Florida 32310-3000  
 Telephone: 904.205.2000, Fax: 904.205.2001, TDD: 904.205.2002, Email: DEP@fla.gov  
 Florida Department of Environmental Protection, 6205 Reid Street, Tallahassee, Florida 32310-3000  
 Telephone: 904.205.2000, Fax: 904.205.2001, TDD: 904.205.2002, Email: DEP@fla.gov





State of Florida  
Department of Health, Bureau of Public Health Laboratories  
This is to certify that

E86006

FLORIDA-SPECTRUM ENVIRONMENTAL SERVICES, INC.  
1460 WEST MCNAB ROAD  
FT. LAUDERDALE, FL 33309

has complied with Florida Administrative Code 64E-1,  
for the examination of environmental samples in the following categories

DRINKING WATER - GROUP I UNREGULATED CONTAMINANTS, DRINKING WATER - SYNTHETIC ORGANIC CONTAMINANTS, DRINKING WATER -  
GROUP II UNREGULATED CONTAMINANTS, DRINKING WATER - MICROBIOLOGY, DRINKING WATER - OTHER REGULATED CONTAMINANTS,  
DRINKING WATER - PRIMARY INORGANIC CONTAMINANTS, DRINKING WATER - RADIOCHEMISTRY, DRINKING WATER - SECONDARY  
INORGANIC CONTAMINANTS, NON-POTABLE WATER - EXTRACTABLE ORGANICS, NON-POTABLE WATER - GENERAL CHEMISTRY, NON-POTABLE  
WATER - METALS, NON-POTABLE WATER - MICROBIOLOGY, NON-POTABLE WATER - PESTICIDES-HERBICIDES-PCB'S, NON-POTABLE WATER -  
RADIOCHEMISTRY, NON-POTABLE WATER - VOLATILE ORGANICS, SOLID AND CHEMICAL MATERIALS - EXTRACTABLE ORGANICS, SOLID AND  
CHEMICAL MATERIALS - GENERAL CHEMISTRY, SOLID AND CHEMICAL MATERIALS - METALS, SOLID AND CHEMICAL MATERIALS -  
MICROBIOLOGY, SOLID AND CHEMICAL MATERIALS - PESTICIDES-HERBICIDES-PCB'S, SOLID AND CHEMICAL MATERIALS - VOLATILE ORGANICS

Continued certification is contingent upon successful on-going compliance with the NELAC Standards and FAC Rule 64E-1  
regulations. Specific methods and analytes certified are cited on the Laboratory Scope of Accreditation for this laboratory and  
are on file at the Bureau of Public Health Laboratories, P. O. Box 210, Jacksonville, Florida 32231. Clients and customers are  
urged to verify with this agency the laboratory's certification status in Florida for particular methods and analytes.

Date Issued: November 13, 2017      Expiration Date: June 30, 2018



A handwritten signature in black ink.

Susanne Crowe, MHA  
Acting Chief, Bureau of Public Health Laboratories  
DH Form 1697, 7/04  
NON-TRANSFERABLE E86006-36-11/13/2017  
Supersedes all previously issued certificates



# 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: City of Pembroke Pines PWS I.D. #: 4061083

System Type (check one):  Community  Nontransient Noncommunity  Transient Noncommunity  
Address: 7960 Johnson Street

City: Pembroke Pines, FL ZIP Code: 33024  
Phone # (754) 260-4509 Fax #: (954) 986-5025 E-Mail Address: Juquitta.Drieth@CH2M.com

**SAMPLE INFORMATION** (to be completed by sampler)

Sample Number: 1810338-01 Sample Date: 09/12/2018 Sample Time: 15:22 AM PM (Circle One)

Sample Location (be specific): 7960 Johnson Street (POE), Pembroke Pines, FL 33024 Location Code: (POE)

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): \_\_\_\_\_ mg/L Field pH: 9.08 Units

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)  Composite of Multiple Sites\*\*  Clearance (permitting)
- Raw (at well or intake)  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, Kevin Stone, WTP Operator, do HEREBY CERTIFY  
(Print Name) (Print Title)

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

Signature: \_\_\_\_\_ Date: 09/12/2018

Certified Operator #: 23804 Phone #: (754) 260-4509 Sampler's Fax #: (954) 986-5025

Sampler's E-mail: Juquitta.Drieth@CH2M.com

# 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: Florida-Spectrum Environmental Services Florida DOH Certification #: E86006 Certification Expiration Date: June 30th, 2019

ATTACH CURRENT DOH ANALYTE SHEET\*

Address: 1460 West McNab Road, Fort Lauderdale, FL 33309

Phone #: 954-978-6400

Were any analyses subcontracted?  Yes  No If yes, please provide DOH certification number(s): \_\_\_\_\_

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB\*

**ANALYSIS INFORMATION** (to be completed by lab) Date Sample(s) Received: 09/12/2018 at 17:05 PM

PWS ID (From Page 1): 4061083 Sample Number (From Page 1): 1810338-01 Lab Assigned Report # or Job ID: 1810338

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

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

## LAB CERTIFICATION

I, Enrique Ochoa, B.S./Customer Service 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: 09/26/2018

\* 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

## SECONDARY CONTAMINANTS

62-550.320

Report Number / Job ID: 1810338-01

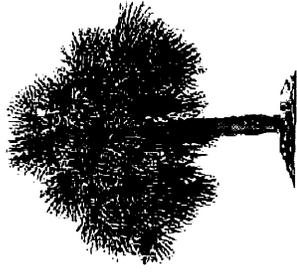
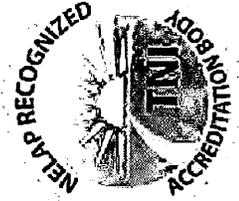
PWS ID (From Page 1): 4061083

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifiers*	Analytical method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Certification #
1905	Color	15	Pt-Co	5	U	SM 2120B	5.00	9/13/2018	17:00:00	E86006
1925	pH (Field)	6.5-8.5		9.08		SM4500-H+-B		9/12/2018	15:22:00	

\*Results must be reported with appropriate qualifiers in accordance with Florida Administrative Code Rule 62-160, Table 1. Results qualified with A, F, H, M, O, I, 2, 3, 4 are unacceptable for compliance with 62-550. Results qualified with a U, D, 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.







State of Florida  
Department of Health, Bureau of Public Health Laboratories

This is to certify that

E86006

FLORIDA-SPECTRUM ENVIRONMENTAL SERVICES, INC.  
1460 WEST MCNAB ROAD  
FT. LAUDERDALE, FL 33309

has complied with Florida Administrative Code 64E-1,  
for the examination of environmental samples in the following categories

DRINKING WATER - GROUP I UNREGULATED CONTAMINANTS, DRINKING WATER - SYNTHETIC ORGANIC CONTAMINANTS, DRINKING WATER -  
GROUP II UNREGULATED CONTAMINANTS, DRINKING WATER - MICROBIOLOGY, DRINKING WATER - OTHER REGULATED CONTAMINANTS,  
DRINKING WATER - PRIMARY INORGANIC CONTAMINANTS, DRINKING WATER - RADIOCHEMISTRY, DRINKING WATER - SECONDARY  
INORGANIC CONTAMINANTS, NON-POTABLE WATER - EXTRACTABLE ORGANICS, NON-POTABLE WATER - GENERAL CHEMISTRY, NON-POTABLE  
WATER - METALS, NON-POTABLE WATER - MICROBIOLOGY, NON-POTABLE WATER - PESTICIDES-HERBICIDES-PCB'S, NON-POTABLE WATER -  
RADIOCHEMISTRY, NON-POTABLE WATER - VOLATILE ORGANICS, SOLID AND CHEMICAL MATERIALS - EXTRACTABLE ORGANICS, SOLID AND  
CHEMICAL MATERIALS - GENERAL CHEMISTRY, SOLID AND CHEMICAL MATERIALS - METALS, SOLID AND CHEMICAL MATERIALS -  
MICROBIOLOGY, SOLID AND CHEMICAL MATERIALS - PESTICIDES-HERBICIDES-PCB'S, SOLID AND CHEMICAL MATERIALS - VOLATILE ORGANICS

Continued certification is contingent upon successful compliance with the NELAC Standards and FAC Rule 64E-1 regulations. Specific methods and analytes certified are cited on the Laboratory Scope of Accreditation for this laboratory and are on file at the Bureau of Public Health Laboratories, P. O. Box 210, Jacksonville, Florida 32231. Clients and customers are urged to verify with this agency the laboratory's certification status in Florida for particular methods and analytes.

Date Issued: July 01, 2018 Expiration Date: June 30, 2019



Patty A. Lewandowski, MBA, MT(ASCP)  
Chief Bureau of Public Health Laboratories  
DH Form 1697, 7/04

NON-TRANSFERABLE E86006-37-07/01/2018  
Supersedes all previously issued certificates

# 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: City of Pembroke Pines PWS I.D. #: 4061083

System Type (check one):  Community  Nontransient Noncommunity  Transient Noncommunity  
Address: 7960 Johnson Street

City: Pembroke Pines, FL ZIP Code: 33024  
Phone # (754) 260-4509 Fax #: (954) 986-5025 E-Mail Address: Juquitta.Drieth@CH2M.com

**SAMPLE INFORMATION** (to be completed by sampler)

Sample Number: 1810337-01 Sample Date: 09/12/2018 Sample Time: 15:20 AM PM (Circle One)

Sample Location (be specific): 7960 Johnson Street (POE), Pembroke Pines, FL 33024 Location Code: (POE)

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): \_\_\_\_\_ mg/L Field pH: 9.08 Units

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)  Composite of Multiple Sites\*\*  Clearance (permitting)
- Raw (at well or intake)  Other: \_\_\_\_\_

Sampling Procedure Used or Other Comments:

I, Jason Cardenas WTP Operator (Print Name), do HEREBY CERTIFY

\*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

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

Signature: \_\_\_\_\_ Date: 09/12/2018

Certified Operator #: DWB 0021736 Phone #: (850) 557-7147 Sampler's Fax #: (954) 986-5025

Sampler's E-mail: Juquitta.Drieth@CH2M.com

# 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: Florida-Spectrum Environmental Services Florida DOH Certification #: E86006 Certification Expiration Date: June 30th, 2019

ATTACH CURRENT DOH ANALYTE SHEET\*

Address: 1460 West McNab Road, Fort Lauderdale, FL 33309

Phone #: 954-978-6400

Were any analyses subcontracted?  Yes  No If yes, please provide DOH certification number(s): \_\_\_\_\_

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB\*

**ANALYSIS INFORMATION** (to be completed by lab) Date Sample(s) Received: 09/12/2018 at 17:05 PM

PWS ID (From Page 1): 4061083 Sample Number (From Page 1): 1810337-01 Lab Assigned Report # or Job ID: 1810337

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

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

## LAB CERTIFICATION

I, Enrique Ochoa, B.S./Customer Service Manager, (Print Title), do HEREBY CERTIFY

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

Signature: \_\_\_\_\_ Date: 09/25/2018

\* 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 "c" are not acceptable.)**

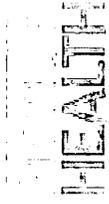
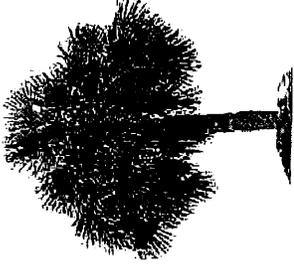
**COMPLIANCE DETERMINATION** (to be completed by DEP or DOH -- attach notes as necessary)

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: \_\_\_\_\_







State of Florida  
 Department of Health, Bureau of Public Health Laboratories  
 This is to certify that

E86006

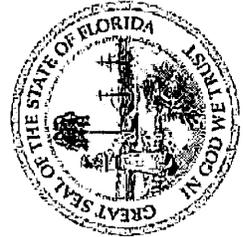
FLORIDA-SPECTRUM ENVIRONMENTAL SERVICES, INC.  
 1460 WEST MCNAB ROAD  
 FT. LAUDERDALE, FL 33309

has complied with Florida Administrative Code 64E-1,  
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Date Issued: July 01, 2018      Expiration Date: June 30, 2019



Patty A. Lewandowski, MBA, MT(ASCP)  
 Chief Bureau of Public Health Laboratories

DH Form 1697, 7/04  
 NON-TRANSFERABLE E86006-37-07/01/2018  
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