

**DECEMBER 2018**



Report To:  
 Michael Cepeda  
 Jacobs/CH2M-City of Pembroke Pines WTP  
 7960 Johnson Street  
 Pembroke Pines FL, 33024

Page 2 of 4  
 Report Printed: 1/9/2019  
 Work Order # 18L0619  
 Project:  
 THM & HAA5

Distribution

Lab ID: 18L0619-02  
 Client Sample ID: 901 NW 208th Avenue (MP3) Station  
 Matrix: Water

Collection Date: 12/19/18 14:35  
 Received Date: 12/19/18 17:40  
 Collected By: Jason Cardenas

Laboratory Analysis Report

Parameter	Result	QC	Units	Dil	MDL	PQL	Method	Date Ext.	Date Analy.	Analyst
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Trihalomethanes by EPA Method 524.2

Bromodichloromethane	3.47	Y	ug/L	1	0.0764	0.229	EPA 524.2	12/26 10:00	12/26 15:43	JF
Bromoform	ND	Y U	ug/L	1	0.0540	0.162	EPA 524.2	12/26 10:00	12/26 15:43	JF
Chloroform	17.5	Y	ug/L	1	0.0868	0.260	EPA 524.2	12/26 10:00	12/26 15:43	JF
Dibromochloromethane	0.790	Y	ug/L	1	0.0108	0.324	EPA 524.2	12/26 10:00	12/26 15:43	JF
Total Trihalomethanes	22	Y	ug/L	1			EPA 524.2	12/26 10:00	12/26 15:43	JF

Florida-Spectrum Environmental Services, Inc.  
 1460 W. McNab Road, Fort Lauderdale, FL 33309

Pembroke Laboratory  
 528 Gooch Rd.  
 Fort Mead, FL 33841

Big Lake Laboratory  
 610 Parrot Ave. N.  
 Okeechobee, FL 34972

Lakeland Laboratory  
 1910 Harden Blvd.  
 Lakeland, FL 33803

Savannah Laboratory  
 108 Airport Park Dr.  
 Garden City, GA 31408



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Page 1 of 4  
 Report Printed: 1/9/2019  
 Work Order # 18L0619  
 Project:  
 THM & HAA5

Distribution

Lab ID: 18L0619-01  
 Client Sample ID: 20426 SW 54th Place (MP8) Hydrant  
 Matrix: Water

Collection Date: 12/19/18 13:45  
 Received Date: 12/19/18 17:40  
 Collected By: Jason Cardenas

Laboratory Analysis Report

Parameter	Result	QC	Units	Dil	MDL	PQL	Method	Date Ext.	Date Analy.	Analyst
<b>Trihalomethanes by EPA Method 524.2</b>										
Bromodichloromethane	4.96	Y	ug/L	1	0.0764	0.229	EPA 524.2	12/26 10:00	12/26 15:15	JF
Bromoform	ND	Y U	ug/L	1	0.0540	0.162	EPA 524.2	12/26 10:00	12/26 15:15	JF
Chloroform	20.7	Y	ug/L	1	0.0868	0.260	EPA 524.2	12/26 10:00	12/26 15:15	JF
Dibromochloromethane	1.43	Y	ug/L	1	0.0108	0.324	EPA 524.2	12/26 10:00	12/26 15:15	JF
Total Trihalomethanes	27	Y	ug/L	1			EPA 524.2	12/26 10:00	12/26 15:15	JF

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 Michael Cepeda  
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 7960 Johnson Street  
 Pembroke Pines FL, 33024

Page 1 of 3  
 Report Printed: 12/21/2018  
 Work Order # 18L0475  
 Project:  
 THM & HAA5

Distribution

Lab ID: 18L0475-01  
 Client Sample ID: 901 NW 208th Avenue (MP3) Station  
 Matrix: Water

Collection Date: 12/14/18 14:00  
 Received Date: 12/14/18 16:05  
 Collected By: Jason Cardenas

Laboratory Analysis Report

Parameter	Result	QC	Units	Dil	MDL	PQL	Method	Date Ext.	Date Analy.	Analyst
<b>Haloacetic acids by 552.2</b>										
Dibromoacetic Acid	1.57		ug/L	1	0.370	1.11	EPA 552.2	12/19 09:42	12/19 22:45	AC
Dichloroacetic Acid	20.8		ug/L	1	0.450	1.35	EPA 552.2	12/19 09:42	12/19 22:45	AC
Monobromoacetic Acid	ND	U	ug/L	1	0.470	1.41	EPA 552.2	12/19 09:42	12/19 22:45	AC
Monochloroacetic Acid	ND	U	ug/L	1	0.790	2.37	EPA 552.2	12/19 09:42	12/19 22:45	AC
Trichloroacetic Acid	2.97		ug/L	1	0.360	1.08	EPA 552.2	12/19 09:42	12/19 22:45	AC
Total Haloacetic Acids (HAA5)	25		ug/L	1			EPA 552.2	12/19 09:42	12/19 22:45	AC

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 Pembroke Pines FL, 33024

Page 2 of 3  
 Report Printed: 12/21/2018  
 Work Order # 18L0475  
 Project:  
 THM & HAA5

Distribution

Lab ID: 18L0475-02  
 Client Sample ID: 20426 SW 54th Place (MP8) Hydrant  
 Matrix: Water

Collection Date: 12/14/18 13:35  
 Received Date: 12/14/18 16:05  
 Collected By: Jason Cardenas

Laboratory Analysis Report

Parameter	Result	QC	Units	Dil	MDL	PQL	Method	Date Ext.	Date Analy.	Analyst
<b>Haloacetic acids by 552.2</b>										
Dibromoacetic Acid	0.682	I	ug/L	1	0.370	1.11	EPA 552.2	12/19 09:42	12/19 23:13	AC
Dichloroacetic Acid	17.5		ug/L	1	0.450	1.35	EPA 552.2	12/19 09:42	12/19 23:13	AC
Monobromoacetic Acid	ND	U	ug/L	1	0.470	1.41	EPA 552.2	12/19 09:42	12/19 23:13	AC
Monochloroacetic Acid	ND	U	ug/L	1	0.790	2.37	EPA 552.2	12/19 09:42	12/19 23:13	AC
Trichloroacetic Acid	3.47		ug/L	1	0.360	1.08	EPA 552.2	12/19 09:42	12/19 23:13	AC
Total Haloacetic Acids (HAA5)	22		ug/L	1			EPA 552.2	12/19 09:42	12/19 23:13	AC

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 Garden City, GA 31408

# NOVEMBER 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 Fax #: (954) 986-5025 E-Mail Address: juquitta.drieth@jacobs.com

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

Sample Number: 18K0294-01 Sample Date: 11/08/2018 Sample Time: 11:31 Location Code: (MP-3) AM PM (Circle One)

Sample Location (be specific): 901 NW 208th Avenue/R. Price Park (MP3) Field pH: 8.2 Units

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): 2.5 mg/L

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. \*\*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, Juquitta Drieth (Print Name), Juquitta Drieth (Print Title), do HEREBY CERTIFY

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

Signature: Michael Capeta signing for Juquitta Drieth Date: 11/08/2018

Certified Operator #: DW4656 Phone #: (850) 557-7147 Sampler's Fax #: (954) 986-5025

Sampler's E-mail: juquitta.drieth@jacobs.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: 11/08/2018 at 17:30

PWS ID (From Page 1): 4061083 Sample Number (From Page 1): 18K0294-01 Lab Assigned Report # or Job ID: 18K0294

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

- |  |  |                                      |  |   |                                  |
|--|--|--------------------------------------|--|---|----------------------------------|
| <input type="checkbox"/> All Except Asbestos | <input type="checkbox"/> All 30            | <input type="checkbox"/> All 21      | <input checked="" type="checkbox"/> Trhalomethanes   | <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"/> Qtry Composite** | <input type="checkbox"/> Partial |
| <input type="checkbox"/> Nitrate             | <input type="checkbox"/> Nitrite           | <input type="checkbox"/> Dioxin Only | <input type="checkbox"/> Chlorite                    | <input type="checkbox"/> Bromate          |                                  |
| <input type="checkbox"/> Asbestos            |  |                                      |  |   |                                  |

## LAB CERTIFICATION

I, Enrique Ochoa (Print Name) 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: 11/15/2018

\* 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

**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@jacobs.com

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

Sample Number: 18K0294-02 Sample Date: 11/08/2018 Sample Time: 10:02 AM PM (Circle One)

Sample Location (be specific): 20460 SW 54<sup>th</sup> Place (MP8) Location Code: (MP8)

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): 0.97 mg/L Field pH: 7.6 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)
- Max Residence Time
- Ave Residence Time
- Near First Customer

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, Juquitta Drieth (Print Name), Operator (Print Title), do HEREBY CERTIFY

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

Signature: Michael Capeda signing for Juquitta Drieth Date: 11/08/2018

Certified Operator # DW4656 Phone # (850) 557-7147 Sampler's Fax # (954) 986-5025

Sampler's E-mail: juquitta.drieth@jacobs.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: 11/08/2018 at 17:30

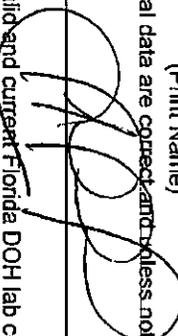
PWS ID (From Page 1): 4061083 Sample Number (From Page 1): 18K0294-02 Lab Assigned Report # or Job ID: 18K0294

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

- |  |   |  |   |   |                                      |
|--|---|--|---|---|--------------------------------------|
| <input type="checkbox"/> Inorganics          | <input type="checkbox"/> Synthetic Organics | <input type="checkbox"/> Volatile Organics | <input type="checkbox"/> Disinfection Byproducts    | <input type="checkbox"/> Radionuclides    | <input type="checkbox"/> 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"/> Halocetic Acids | <input type="checkbox"/> Qtry Composite** | <input type="checkbox"/> Partial     |
| <input type="checkbox"/> Nitrate             | <input type="checkbox"/> Nitrite            | <input type="checkbox"/> Dioxin Only       | <input type="checkbox"/> Chlorite                   | <input type="checkbox"/> Bromate          |                                      |
| <input type="checkbox"/> Asbestos            |   |  |   |   |                                      |

## LAB CERTIFICATION

I, Enrique Ochoa (Print Name) 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: 11/15/2018

\* 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: \_\_\_\_\_





## STAGE 2 TOTAL TRIHALOMETHANES (TTHM) AND HALOACETIC ACIDS FIVE (HAA5) REPORT

Subpart H systems serving 500 or more persons and ground water systems serving 10,000 or more persons shall complete applicable pages of this format and submit them to the Department within 10 days after the end of any quarter in which TTHM/HAA5 monitoring is required. Systems on routine or reduced quarterly TTHM/HAA5 monitoring shall complete pages 1, 2, and 3 of this format. (Add additional rows to the tables on pages 2 and 3 as necessary.) Systems on reduced annual TTHM/HAA5 monitoring shall complete pages 1 and 4 of this format. Additionally, Subpart H systems seeking to qualify for, or remain on, reduced quarterly or annual TTHM/HAA5 monitoring shall complete page 5 of this format. (Add additional rows to the table on page 5 as necessary.)

D/DBPR = Disinfectant and Disinfection Byproducts Rule; LRAA = locational running annual average; MCL = maximum contaminant level; OE = operational evaluation; RAA = running annual average; TOC = total organic carbon.

### QUARTERLY MONITORING PERIOD\* **October - November 2018**

\*Indicate the quarterly monitoring period by months and year (e.g. April-June 2012).

#### SYSTEM INFORMATION

PWS ID Number:	4061083																		
PWS Name:	City of Pembroke Pines Water Treatment Plant																		
Source Water Type and Population Size Category:	<input checked="" type="checkbox"/> Ground Water: <table style="margin-left: 20px; border: none;"> <tr> <td><input type="checkbox"/> 10,000 – 99,999</td> <td><input type="checkbox"/> Subpart H:</td> </tr> <tr> <td><input checked="" type="checkbox"/> 100,000 – 499,999</td> <td><input type="checkbox"/> 500 – 3,300</td> </tr> <tr> <td><input type="checkbox"/> ≥ 500,000</td> <td><input type="checkbox"/> 3,301 – 9,999</td> </tr> <tr> <td></td> <td><input type="checkbox"/> 10,000 – 49,999</td> </tr> <tr> <td></td> <td><input type="checkbox"/> 50,000 – 249,999</td> </tr> <tr> <td></td> <td><input type="checkbox"/> 250,000 – 999,999</td> </tr> <tr> <td></td> <td><input type="checkbox"/> 1,000,000 – 4,999,999</td> </tr> <tr> <td></td> <td><input type="checkbox"/> ≥ 5,000,000</td> </tr> </table>			<input type="checkbox"/> 10,000 – 99,999	<input type="checkbox"/> Subpart H:	<input checked="" type="checkbox"/> 100,000 – 499,999	<input type="checkbox"/> 500 – 3,300	<input type="checkbox"/> ≥ 500,000	<input type="checkbox"/> 3,301 – 9,999		<input type="checkbox"/> 10,000 – 49,999		<input type="checkbox"/> 50,000 – 249,999		<input type="checkbox"/> 250,000 – 999,999		<input type="checkbox"/> 1,000,000 – 4,999,999		<input type="checkbox"/> ≥ 5,000,000
<input type="checkbox"/> 10,000 – 99,999	<input type="checkbox"/> Subpart H:																		
<input checked="" type="checkbox"/> 100,000 – 499,999	<input type="checkbox"/> 500 – 3,300																		
<input type="checkbox"/> ≥ 500,000	<input type="checkbox"/> 3,301 – 9,999																		
	<input type="checkbox"/> 10,000 – 49,999																		
	<input type="checkbox"/> 50,000 – 249,999																		
	<input type="checkbox"/> 250,000 – 999,999																		
	<input type="checkbox"/> 1,000,000 – 4,999,999																		
	<input type="checkbox"/> ≥ 5,000,000																		
Monitoring Mode*:	<input type="checkbox"/> Routine Monitoring <input checked="" type="checkbox"/> Reduced Monitoring																		
Monitoring Frequency*:	<input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Annually																		
Total Number Of Distribution System Monitoring Locations* :	2																		
Contact Person:	Michael Cepeda																		
Phone Number:	754-260-4505																		
E-Mail Address (optional):	Michael.Cepeda@jacobs.com																		
Fax Number (optional):	954-986-5025																		

\* See 40 CFR 141.621 and 141.623 for more details.





**OCTOBER 2018**



Report To:  
 Juquitta Drieth  
 Jacobs/CH2M-City of Pembroke Pines WTP  
 7960 Johnson Street  
 Pembroke Pines FL, 33024

Page 1 of 3

Report Printed: 11/9/2018  
 Work Order # 18J0776  
 Project:  
 Pembroke Pines WTP/Special Nonroutine

Distribution

Lab ID: 18J0776-01  
 Client Sample ID: (MP3) Station 901 NW 208th Avenue  
 Matrix: Water

Collection Date: 10/24/18 11:33  
 Received Date: 10/24/18 17:07  
 Collected By: Jason Cardenas

Laboratory Analysis Report

Parameter	Result	QC	Units	Dil	MDL	PQL	Method	Date Ext.	Date Analy.	Analyst
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Trihalomethanes by EPA Method 524.2

Bromodichloromethane	4.09		ug/L	1	0.0764	0.229	EPA 524.2	10/25 10:00	10/25 20:15	RS
Bromoform	ND	U	ug/L	1	0.0540	0.162	EPA 524.2	10/25 10:00	10/25 20:15	RS
Chloroform	18.3		ug/L	1	0.0868	0.260	EPA 524.2	10/25 10:00	10/25 20:15	RS
Dibromochloromethane	0.940		ug/L	1	0.0108	0.324	EPA 524.2	10/25 10:00	10/25 20:15	RS
Total Trihalomethanes	23		ug/L	1			EPA 524.2	10/25 10:00	10/25 20:15	RS

Haloacetic acids by 552.2

Dibromoacetic Acid	0.615	I	ug/L	1	0.370	1.11	EPA 552.2	10/30 15:46	10/31 04:02	AC
Dichloroacetic Acid	8.10		ug/L	1	0.450	1.35	EPA 552.2	10/30 15:46	10/31 04:02	AC
Monobromoacetic Acid	ND	U	ug/L	1	0.470	1.41	EPA 552.2	10/30 15:46	10/31 04:02	AC
Monochloroacetic Acid	ND	U	ug/L	1	0.790	2.37	EPA 552.2	10/30 15:46	10/31 04:02	AC
Trichloroacetic Acid	3.13		ug/L	1	0.360	1.08	EPA 552.2	10/30 15:46	10/31 04:02	AC
Total Haloacetic Acids (HAA5)	12		ug/L	1			EPA 552.2	10/30 15:46	10/31 04:02	AC

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Page 2 of 3

Report Printed: 11/9/2018  
 Work Order # 18J0776

Project:  
 Pembroke Pines WTP/Special Nonroutine

Distribution

Lab ID: 18J0776-02  
 Client Sample ID: (MP8) Hydrant 20426 SW 54th Place  
 Matrix: Water

Collection Date: 10/24/18 13:01  
 Received Date: 10/24/18 17:07  
 Collected By: Jason Cardenas

Laboratory Analysis Report

Parameter	Result	QC	Units	Dil	MDL	PQL	Method	Date Ext.	Date Analy.	Analyst
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Trihalomethanes by EPA Method 524.2

Bromodichloromethane	9.05		ug/L	1	0.0764	0.229	EPA 524.2	10/25 10:00	10/25 21:09	RS
Bromoform	ND	U	ug/L	1	0.0540	0.162	EPA 524.2	10/25 10:00	10/25 21:09	RS
Chloroform	31.0		ug/L	1	0.0868	0.260	EPA 524.2	10/25 10:00	10/25 21:09	RS
Dibromochloromethane	2.94		ug/L	1	0.0108	0.324	EPA 524.2	10/25 10:00	10/25 21:09	RS
Total Trihalomethanes	43		ug/L	1			EPA 524.2	10/25 10:00	10/25 21:09	RS

Haloacetic acids by 552.2

Dibromoacetic Acid	0.882	1	ug/L	1	0.370	1.11	EPA 552.2	10/30 15:46	10/31 04:30	AC
Dichloroacetic Acid	11.6		ug/L	1	0.450	1.35	EPA 552.2	10/30 15:46	10/31 04:30	AC
Monobromoacetic Acid	ND	U	ug/L	1	0.470	1.41	EPA 552.2	10/30 15:46	10/31 04:30	AC
Monochloroacetic Acid	ND	U	ug/L	1	0.790	2.37	EPA 552.2	10/30 15:46	10/31 04:30	AC
Trichloroacetic Acid	4.17		ug/L	1	0.360	1.08	EPA 552.2	10/30 15:46	10/31 04:30	AC
Total Haloacetic Acids (HAA5)	17		ug/L	1			EPA 552.2	10/30 15:46	10/31 04:30	AC

Florida-Spectrum Environmental Services, Inc.  
 1460 W. McNab Road, Fort Lauderdale, FL 33309

Pembroke Laboratory  
 528 Gooch Rd.  
 Fort Mead, FL 33841

Big Lake Laboratory  
 610 Parrot Ave. N.  
 Okeechobee, FL 34972

Lakeland Laboratory  
 1910 Harden Blvd.  
 Lakeland, FL 33803

Savannah Laboratory  
 108 Airport Park Dr.  
 Garden City, GA 31408

**SEPTEMBER 2018**



**Report To:**  
 Juqitta Drieth  
 Jacobs/CH2M-City of Pembroke Pines WTP  
 7960 Johnson Street  
 Pembroke Pines FL, 33024

Page 2 of 4

**Report Printed:** 10/2/2018  
**Work Order #** 1810649  
**Project:**  
 THM & HAA5 Specials

Pembroke Pines, FL

**Lab ID:** 1810649-02  
**Client Sample ID:** 092018-16/Sample Station MP3 901 NW 208th Avenue  
**Matrix:** Water  
**Collection Date:** 09/20/18 09:59  
**Received Date:** 09/20/18 16:40  
**Collected By:** Juqitta Drieth

**Laboratory Analysis Report**

Parameter	Result	QC	Units	Dil	MDL	PQL	Method	Date Ext.	Date Analy.	Analyst
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**Trihalomethanes by EPA Method 524.2**

Bromodichloromethane	4.96		ug/L	1	0.0764	0.229	EPA 524.2	09/21 14:20	09/21 18:17	RS
Bromoform	ND	U	ug/L	1	0.0540	0.162	EPA 524.2	09/21 14:20	09/21 18:17	RS
Chloroform	22.0		ug/L	1	0.0868	0.260	EPA 524.2	09/21 14:20	09/21 18:17	RS
Dibromochloromethane	1.21		ug/L	1	0.0108	0.324	EPA 524.2	09/21 14:20	09/21 18:17	RS
Total Trihalomethanes	28		ug/L	1			EPA 524.2	09/21 14:20	09/21 18:17	RS

**Haloacetic acids by 552.2**

Dibromoacetic Acid	ND	U	ug/L	1	0.370	1.11	EPA 552.2	09/25 10:44	09/25 22:02	YE
Dichloroacetic Acid	10.4		ug/L	1	0.450	1.35	EPA 552.2	09/25 10:44	09/25 22:02	YE
Monobromoacetic Acid	ND	U	ug/L	1	0.470	1.41	EPA 552.2	09/25 10:44	09/25 22:02	YE
Monochloroacetic Acid	ND	U	ug/L	1	0.790	2.37	EPA 552.2	09/25 10:44	09/25 22:02	YE
Trichloroacetic Acid	1.40		ug/L	1	0.360	1.08	EPA 552.2	09/25 10:44	09/25 22:02	YE
Total Haloacetic Acids (HAA5)	12		ug/L	1			EPA 552.2	09/25 10:44	09/25 22:02	YE

Florida-Spectrum Environmental Services, Inc.  
 1460 W. McNab Road, Fort Lauderdale, FL 33309

Pembroke Laboratory  
 528 Gooch Rd.  
 Fort Mead, FL 33841

Big Lake Laboratory  
 610 Parrot Ave. N.  
 Okeechobee, FL 34972

Lakeland Laboratory  
 1910 Harden Blvd.  
 Lakeland, FL 33803

Savannah Laboratory  
 108 Airport Park Dr.  
 Garden City, GA 31408



**Report To:**  
 Juquitta Drieth  
 Jacobs/CH2M-City of Pembroke Pines WTP  
 7960 Johnson Street  
 Pembroke Pines FL, 33024

**Page 3 of 4**  
**Report Printed:** 10/2/2018  
**Work Order #** 1810649  
**Project:**  
 THM & HAA5 Specials

Pembroke Pines, FL

**Lab ID:** 1810649-03  
**Client Sample ID:** 092018-17/Hydrant MP8 20426 SW 54th Place  
**Matrix:** Water

**Collection Date:** 09/20/18 12:26  
**Received Date:** 09/20/18 16:40  
**Collected By:** Juquitta Drieth

**Laboratory Analysis Report**

Parameter	Result	QC	Units	Dil	MDL	PQL	Method	Date Ext.	Date Analy.	Analyst
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**Trihalomethanes by EPA Method 524.2**

Bromodichloromethane	6.60		ug/L	1	0.0764	0.229	EPA 524.2	09/21 14:20	09/21 16:26	RS
Bromoform	ND	U	ug/L	1	0.0540	0.162	EPA 524.2	09/21 14:20	09/21 16:26	RS
Chloroform	26.9		ug/L	1	0.0868	0.260	EPA 524.2	09/21 14:20	09/21 16:26	RS
Dibromochloromethane	1.99		ug/L	1	0.0108	0.324	EPA 524.2	09/21 14:20	09/21 16:26	RS
Total Trihalomethanes	36		ug/L	1			EPA 524.2	09/21 14:20	09/21 16:26	RS

**Haloacetic acids by 552.2**

Dibromoacetic Acid	ND	U	ug/L	1	0.370	1.11	EPA 552.2	09/25 10:44	09/25 22:29	YE
Dichloroacetic Acid	9.74		ug/L	1	0.450	1.35	EPA 552.2	09/25 10:44	09/25 22:29	YE
Monobromoacetic Acid	ND	U	ug/L	1	0.470	1.41	EPA 552.2	09/25 10:44	09/25 22:29	YE
Monochloroacetic Acid	ND	U	ug/L	1	0.790	2.37	EPA 552.2	09/25 10:44	09/25 22:29	YE
Trichloroacetic Acid	0.814	I	ug/L	1	0.360	1.08	EPA 552.2	09/25 10:44	09/25 22:29	YE
Total Haloacetic Acids (HAA5)	11		ug/L	1			EPA 552.2	09/25 10:44	09/25 22:29	YE

Florida-Spectrum Environmental Services, Inc.  
 1460 W. McNab Road, Fort Lauderdale, FL 33309

Pembroke Laboratory  
 528 Gooch Rd.  
 Fort Mead, FL 33841

Big Lake Laboratory  
 610 Parrot Ave. N.  
 Okeechobee, FL 34972

Lakeland Laboratory  
 1910 Harden Blvd.  
 Lakeland, FL 33803

Savannah Laboratory  
 108 Airport Park Dr.  
 Garden City, GA 31408

# 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) PWS I.D. #: 4061083

System Name: City of Pembroke Pines

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) \_\_\_\_\_ Reasons(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: \_\_\_\_\_

## SAMPLER CERTIFICATION

\_\_\_\_\_  
Kevin Stone  
(Print Name) \_\_\_\_\_  
WTP Operator \_\_\_\_\_, do HEREBY CERTIFY

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

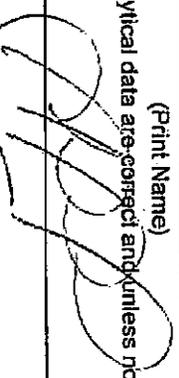
Group(s) Analyzed & Results attached for compliance with Chapter 62-550, F.A.C. (Check all that apply):

- |  |  |                                  |  |  |   |
|--|--|----------------------------------|--|--|---|
| <b>Inorganics</b>                            | <b>Synthetic Organics</b>                  | <b>Volatile Organics</b>         | <b>Disinfection Byproducts</b>           | <b>Radionuclides</b>                       | <b>Secondaries</b>                          |
| <input type="checkbox"/> All Except Asbestos | <input type="checkbox"/> All 30            | <input type="checkbox"/> All 21  | <input 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 type="checkbox"/> Halocetic Acids | <input type="checkbox"/> Dirty 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, Enrique Ochoa (Print Name) 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: 09/26/2018

\* 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-HH-B		9/12/2018	15:22:00	

Reporting Form 62-550.320  
Effective January 1995, Revised December 2012

Page 1 of 9

\*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, Q, 1, 2, 3, 4 are unacceptable for compliance with 62-550. Results qualified with a 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 repaired with acceptable results from samples collected during the same monitoring period.



# 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

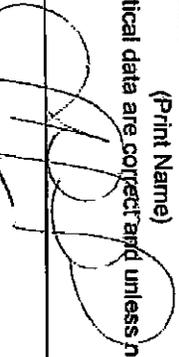
Group(s) Analyzed & Results attached for compliance with Chapter 62-550, F.A.C. (Check all that apply):

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

## LAB CERTIFICATION

I, Enrique Ochoa (Print Name) \_\_\_\_\_, B.S./Customer Service Manager \_\_\_\_\_, 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: \_\_\_\_\_



**AUGUST 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 Fax # (954) 986-5025

E-Mail Address: Juquitta.Drieth@jacobs.com

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: 18H0294-01

Sample Date: 08/08/2018

Sample Time: 12:06

AM  PM  (circle One)

Sample Location (be specific): 800 NW 217th Terrace (Stage-1)

Location Code: (Stage 1)

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): 2.5 mg/L

Field pH: 8.8 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

Sampling Procedure Used or Other Comments: \_\_\_\_\_

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, Kevin Stone  
(Print Name)

Operator  
(Print Title), do HEREBY CERTIFY

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

Signature: \_\_\_\_\_ Date: 08/08/2018

Certified Operator # DWB-23804 Phone # (850) 557-7147 Sampler's Fax # (954) 986-5025

Sampler's E-mail: juquitta.drieth@jacobs.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  
 Address: 1460 West McNab Road, Fort Lauderdale, FL 33309 Phone #: 954-978-6400  
 ATTACH CURRENT DOH ANALYTE SHEET\*

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: 08/08/2018 at 17:15

PWS ID (From Page 1): 4061083 Sample Number (From Page 1): 18H0294-01 Lab Assigned Report # or Job ID: 18H0294

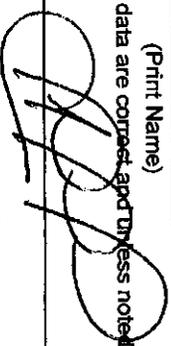
Group(s) Analyzed & Results attached for compliance with Chapter 62-550, F.A.C. (Check all that apply):

- |  |  |                                  |  |   |                                  |
|--|--|----------------------------------|--|---|----------------------------------|
| <b>Inorganics</b>                            | <b>Synthetic Organics</b>                  | <b>Volatile Organics</b>         | <b>Disinfection Byproducts</b>                       | <b>Radionuclides</b>                      | <b>Secondary</b>                 |
| <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"/> Qtry Composite** | <input 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, Enrique Ochoa (Print Name) \_\_\_\_\_, B.S./Customer Service Manager \_\_\_\_\_, do HEREBY CERTIFY

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

Signature:  \_\_\_\_\_ Date: 08/20/2018

\* 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 groups above)

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

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

DISINFECTION BYPRODUCTS  
62-550.310(3)

Report Number / Job ID: 18H0294-01  
 Disinfectant Residual (mg/L): 2.5  
 PWS ID (From Page 1): 4061083

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	0.790	U	EPA 552.2	0.790	2.0	8/16/2018	22:44:00	E86006
2451	Dichloroacetic Acid	N/A	ug/L	20.0		EPA 552.2	0.450	1.0	8/16/2018	22:44:00	E86006
2452	Trichloroacetic Acid	N/A	ug/L	4.82		EPA 552.2	0.360	1.0	8/16/2018	22:44:00	E86006
2453	Monobromoacetic Acid	N/A	ug/L	0.470	U	EPA 552.2	0.470	1.0	8/16/2018	22:44:00	E86006
2454	Dibromoacetic Acid	N/A	ug/L	1.90		EPA 552.2	0.370	1.0	8/16/2018	22:44:00	E86006
2456	Total Haloacetic Acids (THAA5)	60	ug/L	27		EPA 552.2			8/16/2018	22:44:00	E86006

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	13.2		EPA 524.2	0.0868	1.0	8/11/2018	00:19:00	E86006
2942	Bromoform	N/A	ug/L	0.0540	U	EPA 524.2	0.0540	1.0	8/11/2018	00:19:00	E86006
2943	Bromodichloromethane	N/A	ug/L	3.36		EPA 524.2	0.0764	1.0	8/11/2018	00:19:00	E86006
2944	Dibromochloromethane	N/A	ug/L	0.910		EPA 524.2	0.0108	1.0	8/11/2018	00:19:00	E86006
2950	Total Trihalomethanes	80	ug/L	18		EPA 524.2			8/11/2018	00:19:00	E86006

\*\* 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 ug/L MRL for bromate.

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

Reporting Form 62-550.310 Effective January 1995 Revised December 2012 Page 5 of 9  
 \* Results must be reported with appropriate qualifiers in accordance with Florida Administrative Code Rule 62-160, Table 1. Results qualified with A, F, H, N, O, T, Z, ? are unacceptable for compliance and (P, S, S, ?) Results qualified with a U, Q, R, or V 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 entered with appropriate results from separate collection during the same monitoring period.

# 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@jacobs.com

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

Sample Number: 18H0294-02 Sample Date: 08/08/2018 Sample Time: 10:51 AM PM (Circle One)

Sample Location (be specific): 13000 Pines Blvd., (FS 89) (MP2) Location Code: (MP-2)

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): 1.9 mg/L Field pH: 8.8 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\*\*  Special (not for compliance with 62-550)
- Raw (at well or intake)  Clearance (permitting)
- Max Residence Time
- Ave Residence Time
- Near First Customer

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.

## SAMPLER CERTIFICATION

I, Kevin Stone Operator Kevin Stone, do HEREBY CERTIFY  
(Print Name) (Print Title)

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

Signature: \_\_\_\_\_ Date: 08/08/2018

Certified Operator # DWB-23804 Phone # (850) 557-7147 Sampler's Fax # (954) 986-5025

Sampler's E-mail: Juquitta.Drieth@jacobs.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: 08/08/2018 at 17:15

PWS ID (From Page 1): 4061083

Sample Number (From Page 1): 18H0294-02

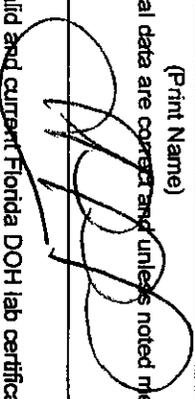
Lab Assigned Report # or Job ID: 18H0294

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

- |   |   |  |   |   |  |
|---|---|--|---|---|--|
| Inorganics<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 | Synthetic Organics<br><input type="checkbox"/> All 30<br><input type="checkbox"/> All Except Dioxin<br><input type="checkbox"/> Partial<br><input type="checkbox"/> Dioxin Only | Volatile Organics<br><input type="checkbox"/> All 21<br><input type="checkbox"/> Partial | Disinfection Byproducts<br><input checked="" type="checkbox"/> Trihalomethanes<br><input checked="" type="checkbox"/> Haloacetic Acids<br><input type="checkbox"/> Chlorite<br><input type="checkbox"/> Bromate | Radionuclides<br><input type="checkbox"/> Single Sample<br><input type="checkbox"/> Qtrly Composite** | Secondaries<br><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: 08/20/2018

\* 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 "90L" 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**

**DISINFECTANT BYPRODUCTS**  
62-550.310(3)

Report Number / Job ID: 18H0294-02  
 Disinfectant Residual (mg/L): 1.9  
 PWS ID (From Page 1): 4061083

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	0.790	U	EPA 552.2	0.790	2.0	8/16/2018	23:12:00	E86006
2451	Dichloroacetic Acid	N/A	ug/L	11.1		EPA 552.2	0.450	1.0	8/16/2018	23:12:00	E86006
2452	Trichloroacetic Acid	N/A	ug/L	3.17		EPA 552.2	0.360	1.0	8/16/2018	23:12:00	E86006
2453	Monobromoacetic Acid	N/A	ug/L	0.470	U	EPA 552.2	0.470	1.0	8/16/2018	23:12:00	E86006
2454	Dibromoacetic Acid	N/A	ug/L	0.939	I	EPA 552.2	0.370	1.0	8/16/2018	23:12:00	E86006
2456	Total Haloacetic Acids (THAA5)	60	ug/L	15		EPA 552.2			8/16/2018	23:12:00	E86006

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	11.4		EPA 524.2	0.0868	1.0	8/11/2018	00:46:00	E86006
2942	Bromoform	N/A	ug/L	0.0540	U	EPA 524.2	0.0540	1.0	8/11/2018	00:46:00	E86006
2943	Bromodichloromethane	N/A	ug/L	2.08		EPA 524.2	0.0764	1.0	8/11/2018	00:46:00	E86006
2944	Dibromochloromethane	N/A	ug/L	0.0108	U	EPA 524.2	0.0108	1.0	8/11/2018	00:46:00	E86006
2950	Total Trihalomethanes	80	ug/L	13		EPA 524.2			8/11/2018	00:46:00	E86006

\*\* 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 ug/L MRL for bromate.

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

Reporting Form: 62-550.700

Effective January 1995 Revised December 2012

Page 5 of 9

\* Results must be reported with appropriate qualifiers in accordance with Florida Administrative Code Rule 62-160, Table 1. Results qualified with A, F, H, N, O, T, Z, ? are unacceptable for compliance with 62-550. Results qualified with G, I, Q, 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 retested with associated results from samples collected during the same monitoring period.

# 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@jacobs.com

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

Sample Number: 18H0294-03 Sample Date: 08/08/2018 Sample Time: 12:34 AM  PM (circle One)

Sample Location (be specific): 901 NW 208th Avenue/R. Price Park (MP3) Location Code: (MP-3)

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): 2.3 mg/L Field pH: 8.8 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)
- Max Residence Time
- Ave Residence Time
- Near First Customer

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.

## SAMPLER CERTIFICATION

I, Kevin Stone Operator Kevin Stone do HEREBY CERTIFY  
(Print Name) (Print Title)

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

Signature: \_\_\_\_\_ Date: 08/08/2018

Certified Operator # DWB-23804 Phone # (850) 557-7147 Sampler's Fax # (954) 986-5025

Sampler's E-mail: juquitta.drieth@jacobs.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: 08/08/2018 at 17:15

PWS ID (From Page 1): 4061083 Sample Number (From Page 1): 18H0294-03 Lab Assigned Report # or Job ID: 18H0294

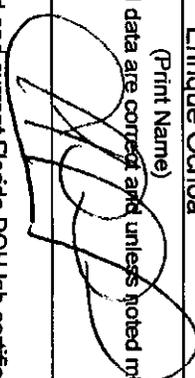
Group(s) Analyzed & Results attached for compliance with Chapter 62-550, F.A.C. (Check all that apply):

- |  |  |   |  |  |   |
|--|--|---|--|--|---|
| <p><b>Inorganics</b></p> <input type="checkbox"/> All Except Arsenic<br><input type="checkbox"/> Partial<br><input type="checkbox"/> Nitrate<br><input type="checkbox"/> Nitrite<br><input type="checkbox"/> Arsenic | <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 type="checkbox"/> Partial | <p><b>Disinfection Byproducts</b></p> <input checked="" type="checkbox"/> Trihalomethanes<br><input checked="" 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"/> Qtrly Composite**<br><input type="checkbox"/> Partial | <p><b>Secondaries</b></p> <input type="checkbox"/> All 14<br><input type="checkbox"/> Partial |
|--|--|---|--|--|---|

## LAB CERTIFICATION

I, Enrique Ochoa (Print Name) 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: 08/20/2018

\* 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 "NDL" 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**

DISINFECTION BYPRODUCTS  
62-550.310(3)

Report Number / Job ID: 18H0294-03  
 Disinfectant Residual (mg/L): 2.3  
 PWS ID (From Page 1): 4061083

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	0.790	U	EPA 552.2	0.790	2.0	8/16/2018	23:40:00	E86006
2451	Dichloroacetic Acid	N/A	ug/L	11.1		EPA 552.2	0.450	1.0	8/16/2018	23:40:00	E86006
2452	Trichloroacetic Acid	N/A	ug/L	2.49		EPA 552.2	0.360	1.0	8/16/2018	23:40:00	E86006
2453	Monobromoacetic Acid	N/A	ug/L	0.470	U	EPA 552.2	0.470	1.0	8/16/2018	23:40:00	E86006
2454	Dibromoacetic Acid	N/A	ug/L	0.370	U	EPA 552.2	0.370	1.0	8/16/2018	23:40:00	E86006
2456	Total Haloacetic Acids (THAA5)	60	ug/L	14		EPA 552.2			8/16/2018	23:40:00	E86006

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	11.9		EPA 524.2	0.0868	1.0	8/11/2018	01:13:00	E86006
2942	Bromoform	N/A	ug/L	0.0540	U	EPA 524.2	0.0540	1.0	8/11/2018	01:13:00	E86006
2943	Bromodichloromethane	N/A	ug/L	2.94		EPA 524.2	0.0764	1.0	8/11/2018	01:13:00	E86006
2944	Dibromochloromethane	N/A	ug/L	0.880		EPA 524.2	0.0108	1.0	8/11/2018	01:13:00	E86006
2950	Total Trihalomethanes	80	ug/L	16		EPA 524.2			8/11/2018	01:13:00	E86006

\*\* 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 ug/L MRL for bromate.

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

Reporting Form 62-550.310(3) Effective January 1995 Revised December 2012 Page 5 of 9  
 \* Results must be reported with appropriate qualifiers in accordance with Florida Administrative Code Rule 62-160, Table 1. Results qualified with A, F, H, N, O, T, Z, ? are unacceptable for compliance with 62-550.310(3). Results qualified with U, C, R, or V 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 reported with appropriate results from samples collected during the same monitoring period.

# 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) PWS I.D. # 4061083

System Name: City of Pembroke Pines  Nontransient Noncommunity  Transient Noncommunity  
 System Type (check one):  Community

Address: 7960 Johnson Street  
 City: Pembroke Pines, FL ZIP Code: 33024

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

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

Sample Number: 18H0294-04 Sample Date: 08/08/2018 Sample Time: 10:02 AM  PM (Circle One)

Sample Location (be specific): 7500 NW 20th Street Walnut Creek (MP4) Location Code: (MP-4)

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): 2.7 mg/L Field pH: 8.5 Units

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\*
- Composite 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. \*\*See 62-550.550(4) for requirements and attach a results page for each site.

## SAMPLER CERTIFICATION

I, Kevin Stone Operator \_\_\_\_\_, do HEREBY CERTIFY  
 (Print Name) (Print Title)

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

Signature: \_\_\_\_\_ Date: 08/08/2018

Certified Operator # DWB-23804 Phone # (850) 557-7147 Sampler's Fax # (954) 986-5025

Sampler's E-mail: Juquitta.Drieth@jacobs.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: 14 60 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: 08/08/2018 at 17:15

PMS ID (From Page 1): 4061083 Sample Number (From Page 1): 18H0294-04 Lab Assigned Report # or Job ID: 18H0294

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 checked="" type="checkbox"/> Trihalomethanes<br><input checked="" 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"/> Otrly Composite** | <b>Secondaries</b><br><input type="checkbox"/> All 14<br><input type="checkbox"/> Partial |
|--|--|---|--|--|---|

## LAB CERTIFICATION

I, Enrique Ochoa (Print Name) 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: 08/20/2018

\* 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**

DISINFECTATION BYPRODUCTS  
62-550.310(3)

Report Number / Job ID: 18H0294-04  
 Disinfectant Residual (mg/L): 2.7  
 PWS ID (From Page 1): 4061083

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	0.790	U	EPA 552.2	0.790	2.0	8/17/2018	00:08:00	E86006
2451	Dichloroacetic Acid	N/A	ug/L	10.5		EPA 552.2	0.450	1.0	8/17/2018	00:08:00	E86006
2452	Trichloroacetic Acid	N/A	ug/L	3.75		EPA 552.2	0.360	1.0	8/17/2018	00:08:00	E86006
2453	Monobromoacetic Acid	N/A	ug/L	0.470	U	EPA 552.2	0.470	1.0	8/17/2018	00:08:00	E86006
2454	Dibromoacetic Acid	N/A	ug/L	1.20		EPA 552.2	0.370	1.0	8/17/2018	00:08:00	E86006
2456	Total Haloacetic Acids (THAA5)	60	ug/L	16		EPA 552.2			8/17/2018	00:08:00	E86006

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	9.80		EPA 524.2	0.0868	1.0	8/11/2018	01:40:00	E86006
2942	Bromoform	N/A	ug/L	0.0540	U	EPA 524.2	0.0540	1.0	8/11/2018	01:40:00	E86006
2943	Bromodichloromethane	N/A	ug/L	2.41		EPA 524.2	0.0764	1.0	8/11/2018	01:40:00	E86006
2944	Dibromochloromethane	N/A	ug/L	0.0108	U	EPA 524.2	0.0108	1.0	8/11/2018	01:40:00	E86006
2950	Total Trihalomethanes	80	ug/L	12		EPA 524.2			8/11/2018	01:40:00	E86006

\*\* 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)(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 ug/L MRL for bromate.

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

Reporting Form 62-550.310(3)  
 Effective January 1995 Revised December 2012  
 Page 5 of 9  
 Results must be reported with appropriate qualifiers in accordance with Florida Administrative Code Rule 62-180, Table 1. Results qualified with A, F, H, N, O, T, Z, R, \* are unacceptable for compliance with 62-550. Results qualified with U, Q, P, 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 reported with acceptable results from samples collected during the same monitoring period.

# 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: Juguita.Drieth@jacobs.com

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: 18H0294-05

Sample Date: 08/08/2018

Sample Time: 13:04

AM PM (circle One)

Sample Location (be specific): 184<sup>th</sup> & Pembroke Road (MP5)

Location Code: (MP-5)

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): 1.8 mg/L

Field pH: 8.8 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

Sampling Procedure Used or Other Comments:

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

Kevin Stone  
(Print Name)

Operator  
(Print Title)

do HEREBY CERTIFY

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

Signature: \_\_\_\_\_

Date: 08/08/2018

Certified Operator # DWB-23804

Phone #: (850) 557-7147

Sampler's Fax #: (954) 986-5025

Sampler's E-mail: Juguita.Drieth@jacobs.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  
 Address: 1460 West McNab Road, Fort Lauderdale, FL 33309 ATTACH CURRENT DOH ANALYTE SHEET\*  
 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: 08/08/2018 at 17:15

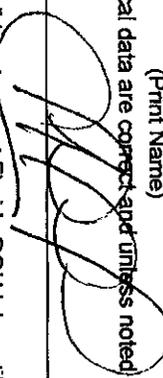
PWS ID (From Page 1): 4061083 Sample Number (From Page 1): 18H0294-05 Lab Assigned Report # or Job ID: 18H0294

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

- |  |   |  |  |  |                                      |
|--|---|--|--|--|--------------------------------------|
| <input type="checkbox"/> Inorganics          | <input type="checkbox"/> Synthetic Organics | <input type="checkbox"/> Volatile Organics | <input type="checkbox"/> Disinfection Byproducts     | <input type="checkbox"/> Radionuclides     | <input type="checkbox"/> 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"/> Dirty Composite** | <input 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, Enrique Ochoa (Print Name) 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: 08/20/2018

\* 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

DISINFECTION BYPRODUCTS  
62-550.310(3)

Report Number / Job ID: 18H0294-05  
Disinfectant Residual (mg/L): 1.8  
PWS ID (From Page 1): 4061083

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	µg/L	0.790	U	EPA 552.2	0.790	2.0	8/17/2018	00:35:00	E86006
2451	Dichloroacetic Acid	N/A	µg/L	14.8		EPA 552.2	0.450	1.0	8/17/2018	00:35:00	E86006
2452	Trichloroacetic Acid	N/A	µg/L	37.2		EPA 552.2	0.360	1.0	8/17/2018	00:35:00	E86006
2453	Monobromoacetic Acid	N/A	µg/L	0.470	U	EPA 552.2	0.470	1.0	8/17/2018	00:35:00	E86006
2454	Dibromoacetic Acid	N/A	µg/L	0.370	U	EPA 552.2	0.370	1.0	8/17/2018	00:35:00	E86006
2456	Total Haloacetic Acids (THAA5)	60	µg/L	52		EPA 552.2			8/17/2018	00:35:00	E86006

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	µg/L	9.64		EPA 524.2	0.0868	1.0	8/11/2018	02:08:00	E86006
2942	Bromoform	N/A	µg/L	0.0540	U	EPA 524.2	0.0540	1.0	8/11/2018	02:08:00	E86006
2943	Bromodichloromethane	N/A	µg/L	1.91		EPA 524.2	0.0764	1.0	8/11/2018	02:08:00	E86006
2944	Dibromochloromethane	N/A	µg/L	0.0108	U	EPA 524.2	0.0108	1.0	8/11/2018	02:08:00	E86006
2950	Total Trihalomethanes	80	µg/L	12		EPA 524.2			8/11/2018	02:08:00	E86006

\*\* 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)(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.**

Reporting Form: 62-550.310  
 Effective January 1995 Revised December 2012

Page 5 of 9

Results must be reported with appropriate qualifiers in accordance with Florida Administrative Code Rule 62-160, Table 1. Results qualified with A, F, H, N, O, T, Z, ? are unacceptable for compliance with 62-550.310. Results qualified with Q, 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 reported with a non-detect result from samples collected during the same monitoring period.

# 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@jacobs.com

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

Sample Number: 18H0294-06 Sample Date: 08/08/2018 Sample Time: 11:35 AM PM (Circle One) Location Code: (MP8)

Sample Location (be specific): 20426 SW 54<sup>th</sup> Place (MP8)

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): 0.95 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

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, Kevin Stone Operator, Kevin Stone Operator, do HEREBY CERTIFY  
(Print Name) (Print Title)

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

Signature: \_\_\_\_\_ Date: 08/08/2018

Certified Operator # DWB-23804 Phone # (850) 557-7147 Sampler's Fax # (954) 986-5025

Sampler's E-mail: Juquitta.Drieth@jacobs.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 #: E96006 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: 08/08/2018 at 17:15

PWS ID (From Page 1): 4061083 Sample Number (From Page 1): 18H0294-06 Lab Assigned Report # or Job ID: 18H0294

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

- |  |   |  |  |   |                                      |
|--|---|--|--|---|--------------------------------------|
| <input type="checkbox"/> Inorganics          | <input type="checkbox"/> Synthetic Organics | <input type="checkbox"/> Volatile Organics | <input type="checkbox"/> Disinfection Byproducts     | <input type="checkbox"/> Radionuclides    | <input type="checkbox"/> 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"/> Ctry Composite** | <input 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            |   |  |  |   |                                      |

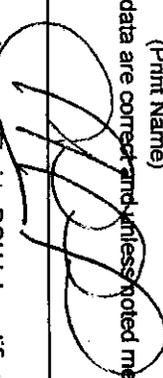
## LAB CERTIFICATION

I, 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: 08/20/2018

\* 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**

DISINFECTION BYPRODUCTS  
62-550.310(3)

Report Number / Job ID: 18H0294-06  
Disinfectant Residual (mg/L): 0.95  
PWS ID (From Page 1): 4061083

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	0.790	U	EPA 552.2	0.790	2.0	8/17/2018	01:03:00	E86006
2451	Dichloroacetic Acid	N/A	ug/L	23.8		EPA 552.2	0.450	1.0	8/17/2018	01:03:00	E86006
2452	Trichloroacetic Acid	N/A	ug/L	4.38		EPA 552.2	0.360	1.0	8/17/2018	01:03:00	E86006
2453	Monobromoacetic Acid	N/A	ug/L	0.470	U	EPA 552.2	0.470	1.0	8/17/2018	01:03:00	E86006
2454	Dibromoacetic Acid	N/A	ug/L	3.85		EPA 552.2	0.370	1.0	8/17/2018	01:03:00	E86006
2456	Total Haloacetic Acids (THAA5)	60	ug/L	32		EPA 552.2			8/17/2018	01:03:00	E86006

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	24.6		EPA 524.2	0.0868	1.0	8/11/2018	02:36:00	E86006
2942	Bromoform	N/A	ug/L	0.590		EPA 524.2	0.0540	1.0	8/11/2018	02:36:00	E86006
2943	Bromodichloromethane	N/A	ug/L	9.10		EPA 524.2	0.0764	1.0	8/11/2018	02:36:00	E86006
2944	Dibromochloromethane	N/A	ug/L	3.86		EPA 524.2	0.0108	1.0	8/11/2018	02:36:00	E86006
2950	Total Trihalomethanes	80	ug/L	38		EPA 524.2			8/11/2018	02:36:00	E86006

\*\* 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 ug/L MRL for bromate.

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

Reporting Format: 62-550.310  
Effective January 1995 Revised December 2012 Page 5 of 9  
\* Results must be reported with appropriate qualifiers in accordance with Florida Administrative Code Rule 62-150, Table 1. Results qualified with A, F, H, N, O, T, Z, ? are unacceptable for distribution with 62-550.310. Results qualified with G, L, C, P, or V 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 reported with appropriate results from samples collected during the same monitoring period.



# STAGE 2 TOTAL TRIHALOMETHANES (TTHM) AND HALOACETIC ACIDS FIVE (HAA5) REPORT

Subpart H systems serving 500 or more persons and ground water systems serving 10,000 or more persons shall complete applicable pages of this format and submit them to the Department within 10 days after the end of any quarter in which TTHM/HAA5 monitoring is required. Systems on routine or reduced quarterly TTHM/HAA5 monitoring shall complete pages 1, 2, and 3 of this format. (Add additional rows to the tables on pages 2 and 3 as necessary.) Systems on reduced annual TTHM/HAA5 monitoring shall complete pages 1 and 4 of this format. Additionally, Subpart H systems seeking to qualify for, or remain on, reduced quarterly or annual TTHM/HAA5 monitoring shall complete page 5 of this format. (Add additional rows to the table on page 5 as necessary.)

D/DBPR = Disinfectant and Disinfection Byproducts Rule; LRAA = locational running annual average; MCL = maximum contaminant level; OE = operational evaluation; RAA = running annual average; TOC = total organic carbon.

## QUARTERLY MONITORING PERIOD\* July - September 2018

\*Indicate the quarterly monitoring period by months and year (e.g., April-June 2012).

### SYSTEM INFORMATION

PWS ID Number: 4061083

PWS Name: City of Pembroke Pines Water Treatment Plant

Source Water Type and Population Size Category:

- Ground Water:
  - 10,000 - 99,999
  - 100,000 - 499,999
  - ≥ 500,000

- Subpart H:
  - 500 - 3,300
  - 3,301 - 9,999
  - 10,000 - 49,999
  - 50,000 - 249,999
  - 250,000 - 999,999
  - 1,000,000 - 4,999,999
  - ≥ 5,000,000

Monitoring Mode\*:  Routine Monitoring  Reduced Monitoring

Monitoring Frequency\*:  Quarterly  Annually

Total Number Of Distribution System Monitoring Locations\*: 6

Contact Person: Juguitta Drieth

Phone Number: 850-557-7147

E-Mail Address (optional): Juguitta.Drieth@jacobs.com

Fax Number (optional): 954-986-5025

\* See 40 CFR 141.621 and 141.623 for more details.

**TTHM COMPLIANCE SUMMARY FOR SYSTEMS MONITORING QUARTERLY**

Monitoring Location*	DOH Lab Certification No.	No. of TTHM Samples Taken	Date Each TTHM Sample Taken (m/d/yr)	This Quarter				Previous Quarter				TTHM LRAA** (µg/L)	TTHM OE Value*** (µg/L)
				TTHM Sample Result (µg/L)	TTHM Locational Quarterly Average (µg/L) A	TTHM Locational Quarterly Average (µg/L) B	TTHM Locational Quarterly Average (µg/L) C	TTHM Locational Quarterly Average (µg/L) D	TTHM LRAA** (µg/L)	TTHM OE Value*** (µg/L)			
STAGE 1-800 NW 217 <sup>th</sup> Terrace/Hollylake	E82574	1	08/08/2018	18	18	17.0	15.0	20.0	17.5	17.0			
MP2- Fire Station #89-129 <sup>th</sup> Ave. & Pines Blvd.	E82574	1	08/08/2018	13	13	15.0	18.0	21.0	16.8	14.8			
MP3-901 NW 208 <sup>th</sup> Ave/Rose Price Park	E82574	1	08/08/2018	16	16	27.0	15.0	33.0	22.8	18.5			
MP4-7500 NW 20 <sup>th</sup> St./Walnut Creek	E82574	1	08/08/2018	12	12	14.0	12.0	23.0	15.3	12.5			
MP5-184 <sup>th</sup> Pembroke Rd.	E82574	1	08/08/2018	12	12	15.0	16.0	22.0	16.3	13.8			
MP8-20426 SW 54 <sup>th</sup> PL.	E82574	1	08/08/2018	38	38	26.0	15.0	37.0	29.0	29.3			

Does the TTHM LRAA at any monitoring location violate the TTHM MCL of 80 µg/L?  No

Does the TTHM OE value at any monitoring location exceed 80 µg/L? (yes)  No

If you are on reduced quarterly monitoring, does the TTHM LRAA exceed 40 µg/L at any monitoring location? (YES/NO/NA)\*\*\*\*  N/A

\* Location names or numbers should correspond to those in your Stage 2 D/DBPR compliance monitoring plan required under 40 CFR 141.622.

\*\* Calculate and enter the LRAA beginning at the end of the fourth quarter of Stage 2 monitoring and at the end of each subsequent quarter. Also, if the LRAA calculated based on fewer than four quarters of data would cause the MCL to be exceeded regardless of the monitoring results of subsequent quarters, calculate and enter the LRAA (using zero for the results of subsequent quarters).

\*\*\* Calculate the OE value beginning at the end of the third quarter of Stage 2 monitoring and at the end of each subsequent quarter. Enter the OE value if it exceeds 80 µg/L.

\*\*\*\* If any TTHM OE value at any location exceeds 80 µg/L, conduct an OE and submit an OE report in accordance with 40 CFR 141.626.

\*\*\*\*\* If any TTHM LRAA at any location exceeds 40 µg/L, resume routine quarterly monitoring under 40 CFR 141.621.



**MAY 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 Fax #: (954) 986-5025

E-Mail Address: Juquitta.Drieth@CH2M.com

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

Sample Number: 18E0279-01

Sample Date: 05/08/2018

Sample Time: 11:18

AM  PM (Circle One)

Sample Location (be specific): 800 NW 217th Terrace (Stage-1)

Location Code: (Stage 1)

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): 2.4 mg/L

Field pH: 9.0 Units

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\*
- Composite 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, Kevin Stone  
(Print Name)

Operator  
(Print Title)

do HEREBY CERTIFY

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

Signature: Kevin Stone

Date: 05/08/2018

Certified Operator #: 23804

Phone #: (850) 557-7147

Sampler's Fax #: (954) 986-5025

Sampler's E-mail: jdrieth@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: 05/08/2018 at 16:21

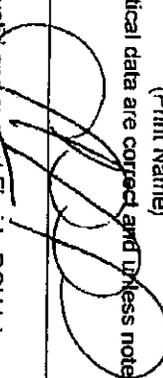
PWS ID (From Page 1): 4061083 Sample Number (From Page 1): 18E0279-01 Lab Assigned Report # or Job ID: 18E0279

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

- |  |  |   |   |   |
|--|--|---|---|---|
| <p><u>Inorganics</u></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><u>Synthetic Organics</u></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><u>Volatile Organics</u></p> <input type="checkbox"/> All 21<br><input type="checkbox"/> Partial | <p><u>Disinfection Byproducts</u></p> <input checked="" type="checkbox"/> Trihalomethanes<br><input type="checkbox"/> Haloacetic Acids<br><input type="checkbox"/> Chlorite<br><input type="checkbox"/> Bromate | <p><u>Radionuclides</u></p> <input type="checkbox"/> Single Sample<br><input type="checkbox"/> Dirty Composite**<br><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: 05/22/2018

\* 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

DISINFECTION BYPRODUCTS  
62-550.310(3)

Report Number / Job ID: 18E0279-01  
 Disinfectant Residual (mg/L): 2.4  
 PWS ID (From Page 1): 4061083

Contamin ID	Contamin Name	MCL	Units	Analysis Result	Qualifier *	Analytical Method	Lab MDL	Regulatory MRL**	Analysis Date	Analysis Time	DOI# Lab Certification #
2450	Monochloroacetic Acid	N/A	ug/L	0.790	U	EPA 552.2	0.790	2.0	5/12/2018	04:47:00	E86006
2451	Dichloroacetic Acid	N/A	ug/L	30.3		EPA 552.2	0.450	1.0	5/12/2018	04:47:00	E86006
2452	Trichloroacetic Acid	N/A	ug/L	3.77		EPA 552.2	0.360	1.0	5/12/2018	04:47:00	E86006
2453	Monobromoacetic Acid	N/A	ug/L	0.470	U	EPA 552.2	0.470	1.0	5/12/2018	04:47:00	E86006
2454	Dibromoacetic Acid	N/A	ug/L	2.79		EPA 552.2	0.370	1.0	5/12/2018	04:47:00	E86006
2456	Total Haloacetic Acids (THAA5)	60	ug/L	37		EPA 552.2			5/12/2018	04:47:00	E86006
Contamin ID	Contamin Name	MCL	Units	Analysis Result	Qualifier *	Analytical Method	Lab MDL	Regulatory MRL**	Analysis Date	Analysis Time	DOI# Lab Certification #
2941	Chloroform	N/A	ug/L	13.4		EPA 524.2	0.0868	1.0	5/10/2018	18:44:00	E86006
2942	Bromoform	N/A	ug/L	0.0540	U	EPA 524.2	0.0540	1.0	5/10/2018	18:44:00	E86006
2943	Bromodichloromethane	N/A	ug/L	2.93		EPA 524.2	0.0764	1.0	5/10/2018	18:44:00	E86006
2944	Dibromochloromethane	N/A	ug/L	1.10		EPA 524.2	0.0108	1.0	5/10/2018	18:44:00	E86006
2950	Total Trihalomethanes	80	ug/L	17		EPA 524.2			5/10/2018	18:44:00	E86006

\*\* 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 ug/L MRL for bromate.

**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: City of Pembroke Pines

System Type (check one):  Community

Address: 7960 Johnson Street

City: Pembroke Pines, FL

Phone # (754) 260-4509 Fax #: (954) 986-5025

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

Sample Number: 18E0279-02

Sample Location (be specific): 13000 Pines Blvd. (FS 89) (MP2)

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

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): 2.0 mg/L

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

- Routine Compliance with 62-550
- Confirmation of MCL Exceedance\*
- Composite of Multiple Sites\*\*
- Other: \_\_\_\_\_

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, Kevin Stone (Print Name), Operator (Print Title), do HEREBY CERTIFY that the above public water system and sample collection information is complete and correct.

Signature: Kevin Stone

Certified Operator #: 23804

Sampler's E-mail: jdrieth@Ch2m.com

Phone #: (850) 557-7147

Sampler's Fax #: (954) 986-5025

Date: 05/08/2018

Nontransient Noncommunity

Transient Noncommunity

PWS I.D. #: 4061083

ZIP Code: 33024

E-Mail Address: Juquitta.Drieth@CH2M.com

Sample Date: 05/08/2018

Sample Time: 09:18

Location Code: (MP-2)

Field pH: 8.9 Units

AM  PM (Circle One)

# 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: 05/08/2018 at 16:21

PWS ID (From Page 1): 4061083 Sample Number (From Page 1): 18E0279-02 Lab Assigned Report # or Job ID: 18E0279

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

- |  |  |                                  |  |   |                                  |
|--|--|----------------------------------|--|---|----------------------------------|
| <b>Inorganics</b>                            | <b>Synthetic Organics</b>                  | <b>Volatile Organics</b>         | <b>Disinfection Byproducts</b>                       | <b>Radionuclides</b>                      | <b>Secondarys</b>                |
| <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"/> Only Composite** | <input 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, Enrique Ochoa (Print Name) 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: 05/22/2018

\* 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**

**DISINFECTION BYPRODUCTS**  
62-550.310(3)

Report Number / Job ID: 18E0279-02  
Disinfectant Residual (mg/L): 2.0  
PWS ID (From Page 1): 4061083

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	0.790	U	EPA 552.2	0.790	2.0	5/12/2018	05:14:00	ES6006
2451	Dichloroacetic Acid	N/A	ug/L	10.2		EPA 552.2	0.450	1.0	5/12/2018	05:14:00	ES6006
2452	Trichloroacetic Acid	N/A	ug/L	5.25		EPA 552.2	0.360	1.0	5/12/2018	05:14:00	ES6006
2453	Monobromoacetic Acid	N/A	ug/L	0.470	U	EPA 552.2	0.470	1.0	5/12/2018	05:14:00	ES6006
2454	Dibromoacetic Acid	N/A	ug/L	1.86		EPA 552.2	0.370	1.0	5/12/2018	05:14:00	ES6006
2456	Total Haloacetic Acids (HAA5)	60	ug/L	17		EPA 552.2			5/12/2018	05:14:00	ES6006

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	12.0		EPA 524.2	0.0868	1.0	5/10/2018	19:22:00	ES6006
2942	Bromoform	N/A	ug/L	0.0540	U	EPA 524.2	0.0540	1.0	5/10/2018	19:22:00	ES6006
2943	Bromodichloromethane	N/A	ug/L	2.06		EPA 524.2	0.0764	1.0	5/10/2018	19:22:00	ES6006
2944	Dibromochloromethane	N/A	ug/L	0.870		EPA 524.2	0.0108	1.0	5/10/2018	19:22:00	ES6006
2950	Total Trihalomethanes	80	ug/L	15		EPA 524.2			5/10/2018	19:22:00	ES6006

\*\* 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 ug/L MRL for bromate.

**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: 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: Juqitta.Drieth@CH2M.com

Sample Number: 18E0279-03 Sample Date: 05/08/2018 Sample Time: 10:39 AM  PM (Circle One)

Sample Location (be specific): 901 NW 208th Avenue/R. Price Park (MP3) Location Code: (MP-3)

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): 2.4 mg/L Field pH: 9.0 Units

- 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
  - Confirmation of MCL Exceedance\*
  - Composite 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, Kevin Stone (Print Name), Operator (Print Title), do HEREBY CERTIFY that the above public water system and sample collection information is complete and correct.

Signature: Kevin Stone Date: 05/08/2018

Certified Operator #: 23804 Phone #: (850) 557-7147 Sampler's Fax #: (954) 986-5025

Sampler's E-mail: jdrieth@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

Address: 1460 West McNab Road, Fort Lauderdale, FL 33309 ATTACH CURRENT DOH ANALYTE SHEET\*

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: 05/08/2018 at 16:21

PWS ID (From Page 1): 4061083 Sample Number (From Page 1): 18E0279-03 Lab Assigned Report # or Job ID: 18E0279

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

- |  |   |  |  |  |                                     |
|--|---|--|--|--|-------------------------------------|
| <input type="checkbox"/> Inorganics          | <input type="checkbox"/> Synthetic Organics | <input type="checkbox"/> Volatile Organics | <input type="checkbox"/> Disinfection Byproducts     | <input type="checkbox"/> Radionuclides     | <input type="checkbox"/> Secondarys |
| <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"/> Clrty Composite** | <input type="checkbox"/> Partial    |
| <input type="checkbox"/> Nitrate             | <input type="checkbox"/> Nitrite            | <input type="checkbox"/> Dioxin Only       | <input type="checkbox"/> Chlorite                    | <input type="checkbox"/> Bromate           |                                     |
| <input type="checkbox"/> Asbestos            |   |  |  |  |                                     |

## LAB CERTIFICATION

\_\_\_\_\_  
 Enrique Ochoa (Print Name) B.S./Customer Service Manager \_\_\_\_\_, 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: 05/22/2018

\* 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**

**DISINFECTION BYPRODUCTS**  
62-550.310(3)

Report Number / Job ID: 18E0279-03  
 Disinfectant Residual (mg/L): 2.4  
 PWS ID (From Page 1): 4061083

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	0.790	U	EPA 552.2	0.790	2.0	5/12/2018	05:42:00	ES6006
2451	Dichloroacetic Acid	N/A	ug/L	24.9		EPA 552.2	0.450	1.0	5/12/2018	05:42:00	ES6006
2452	Trichloroacetic Acid	N/A	ug/L	10.2		EPA 552.2	0.360	1.0	5/12/2018	05:42:00	ES6006
2453	Monobromoacetic Acid	N/A	ug/L	0.470	U	EPA 552.2	0.470	1.0	5/12/2018	05:42:00	ES6006
2454	Dibromoacetic Acid	N/A	ug/L	2.44		EPA 552.2	0.370	1.0	5/12/2018	05:42:00	ES6006
2456	Total Haloacetic Acids (THAA5)	60	ug/L	38		EPA 552.2			5/12/2018	05:42:00	ES6006

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	20.7		EPA 524.2	0.0868	1.0	5/10/2018	19:56:00	ES6006
2942	Bromoform	N/A	ug/L	0.0540	U	EPA 524.2	0.0540	1.0	5/10/2018	19:56:00	ES6006
2943	Bromodichloromethane	N/A	ug/L	4.52		EPA 524.2	0.0764	1.0	5/10/2018	19:56:00	ES6006
2944	Dibromochloromethane	N/A	ug/L	1.39		EPA 524.2	0.0108	1.0	5/10/2018	19:56:00	ES6006
2950	Total Trihalomethanes	80	ug/L	27		EPA 524.2			5/10/2018	19:56:00	ES6006

\*\* 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 ug/L MRL for bromate.

**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: 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: Juguita.Drieth@CH2M.com

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: 18E0279-04 Sample Date: 05/08/2018 Sample Time: 08:33 AM PM (Circle One)

Sample Location (be specific): 7500 NW 20th Street Walnut Creek (MP4) Location Code: (MP-4)

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): 3.4 mg/L Field pH: 9.1 Units

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\*
- Composite 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

\_\_\_\_\_  
Kevin Stone (Print Name) \_\_\_\_\_ Operator \_\_\_\_\_ do HEREBY CERTIFY  
(Print Title)

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

Signature: Kevin Stone Date: 05/08/2018

Certified Operator #: 23804 Phone #: (850) 557-7147 Sampler's Fax #: (954) 986-5025

Sampler's E-mail: jdrieth@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: 05/08/2018 at 16:21

PWS ID (From Page 1): 4061083 Sample Number (From Page 1): 18E0279-04 Lab Assigned Report # or Job ID: 18E0279

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 checked="" 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 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: 05/22/2018

\* Failure to provide a valid and correct 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**

**DISINFECTION BYPRODUCTS**  
62-550.310(3)

Report Number / Job ID: 18E0279-04  
 Disinfectant Residual (mg/L): 3.4  
 PWS ID (From Page 1): 4061083

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	0.790	U	EPA 552.2	0.790	2.0	5/12/2018	06:10:00	ES6006
2451	Dichloroacetic Acid	N/A	ug/L	14.2		EPA 552.2	0.450	1.0	5/12/2018	06:10:00	ES6006
2452	Trichloroacetic Acid	N/A	ug/L	9.50		EPA 552.2	0.360	1.0	5/12/2018	06:10:00	ES6006
2453	Monobromoacetic Acid	N/A	ug/L	0.470	U	EPA 552.2	0.470	1.0	5/12/2018	06:10:00	ES6006
2454	Dibromoacetic Acid	N/A	ug/L	1.88		EPA 552.2	0.370	1.0	5/12/2018	06:10:00	ES6006
2456	Total Haloacetic Acids (HAA5)	60	ug/L	26		EPA 552.2			5/12/2018	06:10:00	ES6006
2941	Chloroform	N/A	ug/L	10.9		EPA 524.2	0.0868	1.0	5/10/2018	21:08:00	ES6006
2942	Bromoform	N/A	ug/L	0.0540	U	EPA 524.2	0.0540	1.0	5/10/2018	21:08:00	ES6006
2943	Bromodichloromethane	N/A	ug/L	1.95		EPA 524.2	0.0764	1.0	5/10/2018	21:08:00	ES6006
2944	Dibromochloromethane	N/A	ug/L	0.870		EPA 524.2	0.0108	1.0	5/10/2018	21:08:00	ES6006
2950	Total Trihalomethanes	80	ug/L	14		EPA 524.2			5/10/2018	21:08:00	ES6006

\*\* 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 ug/L MRL for bromate.

**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: 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: Juguita.Drieth@CH2M.com

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: 18E0279-05 Sample Date: 05/08/2018 Sample Time: 10:02 AM P M (Circle One)

Sample Location (be specific): 184<sup>th</sup> SW Pembroke Road (MP5) Location Code: (MP-5)

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): 2.6 mg/L Field pH: 8.8 Units

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\*
- Composite 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, Kevin Stone (Print Name) Operator Kevin Stone (Print Title), do HEREBY CERTIFY

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

Signature: Kevin Stone Date: 05/08/2018

Certified Operator #: 23804 Phone #: (850) 557-7147 Sampler's Fax #: (954) 986-5025

Sampler's E-mail: jdrieth@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 #: E96006 Certification Expiration Date: June 30th, 2018

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: 05/08/2018 at 16:21

PWS ID (From Page 1): 4061083

Sample Number (From Page 1): 18E0279-05

Lab Assigned Report # or Job ID: 18E0279

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

- Inorganics**
- All Except Asbestos
  - Partial
  - Nitrate
  - Nitrite
  - Asbestos

- Synthetic Organics**
- All 30
  - All Except Dioxin
  - Partial
  - Dioxin Only

- Volatile Organics**
- All 21
  - Partial

- Disinfection Byproducts**
- Trihalomethanes
  - Haloacetic Acids
  - Chlorite
  - Bromate

- Radionuclides**
- Single Sample
  - Dirty Composite\*\*

- Secondaries**
- All 14
  - Partial

## LAB CERTIFICATION

I, Enrique Ochoa

B/S/ Customer Service Manager

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: 05/22/2018

\* 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**

**DISINFECTION BYPRODUCTS**  
62-550.310(3)

Report Number / Job ID: 18E0279-05  
 Disinfectant Residual (mg/L): 2.6  
 PWS ID (From Page 1): 4061083

Contaminant ID	Contaminant 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	0.790	U	EPA 552.2	0.790	2.0	5/12/2018	06:38:00	E86006
2451	Dichloroacetic Acid	N/A	ug/L	12.5		EPA 552.2	0.450	1.0	5/12/2018	06:38:00	E86006
2452	Trichloroacetic Acid	N/A	ug/L	6.83		EPA 552.2	0.360	1.0	5/12/2018	06:38:00	E86006
2453	Monobromoacetic Acid	N/A	ug/L	0.470	U	EPA 552.2	0.470	1.0	5/12/2018	06:38:00	E86006
2454	Dibromoacetic Acid	N/A	ug/L	4.72		EPA 552.2	0.370	1.0	5/12/2018	06:38:00	E86006
2456	Total Haloacetic Acids (THAA5)	60	ug/L	24		EPA 552.2			5/12/2018	06:38:00	E86006

Contaminant ID	Contaminant 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	11.7		EPA 524.2	0.0868	1.0	5/10/2018	21:48:00	E86006
2942	Bromoform	N/A	ug/L	0.0540	U	EPA 524.2	0.0540	1.0	5/10/2018	21:48:00	E86006
2943	Bromodichloromethane	N/A	ug/L	2.21		EPA 524.2	0.0764	1.0	5/10/2018	21:48:00	E86006
2944	Dibromochloromethane	N/A	ug/L	0.910		EPA 524.2	0.0108	1.0	5/10/2018	21:48:00	E86006
2950	Total Trihalomethanes	80	ug/L	15		EPA 524.2			5/10/2018	21:48:00	E86006

\*\* 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 ug/L MRL for bromate.

**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: 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: Juquitha.Drieth@CH2M.com

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

Sample Number: 18E0279-06 Sample Date: 05/08/2018 Sample Time: 12:14 AM  PM (circle One)

Sample Location (be specific): 20426 SW 54<sup>th</sup> Place (MP8) Location Code: (MP8)

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): 1.9 mg/L Field pH: 9.0 Units

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\*
- Composite 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, Kevin Stone (Print Name) \_\_\_\_\_, Operator Kevin Stone (Print Title) \_\_\_\_\_, do HEREBY CERTIFY

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

Signature: Kevin Stone Date: 05/08/2018

Certified Operator #: 23804 Phone #: (850) 557-7147 Sampler's Fax #: (954) 986-5025

Sampler's E-mail: jdrieth@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\*

Phone #: 954-978-6400

Address: 14 60 West McNab Road, Fort Lauderdale, FL 33309

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: 05/08/2018 at 16:21

PWS ID (From Page 1): 4061083 Sample Number (From Page 1): 18E0279-06 Lab Assigned Report # or Job ID: 18E0279

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

- |  |   |  |   |  |                                      |
|--|---|--|---|--|--------------------------------------|
| <input type="checkbox"/> Inorganics          | <input type="checkbox"/> Synthetic Organics | <input type="checkbox"/> Volatile Organics | <input type="checkbox"/> Disinfection Byproducts    | <input type="checkbox"/> Radionuclides     | <input type="checkbox"/> 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 type="checkbox"/> Halocetic Acids            | <input type="checkbox"/> Dirty Composite** | <input 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

\_\_\_\_\_, Enrique Ochoa (Print Name) B.S./Customer Service Manager \_\_\_\_\_, 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: 05/22/2018

\* 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

DISINFECTION BYPRODUCTS  
62-550.310(3)

Report Number / Job ID: 18E0279-06  
Disinfectant Residual (mg/L): 1.9  
PWS ID (From Page 1): 40610K3

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	0.790	U	EPA 552.2	0.790	2.0	5/12/2018	07:06:00	ES6006
2451	Dichloroacetic Acid	N/A	ug/L	18.4		EPA 552.2	0.450	1.0	5/12/2018	07:06:00	ES6006
2452	Trichloroacetic Acid	N/A	ug/L	5.89		EPA 552.2	0.360	1.0	5/12/2018	07:06:00	ES6006
2453	Monobromoacetic Acid	N/A	ug/L	0.170	U	EPA 552.2	0.470	1.0	5/12/2018	07:06:00	ES6006
2454	Dibromoacetic Acid	N/A	ug/L	1.88		EPA 552.2	0.370	1.0	5/12/2018	07:06:00	ES6006
2456	Total Haloacetic Acids (THAA5)	60	ug/L	26		EPA 552.2			5/12/2018	07:06:00	ES6006

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	19.9		EPA 524.2	0.0868	1.0	5/10/2018	22:24:00	ES6006
2942	Bromoform	N/A	ug/L	0.0540	U	EPA 524.2	0.0540	1.0	5/10/2018	22:24:00	ES6006
2943	Bromodichloromethane	N/A	ug/L	4.79		EPA 524.2	0.0764	1.0	5/10/2018	22:24:00	ES6006
2944	Dibromochloromethane	N/A	ug/L	1.40		EPA 524.2	0.0108	1.0	5/10/2018	22:24:00	ES6006
2950	Total Trihalomethanes	80	ug/L	26		EPA 524.2			5/10/2018	22:24:00	ES6006

\*\* 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 ug/L MRL for bromate.

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



# STAGE 2 TOTAL TRIHALOMETHANES (TTHM) AND HALOACETIC ACIDS FIVE (HAA5) REPORT

Subpart H systems serving 500 or more persons and ground water systems serving 10,000 or more persons shall complete applicable pages of this format and submit them to the Department within 10 days after the end of any quarter in which TTHM/HAA5 monitoring is required. Systems on routine or reduced quarterly TTHM/HAA5 monitoring shall complete pages 1, 2, and 3 of this format. (Add additional rows to the tables on pages 2 and 3 as necessary.) Systems on reduced annual TTHM/HAA5 monitoring shall complete pages 1 and 4 of this format. Additionally, Subpart H systems seeking to qualify for, or remain on, reduced quarterly or annual TTHM/HAA5 monitoring shall complete page 5 of this format. (Add additional rows to the table on page 5 as necessary.)

D/DBPR = Disinfectant and Disinfection Byproducts Rule; LRRA = locational running annual average; MCL = maximum contaminant level; OE = operational evaluation; RAA = running annual average; TOC = total organic carbon.

## QUARTERLY MONITORING PERIOD\* April - June 2018

\*Indicate the quarterly monitoring period by months and year (e.g., April-June 2012).

### SYSTEM INFORMATION

PWS ID Number: 4061083

PWS Name: City of Pembroke Pines Water Treatment Plant

Source Water Type and Population Size Category:

- Ground Water:
  - 10,000 - 99,999
  - 100,000 - 499,999
  - ≥ 500,000

- Subpart H:
  - 500 - 3,300
  - 3,301 - 9,999
  - 10,000 - 49,999
  - 50,000 - 249,999
  - 250,000 - 999,999
  - 1,000,000 - 4,999,999
  - ≥ 5,000,000

Monitoring Mode\*:  Routine Monitoring  Reduced Monitoring

Monitoring Frequency\*:  Quarterly  Annually

Total Number Of Distribution System Monitoring Locations\*: 6

Contact Person: Jucquitta Drieth

Phone Number: 850-557-7147

E-Mail Address (optional): Jucquitta.Drieth@jacobs.com

Fax Number (optional): 954-986-5025

\* See 40 CFR 141.621 and 141.623 for more details.

**TTHM COMPLIANCE SUMMARY FOR SYSTEMS MONITORING QUARTERLY**

Monitoring Location*	DOH Lab Certification No.	No. of TTHM Samples Taken	Date Each TTHM Sample Taken (month/day)	TTHM Sample Result (µg/L)	This Quarter				TTHM LRAA** (µg/L)	TTHM OE Value*** (µg/L)
					TTHM Local Quarterly Average (µg/L) A	Previous Quarter TTHM Local Quarterly Average (µg/L) B	2 Quarters Ago TTHM Local Quarterly Average (µg/L) C	3 Quarters Ago TTHM Local Quarterly Average (µg/L) D		
STAGE 1-800 NW 217 <sup>th</sup> Terrace/Hollylake	E82574	1	05/08/2018	17.0	17.0	15.0	20.0	42.75	23.69	17.25
MP2- Fire Station #89-129 <sup>th</sup> Ave. & Pines Blvd.	E82574	1	05/08/2018	15.0	15.0	18.0	21.0	22.68	19.17	17.25
MP3-901 NW 208 <sup>th</sup> Ave/Rose Price Park	E82574	1	05/08/2018	27.0	27.0	15.0	33.0	47.95	30.74	25.5
MP4-7500 NW 20 <sup>th</sup> St./Walnut Creek	E82574	1	05/08/2018	14.0	14.0	12.0	23.0	18.32	16.83	15.75
MP5-184 <sup>th</sup> Pembroke Rd.	E82574	1	05/08/2018	15.0	15.0	16.0	22.0	25.26	19.57	17.0
MP8-20426 SW 54 <sup>th</sup> PL.	E82574	1	05/08/2018	26.0	26.0	15.0	37.0	30.48	27.12	26.0

Does the TTHM LRAA at any monitoring location violate the TTHM MCL of 80 µg/L?  No

Does the TTHM OE value at any monitoring location exceed 80 µg/L?  No

If you are on reduced quarterly monitoring, does the TTHM LRAA exceed 40 µg/L at any monitoring location? (YES/NO/NA)\*\*\*\*\* N/A

\* Location names or numbers should correspond to those in your Stage 2 D/DBPR compliance monitoring plan required under 40 CFR 141.622.

\*\* Calculate and enter the LRAA beginning at the end of the fourth quarter of Stage 2 monitoring and at the end of each subsequent quarter. Also, if the LRAA calculated based on fewer than four quarters of data would cause the MCL to be exceeded regardless of the monitoring results of subsequent quarters, calculate and enter the LRAA (using zero for the results of subsequent quarters).

\*\*\* Calculate the OE value beginning at the end of the third quarter of Stage 2 monitoring and at the end of each subsequent quarter. Enter the OE value if it exceeds 80 µg/L.

\*\*\*\* If any TTHM OE value at any location exceeds 80 µg/L, conduct an OE and submit an OE report in accordance with 40 CFR 141.626.

\*\*\*\*\* If any TTHM LRAA at any location exceeds 40 µg/L, resume routine quarterly monitoring under 40 CFR 141.621.



**MARCH 2018**



Report To:  
 Juquitta Drieth  
 Jacobs/CH2M-City of Pembroke Pines WTP  
 7960 Johnson Street  
 Pembroke Pines FL, 33024

Page 1 of 7  
 Report Printed: 3/23/2018  
 Work Order # 18C0267  
 Project:  
 THM & HAA5

Water Treatment Plants

Lab ID: 18C0267-01  
 Client Sample ID: 030818-01/800 NW 217th Terrace (Stage 1)  
 Matrix: Water

Collection Date: 03/08/18 13:08  
 Received Date: 03/08/18 15:30  
 Collected By: Oscar Castano

Laboratory Analysis Report

Parameter	Result	QC	Units	DH	MDL	PQL	Method	Date Ext.	Date Analy.	Analyst
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Trihalomethanes by EPA Method 524.2

Bromodichloromethane	7.70		ug/L	1	0.0764	0.229	EPA 524.2	03/16 12:12	03/16 14:53	BBL
Bromoform	ND	U	ug/L	1	0.0540	0.162	EPA 524.2	03/16 12:12	03/16 14:53	BBL
Chloroform	24.4		ug/L	1	0.0868	0.260	EPA 524.2	03/16 12:12	03/16 14:53	BBL
Dibromochloromethane	3.28		ug/L	1	0.0108	0.324	EPA 524.2	03/16 12:12	03/16 14:53	BBL
Total Trihalomethanes	35		ug/L	1			EPA 524.2	03/16 12:12	03/16 14:53	BBL

Haloacetic acids by 552.2

Dibromoacetic Acid	3.27		ug/L	1	0.370	1.11	EPA 552.2	03/16 11:47	03/17 08:57	AC
Dichloroacetic Acid	30.4		ug/L	1	0.450	1.35	EPA 552.2	03/16 11:47	03/17 08:57	AC
Monobromoacetic Acid	ND	U	ug/L	1	0.470	1.41	EPA 552.2	03/16 11:47	03/17 08:57	AC
Monochloroacetic Acid	ND	U	ug/L	1	0.790	2.37	EPA 552.2	03/16 11:47	03/17 08:57	AC
Trichloroacetic Acid	4.37		ug/L	1	0.360	1.08	EPA 552.2	03/16 11:47	03/17 08:57	AC
Total Haloacetic Acids (HAA5)	38		ug/L	1			EPA 552.2	03/16 11:47	03/17 08:57	AC

Florida-Spectrum Environmental Services, Inc.  
 1460 W. McNab Road, Fort Lauderdale, FL 33309

Pembroke Laboratory  
 528 Gooch Rd.  
 Fort Mead, FL 33841

Big Lake Laboratory  
 610 Parrot Ave. N.  
 Okeechobee, FL 34972

Spectrum Laboratories  
 630 Indian St.  
 Savannah, GA 31401



Report To:  
 Juquitta Drieth  
 Jacobs/CH2M-City of Pembroke Pines WTP  
 7960 Johnson Street  
 Pembroke Pines FL, 33024

Page 2 of 7  
 Report Printed: 3/23/2018  
 Work Order # 18C0267  
 Project:  
 THM & HAA5

Water Treatment Plants

Lab ID: 18C0267-02  
 Client Sample ID: 030818-02/13000 Pines Blvd., (FS 89) (MP2)  
 Matrix: Water

Collection Date: 03/08/18 11:06  
 Received Date: 03/08/18 15:30  
 Collected By: Oscar Castano

Laboratory Analysis Report

Parameter	Result	QC	Units	DII	MDL	PQL	Method	Date Ext.	Date Analy.	Analyst
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Trihalomethanes by EPA Method 524.2

Bromodichloromethane	4.10		ug/L	1	0.0764	0.229	EPA 524.2	03/16 12:12	03/16 15:21	BBL
Bromoform	ND	U	ug/L	1	0.0540	0.162	EPA 524.2	03/16 12:12	03/16 15:21	BBL
Chloroform	22.5		ug/L	1	0.0868	0.260	EPA 524.2	03/16 12:12	03/16 15:21	BBL
Dibromochloromethane	ND	U	ug/L	1	0.0108	0.324	EPA 524.2	03/16 12:12	03/16 15:21	BBL
Total Trihalomethanes	27		ug/L	1			EPA 524.2	03/16 12:12	03/16 15:21	BBL

Haloacetic acids by 552.2

Dibromoacetic Acid	2.13		ug/L	1	0.370	1.11	EPA 552.2	03/16 11:47	03/17 09:25	AC
Dichloroacetic Acid	11.9		ug/L	1	0.450	1.35	EPA 552.2	03/16 11:47	03/17 09:25	AC
Monobromoacetic Acid	ND	U	ug/L	1	0.470	1.41	EPA 552.2	03/16 11:47	03/17 09:25	AC
Monochloroacetic Acid	ND	U	ug/L	1	0.790	2.37	EPA 552.2	03/16 11:47	03/17 09:25	AC
Trichloroacetic Acid	4.95		ug/L	1	0.360	1.08	EPA 552.2	03/16 11:47	03/17 09:25	AC
Total Haloacetic Acids (HAA5)	19		ug/L	1			EPA 552.2	03/16 11:47	03/17 09:25	AC

Florida-Spectrum Environmental Services, Inc.  
 1460 W. McNab Road, Fort Lauderdale, FL 33309

Pembroke Laboratory  
 528 Gooch Rd.  
 Fort Mead, FL 33841

Big Lake Laboratory  
 610 Parrot Ave. N.  
 Okeechobee, FL 34972

Spectrum Laboratories  
 630 Indian St.  
 Savannah, GA 31401



Report To:  
 Juquitta Drieth  
 Jacobs/CH2M-City of Pembroke Pines WTP  
 7960 Johnson Street  
 Pembroke Pines FL, 33024

Page 3 of 7  
 Report Printed: 3/23/2018  
 Work Order # 18C0267  
 Project:  
 THM & HAA5

Water Treatment Plants

Lab ID: 18C0267-03  
 Client Sample ID: 030818-03/901 NW 208th Avenue/R.Price Park(MP3)  
 Matrix: Water  
 Collection Date: 03/08/18 12:33  
 Received Date: 03/08/18 15:30  
 Collected By: Oscar Castano

Laboratory Analysis Report

Parameter	Result	QC	Units	DII	MDL	PQL	Method	Date Ext.	Date Analy.	Analyst
-----------	--------	----	-------	-----	-----	-----	--------	-----------	-------------	---------

Trihalomethanes by EPA Method 524.2

Bromodichloromethane	6.06		ug/L	1	0.0764	0.229	EPA 524.2	03/16 12:12	03/16 15:51	BBL
Bromoform	ND	U	ug/L	1	0.0540	0.162	EPA 524.2	03/16 12:12	03/16 15:51	BBL
Chloroform	26.8		ug/L	1	0.0868	0.260	EPA 524.2	03/16 12:12	03/16 15:51	BBL
Dibromochloromethane	4.06		ug/L	1	0.0108	0.324	EPA 524.2	03/16 12:12	03/16 15:51	BBL
Total Trihalomethanes	37		ug/L	1			EPA 524.2	03/16 12:12	03/16 15:51	BBL

Haloacetic acids by 552.2

Dibromoacetic Acid	3.18		ug/L	1	0.370	1.11	EPA 552.2	03/16 11:47	03/17 09:52	AC
Dichloroacetic Acid	20.7		ug/L	1	0.450	1.35	EPA 552.2	03/16 11:47	03/17 09:52	AC
Monobromoacetic Acid	ND	U	ug/L	1	0.470	1.41	EPA 552.2	03/16 11:47	03/17 09:52	AC
Monochloroacetic Acid	ND	U	ug/L	1	0.790	2.37	EPA 552.2	03/16 11:47	03/17 09:52	AC
Trichloroacetic Acid	5.57		ug/L	1	0.360	1.08	EPA 552.2	03/16 11:47	03/17 09:52	AC
Total Haloacetic Acids (HAA5)	30		ug/L	1			EPA 552.2	03/16 11:47	03/17 09:52	AC

Florida-Spectrum Environmental Services, Inc.  
 1460 W. McNab Road, Fort Lauderdale, FL 33309

Pembroke Laboratory  
 528 Gooch Rd.  
 Fort Mead, FL 33841

Big Lake Laboratory  
 610 Parrot Ave. N.  
 Okeechobee, FL 34972

Spectrum Laboratories  
 630 Indian St.  
 Savannah, GA 31401



Report To:  
 Juquitta Drieth  
 Jacobs/CH2M-City of Pembroke Pines WTP  
 7960 Johnson Street  
 Pembroke Pines FL, 33024

Page 4 of 7  
 Report Printed: 3/23/2018  
 Work Order # 18C0267  
 Project:  
 THM & HAA5

Water Treatment Plants

Lab ID: 18C0267-04  
 Client Sample ID: 030818-04/7500 NW 20th Street Walnut C. (MP4)  
 Matrix: Water  
 Collection Date: 03/08/18 10:13  
 Received Date: 03/08/18 15:30  
 Collected By: Oscar Castano

Laboratory Analysis Report

Parameter	Result	QC	Units	DII	MDL	PQL	Method	Date Ext.	Date Analy.	Analyst
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Trihalomethanes by EPA Method 524.2

Bromodichloromethane	3.20		ug/L	1	0.0764	0.229	EPA 524.2	03/16 12:12	03/16 16:20	BBL
Bromoform	ND	U	ug/L	1	0.0540	0.162	EPA 524.2	03/16 12:12	03/16 16:20	BBL
Chloroform	14.0		ug/L	1	0.0868	0.260	EPA 524.2	03/16 12:12	03/16 16:20	BBL
Dibromochloromethane	1.83		ug/L	1	0.0108	0.324	EPA 524.2	03/16 12:12	03/16 16:20	BBL
Total Trihalomethanes	19		ug/L	1			EPA 524.2	03/16 12:12	03/16 16:20	BBL

Haloacetic acids by 552.2

Dibromoacetic Acid	3.18		ug/L	1	0.370	1.11	EPA 552.2	03/16 11:47	03/17 10:20	AC
Dichloroacetic Acid	14.4		ug/L	1	0.450	1.35	EPA 552.2	03/16 11:47	03/17 10:20	AC
Monobromoacetic Acid	ND	U	ug/L	1	0.470	1.41	EPA 552.2	03/16 11:47	03/17 10:20	AC
Monochloroacetic Acid	ND	U	ug/L	1	0.790	2.37	EPA 552.2	03/16 11:47	03/17 10:20	AC
Trichloroacetic Acid	3.66		ug/L	1	0.360	1.08	EPA 552.2	03/16 11:47	03/17 10:20	AC
Total Haloacetic Acids (HAA5)	21		ug/L	1			EPA 552.2	03/16 11:47	03/17 10:20	AC

Florida-Spectrum Environmental Services, Inc.  
 1460 W. McNab Road, Fort Lauderdale, FL 33309

Pembroke Laboratory  
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 Okeechobee, FL 34972

Spectrum Laboratories  
 630 Indian St.  
 Savannah, GA 31401



Report To:  
 Juquitta Drieth  
 Jacobs/CH2M-City of Pembroke Pines WTP  
 7960 Johnson Street  
 Pembroke Pines FL, 33024

Page 5 of 7  
 Report Printed: 3/23/2018  
 Work Order # 18C0267  
 Project:  
 THM & HAA5

Water Treatment Plants

Lab ID: 18C0267-05  
 Client Sample ID: 030818-05/184th SW Pembroke Road (MP5)  
 Matrix: Water

Collection Date: 03/08/18 11:47  
 Received Date: 03/08/18 15:30  
 Collected By: Oscar Castano

Laboratory Analysis Report

Parameter	Result	QC	Units	Dil	MDL	PQL	Method	Date Ext.	Date Analy.	Analyst
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Trihalomethanes by EPA Method 524.2

Bromodichloromethane	3.55		ug/L	1	0.0764	0.229	EPA 524.2	03/16 12:12	03/16 16:49	BBL
Bromoform	ND	U	ug/L	1	0.0540	0.162	EPA 524.2	03/16 12:12	03/16 16:49	BBL
Chloroform	18.8		ug/L	1	0.0868	0.260	EPA 524.2	03/16 12:12	03/16 16:49	BBL
Dibromochloromethane	2.80		ug/L	1	0.0108	0.324	EPA 524.2	03/16 12:12	03/16 16:49	BBL
Total Trihalomethanes	25		ug/L	1			EPA 524.2	03/16 12:12	03/16 16:49	BBL

Haloacetic acids by 552.2

Dibromoacetic Acid	3.08		ug/L	1	0.370	1.11	EPA 552.2	03/16 11:47	03/17 10:48	AC
Dichloroacetic Acid	15.6		ug/L	1	0.450	1.35	EPA 552.2	03/16 11:47	03/17 10:48	AC
Monobromoacetic Acid	ND	U	ug/L	1	0.470	1.41	EPA 552.2	03/16 11:47	03/17 10:48	AC
Monochloroacetic Acid	ND	U	ug/L	1	0.790	2.37	EPA 552.2	03/16 11:47	03/17 10:48	AC
Trichloroacetic Acid	5.42		ug/L	1	0.360	1.08	EPA 552.2	03/16 11:47	03/17 10:48	AC
Total Haloacetic Acids (HAA5)	24		ug/L	1			EPA 552.2	03/16 11:47	03/17 10:48	AC

Florida-Spectrum Environmental Services, Inc.  
 1460 W. McNab Road, Fort Lauderdale, FL 33309

Pembroke Laboratory  
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 Fort Mead, FL 33841

Big Lake Laboratory  
 610 Parrot Ave. N.  
 Okeechobee, FL 34972

Spectrum Laboratories  
 630 Indian St.  
 Savannah, GA 31401



Report To:  
 Juquitta Drieth  
 Jacobs/CH2M-City of Pembroke Pines WTP  
 7960 Johnson Street  
 Pembroke Pines FL, 33024

Page 6 of 7  
 Report Printed: 3/23/2018  
 Work Order # 18C0267  
 Project:  
 THM & HAA5

Water Treatment Plants

Lab ID: 18C0267-06  
 Client Sample ID: 030818-06/20426 SW 54th Place (MP8)  
 Matrix: Water

Collection Date: 03/08/18 13:40  
 Received Date: 03/08/18 15:30  
 Collected By: Oscar Castano

Laboratory Analysis Report

Parameter	Result	QC	Units	Dil	MDL	PQL	Method	Date Ext.	Date Analy.	Analyst
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Trihalomethanes by EPA Method 524.2

Bromodichloromethane	10.3		ug/L	1	0.0764	0.229	EPA 524.2	03/16 12:12	03/16 17:19	BBL
Bromoform	ND	U	ug/L	1	0.0540	0.162	EPA 524.2	03/16 12:12	03/16 17:19	BBL
Chloroform	31.5		ug/L	1	0.0868	0.260	EPA 524.2	03/16 12:12	03/16 17:19	BBL
Dibromochloromethane	4.30		ug/L	1	0.0108	0.324	EPA 524.2	03/16 12:12	03/16 17:19	BBL
Total Trihalomethanes	46		ug/L	1			EPA 524.2	03/16 12:12	03/16 17:19	BBL

Haloacetic acids by 552.2

Dibromoacetic Acid	2.84		ug/L	1	0.370	1.11	EPA 552.2	03/16 11:47	03/17 11:16	AC
Dichloroacetic Acid	9.19		ug/L	1	0.450	1.35	EPA 552.2	03/16 11:47	03/17 11:16	AC
Monobromoacetic Acid	ND	U	ug/L	1	0.470	1.41	EPA 552.2	03/16 11:47	03/17 11:16	AC
Monochloroacetic Acid	ND	U	ug/L	1	0.790	2.37	EPA 552.2	03/16 11:47	03/17 11:16	AC
Trichloroacetic Acid	5.07		ug/L	1	0.360	1.08	EPA 552.2	03/16 11:47	03/17 11:16	AC
Total Haloacetic Acids (HAA5)	17		ug/L	1			EPA 552.2	03/16 11:47	03/17 11:16	AC

Florida-Spectrum Environmental Services, Inc.  
 1460 W. McNab Road, Fort Lauderdale, FL 33309

Pembroke Laboratory  
 528 Gooch Rd.  
 Fort Mead, FL 33841

Big Lake Laboratory  
 610 Parrot Ave. N.  
 Okeechobee, FL 34972

Spectrum Laboratories  
 630 Indian St.  
 Savannah, GA 31401

**FEBRUARY 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 Fax # (954) 986-5025 E-Mail Address: Juquitta.Drieth@CH2M.com

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

Sample Number: 18B0287-01 Sample Date: 02/08/2018 Sample Time: 14:29 AM  PM (Circle One)

Sample Location (be specific): 800 NW 217th Terrace/(Stage-1) Location Code: (MP-1)

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): 1.8 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\*
- Plant Tap (not for compliance with 62-550)  Composite of Multiple Sites\*\*  Special (not for compliance with 62-550)
- Raw (at well or intake)  Clearance (permitting)
- 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, Oscar A. Castano (Print Name) Operator II (Print Title), do HEREBY CERTIFY

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

Signature:  Date: 02/08/2018

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: 02/20/2018 at 17:10

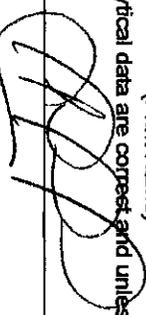
PWS ID (From Page 1): 4061083 Sample Number (From Page 1): 18B0287-01 Lab Assigned Report # or Job ID: 18B0287

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

- |  |   |  |   |  |                                      |
|--|---|--|---|--|--------------------------------------|
| <input type="checkbox"/> Inorganics          | <input type="checkbox"/> Synthetic Organics | <input type="checkbox"/> Volatile Organics | <input type="checkbox"/> Disinfection Byproducts    | <input type="checkbox"/> Radionuclides     | <input type="checkbox"/> 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 type="checkbox"/> Haloacetic Acids           | <input type="checkbox"/> Qtrly Composite** | <input 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, Enrique Ochoa (Print Name) 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: 02/20/2018

\* 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

DISINFECTION BYPRODUCTS  
62-550.310(3)

Report Number / Job ID: 1830287-01  
Disinfectant Residual (mg/L): 1.8  
PWS ID (From Page 1): 4061083

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	µg/L	0.790	U	EPA 552.2	0.790	2.0	2/16/2018	12:47:00	E86006
2451	Dichloroacetic Acid	N/A	µg/L	9.55		EPA 552.2	0.450	1.0	2/16/2018	12:47:00	E86006
2452	Trichloroacetic Acid	N/A	µg/L	0.360	U	EPA 552.2	0.360	1.0	2/16/2018	12:47:00	E86006
2453	Monobromoacetic Acid	N/A	µg/L	0.470	U	EPA 552.2	0.470	1.0	2/16/2018	12:47:00	E86006
2454	Dibromoacetic Acid	N/A	µg/L	8.09		EPA 552.2	0.370	1.0	2/16/2018	12:47:00	E86006
2456	Total Haloacetic Acids (THAA5)	60	µg/L	18		EPA 552.2			2/16/2018	12:47:00	E86006

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	µg/L	10.4		EPA 524.2	0.0868	1.0	2/13/2018	00:14:00	E86006
2942	Bromoform	N/A	µg/L	0.0540	U	EPA 524.2	0.0540	1.0	2/13/2018	00:14:00	E86006
2943	Bromodichloromethane	N/A	µg/L	3.03		EPA 524.2	0.0764	1.0	2/13/2018	00:14:00	E86006
2944	Dibromochloromethane	N/A	µg/L	1.36		EPA 524.2	0.0108	1.0	2/13/2018	00:14:00	E86006
2950	Total Trihaloethanes	80	µg/L	15		EPA 524.2			2/13/2018	00:14:00	E86006

\*\* 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.**

Revising Format 62-550.703  
 Effective January 1995. Revised December 2012  
 Page 5 of 9

\*Results must be reported with appropriate qualifiers in accordance with Florida Administrative Code Rule 62-160, Table 1. Results qualified with A, F, H, N, O, T, Z, ? are unacceptable for consumption with 62-550.3. Results qualified with U, Q, 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 reported with acceptable results for the samples collected during the same monitoring period.

# 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: Juguita.Drieth@CH2M.com

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

Sample Number: 18B0287-02

Sample Date: 02/08/2018

Sample Time: 11:15

AM  PM (Circle One)

Sample Location (be specific): 13000 Pines Blvd., (F5 89) (MP2)

Location Code: (MP-2)

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): 1.8 mg/L

Field pH: 8.7 Units

Sample Type (Check Only One)

Distribution

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

Entry Point (to Distribution)

Routine Compliance with 62-550

Replacement (of Invalidated Sample)

Plant Tap (not for compliance with 62-550)

Confirmation of MCL Exceedance\*

Special (not for compliance with 62-550)

Raw (at well or intake)

Composite of Multiple Sites\*\*

Clearance (permitted)

Max Residence Time

Other: \_\_\_\_\_

Ave Residence Time

Sampling Procedure Used or Other Comments:

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 A. Castano (Print Name)

Operator II (Print Title)

do HEREBY CERTIFY

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

Signature: \_\_\_\_\_

Date: 02/08/2018

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: 02/08/2018 at 17:10

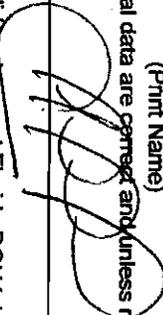
PWS ID (From Page 1): 4061083 Sample Number (From Page 1): 18B0287-02 Lab Assigned Report # or Job ID: 18B0287

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 checked="" 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"/> Otry Composite** | <b>Secondaryes</b><br><input type="checkbox"/> All 14<br><input type="checkbox"/> Partial |
|--|--|---|---|---|---|

## LAB CERTIFICATION

I, Enrique Ochoa (Print Name) 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: 02/20/2018

\* 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

DISINFECTION BYPRODUCTS  
62-550.310(3)

Report Number / Job ID: 18B0287-02  
 Disinfectant Residual (mg/L): 1.8  
 PWS ID (From Page 1): 4061083

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	0.790	U	EPA 552.2	0.790	2.0	2/16/2018	13:15:00	E86006
2451	Dichloroacetic Acid	N/A	ug/L	14.2		EPA 552.2	0.450	1.0	2/16/2018	13:15:00	E86006
2452	Trichloroacetic Acid	N/A	ug/L	3.16		EPA 552.2	0.360	1.0	2/16/2018	13:15:00	E86006
2453	Monobromoacetic Acid	N/A	ug/L	0.470	U	EPA 552.2	0.470	1.0	2/16/2018	13:15:00	E86006
2454	Dibromoacetic Acid	N/A	ug/L	4.18		EPA 552.2	0.370	1.0	2/16/2018	13:15:00	E86006
2456	Total Haloacetic Acids (HAA5)	60	ug/L	22		EPA 552.2			2/16/2018	13:15:00	E86006

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	14.1		EPA 524.2	0.0868	1.0	2/13/2018	00:44:00	E86006
2942	Bromoform	N/A	ug/L	0.0540	U	EPA 524.2	0.0540	1.0	2/13/2018	00:44:00	E86006
2943	Bromodichloromethane	N/A	ug/L	3.19		EPA 524.2	0.0764	1.0	2/13/2018	00:44:00	E86006
2944	Dibromochloromethane	N/A	ug/L	1.13		EPA 524.2	0.0108	1.0	2/13/2018	00:44:00	E86006
2950	Total Trihalomethanes	80	ug/L	18		EPA 524.2			2/13/2018	00:44:00	E86006

\*\* 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 ug/L MRL for bromate.

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

Reporting Format 62-550.310(3)  
 Effective January 1997, Revised December 2012  
 Page 3 of 9  
 \*Results must be reported with appropriate qualifiers in accordance with Florida Administrative Code Rule 62-160, Table 1. Results qualified with A, F, H, N, O, T, Z, ? are unacceptable for compliance with 62-550.310(3). Results qualified with U, Q, 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 reported with appropriate results from samples collected during the same monitoring period.

# 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: 18B0287-03

Sample Date: 02/08/2018

Sample Time: 12:57

AM

PM (Circle One)

Sample Location (be specific): 901 NW 208th Avenue/R. Price Park (MP3)

Location Code: (MP-3)

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): 1.4 mg/L Field pH: 8.3 Units

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\*
- Composite of Multiple Sites\*\*
- Other: \_\_\_\_\_

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

Signature: Oscar A. Castano  
(Print Name)

Operator II  
(Print Title)

do HEREBY CERTIFY

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

Certified Operator # DWC-22627

Phone # (423) 381-9122

Date: 02/08/2018

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

Sampler's Fax # (954) 986-5025

# 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: 02/08/2018 at 17:10

PWS ID (From Page 1): 4061083 Sample Number (From Page 1): 18B0287-03 Lab Assigned Report # or Job ID: 18B0287

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

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

## LAB CERTIFICATION

I, Enrique Ochoa (Print Name) 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: 02/20/2018

\* 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

DISINFECTION BYPRODUCTS  
62-550.310(3)

Report Number / Job ID: 1830287-03  
 Disinfectant Residual (mg/L): 1.4  
 PWS ID (From Page 1): 4061083

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	0.790	U	EPA 552.2	0.790	2.0	2/16/2018	13:42:00	E86006
2451	Dichloroacetic Acid	N/A	ug/L	11.8		EPA 552.2	0.450	1.0	2/16/2018	13:42:00	E86006
2452	Trichloroacetic Acid	N/A	ug/L	2.31		EPA 552.2	0.360	1.0	2/16/2018	13:42:00	E86006
2453	Monobromoacetic Acid	N/A	ug/L	0.470	U	EPA 552.2	0.470	1.0	2/16/2018	13:42:00	E86006
2454	Dibromoacetic Acid	N/A	ug/L	1.76		EPA 552.2	0.370	1.0	2/16/2018	13:42:00	E86006
2456	Total Haloacetic Acids (THAA5)	60	ug/L	16		EPA 552.2			2/16/2018	13:42:00	E86006

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	11.2		EPA 524.2	0.0868	1.0	2/13/2018	01:14:00	E86006
2942	Bromoform	N/A	ug/L	0.0540	U	EPA 524.2	0.0540	1.0	2/13/2018	01:14:00	E86006
2943	Bromodichloromethane	N/A	ug/L	3.07		EPA 524.2	0.0764	1.0	2/13/2018	01:14:00	E86006
2944	Dibromochloromethane	N/A	ug/L	1.16		EPA 524.2	0.0108	1.0	2/13/2018	01:14:00	E86006
2950	Total Trihalomethanes	80	ug/L	15		EPA 524.2			2/13/2018	01:14:00	E86006

\*\* 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)(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 ug/L MRL for bromate.

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

Reporting Format 62-550.730  
 Effective January 1995, Revised December 2012

Page 5 of 9

\*Results must be reported with appropriate qualifiers in accordance with Florida Administrative Code Rule 62-160, Table 1. Results qualified with A, F, H, N, O, T, Z, ? are unacceptable for compliance with 62-550.1. Results qualified with U, Q, R, or V 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 reported with acceptable results from samples collected during the same monitoring period.

# 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) PWS I.D. # 4061083

System Name: City of Pembroke Pines  
 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: Juguita.Drieth@CH2M.com

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

Sample Number: 18B0287-04 Sample Date: 02/08/2018 Sample Time: 09:06 Location Code: (MP-4)  
 Sample Location (be specific): 7500 NW 20th Street Walnut C. (MP4) Field pH: 8.6 Units  
 Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): 3.3 mg/L

- 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\*\*  Special (not for compliance with 62-550)
  - Raw (at well or intake)  Clearance (permitting)
  - 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, Oscar A. Castano (Print Name) Operator II (Print Title), do HEREBY CERTIFY that the above public water system and sample collection information is complete and correct.

Signature: [Signature] Date: 02/08/2018  
 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  
 Address: 1460 West McNab Road, Fort Lauderdale, FL 33309 Phone #: 954-978-6400  
 ATTACH CURRENT DOH ANALYTE SHEET\*

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: 02/08/2018 at 17:10

PWS ID (From Page 1): 4061083 Sample Number (From Page 1): 18B0287-04 Lab Assigned Report # or Job ID: 18B0287  
 Group(s) Analyzed & Results attached for compliance with Chapter 62-550, F.A.C. (Check all that apply):

- |  |   |  |   |  |                                      |
|--|---|--|---|--|--------------------------------------|
| <input type="checkbox"/> Inorganics          | <input type="checkbox"/> Synthetic Organics | <input type="checkbox"/> Volatile Organics | <input type="checkbox"/> Disinfection Byproducts    | <input type="checkbox"/> Radionuclides     | <input type="checkbox"/> 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 type="checkbox"/> Haloacetic Acids           | <input type="checkbox"/> Qtrly Composite** | <input 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, Enrique Ochoa (Print Name) 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: 02/20/2018

\* 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**

DISINFECTION BYPRODUCTS

Report Number / Job ID: 18B0287-04  
 Disinfectant Residual (mg/L): 3.3  
 PWS ID (From Page 1): 4061083

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	0.790	U	EPA 552.2	0.790	2.0	2/16/2018	14:10:00	E86006
2451	Dichloroacetic Acid	N/A	ug/L	8.27	U	EPA 552.2	0.450	1.0	2/16/2018	14:10:00	E86006
2452	Trichloroacetic Acid	N/A	ug/L	0.360	U	EPA 552.2	0.360	1.0	2/16/2018	14:10:00	E86006
2453	Monobromoacetic Acid	N/A	ug/L	0.470	U	EPA 552.2	0.470	1.0	2/16/2018	14:10:00	E86006
2454	Dibromoacetic Acid	N/A	ug/L	13.2		EPA 552.2	0.370	1.0	2/16/2018	14:10:00	E86006
2456	Total Haloacetic Acids (HAA5)	60	ug/L	21		EPA 552.2			2/16/2018	14:10:00	E86006

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	8.17		EPA 524.2	0.0868	1.0	2/13/2018	01:45:00	E86006
2942	Bromoform	N/A	ug/L	0.0540	U	EPA 524.2	0.0540	1.0	2/13/2018	01:45:00	E86006
2943	Bromodichloromethane	N/A	ug/L	2.36		EPA 524.2	0.0764	1.0	2/13/2018	01:45:00	E86006
2944	Dibromochloromethane	N/A	ug/L	1.06		EPA 524.2	0.0108	1.0	2/13/2018	01:45:00	E86006
2950	Total Trihalomethanes	80	ug/L	12		EPA 524.2			2/13/2018	01:45:00	E86006

\*\* 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)(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 ug/L MRL for bromate.

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

Reporting Format 62-550.733  
 Effective January 1, 1995. Revised December 2012

Page 5 of 9

\*Results must be reported with appropriate qualifiers in accordance with Florida Administrative Code Rule 62-180, Table 1. Results qualified with A, F, H, N, O, T, Z, ? are unacceptable for compliance with 62-550.733. Results qualified with a U, C, 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 reported with appropriate results from samples collected during the same monitoring period.

# 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: Juquita.Drieth@CH2M.com

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

Sample Number: 18B0287-05

Sample Date: 02/08/2018

Sample Time: 12:08

AM

PM (Circle One)

Sample Location (be specific): SW 184<sup>th</sup> & Pembroke Road/(MP5)

Location Code: (MP-5)

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): 1.9 mg/L

Field pH: 8.6 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

Sampling Procedure Used or Other Comments: \_\_\_\_\_

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

Oscar A. Castano  
(Print Name)

Operator II  
(Print Title)

do HEREBY CERTIFY

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

Signature: \_\_\_\_\_

Date: 02/08/2018

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: 02/08/2018 at 17:10

PWS ID (From Page 1): 4061083 Sample Number (From Page 1): 18B0287-05 Lab Assigned Report # or Job ID: 18B0287

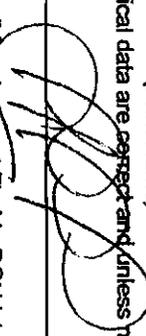
Group(s) Analyzed & Results attached for compliance with Chapter 62-550, F.A.C. (Check all that apply):

- |  |   |  |  |   |                                    |
|--|---|--|--|---|------------------------------------|
| <input type="checkbox"/> Inorganics          | <input type="checkbox"/> Synthetic Organics | <input type="checkbox"/> Volatile Organics | <input type="checkbox"/> Disinfection Byproducts     | <input type="checkbox"/> Radionuclides    | <input type="checkbox"/> Secondary |
| <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"/> Ctry Composite** | <input type="checkbox"/> Partial   |
| <input type="checkbox"/> Nitrate             | <input type="checkbox"/> Nitrite            | <input type="checkbox"/> Dioxin Only       | <input type="checkbox"/> Chlorite                    | <input type="checkbox"/> Bromate          |                                    |
| <input type="checkbox"/> Asbestos            |   |  |  |   |                                    |

## LAB CERTIFICATION

I, Enrique Ochoa (Print Name) B/S/Customr 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: 02/20/2018

\* 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**

DISINFECTION BYPRODUCTS  
62-550.310(3)

Report Number / Job ID: 18B0287-05  
 Disinfectant Residual (mg/L): 1.9  
 PWS ID (From Page 1): 4061083

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	0.790	U	EPA 552.2	0.790	2.0	2/16/2018	14:38:00	E86006
2451	Dichloroacetic Acid	N/A	ug/L	12.4		EPA 552.2	0.450	1.0	2/16/2018	14:38:00	E86006
2452	Trichloroacetic Acid	N/A	ug/L	2.32		EPA 552.2	0.360	1.0	2/16/2018	14:38:00	E86006
2453	Monobromoacetic Acid	N/A	ug/L	0.470	U	EPA 552.2	0.470	1.0	2/16/2018	14:38:00	E86006
2454	Dibromoacetic Acid	N/A	ug/L	1.50		EPA 552.2	0.370	1.0	2/16/2018	14:38:00	E86006
2456	Total Haloacetic Acids (THAA5)	60	ug/L	16		EPA 552.2			2/16/2018	14:38:00	E86006

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	12.0		EPA 524.2	0.0868	1.0	2/13/2018	02:45:00	E86006
2942	Bromoform	N/A	ug/L	0.0540	U	EPA 524.2	0.0540	1.0	2/13/2018	02:45:00	E86006
2943	Bromodichloromethane	N/A	ug/L	2.71		EPA 524.2	0.0764	1.0	2/13/2018	02:45:00	E86006
2944	Dibromochloromethane	N/A	ug/L	1.02		EPA 524.2	0.0108	1.0	2/13/2018	02:45:00	E86006
2950	Total Trihalomethanes	80	ug/L	16		EPA 524.2			2/13/2018	02:45:00	E86006

\*\* 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)(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 ug/L MRL for bromate.

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

Reporting Format 62-550.720  
 Effective January 1995. Revised December 2012  
 Page 5 of 9  
 Results must be reported with appropriate qualifiers in accordance with Florida Administrative Code Rule 62-180, Table 1. Results qualified with A, F, H, N, O, T, Z, ? are unacceptable for compliance with 62-550. Results qualified with U, C, 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 reported with acceptable results from samples collected during the same monitoring period.

# 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: 18B0287-06

Sample Date: 02/08/2018

Sample Time: 13:49

AM  PM (Circle One)

Sample Location (be specific): 20426 SW 54<sup>th</sup> Place/(MP8)

Location Code: (MP8)

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): 1.2 mg/L

Field pH: 8.3 Units

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\*
- Composite of Multiple Sites\*\*
- Other: \_\_\_\_\_

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 (Print Name)

Operator II (Print Title)

do HEREBY CERTIFY

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

Signature: \_\_\_\_\_

Date: 02/08/2018

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  
 Address: 1460 West McNab Road, Fort Lauderdale, FL 33309 Phone #: 954-978-6400  
 ATTACH CURRENT DOH ANALYTE SHEET\*

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: 02/08/2018 at 17:10

PWS ID (From Page 1): 4061083 Sample Number (From Page 1): 18B0287-06 Lab Assigned Report # or Job ID: 18B0287

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

- |  |  |                                  |  |   |                                  |
|--|--|----------------------------------|--|---|----------------------------------|
| <b>Inorganics</b>                            | <b>Synthetic Organics</b>                  | <b>Volatile Organics</b>         | <b>Disinfection Byproducts</b>                       | <b>Radionuclides</b>                      | <b>Secondaries</b>               |
| <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"/> Otry Composite** | <input 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, 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: 02/20/2018

\* 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

DISINFECTION BYPRODUCTS  
62-550.310(3)

Report Number / Job ID: 18B0287-06  
 Disinfectant Residual (mg/L): 1.2  
 PWS ID (From Page 1): 4061083

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	0.790	U	EPA 552.2	0.790	2.0	2/16/2018	15:05:00	E86006
2451	Dichloroacetic Acid	N/A	ug/L	10.3		EPA 552.2	0.450	1.0	2/16/2018	15:05:00	E86006
2452	Trichloroacetic Acid	N/A	ug/L	2.00		EPA 552.2	0.360	1.0	2/16/2018	15:05:00	E86006
2453	Monobromoacetic Acid	N/A	ug/L	0.470	U	EPA 552.2	0.470	1.0	2/16/2018	15:05:00	E86006
2454	Dibromoacetic Acid	N/A	ug/L	1.45		EPA 552.2	0.370	1.0	2/16/2018	15:05:00	E86006
2456	Total Haloacetic Acids (HAA5)	60	ug/L	14		EPA 552.2			2/16/2018	15:05:00	E86006

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	11.0		EPA 524.2	0.0868	1.0	2/13/2018	03:15:00	E86006
2942	Bromoform	N/A	ug/L	0.0540	U	EPA 524.2	0.0540	1.0	2/13/2018	03:15:00	E86006
2943	Bromodichloromethane	N/A	ug/L	2.30		EPA 524.2	0.0764	1.0	2/13/2018	03:15:00	E86006
2944	Dibromochloromethane	N/A	ug/L	1.33		EPA 524.2	0.0108	1.0	2/13/2018	03:15:00	E86006
2950	Total Trihalomethanes	80	ug/L	15		EPA 524.2			2/13/2018	03:15:00	E86006

\*\* 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 ug/L MRL for bromate.

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

Reporting Format 62-550.310  
 Effective January 1996, Revised December 2012  
 Page 5 of 9  
 Results must be reported with appropriate qualifiers in accordance with Florida Administrative Code Rule 62-160, Table 1. Results qualified with A, F, H, N, O, T, Z, ? are unacceptable for compliance with 62-550.310. Results qualified with U, Q, 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 reported with appropriate results from samples collected during the same monitoring period.

# JANUARY 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 Fax #: (954) 986-5025 E-Mail Address: Juquitta.Dreth@CH2M.com

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

Sample Number: 18A0240-01 Sample Date: 01/09/2018 Sample Time: 13:03 AM  PM (Circle One)

Sample Location (be specific): 800 NW 217th Terrace (Stage-1) Location Code: (Stage 1)

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): 2.4 mg/L Field pH: 8.47 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, Oscar A. Castano (Print Name), Operator II (Print Title), do HEREBY CERTIFY

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

Signature:  Date: 01/09/2018

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: 01/09/2018 at 17:15

PWS ID (From Page 1): 4061083 Sample Number (From Page 1): 18A0240-01 Lab Assigned Report # or Job ID: 18A0240

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 checked="" type="checkbox"/> Trihalomethanes<br><input checked="" 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**<br><input type="checkbox"/> Bromate | <b>Secondaries</b><br><input type="checkbox"/> All 14<br><input type="checkbox"/> Partial |
|--|--|---|--|--|---|

## LAB CERTIFICATION

I, Enrique Octoa (Print Name) 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: 01/24/2018

\* 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**

**DISINFECTION BYPRODUCTS**  
62-550.310(3)

Report Number / Job ID: 18A0240-01  
 Disinfectant Residual (mg/L): 2.4  
 PWS ID (From Page 1): 4061083

Contaminant ID	Contaminant 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	0.790	U	EPA 524.2	0.790	2.0	1/11/2018	18:19:00	ES60006
2451	Dichloroacetic Acid	N/A	ug/L	17.6		EPA 524.2	0.450	1.0	1/11/2018	18:19:00	ES60006
2452	Trichloroacetic Acid	N/A	ug/L	3.26		EPA 524.2	0.360	1.0	1/11/2018	18:19:00	ES60006
2453	Monobromoacetic Acid	N/A	ug/L	0.470	U	EPA 524.2	0.470	1.0	1/11/2018	18:19:00	ES60006
2454	Dibromoacetic Acid	N/A	ug/L	1.57		EPA 524.2	0.370	1.0	1/11/2018	18:19:00	ES60006
2456	Total Haloacetic Acids (THAA5)	60	ug/L	22		EPA 524.2			1/11/2018	18:19:00	ES60006

Contaminant ID	Contaminant 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	20.9		EPA 524.2	0.0868	1.0	1/10/2018	15:58:00	ES60006
2942	Bromoform	N/A	ug/L	0.0540	U	EPA 524.2	0.0540	1.0	1/10/2018	15:58:00	ES60006
2943	Bromodichloromethane	N/A	ug/L	4.51		EPA 524.2	0.0764	1.0	1/10/2018	15:58:00	ES60006
2944	Dibromochloromethane	N/A	ug/L	1.24		EPA 524.2	0.0108	1.0	1/10/2018	15:58:00	ES60006
2950	Total Trihalomethanes	80	ug/L	27		EPA 524.2			1/10/2018	15:58:00	ES60006

\*\* 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 ug/L MRL for bromate.

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

Florida Department of Environmental Protection  
 Laboratory Reporting Format  
 Version 1.0  
 1/10/2018

# 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 Fax # (954) 986-5025

E-Mail Address: Juquitta.Drieth@CH2M.com

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

Sample Number: 18A0240-02

Sample Date: 01/09/2018

Sample Time: 10:00

AM  PM (Circle One)

Sample Location (be specific): 13000 Pines Blvd. (FS 89) (MP2)

Location Code: (MP-2)

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): 2.4 mg/L

Field pH: 8.59 Units

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\*
- Composite of Multiple Sites\*\*
- Other: \_\_\_\_\_

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

\_\_\_\_\_  
(Print Name) **Oscar A. Castano**

\_\_\_\_\_  
(Print Title) **Operator II** do HEREBY CERTIFY

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

Signature: \_\_\_\_\_

Date: 01/09/2018

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 #: E96006 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: 01/09/2018 at 17:15

PWS ID (From Page 1): 4061083 Sample Number (From Page 1): 18A0240-02 Lab Assigned Report # or Job ID: 18A0240

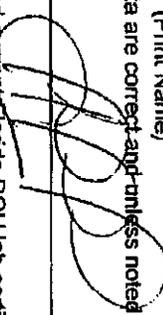
Group(s) Analyzed & Results attached for compliance with Chapter 62-550, F.A.C. (Check all that apply):

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

## LAB CERTIFICATION

I, Enrique Ochoa (Print Name) 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: 01/24/2018

\* 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

**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.Dreth@CH2M.com

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

Sample Number: 18A0240-03 Sample Date: 01/09/2018 Sample Time: 11:41 AM  PM (Circle One)

Sample Location (be specific): 901 NW 208th Avenue/R. Price Park (MP3) Location Code: (MP-3)

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): 2.1 mg/L Field pH: 8.47 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)
- Max Residence Time
- Ave Residence Time
- Near First Customer

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.

## SAMPLER CERTIFICATION

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

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

Signature:  Date: 01/09/2018

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 #: 954-979-6400

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: 01/09/2018 at 17:15

PWS ID (From Page 1): 4061083 Sample Number (From Page 1): 18A0240-03 Lab Assigned Report # or Job ID: 18A0240

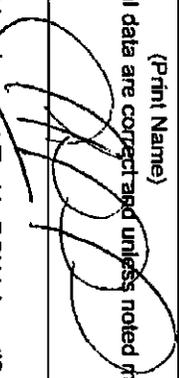
Group(s) Analyzed & Results attached for compliance with Chapter 62-550, F.A.C. (Check all that apply):

- |  |  |   |   |  |   |
|--|--|---|---|--|---|
| <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 type="checkbox"/> Partial | <p><b>Disinfection Byproducts</b></p> <input checked="" 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"/> Dirty Composite** | <p><b>Secondaries</b></p> <input type="checkbox"/> All 14<br><input type="checkbox"/> Partial |
|--|--|---|---|--|---|

## LAB CERTIFICATION

I, Enrique Ochoa (Print Name) 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: 01/24/2018

\* 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

DISINFECTION BYPRODUCTS  
62-550.310(3)

Report Number / Job ID: 18A0240-03  
Disinfectant Residual (mg/L): 2.1  
PWS ID (From Page 1): 4061083

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	0.790	U	EPA 552.2	0.790	2.0	1/11/2018	19:15:00	ES6006
2451	Dichloroacetic Acid	N/A	ug/L	18.8		EPA 552.2	0.450	1.0	1/11/2018	19:15:00	ES6006
2452	Trichloroacetic Acid	N/A	ug/L	3.13		EPA 552.2	0.360	1.0	1/11/2018	19:15:00	ES6006
2453	Monobromoacetic Acid	N/A	ug/L	0.470	U	EPA 552.2	0.470	1.0	1/11/2018	19:15:00	ES6006
2454	Dibromoacetic Acid	N/A	ug/L	2.62		EPA 552.2	0.370	1.0	1/11/2018	19:15:00	ES6006
2456	Total Haloacetic Acids (THAA5)	60	ug/L	25		EPA 552.2			1/11/2018	19:15:00	ES6006

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	37.2		EPA 524.2	0.0868	1.0	1/10/2018	17:30:00	ES6006
2942	Bromoform	N/A	ug/L	0.0540	U	EPA 524.2	0.0540	1.0	1/10/2018	17:30:00	ES6006
2943	Bromodichloromethane	N/A	ug/L	7.89		EPA 524.2	0.0764	1.0	1/10/2018	17:30:00	ES6006
2944	Dibromochloromethane	N/A	ug/L	1.29		EPA 524.2	0.0108	1.0	1/10/2018	17:30:00	ES6006
2950	Total Trihalomethanes	80	ug/L	46		EPA 524.2			1/10/2018	17:30:00	ES6006

\*\* 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 ug/L MRL for bromate.

**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: 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: Juguita.Drieth@CH2M.com

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

Sample Number: 18A0240-04 Sample Date: 01/09/2018 Sample Time: 09:09 AM PM (Circle One)

Sample Location (be specific): 7500 NW 20th Street Walnut Creek (MP4) Location Code: (MP-4)

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): 3.1 mg/L Field pH: 8.24 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\*\*  Special (not for compliance with 62-550)
- Raw (at well or intake)  Clearance (permitting)
- Max Residence Time
- Ave Residence Time
- Near First Customer

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.

## SAMPLER CERTIFICATION

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

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

Signature:  Date: 01/09/2018

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  
 Address: 14 60 West McNab Road, Fort Lauderdale, FL 33309 Phone #: 954-978-6400  
 ATTACH CURRENT DOH ANALYTE SHEET\*

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: 01/09/2018 at 17:15

PWS ID (From Page 1): 4061083 Sample Number (From Page 1): 18A0240-04 Lab Assigned Report # or Job ID: 18A0240

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

- |  |   |  |  |  |                                      |
|--|---|--|--|--|--------------------------------------|
| <input type="checkbox"/> Inorganics          | <input type="checkbox"/> Synthetic Organics | <input type="checkbox"/> Volatile Organics | <input type="checkbox"/> Disinfection Byproducts     | <input type="checkbox"/> Radionuclides     | <input type="checkbox"/> 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"/> Otrly Composite** | <input 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, Enrique Ochoa (Print Name) 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: 01/24/2018

\* 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**

**DISINFECTION BYPRODUCTS**  
62-550.310(3)

Report Number / Job ID: 18A0240-04  
Disinfectant Residual (mg/L): 3.1  
PWS ID (From Page 1): 4061083

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	µg/L	0.790	U	EPA 524.2	0.790	2.0	1/11/2018	19:43:00	ES6006
2451	Dichloroacetic Acid	N/A	µg/L	20.2		EPA 552.2	0.450	1.0	1/11/2018	19:43:00	ES6006
2452	Trichloroacetic Acid	N/A	µg/L	5.72		EPA 552.2	0.360	1.0	1/11/2018	19:43:00	ES6006
2453	Monobromoacetic Acid	N/A	µg/L	0.470	U	EPA 552.2	0.470	1.0	1/11/2018	19:43:00	ES6006
2454	Dibromoacetic Acid	N/A	µg/L	4.47		EPA 552.2	0.370	1.0	1/11/2018	19:43:00	ES6006
2456	Total Haloacetic Acids (HAA5)	60	µg/L	30		EPA 552.2			1/11/2018	19:43:00	ES6006

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	µg/L	37.8		EPA 524.2	0.0868	1.0	1/10/2018	18:02:00	ES6006
2942	Bromoform	N/A	µg/L	0.0540	U	EPA 524.2	0.0540	1.0	1/10/2018	18:02:00	ES6006
2943	Bromodichloromethane	N/A	µg/L	6.24		EPA 524.2	0.0764	1.0	1/10/2018	18:02:00	ES6006
2944	Dibromochloromethane	N/A	µg/L	1.09		EPA 524.2	0.0108	1.0	1/10/2018	18:02:00	ES6006
2950	Total Trihalomethanes	80	µg/L	45		EPA 524.2			1/10/2018	18:02:00	ES6006

\*\* 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.**

# 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: Juguita.Drieth@CH2M.com

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: 18A0240-05 Sample Date: 01/09/2018 Sample Time: 10:55 AM PM (Circle One)

Sample Location (be specific): 184<sup>th</sup> & Pembroke Road (MP5) Location Code: (MP-5)

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): 1.8 mg/L Field pH: 8.05 Units

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\*
- Composite 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, Oscar A. Castano (Print Name) Operator II (Print Title), do HEREBY CERTIFY

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

Signature:  Date: 01/09/2018

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 #: E96006 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: 01/09/2018 at 17:15

PWS ID (From Page 1): 4061083

Sample Number (From Page 1): 18A0240-05 Lab Assigned Report # or Job ID: 18A0240

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 checked="" type="checkbox"/> Trihalomethanes<br><input checked="" 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**<br><input type="checkbox"/> Partial | <b>Secondarys</b><br><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: 01/24/2018

\* 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 "BD," 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

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: 18A0240-06

Sample Date: 01/09/2018

Sample Time: 13:46

AM PM (circle One)

Sample Location (be specific): 20426 SW 54<sup>th</sup> Place (MP8)

Location Code: (MP8)

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): 1.8 mg/L

Field pH: 8.58 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

Sampling Procedure Used or Other Comments:

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.

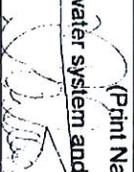
SAMPLER CERTIFICATION

I, Oscar A. Castano (Print Name)

Operator II (Print Title)

do HEREBY CERTIFY

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

Signature: 

Date: 01/09/2018

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  
 Address: 1460 West McNab Road, Fort Lauderdale, FL 33309 ATTACH CURRENT DOH ANALYTE SHEET\*  
 Phone #: 954-978-6400  
 Were any analyses subcontracted?  Yes  No If yes, please provide DOH certification number(s): \_\_\_\_\_

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 01/09/2018 at 17:15 ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB\*

PWS ID (From Page 1): 4061083 Sample Number (From Page 1): 18A0240-06 Lab Assigned Report # or Job ID: 18A0240  
 Group(s) Analyzed & Results attached for compliance with Chapter 62-550, F. A. C. (Check all that apply):  

<u>Inorganics</u>	<u>Synthetic Organics</u>	<u>Volatile Organics</u>	<u>Disinfection Byproducts</u>	<u>Radionuclides</u>	<u>Secondaries</u>
<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"/> Dirty Composite**	<input 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, 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: 01/24/2018

\* 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**

**DISINFECTION BYPRODUCTS**  
62-550.310(3)

Report Number / Job ID: 18A0240-06  
Disinfectant Residual (mg/L): 1.8  
PWS ID (From Page 1): 4061083

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	0.790	U	EPA 552.2	0.790	2.0	1/11/2018	20:40:00	E86006
2451	Dichloroacetic Acid	N/A	ug/L	24.5		EPA 552.2	0.450	1.0	1/11/2018	20:40:00	E86006
2452	Trichloroacetic Acid	N/A	ug/L	4.19		EPA 552.2	0.360	1.0	1/11/2018	20:40:00	E86006
2453	Monobromoacetic Acid	N/A	ug/L	0.470	U	EPA 552.2	0.470	1.0	1/11/2018	20:40:00	E86006
2454	Dibromoacetic Acid	N/A	ug/L	2.78		EPA 552.2	0.370	1.0	1/11/2018	20:40:00	E86006
2456	Total Haloacetic Acids (HAA5)	60	ug/L	32		EPA 552.2			1/11/2018	20:40:00	E86006

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	41.1		EPA 524.2	0.0868	1.0	1/10/2018	19:11:00	E86006
2942	Bromoform	N/A	ug/L	0.0540	U	EPA 524.2	0.0540	1.0	1/10/2018	19:11:00	E86006
2943	Bromodichloromethane	N/A	ug/L	8.78		EPA 524.2	0.0764	1.0	1/10/2018	19:11:00	E86006
2944	Dibromochloromethane	N/A	ug/L	1.71		EPA 524.2	0.0108	1.0	1/10/2018	19:11:00	E86006
2950	Total Trihalomethanes	80	ug/L	52		EPA 524.2			1/10/2018	19:11:00	E86006

\*\* 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 ug/L MRL for bromate.  
**NOTE: Do not round values. Report results to the accuracy, precision, and sensitivity of the analytical method used.**



## STAGE 2 TOTAL TRIHALOMETHANES (TTHM) AND HALOACETIC ACIDS FIVE (HAA5) EXAMPLE REPORTING FORMAT

Subpart H systems serving 500 or more persons and ground water systems serving 10,000 or more persons shall complete applicable pages of this format and submit them to the Department within 10 days after the end of any quarter in which TTHM/HAA5 monitoring is required. Systems on routine or reduced quarterly TTHM/HAA5 monitoring shall complete pages 1, 2, and 3 of this format. (Add additional rows to the tables on pages 2 and 3 as necessary.) Systems on reduced annual TTHM/HAA5 monitoring shall complete pages 1 and 4 of this format. Additionally, Subpart H systems seeking to qualify for, or remain on, reduced quarterly or annual TTHM/HAA5 monitoring shall complete page 5 of this format. (Add additional rows to the table on page 5 as necessary.)

D/DBPR = Disinfectant and Disinfection Byproducts Rule; LRAA = locational running annual average; MCL = maximum contaminant level; OE = operational evaluation; RAA = running annual average; TOC = total organic carbon.

### QUARTERLY MONITORING PERIOD\* January - March 2018

\*Indicate the quarterly monitoring period by months and year (e.g., April-June 2012).

#### SYSTEM INFORMATION

PWS ID Number: 4061083	
PWS Name: City of Pembroke Pines Water Treatment Plant	
Source Water Type and Population Size Category:	
<input checked="" type="checkbox"/> Ground Water: <input type="checkbox"/> 10,000 – 99,999 <input checked="" type="checkbox"/> 100,000 – 499,999 <input type="checkbox"/> ≥ 500,000	<input type="checkbox"/> Subpart H: <input type="checkbox"/> 500 – 3,300 <input type="checkbox"/> 3,301 – 9,999 <input type="checkbox"/> 10,000 – 49,999 <input type="checkbox"/> 50,000 – 249,999  <input type="checkbox"/> 250,000 – 999,999 <input type="checkbox"/> 1,000,000 – 4,999,999 <input type="checkbox"/> ≥ 5,000,000
Monitoring Mode*: <input checked="" type="checkbox"/> Routine Monitoring <input type="checkbox"/> Reduced Monitoring	
Monitoring Frequency*: <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Annually	
Total Number Of Distribution System Monitoring Locations*: 6	
Contact Person: Juguitha Drieth	
Phone Number: 850-557-7147	
E-Mail Address (optional): jdrieth@ch2m.com	
Fax Number (optional): 954-986-5025	

\* See 40 CFR 141.621 and 141.623 for more details.

**TTHM COMPLIANCE SUMMARY FOR SYSTEMS MONITORING QUARTERLY**

Monitoring Location*	DOH Lab Certification No.	No. of TTHM Samples Taken	Date Each TTHM Sample Taken (m/d/yr)	TTHM Sample Result (µg/L)	This Quarter				TTHM LRAA** (µg/L)	TTHM OE Value*** (µg/L)
					TTHM Locational Quarterly Average (µg/L) A	TTHM Locational Quarterly Average (µg/L) B	TTHM Locational Quarterly Average (µg/L) C	TTHM Locational Quarterly Average (µg/L) D		
MP1 800 NW 217th Terrace	E86006	1	2/8/18	15	15	20	42.75	40.9	29.66	23.19
MP2 Fire Station #89-13000	E86006	1	2/8/18	18	18	21	22.68	29.5	22.80	19.92
MP3 901 NW 208th Ave Rose Price Park	E86006	1	2/8/18	15	15	33	47.95	53.8	37.44	27.74
MP4 7500 NW 20th St. Walnut Creek	E86006	1	2/8/18	12	12	23	18.32	26.5	19.96	16.33
MP5 184th Pembroke Rd.	E86006	1	2/8/18	16	16	22	25.26	35.4	24.67	19.82
MP8 20426 SW 54th PL.	E86006	1	2/8/18	15	15	37	30.48	42.0	31.12	24.37

Does the TTHM LRAA at any monitoring location violate the TTHM MCL of 80 µg/L?  No

Does the TTHM OE value at any monitoring location exceed 80 µg/L? (yes)  No

If you are on reduced quarterly monitoring, does the TTHM LRAA exceed 40 µg/L at any monitoring location? (YES/NO/NA)\*\*\*\*  N/A

\* Location names or numbers should correspond to those in your Stage 2 D/DBPR compliance monitoring plan required under 40 CFR 141.622.  
 \*\* Calculate and enter the LRAA beginning at the end of the fourth quarter of Stage 2 monitoring and at the end of each subsequent quarter. Also, if the LRAA calculated based on fewer than four quarters of data would cause the MCL to be exceeded regardless of the monitoring results of subsequent quarters, calculate and enter the LRAA (using zero for the results of subsequent quarters).  
 \*\*\* Calculate the OE value beginning at the end of the third quarter of Stage 2 monitoring and at the end of each subsequent quarter. Enter the OE value if it exceeds 80 µg/L.  
 \*\*\*\* If any TTHM OE value at any location exceeds 80 µg/L, conduct an OE and submit an OE report in accordance with 40 CFR 141.626.  
 \*\*\*\*\* If any TTHM LRAA at any location exceeds 40 µg/L, resume routine quarterly monitoring under 40 CFR 141.621.

