

# **Bacteriological Reports 2018**



**BROWARD COUNTY HEALTH DEPARTMENT**  
**ENVIRONMENTAL ENGINEERING SECTION**  
 2421-A S.W. 61h AVENUE, FORT LAUDERDALE, FL 33315-2613

**WATER UTILITY:** City of Pembroke Pines - PWS ID 4061083     
 **MONTH:** January     
 **YEAR:** 2018

Note: Please complete this form monthly and attach one copy to the monthly water plant operation report to be submitted to the BCHD not later than the 10<sup>th</sup> of the following month.

**MONTHLY BACTERIOLOGICAL SAMPLES ANALYZED FROM COMMUNITY WATER SYSTEMS**

Minimum Number of Samples Required			Number of Samples Analyzed			Number of Unsatisfactory Samples		
Well	Plant	Distribution	Well	Plant	Distribution	Well	Plant	Distribution
6	0	120						
1. Collected by Utility, Analyzed by State Cert. Lab			6	0	126	0	0	0
2. Collected by Utility Analyzed by Plant Lab			0	0	0	0	0	0
3. Total -Add Lines (1 +2)			<b>6</b>	<b>0</b>	<b>126</b>	<b>0</b>	<b>0</b>	<b>0</b>

\*Note: Do not include results on main clearance.

# DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORTING FORMAT

162-550.730 Reporting Format Effective 01/1995, Revised 02/2010

**Florida-Spectrum Environmental Services, Inc.**  
 1460 W. McNab Road, Fort Lauderdale, FL 33309 Tel# (954) 978-6400  
 Certification No. E86006

Lab Receipt Date & Time: 17-Jan-2018 17:35

Analysis Date & Time: 17-Jan-2018 18:30

**Sample Acceptance Criteria:**

Sample Preservation:  On Ice  Not On Ice  4.00 °C  
 Disinfectant Check:  Not Detected  \_\_\_\_\_ mg/L  
 This sample does not meet the following NELAC requirements:

Report Number: 18A0507 Sub-Contract Lab ID: E86006

**Analysis Requested:** (check all that apply)

Total Coliform/E. coli  Total Coliform/Fecal  Enterococci  Coliphage  HPC  Other: \_\_\_\_\_

**Public Water System (PWS) Name:** City of Pembroke Pines

**PWS I.D.**

4	0	6	1	0	8	3
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**PWS Address:** 7960 Johnson Street

**City:** Pembroke Pines **FL** 33024

**PWS or PWS Owner's Phone #:** (754) 260-4509

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

**Collector:** Oscar Castano

**Collector's Phone #:** (954) 582-4300/(423)-381-9121

**Type of Supply:** (check only one)

Community Water System  Non-Transient Non-community Water System  Transient Non-community Water System  
 Limited Use System  Bottled Water  Private Well  Swimming Pool  Other: \_\_\_\_\_

**Reason for Sampling:** (check all that apply)

Distribution Routine  Distribution Repeat  Raw (triggered or assessment)  Raw (triggered or assessment) additional  Well Survey  
 Clearance  Replacement (also check type of sample being replaced)  Boil Water Notice  Other: \_\_\_\_\_

**Sample Collection Date:** 1/17/18

To be completed by collector of sample						To be completed by lab				
Sample #	Sample Point City of Pembroke Pines Monthly Bacteria City of Pembroke Pines, FL	Sample Collection Time	Sample Type	Disinfectant Residual (mg/L)	pH	Analysis Method(s)2: Total Coliform/E.Coli (PA) by Colilert in Water (SM9223B)				
						Non-Coliform	Total Coliform	Fecal <u>(E.Coli)</u> Enterococci or Coliphage3	Data Qualifier4	Lab Sample #
011718-01	Well #1	7:55	R	0.0	7.34		Absent	Absent	U	18A0507-01
011718-02	Well #4	7:46	R	0.0	7.30		Absent	Absent	U	18A0507-02
011718-03	Well #6	8:22	R	0.0	7.58		Absent	Absent	U	18A0507-03
011718-04	Well #9	8:25	R	0.0	7.49		Absent	Absent	U	18A0507-04
011718-05	Well #10	8:35	R	0.0	7.62		Absent	Absent	U	18A0507-05
011718-06	Well #11	8:29	R	0.0	7.53		Absent	Absent	U	18A0507-06

Average of disinfectant residuals for distribution routine & repeat Samples.5 Free chlorine or Total chlorine (circle one) 0.0

**Disinfectant Residual Analysis Method:**

DPD Colorimetric  Other: \_\_\_\_\_

**Person performing disinfectant analysis is (see instructions on reverse):**

A certified operator (# DWC 22627)  
 Supervised by certified operator (# \_\_\_\_\_)  
 Employed by a certified lab  Employed by DEP or DOH  
 Authorized representative of supplier of water

Unless otherwise noted, all tests are performed in accordance with NELAC standards, and the results relate only to the samples.

Date and time PWS notified by lab of positive results: \_\_\_\_\_

Date and time DEP/DOH notified by lab of positive results: \_\_\_\_\_

Date Report Issued: 26-Jan-2018 12:49

Lab Signature: Enrique Ochoa

Title: (CSM) Customer Service Manager

Juquitta Drieth  
 Jacobs/CH2M-City of Pembroke Pines W1  
 7960 Johnson Street  
 Pembroke Pines FL 33024

**DEP/DOH USE ONLY**

Satisfactory  
 Incomplete Collection Information  
 Repeat Samples Required  
 Replacement Samples Required

Date Reviewed by DEP/DOH: \_\_\_\_\_  
 DEP/DOH Reviewing Official: \_\_\_\_\_

1 For Sample Types see Instructions item 11.6  
 2 For Analysis Method see Instructions item 11.6  
 3 Please use appropriate solution  
 4 Defined in Florida Administrative Code, Rule 62-100, Table 1  
 5 Composite for community & non-transient non-community systems serving populations up to and including 4,500. Do not include raw or plant samples in the average.

# DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORTING FORMAT

(62-550.730 Reporting Form Effective 01/1995, Revised 02/2010)

**Florida-Spectrum Environmental Services, Inc.**  
 1460 W. McNab Road, Fort Lauderdale, FL 33309 Tel# (954) 978-6400  
 Certification No. E86006

Lab Receipt Date & Time: <u>08-Jan-2018 17:35</u>
Analysis Date & Time: <u>08-Jan-2018 18:30</u>
<b>Sample Acceptance Criteria:</b>
Sample Preservation: <input checked="" type="checkbox"/> On Ice <input type="checkbox"/> Not On Ice <input checked="" type="checkbox"/> 4.80 °C
Disinfectant Check: <input checked="" type="checkbox"/> Not Detected <input type="checkbox"/> _____ mg/L
This sample does not meet the following NELAC requirements:

Report Number: 18A0195      Sub-Contract Lab ID: E86006

**Analysis Requested:** (check all that apply)

Total Coliform/E. coli    Total Coliform/Fecal    Enterococci    Coliphage    HPC    Other: \_\_\_\_\_

**Public Water System (PWS) Name:** City of Pembroke Pines      **PWS I.D.**

4	0	6	1	0	8	3
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**PWS Address:** 7960 Johnson Street      City: Pembroke Pines      FL      33024

**PWS or PWS Owner's Phone #:** (754) 260-4509      **Fax #:** (954) 986-5026

**Collector:** Oscar Castano      **Collector's Phone #:** (954) 582-4300/(423)-381-9121

**Type of Supply:** (check only one)

Community Water System    Non-Transient Non-community Water System    Transient Non-community Water System  
 Limited Use System    Bottled Water    Private Well    Swimming Pool    Other: \_\_\_\_\_

**Reason for Sampling:** (check all that apply)

Distribution Routine    Distribution Repeat    Raw (triggered or assessment)    Raw (triggered or assessment) additional    Well Survey  
 Clearance    Replacement (also check type of sample being replaced)    Boil Water Notice    Other: \_\_\_\_\_

**Sample Collection Date:** 1/8/18

To be completed by collector of sample						To be completed by lab				
Sample #	Sample Point City of Pembroke Pines Monthly Bacteria City of Pembroke Pines, FL	Sample Collection Time	Sample Type	Disinfectant Residual (mg/L)	pH	Analysis Method(s): Total Coliform/E.Coli (PA) by Colilert in Water (SM9223B)				
						Non-Coliform	Total Coliform	Fecal, E.Coli, Enterococci or Coliphage3	Data Qualifier4	Lab Sample #
010818-01	(SP ID 1) 2040 NW 74th Avenue	10:33	D	3.1 /	8.35		Absent	Absent	U	18A0195-01
010818-02	(SP ID 2) 7610 Taft Street	10:51	D	3.1 /	8.13		Absent	Absent	U	18A0195-02
010818-03	(SP ID 3) 7741 Johnson Street	11:01	D	3.2 /	8.10		Absent	Absent	U	18A0195-03
010818-04	(SP ID 4) 120 NW 73rd Avenue	11:17	D	2.8 /	8.15		Absent	Absent	U	18A0195-04
010818-05	(SP ID 5) 7021 SW 9th Street	11:33	D	2.8 /	8.46		Absent	Absent	U	18A0195-05
010818-06	(SP ID 11) 1530 SW 85th Avenue	11:49	D	3.1 /	8.56		Absent	Absent	U	18A0195-06
010818-07	(SP ID 10) 199 N. University Drive	12:10	D	2.7 /	8.35		Absent	Absent	U	18A0195-07

**Average of disinfectant residuals for distribution routine & repeat Samples.5** Free chlorine or Total chlorine (circle one)      3.0 /

**Disinfectant Residual Analysis Method:**  
 DPD Colorimetric    Other: \_\_\_\_\_  
**Person performing disinfectant analysis is (see instructions on reverse):**  
 A certified operator (# DWC 22627)  
 Supervised by certified operator (# \_\_\_\_\_)  
 Employed by a certified lab    Employed by DEP or DOH  
 Authorized representative of supplier of water

Unless otherwise noted, all tests are performed in accordance with NELAC standards, and the results relate only to the samples.

Date and time PWS notified by lab of positive results: \_\_\_\_\_  
 Date and time DEP/DOH notified by lab of positive results: \_\_\_\_\_  
 Date Report Issued: 17-Jan-2018 14:10  
**Lab Signature:** Enrique Ochoa  
**Title:** (CSM) Customer Service Manager

Juquitta Drieth  
 Jacobs/CH2M-City of Pembroke Pines WI  
 7960 Johnson Street  
 Pembroke Pines      FL      33024

<input type="checkbox"/> Satisfactory	DEP/DOH USE ONLY
<input type="checkbox"/> Incomplete Collection Information	
<input type="checkbox"/> Repeat Samples Required	
<input type="checkbox"/> Replacement Samples Required	
Date Reviewed by DEP/DOH: _____	
DEP/DOH Reviewing Official: _____	

1 For Sample Types see Instructions item I.11  
 2 For Analysis Methods see Instructions item II.6  
 3 Please circle appropriate selection  
 4 Defined in Florida Administrative Code Rule 62-260, Table 1  
 5 Complete for community & non-transient non-community systems serving populations up to and including 1,000. Do not include raw or plant samples in the average

# DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORTING FORMAT

(62-550.730 Reporting Format Effective 01/1995, Revised 02/2010)

**Florida-Spectrum Environmental Services, Inc.**  
 1460 W. McNab Road, Fort Lauderdale, FL 33309 Tel# (954) 978-6400  
 Certification No. E86006

Lab Receipt Date & Time: <u>10-Jan-2018 14:00</u>
Analysis Date & Time: <u>10-Jan-2018 15:00</u>
<b>Sample Acceptance Criteria:</b> Sample Preservation: <input checked="" type="checkbox"/> On Ice <input type="checkbox"/> Not On Ice <input checked="" type="checkbox"/> <u>5.00</u> °C Disinfectant Check: <input checked="" type="checkbox"/> Not Detected <input type="checkbox"/> _____ mg/L This sample does not meet the following NELAC requirements:

Report Number: 18A0252      Sub-Contract Lab ID: E86006

**Analysis Requested:** (check all that apply)  
 Total Coliform/*E. coli*    Total Coliform/Fecal    Enterococci    Coliphage    HPC    Other: \_\_\_\_\_

**Public Water System (PWS) Name:** City of Pembroke Pines      **PWS I.D.**

4	0	6	1	0	8	3
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PWS Address: 7960 Johnson Street      City: Pembroke Pines      FL      33024

PWS or PWS Owner's Phone #: (754) 260-4509      Fax #: (954) 986-5025

**Collector:** Oscar Castano      Collector's Phone #: (954) 582-4300/(423)-381-9121

**Type of Supply:** (check only one)  
 Community Water System    Non-Transient Non-community Water System    Transient Non-community Water System  
 Limited Use System    Bottled Water    Private Well    Swimming Pool    Other: \_\_\_\_\_

**Reason for Sampling:** (check all that apply)  
 Distribution Routine    Distribution Repeat    Raw (triggered or assessment)    Raw (triggered or assessment) additional    Well Survey  
 Clearance    Replacement (also check type of sample being replaced)    Boil Water Notice    Other: \_\_\_\_\_

**Sample Collection Date:** 1/10/18

To be completed by collector of sample						To be completed by lab				
Sample #	Sample Point City of Pembroke Pines Monthly Bacteria City of Pembroke Pines, FL	Sample Collection Time	Sample Type	Disinfectant Residual (mg/L)	pH	Analysis Method(s)2: Total Coliform/ <i>E. Coli</i> (PA) by Collilert in Water (SM9223B)				
						Non-Coliform	Total Coliform	Fecal, <i>E. Coli</i> , Enterococci or Coliphage3	Data Qualifier4	Lab Sample #
011018-01	(SP ID 9) 8131 Johnson Street	9:02	D	3.1 /	8.92		Absent	Absent	U	18A0252-01
011018-02	(SP ID 8) 8130 Taft Street	9:17	D	3.6 /	8.80		Absent	Absent	U	18A0252-02
011018-03	(SP ID 7) 2402 N. University Drive	9:29	D	2.8 /	8.62		Absent	Absent	U	18A0252-03
011018-04	(SP ID 68) 2060 NW 88th Terrace	9:43	D	3.4 /	8.79		Absent	Absent	U	18A0252-04
011018-05	(SP ID 12) 1621 N. Douglas Road	10:00	D	3.6 /	8.92		Absent	Absent	U	18A0252-05
011018-06	(SP ID 13) 8880 Johnson Street	10:13	D	3.7 /	8.96		Absent	Absent	U	18A0252-06
011018-07	(SP ID 14) 120 N. Douglas Road	10:25	D	3.6 /	8.91		Absent	Absent	U	18A0252-07

**Average of disinfectant residuals for distribution routine & repeat Samples.5** Free chlorine or Total chlorine (circle one)      3.4 /

**Disinfectant Residual Analysis Method:**  
 DPD Colorimetric    Other: \_\_\_\_\_

**Person performing disinfectant analysis is (see instructions on reverse):**  
 A certified operator (# DWC 22627)  
 Supervised by certified operator (# \_\_\_\_\_)  
 Employed by a certified lab    Employed by DEP or DOH  
 Authorized representative of supplier of water

Unless otherwise noted, all tests are performed in accordance with NELAC standards, and the results relate only to the samples.

Date and time PWS notified by lab of positive results: \_\_\_\_\_  
 Date and time DEP/DOH notified by lab of positive results: \_\_\_\_\_  
 Date Report Issued: 18-Jan-2018 14:40

**Lab Signature:** Enrique Ochoa   
**Title:** (CSM) Customer Service Manager

Juquitta Drieth  
 Jacobs/CH2M-City of Pembroke Pines WT  
 7960 Johnson Street  
 Pembroke Pines      FL      33024

<input type="checkbox"/> Satisfactory <input type="checkbox"/> Incomplete Collection Information <input type="checkbox"/> Repeat Samples Required <input type="checkbox"/> Replacement Samples Required	<b>DEP/DOH USE ONLY</b>  Date Reviewed by DEP/DOH: _____ DEP/DOH Reviewing Official: _____
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For Sample Types see Instructions item 1.16.  
 For Analysis Methods see Instructions item 11.6.  
 Please circle appropriate selection.  
 Defined in Florida Administrative Code Rule 62-100, Table 1.  
 \* Composite for community or non-transient non-community systems serving populations up to and including 4,000. Do not include raw or plain samples in the average.

# DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORTING FORMAT

(62-550.730 Reporting Format Effective 01/1995, Revised 02/2010)

**Florida-Spectrum Environmental Services, Inc.**  
 1460 W. McNab Road, Fort Lauderdale, FL 33309 Tel# (954) 978-6400  
 Certification No. E86006

Lab Receipt Date & Time: <u>10-Jan-2018 14:00</u>
Analysis Date & Time: <u>10-Jan-2018 15:00</u>
<b>Sample Acceptance Criteria:</b>
Sample Preservation: <input checked="" type="checkbox"/> On Ice <input type="checkbox"/> Not On Ice <input checked="" type="checkbox"/> 5.00 °C
Disinfectant Check: <input checked="" type="checkbox"/> Not Detected <input type="checkbox"/> _____ mg/L
This sample does not meet the following NELAC requirements:

Report Number: 18A0252 Sub-Contract Lab ID: E86006

**Analysis Requested:** (check all that apply)

Total Coliform/*E. coli*  Total Coliform/Fecal  Enterococci  Coliphage  HPC  Other: \_\_\_\_\_

**Public Water System (PWS) Name:** City of Pembroke Pines **PWS I.D.**

4	0	6	1	0	8	3
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**PWS Address:** 7960 Johnson Street **City:** Pembroke Pines **FL** 33024

**PWS or PWS Owner's Phone #:** (754) 260-4509 **Fax #:** (954) 986-5025

**Collector:** Oscar Castano **Collector's Phone #:** (954) 582-4300/(423)-381-9127

**Type of Supply:** (check only one)

Community Water System  Non-Transient Non-community Water System  Transient Non-community Water System  
 Limited Use System  Bottled Water  Private Well  Swimming Pool  Other: \_\_\_\_\_

**Reason for Sampling:** (check all that apply)

Distribution Routine  Distribution Repeat  Raw (triggered or assessment)  Raw (triggered or assessment) additional  Well Survey  
 Clearance  Replacement (also check type of sample being replaced)  Boil Water Notice  Other: \_\_\_\_\_

**Sample Collection Date:** 1/10/18

To be completed by collector of sample						To be completed by lab				
Sample #	Sample Point City of Pembroke Pines Monthly Bacteria City of Pembroke Pines, FL	Sample Collection Time	Sample Type	Disinfectant Residual (mg/L)	pH	Analysis Method(s)2: Total Coliform/E.Coli (PA) by Collitert in Water (SM9223B)				
						Non-Coliform	Total Coliform	Fecal <i>E. Coli</i> Enterococci or Coliphage3	Data Qualifier4	Lab Sample #
011018-08	(SP ID 15) 900 Hollybrook Drive	10:50	D	3.1 /	8.70		Absent	Absent	U	18A0252-08
011018-09	(SP ID 20) 10001 SW 14th Street	11:07	D	2.9 /	8.62		Absent	Absent	U	18A0252-09
011018-10	(SP ID 18) 10000 Johnson Street	11:17	D	3.8 /	8.92		Absent	Absent	U	18A0252-10

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**Average of disinfectant residuals for distribution routine & repeat Samples.5** Free chlorine or Total chlorine (circle one)

3.4 /

**Disinfectant Residual Analysis Method:**  
 DPD Colorimetric  Other: \_\_\_\_\_  
**Person performing disinfectant analysis is (see instructions on reverse):**  
 A certified operator (# DWC 22627)  
 Supervised by certified operator (# \_\_\_\_\_)  
 Employed by a certified lab  Employed by DEP or DOH  
 Authorized representative of supplier of water

Unless otherwise noted, all tests are performed in accordance with NELAC standards, and the results relate only to the samples.

Date and time PWS notified by lab of positive results: \_\_\_\_\_  
 Date and time DEP/DOH notified by lab of positive results: \_\_\_\_\_  
 Date Report Issued: 18-Jan-2018 11:40  
**Lab Signature:** Enrique Ochoa  
**Title:** (CSM) Customer Service Manager

Juquitta Drieth  
 Jacobs/CH2M-City of Pembroke Pines W1  
 7960 Johnson Street  
 Pembroke Pines FL 33024

<input type="checkbox"/> Satisfactory <input type="checkbox"/> Incomplete Collection Information <input type="checkbox"/> Repeat Samples Required <input type="checkbox"/> Replacement Samples Required	<b>DEP/DOH USE ONLY</b>  Date Reviewed by DEP/DOH: _____ DEP/DOH Reviewing Official: _____
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1 For Sample Types see Instructions item 4.16  
 2 For Analysis Methods see Instructions item 11.6  
 3 Please circle appropriate selection  
 4 Defined in Florida Administrative Code, Rule 62-160, Table 1  
 5 Complete for community & non-transient non-community systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.

**DRINKING WATER MICROBIAL SAMPLE COLLECTION  
& LABORATORY REPORTING FORMAT**

(62-550,730 Reporting Format Effective 01/19/95, Revised 02/2010)

**Florida-Spectrum Environmental Services, Inc.**  
1460 W. McNab Road, Fort Lauderdale, FL 33309 Tel# (954) 978-6400  
Certification No. E86006

Lab Receipt Date & Time: 11-Jan-2018 16:38

Analysis Date & Time: 11-Jan-2018 17:10

**Sample Acceptance Criteria:**

Sample Preservation:  On Ice  Not On Ice  2.40 °C  
Disinfectant Check:  Not Detected  \_\_\_\_\_ mg/L  
This sample does not meet the following NELAC requirements:

Report Number: 18A0325 Sub-Contract Lab ID: E86006

**Analysis Requested:** (check all that apply)

Total Coliform/E. coli  Total Coliform/Fecal  Enterococci  Coliphage  HPC  Other: \_\_\_\_\_

**Public Water System (PWS) Name:** City of Pembroke Pines

**PWS I.D.**

4	0	6	1	0	8	3
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**PWS Address:** 7960 Johnson Street

**City:** Pembroke Pines **FL** 33024

**PWS or PWS Owner's Phone #:** (754) 260-4509

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

**Collector:** Oscar Castano

**Collector's Phone #:** (954) 582-4300/(423)-381-912

**Type of Supply:** (check only one)

Community Water System  Non-Transient Non-community Water System  Transient Non-community Water System  
 Limited Use System  Bottled Water  Private Well  Swimming Pool  Other: \_\_\_\_\_

**Reason for Sampling:** (check all that apply)

Distribution Routine  Distribution Repeat  Raw (triggered or assessment)  Raw (triggered or assessment) additional  Well Survey  
 Clearance  Replacement (also check type of sample being replaced)  Boil Water Notice  Other: \_\_\_\_\_

**Sample Collection Date:** 1/11/18

To be completed by collector of sample						To be completed by lab				
Sample #	Sample Point City of Pembroke Pines Monthly Bacteria City of Pembroke Pines, FL	Sample Collection Time	Sample Type	Disinfectant Residual (mg/L)	pH	Analysis Method(s)2: Total Coliform/E.Coli (PA) by Colliert in Water (SM9223B)				
						Non-Coliform	Total Coliform	Fecal E.Coli, Enterococci or Coliphage3	Data Qualifier4	Lab Sample #
011118-01	(SP ID 19) 10101 Pines Blvd.	8:10	D	3.9 /	9.17		Absent	Absent	U	18A0325-01
011118-02	(SP ID 17) 1981 NW 100th Way	8:26	D	3.7 /	9.26		Absent	Absent	U	18A0325-02
011118-03	(SP ID 16) 10120 Sheridan Street	8:43	D	3.6 /	9.24		Absent	Absent	U	18A0325-03
011118-04	(SP ID 22) 11141 NW 22nd Street	8:59	D	3.6 /	9.21		Absent	Absent	U	18A0325-04
011118-05	(SP ID 21) 1751 N. Hiatus Road	9:10	D	3.5 /	9.14		Absent	Absent	U	18A0325-05
011118-06	(SP ID 23) 10755 NW 10th Street	13:10	D	4.0 /	9.09		Absent	Absent	U	18A0325-06
011118-07	(SP ID 24) 200 S. Hiatus Road	13:21	D	3.9 /	9.17		Absent	Absent	U	18A0325-07

**Average of disinfectant residuals for distribution routine & repeat Samples.5** Free chlorine or Total chlorine (circle one)

3.6 /

**Disinfectant Residual Analysis Method:**

DPD Colorimetric  Other: \_\_\_\_\_

**Person performing disinfectant analysis is (see instructions on reverse):**

A certified operator (# DWC 22627)  
 Supervised by certified operator (# \_\_\_\_\_)  
 Employed by a certified lab  Employed by DEP or DOH  
 Authorized representative of supplier of water

Unless otherwise noted, all tests are performed in accordance with NELAC standards, and the results relate only to the samples.

Date and time PWS notified by lab of positive results: \_\_\_\_\_

Date and time DEP/DOH notified by lab of positive results: \_\_\_\_\_

Date Report Issued: 19-Jan-2018 12:48

**Lab Signature:** Enrique Ochoa

**Title:** (CSM) Customer Service Manager

Juquitta Drieth  
Jacobs/CH2M-City of Pembroke Pines WT  
7960 Johnson Street  
Pembroke Pines FL 33024

Satisfactory DEP/DOH USE ONLY  
 Incomplete Collection Information  
 Repeat Samples Required  
 Replacement Samples Required  
Date Reviewed by DEP/DOH: \_\_\_\_\_  
DEP/DOH Reviewing Official: \_\_\_\_\_

1 For Sample Types see Instructions item 1.11.  
2 For Analysis Methods see Instructions item 11.6.  
3 Please circle appropriate selection.  
4 Included in Florida Administrative Code Rule 62-110, Table 1.  
5 Complete for community & non-transient non-community systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.

# DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORTING FORMAT

(62-550.730 Reporting Format Effective 01/1995, Revised 02/2010)

**Florida-Spectrum Environmental Services, Inc.**  
 1460 W. McNab Road, Fort Lauderdale, FL 33309 Tel# (954) 978-6400  
 Certification No. E86006

Lab Receipt Date & Time: 11-Jan-2018 16:38

Analysis Date & Time: 11-Jan-2018 17:10

**Sample Acceptance Criteria:**

Sample Preservation:  On Ice  Not On Ice  2.40 °C  
 Disinfectant Check:  Not Detected  \_\_\_\_\_ mg/L  
 This sample does not meet the following NELAC requirements:

Report Number: 18A0325 Sub-Contract Lab ID: E86006

**Analysis Requested:** (check all that apply)

Total Coliform/E. coli  Total Coliform/Fecal  Enterococci  Coliphage  HPC  Other: \_\_\_\_\_

**Public Water System (PWS) Name:** City of Pembroke Pines

**PWS I.D.**

4	0	6	1	0	8	3
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**PWS Address:** 7960 Johnson Street

**City:** Pembroke Pines **FL** 33024

**PWS or PWS Owner's Phone #:** (754) 260-4509

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

**Collector:** Oscar Castano

**Collector's Phone #:** (954) 582-4300/(423)-381-9121

**Type of Supply:** (check only one)

Community Water System  Non-Transient Non-community Water System  Transient Non-community Water System  
 Limited Use System  Bottled Water  Private Well  Swimming Pool  Other: \_\_\_\_\_

**Reason for Sampling:** (check all that apply)

Distribution Routine  Distribution Repeat  Raw (triggered or assessment)  Raw (triggered or assessment) additional  Well Survey  
 Clearance  Replacement (also check type of sample being replaced)  Boil Water Notice  Other: \_\_\_\_\_

**Sample Collection Date:** 1/11/18

To be completed by collector of sample						To be completed by lab				
Sample #	Sample Point City of Pembroke Pines Monthly Bacteria City of Pembroke Pines, FL	Sample Collection Time	Sample Type	Disinfectant Residual (mg/L)	pH	Analysis Method(s)2: Total Coliform/E.Coli (PA) by Colilert in Water (SM9223B)				
						Non-Coliform	Total Coliform	Fecal, E.Coli, Enterococci or Coliphage3	Data Qualifier4	Lab Sample #
011118-08	(SP ID 25) 11131 SW 13th Street	13:40	D	2.9 /	8.68		Absent	Absent	U	18A0325-08
011118-09	(SP ID 30) 12399 Pembroke Road	14:02	D	3.5 /	9.23		Absent	Absent	U	18A0325-09
011118-10	(SP ID 29) 241 SW 122nd Terrace	14:14	D	3.7 /	9.22		Absent	Absent	U	18A0325-10

**Average of disinfectant residuals for distribution routine & repeat samples.** Free chlorine or Total chlorine (circle one)

3.6 /

Unless otherwise noted, all tests are performed in accordance with NELAC standards, and the results relate only to the samples.

**Disinfectant Residual Analysis Method:**

DPD Colorimetric  Other: \_\_\_\_\_

**Person performing disinfectant analysis is (see instructions on reverse):**

A certified operator (# DWC 22627)  
 Supervised by certified operator (# \_\_\_\_\_)  
 Employed by a certified lab  Employed by DEP or DOH  
 Authorized representative of supplier of water

Date and time PWS notified by lab of positive results: \_\_\_\_\_

Date and time DEP/DOH notified by lab of positive results: \_\_\_\_\_

Date Report Issued: 19-Jan-2018 12:48

**Lab Signature:** Enrique Ochoa

**Title:** (CSM) Customer Service Manager

Juquitta Drieth  
 Jacobs/CH2M-City of Pembroke Pines WT  
 7960 Johnson Street  
 Pembroke Pines FL 33024

Satisfactory DEP/DOH USE ONLY  
 Incomplete Collection Information  
 Repeat Samples Required  
 Replacement Samples Required

Date Reviewed by DEP/DOH: \_\_\_\_\_

DEP/DOH Reviewing Official: \_\_\_\_\_

For Sample Types see Instructions item I.10.  
 For Analysis Methods see Instructions item II.6.  
 \* Please circle appropriate selection.  
 † Defined in Florida Administrative Code Rule 62-160, Table 1.  
 ‡ Complete for community & non-transient non-community systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.

# DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORTING FORMAT

(62-550.730 Reporting Format Effective 01/1995, Revised 02/2010)

**Florida-Spectrum Environmental Services, Inc.**  
 1460 W. McNab Road, Fort Lauderdale, FL 33309 Tel# (954) 978-6400  
 Certification No. E86006

Lab Receipt Date & Time: <u>12-Jan-2018 16:40</u>
Analysis Date & Time: <u>12-Jan-2018 17:30</u>
<b>Sample Acceptance Criteria:</b> Sample Preservation: <input checked="" type="checkbox"/> On Ice <input type="checkbox"/> Not On Ice <input checked="" type="checkbox"/> 1.00 °C Disinfectant Check: <input checked="" type="checkbox"/> Not Detected <input type="checkbox"/> _____ mg/L This sample does not meet the following NELAC requirements:

Report Number: 18A0374      Sub-Contract Lab ID: E86006

**Analysis Requested:** (check all that apply)

Total Coliform/*E. coli*    Total Coliform/Fecal    Enterococci    Coliphage    HPC    Other: \_\_\_\_\_

**Public Water System (PWS) Name:** City of Pembroke Pines

**PWS I.D.**

4	0	6	1	0	8	3
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PWS Address: 7960 Johnson Street

City: Pembroke Pines      FL      33024

PWS or PWS Owner's Phone #: (754) 260-4509

Fax #: (954) 986-6025

**Collector:** Oscar Castano

Collector's Phone #: (954) 582-4300/(423)-381-9121

**Type of Supply:** (check only one)

Community Water System    Non-Transient Non-community Water System    Transient Non-community Water System  
 Limited Use System    Bottled Water    Private Well    Swimming Pool    Other: \_\_\_\_\_

**Reason for Sampling:** (check all that apply)

Distribution Routine    Distribution Repeat    Raw (triggered or assessment)    Raw (triggered or assessment) additional    Well Survey  
 Clearance    Replacement (also check type of sample being replaced)    Boil Water Notice    Other: \_\_\_\_\_

**Sample Collection Date:** 1/12/18

To be completed by collector of sample						To be completed by lab				
Sample #	Sample Point City of Pembroke Pines Monthly Bacteria City of Pembroke Pines, FL	Sample Collection Time	Sample Type	Disinfectant Residual (mg/L)	pH	Analysis Method(s)2: Total Coliform/E.Coli (PA) by Colilert in Water (SM9223B)				
						Non-Coliform	Total Coliform	Fecal; <i>E. Coli</i> , Enterococci or Coliphage3	Data Qualifier4	Lab Sample #
011218-01	(SP ID 28) 1050 NW 123rd Avenue	9:04	D	3.3 /	9.10		Absent	Absent	U	18A0374-01
011218-02	(SP ID 26) 2110 NW 120th Terrace	9:18	D	2.8 /	9.17		Absent	Absent	U	18A0374-02
011218-03	(SP ID 34) 1601 SW 128th Terrace	9:50	D	3.2 /	9.04		Absent	Absent	U	18A0374-03
011218-04	(SP ID 33) 750 SW 136th Avenue	10:08	D	3.3 /	8.96		Absent	Absent	U	18A0374-04
011218-05	(SP ID 67) 788 NW 135th Terrace	10:21	D	3.3 /	9.14		Absent	Absent	U	18A0374-05
011218-06	(SP ID 31) 13702 NW 20th Street	10:52	D	3.2 /	9.14		Absent	Absent	U	18A0374-06
011218-07	(SP ID 32) 13771 NW 16th Street	11:06	D	3.3 /	9.13		Absent	Absent	U	18A0374-07

**Average of disinfectant residuals for distribution routine & repeat Samples.5**    Free chlorine   or   Total chlorine, (circle one)      3.2 /

**Disinfectant Residual Analysis Method:**  
 DPD Colorimetric    Other: \_\_\_\_\_

**Person performing disinfectant analysis is (see instructions on reverse):**  
 A certified operator (# DWC 22627)  
 Supervised by certified operator (# \_\_\_\_\_)  
 Employed by a certified lab    Employed by DEP or DOH  
 Authorized representative of supplier of water

Unless otherwise noted, all tests are performed in accordance with NELAC standards, and the results relate only to the samples.

Date and time PWS notified by lab of positive results: \_\_\_\_\_  
 Date and time DEP/DOH notified by lab of positive results: \_\_\_\_\_  
 Date Report Issued: 23-Jan-2018 12:32  
**Lab Signature:** Enrique Ochoa  
**Title:** (CSM) Customer Service Manager

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

DEP/DOH USE ONLY

Satisfactory  
 Incomplete Collection Information  
 Repeat Samples Required  
 Replacement Samples Required

Date Reviewed by DEP/DOH: \_\_\_\_\_  
 DEP/DOH Reviewing Official: \_\_\_\_\_

\* For Sample Types see Instructions item 1.16.  
 \* For Analysis Methods see Instructions item 11.6  
 \* Please circle appropriate selection  
 \* Defined in Florida Administrative Code Rule 62-160, Table 1  
 \* Complete for community & non-transient non-community systems serving populations up to and including 1,000. Do not include first flush samples in the average.

**DRINKING WATER MICROBIAL SAMPLE COLLECTION  
& LABORATORY REPORTING FORMAT**

(62-550.730 Reporting Format Effective 01/1995, Revised 02/2010)

**Florida-Spectrum Environmental Services, Inc.**  
1460 W. McNab Road, Fort Lauderdale, FL 33309 Tel# (954) 978-6400  
Certification No. E86006

Lab Receipt Date & Time: <u>12-Jan-2018 16:40</u>
Analysis Date & Time: <u>12-Jan-2018 17:30</u>
<b>Sample Acceptance Criteria:</b>
Sample Preservation: <input checked="" type="checkbox"/> On Ice <input type="checkbox"/> Not On Ice <input checked="" type="checkbox"/> 1.00 °C
Disinfectant Check: <input checked="" type="checkbox"/> Not Detected <input type="checkbox"/> _____ mg/L
This sample does not meet the following NELAC requirements:

Report Number: 18A0374      Sub-Contract Lab ID: E86006

**Analysis Requested:** (check all that apply)

Total Coliform/*E. coli*    Total Coliform/Fecal    Enterococci    Coliphage    HPC    Other: \_\_\_\_\_

**Public Water System (PWS) Name:** City of Pembroke Pines      **PWS I.D.**

4	0	6	1	0	8	3
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**PWS Address:** 7960 Johnson Street      City: Pembroke Pines      FL      33024

**PWS or PWS Owner's Phone #:** (754) 260-4509      Fax #: (954) 986-5025

**Collector:** Oscar Castano      Collector's Phone #: (954) 582-4300/(423)-381-9121

**Type of Supply:** (check only one)

Community Water System    Non-Transient Non-community Water System    Transient Non-community Water System  
 Limited Use System    Bottled Water    Private Well    Swimming Pool    Other: \_\_\_\_\_

**Reason for Sampling:** (check all that apply)

Distribution Routine    Distribution Repeat    Raw (triggered or assessment)    Raw (triggered or assessment) additional    Well Survey  
 Clearance    Replacement (also check type of sample being replaced)    Boil Water Notice    Other: \_\_\_\_\_

**Sample Collection Date:** 1/12/18

To be completed by collector of sample						To be completed by lab				
Sample #	Sample Point City of Pembroke Pines Monthly Bacteria City of Pembroke Pines, FL	Sample Collection Time	Sample Type	Disin- fectant Residual (mg/L)	pH	Analysis Method(s): Total Coliform/ <i>E. coli</i> (PA) by Colilert in Water (SM9223B)				
						Non- Coliform	Total Coliform	Fecal <i>E. coli</i> , Enterococci or Coliphage3	Data Qualifier4	Lab Sample #
011218-08	(SP ID 36) 2250 NW 145th Avenue	11:21	D	3.2 /	9.10		Absent	Absent	U	18A0374-08
011218-09	(SP ID 37) 1142 NW 141st Avenue	11:32	D	3.3 /	9.14		Absent	Absent	U	18A0374-09
011218-10	(SP ID 38) 14300 SW 8th Ave.	11:51	D	3.1 /	9.07		Absent	Absent	U	18A0374-10
011218-11	(SP ID 40) 300 SW 147th Avenue	14:49	D	3.1 /	9.00		Absent	Absent	U	18A0374-11
011218-12	(SP ID 43) 1234 SW 159th Lane	12:12	D	3.0 /	9.09		Absent	Absent	U	18A0374-12
011218-13	(SP ID 42) 69 NW 161st Avenue	13:47	D	3.1 /	9.01		Absent	Absent	U	18A0374-13
011218-14	(SP ID 39) 15714 NW 24th Street	13:20	D	3.1 /	9.11		Absent	Absent	U	18A0374-14

**Average of disinfectant residuals for distribution routine & repeat Samples.5** Free chlorine or Total chlorine: (circle one)      3.2 /

**Disinfectant Residual Analysis Method:**  
 DPD Colorimetric    Other: \_\_\_\_\_  
**Person performing disinfectant analysis is (see instructions on reverse):**  
 A certified operator (# DWC 22627)  
 Supervised by certified operator (# \_\_\_\_\_)  
 Employed by a certified lab    Employed by DEP or DOH  
 Authorized representative of supplier of water

Unless otherwise noted, all tests are performed in accordance with NELAC standards, and the results relate only to the samples.

Date and time PWS notified by lab of positive results: \_\_\_\_\_  
Date and time DEP/DOH notified by lab of positive results: \_\_\_\_\_  
Date Report Issued: 23-Jan-2018 12:32  
**Lab Signature:** Enrique Ochoa  
**Title:** (CSM) Customer Service Manager

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

Satisfactory      **DEP/DOH USE ONLY**  
 Incomplete Collection Information  
 Repeat Samples Required  
 Replacement Samples Required  
Date Reviewed by DEP/DOH: \_\_\_\_\_  
DEP/DOH Reviewing Official: \_\_\_\_\_

1 For Sample Types see Instructions item 1.10  
2 For Analysis Methods see Instructions item 11.0  
3 Please circle appropriate selection  
4 Defined in Florida Administrative Code Rule 62-160, Table 1  
5 Complete for community & non-transient non-community systems serving populations up to and including 4,000. Do not include raw or plant samples in the average

**DRINKING WATER MICROBIAL SAMPLE COLLECTION  
& LABORATORY REPORTING FORMAT**

(62-550,730 Reporting Format Effective 01/19/95, Revised 02/2010)

**Florida-Spectrum Environmental Services, Inc.**  
1460 W. McNab Road, Fort Lauderdale, FL 33309 Tel# (954) 978-6400  
Certification No. E86006

Lab Receipt Date & Time: <u>12-Jan-2018 16:40</u>
Analysis Date & Time: <u>12-Jan-2018 17:30</u>
<b>Sample Acceptance Criteria:</b> Sample Preservation: <input checked="" type="checkbox"/> On Ice <input type="checkbox"/> Not On Ice <input checked="" type="checkbox"/> 1.00 °C Disinfectant Check: <input checked="" type="checkbox"/> Not Detected <input type="checkbox"/> _____ mg/L This sample does not meet the following NELAC requirements:

Report Number: 18A0374      Sub-Contract Lab ID: E86006

**Analysis Requested:** (check all that apply)

Total Coliform/E. coli    Total Coliform/Fecal    Enterococci    Coliphage    HPC    Other: \_\_\_\_\_

**Public Water System (PWS) Name:** City of Pembroke Pines

**PWS I.D.**

4	0	6	1	0	8	3
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**PWS Address:** 7960 Johnson Street

**City:** Pembroke Pines      **FL**      **33024**

**PWS or PWS Owner's Phone #:** (754) 260-4509

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

**Collector:** Oscar Castano

**Collector's Phone #:** (954) 582-4300/(423)-381-912

**Type of Supply:** (check only one)

Community Water System    Non-Transient Non-community Water System    Transient Non-community Water System  
 Limited Use System    Bottled Water    Private Well    Swimming Pool    Other: \_\_\_\_\_

**Reason for Sampling:** (check all that apply)

Distribution Routine    Distribution Repeat    Raw (triggered or assessment)    Raw (triggered or assessment) additional    Well Survey  
 Clearance    Replacement (also check type of sample being replaced)    Boil Water Notice    Other: \_\_\_\_\_

**Sample Collection Date:** 1/12/18

To be completed by collector of sample						To be completed by lab				
Sample #	Sample Point City of Pembroke Pines Monthly Bacteria City of Pembroke Pines, FL	Sample Collection Time	Sample Type	Disinfectant Residual (mg/L)	pH	Analysis Method(s)2: Total Coliform/E.Coli (PA) by Colijert in Water (SM9223B)				
						Non-Coliform	Total Coliform	Fecal E. Coli, Enterococci or Coliphage3	Data Qualifier4	Lab Sample #
011218-15	(SP ID 41) 16028 NW 21st Street	13:31	D	3.0 /	9.02		Absent	Absent	U	18A0374-15

**Average of disinfectant residuals for distribution routine & repeat Samples.5** Free chlorine or Total chlorine (circle one)

3.2 /

Unless otherwise noted, all tests are performed in accordance with NELAC standards, and the results relate only to the samples.

**Disinfectant Residual Analysis Method:**

DPD Colorimetric    Other: \_\_\_\_\_

**Person performing disinfectant analysis is (see instructions on reverse):**

A certified operator (# DWC 22627)  
 Supervised by certified operator (# \_\_\_\_\_)  
 Employed by a certified lab    Employed by DEP or DOH  
 Authorized representative of supplier of water

Date and time PWS notified by lab of positive results: \_\_\_\_\_  
Date and time DEP/DOH notified by lab of positive results: \_\_\_\_\_  
Date Report Issued: 23-Jan-2018 12:32  
**Lab Signature:** Enrique Ochoa  
**Title:** (CSM) Customer Service Manager

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

<input type="checkbox"/> Satisfactory	<b>DEP/DOH USE ONLY</b>
<input type="checkbox"/> Incomplete Collection Information	
<input type="checkbox"/> Repeat Samples Required	
<input type="checkbox"/> Replacement Samples Required	
Date Reviewed by DEP/DOH: _____	
DEP/DOH Reviewing Official: _____	

1 For Sample Types see Instructions item 1.6  
2 For Analysis Methods see Instructions item 1.6  
3 Please circle appropriate selection.  
4 Defined in Florida Administrative Code, Rule 62-169, Table 1  
5 Complete for community & non-treatment non-community. Values serving populations up to and including 4,999. Do not include raw or plant samples in the average.

# DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORTING FORMAT

(62-550.730 Reporting Format Effective 01/1995, Revised 02/2010)

**Florida-Spectrum Environmental Services, Inc.**  
 1460 W. McNab Road, Fort Lauderdale, FL 33309 Tel# (954) 978-6400  
 Certification No. E86006

Lab Receipt Date & Time: <u>16-Jan-2018 17:00</u>
Analysis Date & Time: <u>16-Jan-2018 18:00</u>
<b>Sample Acceptance Criteria:</b>
Sample Preservation: <input checked="" type="checkbox"/> On Ice <input type="checkbox"/> Not On Ice <input checked="" type="checkbox"/> 1.20 °C
Disinfectant Check: <input checked="" type="checkbox"/> Not Detected <input type="checkbox"/> _____ mg/L
This sample does not meet the following NELAC requirements:

Report Number: 18A0459      Sub-Contract Lab ID: E86006

**Analysis Requested:** (check all that apply)

Total Coliform/E. coli    Total Coliform/Fecal    Enterococci    Coliphage    HPC    Other: \_\_\_\_\_

**Public Water System (PWS) Name:** City of Pembroke Pines      **PWS I.D.**

4	0	6	1	0	8	3
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**PWS Address:** 7960 Johnson Street      **City:** Pembroke Pines      **FL**      **33024**

**PWS or PWS Owner's Phone #:** (754) 260-4509      **Fax #:** (954) 986-5025

**Collector:** Oscar Castano      **Collector's Phone #:** (954) 582-4300/(423)-381-9121

**Type of Supply:** (check only one)

Community Water System    Non-Transient Non-community Water System    Transient Non-community Water System  
 Limited Use System    Bottled Water    Private Well    Swimming Pool    Other: \_\_\_\_\_

**Reason for Sampling:** (check all that apply)

Distribution Routine    Distribution Repeat    Raw (triggered or assessment)    Raw (triggered or assessment) additional    Well Survey  
 Clearance    Replacement (also check type of sample being replaced)    Boil Water Notice    Other: \_\_\_\_\_

**Sample Collection Date:** 1/16/18

To be completed by collector of sample						To be completed by lab				
Sample #	Sample Point City of Pembroke Pines Monthly Bacteria City of Pembroke Pines, FL	Sample Collection Time	Sample Type	Disinfectant Residual (mg/L)	pH	Analysis Method(s)2: Total Coliform/E.Coli (PA) by Collitert in Water (SM9223B)				
						Non-Coliform	Total Coliform	Fecal E.Coli, Enterococci or Coliphage3	Data Qualifier4	Lab Sample #
011618-01	(SP ID 21) 1751 N. Hiatus Road	10:01	D	3.1 /	8.51		Absent	Absent	U	18A0459-01
011618-02	(SP ID 23) 10755 NW 10th Street	10:14	D	3.7 /	8.77		Absent	Absent	U	18A0459-02
011618-03	(SP ID 24) 200 S. Hiatus Road	10:27	D	3.4 /	8.70		Absent	Absent	U	18A0459-03
011618-04	(SP ID 25) 11131 SW 13th Street	10:46	D	2.9 /	8.50		Absent	Absent	U	18A0459-04
011618-05	(SP ID 30) 12399 Pembroke Road	10:57	D	3.0 /	8.45		Absent	Absent	U	18A0459-05
011618-06	(SP ID 29) 241 SW 122nd Terrace	11:10	D	3.3 /	8.62		Absent	Absent	U	18A0459-06
011618-07	(SP ID 28) 1050 NW 123rd Avenue	11:27	D	2.8 /	8.52		Absent	Absent	U	18A0459-07

**Average of disinfectant residuals for distribution routine & repeat samples.**5 Free chlorine or Total chlorine (circle one)      3.0 /

**Disinfectant Residual Analysis Method:**  
 DPD Colorimetric    Other: \_\_\_\_\_  
**Person performing disinfectant analysis is (see instructions on reverse):**  
 A certified operator (# DWC 22627)  
 Supervised by certified operator (# \_\_\_\_\_)  
 Employed by a certified lab    Employed by DEP or DOH  
 Authorized representative of supplier of water

Unless otherwise noted, all tests are performed in accordance with NELAC standards, and the results relate only to the samples.

Date and time PWS notified by lab of positive results: \_\_\_\_\_  
 Date and time DEP/DOH notified by lab of positive results: \_\_\_\_\_  
 Date Report Issued: 24-Jan-2018 13:39  
**Lab Signature:** Enrique Ochoa  
**Title:** (CSM) Customer Service Manager

Juquitta Drieth  
 Jacobs/CH2M-City of Pembroke Pines WT  
 7960 Johnson Street  
 Pembroke Pines      FL      33024

<input type="checkbox"/> Satisfactory	<b>DEP/DOH USE ONLY</b>
<input type="checkbox"/> Incomplete Collection Information	
<input type="checkbox"/> Repeat Samples Required	
<input type="checkbox"/> Replacement Samples Required	
Date Reviewed by DEP/DOH: _____	
DEP/DOH Reviewing Official: _____	

1 For Sample Types see Instructions item 1.6.  
 2 For Analysis Methods see Instructions item 11.6.  
 3 Please circle appropriate selection.  
 4 Defined in Florida Administrative Code Rule 62-160, Table 1.  
 5 Complete for community & non-transient non-community systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.

**DRINKING WATER MICROBIAL SAMPLE COLLECTION  
& LABORATORY REPORTING FORMAT**

(02-550.730 Reporting Format Effective 01/1995, Revised 02/2010)

Florida-Spectrum Environmental Services, Inc.  
1460 W. McNab Road, Fort Lauderdale, FL 33309 Tel# (954) 978-6400  
Certification No. E86006

Lab Receipt Date & Time: 16-Jan-2018 17:00

Analysis Date & Time: 16-Jan-2018 18:00

**Sample Acceptance Criteria:**

Sample Preservation:  On Ice  Not On Ice  1.20 °C  
Disinfectant Check:  Not Detected  \_\_\_\_\_ mg/L  
This sample does not meet the following NELAC requirements:

Report Number: 18A0459 Sub-Contract Lab ID: E86006

**Analysis Requested:** (check all that apply)

Total Coliform/E. coli  Total Coliform/Fecal  Enterococci  Coliphage  HPC  Other: \_\_\_\_\_

Public Water System (PWS) Name: City of Pembroke Pines

PWS I.D. 

4	0	6	1	0	8	3
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PWS Address: 7960 Johnson Street

City: Pembroke Pines FL 33024

PWS or PWS Owner's Phone #: (754) 260-4509

Fax #: (954) 986-5025

Collector: Oscar Castano

Collector's Phone #: (954) 582-4300/(423)-381-9121

**Type of Supply:** (check only one)

Community Water System  Non-Transient Non-community Water System  Transient Non-community Water System  
 Limited Use System  Bottled Water  Private Well  Swimming Pool  Other: \_\_\_\_\_

**Reason for Sampling:** (check all that apply)

Distribution Routine  Distribution Repeat  Raw (triggered or assessment)  Raw (triggered or assessment) additional  Well Survey  
 Clearance  Replacement (also check type of sample being replaced)  Boil Water Notice  Other: \_\_\_\_\_

Sample Collection Date: 1/16/18

To be completed by collector of sample						To be completed by lab				
Sample #	Sample Point City of Pembroke Pines Monthly Bacteria City of Pembroke Pines, FL	Sample Collection Time	Sample Type	Disinfectant Residual (mg/L)	pH	Analysis Method(s)2: Total Coliform/E.Coli (PA) by Colilert in Water (SM9223B)				
						Non-Coliform	Total Coliform	Fecal E.Coli, Enterococci or Coliphage3	Data Qualifier4	Lab Sample #
011618-08	(SP ID 26) 2110 NW 120th Terrace	11:41	D	2.5 /	8.52		Absent	Absent	U	18A0459-08
011618-09	(SP ID 34) 1601 SW 128th Terrace	12:20	D	2.9 /	8.46		Absent	Absent	U	18A0459-09
011618-10	(SP ID 33) 750 SW 136th Avenue	12:33	D	3.1 /	8.52		Absent	Absent	U	18A0459-10
011618-11	(SP ID 67) 788 NW 135th Terrace	12:46	D	2.9 /	8.50		Absent	Absent	U	18A0459-11
011618-12	(SP ID 31) 13702 NW 20th Street	12:58	D	2.8 /	8.48		Absent	Absent	U	18A0459-12
011618-13	(SP ID 32) 13771 NW 16th Street	13:07	D	3.1 /	8.54		Absent	Absent	U	18A0459-13
011618-14	(SP ID 36) 2250 NW 145th Avenue	13:19	D	2.7 /	8.41		Absent	Absent	U	18A0459-14

Average of disinfectant residuals for distribution routine & repeat Samples.5 Free chlorine or Total chlorine (circle one)

3.0 /

Disinfectant Residual Analysis Method:  
 DPD Colorimetric  Other: \_\_\_\_\_  
Person performing disinfectant analysis is (see instructions on reverse):  
 A certified operator (# DWC 22627)  
 Supervised by certified operator (# \_\_\_\_\_)  
 Employed by a certified lab  Employed by DEP or DOH  
 Authorized representative of supplier of water

Unless otherwise noted, all tests are performed in accordance with NELAC standards, and the results relate only to the samples.

Date and time PWS notified by lab of positive results: \_\_\_\_\_  
Date and time DEP/DOH notified by lab of positive results: \_\_\_\_\_  
Date Report Issued: 24-Jan-2018 13:39  
Lab Signature: Enrique Ochoa  
Title: (CSM) Customer Service Manager

Juquitta Drieth  
Jacobs/CH2M-City of Pembroke Pines WT  
7960 Johnson Street  
Pembroke Pines FL 33024

Satisfactory DEP/DOH USE ONLY  
 Incomplete Collection Information  
 Repeat Samples Required  
 Replacement Samples Required  
Date Reviewed by DEP/DOH: \_\_\_\_\_  
DEP/DOH Reviewing Official: \_\_\_\_\_

\* For Sample Types see Instructions item 1.14.  
\* For Analysis Methods see Instructions item 11.6.  
\* Please circle appropriate selection.  
† Defined in Florida Administrative Code Rule 62-160, Table 1.  
\* Complete for community & non-transient non-community systems serving populations up to and including 4,999. Do not include raw or plant samples in the average.

**DRINKING WATER MICROBIAL SAMPLE COLLECTION  
& LABORATORY REPORTING FORMAT**

162-550.730 Reporting Format Effective 01/19/95, Revised 02/2010

**Florida-Spectrum Environmental Services, Inc.**  
 1460 W. McNab Road, Fort Lauderdale, FL 33309 Tel# (954) 978-6400  
 Certification No. E86006

Lab Receipt Date & Time: 17-Jan-2018 17:35

Analysis Date & Time: 17-Jan-2018 18:30

**Sample Acceptance Criteria:**

Sample Preservation:  On Ice  Not On Ice  4.00 °C  
 Disinfectant Check:  Not Detected  \_\_\_\_\_ mg/L  
 This sample does not meet the following NELAC requirements:

Report Number: 18A0508 Sub-Contract Lab ID: E86006

**Analysis Requested:** (check all that apply)

Total Coliform/E. coli  Total Coliform/Fecal  Enterococci  Coliphage  HPC  Other: \_\_\_\_\_

**Public Water System (PWS) Name:** City of Pembroke Pines

**PWS I.D.**

4	0	6	1	0	8	3
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**PWS Address:** 7960 Johnson Street

**City:** Pembroke Pines

**FL**

**33024**

**PWS or PWS Owner's Phone #:** (754) 260-4509

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

**Collector:** Oscar Castano

**Collector's Phone #:** (954) 582-4300/(423)-381-912

**Type of Supply:** (check only one)

Community Water System  Non-Transient Non-community Water System  Transient Non-community Water System  
 Limited Use System  Bottled Water  Private Well  Swimming Pool  Other: \_\_\_\_\_

**Reason for Sampling:** (check all that apply)

Distribution Routine  Distribution Repeat  Raw (triggered or assessment)  Raw (triggered or assessment) additional  Well Survey  
 Clearance  Replacement (also check type of sample being replaced)  Boil Water Notice  Other: \_\_\_\_\_

**Sample Collection Date:** 1/17/18

To be completed by collector of sample						To be completed by lab				
Sample #	Sample Point City of Pembroke Pines Monthly Bacteria City of Pembroke Pines, FL	Sample Collection Time	Sample Type	Disinfectant Residual (mg/L)	pH	Analysis Method(s)2: Total Coliform/E.Coli (PA) by Collitert in Water (SM9223B)				
						Non-Coliform	Total Coliform	Fecal E.Coli, Enterococci or Coliphage3	Data Qualifier4	Lab Sample #
011718-07	(SP ID 37) 1142 NW 141st Avenue	10:26	D	3.0 /	8.38		Absent	Absent	U	18A0508-01
011718-08	(SP ID 38) 14300 SW 8th Street.	10:42	D	2.9 /	8.49		Absent	Absent	U	18A0508-02
011718-09	(SP ID 40) 300 SW 147th Avenue	11:58	D	3.0 /	8.55		Absent	Absent	U	18A0508-03
011718-10	(SP ID 43) 1234 SW 159th Lane	11:05	D	2.5 /	8.39		Absent	Absent	U	18A0508-04
011718-11	(SP ID 42) 69 NW 161st Avenue	11:16	D	3.0 /	8.55		Absent	Absent	U	18A0508-05
011718-12	(SP ID 39) 15714 NW 24th Street	11:35	D	2.8 /	8.50		Absent	Absent	U	18A0508-06
011718-13	(SP ID 41) 16028 NW 21st Street	11:45	D	2.2 /	8.40		Absent	Absent	U	18A0508-07

**Average of disinfectant residuals for distribution routine & repeat Samples.5** Free chlorine or Total chlorine (circle one)

2.8 /

Unless otherwise noted, all tests are performed in accordance with NELAC standards, and the results relate only to the samples.

**Disinfectant Residual Analysis Method:**

DPD Colorimetric  Other: \_\_\_\_\_

**Person performing disinfectant analysis is (see instructions on reverse):**

A certified operator (# DWC 22627)  
 Supervised by certified operator (# \_\_\_\_\_)  
 Employed by a certified lab  Employed by DEP or DOH  
 Authorized representative of supplier of water

Date and time PWS notified by lab of positive results: \_\_\_\_\_

Date and time DEP/DOH notified by lab of positive results: \_\_\_\_\_

Date Report Issued: 26-Jan-2018/13:02

**Lab Signature:** Enrique Ochoa

**Title:** (CSM) Customer Service Manager

Juquitta Drieth  
 Jacobs/CH2M-City of Pembroke Pines WT  
 7960 Johnson Street  
 Pembroke Pines FL 33024

Satisfactory DEP/DOH USE ONLY  
 Incomplete Collection Information  
 Repeat Samples Required  
 Replacement Samples Required  
 Date Reviewed by DEP/DOH: \_\_\_\_\_  
 DEP/DOH Reviewing Official: \_\_\_\_\_

1 For Sample Types see Instructions on Form 16.  
 2 For Analysis Methods see Instructions on Form 16.  
 3 Please circle appropriate selection.  
 4 Defined in Florida Administrative Code Rule 62-160, 3-04, 1.  
 5 Complete for community & non-transient non-community systems serving populations up to and including 1,000. Do not include raw or plant samples in the average.

**DRINKING WATER MICROBIAL SAMPLE COLLECTION  
& LABORATORY REPORTING FORMAT**

(62-550.730 Reporting Format Effective 01/1995, Revised 02/2010)

**Florida-Spectrum Environmental Services, Inc.**  
1460 W. McNab Road, Fort Lauderdale, FL 33309 Tel# (954) 978-6400  
Certification No. E86006

Lab Receipt Date & Time: <u>18-Jan-2018 16:35</u>
Analysis Date & Time: <u>18-Jan-2018 17:30</u>
<b>Sample Acceptance Criteria:</b> Sample Preservation: <input checked="" type="checkbox"/> On Ice <input type="checkbox"/> Not On Ice <input checked="" type="checkbox"/> <u>3.80</u> °C Disinfectant Check: <input checked="" type="checkbox"/> Not Detected <input type="checkbox"/> _____ mg/L This sample does not meet the following NELAC requirements:

Report Number: 18A0563      Sub-Contract Lab ID: E86006

**Analysis Requested:** (check all that apply)

Total Coliform/E. coli    Total Coliform/Fecal    Enterococci    Coliphage    HPC    Other: \_\_\_\_\_

**Public Water System (PWS) Name:** City of Pembroke Pines      **PWS I.D.**

4	0	6	1	0	8	3
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**PWS Address:** 7960 Johnson Street      **City:** Pembroke Pines      **FL**      **33024**

**PWS or PWS Owner's Phone #:** (754) 260-4509      **Fax #:** (954) 986-5025

**Collector:** Oscar Castano      **Collector's Phone #:** (954) 582-4300/(423)-381-912

**Type of Supply:** (check only one)

Community Water System    Non-Transient Non-community Water System    Transient Non-community Water System  
 Limited Use System    Bottled Water    Private Well    Swimming Pool    Other: \_\_\_\_\_

**Reason for Sampling:** (check all that apply)

Distribution Routine    Distribution Repeat    Raw (triggered or assessment)    Raw (triggered or assessment) additional    Well Survey  
 Clearance    Replacement (also check type of sample being replaced)    Boil Water Notice    Other: \_\_\_\_\_

**Sample Collection Date:** 1/18/18

Sample #	Sample Point City of Pembroke Pines Monthly Bacteria City of Pembroke Pines, FL	Sample Collection Time	Sample Type	Disinfectant Residual (mg/L)	pH	To be completed by lab				
						Analysis Method(s)2: Total Coliform/E.Coli (PA) by Colilert in Water (SM9223B)				
						Non-Coliform	Total Coliform	Fecal E.Coli or Enterococci or Coliphage3	Data Qualifier4	Lab Sample #
011818-01	(SP ID 44) 6749 Segovia Circle West	9:20	D	2.3 /	8.32		Absent	Absent	U	18A0563-01
011818-02	(SP ID 45) 2300 NW 172nd Avenue	9:46	D	2.3 /	8.34		Absent	Absent	U	18A0563-02
011818-03	(SP ID 46) 2098 NW 171St Terrance	10:23	D	2.3 /	8.38		Absent	Absent	U	18A0563-03
011818-04	(SP ID 47) 17100 Pines Blvd.	10:40	D	0.6 /	7.98		Absent	Absent	U	18A0563-04
011818-05	(SP ID 48) 17059 SW 16th Street	10:54	D	2.4 /	8.42		Absent	Absent	U	18A0563-05
011818-06	(SP ID 27) 450 SW 182nd Way	11:07	D	2.6 /	8.49		Absent	Absent	U	18A0563-06
011818-07	(SP ID 49) 17817 NW 15th Street	11:29	D	2.2 /	8.37		Absent	Absent	U	18A0563-07

**Average of disinfectant residuals for distribution routine & repeat Samples.5** Free chlorine or Total chlorine (circle one)      2.0 /

**Disinfectant Residual Analysis Method:**  
 DPD Colorimetric    Other: \_\_\_\_\_  
**Person performing disinfectant analysis is (see instructions on reverse):**  
 A certified operator (# DWC 22627)  
 Supervised by certified operator (# \_\_\_\_\_)  
 Employed by a certified lab    Employed by DEP or DOH  
 Authorized representative of supplier of water

Unless otherwise noted, all tests are performed in accordance with NELAC standards, and the results relate only to the samples.

Date and time PWS notified by lab of positive results: \_\_\_\_\_  
Date and time DEP/DOH notified by lab of positive results: \_\_\_\_\_  
Date Report Issued: 26-Jan-2018 17:26  
**Lab Signature:** Enrique Ochoa  
**Title:** (CSM) Customer Service Manager

Juquitta Drieth  
Jacobs/CH2M-City of Pembroke Pines W7  
7960 Johnson Street  
Pembroke Pines      FL      33024

Satisfactory      **DEP/DOH USE ONLY**  
 Incomplete Collection Information  
 Repeat Samples Required  
 Replacement Samples Required  
Date Reviewed by DEP/DOH: \_\_\_\_\_  
DEP/DOH Reviewing Official: \_\_\_\_\_

1 For Sample Types see Instructions item I 10  
2 For Analysis Methods see Instructions item H 6  
3 Please circle appropriate selection  
4 Defined in Florida Administrative Code Rule 62-160, Table 1  
5 Complete for community & non-transient non-community systems serving populations up to and including 4,000. Do not include raw or plant samples in the average.

**DRINKING WATER MICROBIAL SAMPLE COLLECTION  
& LABORATORY REPORTING FORMAT**

(62-550.730 Reporting Format Effective 01/1995, Revised 02/2010)

**Florida-Spectrum Environmental Services, Inc.**  
1460 W. McNab Road, Fort Lauderdale, FL 33309 Tel# (954) 978-6400  
Certification No. E86006

Lab Receipt Date & Time: 18-Jan-2018 16:35

Analysis Date & Time: 18-Jan-2018 17:30

**Sample Acceptance Criteria:**

Sample Preservation:  On Ice  Not On Ice  3.80 °C  
Disinfectant Check:  Not Detected  \_\_\_\_\_ mg/L  
This sample does not meet the following NELAC requirements:

Report Number: 18A0563 Sub-Contract Lab ID: E86006

**Analysis Requested:** (check all that apply)

Total Coliform/E. coli  Total Coliform/Fecal  Enterococci  Coliphage  HPC  Other: \_\_\_\_\_

**Public Water System (PWS) Name:** City of Pembroke Pines

**PWS I.D.**

4	0	6	1	0	8	3
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PWS Address: 7960 Johnson Street

City: Pembroke Pines FL 33024

PWS or PWS Owner's Phone #: (754) 260-4509

Fax #: (954) 986-5025

**Collector:** Oscar Castano

Collector's Phone #: (954) 582-4300/(423)-381-9121

**Type of Supply:** (check only one)

Community Water System  Non-Transient Non-community Water System  Transient Non-community Water System  
 Limited Use System  Bottled Water  Private Well  Swimming Pool  Other: \_\_\_\_\_

**Reason for Sampling:** (check all that apply)

Distribution Routine  Distribution Repeat  Raw (triggered or assessment)  Raw (triggered or assessment) additional  Well Survey  
 Clearance  Replacement (also check type of sample being replaced)  Boil Water Notice  Other: \_\_\_\_\_

**Sample Collection Date:** 1/18/18

To be completed by collector of sample						To be completed by lab				
Sample #	Sample Point City of Pembroke Pines Monthly Bacteria City of Pembroke Pines, FL	Sample Collection Time	Sample Type	Disin- fectant Residual (mg/L)	pH	Analysis Method(s)2: Total Coliform/E. Coli (PA) by Collitert in Water (SM9223B)				
						Non- Coliform	Total Coliform	Fecal <u>E. Coli</u> , Enterococci or Coliphage3	Data Qualifier4	Lab Sample #
011818-08	(SP ID 51) 2473 NW 184th Terrace	11:43	D	1.9 /	8.35		Absent	Absent	U	18A0563-08
011818-09	(SP ID 52) 18411 Pines Blvd.	11:53	D	2.4 /	8.46		Absent	Absent	U	18A0563-09
011818-10	(SP ID 58) 19370 SW 16th Street	12:20	D	0.9 /	8.10		Absent	Absent	U	18A0563-10
011818-11	(SP ID 53) 18539 SW 12th Street	12:35	D	1.9 /	8.28		Absent	Absent	U	18A0563-11
011818-12	(SP ID 57) 420 NW 197th Avenue	13:06	D	2.1 /	8.38		Absent	Absent	U	18A0563-12
011818-13	(SP ID 56) 1263 NW 195th Avenue	13:28	D	2.2 /	8.48		Absent	Absent	U	18A0563-13
011818-14	(SP ID 55) 19478 NW 24th Place	13:40	D	2.1 /	8.44		Absent	Absent	U	18A0563-14

Average of disinfectant residuals for distribution routine & repeat  
Samples.5 Free chlorine or Total chlorine (circle one)

2.0 /

Unless otherwise noted, all tests are performed in accordance with  
NELAC standards, and the results relate only to the samples.

**Disinfectant Residual Analysis Method:**

DPD Colorimetric  Other: \_\_\_\_\_

**Person performing disinfectant analysis is (see instructions on reverse):**

A certified operator (# DWC 22627)  
 Supervised by certified operator (# \_\_\_\_\_)  
 Employed by a certified lab  Employed by DEP or DOH  
 Authorized representative of supplier of water

Date and time PWS notified by lab of positive results: \_\_\_\_\_

Date and time DEP/DOH notified by lab of positive results: \_\_\_\_\_

Date Report Issued: 26-Jan-2018 17:26

Lab Signature: Enrique Ochoa

Title: (CSM) Customer Service Manager

Juquitta Drieth  
Jacobs/CH2M-City of Pembroke Pines W1  
7960 Johnson Street  
Pembroke Pines FL 33024

Satisfactory DEP/DOH USE ONLY  
 Incomplete Collection Information  
 Repeat Samples Required  
 Replacement Samples Required  
Date Reviewed by DEP/DOH: \_\_\_\_\_  
DEP/DOH Reviewing Official: \_\_\_\_\_

<sup>1</sup> For Sample Types see Instructions item 1.6

<sup>2</sup> For Analysis Methods see Instructions item 11.6

<sup>3</sup> Please circle appropriate selection.

<sup>4</sup> Defined in Florida Administrative Code (Rule 62-160, Table 1)

<sup>5</sup> Complete for community & non-transient non-community systems serving populations up to and including 4,999. Do not include raw or plant samples or the average

# DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORTING FORMAT

(62-550,730 Reporting Format Effective 01/19/05, Revised 02/2010)

**Florida-Spectrum Environmental Services, Inc.**  
 1460 W. McNab Road, Fort Lauderdale, FL 33309 Tel# (954) 978-6400  
 Certification No. E86006

Lab Receipt Date & Time: <u>19-Jan-2018 12:40</u>
Analysis Date & Time: <u>19-Jan-2018 17:30</u>
<b>Sample Acceptance Criteria:</b>
Sample Preservation: <input checked="" type="checkbox"/> On Ice <input type="checkbox"/> Not On Ice <input checked="" type="checkbox"/> 1.60 °C
Disinfectant Check: <input checked="" type="checkbox"/> Not Detected <input type="checkbox"/> _____ mg/L
This sample does not meet the following NELAC requirements:

Report Number: 18A0603      Sub-Contract Lab ID: E86006

**Analysis Requested:** (check all that apply)

Total Coliform/*E. coli*    Total Coliform/Fecal    Enterococci    Coliphage    HPC    Other: \_\_\_\_\_

**Public Water System (PWS) Name:** City of Pembroke Pines      **PWS I.D.**

4	0	6	1	0	8	3
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**PWS Address:** 7960 Johnson Street      **City:** Pembroke Pines      **FL**      **33024**

**PWS or PWS Owner's Phone #:** (754) 260-4509      **Fax #:** (954) 986-5025

**Collector:** Oscar Castano      **Collector's Phone #:** (954) 582-4300/(423)-381-9127

**Type of Supply:** (check only one)

Community Water System    Non-Transient Non-community Water System    Transient Non-community Water System  
 Limited Use System    Bottled Water    Private Well    Swimming Pool    Other: \_\_\_\_\_

**Reason for Sampling:** (check all that apply)

Distribution Routine    Distribution Repeat    Raw (triggered or assessment)    Raw (triggered or assessment) additional    Well Survey  
 Clearance    Replacement (also check type of sample being replaced)    Boil Water Notice    Other: \_\_\_\_\_

**Sample Collection Date:** 1/19/18

To be completed by collector of sample						To be completed by lab				
Sample #	Sample Point City of Pembroke Pines Monthly Bacteria City of Pembroke Pines, FL	Sample Collection Time	Sample Type	Disinfectant Residual (mg/L)	pH	Analysis Method(s): Total Coliform/E.Coli (PA) by Colilert in Water (SM9223B)				
						Non-Coliform	Total Coliform	Fecal ( <i>E. Coli</i> ) Enterococci <sup>1</sup> or Coliphage <sup>3</sup>	Data Qualifier <sup>4</sup>	Lab Sample #
011918-01	(SP ID 54) 6351 SW 195th Avenue	10:35	D	2.0 /	8.40		Absent	Absent	U	18A0603-01
011918-02	(SP ID 59) 5000 SW 207th Terrace	10:09	D	1.3 /	8.34		Absent	Absent	U	18A0603-02
011918-03	(SP ID 63) 21250 Sheridan Street	10:59	D	0.8 /	8.49		Absent	Absent	U	18A0603-03
011918-04	(SP ID 64) 21800 NW 8th Place	12:18	D	2.4 /	8.42		Absent	Absent	U	18A0603-04
011918-05	(SP ID 65) 21661 NW 7th Street	12:04	D	2.4 /	8.46		Absent	Absent	U	18A0603-05
011918-06	(SP ID 62) 20701 Pembroke Road	11:28	D	1.9 /	8.33		Absent	Absent	U	18A0603-06
011918-07	(SP ID 61) 20501 SW 1st Street	11:48	D	2.4 /	8.43		Absent	Absent	U	18A0603-07

**Average of disinfectant residuals for distribution routine & repeat Samples.<sup>5</sup>** Free chlorine or Total chlorine (circle one)      1.9 /

**Disinfectant Residual Analysis Method:**  
 DPD Colorimetric    Other: \_\_\_\_\_  
**Person performing disinfectant analysis is (see instructions on reverse):**  
 A certified operator (# DWC 22627)  
 Supervised by certified operator (# \_\_\_\_\_)  
 Employed by a certified lab    Employed by DEP or DOH  
 Authorized representative of supplier of water

Unless otherwise noted, all tests are performed in accordance with NELAC standards, and the results relate only to the samples.

Date and time PWS notified by lab of positive results: \_\_\_\_\_  
 Date and time DEP/DOH notified by lab of positive results: \_\_\_\_\_  
 Date Report Issued: 30-Jan-2018 9:15  
**Lab Signature:** Enrique Ochoa  
**Title:** (CSM) Customer Service Manager

**Juquitta Drieth**  
 Jacobs/CH2M-City of Pembroke Pines WT  
 7960 Johnson Street  
 Pembroke Pines      FL      33024

Satisfactory      **DEP/DOH USE ONLY**  
 Incomplete Collection Information  
 Repeat Samples Required  
 Replacement Samples Required  
 Date Reviewed by DEP/DOH: \_\_\_\_\_  
 DEP/DOH Reviewing Official: \_\_\_\_\_

<sup>1</sup> For Sample Types see Instructions item 1.16.  
<sup>2</sup> For Analysis Methods see Instructions item 11.6.  
<sup>3</sup> Please circle appropriate selection.  
<sup>4</sup> Defined in Florida Administrative Code Rule 62-160, Table 1.  
<sup>5</sup> Complete for community & non-transient non-community systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.

# DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORTING FORMAT

(92-550.730 Reporting Format Effective 01/1995, Revised 02/2010)

**Florida-Spectrum Environmental Services, Inc.**  
 1460 W. McNab Road, Fort Lauderdale, FL 33309 Tel# (954) 978-6400  
 Certification No. E86006

Lab Receipt Date & Time: 22-Jan-2018 16:10

Analysis Date & Time: 22-Jan-2018 17:30

**Sample Acceptance Criteria:**

Sample Preservation:  On Ice    Not On Ice    1.80 °C  
 Disinfectant Check:  Not Detected    \_\_\_\_\_ mg/L  
 This sample does not meet the following NELAC requirements:

Report Number: 18A0642   Sub-Contract Lab ID: E86006

**Analysis Requested:** (check all that apply)

Total Coliform/E. coli    Total Coliform/Fecal    Enterococci    Coliphage    HPC    Other: \_\_\_\_\_

**Public Water System (PWS) Name:** City of Pembroke Pines   **PWS I.D.**

4	0	6	1	0	8	3
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**PWS Address:** 7960 Johnson Street   **City:** Pembroke Pines   **FL**   **33024**

**PWS or PWS Owner's Phone #:** (754) 260-4509   **Fax #:** (954) 986-5025

**Collector:** Oscar Castano   **Collector's Phone #:** (954) 582-4300/(423)-381-9121

**Type of Supply:** (check only one)

Community Water System    Non-Transient Non-community Water System    Transient Non-community Water System  
 Limited Use System    Bottled Water    Private Well    Swimming Pool    Other: \_\_\_\_\_

**Reason for Sampling:** (check all that apply)

Distribution Routine    Distribution Repeat    Raw (triggered or assessment)    Raw (triggered or assessment) additional    Well Survey  
 Clearance    Replacement (also check type of sample being replaced)    Boil Water Notice    Other: \_\_\_\_\_

**Sample Collection Date:** 1/22/18

To be completed by collector of sample						To be completed by lab				
Sample #	Sample Point City of Pembroke Pines Monthly Bacteria City of Pembroke Pines, FL	Sample Collection Time	Sample Type	Disinfectant Residual (mg/L)	pH	Analysis Method(s)2: Total Coliform/E. Coli (PA) by Collitert in Water (SM9223B)				
						Non-Coliform	Total Coliform	Fecal (E. Coli) Enterococci or Coliphage3	Data Qualifier4	Lab Sample #
012218-01	(SP ID 1) 2040 NW 74th Avenue	8:57	D	3.4 /	8.56		Absent	Absent	U	18A0642-01
012218-02	(SP ID 2) 7610 Taft Street	9:09	D	3.4 /	8.72		Absent	Absent	U	18A0642-02
012218-03	(SP ID 3) 7741 Johnson Street	9:24	D	3.6 /	8.83		Absent	Absent	U	18A0642-03
012218-04	(SP ID 4) 120 NW 73rd Avenue	9:38	D	3.2 /	8.71		Absent	Absent	U	18A0642-04
012218-05	(SP ID 5) 7021 SW 9th Street	10:00	D	2.8 /	8.50		Absent	Absent	U	18A0642-05
012218-06	(SP ID 11) 1530 SW 85th Avenue	10:24	D	2.8 /	8.47		Absent	Absent	U	18A0642-06
012218-07	(SP ID 10) 199 N. University Drive	10:40	D	2.9 /	8.53		Absent	Absent	U	18A0642-07

**Average of disinfectant residuals for distribution routine & repeat Samples.5** Free chlorine or Total chlorine (circle one)

3.3 /

Unless otherwise noted, all tests are performed in accordance with NELAC standards, and the results relate only to the samples.

**Disinfectant Residual Analysis Method:**

DPD Colorimetric    Other: \_\_\_\_\_

**Person performing disinfectant analysis is (see instructions on reverse):**

A certified operator (# DWC 22627)  
 Supervised by certified operator (# \_\_\_\_\_)  
 Employed by a certified lab    Employed by DEP or DOH  
 Authorized representative of supplier of water

Date and time PWS notified by lab of positive results: \_\_\_\_\_

Date and time DEP/DOH notified by lab of positive results: \_\_\_\_\_

Date Report Issued: 30-Jan-2018 13:25

**Lab Signature:** Enrique Ochoa

**Title:** (CSM) Customer Service Manager

Juquitta Drieth  
 Jacobs/CH2M-City of Pembroke Pines WT  
 7960 Johnson Street  
 Pembroke Pines   FL   33024

Satisfactory   **DEP/DOH USE ONLY**

Incomplete Collection Information

Repeat Samples Required

Replacement Samples Required

Date Reviewed by DEP/DOH: \_\_\_\_\_

DEP/DOH Reviewing Official: \_\_\_\_\_

<sup>1</sup> For Sample Types see Instructions item 116.

<sup>2</sup> For Analysis Methods see Instructions item 116.

<sup>3</sup> Please circle appropriate selection.

<sup>4</sup> Defined in Florida Administrative Code Rule 62-160, Table 1.

<sup>5</sup> Complete for community & non-transient non-community systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.

# DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORTING FORMAT

(62-550.730 Reporting Form Effective 01/1995, Revised 02/2010)

**Florida-Spectrum Environmental Services, Inc.**  
 1460 W. McNab Road, Fort Lauderdale, FL 33309 Tel# (954) 978-6400  
 Certification No. E86006

Lab Receipt Date & Time: <u>22-Jan-2018 16:10</u>
Analysis Date & Time: <u>22-Jan-2018 17:30</u>
<b>Sample Acceptance Criteria:</b> Sample Preservation: <input checked="" type="checkbox"/> On Ice <input type="checkbox"/> Not On Ice <input checked="" type="checkbox"/> <u>1.80</u> °C Disinfectant Check: <input checked="" type="checkbox"/> Not Detected <input type="checkbox"/> _____ mg/L This sample does not meet the following NELAC requirements:

Report Number: 18A0642      Sub-Contract Lab ID: E86006

**Analysis Requested:** (check all that apply)

Total Coliform/*E. coli*    Total Coliform/Fecal    Enterococci    Coliphage    HPC    Other: \_\_\_\_\_

**Public Water System (PWS) Name:** City of Pembroke Pines      **PWS I.D.**

4	0	6	1	0	8	3
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**PWS Address:** 7960 Johnson Street      **City:** Pembroke Pines      **FL**      **33024**

**PWS or PWS Owner's Phone #:** (754) 260-4509      **Fax #:** (954) 986-5025

**Collector:** Oscar Castano      **Collector's Phone #:** (954) 582-4300/(423)-381-9122

**Type of Supply:** (check only one)

Community Water System    Non-Transient Non-community Water System    Transient Non-community Water System  
 Limited Use System    Bottled Water    Private Well    Swimming Pool    Other: \_\_\_\_\_

**Reason for Sampling:** (check all that apply)

Distribution Routine    Distribution Repeat    Raw (triggered or assessment)    Raw (triggered or assessment) additional    Well Survey  
 Clearance    Replacement (also check type of sample being replaced)    Boil Water Notice    Other: \_\_\_\_\_

**Sample Collection Date:** 1/22/18

To be completed by collector of sample						To be completed by lab				
Sample #	Sample Point City of Pembroke Pines Monthly Bacteria City of Pembroke Pines, FL	Sample Collection Time	Sample Type	Disinfectant Residual (mg/L)	pH	Analysis Method(s): Total Coliform/E.Coli (PA) by Colilert in Water (SM9223B)				
						Non-Coliform	Total Coliform	Fecal <u>E. Coli</u> Enterococci or Coliphage3	Data Qualifier4	Lab Sample #
012218-08	(SP ID 9) 8131 Johnson Street	10:52	D	3.6 /	8.77		Absent	Absent	U	18A0642-08
012218-09	(SP ID 8) 8130 Taft Street	11:06	D	3.5 /	8.78		Absent	Absent	U	18A0642-09
012218-10	(SP ID 7) 2402 N. University Drive	11:20	D	3.0 /	8.57		Absent	Absent	U	18A0642-10
012218-11	(SP ID 68) 2060 NW 88th Terrace	11:36	D	3.5 /	8.77		Absent	Absent	U	18A0642-11
012218-12	(SP ID 12) 1621 N. Douglas Road	11:49	D	3.6 /	8.83		Absent	Absent	U	18A0642-12
012218-13	(SP ID 13) 8880 Johnson Street	12:02	D	3.5 /	8.81		Absent	Absent	U	18A0642-13
012218-14	(SP ID 14) 120 N. Douglas Road	12:13	D	3.5 /	8.79		Absent	Absent	U	18A0642-14

**Average of disinfectant residuals for distribution routine & repeat Samples.5** Free chlorine or Total chlorine (circle one)      3.3 /

**Disinfectant Residual Analysis Method:**  
 DPD Colorimetric    Other: \_\_\_\_\_  
**Person performing disinfectant analysis is (see instructions on reverse):**  
 A certified operator (# DWC 22627)  
 Supervised by certified operator (# \_\_\_\_\_)  
 Employed by a certified lab    Employed by DEP or DOH  
 Authorized representative of supplier of water

Unless otherwise noted, all tests are performed in accordance with NELAC standards, and the results relate only to the samples.

Date and time PWS notified by lab of positive results: \_\_\_\_\_  
 Date and time DEP/DOH notified by lab of positive results: \_\_\_\_\_  
 Date Report Issued: 30-Jan-2018 13:25  
**Lab Signature:** Enrique Ochoa  
**Title:** (CSM) Customer Service Manager

Juquitta Drieth  
 Jacobs/CH2M-City of Pembroke Pines WT  
 7960 Johnson Street  
 Pembroke Pines      FL      33024

Satisfactory      **DEP/DOH USE ONLY**  
 Incomplete Collection Information  
 Repeat Samples Required  
 Replacement Samples Required  
 Date Reviewed by DEP/DOH: \_\_\_\_\_  
 DEP/DOH Reviewing Official: \_\_\_\_\_

\* See Sample Types see Instructions item I 16.  
 For Analysis Methods see Instructions item II b.  
 Please circle appropriate selection.  
 Defined in Florida Administrative Code Rule 62-160, Table 1.  
 Complete for community & non-transient non-community systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.

# DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORTING FORMAT

(62-550.730 Reporting Format Effective 01/1995, Revised 02/2010)

**Florida-Spectrum Environmental Services, Inc.**  
1460 W. McNab Road, Fort Lauderdale, FL 33309 Tel# (954) 978-6400  
Certification No. E86006

Lab Receipt Date & Time: <u>23-Jan-2018 16:35</u>
Analysis Date & Time: <u>23-Jan-2018 17:30</u>
<b>Sample Acceptance Criteria:</b> Sample Preservation: <input checked="" type="checkbox"/> On Ice <input type="checkbox"/> Not On Ice <input checked="" type="checkbox"/> 5.20 °C Disinfectant Check: <input checked="" type="checkbox"/> Not Detected <input type="checkbox"/> _____ mg/L This sample does not meet the following NELAC requirements:

Report Number: 18A0687 Sub-Contract Lab ID: E86006

**Analysis Requested:** (check all that apply)  
 Total Coliform/E. coli  Total Coliform/Fecal  Enterococci  Coliphage  HPC  Other: \_\_\_\_\_

**Public Water System (PWS) Name:** City of Pembroke Pines **PWS I.D.**

4	0	6	1	0	8	3
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**PWS Address:** 7960 Johnson Street **City:** Pembroke Pines **FL** 33024

**PWS or PWS Owner's Phone #:** (754) 260-4509 **Fax #:** (954) 986-5025

**Collector:** Oscar Castano **Collector's Phone #:** (954) 582-4300/(423)-381-9121

**Type of Supply:** (check only one)  
 Community Water System  Non-Transient Non-community Water System  Transient Non-community Water System  
 Limited Use System  Bottled Water  Private Well  Swimming Pool  Other: \_\_\_\_\_

**Reason for Sampling:** (check all that apply)  
 Distribution Routine  Distribution Repeat  Raw (triggered or assessment)  Raw (triggered or assessment) additional  Well Survey  
 Clearance  Replacement (also check type of sample being replaced)  Boil Water Notice  Other: \_\_\_\_\_

**Sample Collection Date:** 1/23/18

To be completed by collector of sample						To be completed by lab				
Sample #	Sample Point City of Pembroke Pines Monthly Bacteria City of Pembroke Pines, FL	Sample Collection Time	Sample Type	Disinfectant Residual (mg/L)	pH	Analysis Method(s): Total Coliform/E.Coli (PA) by Collitert in Water (SM9223B)				
						Non-Coliform	Total Coliform	Fecal E. Coli, Enterococci or Coliphage3	Data Qualifier4	Lab Sample #
012318-01	(SP ID 22) 11141 NW 22nd Street	13:38	D	3.4 /	8.74		Absent	Absent	U	18A0687-01
012318-02	(SP ID 44) 6749 Segovia Circle West	12:53	D	2.2 /	8.30		Absent	Absent	U	18A0687-02
012318-03	(SP ID 45) 2300 NW 172nd Avenue	12:38	D	2.2 /	8.35		Absent	Absent	U	18A0687-03
012318-04	(SP ID 46) 2098 NW 171st Terrace	12:29	D	2.1 /	8.29		Absent	Absent	U	18A0687-04
012318-05	(SP ID 47) 17100 Pines Blvd.	12:14	D	1.2 /	8.03		Absent	Absent	U	18A0687-05
012318-06	(SP ID 48) 17059 SW 16th Street	12:03	D	2.3 /	8.36		Absent	Absent	U	18A0687-06
012318-07	(SP ID 27) 450 SW 182nd Way	11:47	D	2.4 /	8.43		Absent	Absent	U	18A0687-07

**Average of disinfectant residuals for distribution routine & repeat Samples.5** Free chlorine or Total chlorine (circle one) 2.7 /

**Disinfectant Residual Analysis Method:**  
 DPD Colorimetric  Other: \_\_\_\_\_  
**Person performing disinfectant analysis is (see instructions on reverse):**  
 A certified operator (# DWC 22627)  
 Supervised by certified operator (# \_\_\_\_\_)  
 Employed by a certified lab  Employed by DEP or DOH  
 Authorized representative of supplier of water

Unless otherwise noted, all tests are performed in accordance with NELAC standards, and the results relate only to the samples.

Date and time PWS notified by lab of positive results: \_\_\_\_\_  
 Date and time DEP/DOH notified by lab of positive results: \_\_\_\_\_  
 Date Report Issued: 02-Feb-2018 11:57  
**Lab Signature:** Enrique Ochoa  
**Title:** (CSM) Customer Service Manager

**Juquitta Drieth**  
Jacobs/CH2M-City of Pembroke Pines WT  
7960 Johnson Street  
Pembroke Pines FL 33024

<input type="checkbox"/> Satisfactory <input type="checkbox"/> Incomplete Collection Information <input type="checkbox"/> Repeat Samples Required <input type="checkbox"/> Replacement Samples Required Date Reviewed by DEP/DOH: _____ DEP/DOH Reviewing Official: _____	<b>DEP/DOH USE ONLY</b>
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1 See Sample Types see Instructions item 1.0.  
 2 For Analysis Methods see Instructions item 1.6.  
 3 Please circle appropriate selection.  
 4 Defined in Florida Administrative Code Rule 62-160, Table 1.  
 5 Complete for community & non-transient non-community systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.

# DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORTING FORMAT

(62-550.730 Reporting Format Effective 01/1995, Revised 02/2010)

**Florida-Spectrum Environmental Services, Inc.**  
 1460 W. McNab Road, Fort Lauderdale, FL 33309 Tel# (954) 978-6400  
 Certification No. E86006

Lab Receipt Date & Time: <u>23-Jan-2018 16:35</u>
Analysis Date & Time: <u>23-Jan-2018 17:30</u>
<b>Sample Acceptance Criteria:</b>
Sample Preservation: <input checked="" type="checkbox"/> On Ice <input type="checkbox"/> Not On Ice <input checked="" type="checkbox"/> 5.20 °C
Disinfectant Check: <input checked="" type="checkbox"/> Not Detected <input type="checkbox"/> _____ mg/L
This sample does not meet the following NELAC requirements:

Report Number: 18A0687   Sub-Contract Lab ID: E86006

**Analysis Requested:** (check all that apply)

Total Coliform/E. coli    Total Coliform/Fecal    Enterococci    Coliphage    HPC    Other: \_\_\_\_\_

**Public Water System (PWS) Name:** City of Pembroke Pines   **PWS I.D.**

4	0	6	1	0	8	3
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**PWS Address:** 7960 Johnson Street   **City:** Pembroke Pines   **FL**   **33024**

**PWS or PWS Owner's Phone #:** (754) 260-4509   **Fax #:** (954) 986-5025

**Collector:** Oscar Castano   **Collector's Phone #:** (954) 582-4300/(423)-381-9121

**Type of Supply:** (check only one)

Community Water System    Non-Transient Non-community Water System    Transient Non-community Water System  
 Limited Use System    Bottled Water    Private Well    Swimming Pool    Other: \_\_\_\_\_

**Reason for Sampling:** (check all that apply)

Distribution Routine    Distribution Repeat    Raw (triggered or assessment)    Raw (triggered or assessment) additional    Well Survey  
 Clearance    Replacement (also check type of sample being replaced)    Boil Water Notice    Other: \_\_\_\_\_

**Sample Collection Date:** 1/23/18

To be completed by collector of sample						To be completed by lab				
Sample #	Sample Point City of Pembroke Pines Monthly Bacteria City of Pembroke Pines, FL	Sample Collection Time	Sample Type	Disinfectant Residual (mg/L)	pH	Analysis Method(s): Total Coliform/E.Coli (PA) by Colilert in Water (SM9223B)				
						Non-Coliform	Total Coliform	Fecal E. Coli, Enterococci or Coliphage <sup>3</sup>	Data Qualifier <sup>4</sup>	Lab Sample #
012318-08	(SP ID 49) 17817 NW 15th Street	11:30	D	2.2 /	8.28		Absent	Absent	U	18A0687-08
012318-09	(SP ID 16) 10120 Sheridan Street	13:50	D	3.4 /	8.72		Absent	Absent	U	18A0687-09
012318-10	(SP ID 17) 1981 NW 100th Way	13:58	D	3.3 /	8.70		Absent	Absent	U	18A0687-10
012318-11	(SP ID 18) 10000 Johnson Street	14:12	D	3.6 /	8.78		Absent	Absent	U	18A0687-11
012318-12	(SP ID 19) 10101 Pines Blvd.	14:23	D	3.5 /	8.75		Absent	Absent	U	18A0687-12
012318-13	(SP ID 20) 10001 SW 14th Street	14:36	D	2.6 /	8.41		Absent	Absent	U	18A0687-13
012318-14	(SP ID 15) 900 Hollybrook Drive	14:57	D	3.2 /	8.63		Absent	Absent	U	18A0687-14

**Average of disinfectant residuals for distribution routine & repeat Samples<sup>5</sup>** Free chlorine or Total chlorine (circle one)   2.7 /

**Disinfectant Residual Analysis Method:**  
 DPD Colorimetric    Other: \_\_\_\_\_  
**Person performing disinfectant analysis is (see instructions on reverse):**  
 A certified operator (# DWC 22627)  
 Supervised by certified operator (# \_\_\_\_\_)  
 Employed by a certified lab    Employed by DEP or DOH  
 Authorized representative of supplier of water

Unless otherwise noted, all tests are performed in accordance with NELAC standards, and the results relate only to the samples.

Date and time PWS notified by lab of positive results: \_\_\_\_\_  
 Date and time DEP/DOH notified by lab of positive results: \_\_\_\_\_  
 Date Report Issued: 02-Feb-2018 11:57  
**Lab Signature:** Enrique Ochoa  
**Title:** (CSM) Customer Service Manager

**Juquitta Drieth**  
 Jacobs/CH2M-City of Pembroke Pines WT  
 7960 Johnson Street  
 Pembroke Pines   FL   33024

Satisfactory   DEP/DOH USE ONLY  
 Incomplete Collection Information  
 Repeat Samples Required  
 Replacement Samples Required  
 Date Reviewed by DEP/DOH: \_\_\_\_\_  
 DEP/DOH Reviewing Official: \_\_\_\_\_

<sup>1</sup> For Sample Types see Instructions item 1.16.  
<sup>2</sup> For Analysis Methods see Instructions item 11.6.  
<sup>3</sup> Please circle appropriate selection.  
<sup>4</sup> Defined in Florida Administrative Code Rule 62-110, Table 1.  
<sup>5</sup> Complete for community & non-transient non-community systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.

# DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORTING FORMAT

(62-550.730 Reporting Format Effective 01/1995, Revised 02/2010)

**Florida-Spectrum Environmental Services, Inc.**  
 1460 W. McNab Road, Fort Lauderdale, FL 33309 Tel# (954) 978-6400  
 Certification No. E86006

Lab Receipt Date & Time: <u>25-Jan-2018 16:40</u>
Analysis Date & Time: <u>25-Jan-2018 17:20</u>
<b>Sample Acceptance Criteria:</b> Sample Preservation: <input checked="" type="checkbox"/> On Ice <input type="checkbox"/> Not On Ice <input checked="" type="checkbox"/> <u>2.80</u> °C Disinfectant Check: <input checked="" type="checkbox"/> Not Detected <input type="checkbox"/> _____ mg/L This sample does not meet the following NELAC requirements: _____

Report Number: 18A0791      Sub-Contract Lab ID: E86006

**Analysis Requested:** (check all that apply)  
 Total Coliform/*E. coli*    Total Coliform/Fecal    Enterococci    Coliphage    HPC    Other: \_\_\_\_\_

**Public Water System (PWS) Name:** City of Pembroke Pines      **PWS I.D.**

4	0	6	1	0	8	3
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**PWS Address:** 7960 Johnson Street      **City:** Pembroke Pines      **FL**      **33024**

**PWS or PWS Owner's Phone #:** (754) 260-4509      **Fax #:** (954) 986-5025

**Collector:** Oscar Castano      **Collector's Phone #:** (954) 582-4300/(423)-381-9127

**Type of Supply:** (check only one)  
 Community Water System    Non-Transient Non-community Water System    Transient Non-community Water System  
 Limited Use System    Bottled Water    Private Well    Swimming Pool    Other: \_\_\_\_\_

**Reason for Sampling:** (check all that apply)  
 Distribution Routine    Distribution Repeat    Raw (triggered or assessment)    Raw (triggered or assessment) additional    Well Survey  
 Clearance    Replacement (also check type of sample being replaced)    Boil Water Notice    Other: \_\_\_\_\_

**Sample Collection Date:** 1/25/18

To be completed by collector of sample						To be completed by lab				
Sample #	Sample Point City of Pembroke Pines Monthly Bacteria City of Pembroke Pines, FL	Sample Collection Time	Sample Type	Disinfectant Residual (mg/L)	pH	Analysis Method(s): Total Coliform/ <i>E. Coli</i> (PA) by Collitert in Water (SM9223B)				
						Non-Coliform	Total Coliform	Fecal <i>E. Coli</i> , Enterobaccl or Coliphage3	Data Qualifier4	Lab Sample #
012518-01	(SP ID 51) 2473 NW 184th Terrace	13:17	D	1.9 /	8.35		Absent	Absent	U	18A0791-01
012518-02	(SP ID 52) 18411 Pines Blvd.	13:02	D	2.3 /	8.52		Absent	Absent	U	18A0791-02
012518-03	(SP ID 58) 19370 SW 16th Street	12:40	D	0.9 /	8.10		Absent	Absent	U	18A0791-03
012518-04	(SP ID 53) 18539 SW 12th Street	12:28	D	1.7 /	8.31		Absent	Absent	U	18A0791-04
012518-05	(SP ID 57) 420 NW 197th Avenue	12:08	D	2.3 /	8.54		Absent	Absent	U	18A0791-05
012518-06	(SP ID 56) 1263 NW 195th Avenue	11:56	D	2.2 /	8.49		Absent	Absent	U	18A0791-06
012518-07	(SP ID 55) 19478 NW 24th Place	11:43	D	2.1 /	8.43		Absent	Absent	U	18A0791-07

**Average of disinfectant residuals for distribution routine & repeat Samples.5** Free chlorine or Total chlorine (circle one)      1.9 /

**Disinfectant Residual Analysis Method:**  
 DPD Colorimetric    Other: \_\_\_\_\_  
**Person performing disinfectant analysis is (see instructions on reverse):**  
 A certified operator (# DWC 22627)  
 Supervised by certified operator (# \_\_\_\_\_)  
 Employed by a certified lab    Employed by DEP or DOH  
 Authorized representative of supplier of water

Unless otherwise noted, all tests are performed in accordance with NELAC standards, and the results relate only to the samples.

Date and time PWS notified by lab of positive results: \_\_\_\_\_  
 Date and time DEP/DOH notified by lab of positive results: \_\_\_\_\_  
 Date Report Issued: 02-Feb-2018 16:29  
**Lab Signature:** Enrique Ochoa  
**Title:** (CSM) Customer Service Manager

Juquitta Drieth  
 Jacobs/CH2M-City of Pembroke Pines WT  
 7960 Johnson Street  
 Pembroke Pines      FL      33024

<input type="checkbox"/> Satisfactory <input type="checkbox"/> Incomplete Collection Information <input type="checkbox"/> Repeat Samples Required <input type="checkbox"/> Replacement Samples Required Date Reviewed by DEP/DOH: _____ DEP/DOH Reviewing Official: _____	<b>DEP/DOH USE ONLY</b>
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1 For Sample Types see instructions item 1.1b.  
 2 For Analysis Methods see instructions item 11.6.  
 3 Please circle appropriate selection.  
 4 Defined in Florida Administrative Code Rule 62-160, Table 1.  
 5 Complete for community & non-transient non-community systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.

**DRINKING WATER MICROBIAL SAMPLE COLLECTION  
& LABORATORY REPORTING FORMAT**

(62-550.730 Reporting Format Effective 01/1995, Revised 02/2010)

**Florida-Spectrum Environmental Services, Inc.**  
1460 W. McNab Road, Fort Lauderdale, FL 33309 Tel# (954) 978-6400  
Certification No. E86006

Lab Receipt Date & Time: <u>26-Jan-2018 16:40</u>
Analysis Date & Time: <u>26-Jan-2018 17:00</u>
<b>Sample Acceptance Criteria:</b>
Sample Preservation: <input checked="" type="checkbox"/> On Ice <input type="checkbox"/> Not On Ice <input checked="" type="checkbox"/> <u>0.80</u> °C
Disinfectant Check: <input checked="" type="checkbox"/> Not Detected <input type="checkbox"/> _____ mg/L
This sample does not meet the following NELAC requirements:

Report Number: 18A0839 Sub-Contract Lab ID: E86006

**Analysis Requested:** (check all that apply)  
 Total Coliform/*E. coli*  Total Coliform/Fecal  Enterococci  Coliphage  HPC  Other: \_\_\_\_\_

**Public Water System (PWS) Name:** City of Pembroke Pines **PWS I.D.**

4	0	6	1	0	8	3
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PWS Address: 7960 Johnson Street City: Pembroke Pines FL 33024

PWS or PWS Owner's Phone #: (754) 260-4509 Fax #: (954) 986-5025

**Collector:** Oscar Castano Collector's Phone #: (954) 582-4300/(423)-381-9127

**Type of Supply:** (check only one)  
 Community Water System  Non-Transient Non-community Water System  Transient Non-community Water System  
 Limited Use System  Bottled Water  Private Well  Swimming Pool  Other: \_\_\_\_\_

**Reason for Sampling:** (check all that apply)  
 Distribution Routine  Distribution Repeat  Raw (triggered or assessment)  Raw (triggered or assessment) additional  Well Survey  
 Clearance  Replacement (also check type of sample being replaced)  Boil Water Notice  Other: \_\_\_\_\_

**Sample Collection Date:** 1/26/18

To be completed by collector of sample						To be completed by lab				
Sample #	Sample Point City of Pembroke Pines Monthly Bacteria City of Pembroke Pines, FL	Sample Collection Time	Sample Type	Disin- fectant Residual (mg/L)	pH	Analysis Method(s): Total Coliform/ <i>E. Coli</i> (PA) by Colilert in Water (SM9223B)				
						Non- Coliform	Total Coliform	Fecal <i>E. Coli</i> , Enterococci or Coliphage3	Data Qualifier4	Lab Sample #
012618-01	(SP ID 54) 6351 SW 195th Avenue	13:59	D	2.0 /	8.37		Absent	Absent	U	18A0839-01
012618-02	(SP ID 59) 5000 SW 207th Terrace	13:17	D	0.7 /	8.08		Absent	Absent	U	18A0839-02
012618-03	(SP ID 63) 21250 Sheridan Street	13:00	D	1.1 /	8.36		Absent	Absent	U	18A0839-03
012618-04	(SP ID 64) 21800 NW 8th Place	11:34	D	2.3 /	8.33		Absent	Absent	U	18A0839-04
012618-05	(SP ID 65) 21651 NW 7th Street	12:02	D	2.2 /	8.41		Absent	Absent	U	18A0839-05
012618-06	(SP ID 62) 20701 Pembroke Road	12:23	D	2.0 /	8.38		Absent	Absent	U	18A0839-06
012618-07	(SP ID 61) 20501 SW 1st Street	12:40	D	2.1 /	8.39		Absent	Absent	U	18A0839-07

Average of disinfectant residuals for distribution routine & repeat  
 Samples,5 Free chlorine or Total chlorine (circle one) 1.8 /

**Disinfectant Residual Analysis Method:**  
 DPD Colorimetric  Other: \_\_\_\_\_  
**Person performing disinfectant analysis is (see instructions on reverse):**  
 A certified operator (# DWC 22627)  
 Supervised by certified operator (# \_\_\_\_\_)  
 Employed by a certified lab  Employed by DEP or DOH  
 Authorized representative of supplier of water

Unless otherwise noted, all tests are performed in accordance with  
 NELAC standards, and the results relate only to the samples.

Date and time PWS notified by lab of positive results: \_\_\_\_\_  
 Date and time DEP/DOH notified by lab of positive results: \_\_\_\_\_  
 Date Report Issued: 05-Feb-2018 8:47  
**Lab Signature:** Enrique Ochoa  
**Title:** (CSM) Customer Service Manager

Juquitta Drieth  
 Jacobs/CH2M-City of Pembroke Pines WT  
 7960 Johnson Street  
 Pembroke Pines FL 33024

<input type="checkbox"/> Satisfactory	DEP/DOH USE ONLY
<input type="checkbox"/> Incomplete Collection Information	
<input type="checkbox"/> Repeat Samples Required	
<input type="checkbox"/> Replacement Samples Required	
Date Reviewed by DEP/DOH: _____	
DEP/DOH Reviewing Official: _____	

For Sample Types see Instructions item I.16.  
 For Analysis Methods see Instructions item II.6.  
 \* Please circle appropriate selection.  
 † Defined in Florida Administrative Code Rule 62-160, Table 1.  
 ‡ Complete for community & non-transient non-community systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.



**BROWARD COUNTY HEALTH DEPARTMENT**  
 ENVIRONMENTAL ENGINEERING SECTION  
 2421-A S.W. 61h AVENUE, FORT LAUDERDALE, FL 33315-2613

**WATER UTILITY:** City of Pembroke Pines - PWS ID 4061083      **MONTH:** February    **YEAR:** 2018

Note: Please complete this form monthly and attach one copy to the monthly water plant operation report to be submitted to the BCHD not later than the 10<sup>th</sup> of the following month.

**MONTHLY BACTERIOLOGICAL SAMPLES ANALYZED FROM COMMUNITY WATER SYSTEMS**

Minimum Number of Samples Required			Number of Samples Analyzed			Number of Unsatisfactory Samples		
Well	Plant	Distribution	Well	Plant	Distribution	Well	Plant	Distribution
6	0	120						
1. Collected by Utility, Analyzed by State Cert. Lab			6	0	126	0	0	0
2. Collected by Utility Analyzed by Plant Lab			0	0	0	0	0	0
3. Total -Add Lines (1 +2)			<b>6</b>	<b>0</b>	<b>126</b>	<b>0</b>	<b>0</b>	<b>0</b>

\*Note: Do not include results on main clearance.

# DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORTING FORMAT

(62-550.730 Reporting Format Effective 01/1995, Revised 02/2010)

**Florida-Spectrum Environmental Services, Inc.**  
 1460 W. McNab Road, Fort Lauderdale, FL 33309 Tel# (954) 978-6400  
 Certification No. E86006

Lab Receipt Date & Time: <u>21-Feb-2018 17:45</u>
Analysis Date & Time: <u>21-Feb-2018 18:20</u>
<b>Sample Acceptance Criteria:</b>
Sample Preservation: <input checked="" type="checkbox"/> On Ice <input type="checkbox"/> Not On Ice <input checked="" type="checkbox"/> 1.40 °C
Disinfectant Check: <input checked="" type="checkbox"/> Not Detected <input type="checkbox"/> _____ mg/L
This sample does not meet the following NELAC requirements:

Report Number: 18B0727      Sub-Contract Lab ID: E86006

**Analysis Requested:** (check all that apply)  
 Total Coliform/*E. coli*    Total Coliform/Fecal    Enterococci    Coliphage    HPC    Other: \_\_\_\_\_

**Public Water System (PWS) Name:** City of Pembroke Pines      PWS I.D. 

4	0	6	1	0	8	3
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PWS Address: 7960 Johnson Street      City: Pembroke Pines      FL      33024

PWS or PWS Owner's Phone #: (754) 260-4509      Fax #: (954) 986-5025

**Collector:** Oscar Castano      Collector's Phone #: (954) 582-4300/(423)-381-9122

**Type of Supply:** (check only one)  
 Community Water System    Non-Transient Non-community Water System    Transient Non-community Water System  
 Limited Use System    Bottled Water    Private Well    Swimming Pool    Other: \_\_\_\_\_

**Reason for Sampling:** (check all that apply)  
 Distribution Routine    Distribution Repeat    Raw (triggered or assessment)    Raw (triggered or assessment) additional    Well Survey  
 Clearance    Replacement (also check type of sample being replaced)    Boil Water Notice    Other: \_\_\_\_\_

**Sample Collection Date:** 2/21/18

To be completed by collector of sample						To be completed by lab				
Sample #	Sample Point City of Pembroke Pines Monthly Bacteria City of Pembroke Pines, FL	Sample Collection Time	Sample Type	Disinfectant Residual (mg/L)	pH	Analysis Method(s): Total Coliform/ <i>E. Coli</i> (PA) by Colilert in Water (SM9223B)				
						Non-Coliform	Total Coliform	Fecal <i>E. Coli</i> , Enterococci <sup>1</sup> or Coliphage <sup>3</sup>	Data Qualifier <sup>4</sup>	Lab Sample #
022118-01	Well #1	10:00	R	/ 0.0	7.18		Absent	Absent	U	18B0727-01
022118-02	Well #4	9:39	R	/ 0.0	7.17		Absent	Absent	U	18B0727-02
022118-03	Well #6	10:14	R	/ 0.0	7.29		Absent	Absent	U	18B0727-03
022118-04	Well #9	10:26	R	/ 0.0	7.33		Absent	Absent	U	18B0727-04
022118-05	Well #10	10:49	R	/ 0.0	7.25		Absent	Absent	U	18B0727-05
022118-06	Well #11	10:38	R	/ 0.0	7.38		Absent	Absent	U	18B0727-06

**Average of disinfectant residuals for distribution routine & repeat Samples.<sup>5</sup> Free chlorine or (Total chlorine) (circle one)**      / 0.0

**Disinfectant Residual Analysis Method:**  
 DPD Colorimetric    Other: \_\_\_\_\_  
**Person performing disinfectant analysis is (see instructions on reverse):**  
 A certified operator (# DWC 22627)  
 Supervised by certified operator (# \_\_\_\_\_)  
 Employed by a certified lab    Employed by DEP or DOH  
 Authorized representative of supplier of water

Unless otherwise noted, all tests are performed in accordance with NELAC standards, and the results relate only to the samples.

Date and time PWS notified by lab of positive results: \_\_\_\_\_  
 Date and time DEP/DOH notified by lab of positive results: \_\_\_\_\_  
 Date Report issued: 01-Mar-2018 11:27  
**Lab Signature:** Enrique Ochoa  
**Title:** (CSM) Customer Service Manager

Juquitta Drieth  
 Jacobs/CH2M-City of Pembroke Pines WT  
 7960 Johnson Street  
 Pembroke Pines      FL      33024

<input type="checkbox"/> Satisfactory <input type="checkbox"/> Incomplete Collection Information <input type="checkbox"/> Repeat Samples Required <input type="checkbox"/> Replacement Samples Required Date Reviewed by DEP/DOH: _____ DEP/DOH Reviewing Official: _____	<b>DEP/DOH USE ONLY</b>
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<sup>1</sup> For Sample Types see Instructions item 1.6.  
<sup>2</sup> For Analysis Methods see Instructions item 11.6.  
<sup>3</sup> Please circle appropriate selection.  
<sup>4</sup> Defined in Florida Administrative Code Rule 62-140, Table 1.  
<sup>5</sup> Complete for community & non-transient non-community systems serving populations up to and including 4,000. Do not include raw or plant samples in the average.

# DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORTING FORMAT

102-550.730 Reporting Format Effective 01/1995, Revised 02/2010

**Florida-Spectrum Environmental Services, Inc.**  
 1460 W. McNab Road, Fort Lauderdale, FL 33309 Tel# (954) 978-6400  
 Certification No. E86006

Lab Receipt Date & Time: <u>05-Feb-2018 16:40</u>
Analysis Date & Time: <u>05-Feb-2018 17:10</u>
<b>Sample Acceptance Criteria:</b> Sample Preservation: <input checked="" type="checkbox"/> On Ice <input type="checkbox"/> Not On Ice <input checked="" type="checkbox"/> 1.00 °C Disinfectant Check: <input checked="" type="checkbox"/> Not Detected <input type="checkbox"/> _____ mg/L This sample does not meet the following NELAC requirements: _____

Report Number: 1880105 Sub-Contract Lab ID: E86006

**Analysis Requested:** (check all that apply)  
 Total Coliform/E. coli  Total Coliform/Fecal  Enterococci  Coliphage  HPC  Other: \_\_\_\_\_

**Public Water System (PWS) Name:** City of Pembroke Pines **PWS I.D.**

4	0	6	1	0	8	3
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**PWS Address:** 7960 Johnson Street **City:** Pembroke Pines **FL** 33024

**PWS or PWS Owner's Phone #:** (754) 260-4509 **Fax #:** (954) 986-5025

**Collector:** Oscar Castano **Collector's Phone #:** (954) 582-4300/(423)-381-9121

**Type of Supply:** (check only one)  
 Community Water System  Non-Transient Non-community Water System  Transient Non-community Water System  
 Limited Use System  Bottled Water  Private Well  Swimming Pool  Other: \_\_\_\_\_

**Reason for Sampling:** (check all that apply)  
 Distribution Routine  Distribution Repeat  Raw (triggered or assessment)  Raw (triggered or assessment) additional  Well Survey  
 Clearance  Replacement (also check type of sample being replaced)  Boil Water Notice  Other: \_\_\_\_\_

**Sample Collection Date:** 2/5/18

To be completed by collector of sample						To be completed by lab				
Sample #	Sample Point City of Pembroke Pines Monthly Bacteria City of Pembroke Pines, FL	Sample Collection Time	Sample Type	Disinfectant Residual (mg/L)	pH	Analysis Method(s)2: Total Coliform/E.Coli (PA) by Colilert in Water (SM9223B)				
						Non-Coliform	Total Coliform	Fecal (E. Coli, Enterococci or Coliphage)3	Data Qualifier4	Lab Sample #
020518-01	(SP ID 1) 2040 NW 74th Avenue	8:29	D	3.6 /	8.66		Absent	Absent	U	18B0105-01
020518-02	(SP ID 2) 7610 Taft Street	8:40	D	3.7 /	8.83		Absent	Absent	U	18B0105-02
020518-03	(SP ID 3) 7741 Johnson Street	8:56	D	3.7 /	8.83		Absent	Absent	U	18B0105-03
020518-04	(SP ID 4) 120 NW 73rd Avenue	9:10	D	3.5 /	8.76		Absent	Absent	U	18B0105-04
020518-05	(SP ID 5) 7021 SW 9th Street	9:22	D	3.1 /	8.68		Absent	Absent	U	18B0105-05
020518-06	(SP ID 11) 1530 SW 85th Avenue	9:40	D	2.9 /	8.60		Absent	Absent	U	18B0105-06
020518-07	(SP ID 10) 199 N. University Drive	9:59	D	2.4 /	8.41		Absent	Absent	U	18B0105-07

**Average of disinfectant residuals for distribution routine & repeat Samples.5** Free chlorine or Total chlorine (circle one) 3.4 /

**Disinfectant Residual Analysis Method:**  
 DPD Colorimetric  Other: \_\_\_\_\_  
**Person performing disinfectant analysis is (see instructions on reverse):**  
 A certified operator (# DWC 22627)  
 Supervised by certified operator (# \_\_\_\_\_)  
 Employed by a certified lab  Employed by DEP or DOH  
 Authorized representative of supplier of water

Unless otherwise noted, all tests are performed in accordance with NELAC standards, and the results relate only to the samples.

Date and time PWS notified by lab of positive results: \_\_\_\_\_  
 Date and time DEP/DOH notified by lab of positive results: \_\_\_\_\_  
 Date Report Issued: 12-Feb-2018 11:57  
**Lab Signature:** Enrique Ochoa  
**Title:** (CSM) Customer Service Manager

Juquitta Drieth  
 Jacobs/CH2M-City of Pembroke Pines WT  
 7960 Johnson Street  
 Pembroke Pines FL 33024

<input type="checkbox"/> Satisfactory <input type="checkbox"/> Incomplete Collection Information <input type="checkbox"/> Repeat Samples Required <input type="checkbox"/> Replacement Samples Required Date Reviewed by DEP/DOH: _____ DEP/DOH Reviewing Official: _____	<b>DEP/DOH USE ONLY</b>
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1 For Sample Types see instructions item 1.16  
 2 For Analysis Methods see instructions item 11.6  
 3 Please circle appropriate selection.  
 4 Defined in Florida Administrative Code Rule 62-160, Table 1.  
 5 Complete for community & non-transient non-community systems serving populations up to and including 4,500. Do not include raw or plant samples in the average.

# DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORTING FORMAT

(62-550.730 Reporting Format Effective 01/1995, Revised 02/2010)

**Florida-Spectrum Environmental Services, Inc.**  
 1460 W. McNab Road, Fort Lauderdale, FL 33309 Tel# (954) 978-6400  
 Certification No. E86006

Lab Receipt Date & Time: <u>05-Feb-2018 16:40</u>
Analysis Date & Time: <u>05-Feb-2018 17:10</u>
<b>Sample Acceptance Criteria:</b>
Sample Preservation: <input checked="" type="checkbox"/> On Ice <input type="checkbox"/> Not On Ice <input checked="" type="checkbox"/> 1.00 °C
Disinfectant Check: <input checked="" type="checkbox"/> Not Detected <input type="checkbox"/> _____ mg/L
This sample does not meet the following NELAC requirements:

Report Number: 18B0105 Sub-Contract Lab ID: E86006

**Analysis Requested:** (check all that apply)  
 Total Coliform/E. coli  Total Coliform/Fecal  Enterococci  Coliphage  HPC  Other: \_\_\_\_\_

**Public Water System (PWS) Name:** City of Pembroke Pines **PWS I.D.**

4	0	6	1	0	8	3
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**PWS Address:** 7960 Johnson Street **City:** Pembroke Pines **FL** 33024

**PWS or PWS Owner's Phone #:** (754) 260-4509 **Fax #:** (954) 986-5025

**Collector:** Oscar Castano **Collector's Phone #:** (954) 582-4300/(423)-381-9121

**Type of Supply:** (check only one)  
 Community Water System  Non-Transient Non-community Water System  Transient Non-community Water System  
 Limited Use System  Bottled Water  Private Well  Swimming Pool  Other: \_\_\_\_\_

**Reason for Sampling:** (check all that apply)  
 Distribution Routine  Distribution Repeat  Raw (triggered or assessment)  Raw (triggered or assessment) additional  Well Survey  
 Clearance  Replacement (also check type of sample being replaced)  Boil Water Notice  Other: \_\_\_\_\_

**Sample Collection Date:** 2/5/18

To be completed by collector of sample						To be completed by lab				
Sample #	Sample Point City of Pembroke Pines Monthly Bacteria City of Pembroke Pines, FL	Sample Collection Time	Sample Type	Disinfectant Residual (mg/L)	pH	Analysis Method(s)2: Total Coliform/E.Coli (PA) by Colilert in Water (SM9223B)				
						Non-Coliform	Total Coliform	Fecal (E. Coli) Enterococci or Coliphage3	Data Qualifier4	Lab Sample #
020518-08	(SP ID 9) 8131 Johnson Street	10:12	D	3.6 /	8.72		Absent	Absent	U	18B0105-08
020518-09	(SP ID 8) 8130 Taft Street	10:27	D	3.6 /	8.73		Absent	Absent	U	18B0105-09
020518-10	(SP ID 7) 2402 N. University Drive	10:42	D	3.1 /	8.64		Absent	Absent	U	18B0105-10
020518-11	(SP ID 6A) 2060 NW 88th Terrace	11:02	D	3.5 /	8.84		Absent	Absent	U	18B0105-11
020518-12	(SP ID 12) 1621 N. Douglas Road	11:16	D	3.5 /	8.80		Absent	Absent	U	18B0105-12
020518-13	(SP ID 13) 8880 Johnson Street	11:29	D	3.5 /	8.80		Absent	Absent	U	18B0105-13
020518-14	(SP ID 14) 120 N. Douglas Road	11:42	D	3.5 /	8.79		Absent	Absent	U	18B0105-14

**Average of disinfectant residuals for distribution routine & repeat Samples.5** Free chlorine or Total chlorine (circle one) 3.4 /

**Disinfectant Residual Analysis Method:**  
 DPD Colorimetric  Other: \_\_\_\_\_  
**Person performing disinfectant analysis is (see instructions on reverse):**  
 A certified operator (# DWC 22627)  
 Supervised by certified operator (# \_\_\_\_\_)  
 Employed by a certified lab  Employed by DEP or DOH  
 Authorized representative of supplier of water

Unless otherwise noted, all tests are performed in accordance with NELAC standards, and the results relate only to the samples.

Date and time PWS notified by lab of positive results: \_\_\_\_\_  
 Date and time DEP/DOH notified by lab of positive results: \_\_\_\_\_  
 Date Report Issued: 12-Feb-2018 11:57  
**Lab Signature:** Enrique Ochoa  
**Title:** (CSM) Customer Service Manager

Juquitta Drieth  
 Jacobs/CH2M-City of Pembroke Pines WT  
 7960 Johnson Street  
 Pembroke Pines FL 33024

Satisfactory DEP/DOH USE ONLY  
 Incomplete Collection Information  
 Repeat Samples Required  
 Replacement Samples Required  
 Date Reviewed by DEP/DOH: \_\_\_\_\_  
 DEP/DOH Reviewing Official: \_\_\_\_\_

1 For Sample Types see instructions item 1 to 6  
 2 For Analysis Methods see instructions item 11 to 16  
 3 Please circle appropriate selection  
 4 Defined in Florida Administrative Code Rule 62-160, Table 1.  
 5 Complete for community & non-transient non-community systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.

# DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORTING FORMAT

[62-559.730 Reporting Format Effective 01/1995, Revised 02/2010]

**Florida-Spectrum Environmental Services, Inc.**  
 1460 W. McNab Road, Fort Lauderdale, FL 33309 Tel# (954) 978-6400  
 Certification No. E86006

Lab Receipt Date & Time: <u>06-Feb-2018 15:35</u>
Analysis Date & Time: <u>06-Feb-2018 16:50</u>
<b>Sample Acceptance Criteria:</b>
Sample Preservation: <input checked="" type="checkbox"/> On Ice <input type="checkbox"/> Not On Ice <input checked="" type="checkbox"/> <u>5.00</u> °C
Disinfectant Check: <input checked="" type="checkbox"/> Not Detected <input type="checkbox"/> _____ mg/L
This sample does not meet the following NELAC requirements:

Report Number: 18B0164 Sub-Contract Lab ID: E86006

**Analysis Requested:** (check all that apply)  
 Total Coliform/*E. coli*  Total Coliform/Fecal  Enterococci  Coliphage  HPC  Other: \_\_\_\_\_

**Public Water System (PWS) Name:** City of Pembroke Pines **PWS I.D.**

4	0	6	1	0	8	3
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PWS Address: 7960 Johnson Street City: Pembroke Pines FL 33024

PWS or PWS Owner's Phone #: (754) 260-4509 Fax #: (954) 986-5025

**Collector:** Oscar Castano Collector's Phone #: (954) 582-4300/(423)-381-9121

**Type of Supply:** (check only one)  
 Community Water System  Non-Transient Non-community Water System  Transient Non-community Water System  
 Limited Use System  Bottled Water  Private Well  Swimming Pool  Other: \_\_\_\_\_

**Reason for Sampling:** (check all that apply)  
 Distribution Routine  Distribution Repeat  Raw (triggered or assessment)  Raw (triggered or assessment) additional  Well Survey  
 Clearance  Replacement (also check type of sample being replaced)  Boil Water Notice  Other: \_\_\_\_\_

**Sample Collection Date:** 2/6/18

To be completed by collector of sample						To be completed by lab				
Sample #	Sample Point City of Pembroke Pines Monthly Bacteria City of Pembroke Pines, FL	Sample Collection Time	Sample Type	Disinfectant Residual (mg/L)	pH	Analysis Method(s): Total Coliform/ <i>E. Coli</i> (PA) by Colifert in Water (SM9223B)				
						Non-Coliform	Total Coliform	Fecal ( <i>E. Coli</i> , Enterococci or Coliphage) <sup>3</sup>	Data Qualifier <sup>4</sup>	Lab Sample #
020618-01	(SP ID 15) 900 Hollybrook Drive	8:50	D	3.1 /	8.65		Absent	Absent	U	18B0164-01
020618-02	(SP ID 20) 10001 SW 14th Street	9:06	D	2.9 /	8.60		Absent	Absent	U	18B0164-02
020618-03	(SP ID 19) 10101 Pines Blvd.	9:21	D	3.1 /	8.43		Absent	Absent	U	18B0164-03
020618-04	(SP ID 18) 10000 Johnson Street	9:39	D	3.2 /	8.51		Absent	Absent	U	18B0164-04
020618-05	(SP ID 17) 1981 NW 100th Way	9:56	D	3.1 /	8.68		Absent	Absent	U	18B0164-05
020618-06	(SP ID 16) 10120 Sheridan Street	10:07	D	3.0 /	8.58		Absent	Absent	U	18B0164-06
020618-07	(SP ID 22) 11141 NW 22nd Street	12:42	D	2.8 /	8.62		Absent	Absent	U	18B0164-07

Average of disinfectant residuals for distribution routine & repeat Samples<sup>5</sup> Free chlorine or Total chlorine (circle one) 3.0 /

**Disinfectant Residual Analysis Method:**  
 DPD Colorimetric  Other: \_\_\_\_\_  
**Person performing disinfectant analysis is (see Instructions on reverse):**  
 A certified operator (# DWC 22627)  
 Supervised by certified operator (# \_\_\_\_\_)  
 Employed by a certified lab  Employed by DEP or DOH  
 Authorized representative of supplier of water

Unless otherwise noted, all tests are performed in accordance with NELAC standards, and the results relate only to the samples.

Date and time PWS notified by lab of positive results: \_\_\_\_\_  
 Date and time DEP/DOH notified by lab of positive results: \_\_\_\_\_  
 Date Report Issued: 12-Feb-2018 12:09  
**Lab Signature:** Enrique Ochoa  
**Title:** (CSM) Customer Service Manager

Juquitta Drieth  
 Jacobs/CH2M-City of Pembroke Pines WT  
 7960 Johnson Street  
 Pembroke Pines FL 33024

Satisfactory DEP/DOH USE ONLY  
 Incomplete Collection Information  
 Repeat Samples Required  
 Replacement Samples Required  
 Date Reviewed by DEP/DOH: \_\_\_\_\_  
 DEP/DOH Reviewing Official: \_\_\_\_\_

<sup>1</sup> For Sample Types see Instructions item 1.16  
<sup>2</sup> For Analysis Methods see Instructions item 11.6  
<sup>3</sup> Please circle appropriate selection.  
<sup>4</sup> Defined in Florida Administrative Code Rule 62-160, Table 1  
<sup>5</sup> Complete for community & non-transient non-community systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.

# DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORTING FORMAT

(62-550.730 Reporting Format Effective 01/1995, Revised 02/2010)

**Florida-Spectrum Environmental Services, Inc.**  
 1460 W. McNab Road, Fort Lauderdale, FL 33309 Tel# (954) 978-6400  
 Certification No. E86006

Lab Receipt Date & Time: <u>06-Feb-2018 15:35</u>
Analysis Date & Time: <u>06-Feb-2018 16:50</u>
<b>Sample Acceptance Criteria:</b>
Sample Preservation: <input checked="" type="checkbox"/> On Ice <input type="checkbox"/> Not On Ice <input checked="" type="checkbox"/> <u>5.00</u> °C
Disinfectant Check: <input checked="" type="checkbox"/> Not Detected <input type="checkbox"/> _____ mg/L
This sample does not meet the following NELAC requirements:

Report Number: 18B0164      Sub-Contract Lab ID: E86006

**Analysis Requested:** (check all that apply)

Total Coliform/E. coli    Total Coliform/Fecal    Enterococci    Coliphage    HPC    Other: \_\_\_\_\_

**Public Water System (PWS) Name:** City of Pembroke Pines      **PWS I.D.**

4	0	6	1	0	8	3
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PWS Address: 7960 Johnson Street      City: Pembroke Pines      FL      33024

PWS or PWS Owner's Phone #: (754) 260-4509      Fax #: (954) 986-5025

**Collector:** Oscar Castano      Collector's Phone #: (954) 582-4300/(423)-381-9121

**Type of Supply:** (check only one)

Community Water System    Non-Transient Non-community Water System    Transient Non-community Water System  
 Limited Use System    Bottled Water    Private Well    Swimming Pool    Other: \_\_\_\_\_

**Reason for Sampling:** (check all that apply)

Distribution Routine    Distribution Repeat    Raw (triggered or assessment)    Raw (triggered or assessment) additional    Well Survey  
 Clearance    Replacement (also check type of sample being replaced)    Boil Water Notice    Other: \_\_\_\_\_

**Sample Collection Date:** 2/6/18

To be completed by collector of sample						To be completed by lab				
Sample #	Sample Point City of Pembroke Pines Monthly Bacteria City of Pembroke Pines, FL	Sample Collection Time	Sample Type	Disinfectant Residual (mg/L)	pH	Analysis Method(s): Total Coliform/E.Coli (PA) by Colilert in Water (SM9223B)				
						Non-Coliform	Total Coliform	Fecal E. Coli, Enterococci or Coliphage3	Data Qualifier4	Lab Sample #
020618-08	(SP ID 21) 1751 N. Hiatus Road	10:26	D	3.1 /	8.73		Absent	Absent	U	18B0164-08
020618-09	(SP ID 23) 10755 NW 10th Street	10:40	D	3.1 /	8.46		Absent	Absent	U	18B0164-09
020618-10	(SP ID 24) 200 S. Hiatus Road	10:54	D	2.9 /	8.43		Absent	Absent	U	18B0164-10
020618-11	(SP ID 25) 11131 SW 13th Street	11:11	D	2.7 /	8.64		Absent	Absent	U	18B0164-11
020618-12	(SP ID 30) 12399 Pembroke Road	11:27	D	2.8 /	8.59		Absent	Absent	U	18B0164-12
020618-13	(SP ID 29) 241 SW 122nd Terrace	11:43	D	2.9 /	8.57		Absent	Absent	U	18B0164-13
020618-14	(SP ID 28) 1050 NW 123rd Avenue	12:23	D	2.7 /	8.70		Absent	Absent	U	18B0164-14

**Average of disinfectant residuals for distribution routine & repeat Samples.5** Free chlorine or Total chlorine (circle one)      3.0 /

**Disinfectant Residual Analysis Method:**  
 DPD Colorimetric    Other: \_\_\_\_\_  
**Person performing disinfectant analysis is (see instructions on reverse):**  
 A certified operator (# DWC 22627)  
 Supervised by certified operator (# \_\_\_\_\_)  
 Employed by a certified lab    Employed by DEP or DOH  
 Authorized representative of supplier of water

Unless otherwise noted, all tests are performed in accordance with NELAC standards, and the results relate only to the samples.

Date and time PWS notified by lab of positive results: \_\_\_\_\_  
 Date and time DEP/DOH notified by lab of positive results: \_\_\_\_\_  
 Date Report Issued: 12-Feb-2018 12:09  
**Lab Signature:** Enrique Ochoa  
**Title:** (CSM) Customer Service Manager

Juquitta Drieth  
 Jacobs/CH2M-City of Pembroke Pines WT  
 7960 Johnson Street  
 Pembroke Pines      FL      33024

Satisfactory      **DEP/DOH USE ONLY**  
 Incomplete Collection Information  
 Repeat Samples Required  
 Replacement Samples Required  
 Date Reviewed by DEP/DOH: \_\_\_\_\_  
 DEP/DOH Reviewing Official: \_\_\_\_\_

For Sample Types see Instructions Item 1.6.  
 For Analysis Methods see Instructions Item 11.6.  
 \* Please circle appropriate selection  
 † Defined in Florida Administrative Code, Rule 62-160, Table 1  
 \* Complete for community & non-transient non-community systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.

# DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORTING FORMAT

(62-550.730 Reporting Format Effective 01/1995, Revised 02/2010)

**Florida-Spectrum Environmental Services, Inc.**  
1460 W. McNab Road, Fort Lauderdale, FL 33309 Tel# (954) 978-6400  
Certification No. E86006

Lab Receipt Date & Time: <u>07-Feb-2018 16:45</u>
Analysis Date & Time: <u>07-Feb-2018 17:30</u>
<b>Sample Acceptance Criteria:</b> Sample Preservation: <input checked="" type="checkbox"/> On Ice <input type="checkbox"/> Not On Ice <input checked="" type="checkbox"/> 2.00 °C Disinfectant Check: <input checked="" type="checkbox"/> Not Detected <input type="checkbox"/> _____ mg/L This sample does not meet the following NELAC requirements: _____

Report Number: 1880223 Sub-Contract Lab ID: E86006

**Analysis Requested:** (check all that apply)

Total Coliform/E. coli  Total Coliform/Fecal  Enterococci  Coliphage  HPC  Other: \_\_\_\_\_

**Public Water System (PWS) Name:** City of Pembroke Pines **PWS I.D.**

4	0	6	1	0	8	3
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**PWS Address:** 7960 Johnson Street **City:** Pembroke Pines **FL** 33024

**PWS or PWS Owner's Phone #:** (754) 260-4509 **Fax #:** (954) 986-5025

**Collector:** Oscar Castano **Collector's Phone #:** (954) 582-4300/(423)-381-9121

**Type of Supply:** (check only one)

Community Water System  Non-Transient Non-community Water System  Transient Non-community Water System  
 Limited Use System  Bottled Water  Private Well  Swimming Pool  Other: \_\_\_\_\_

**Reason for Sampling:** (check all that apply)

Distribution Routine  Distribution Repeat  Raw (triggered or assessment)  Raw (triggered or assessment) additional  Well Survey  
 Clearance  Replacement (also check type of sample being replaced)  Boil Water Notice  Other: \_\_\_\_\_

**Sample Collection Date:** 2/7/18

To be completed by collector of sample						To be completed by lab				
Sample #	Sample Point City of Pembroke Pines Monthly Bacteria City of Pembroke Pines, FL	Sample Collection Time	Sample Type	Disinfectant Residual (mg/L)	pH	Analysis Method(s)2: Total Coliform/E.Coli (PA) by Colilert in Water (SM9223B)				
						Non-Coliform	Total Coliform	Fecal, E. Coli, Enterococci or Coliphage3	Data Qualifier4	Lab Sample #
020718-09	(SP ID 37) 1142 NW 141st Avenue	11:20	D	2.3 /	8.48		Absent	Absent	U	18B0223-08
020718-09	(SP ID 38) 14300 SW 8th Street	11:35	D	2.7 /	8.79		Absent	Absent	U	18B0223-09
020718-10	(SP ID 40) 300 SW 147th Avenue	13:42	D	2.8 /	8.85		Absent	Absent	U	18B0223-10
020718-11	(SP ID 43) 1234 SW 159th Lane	12:38	D	1.5 /	8.11		Absent	Absent	U	18B0223-11
020718-12	(SP ID 42) 69 NW 161st Avenue	12:53	D	2.9 /	8.89		Absent	Absent	U	18B0223-12
020718-13	(SP ID 39) 15714 NW 24th Street	3:12	D	1.9 /	8.28		Absent	Absent	U	18B0223-13
020718-14	(SP ID 41) 16028 NW 21st Street	13:28	D	1.8 /	8.24		Absent	Absent	U	18B0223-14

**Average of disinfectant residuals for distribution routine & repeat Samples.5** Free chlorine or Total chlorine (circle one) 2.3 /

**Disinfectant Residual Analysis Method:**  
 DPD Colorimetric  Other: \_\_\_\_\_  
**Person performing disinfectant analysis is (see instructions on reverse):**  
 A certified operator (# DWC 22627)  
 Supervised by certified operator (# \_\_\_\_\_)  
 Employed by a certified lab  Employed by DEP or DOH  
 Authorized representative of supplier of water

Unless otherwise noted, all tests are performed in accordance with NELAC standards, and the results relate only to the samples.

Date and time PWS notified by lab of positive results: \_\_\_\_\_  
Date and time DEP/DOH notified by lab of positive results: \_\_\_\_\_  
Date Report Issued: 12-Feb-2018 12:35  
**Lab Signature:** Enrique Ochoa  
**Title:** (CSM) Customer Service Manager

Juquitta Drieth  
Jacobs/CH2M-City of Pembroke Pines W1  
7960 Johnson Street  
Pembroke Pines FL 33024

Satisfactory DEP/DOH USE ONLY  
 Incomplete Collection Information  
 Repeat Samples Required  
 Replacement Samples Required  
Date Reviewed by DEP/DOH: \_\_\_\_\_  
DEP/DOH Reviewing Official: \_\_\_\_\_

1 For Sample Types see Instructions item I 10.  
2 For Analysis Methods see Instructions item II 6.  
3 Please verify appropriate selection.  
4 Defined in Florida Administrative Code Rule 62-160, Table 1  
5 Complete for community & non-transient non-community systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.

# DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORTING FORMAT

(62-550.730 Reporting Format Effective 01/1995, Revised 02/2010)

**Florida-Spectrum Environmental Services, Inc.**  
 1460 W. McNab Road, Fort Lauderdale, FL 33309 Tel# (954) 978-6400  
 Certification No. E86006

Lab Receipt Date & Time: <u>07-Feb-2018 16:45</u>
Analysis Date & Time: <u>07-Feb-2018 17:30</u>
<b>Sample Acceptance Criteria:</b>
Sample Preservation: <input checked="" type="checkbox"/> On Ice <input type="checkbox"/> Not On Ice <input checked="" type="checkbox"/> 2.00 °C
Disinfectant Check: <input checked="" type="checkbox"/> Not Detected <input type="checkbox"/> _____ mg/L
This sample does not meet the following NELAC requirements:

Report Number: 18B0223 Sub-Contract Lab ID: E86006

**Analysis Requested:** (check all that apply)

Total Coliform/E. coli  Total Coliform/Fecal  Enterococci  Coliphage  HPC  Other: \_\_\_\_\_

**Public Water System (PWS) Name:** City of Pembroke Pines **PWS I.D.**

4	0	6	1	0	8	3
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**PWS Address:** 7960 Johnson Street **City:** Pembroke Pines **FL** 33024

**PWS or PWS Owner's Phone #:** (754) 260-4509 **Fax #:** (954) 986-5025

**Collector:** Oscar Castano **Collector's Phone #:** (954) 562-4300/(423)-381-9121

**Type of Supply:** (check only one)

Community Water System  Non-Transient Non-community Water System  Transient Non-community Water System  
 Limited Use System  Bottled Water  Private Well  Swimming Pool  Other: \_\_\_\_\_

**Reason for Sampling:** (check all that apply)

Distribution Routine  Distribution Repeat  Raw (triggered or assessment)  Raw (triggered or assessment) additional  Well Survey  
 Clearance  Replacement (also check type of sample being replaced)  Boil Water Notice  Other: \_\_\_\_\_

**Sample Collection Date:** 2/7/18

To be completed by collector of sample						To be completed by lab				
Sample #	Sample Point City of Pembroke Pines Monthly Bacteria City of Pembroke Pines, FL	Sample Collection Time	Sample Type	Disin- fectant Residual (mg/L)	pH	Analysis Method(s)2: Total Coliform/E.Coli (PA) by Colilert in Water (SM9223B)				
						Non- Coliform	Total Coliform	Fecal <u>E. Coli</u> , Enterococci or Coliphage3	Data Qualifier4	Lab Sample #
020718-01	(SP ID 26) 2110 NW 120th Terrace	8:40	D	1.5 /	8.41		Absent	Absent	U	18B0223-01
020718-02	(SP ID 34) 1601 SW 128th Terrace	9:07	D	2.7 /	8.73		Absent	Absent	U	18B0223-02
020718-03	(SP ID 33) 750 SW 136th Avenue	9:35	D	3.0 /	8.87		Absent	Absent	U	18B0223-03
020718-04	(SP ID 67) 788 NW 135th Terrace	10:09	D	2.9 /	8.85		Absent	Absent	U	18B0223-04
020718-05	(SP ID 31) 13702 NW 20th Street	10:27	D	2.2 /	8.42		Absent	Absent	U	18B0223-05
020718-06	(SP ID 32) 13771 NW 16th Street	10:47	D	2.1 /	8.27		Absent	Absent	U	18B0223-06
020718-07	(SP ID 36) 2250 NW 145th Avenue	11:02	D	1.9 /	8.19		Absent	Absent	U	18B0223-07

**Average of disinfectant residuals for distribution routine & repeat Samples.5** Free chlorine  Total chlorine  (circle one) 2.3 /

**Disinfectant Residual Analysis Method:**  
 DPD Colorimetric  Other: \_\_\_\_\_  
**Person performing disinfectant analysis is (see instructions on reverse):**  
 A certified operator (# DWC 22627)  
 Supervised by certified operator (# \_\_\_\_\_)  
 Employed by a certified lab  Employed by DEP or DOH  
 Authorized representative of supplier of water

Unless otherwise noted, all tests are performed in accordance with NELAC standards, and the results relate only to the samples.

Date and time PWS notified by lab of positive results: \_\_\_\_\_  
 Date and time DEP/DOH notified by lab of positive results: \_\_\_\_\_  
 Date Report Issued: 12-Feb-2018 12:35  
**Lab Signature:** Enrique Ochoa  
**Title:** (CSM) Customer Service Manager

Juquitta Drieth  
 Jacobs/CH2M-City of Pembroke Pines W1  
 7960 Johnson Street  
 Pembroke Pines FL 33024

Satisfactory DEP/DOH USE ONLY  
 Incomplete Collection Information  
 Repeat Samples Required  
 Replacement Samples Required  
 Date Reviewed by DEP/DOH: \_\_\_\_\_  
 DEP/DOH Reviewing Official: \_\_\_\_\_

<sup>1</sup> For Sample Types see Instructions item I.10.  
<sup>2</sup> For Analysis Methods see Instruction item II.6.  
<sup>3</sup> Please circle appropriate selection.  
<sup>4</sup> Defined in Florida Administrative Code Rule 62-160, Table 1.  
<sup>5</sup> Complete for community & non-transient non-community systems serving populations up to and including 4,900. Do not include raw or plant samples as the average.

# DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORTING FORMAT

(62-950.730 Reporting Format Effective 01/1995, Revised 02/2010)

**Florida-Spectrum Environmental Services, Inc.**  
1460 W. McNab Road, Fort Lauderdale, FL 33309 Tel# (954) 978-6400  
Certification No. E86006

Lab Receipt Date & Time: 12-Feb-2018 16:30
Analysis Date & Time: 12-Feb-2018 17:10
<b>Sample Acceptance Criteria:</b> Sample Preservation: <input checked="" type="checkbox"/> On Ice <input type="checkbox"/> Not On Ice <input checked="" type="checkbox"/> 2.40 °C Disinfectant Check: <input checked="" type="checkbox"/> Not Detected <input type="checkbox"/> _____ mg/L This sample does not meet the following NELAC requirements:

Report Number: 18B0352 Sub-Contract Lab ID: E86006

**Analysis Requested:** (check all that apply)

Total Coliform/E. coli  Total Coliform/Fecal  Enterococci  Coliphage  HPC  Other: \_\_\_\_\_

**Public Water System (PWS) Name:** City of Pembroke Pines **PWS I.D.**

4	0	6	1	0	8	3
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**PWS Address:** 7960 Johnson Street **City:** Pembroke Pines **FL** 33024

**PWS or PWS Owner's Phone #:** (754) 260-4509 **Fax #:** (954) 986-5025

**Collector:** Oscar Castano **Collector's Phone #:** (954) 582-4300/(423)-361-9121

**Type of Supply:** (check only one)

Community Water System  Non-Transient Non-community Water System  Transient Non-community Water System  
 Limited Use System  Bottled Water  Private Well  Swimming Pool  Other: \_\_\_\_\_

**Reason for Sampling:** (check all that apply)

Distribution Routine  Distribution Repeat  Raw (triggered or assessment)  Raw (triggered or assessment) additional  Well Survey  
 Clearance  Replacement (also check type of sample being replaced)  Boil Water Notice  Other: \_\_\_\_\_

**Sample Collection Date:** 2/12/18

To be completed by collector of sample						To be completed by lab				
Sample #	Sample Point City of Pembroke Pines Monthly Bacteria City of Pembroke Pines, FL	Sample Collection Time	Sample Type	Disinfectant Residual (mg/L)	pH	Analysis Method(s)2: Total Coliform/E.Coli (PA) by Colilert in Water (SM9223B)				
						Non-Coliform	Total Coliform	Fecal E.Coli, Enterococci or Coliphage3	Data Qualifier4	Lab Sample #
021218-01	(SP ID 21) 1751 N. Hiatus Road	10:06	D	3.4 /	8.90		Absent	Absent	U	18B0352-01
021218-02	(SP ID 23) 10755 NW 10th Street	10:21	D	3.6 /	8.90		Absent	Absent	U	18B0352-02
021218-03	(SP ID 24) 200 S. Hiatus Road	10:40	D	3.6 /	8.89		Absent	Absent	U	18B0352-03
021218-04	(SP ID 25) 11131 SW 13th Street	10:57	D	3.2 /	8.92		Absent	Absent	U	18B0352-04
021218-05	(SP ID 30) 12399 Pembroke Road	11:22	D	3.4 /	8.88		Absent	Absent	U	18B0352-05
021218-06	(SP ID 29) 241 SW 122nd Terrace	11:50	D	3.5 /	8.86		Absent	Absent	U	18B0352-06
021218-07	(SP ID 28) 1050 NW 123rd Avenue	12:20	D	3.2 /	8.87		Absent	Absent	U	18B0352-07

**Average of disinfectant residuals for distribution routine & repeat Samples.5** Free chlorine or Total chlorine (circle one) 3.4 /

**Disinfectant Residual Analysis Method:**  
 DPD Colorimetric  Other: \_\_\_\_\_  
**Person performing disinfectant analysis is (see instructions on reverse):**  
 A certified operator (# DWC 22627)  
 Supervised by certified operator (# \_\_\_\_\_)  
 Employed by a certified lab  Employed by DEP or DOH  
 Authorized representative of supplier of water

Unless otherwise noted, all tests are performed in accordance with NELAC standards, and the results relate only to the samples.

Date and time PWS notified by lab of positive results: \_\_\_\_\_  
Date and time DEP/DOH notified by lab of positive results: \_\_\_\_\_  
Date Report Issued: 15-Feb-2018 9:50  
**Lab Signature:** Enrique Ochoa  
**Title:** (CSM) Customer Service Manager

Juquitta Drieth  
Jacobs/CH2M-City of Pembroke Pines W1  
7960 Johnson Street  
Pembroke Pines FL 33024

<input type="checkbox"/> Satisfactory	<b>DEP/DOH USE ONLY</b>
<input type="checkbox"/> Incomplete Collection Information	
<input type="checkbox"/> Repeat Samples Required	
<input type="checkbox"/> Replacement Samples Required	
Date Reviewed by DEP/DOH: _____	
DEP/DOH Reviewing Official: _____	

1 For Sample Types see Instructions item 1.1c.  
2 For Analysis Methods see Instructions item 11.6.  
3 Please circle appropriate selection.  
4 Defined in Florida Administrative Code, Rule 62-160, Table 1.  
5 Complete for community & non-transient non-community systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.

# DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORTING FORMAT

(62-550.730 Reporting Format Effective 01/1995, Revised 02/2010)

**Florida-Spectrum Environmental Services, Inc.**  
 1460 W. McNab Road, Fort Lauderdale, FL 33309 Tel# (954) 978-6400  
 Certification No. E86006

Lab Receipt Date & Time: <u>13-Feb-2018 17:30</u>
Analysis Date & Time: <u>13-Feb-2018 18:15</u>
<b>Sample Acceptance Criteria:</b>
Sample Preservation: <input checked="" type="checkbox"/> On Ice <input type="checkbox"/> Not On Ice <input checked="" type="checkbox"/> <u>6.60</u> °C
Disinfectant Check: <input checked="" type="checkbox"/> Not Detected <input type="checkbox"/> _____ mg/L
This sample does not meet the following NELAC requirements:

Report Number: 18B0412      Sub-Contract Lab ID: E86006

**Analysis Requested:** (check all that apply)

Total Coliform/*E. coli*    Total Coliform/Fecal    Enterococci    Coliphage    HPC    Other: \_\_\_\_\_

**Public Water System (PWS) Name:** City of Pembroke Pines      **PWS I.D.**

4	0	6	1	0	8	3
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**PWS Address:** 7960 Johnson Street      **City:** Pembroke Pines      **FL**      **33024**

**PWS or PWS Owner's Phone #:** (754) 260-4509      **Fax #:** (954) 986-5025

**Collector:** Oscar Castano      **Collector's Phone #:** (954) 582-4300/(423)-381-9121

**Type of Supply:** (check only one)

Community Water System    Non-Transient Non-community Water System    Transient Non-community Water System  
 Limited Use System    Bottled Water    Private Well    Swimming Pool    Other: \_\_\_\_\_

**Reason for Sampling:** (check all that apply)

Distribution Routine    Distribution Repeat    Raw (triggered or assessment)    Raw (triggered or assessment) additional    Well Survey  
 Clearance    Replacement (also check type of sample being replaced)    Boil Water Notice    Other: \_\_\_\_\_

**Sample Collection Date:** 2/13/18

To be completed by collector of sample						To be completed by lab				
Sample #	Sample Point City of Pembroke Pines Monthly Bacteria City of Pembroke Pines, FL	Sample Collection Time	Sample Type	Disinfectant Residual (mg/L)	pH	Analysis Method(s)2: Total Coliform/ <i>E. Coli</i> (PA) by Colilert in Water (SM9223B)				
						Non-Coliform	Total Coliform	Fecal, <i>E. Coli</i> , Enterococci or Coliphage3	Data Qualifier4	Lab Sample #
021318-08	(SP ID 37) 1142 NW 141st Avenue	11:29	D	3.2 /	8.73		Absent	Absent	U	18B0412-08
021318-09	(SP ID 38) 14300 SW 8th Street	11:42	D	3.1 /	8.70		Absent	Absent	U	18B0412-09
021318-10	(SP ID 40) 300 SW 147th Avenue	12:53	D	3.0 /	8.68		Absent	Absent	U	18B0412-10
021318-11	(SP ID 43) 1234 SW 159th Lane	12:00	D	2.8 /	8.68		Absent	Absent	U	18B0412-11
021318-12	(SP ID 42) 69 NW 161st Avenue	13:11	D	3.1 /	8.68		Absent	Absent	U	18B0412-12
021318-13	(SP ID 39) 15714 NW 24th Street	13:26	D	2.8 /	8.69		Absent	Absent	U	18B0412-13
021318-14	(SP ID 41) 16028 NW 21st Street	13:40	D	2.8 /	8.69		Absent	Absent	U	18B0412-14

**Average of disinfectant residuals for distribution routine & repeat Samples.5** Free chlorine or Total chlorine (circle one)      3.0 /

**Disinfectant Residual Analysis Method:**  
 DPD Colorimetric    Other: \_\_\_\_\_  
**Person performing disinfectant analysis is (see instructions on reverse):**  
 A certified operator (# DWC 22627)  
 Supervised by certified operator (# \_\_\_\_\_)  
 Employed by a certified lab    Employed by DEP or DOH  
 Authorized representative of supplier of water

Unless otherwise noted, all tests are performed in accordance with NELAC standards, and the results relate only to the samples.

Date and time PWS notified by lab of positive results: \_\_\_\_\_  
 Date and time DEP/DOH notified by lab of positive results: \_\_\_\_\_  
 Date Report Issued: 21-Feb-2018 16:07  
**Lab Signature:** Enrique Ochoa  
**Title:** (CSM) Customer Service Manager

Juquitta Drieth  
 Jacobs/CH2M-City of Pembroke Pines WT  
 7960 Johnson Street  
 Pembroke Pines      FL      33024

<input type="checkbox"/> Satisfactory <input type="checkbox"/> Incomplete Collection Information <input type="checkbox"/> Repeat Samples Required <input type="checkbox"/> Replacement Samples Required Date Reviewed by DEP/DOH: _____ DEP/DOH Reviewing Official: _____	<b>DEP/DOH USE ONLY</b>
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<sup>1</sup> For Sample Types see Instructions item 1.16.  
<sup>2</sup> For Analysis Methods see Instructions item II.6.  
<sup>3</sup> Please circle appropriate selection.  
<sup>4</sup> Defined in Florida Administrative Code Rule 62-160, Table 1.  
<sup>5</sup> Complete for community & non-transient non-community systems serving populations up to and including 4,000. Do not include raw or plant samples in the average.

**DRINKING WATER MICROBIAL SAMPLE COLLECTION  
& LABORATORY REPORTING FORMAT**

(62-550.730 Reporting Format Effective 01/1995, Revised 02/2010)

Lab Receipt Date & Time: <u>13-Feb-2018 17:30</u>
Analysis Date & Time: <u>13-Feb-2018 18:15</u>
<b>Sample Acceptance Criteria:</b> Sample Preservation: <input checked="" type="checkbox"/> On Ice <input type="checkbox"/> Not On Ice <input checked="" type="checkbox"/> <u>6.60</u> °C Disinfectant Check: <input checked="" type="checkbox"/> Not Detected <input type="checkbox"/> _____ mg/L This sample does not meet the following NELAC requirements:

**Florida-Spectrum Environmental Services, Inc.**  
 1460 W. McNab Road, Fort Lauderdale, FL 33309 Tel# (954) 978-6400  
 Certification No. E86006

Report Number: 18B0412      Sub-Contract Lab ID: E86006

**Analysis Requested:** (check all that apply)  
 Total Coliform/*E. coli*    Total Coliform/Fecal    Enterococci    Coliphage    HPC    Other: \_\_\_\_\_

**Public Water System (PWS) Name:** City of Pembroke Pines      **PWS I.D.**

4	0	6	1	0	8	3
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**PWS Address:** 7960 Johnson Street      **City:** Pembroke Pines      **FL**      **33024**

**PWS or PWS Owner's Phone #:** (754) 260-4509      **Fax #:** (954) 986-5025

**Collector:** Oscar Castano      **Collector's Phone #:** (954) 582-4300/(423)-381-9121

**Type of Supply:** (check only one)  
 Community Water System    Non-Transient Non-community Water System    Transient Non-community Water System  
 Limited Use System    Bottled Water    Private Well    Swimming Pool    Other: \_\_\_\_\_

**Reason for Sampling:** (check all that apply)  
 Distribution Routine    Distribution Repeat    Raw (triggered or assessment)    Raw (triggered or assessment) additional    Well Survey  
 Clearance    Replacement (also check type of sample being replaced)    Boil Water Notice    Other: \_\_\_\_\_

**Sample Collection Date:** 2/13/18

Sample #	Sample Point City of Pembroke Pines Monthly Bacteria City of Pembroke Pines, FL	Sample Collection Time	Sample Type	Disinfectant Residual (mg/L)	pH	To be completed by lab				
						Analysis Method(s)2: Total Coliform/E.Coli (PA) by Colliart in Water (SM9223B)				
						Non-Coliform	Total Coliform	Fecal, E.Coli, Enterococci or Coliphage3	Data Qualifier4	Lab Sample #
021318-01	(SP ID 26) 2110 NW 120th Terrace	9:45	D	2.0 /	8.72		Absent	Absent	U	18B0412-01
021318-02	(SP ID 34) 1601 SW 128th Terrace	10:11	D	3.1 /	8.66		Absent	Absent	U	18B0412-02
021318-03	(SP ID 33) 760 SW 136th Avenue	10:23	D	3.2 /	8.71		Absent	Absent	U	18B0412-03
021318-04	(SP ID 67) 788 NW 135th Terrace	10:33	D	3.2 /	8.72		Absent	Absent	U	18B0412-04
021318-05	(SP ID 31) 13702 NW 20th Street	10:47	D	3.0 /	8.69		Absent	Absent	U	18B0412-05
021318-06	(SP ID 32) 13771 NW 16th Street	11:02	D	3.1 /	8.71		Absent	Absent	U	18B0412-06
021318-07	(SP ID 36) 2250 NW 145th Avenue	11:16	D	2.9 /	8.69		Absent	Absent	U	18B0412-07

**Average of disinfectant residuals for distribution routine & repeat Samples.5** Free chlorine or Total chlorine (circle one)      3.0 /

**Disinfectant Residual Analysis Method:**  
 DPD Colorimetric    Other: \_\_\_\_\_  
**Person performing disinfectant analysis is (see instructions on reverse):**  
 A certified operator (# DWC 22627)  
 Supervised by certified operator (# \_\_\_\_\_)  
 Employed by a certified lab    Employed by DEP or DOH  
 Authorized representative of supplier of water

Unless otherwise noted, all tests are performed in accordance with NELAC standards, and the results relate only to the samples.

Date and time PWS notified by lab of positive results: \_\_\_\_\_  
 Date and time DEP/DOH notified by lab of positive results: \_\_\_\_\_  
 Date Report Issued: 21-Feb-2018 16:57  
**Lab Signature:** Enrique Ochoa  
**Title:** (CSM) Customer Service Manager

Juquitta Drieth  
 Jacobs/CH2M-City of Pembroke Pines WT  
 7960 Johnson Street  
 Pembroke Pines      FL      33024

<input type="checkbox"/> Satisfactory	DEP/DOH USE ONLY
<input type="checkbox"/> Incomplete Collection Information	
<input type="checkbox"/> Repeat Samples Required	
<input type="checkbox"/> Replacement Samples Required	
Date Reviewed by DEP/DOH: _____	
DEP/DOH Reviewing Official: _____	

1 For Sample Types see Instructions item 1.16.  
 2 For Analysis Methods see Instructions item 1.4.  
 3 Please circle appropriate selection.  
 4 Defined in Florida Administrative Code Rule 62-160, Table 1.  
 5 Complete for community & non-transient non-community systems serving populations up to and including 4,999. Do not include raw or plant samples in the average.

# DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORTING FORMAT

(62-550.730 Reporting Format Effective 01/19/95, Revised 02/2010)

**Florida-Spectrum Environmental Services, Inc.**  
1460 W. McNab Road, Fort Lauderdale, FL 33309 Tel# (954) 978-6400  
Certification No. E86006

Lab Receipt Date & Time: <u>14-Feb-2018 17:25</u>
Analysis Date & Time: <u>14-Feb-2018 18:00</u>
<b>Sample Acceptance Criteria:</b> Sample Preservation: <input checked="" type="checkbox"/> On Ice <input type="checkbox"/> Not On Ice <input checked="" type="checkbox"/> <u>2.80</u> °C Disinfectant Check: <input checked="" type="checkbox"/> Not Detected <input type="checkbox"/> _____ mg/L This sample does not meet the following NELAC requirements:

Report Number: 18B0460 Sub-Contract Lab ID: E86006

**Analysis Requested:** (check all that apply)

Total Coliform/*E. coli*  Total Coliform/Fecal  Enterococci  Coliphage  HPC  Other: \_\_\_\_\_

**Public Water System (PWS) Name:** City of Pembroke Pines **PWS I.D.**

4	0	6	1	0	8	3
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**PWS Address:** 7960 Johnson Street **City:** Pembroke Pines **FL** 33024

**PWS or PWS Owner's Phone #:** (754) 260-4509 **Fax #:** (954) 986-5025

**Collector:** Oscar Castano **Collector's Phone #:** (954) 582-4300/(423)-381-9121

**Type of Supply:** (check only one)

Community Water System  Non-Transient Non-community Water System  Transient Non-community Water System  
 Limited Use System  Bottled Water  Private Well  Swimming Pool  Other: \_\_\_\_\_

**Reason for Sampling:** (check all that apply)

Distribution Routine  Distribution Repeat  Raw (triggered or assessment)  Raw (triggered or assessment) additional  Well Survey  
 Clearance  Replacement (also check type of sample being replaced)  Boil Water Notice  Other: \_\_\_\_\_

**Sample Collection Date:** 2/14/18

To be completed by collector of sample						To be completed by lab				
Sample #	Sample Point City of Pembroke Pines Monthly Bacteria City of Pembroke Pines, FL	Sample Collection Time	Sample Type	Disin- fectant Residual (mg/L)	pH	Analysis Method(s)2: Total Coliform/ <i>E. Coli</i> (PA) by Collilert in Water (SM9223B)				
						Non- Coliform	Total Coliform	Fecal ( <i>E. Coli</i> , Enterococci or Coliphage)3	Data Qualifier4	Lab Sample #
021418-01	(SP ID 44) 6749 Segovia Circle West	9:27	D	2.6 /	8.66		Absent	Absent	U	18B0460-01
021418-02	(SP ID 45) 2300 NW 172nd Avenue	10:30	D	1.9 /	8.58		Absent	Absent	U	18B0460-02
021418-03	(SP ID 46) 2098 NW 171st Terrace	10:48	D	1.8 /	8.58		Absent	Absent	U	18B0460-03
021418-04	(SP ID 47) 17100 Pines Blvd.	11:15	D	1.9 /	8.58		Absent	Absent	U	18B0460-04
021418-05	(SP ID 48) 17059 SW 16th Street	11:42	D	2.8 /	8.62		Absent	Absent	U	18B0460-05
021418-06	(SP ID 27) 450 SW 182nd Way	12:00	D	2.7 /	8.65		Absent	Absent	U	18B0460-06
021418-07	(SP ID 49) 17817 NW 15th Street	12:16	D	2.2 /	8.59		Absent	Absent	U	18B0460-07

**Average of disinfectant residuals for distribution routine & repeat Samples.5** Free chlorine or Total chlorine (circle one) 2.2 /

**Disinfectant Residual Analysis Method:**  
 DPD Colorimetric  Other: \_\_\_\_\_  
**Person performing disinfectant analysis is (see instructions on reverse):**  
 A certified operator (# DWC 22627)  
 Supervised by certified operator (# \_\_\_\_\_)  
 Employed by a certified lab  Employed by DEP or DOH  
 Authorized representative of supplier of water

Unless otherwise noted, all tests are performed in accordance with NELAC standards, and the results relate only to the samples.

Date and time PWS notified by lab of positive results: \_\_\_\_\_  
Date and time DEP/DOH notified by lab of positive results: \_\_\_\_\_  
Date Report Issued: 22-Feb-2018 12:49  
**Lab Signature:** Enrique Ochoa  
**Title:** (CSM) Customer Service Manager

Juquitta Drieth  
Jacobs/CH2M-City of Pembroke Pines W1  
7960 Johnson Street  
Pembroke Pines FL 33024

Satisfactory DEP/DOH USE ONLY  
 Incomplete Collection Information  
 Repeat Samples Required  
 Replacement Samples Required  
Date Reviewed by DEP/DOH: \_\_\_\_\_  
DEP/DOH Reviewing Official: \_\_\_\_\_

<sup>1</sup> For Sample Types see Instructions Item 1.16.  
<sup>2</sup> For Analysis Methods see Instructions item 11.6.  
<sup>3</sup> Please circle appropriate selection.  
<sup>4</sup> Defined in Florida Administrative Code, Rule 62-160, Table 1  
<sup>5</sup> Excludes for community & non-transient non-community systems serving populations up to and including 4,960. Do not include raw or plant samples in the average.

# DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORTING FORMAT

(02-350.730 Reporting Form Effective 01/1995, Revised 02/2010)

**Florida-Spectrum Environmental Services, Inc.**  
1460 W. McNab Road, Fort Lauderdale, FL 33309 Tel# (954) 978-6400  
Certification No. E86006

Lab Receipt Date & Time: 14-Feb-2018 17:25
Analysis Date & Time: 14-Feb-2018 18:00
<b>Sample Acceptance Criteria:</b> Sample Preservation: <input checked="" type="checkbox"/> On Ice <input type="checkbox"/> Not On Ice <input checked="" type="checkbox"/> 2.80 °C Disinfectant Check: <input checked="" type="checkbox"/> Not Detected <input type="checkbox"/> _____ mg/L This sample does not meet the following NELAC requirements:

Report Number: 1880460 Sub-Contract Lab ID: E86006

**Analysis Requested:** (check all that apply)

Total Coliform/E. coli  Total Coliform/Fecal  Enterococci  Coliphage  HPC  Other: \_\_\_\_\_

**Public Water System (PWS) Name:** City of Pembroke Pines **PWS I.D.**

4	0	6	1	0	8	3
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**PWS Address:** 7960 Johnson Street **City:** Pembroke Pines **FL** 33024

**PWS or PWS Owner's Phone #:** (754) 260-4509 **Fax #:** (954) 986-5025

**Collector:** Oscar Castano **Collector's Phone #:** (954) 582-4300/(423)-381-9127

**Type of Supply:** (check only one)

Community Water System  Non-Transient Non-community Water System  Transient Non-community Water System  
 Limited Use System  Bottled Water  Private Well  Swimming Pool  Other: \_\_\_\_\_

**Reason for Sampling:** (check all that apply)

Distribution Routine  Distribution Repeat  Raw (triggered or assessment)  Raw (triggered or assessment) additional  Well Survey  
 Clearance  Replacement (also check type of sample being replaced)  Boil Water Notice  Other: \_\_\_\_\_

**Sample Collection Date:** 2/14/18

To be completed by collector of sample						To be completed by lab				
Sample #	Sample Point City of Pembroke Pines Monthly Bacteria City of Pembroke Pines, FL	Sample Collection Time	Sample Type	Disinfectant Residual (mg/L)	pH	Analysis Method(s)2: Total Coliform/E.Coli (PA) by Colilert in Water (SM9223B)				
						Non-Coliform	Total Coliform	Fecal E.Coli, Enterococci or Coliphage3	Data Qualifier4	Lab Sample #
021418-08	(SP ID 51) 2473 NW 184th Terrace	12:33	D	1.9 /	8.60		Absent	Absent	U	18B0460-08
021418-09	(SP ID 52) 18411 Pines Blvd.	12:46	D	2.6 /	8.65		Absent	Absent	U	18B0460-09
021418-10	(SP ID 58) 19370 SW 16th Street	13:10	D	1.8 /	8.61		Absent	Absent	U	18B0460-10
021418-11	(SP ID 53) 18539 SW 12th Street	13:24	D	2.4 /	8.65		Absent	Absent	U	18B0460-11
021418-12	(SP ID 57) 420 NW 197th Avenue	13:42	D	1.9 /	8.60		Absent	Absent	U	18B0460-12
021418-13	(SP ID 56) 1263 NW 195th Avenue	13:51	D	2.3 /	8.65		Absent	Absent	U	18B0460-13
021418-14	(SP ID 55) 19478 NW 24th Place	14:06	D	2.1 /	8.62		Absent	Absent	U	18B0460-14

**Average of disinfectant residuals for distribution routine & repeat Samples.5** Free chlorine or Total chlorine (circle one)

2.2 /

**Disinfectant Residual Analysis Method:**  
 DPD Colorimetric  Other: \_\_\_\_\_  
**Person performing disinfectant analysis is (see instructions on reverse):**  
 A certified operator (# DWC 22627)  
 Supervised by certified operator (# \_\_\_\_\_)  
 Employed by a certified lab  Employed by DEP or DOH  
 Authorized representative of supplier of water

Unless otherwise noted, all tests are performed in accordance with NELAC standards, and the results relate only to the samples.

Date and time PWS notified by lab of positive results: \_\_\_\_\_  
Date and time DEP/DOH notified by lab of positive results: \_\_\_\_\_  
Date Report Issued: 22-Feb-2018 12:49  
**Lab Signature:** Enrique Ochoa  
**Title:** (CSM) Customer Service Manager

Juquitta Drieth  
Jacobs/CH2M-City of Pembroke Pines WT  
7960 Johnson Street  
Pembroke Pines FL 33024

<input type="checkbox"/> Satisfactory <input type="checkbox"/> Incomplete Collection Information <input type="checkbox"/> Repeat Samples Required <input type="checkbox"/> Replacement Samples Required Date Reviewed by DEP/DOH: _____ DEP/DOH Reviewing Official: _____	<b>DEP/DOH USE ONLY</b>
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<sup>1</sup> For Sample Types see Instructions item I.6.  
<sup>2</sup> For Analysis Methods see Instructions item II.6.  
<sup>3</sup> Please circle appropriate selection.  
<sup>4</sup> Defined in Florida Administrative Code Rule 62-160, Table 1.  
<sup>5</sup> Complete for community & non-transient non-community systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.

# DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORTING FORMAT

(82-550.730 Reporting Format Effective 01/1985, Revised 02/2010)

**Florida-Spectrum Environmental Services, Inc.**  
1460 W. McNab Road, Fort Lauderdale, FL 33309 Tel# (954) 978-6400  
Certification No. E86006

Lab Receipt Date & Time: 15-Feb-2018 16:35

Analysis Date & Time: 15-Feb-2018 17:35

**Sample Acceptance Criteria:**

Sample Preservation:  On Ice  Not On Ice  2.40 °C  
Disinfectant Check:  Not Detected  \_\_\_\_\_ mg/L  
This sample does not meet the following NELAC requirements:

Report Number: 18B0516 Sub-Contract Lab ID: E86006

**Analysis Requested:** (check all that apply)

Total Coliform/*E. coli*  Total Coliform/Fecal  Enterococci  Coliphage  HPC  Other: \_\_\_\_\_

**Public Water System (PWS) Name:** City of Pembroke Pines

**PWS I.D.**

4	0	6	1	0	8	3
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**PWS Address:** 7960 Johnson Street

**City:** Pembroke Pines **FL** 33024

**PWS or PWS Owner's Phone #:** (754) 260-4509

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

**Collector:** Oscar Castano

**Collector's Phone #:** (954) 582-4300/(423)-381-9122

**Type of Supply:** (check only one)

Community Water System  Non-Transient Non-community Water System  Transient Non-community Water System  
 Limited Use System  Bottled Water  Private Well  Swimming Pool  Other: \_\_\_\_\_

**Reason for Sampling:** (check all that apply)

Distribution Routine  Distribution Repeat  Raw (triggered or assessment)  Raw (triggered or assessment) additional  Well Survey  
 Clearance  Replacement (also check type of sample being replaced)  Boil Water Notice  Other: \_\_\_\_\_

**Sample Collection Date:** 2/15/18

To be completed by collector of sample						To be completed by lab				
Sample #	Sample Point City of Pembroke Pines Monthly Bacteria City of Pembroke Pines, FL	Sample Collection Time	Sample Type	Disinfectant Residual (mg/L)	pH	Analysis Method(s)2: Total Coliform/E.Coli (PA) by Colilert in Water (SM9223B)				
						Non-Coliform	Total Coliform	Fecal, <i>E. Coli</i> , Enterococci or Coliphage3	Data Qualifier4	Lab Sample #
021518-01	(SP ID 54) 6351 SW 195th Avenue	10:21	D	2.1 /	8.63		Absent	Absent	U	18B0516-01
021518-02	(SP ID 59) 5000 SW 207th Terrace	12:10	D	1.0 /	8.46		Absent	Absent	U	18B0516-02
021518-03	(SP ID 63) 21250 Sheridan Street	12:40	D	1.5 /	8.55		Absent	Absent	U	18B0516-03
021518-04	(SP ID 64) 21800 NW 8th Place	13:32	D	2.6 /	8.64		Absent	Absent	U	18B0516-04
021518-05	(SP ID 65) 21651 NW 7th Street	13:42	D	2.6 /	8.65		Absent	Absent	U	18B0516-05
021518-06	(SP ID 62) 20701 Pembroke Road	13:56	D	2.4 /	8.65		Absent	Absent	U	18B0516-06
021518-07	(SP ID 61) 20501 SW 1st Street	14:07	D	2.5 /	8.65		Absent	Absent	U	18B0516-07

**Average of disinfectant residuals for distribution routine & repeat Samples.5** Free chlorine or Total chlorine (circle one) 2.1 /

**Disinfectant Residual Analysis Method:**  
 DPD Colorimetric  Other: \_\_\_\_\_  
**Person performing disinfectant analysis is (see instructions on reverse):**  
 A certified operator (# DWC 22627)  
 Supervised by certified operator (# \_\_\_\_\_)  
 Employed by a certified lab  Employed by DEP or DOH  
 Authorized representative of supplier of water

Unless otherwise noted, all tests are performed in accordance with NELAC standards, and the results relate only to the samples.

Date and time PWS notified by lab of positive results: \_\_\_\_\_  
Date and time DEP/DOH notified by lab of positive results: \_\_\_\_\_  
Date Report Issued: 26-Feb-2018 14:16  
**Lab Signature:** Enrique Ochoa  
**Title:** (CSM) Customer Service Manager

Juquitta Drieth  
Jacobs/CH2M-City of Pembroke Pines WT  
7960 Johnson Street  
Pembroke Pines FL 33024

Satisfactory DEP/DOH USE ONLY  
 Incomplete Collection Information  
 Repeat Samples Required  
 Replacement Samples Required  
Date Reviewed by DEP/DOH: \_\_\_\_\_  
DEP/DOH Reviewing Official: \_\_\_\_\_

1 For Sample Types see Instructions item 1.6.  
2 For Analysis Methods see Instructions item 11.1.  
3 Please circle appropriate selection.  
4 Defined in Florida Administrative Code Rule 62-160, Table 1.  
5 Complete for community & non-transient non-community systems serving populations up to and including 3,999. Do not include raw or plant samples in the average.

# DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORTING FORMAT

(62-550.730 Reporting Format Effective 01/1995, Revised 02/2010)

**Florida-Spectrum Environmental Services, Inc.**  
1460 W. McNab Road, Fort Lauderdale, FL 33309 Tel# (954) 978-6400  
Certification No. E86006

Lab Receipt Date & Time: <u>19-Feb-2018 15:20</u>
Analysis Date & Time: <u>19-Feb-2018 16:30</u>
<b>Sample Acceptance Criteria:</b> Sample Preservation: <input checked="" type="checkbox"/> On Ice <input type="checkbox"/> Not On Ice <input checked="" type="checkbox"/> 4.20 °C Disinfectant Check: <input checked="" type="checkbox"/> Not Detected <input type="checkbox"/> _____ mg/L This sample does not meet the following NELAC requirements:

Report Number: 18B0609      Sub-Contract Lab ID: E86006

**Analysis Requested:** (check all that apply)

Total Coliform/E. coli    Total Coliform/Fecal    Enterococci    Coliphage    HPC    Other: \_\_\_\_\_

**Public Water System (PWS) Name:** City of Pembroke Pines      **PWS I.D.**

4	0	6	1	0	8	3
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**PWS Address:** 7960 Johnson Street      **City:** Pembroke Pines      **FL**      **33024**

**PWS or PWS Owner's Phone #:** (754) 260-4509      **Fax #:** (954) 986-5025

**Collector:** Oscar Castano      **Collector's Phone #:** (954) 582-4300/(423)-381-9121

**Type of Supply:** (check only one)

Community Water System    Non-Transient Non-community Water System    Transient Non-community Water System  
 Limited Use System    Bottled Water    Private Well    Swimming Pool    Other: \_\_\_\_\_

**Reason for Sampling:** (check all that apply)

Distribution Routine    Distribution Repeat    Raw (triggered or assessment)    Raw (triggered or assessment) additional    Well Survey  
 Clearance    Replacement (also check type of sample being replaced)    Boil Water Notice    Other: \_\_\_\_\_

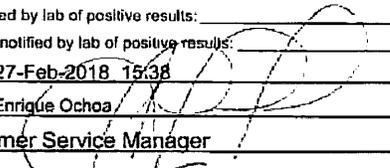
**Sample Collection Date:** 2/19/18

To be completed by collector of sample						To be completed by lab				
Sample #	Sample Point City of Pembroke Pines Monthly Bacteria City of Pembroke Pines, FL	Sample Collection Time	Sample Type	Disin- fectant Residual (mg/L)	pH	Analysis Method(s)2: Total Coliform/E.Coli (PA) by Colilert in Water (SM9223B)				
						Non- Coliform	Total Coliform	Fecal Enterococci or Coliphage3	Data Qualifier4	Lab Sample #
021918-01	(SP ID 1) 2040 NW 74th Avenue	8:41	D	3.1 /	8.58		Absent	Absent	U	18B0609-01
021918-02	(SP ID 2) 7610 Taft Street	8:53	D	3.4 /	8.73		Absent	Absent	U	18B0609-02
021918-03	(SP ID 3) 7741 Johnson Street	9:05	D	3.4 /	8.62		Absent	Absent	U	18B0609-03
021918-04	(SP ID 4) 120 NW 73rd Avenue	9:21	D	3.3 /	8.72		Absent	Absent	U	18B0609-04
021918-05	(SP ID 11) 1530 SW 85th Avenue	9:52	D	2.4 /	8.32		Absent	Absent	U	18B0609-05
021918-06	(SP ID 10) 199 N. University Drive	10:09	D	2.5 /	8.41		Absent	Absent	U	18B0609-06
021918-07	(SP ID 9) 8131 Johnson Street	10:23	D	3.2 /	8.53		Absent	Absent	U	18B0609-07

**Average of disinfectant residuals for distribution routine & repeat Samples.5** Free chlorine or Total chlorine (circle one)      3.0 /

**Disinfectant Residual Analysis Method:**  
 DPD Colorimetric    Other: \_\_\_\_\_  
**Person performing disinfectant analysis is (see instructions on reverse):**  
 A certified operator (# DWC 22627)  
 Supervised by certified operator (# \_\_\_\_\_)  
 Employed by a certified lab    Employed by DEP or DOH  
 Authorized representative of supplier of water

Unless otherwise noted, all tests are performed in accordance with NELAC standards, and the results relate only to the samples.

Date and time PWS notified by lab of positive results: \_\_\_\_\_  
Date and time DEP/DOH notified by lab of positive results: \_\_\_\_\_  
Date Report Issued: 27-Feb-2018 15:38  
**Lab Signature:** Enrique Ochoa   
**Title:** (CSM) Customer Service Manager

Juquitta Drieth  
Jacobs/CH2M-City of Pembroke Pines WT  
7960 Johnson Street  
Pembroke Pines      FL      33024

Satisfactory      **DEP/DOH USE ONLY**  
 Incomplete Collection Information  
 Repeat Samples Required  
 Replacement Samples Required  
Date Reviewed by DEP/DOH: \_\_\_\_\_  
DEP/DOH Reviewing Official: \_\_\_\_\_

1 For Sample Types see Instructions item 1.16.  
2 For Analysis Methods see Instructions item 11.6.  
3 Please circle appropriate selection.  
4 Defined in Florida Administrative Code Rule 62-160, Table 1.  
5 Complete for community & non-transient non-community systems serving populations up to and including 4,000. Do not include raw or plant samples in the average.

# DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORTING FORMAT

(82-550.730 Reporting Format Effective 01/1995, Revised 02/2010)

**Florida-Spectrum Environmental Services, Inc.**  
 1460 W. McNab Road, Fort Lauderdale, FL 33309 Tel# (954) 978-6400  
 Certification No. E86006

Lab Receipt Date & Time: <u>20-Feb-2018 16:55</u>
Analysis Date & Time: <u>20-Feb-2018 17:30</u>
<b>Sample Acceptance Criteria:</b> Sample Preservation: <input checked="" type="checkbox"/> On Ice <input type="checkbox"/> Not On Ice <input checked="" type="checkbox"/> <u>3.20</u> °C Disinfectant Check: <input checked="" type="checkbox"/> Not Detected <input type="checkbox"/> _____ mg/L This sample does not meet the following NELAC requirements:

Report Number: 18B0660      Sub-Contract Lab ID: E86006

**Analysis Requested:** (check all that apply)  
 Total Coliform/E. coli    Total Coliform/Fecal    Enterococci    Coliphage    HPC    Other: \_\_\_\_\_

**Public Water System (PWS) Name:** City of Pembroke Pines      **PWS I.D.**

4	0	6	1	0	8	3
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**PWS Address:** 7960 Johnson Street      **City:** Pembroke Pines      **FL**      **33024**

**PWS or PWS Owner's Phone #:** (754) 260-4509      **Fax #:** (954) 986-5025

**Collector:** Oscar Castano      **Collector's Phone #:** (954) 582-4300/(423)-381-9125

**Type of Supply:** (check only one)  
 Community Water System    Non-Transient Non-community Water System    Transient Non-community Water System  
 Limited Use System    Bottled Water    Private Well    Swimming Pool    Other: \_\_\_\_\_

**Reason for Sampling:** (check all that apply)  
 Distribution Routine    Distribution Repeat    Raw (triggered or assessment)    Raw (triggered or assessment) additional    Well Survey  
 Clearance    Replacement (also check type of sample being replaced)    Boil Water Notice    Other: \_\_\_\_\_

**Sample Collection Date:** 2/20/18

To be completed by collector of sample						To be completed by lab				
Sample #	Sample Point City of Pembroke Pines Monthly Bacteria City of Pembroke Pines, FL	Sample Collection Time	Sample Type	Disinfectant Residual (mg/L)	pH	Analysis Method(s): Total Coliform/E.Coli (PA) by Colilert in Water (SM9223B)				
						Non- Coliform	Total Coliform	Fecal (E.Coli) Enterococci or Coliphage3	Data Qualifier4	Lab Sample #
022018-01	(SP ID 8) 8130 Taft Street	8:26	D	/ 3.6	8.96		Absent	Absent	U	18B0660-01
022018-02	(SP ID 7) 2402 N. University Drive	8:39	D	/ 2.8	8.60		Absent	Absent	U	18B0660-02
022018-03	(SP ID 68) 2060 NW 88th Terrace	8:58	D	/ 3.5	8.90		Absent	Absent	U	18B0660-03
022018-04	(SP ID 12) 1621 N. Douglas Road	9:09	D	/ 3.8	9.05		Absent	Absent	U	18B0660-04
022018-05	(SP ID 13) 8880 Johnson Street	9:24	D	/ 3.9	9.08		Absent	Absent	U	18B0660-05
022018-06	(SP ID 14) 120 N. Douglas Road	9:38	D	/ 3.7	9.03		Absent	Absent	U	18B0660-06
022018-07	(SP ID 15) 900 Hollybrook Drive	9:50	D	/ 2.8	8.55		Absent	Absent	U	18B0660-07

**Average of disinfectant residuals for distribution routine & repeat Samples.5** Free chlorine or Total chlorine (circle one)      / 3.2

**Disinfectant Residual Analysis Method:**  
 DPD Colorimetric    Other: \_\_\_\_\_  
**Person performing disinfectant analysis is (see instructions on reverse):**  
 A certified operator (# DWC 22627)  
 Supervised by certified operator (# \_\_\_\_\_)  
 Employed by a certified lab    Employed by DEP or DOH  
 Authorized representative of supplier of water

Unless otherwise noted, all tests are performed in accordance with NELAC standards, and the results relate only to the samples.

Date and time PWS notified by lab of positive results: \_\_\_\_\_  
 Date and time DEP/DOH notified by lab of positive results: \_\_\_\_\_  
 Date Report Issued: 01-Mar-2018 11:41  
**Lab Signature:** Enrique Ochoa  
**Title:** (CSM) Customer Service Manager

Juquitta Drieth  
 Jacobs/CH2M-City of Pembroke Pines WT  
 7960 Johnson Street  
 Pembroke Pines      FL      33024

<input type="checkbox"/> Satisfactory <input type="checkbox"/> Incomplete Collection Information <input type="checkbox"/> Repeat Samples Required <input type="checkbox"/> Replacement Samples Required Date Reviewed by DEP/DOH: _____ DEP/DOH Reviewing Official: _____	<b>DEP/DOH USE ONLY</b>
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1 For Sample Types see instructions item I.1e  
 2 For Analysis Methods see instructions item II.6  
 3 Please circle appropriate selection.  
 4 Defined in Florida Administrative Code Rule 62-160, Table 1.  
 5 Complete for community & non-transient non-community systems serving populations up to and including 4,000. Do not include raw or plant samples in the average.

# DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORTING FORMAT

(62-550.730 Reporting Format Effective 01/1995, Revised 02/2010)

**Florida-Spectrum Environmental Services, Inc.**  
1460 W. McNab Road, Fort Lauderdale, FL 33309 Tel# (954) 978-6400  
Certification No. E86006

Lab Receipt Date & Time: 20-Feb-2018 16:55

Analysis Date & Time: 20-Feb-2018 17:30

**Sample Acceptance Criteria:**

Sample Preservation:  On Ice  Not On Ice  3.20 °C  
Disinfectant Check:  Not Detected  \_\_\_\_\_ mg/L  
This sample does not meet the following NELAC requirements:

Report Number: 18B0660 Sub-Contract Lab ID: E86006

**Analysis Requested:** (check all that apply)

Total Coliform/*E. coli*  Total Coliform/Fecal  Enterococci  Coliphage  HPC  Other: \_\_\_\_\_

**Public Water System (PWS) Name:** City of Pembroke Pines

**PWS I.D.**

4	0	6	1	0	8	3
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PWS Address: 7960 Johnson Street

City: Pembroke Pines FL 33024

PWS or PWS Owner's Phone #: (754) 260-4509

Fax #: (954) 986-5025

**Collector:** Oscar Castano

Collector's Phone #: (954) 582-4300/(423)-381-9122

**Type of Supply:** (check only one)

Community Water System  Non-Transient Non-community Water System  Transient Non-community Water System  
 Limited Use System  Bottled Water  Private Well  Swimming Pool  Other: \_\_\_\_\_

**Reason for Sampling:** (check all that apply)

Distribution Routine  Distribution Repeat  Raw (triggered or assessment)  Raw (triggered or assessment) additional  Well Survey  
 Clearance  Replacement (also check type of sample being replaced)  Boil Water Notice  Other: \_\_\_\_\_

**Sample Collection Date:** 2/20/18

To be completed by collector of sample						To be completed by lab				
Sample #	Sample Point City of Pembroke Pines Monthly Bacteria City of Pembroke Pines, FL	Sample Collection Time	Sample Type	Disinfectant Residual (mg/L)	pH	Analysis Method(s)2: Total Coliform/E.Coli (PA) by Colilert in Water (SM9223B)				
						Non-Coliform	Total Coliform	Fecal (E.Coli), Enterococci or Coliphage3	Data Qualifier4	Lab Sample #
022018-08	(SP ID 20) 10001 SW 14th Street	10:14	D	/ 2.5	8.49		Absent	Absent	U	18B0660-08
022018-09	(SP ID 19) 10101 Pines Blvd.	10:28	D	/ 3.7	9.05		Absent	Absent	U	18B0660-09
022018-10	(SP ID 18) 10000 Johnson Street	10:39	D	/ 3.7	9.04		Absent	Absent	U	18B0660-10
022018-11	(SP ID 17) 1981 NW 100th Way	10:52	D	/ 3.0	8.77		Absent	Absent	U	18B0660-11
022018-12	(SP ID 16) 10120 Sheridan Street	11:05	D	/ 3.3	8.89		Absent	Absent	U	18B0660-12
022018-13	(SP ID 22) 11141 NW 22nd Street	11:29	D	/ 2.9	8.60		Absent	Absent	U	18B0660-13
022018-14	(SP ID 44) 6749 Segovia Circle West	11:50	D	/ 1.4	8.24		Absent	Absent	U	18B0660-14

**Average of disinfectant residuals for distribution routine & repeat Samples.5** Free chlorine or (Total chlorine) (circle one)

/ 3.2

Unless otherwise noted, all tests are performed in accordance with NELAC standards, and the results relate only to the samples.

**Disinfectant Residual Analysis Method:**

DPD Colorimetric  Other: \_\_\_\_\_

**Person performing disinfectant analysis is (see instructions on reverse):**

A certified operator (# DWC 22627)  
 Supervised by certified operator (# \_\_\_\_\_)  
 Employed by a certified lab  Employed by DEP or DOH  
 Authorized representative of supplier of water

Date and time PWS notified by lab of positive results: \_\_\_\_\_

Date and time DEP/DOH notified by lab of positive results: \_\_\_\_\_

Date Report Issued: 01-Mar-2018 11:41

Lab Signature: Enrique Ochoa

Title: (CSM) Customer Service Manager

Juquitta Drieth  
Jacobs/CH2M-City of Pembroke Pines WT  
7960 Johnson Street  
Pembroke Pines FL 33024

Satisfactory  
 Incomplete Collection Information  
 Repeat Samples Required  
 Replacement Samples Required

DEP/DOH USE ONLY

Date Reviewed by DEP/DOH: \_\_\_\_\_

DEP/DOH Reviewing Official: \_\_\_\_\_

<sup>1</sup> For Sample Types see instructions item 1.16.

<sup>2</sup> For Analysis Methods see instructions item 11.6.

<sup>3</sup> Please circle appropriate selection.

<sup>4</sup> Defined in Florida Administrative Code Rule 62-160, Table 1.

<sup>5</sup> Complete for community & non-transient non-community systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.

# DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORTING FORMAT

162-550.730 Reporting Format Effective 01/1995, Revised 02/2010

**Florida-Spectrum Environmental Services, Inc.**  
 1460 W. McNab Road, Fort Lauderdale, FL 33309 Tel# (954) 978-6400  
 Certification No. E86006

Lab Receipt Date & Time: <u>21-Feb-2018 17:45</u>
Analysis Date & Time: <u>21-Feb-2018 18:20</u>
<b>Sample Acceptance Criteria:</b>
Sample Preservation: <input checked="" type="checkbox"/> On Ice <input type="checkbox"/> Not On Ice <input checked="" type="checkbox"/> <u>1.40</u> °C
Disinfectant Check: <input checked="" type="checkbox"/> Not Detected <input type="checkbox"/> _____ mg/L
This sample does not meet the following NELAC requirements:

Report Number: 18B0726 Sub-Contract Lab ID: E86006

**Analysis Requested:** (check all that apply)  
 Total Coliform/E. coli  Total Coliform/Fecal  Enterococci  Coliphage  HPC  Other: \_\_\_\_\_

**Public Water System (PWS) Name:** City of Pembroke Pines **PWS I.D.**

4	0	6	1	0	8	3
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**PWS Address:** 7960 Johnson Street **City:** Pembroke Pines **FL** 33024

**PWS or PWS Owner's Phone #:** (754) 260-4509 **Fax #:** (954) 986-5025

**Collector:** Oscar Castano **Collector's Phone #:** (954) 582-4300/(423)-381-9122

**Type of Supply:** (check only one)  
 Community Water System  Non-Transient Non-community Water System  Transient Non-community Water System  
 Limited Use System  Bottled Water  Private Well  Swimming Pool  Other: \_\_\_\_\_

**Reason for Sampling:** (check all that apply)  
 Distribution Routine  Distribution Repeat  Raw (triggered or assessment)  Raw (triggered or assessment) additional  Well Survey  
 Clearance  Replacement (also check type of sample being replaced)  Boil Water Notice  Other: \_\_\_\_\_

**Sample Collection Date:** 2/21/18

To be completed by collector of sample						To be completed by lab				
Sample #	Sample Point City of Pembroke Pines Monthly Bacteria City of Pembroke Pines, FL	Sample Collection Time	Sample Type	Disinfectant Residual (mg/L)	pH	Analysis Method(s)2: Total Coliform/E.Coli (PA) by Colilert in Water (SM9223B)				
						Non-Coliform	Total Coliform	Fecal, E.Coli, Enterococci or Coliphage3	Data Qualifier4	Lab Sample #
022118-09	(SP ID 45) 2300 NW 172nd Avenue	13:54	D	/ 1.9	8.51		Absent	Absent	U	18B0726-01
022118-10	(SP ID 46) 2098 NW 171st Terrace	14:19	D	/ 1.3	8.21		Absent	Absent	U	18B0726-02
022118-11	(SP ID 47) 17100 Pines Blvd.	16:22	D	/ 2.4	8.70		Absent	Absent	U	18B0726-03
022118-12	(SP ID 48) 17059 SW 16th Street	14:49	D	/ 2.5	8.73		Absent	Absent	U	18B0726-04
022118-13	(SP ID 27) 450 SW 182nd Way	15:14	D	/ 2.3	8.71		Absent	Absent	U	18B0726-05
022118-14	(SP ID 49) 17817 NW 15th Street	15:35	D	/ 2.1	8.63		Absent	Absent	U	18B0726-06
022118-15	(SP ID 51) 2473 NW 184th Terrace	16:00	D	/ 1.4	8.36		Absent	Absent	U	18B0726-07

**Average of disinfectant residuals for distribution routine & repeat samples.**5 Free chlorine of Total chlorine (circle one) / 2.0

**Disinfectant Residual Analysis Method:**  
 DPD Colorimetric  Other: \_\_\_\_\_  
**Person performing disinfectant analysis is (see instructions on reverse):**  
 A certified operator (# DWC 22627)  
 Supervised by certified operator (# \_\_\_\_\_)  
 Employed by a certified lab  Employed by DEP or DOH  
 Authorized representative of supplier of water

Unless otherwise noted, all tests are performed in accordance with NELAC standards, and the results relate only to the samples.

Date and time PWS notified by lab of positive results: \_\_\_\_\_  
 Date and time DEP/DOH notified by lab of positive results: \_\_\_\_\_  
 Date Report Issued: 01-Mar-2018 10:51  
**Lab Signature:** Enrique Ochoa  
**Title:** (CSM) Customer Service Manager

Juquitta Drieth  
 Jacobs/CH2M-City of Pembroke Pines WT  
 7960 Johnson Street  
 Pembroke Pines FL 33024

<input type="checkbox"/> Satisfactory <input type="checkbox"/> Incomplete Collection Information <input type="checkbox"/> Repeat Samples Required <input type="checkbox"/> Replacement Samples Required Date Reviewed by DEP/DOH: _____ DEP/DOH Reviewing Official: _____	<b>DEP/DOH USE ONLY</b>
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1 For Sample Types see Instructions item I.11.  
 2 For Analysis Methods see Instructions item II.6.  
 3 Please circle appropriate selection.  
 4 Defined in Florida Administrative Code Rule 62-160, Title 1.  
 5 Complete for community & non-transient non-community systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.

# DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORTING FORMAT

(62-550.730 Reporting Format Effective 01/1995, Revised 02/2010)

**Florida-Spectrum Environmental Services, Inc.**  
1460 W. McNab Road, Fort Lauderdale, FL 33309 Tel# (954) 978-6400  
Certification No. E86006

Lab Receipt Date & Time: 22-Feb-2018 16:55

Analysis Date & Time: 22-Feb-2018 17:30

**Sample Acceptance Criteria:**

Sample Preservation:  On Ice  Not On Ice  4.40 °C  
Disinfectant Check:  Not Detected  \_\_\_\_\_ mg/L  
This sample does not meet the following NELAC requirements:

Report Number: 18B0780 Sub-Contract Lab ID: E86006

**Analysis Requested:** (check all that apply)

Total Coliform/E. coli  Total Coliform/Fecal  Enterococci  Coliphage  HPC  Other: \_\_\_\_\_

Public Water System (PWS) Name: City of Pembroke Pines

PWS I.D. 

4	0	6	1	0	8	3
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PWS Address: 7960 Johnson Street

City: Pembroke Pines FL 33024

PWS or PWS Owner's Phone #: (754) 260-4509

Fax #: (954) 986-5025

Collector: Oscar Castano

Collector's Phone #: (954) 582-4300/(423)-381-9121

**Type of Supply:** (check only one)

Community Water System  Non-Transient Non-community Water System  Transient Non-community Water System  
 Limited Use System  Bottled Water  Private Well  Swimming Pool  Other: \_\_\_\_\_

**Reason for Sampling:** (check all that apply)

Distribution Routine  Distribution Repeat  Raw (triggered or assessment)  Raw (triggered or assessment) additional  Well Survey  
 Clearance  Replacement (also check type of sample being replaced)  Boil Water Notice  Other: \_\_\_\_\_

Sample Collection Date: 2/22/18

To be completed by collector of sample						To be completed by lab				
Sample #	Sample Point City of Pembroke Pines Monthly Bacteria City of Pembroke Pines, FL	Sample Collection Time	Sample Type	Disinfectant Residual (mg/L)	pH	Analysis Method(s)2: Total Coliform/E. Coli (PA) by Colliert in Water (SM9223B)				
						Non-Coliform	Total Coliform	Fecal <i>E. Coli</i> , Enterococci or Coliphage3	Data Qualifier4	Lab Sample #
022218-01	(SP ID 52) 18411 Pines Blvd.	10:54	D	/ 2.6	9.04		Absent	Absent	U	18B0780-01
022218-02	(SP ID 58) 19370 SW 16th Street	11:19	D	/ 1.0	8.32		Absent	Absent	U	18B0780-02
022218-03	(SP ID 53) 18539 SW 12th Street	11:36	D	/ 2.2	8.87		Absent	Absent	U	18B0780-03
022218-04	(SP ID 57) 420 NW 197th Avenue	11:57	D	/ 2.3	8.84		Absent	Absent	U	18B0780-04
022218-05	(SP ID 56) 1263 NW 195th Avenue	12:16	D	/ 2.1	8.82		Absent	Absent	U	18B0780-05
022218-06	(SP ID 55) 19478 NW 24th Place	12:31	D	/ 2.0	8.77		Absent	Absent	U	18B0780-06
022218-07	(SP ID 54) 6351 SW 195th Avenue	13:00	D	/ 1.4	8.41		Absent	Absent	U	18B0780-07

Average of disinfectant residuals for distribution routine & repeat Samples.5 Free chlorine or Total chlorine (circle one)

/ 1.8

Unless otherwise noted, all tests are performed in accordance with NELAC standards, and the results relate only to the samples.

**Disinfectant Residual Analysis Method:**

DPD Colorimetric  Other: \_\_\_\_\_

**Person performing disinfectant analysis is (see instructions on reverse):**

A certified operator (# DWC 22627)  
 Supervised by certified operator (# \_\_\_\_\_)  
 Employed by a certified lab  Employed by DEP or DOH  
 Authorized representative of supplier of water

Date and time PWS notified by lab of positive results: \_\_\_\_\_

Date and time DEP/DOH notified by lab of positive results: \_\_\_\_\_

Date Report Issued: 05-Mar-2018 11:59

Lab Signature: Enrique Ochoa

Title: (CSM) Customer Service Manager

Juquitta Drieth

Jacobs/CH2M-City of Pembroke Pines WT  
7960 Johnson Street

Pembroke Pines FL 33024

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

DEP/DOH USE ONLY

Date Reviewed by DEP/DOH: \_\_\_\_\_

DEP/DOH Reviewing Official: \_\_\_\_\_

<sup>1</sup> For Sample Types see instructions item 1.6  
<sup>2</sup> For Analysis Methods see instructions item 11.6

<sup>3</sup> Please circle appropriate selection.

<sup>4</sup> Defined in Florida Administrative Code, Rule 62-160, Table 1.

<sup>5</sup> Complete for community & non-transient non-community systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.

# DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORTING FORMAT

(62-550,730 Reporting Format Effective 01/1995, Revised 02/2010)

**Florida-Spectrum Environmental Services, Inc.**  
 1460 W. McNab Road, Fort Lauderdale, FL 33309 Tel# (954) 978-6400  
 Certification No. E86006

Lab Receipt Date & Time: 22-Feb-2018 16:55

Analysis Date & Time: 22-Feb-2018 17:30

**Sample Acceptance Criteria:**

Sample Preservation:  On Ice  Not On Ice  4.40 °C  
 Disinfectant Check:  Not Detected  \_\_\_\_\_ mg/L  
 This sample does not meet the following NELAC requirements:

Report Number: 18B0780 Sub-Contract Lab ID: E86006

**Analysis Requested:** (check all that apply)

Total Coliform/E. coli  Total Coliform/Fecal  Enterococci  Coliphage  HPC  Other: \_\_\_\_\_

**Public Water System (PWS) Name:** City of Pembroke Pines **PWS I.D.**

4	0	6	1	0	8	3
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**PWS Address:** 7960 Johnson Street **City:** Pembroke Pines **FL** 33024

**PWS or PWS Owner's Phone #:** (754) 260-4509 **Fax #:** (954) 986-5025

**Collector:** Oscar Castano **Collector's Phone #:** (954) 582-4300/(423)-381-9127

**Type of Supply:** (check only one)

Community Water System  Non-Transient Non-community Water System  Transient Non-community Water System  
 Limited Use System  Bottled Water  Private Well  Swimming Pool  Other: \_\_\_\_\_

**Reason for Sampling:** (check all that apply)

Distribution Routine  Distribution Repeat  Raw (triggered or assessment)  Raw (triggered or assessment) additional  Well Survey  
 Clearance  Replacement (also check type of sample being replaced)  Boil Water Notice  Other: \_\_\_\_\_

**Sample Collection Date:** 2/22/18

To be completed by collector of sample						To be completed by lab				
Sample #	Sample Point City of Pembroke Pines Monthly Bacteria City of Pembroke Pines, FL	Sample Collection Time	Sample Type	Disinfectant Residual (mg/L)	pH	Analysis Method(s)2: Total Coliform/E.Coli (PA) by Colilert in Water (SM9223B)				
						Non-Coliform	Total Coliform	Fecal E.Coli, Enterococci or Coliphage3	Data Qualifier4	Lab Sample #
022218-08	(SP ID 59) 5000 SW 207th Terrace	13:32	D	/ 0.7	8.27		Absent	Absent	U	18B0780-08
022218-09	(SP ID 63) 21250 Sheridan Street	13:53	D	/ 1.3	8.49		Absent	Absent	U	18B0780-09
022218-10	(SP ID 64) 21800 NW 8th Place	14:13	D	/ 2.2	8.59		Absent	Absent	U	18B0780-10
022218-11	(SP ID 65) 21651 NW 7th Street	14:57	D	/ 2.0	8.61		Absent	Absent	U	18B0780-11

**Average of disinfectant residuals for distribution routine & repeat Samples.5** Free chlorine or Total chlorine (circle one) / 1.8

**Disinfectant Residual Analysis Method:**  
 DPD Colorimetric  Other: \_\_\_\_\_  
**Person performing disinfectant analysis is (see instructions on reverse):**  
 A certified operator (# DWC 22627)  
 Supervised by certified operator (# \_\_\_\_\_)  
 Employed by a certified lab  Employed by DEP or DOH  
 Authorized representative of supplier of water

Unless otherwise noted, all tests are performed in accordance with NELAC standards, and the results relate only to the samples.

Date and time PWS notified by lab of positive results: \_\_\_\_\_  
 Date and time DEP/DOH notified by lab of positive results: \_\_\_\_\_  
 Date Report Issued: 05-Mar-2018 11:59  
**Lab Signature:** Enrique Ochoa  
**Title:** (CSM) Customer Service Manager

Juquitta Drieth  
 Jacobs/CH2M-City of Pembroke Pines WT  
 7960 Johnson Street  
 Pembroke Pines FL 33024

Satisfactory DEP/DOH USE ONLY  
 Incomplete Collection Information  
 Repeat Samples Required  
 Replacement Samples Required  
 Date Reviewed by DEP/DOH: \_\_\_\_\_  
 DEP/DOH Reviewing Official: \_\_\_\_\_

\* For Sample Types see Instructions item 1.1.6  
 \* For Analysis Methods see Instructions item 11.6  
 \* Please circle appropriate selection.  
 \* Defined as Florida Administrative Code Rule 62-160, Table 1.  
 \* Complete for community & non-transient non-community systems serving populations up to and including 4,999. Do not include raw or plant samples in the average.

# DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORTING FORMAT

(62-550.730 Reporting Format Effective 01/1995, Revised 02/2010)

**Florida-Spectrum Environmental Services, Inc.**  
 1460 W. McNab Road, Fort Lauderdale, FL 33309 Tel# (954) 978-6400  
 Certification No. E86006

Lab Receipt Date & Time: <u>23-Feb-2018 17:05</u>
Analysis Date & Time: <u>23-Feb-2018 17:45</u>
<b>Sample Acceptance Criteria:</b>
Sample Preservation: <input checked="" type="checkbox"/> On Ice <input type="checkbox"/> Not On Ice <input checked="" type="checkbox"/> <u>5.40</u> °C
Disinfectant Check: <input checked="" type="checkbox"/> Not Detected <input type="checkbox"/> _____ mg/L
This sample does not meet the following NELAC requirements:

Report Number: 18B0816 Sub-Contract Lab ID: E86006

**Analysis Requested:** (check all that apply)

Total Coliform/E. coli  Total Coliform/Fecal  Enterococci  Coliphage  HPC  Other: \_\_\_\_\_

**Public Water System (PWS) Name:** City of Pembroke Pines **PWS I.D.**

4	0	6	1	0	8	3
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**PWS Address:** 7960 Johnson Street **City:** Pembroke Pines **FL** 33024

**PWS or PWS Owner's Phone #:** (754) 260-4509 **Fax #:** (954) 986-5025

**Collector:** Oscar Castano **Collector's Phone #:** (954) 582-4300/(423)-381-9121

**Type of Supply:** (check only one)

Community Water System  Non-Transient Non-community Water System  Transient Non-community Water System  
 Limited Use System  Bottled Water  Private Well  Swimming Pool  Other: \_\_\_\_\_

**Reason for Sampling:** (check all that apply)

Distribution Routine  Distribution Repeat  Raw (triggered or assessment)  Raw (triggered or assessment) additional  Well Survey  
 Clearance  Replacement (also check type of sample being replaced)  Boil Water Notice  Other: \_\_\_\_\_

**Sample Collection Date:** 2/23/18

To be completed by collector of sample						To be completed by lab				
Sample #	Sample Point City of Pembroke Pines Monthly Bacteria City of Pembroke Pines, FL	Sample Collection Time	Sample Type	Disinfectant Residual (mg/L)	pH	Analysis Method(s)2: Total Coliform/E.Coli (PA) by Colllert in Water (SM9223B)				
						Non-Coliform	Total Coliform	Fecal (E.Coli), Enterococci or Coliphage3	Data Qualifier4	Lab Sample #
022318-01	(SP ID 62) 20701 Pembroke Road	10:13	D	/ 2.3	8.80		Absent	Absent	U	18B0816-01
022318-02	(SP ID 61) 20501 SW 1st Street	9:35	D	/ 2.5	8.80		Absent	Absent	U	18B0816-02
022318-03	(SP ID 60) 20620 NW 5th Street	9:54	D	/ 2.5	8.81		Absent	Absent	U	18B0816-03

**Average of disinfectant residuals for distribution routine & repeat Samples.5** Free chlorine or Total chlorine (circle one)

/ 2.4

Unless otherwise noted, all tests are performed in accordance with NELAC standards, and the results relate only to the samples.

**Disinfectant Residual Analysis Method:**

DPD Colorimetric  Other: \_\_\_\_\_  
**Person performing disinfectant analysis is (see instructions on reverse):**  
 A certified operator (# DWC 22627)  
 Supervised by certified operator (# \_\_\_\_\_)  
 Employed by a certified lab  Employed by DEP or DOH  
 Authorized representative of supplier of water

Date and time PWS notified by lab of positive results: \_\_\_\_\_  
 Date and time DEP/DOH notified by lab of positive results: \_\_\_\_\_  
 Date Report Issued: 06-Mar-2018 - 9:13  
**Lab Signature:** Enrique Ochoa  
**Title:** (CSM) Customer Service Manager

Juquitta Drieth  
 Jacobs/CH2M-City of Pembroke Pines WT  
 7960 Johnson Street  
 Pembroke Pines FL 33024

<input type="checkbox"/> Satisfactory <input type="checkbox"/> Incomplete Collection Information <input type="checkbox"/> Repeat Samples Required <input type="checkbox"/> Replacement Samples Required	<b>DEP/DOH USE ONLY</b> Date Reviewed by DEP/DOH: _____ DEP/DOH Reviewing Official: _____
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1 For Sample Types see Instructions item 1.16.  
 2 For Analysis Methods see Instructions item 11.6.  
 3 Please circle appropriate selection.  
 4 Defined in Florida Administrative Code Rule 62-160, Table 1.  
 5 Complete for community & non-transient non-community systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.



**BROWARD COUNTY HEALTH DEPARTMENT**  
 ENVIRONMENTAL ENGINEERING SECTION  
 2421-A S.W. 61h AVENUE, FORT LAUDERDALE, FL 33315-2613

**WATER UTILITY:** City of Pembroke Pines - PWS ID 4061083     
 **MONTH:** MARCH   
 **YEAR:** 2018

Note: Please complete this form monthly and attach one copy to the monthly water plant operation report to be submitted to the BCHD not later than the 10<sup>th</sup> of the following month.

**MONTHLY BACTERIOLOGICAL SAMPLES ANALYZED FROM COMMUNITY WATER SYSTEMS**

Minimum Number of Samples Required			Number of Samples Analyzed			Number of Unsatisfactory Samples		
Well	Plant	Distribution	Well	Plant	Distribution	Well	Plant	Distribution
6	0	120						
1. Collected by Utility, Analyzed by State Cert. Lab			6	0	129	0	0	1
2. Collected by Utility Analyzed by Plant Lab			0	0	0	0	0	0
3. Total -Add Lines (1 +2)			<b>6</b>	<b>0</b>	<b>129</b>	<b>0</b>	<b>0</b>	<b>1</b>

\*Note: Do not include results on main clearance.

# DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORTING FORMAT

(62-550.730 Reporting Format Effective 01/1995, Revised 02/2010)

**Florida-Spectrum Environmental Services, Inc.**  
 1460 W. McNab Road, Fort Lauderdale, FL 33309 Tel# (954) 978-6400  
 Certification No. E86006

Lab Receipt Date & Time: <u>05-Mar-2018 16:05</u>
Analysis Date & Time: <u>05-Mar-2018 17:00</u>
<b>Sample Acceptance Criteria:</b>
Sample Preservation: <input checked="" type="checkbox"/> On Ice <input type="checkbox"/> Not On Ice <input checked="" type="checkbox"/> <u>3.80</u> °C
Disinfectant Check: <input checked="" type="checkbox"/> Not Detected <input type="checkbox"/> _____ mg/L
This sample does not meet the following NELAC requirements:

Report Number: 18C0116      Sub-Contract Lab ID: E86006

**Analysis Requested:** (check all that apply)

Total Coliform/*E. coli*    Total Coliform/Fecal    Enterococci    Coliphage    HPC    Other: \_\_\_\_\_

**Public Water System (PWS) Name:** City of Pembroke Pines      **PWS I.D.**

4	0	6	1	0	8	3
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**PWS Address:** 7960 Johnson Street      **City:** Pembroke Pines      **FL**      **33024**

**PWS or PWS Owner's Phone #:** (754) 260-4509      **Fax #:** (954) 986-5025

**Collector:** Oscar Castano      **Collector's Phone #:** (954) 582-4300/(423)-381-9122

**Type of Supply:** (check only one)

Community Water System    Non-Transient Non-community Water System    Transient Non-community Water System  
 Limited Use System    Bottled Water    Private Well    Swimming Pool    Other: \_\_\_\_\_

**Reason for Sampling:** (check all that apply)

Distribution Routine    Distribution Repeat    Raw (triggered or assessment)    Raw (triggered or assessment) additional    Well Survey  
 Clearance    Replacement (also check type of sample being replaced)    Boil Water Notice    Other: \_\_\_\_\_

**Sample Collection Date:** 3/5/18

To be completed by collector of sample						To be completed by lab				
Sample #	Sample Point City of Pembroke Pines Monthly Bacteria City of Pembroke Pines, FL	Sample Collection Time	Sample Type	Disinfectant Residual (mg/L)	pH	Analysis Method(s)2: Total Coliform/ <i>E. Coli</i> (PA) by Colilert in Water (SM9223B)				
						Non-Coliform	Total Coliform	Fecal ( <i>E. Coli</i> ), Enterococci or Coliphage3	Data Qualifier4	Lab Sample #
030518-01	(SP ID 1) 2040 NW 74th Avenue	8:30	D	/ 3.4	8.56		Absent	Absent	U	18C0116-01
030518-02	(SP ID 2) 7610 Taft Street	8:48	D	/ 3.7	8.67		Absent	Absent	U	18C0116-02
030518-03	(SP ID 3) 7741 Johnson Street	9:03	D	/ 3.8	8.71		Absent	Absent	U	18C0116-03
030518-04	(SP ID 4) 120 NW 73rd Avenue	9:30	D	/ 3.6	8.71		Absent	Absent	U	18C0116-04
030518-05	(SP ID 5) 7021 SW 9th Street	9:51	D	/ 3.0	8.57		Absent	Absent	U	18C0116-05
030518-06	(SP ID 11) 1530 SW 85th Avenue	10:22	D	/ 3.0	8.51		Absent	Absent	U	18C0116-06
030518-07	(SP ID 10) 199 N. University Drive	10:49	D	/ 2.9	8.55		Absent	Absent	U	18C0116-07

**Average of disinfectant residuals for distribution routine & repeat Samples.5** Free chlorine or (Total chlorine) (circle one)      / 3.5

**Disinfectant Residual Analysis Method:**  
 DPD Colorimetric    Other: \_\_\_\_\_

**Person performing disinfectant analysis is (see instructions on reverse):**  
 A certified operator (# DWC 22627)  
 Supervised by certified operator (# \_\_\_\_\_)  
 Employed by a certified lab    Employed by DEP or DOH  
 Authorized representative of supplier of water

Unless otherwise noted, all tests are performed in accordance with NELAC standards, and the results relate only to the samples.

Date and time PWS notified by lab of positive results: \_\_\_\_\_  
 Date and time DEP/DOH notified by lab of positive results: \_\_\_\_\_  
 Date Report Issued: 14-Mar-2018 13:42  
**Lab Signature:** Enrique Ochoa  
**Title:** (CSM) Customer Service Manager

Juquitta Drieth  
 Jacobs/CH2M-City of Pembroke Pines WT  
 7960 Johnson Street  
 Pembroke Pines      FL      33024

<input type="checkbox"/> Satisfactory <input type="checkbox"/> Incomplete Collection Information <input type="checkbox"/> Repeat Samples Required <input type="checkbox"/> Replacement Samples Required	<b>DEP/DOH USE ONLY</b>  Date Reviewed by DEP/DOH: _____ DEP/DOH Reviewing Official: _____
--	---

1 For Sample Types see Instructions item 1.16  
 2 For Analysis Methods see Instructions item 1.6  
 3 Please circle appropriate selection.  
 4 Defined in Florida Administrative Code Rule 62-160, Table 1.  
 5 Complete for community & non-transient non-community systems serving populations up to and including 4,999. Do not include raw or plant samples in the average.

# DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORTING FORMAT

(62-550.730 Reporting Format Effective 01/1995, Revised 02/2010)

**Florida-Spectrum Environmental Services, Inc.**  
 1460 W. McNab Road, Fort Lauderdale, FL 33309 Tel# (954) 978-6400  
 Certification No. E86006

Lab Receipt Date & Time: <u>05-Mar-2018 16:05</u>
Analysis Date & Time: <u>05-Mar-2018 17:00</u>
<b>Sample Acceptance Criteria:</b>
Sample Preservation: <input checked="" type="checkbox"/> On Ice <input type="checkbox"/> Not On Ice <input checked="" type="checkbox"/> 3.80 °C
Disinfectant Check: <input checked="" type="checkbox"/> Not Detected <input type="checkbox"/> _____ mg/L
This sample does not meet the following NELAC requirements:

Report Number: 18C0116      Sub-Contract Lab ID: E86006

**Analysis Requested:** (check all that apply)

Total Coliform/*E. coli*    Total Coliform/Fecal    Enterococci    Coliphage    HPC    Other: \_\_\_\_\_

**Public Water System (PWS) Name:** City of Pembroke Pines      **PWS I.D.**

4	0	6	1	0	8	3
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**PWS Address:** 7960 Johnson Street      **City:** Pembroke Pines      **FL**      **33024**

**PWS or PWS Owner's Phone #:** (754) 260-4509      **Fax #:** (954) 986-5025

**Collector:** Oscar Castano      **Collector's Phone #:** (954) 582-4300/(423)-381-9122

**Type of Supply:** (check only one)

Community Water System    Non-Transient Non-community Water System    Transient Non-community Water System  
 Limited Use System    Bottled Water    Private Well    Swimming Pool    Other: \_\_\_\_\_

**Reason for Sampling:** (check all that apply)

Distribution Routine    Distribution Repeat    Raw (triggered or assessment)    Raw (triggered or assessment) additional    Well Survey  
 Clearance    Replacement (also check type of sample being replaced)    Boil Water Notice    Other: \_\_\_\_\_

**Sample Collection Date:** 3/5/18

To be completed by collector of sample						To be completed by lab				
Sample #	Sample Point City of Pembroke Pines Monthly Bacteria City of Pembroke Pines, FL	Sample Collection Time	Sample Type	Disinfectant Residual (mg/L)	pH	Analysis Method(s): Total Coliform/ <i>E. Coli</i> (PA) by Colliert in Water (SM9223B)				
						Non-Coliform	Total Coliform	Fecal, <i>E. Coli</i> , Enterococci or Coliphage3	Data Qualifier4	Lab Sample #
030518-08	(SP ID 9) 8131 Johnson Street	11:06	D	/ 3.8	8.68		Absent	Absent	U	18C0116-08
030518-09	(SP ID 8) 8130 Taft Street	11:22	D	/ 3.7	8.68		Absent	Absent	U	18C0116-09
030518-10	(SP ID 7) 2402 N. University Drive	11:47	D	/ 3.4	8.72		Absent	Absent	U	18C0116-10
030518-11	(SP ID 68) 2060 NW 88th Terrace	12:03	D	/ 3.7	8.67		Absent	Absent	U	18C0116-11
030518-12	(SP ID 12) 1621 N. Douglas Road	12:19	D	/ 3.8	8.68		Absent	Absent	U	18C0116-12
030518-13	(SP ID 13) 8880 Johnson Street	12:44	D	/ 3.8	8.68		Absent	Absent	U	18C0116-13
030518-14	(SP ID 14) 120 N. Douglas Road	12:57	D	/ 3.8	8.70		Absent	Absent	U	18C0116-14

**Average of disinfectant residuals for distribution routine & repeat Samples.5** Free chlorine or (Total chlorine) (circle one)      / 3.5

**Disinfectant Residual Analysis Method:**  
 DPD Colorimetric    Other: \_\_\_\_\_  
**Person performing disinfectant analysis is (see instructions on reverse):**  
 A certified operator (# DWC 22627)  
 Supervised by certified operator (# \_\_\_\_\_)  
 Employed by a certified lab    Employed by DEP or DOH  
 Authorized representative of supplier of water

Unless otherwise noted, all tests are performed in accordance with NELAC standards, and the results relate only to the samples.

Date and time PWS notified by lab of positive results: \_\_\_\_\_  
 Date and time DEP/DOH notified by lab of positive results: \_\_\_\_\_  
 Date Report Issued: 14-Mar-2018 13:42  
**Lab Signature:** Enrique Ochoa  
**Title:** (CSM) Customer Service Manager

Juquitta Drieth  
 Jacobs/CH2M-City of Pembroke Pines WT  
 7960 Johnson Street  
 Pembroke Pines      FL      33024

<input type="checkbox"/> Satisfactory <input type="checkbox"/> Incomplete Collection Information <input type="checkbox"/> Repeat Samples Required <input type="checkbox"/> Replacement Samples Required Date Reviewed by DEP/DOH: _____ DEP/DOH Reviewing Official: _____	<b>DEP/DOH USE ONLY</b>
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1 For Sample Types see Instructions item I.6.  
 2 For Analysis Methods see Instructions item II.6.  
 3 Please circle appropriate selection.  
 4 Defined in Florida Administrative Code Rule 62-106, Table 1.  
 5 Complete for community & non-transient non-community systems serving populations up to and including 4,999. Do not include raw or plant samples in the average.

# DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORTING FORMAT

(82-550.730 Reporting Format Effective 01/1995, Revised 02/2010)

**Florida-Spectrum Environmental Services, Inc.**  
 1460 W. McNab Road, Fort Lauderdale, FL 33309 Tel# (954) 978-6400  
 Certification No. E86006

Report Number: 18C0178 Sub-Contract Lab ID: E86006

**Analysis Requested:** (check all that apply)

Total Coliform/E. coli     Total Coliform/Fecal     Enterococci     Coliphage     HPC     Other: \_\_\_\_\_

**Public Water System (PWS) Name:** City of Pembroke Pines    **PWS I.D.**

4	0	6	1	0	8	3
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**PWS Address:** 7960 Johnson Street    **City:** Pembroke Pines    **FL**    **33024**

**PWS or PWS Owner's Phone #:** (754) 260-4509    **Fax #:** (954) 986-5025

**Collector:** Oscar Casiano    **Collector's Phone #:** (954) 582-4300/(423)-381-9122

**Type of Supply:** (check only one)

Community Water System     Non-Transient Non-community Water System     Transient Non-community Water System  
 Limited Use System     Bottled Water     Private Well     Swimming Pool     Other: \_\_\_\_\_

**Reason for Sampling:** (check all that apply)

Distribution Routine     Distribution Repeat     Raw (triggered or assessment)     Raw (triggered or assessment) additional     Well Survey  
 Clearance     Replacement (also check type of sample being replaced)     Boil Water Notice     Other: \_\_\_\_\_

**Sample Collection Date:** 3/6/18

To be completed by collector of sample						To be completed by lab				
Sample #	Sample Point City of Pembroke Pines Monthly Bacteria City of Pembroke Pines, FL	Sample Collection Time	Sample Type	Disinfectant Residual (mg/L)	pH	Analysis Method(s)2: Total Coliform/E.Coli (PA) by Colliert in Water (SM9223B)				
						Non-Coliform	Total Coliform	Fecal (E. Coli, Enterococci or Coliphage)3	Data Qualifier4	Lab Sample #
030618-01	(SP ID 15) 900 Hollybrook Drive	9:48	D	/ 3.7	8.71		Absent	Absent	U	18C0178-01
030618-02	(SP ID 20) 10001 SW 14th Street	10:08	D	/ 3.2	8.50		Absent	Absent	U	18C0178-02
030618-03	(SP ID 19) 10101 Pines Blvd.	10:25	D	/ 3.8	8.77		Absent	Absent	U	18C0178-03
030618-04	(SP ID 18) 10000 Johnson Street	10:48	D	/ 3.9	8.77		Absent	Absent	U	18C0178-04
030618-05	(SP ID 17) 1981 NW 100th Way	11:03	D	/ 3.3	8.57		Absent	Absent	U	18C0178-05
030618-06	(SP ID 16) 10120 Sheridan Street	11:20	D	/ 3.6	8.75		Absent	Absent	U	18C0178-06
030618-07	(SP ID 22) 11141 NW 22nd Street	11:33	D	/ 3.4	8.83		Absent	Absent	U	18C0178-07

**Average of disinfectant residuals for distribution routine & repeat Samples.5** Free chlorine or Total chlorine (circle one)    / 3.5

**Disinfectant Residual Analysis Method:**  
 DPD Colorimetric     Other: \_\_\_\_\_  
**Person performing disinfectant analysis is (see instructions on reverse):**  
 A certified operator (# DWC 22627)  
 Supervised by certified operator (# \_\_\_\_\_)  
 Employed by a certified lab     Employed by DEP or DOH  
 Authorized representative of supplier of water

Unless otherwise noted, all tests are performed in accordance with NELAC standards, and the results relate only to the samples.

Date and time PWS notified by lab of positive results: \_\_\_\_\_  
 Date and time DEP/DOH notified by lab of positive results: \_\_\_\_\_  
 Date Report Issued: 14-Mar-2018 13:21  
**Lab Signature:** Enrique Ochoa  
**Title:** (CSM) Customer Service Manager

Juquitta Drieth  
 Jacobs/CH2M-City of Pembroke Pines WT  
 7960 Johnson Street  
 Pembroke Pines    FL    33024

Satisfactory    **DEP/DOH USE ONLY**  
 Incomplete Collection Information  
 Repeat Samples Required  
 Replacement Samples Required  
 Date Reviewed by DEP/DOH: \_\_\_\_\_  
 DEP/DOH Reviewing Official: \_\_\_\_\_

1 For Sample Types see Instructions item 1.10.  
 2 For Analysis Methods see Instructions item 11.6.  
 3 Please circle appropriate selection.  
 4 Defined in Florida Administrative Code Rule 62-160, Table 1.  
 5 Complete for community & non-transient non-community systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.

**DRINKING WATER MICROBIAL SAMPLE COLLECTION  
& LABORATORY REPORTING FORMAT**

(82-550.730 Reporting Format Effective 01/1995, Revised 02/2016)

**Florida-Spectrum Environmental Services, Inc.**  
1460 W. McNab Road, Fort Lauderdale, FL 33309 Tel# (954) 978-6400  
Certification No. E86006

Lab Receipt Date & Time: 06-Mar-2018 17:10

Analysis Date & Time: 06-Mar-2018 18:45

**Sample Acceptance Criteria:**

Sample Preservation:  On Ice  Not On Ice  2.00 °C  
Disinfectant Check:  Not Detected  \_\_\_\_\_ mg/L  
This sample does not meet the following NELAC requirements:

Report Number: 18C0178 Sub-Contract Lab ID: E86006

**Analysis Requested:** (check all that apply)

Total Coliform/E. coli  Total Coliform/Fecal  Enterococci  Coliphage  HPC  Other: \_\_\_\_\_

**Public Water System (PWS) Name:** City of Pembroke Pines **PWS I.D.**

4	0	6	1	0	8	3
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**PWS Address:** 7960 Johnson Street **City:** Pembroke Pines **FL** 33024

**PWS or PWS Owner's Phone #:** (754) 260-4509 **Fax #:** (954) 986-5025

**Collector:** Oscar Castano **Collector's Phone #:** (954) 582-4300/(423)-381-9121

**Type of Supply:** (check only one)

Community Water System  Non-Transient Non-community Water System  Transient Non-community Water System  
 Limited Use System  Bottled Water  Private Well  Swimming Pool  Other: \_\_\_\_\_

**Reason for Sampling:** (check all that apply)

Distribution Routine  Distribution Repeat  Raw (triggered or assessment)  Raw (triggered or assessment) additional  Well Survey  
 Clearance  Replacement (also check type of sample being replaced)  Boil Water Notice  Other: \_\_\_\_\_

**Sample Collection Date:** 3/6/18

To be completed by collector of sample						To be completed by lab				
Sample #	Sample Point City of Pembroke Pines Monthly Bacteria City of Pembroke Pines, FL	Sample Collection Time	Sample Type	Disinfectant Residual (mg/L)	pH	Analysis Method(s)2: Total Coliform/E. Coli (PA) by Colilert in Water (SM9223B)				
						Non-Coliform	Total Coliform	Fecal, (E. Coli, Enterococci or Coliphage)3	Data Qualifier4	Lab Sample #
030618-08	(SP ID 21) 1751 N. Hiatus Road	11:54	D	/ 3.5	8.83		Absent	Absent	U	18C0178-08
030618-09	(SP ID 23) 10755 NW 10th Street	12:24	D	/ 3.9	8.80		Absent	Absent	U	18C0178-09
030618-10	(SP ID 24) 200 S. Hiatus Road	12:40	D	/ 3.7	8.78		Absent	Absent	U	18C0178-10
030618-11	(SP ID 25) 11131 SW 13th Street	12:56	D	/ 3.1	8.59		Absent	Absent	U	18C0178-11
030618-12	(SP ID 30) 12399 Pembroke Road	13:13	D	/ 3.4	8.68		Absent	Absent	U	18C0178-12
030618-13	(SP ID 29) 241 SW 122nd Terrace	13:32	D	/ 3.6	8.77		Absent	Absent	U	18C0178-13
030618-14	(SP ID 28) 1050 NW 123rd Avenue	13:47	D	/ 3.0	8.65		Absent	Absent	U	18C0178-14

**Average of disinfectant residuals for distribution routine & repeat Samples.5** Free chlorine or Total chlorine (circle one) / 3.5

**Disinfectant Residual Analysis Method:**  
 DPD Colorimetric  Other: \_\_\_\_\_  
**Person performing disinfectant analysis is (see instructions on reverse):**  
 A certified operator (# DWC 22627)  
 Supervised by certified operator (# \_\_\_\_\_)  
 Employed by a certified lab  Employed by DEP or DOH  
 Authorized representative of supplier of water

Unless otherwise noted, all tests are performed in accordance with NELAC standards, and the results relate only to the samples.

Date and time PWS notified by lab of positive results: \_\_\_\_\_  
Date and time DEP/DOH notified by lab of positive results: \_\_\_\_\_  
Date Report issued: 14-Mar-2018 13:21  
**Lab Signature:** Enrique Ochoa  
**Title:** (CSM) Customer Service Manager

Juquitta Drieth  
Jacobs/CH2M-City of Pembroke Pines WT  
7960 Johnson Street  
Pembroke Pines FL 33024

Satisfactory DEP/DOH USE ONLY  
 Incomplete Collection Information  
 Repeat Samples Required  
 Replacement Samples Required  
Date Reviewed by DEP/DOH: \_\_\_\_\_  
DEP/DOH Reviewing Official: \_\_\_\_\_

1 For Sample Types see Instructions item 1.16  
2 For Analysis Methods see Instructions item 11.6  
3 Please circle appropriate selection  
4 Defined in Florida Administrative Code, Rule 62-160, Table 1  
5 Complete for community & non-transient non-community systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.

# DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORTING FORMAT

(62-550.730 Reporting Format Effective 01/1995, Revised 02/2010)

Florida-Spectrum Environmental Services, Inc.  
1460 W. McNab Road, Fort Lauderdale, FL 33309 Tel# (954) 978-6400  
Certification No. E86006

Lab Receipt Date & Time: <u>07-Mar-2018 15:50</u>
Analysis Date & Time: <u>07-Mar-2018 16:30</u>
<b>Sample Acceptance Criteria:</b>
Sample Preservation: <input checked="" type="checkbox"/> On Ice <input type="checkbox"/> Not On Ice <input checked="" type="checkbox"/> 4.20 °C
Disinfectant Check: <input checked="" type="checkbox"/> Not Detected <input type="checkbox"/> _____ mg/L
This sample does not meet the following NELAC requirements:

Report Number: 18C0210      Sub-Contract Lab ID: E86006

**Analysis Requested:** (check all that apply)

Total Coliform/E. coli    Total Coliform/Fecal    Enterococci    Coliphage    HPC    Other: \_\_\_\_\_

**Public Water System (PWS) Name:** City of Pembroke Pines      **PWS I.D.**

4	0	6	1	0	8	3
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**PWS Address:** 7960 Johnson Street      **City:** Pembroke Pines      **FL**      **33024**

**PWS or PWS Owner's Phone #:** (754) 260-4509      **Fax #:** (954) 986-5025

**Collector:** Oscar Castano      **Collector's Phone #:** (954) 582-4300/(423)-381-9124

**Type of Supply:** (check only one)

Community Water System    Non-Transient Non-community Water System    Transient Non-community Water System  
 Limited Use System    Bottled Water    Private Well    Swimming Pool    Other: \_\_\_\_\_

**Reason for Sampling:** (check all that apply)

Distribution Routine    Distribution Repeat    Raw (triggered or assessment)    Raw (triggered or assessment) additional    Well Survey  
 Clearance    Replacement (also check type of sample being replaced)    Boil Water Notice    Other: \_\_\_\_\_

**Sample Collection Date:** 3/7/18

To be completed by collector of sample						To be completed by lab				
Sample #	Sample Point City of Pembroke Pines Monthly Bacteria City of Pembroke Pines, FL	Sample Collection Time	Sample Type	Disinfectant Residual (mg/L)	pH	Analysis Method(s)2: Total Coliform/E.Coli (PA) by Colilert in Water (SM9223B)				
						Non-Coliform	Total Coliform	Fecal <u>E.Coli</u> or Coliphage3	Data Qualifier4	Lab Sample #
030718-01	(SP ID 26) 2110 NW 120th Terrace	9:35	D	/ 2.1	8.34		Absent	Absent	U	18C0210-01
030718-02	(SP ID 34) 1601 SW 128th Terrace	9:56	D	/ 3.3	8.63		Absent	Absent	U	18C0210-02
030718-03	(SP ID 33) 750 SW 136th Avenue	10:14	D	/ 3.3	8.56		Absent	Absent	U	18C0210-03
030718-04	(SP ID 67) 788 NW 135th Terrace	10:27	D	/ 3.3	8.68		Absent	Absent	U	18C0210-04
030718-05	(SP ID 31) 13702 NW 20th Street	10:49	D	/ 3.2	8.70		Absent	Absent	U	18C0210-05
030718-06	(SP ID 32) 13771 NW 16th Street	11:00	D	/ 3.2	8.64		Absent	Absent	U	18C0210-06
030718-07	(SP ID 36) 2250 NW 145th Avenue	11:20	D	/ 3.2	8.70		Absent	Absent	U	18C0210-07

**Average of disinfectant residuals for distribution routine & repeat Samples.5** Free chlorine or Total chlorine (circle one)      / 3.1

**Disinfectant Residual Analysis Method:**  
 DPD Colorimetric    Other: \_\_\_\_\_  
**Person performing disinfectant analysis is (see instructions on reverse):**  
 A certified operator (# DWC 22627)  
 Supervised by certified operator (# \_\_\_\_\_)  
 Employed by a certified lab    Employed by DEP or DOH  
 Authorized representative of supplier of water

Unless otherwise noted, all tests are performed in accordance with NELAC standards, and the results relate only to the samples.

Date and time PWS notified by lab of positive results: 03/09/2018 at 09:51  
Date and time DEP/DOH notified by lab of positive results: \_\_\_\_\_  
Date Report Issued: 15-Mar-2018 11:48  
**Lab Signature:** Enrique Ochoa  
**Title:** (CSM) Customer Service Manager

Juquitta Drieth  
Jacobs/CH2M-City of Pembroke Pines WT  
7960 Johnson Street  
Pembroke Pines      FL      33024

<input type="checkbox"/> Satisfactory <input type="checkbox"/> Incomplete Collection Information <input type="checkbox"/> Repeat Samples Required <input type="checkbox"/> Replacement Samples Required	<b>DEP/DOH USE ONLY</b>  Date Reviewed by DEP/DOH: _____ DEP/DOH Reviewing Official: _____
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1 For Sample Types see instructions item I.16.  
2 For Analysis Methods see instructions item II.6.  
3 Please circle appropriate selection.  
4 Defined in Florida Administrative Code Rule 62-160, Table 1.  
5 Complete for community & non-transient non-community systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.

# DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORTING FORMAT

(62-850.730 Reporting Format Effective 01/1995, Revised 02/2010)

**Florida-Spectrum Environmental Services, Inc.**  
1460 W. McNab Road, Fort Lauderdale, FL 33309 Tel# (954) 978-6400  
Certification No. E86006

Lab Receipt Date & Time: <u>07-Mar-2018 15:50</u>
Analysis Date & Time: <u>07-Mar-2018 16:30</u>
<b>Sample Acceptance Criteria:</b>
Sample Preservation: <input checked="" type="checkbox"/> On Ice <input type="checkbox"/> Not On Ice <input checked="" type="checkbox"/> 4.20 °C
Disinfectant Check: <input checked="" type="checkbox"/> Not Detected <input type="checkbox"/> _____ mg/L
This sample does not meet the following NELAC requirements:

Report Number: 18C0210 Sub-Contract Lab ID: E86006

**Analysis Requested:** (check all that apply)

Total Coliform/*E. coli*  Total Coliform/Fecal  Enterococci  Coliphage  HPC  Other: \_\_\_\_\_

**Public Water System (PWS) Name:** City of Pembroke Pines

**PWS I.D.**

4	0	6	1	0	8	3
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PWS Address: 7960 Johnson Street

City: Pembroke Pines FL 33024

PWS or PWS Owner's Phone #: (754) 260-4509

Fax #: (954) 986-5025

**Collector:** Oscar Castano

Collector's Phone #: (954) 582-4300/(423)-381-9121

**Type of Supply:** (check only one)

Community Water System  Non-Transient Non-community Water System  Transient Non-community Water System  
 Limited Use System  Bottled Water  Private Well  Swimming Pool  Other: \_\_\_\_\_

**Reason for Sampling:** (check all that apply)

Distribution Routine  Distribution Repeat  Raw (triggered or assessment)  Raw (triggered or assessment) additional  Well Survey  
 Clearance  Replacement (also check type of sample being replaced)  Boil Water Notice  Other: \_\_\_\_\_

**Sample Collection Date:** 3/7/18

To be completed by collector of sample						To be completed by lab				
Sample #	Sample Point City of Pembroke Pines Monthly Bacteria City of Pembroke Pines, FL	Sample Collection Time	Sample Type	Disinfectant Residual (mg/L)	pH	Analysis Method(s): Total Coliform/ <i>E. Coll</i> (PA) by Colilert in Water (SM9223B)				
						Non-Coliform	Total Coliform	Fecal ( <i>E. Coll</i> , Enterococci or Coliphage)3	Data Qualifier4	Lab Sample #
030718-08	(SP ID 37) 1142 NW 141st Avenue	11:34	D	/ 3.2	8.69		Absent	Absent	U	18C0210-08
030718-09	(SP ID 38) 14300 SW 8th Street	11:50	D	/ 3.2	8.66		Absent	Absent	U	18C0210-09
030718-10	(SP ID 40) 300 SW 147th Avenue	12:06	D	/ 3.3	8.68		Absent	Absent	U	18C0210-10
030718-11	(SP ID 43) 1234 SW 159th Lane	12:27	D	/ 3.0	8.69		Absent	Absent	U	18C0210-11
030718-12	(SP ID 42) 69 NW 161st Avenue	12:44	D	/ 3.2	8.66		Absent	Absent	U	18C0210-12
030718-13	(SP ID 39) 15714 NW 24th Street	12:58	D	/ 3.1	8.61		Absent	Absent	U	18C0210-13
030718-14	(SP ID 41) 16028 NW 21st Street	13:18	D	/ 2.2	8.58		Present	Absent		18C0210-14

Average of disinfectant residuals for distribution routine & repeat samples.5 Free chlorine or Total chlorine (circle one) / 3.1

**Disinfectant Residual Analysis Method:**  
 DPD Colorimetric  Other: \_\_\_\_\_  
**Person performing disinfectant analysis is (see instructions on reverse):**  
 A certified operator (# DWC 22627)  
 Supervised by certified operator (# \_\_\_\_\_)  
 Employed by a certified lab  Employed by DEP or DOH  
 Authorized representative of supplier of water

Unless otherwise noted, all tests are performed in accordance with NELAC standards, and the results relate only to the samples.

Date and time PWS notified by lab of positive results: 03/09/2018 at 09:51  
Date and time DEP/DOH notified by lab of positive results: \_\_\_\_\_  
Date Report Issued: 15-Mar-2018 11:48  
**Lab Signature:** Enrique Ochoa  
**Title:** (CSM) Customer Service Manager

Juquitta Drieth  
Jacobs/CH2M-City of Pembroke Pines WT  
7960 Johnson Street  
Pembroke Pines FL 33024

Satisfactory DEP/DOH USE ONLY  
 Incomplete Collection Information  
 Repeat Samples Required  
 Replacement Samples Required  
Date Reviewed by DEP/DOH: \_\_\_\_\_  
DEP/DOH Reviewing Official: \_\_\_\_\_

\* For Sample Types see Instructions item 1.16.  
\* For Analysis Methods see Instructions item 11.6.  
\* Please circle appropriate selection.  
\* Defined in Florida Administrative Code Rule 62-160, Table 1.  
\* Complete for community & non-transient non-community systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.

# DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORTING FORMAT

(82-550.730 Reporting Format Effective 01/1995, Revised 02/2010)

**Florida-Spectrum Environmental Services, Inc.**  
 1460 W. McNab Road, Fort Lauderdale, FL 33309 Tel# (954) 978-6400  
 Certification No. E86006

Lab Receipt Date & Time: 09-Mar-2018 16:40

Analysis Date & Time: 09-Mar-2018 17:15

**Sample Acceptance Criteria:**

Sample Preservation:  On Ice  Not On Ice  2.40 °C  
 Disinfectant Check:  Not Detected  \_\_\_\_\_ mg/L  
 This sample does not meet the following NELAC requirements:

Report Number: 18C0315 Sub-Contract Lab ID: E86006

**Analysis Requested:** (check all that apply)

Total Coliform/E. coli  Total Coliform/Fecal  Enterococci  Coliphage  HPC  Other: \_\_\_\_\_

**Public Water System (PWS) Name:** City of Pembroke Pines

**PWS I.D.**

4	0	6	1	0	8	3
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**PWS Address:** 7960 Johnson Street

**City:** Pembroke Pines **FL** 33024

**PWS or PWS Owner's Phone #:** (754) 260-4509

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

**Collector:** Oscar Castano

**Collector's Phone #:** 954-582-4300/423-381-9122

**Type of Supply:** (check only one)

Community Water System  Non-Transient Non-community Water System  Transient Non-community Water System  
 Limited Use System  Bottled Water  Private Well  Swimming Pool  Other: \_\_\_\_\_

**Reason for Sampling:** (check all that apply)

Distribution Routine  Distribution Repeat  Raw (triggered or assessment)  Raw (triggered or assessment) additional  Well Survey  
 Clearance  Replacement (also check type of sample being replaced)  Boil Water Notice  Other: \_\_\_\_\_

**Sample Collection Date:** 3/9/18

To be completed by collector of sample						To be completed by lab				
Sample #	Sample Point City of Pembroke Pines-Resample City of Pembroke Pines, FL	Sample Collection Time	Sample Type	Disinfectant Residual (mg/L)	pH	Analysis Method(s)2: Total Coliform/E.Coli (PA) by Colilert in Water (SM9223B)				
						Non-Coliform	Total Coliform	Fecal, E.Coli, Enterococci or Coliphage3	Data Qualifier4	Lab Sample #
030918-01	16018 NW 21st Street (Downstream)	12:03	C	/ 2.2	8.52		Absent	Absent	U	18C0315-01
030918-02	16028 NW 21st Street (SP ID 41)	11:46	C	/ 2.2	8.50		Absent	Absent	U	18C0315-02
030918-03	16036 NW 21st Street (Upstream)	12:07	C	/ 2.2	8.52		Absent	Absent	U	18C0315-03

**Average of disinfectant residuals, for distribution routine & repeat Samples.5** Free chlorine or Total chlorine (circle one)

/ 2.2

Unless otherwise noted, all tests are performed in accordance with NELAC standards, and the results relate only to the samples.

**Disinfectant Residual Analysis Method:**

DPD Colorimetric  Other: \_\_\_\_\_

**Person performing disinfectant analysis is (see instructions on reverse):**

A certified operator (# DWC 22627)  
 Supervised by certified operator (# \_\_\_\_\_)  
 Employed by a certified lab  Employed by DEP or DOH  
 Authorized representative of supplier of water

Date and time PWS notified by lab of positive results: \_\_\_\_\_

Date and time DEP/DOH notified by lab of positive results: \_\_\_\_\_

Date Report Issued: 16-Mar-2018 11:07

Lab Signature: Enrique Ochoa

Title: (CSM) Customer Service Manager

Juquitta Drieth

Jacobs/CH2M-City of Pembroke Pines WT  
 7960 Johnson Street

Pembroke Pines FL 33024

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

DEP/DOH USE ONLY

Date Reviewed by DEP/DOH: \_\_\_\_\_

DEP/DOH Reviewing Official: \_\_\_\_\_

<sup>1</sup> For Sample Types see Instructions item 1.10

<sup>2</sup> For Analysis Methods see Instructions item 1.10

<sup>3</sup> Please circle appropriate selection

<sup>4</sup> Defined in Florida Administrative Code Rule 62-160, Table 2

<sup>5</sup> Composite for community & non-transient non-community systems serving populations up to and including 4,500. Do not include raw or plant samples in the average

# DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORTING FORMAT

(62-550.730 Reporting Format Effective 01/1995, Revised 02/2010)

**Florida-Spectrum Environmental Services, Inc.**  
1460 W. McNab Road, Fort Lauderdale, FL 33309 Tel# (954) 978-6400  
Certification No. E86006

Lab Receipt Date & Time: <u>09-Mar-2018 16:40</u>
Analysis Date & Time: <u>09-Mar-2018 17:15</u>
<b>Sample Acceptance Criteria:</b>
Sample Preservation: <input checked="" type="checkbox"/> On Ice <input type="checkbox"/> Not On Ice <input checked="" type="checkbox"/> 2.40 °C
Disinfectant Check: <input checked="" type="checkbox"/> Not Detected <input type="checkbox"/> _____ mg/L
This sample does not meet the following NELAC requirements:

Report Number: 18C0316      Sub-Contract Lab ID: E86006

**Analysis Requested:** (check all that apply)

Total Coliform/*E. coli*    Total Coliform/Fecal    Enterococci    Coliphage    HPC    Other: \_\_\_\_\_

**Public Water System (PWS) Name:** City of Pembroke Pines      **PWS I.D.**

4	0	6	1	0	8	3
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**PWS Address:** 7960 Johnson Street      **City:** Pembroke Pines      **FL**      **33024**

**PWS or PWS Owner's Phone #:** (754) 260-4509      **Fax #:** (954) 986-5025

**Collector:** Oscar Castano      **Collector's Phone #:** (954) 582-4300/(423)-381-9121

**Type of Supply:** (check only one)

Community Water System    Non-Transient Non-community Water System    Transient Non-community Water System  
 Limited Use System    Bottled Water    Private Well    Swimming Pool    Other: \_\_\_\_\_

**Reason for Sampling:** (check all that apply)

Distribution Routine    Distribution Repeat    Raw (triggered or assessment)    Raw (triggered or assessment) additional    Well Survey  
 Clearance    Replacement (also check type of sample being replaced)    Boil Water Notice    Other: \_\_\_\_\_

**Sample Collection Date:** 3/9/18

To be completed by collector of sample						To be completed by lab				
Sample #	Sample Point City of Pembroke Pines Monthly Bacteria City of Pembroke Pines, FL	Sample Collection Time	Sample Type	Disinfectant Residual (mg/L)	pH	Analysis Method(s): Total Coliform/ <i>E. Coli</i> (PA) by Colilert in Water (SM9223B)				
						Non-Coliform	Total Coliform	Fecal <i>E. Coli</i> Enterococci or Coliphage <sup>3</sup>	Data Qualifier <sup>4</sup>	Lab Sample #
030918-04	Well #1	9:27	R	0.0 /	7.22		Absent	Absent	U	18C0316-01
030918-05	Well #4	9:11	R	0.0 /	7.22		Absent	Absent	U	18C0316-02
030918-06	Well #6	9:43	R	0.0 /	7.33		Absent	Absent	U	18C0316-03
030918-07	Well #9	9:45	R	0.0 /	7.43		Absent	Absent	U	18C0316-04
030918-08	Well #10	10:06	R	0.0 /	7.45		Absent	Absent	U	18C0316-05
030918-09	Well #11	9:59	R	0.0 /	7.35		Absent	Absent	U	18C0316-06

**Average of disinfectant residuals for distribution routine & repeat Samples.5**   Free chlorine   or   Total chlorine (circle one)      0.0 /

**Disinfectant Residual Analysis Method:**  
 DPD Colorimetric    Other: \_\_\_\_\_  
**Person performing disinfectant analysis is (see instructions on reverse):**  
 A certified operator (# DWC 22627)  
 Supervised by certified operator (# \_\_\_\_\_)  
 Employed by a certified lab    Employed by DEP or DOH  
 Authorized representative of supplier of water

Unless otherwise noted, all tests are performed in accordance with NELAC standards, and the results relate only to the samples.

Date and time PWS notified by lab of positive results: \_\_\_\_\_  
Date and time DEP/DOH notified by lab of positive results: \_\_\_\_\_  
Date Report Issued: 16-Mar-2018 12:42  
**Lab Signature:** Enrique Ochoa  
**Title:** (CSM) Customer Service Manager

Juquitta Drieth  
Jacobs/CH2M-City of Pembroke Pines WT  
7960 Johnson Street  
Pembroke Pines      FL      33024

<input type="checkbox"/> Satisfactory <input type="checkbox"/> Incomplete Collection Information <input type="checkbox"/> Repeat Samples Required <input type="checkbox"/> Replacement Samples Required	<b>DEP/DOH USE ONLY</b>  Date Reviewed by DEP/DOH: _____ DEP/DOH Reviewing Official: _____
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<sup>1</sup> For Sample Types see Instructions item I.6  
<sup>2</sup> For Analysis Methods see Instructions item II.6  
<sup>3</sup> Please circle appropriate selection.  
<sup>4</sup> Defined in Florida Administrative Code Rule 62-160, Table 1  
<sup>5</sup> Complete for community & non-transient non-community systems serving populations up to and including 4,999. Do not include raw or plant samples in the average.

# DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORTING FORMAT

(62-559.730 Reporting Format Effective 01/1995, Revised 02/2010)

**Florida-Spectrum Environmental Services, Inc.**  
1460 W. McNab Road, Fort Lauderdale, FL 33309 Tel# (954) 978-6400  
Certification No. E86006

Lab Receipt Date & Time: 13-Mar-2018 16:44

Analysis Date & Time: 13-Mar-2018 18:00

**Sample Acceptance Criteria:**

Sample Preservation:  On Ice  Not On Ice  0.80 °C  
Disinfectant Check:  Not Detected  \_\_\_\_\_ mg/L  
This sample does not meet the following NELAC requirements:

Report Number: 18C0419 Sub-Contract Lab ID: E86006

**Analysis Requested:** (check all that apply)

Total Coliform/E. coli  Total Coliform/Fecal  Enterococci  Coliphage  HPC  Other: \_\_\_\_\_

**Public Water System (PWS) Name:** City of Pembroke Pines **PWS I.D.**

4	0	6	1	0	8	3
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**PWS Address:** 7960 Johnson Street **City:** Pembroke Pines **FL** 33024

**PWS or PWS Owner's Phone #:** (754) 260-4509 **Fax #:** (954) 986-5025

**Collector:** Oscar Castano **Collector's Phone #:** (954) 582-4300/(423)-381-9122

**Type of Supply:** (check only one)

Community Water System  Non-Transient Non-community Water System  Transient Non-community Water System  
 Limited Use System  Bottled Water  Private Well  Swimming Pool  Other: \_\_\_\_\_

**Reason for Sampling:** (check all that apply)

Distribution Routine  Distribution Repeat  Raw (triggered or assessment)  Raw (triggered or assessment) additional  Well Survey  
 Clearance  Replacement (also check type of sample being replaced)  Boil Water Notice  Other: \_\_\_\_\_

**Sample Collection Date:** 3/13/18

To be completed by collector of sample						To be completed by lab				
Sample #	Sample Point City of Pembroke Pines Monthly Bacteria City of Pembroke Pines, FL	Sample Collection Time	Sample Type	Disinfectant Residual (mg/L)	pH	Analysis Method(s)2: Total Coliform/E.Coli (PA) by Colifiter in Water (SM9223B)				
						Non-Coliform	Total Coliform	Fecal (E.Coli) Enterococci or Coliphage3	Data Qualifier4	Lab Sample #
031318-01	(SP ID 44) 6749 Segovia Circle West	9:30	D	/ 2.3	8.52		Absent	Absent	U	18C0419-01
031318-02	(SP ID 45) 2300 NW 172nd Avenue	9:59	D	/ 2.2	8.48		Absent	Absent	U	18C0419-02
031318-03	(SP ID 46) 2098 NW 171st Terrace	10:39	D	/ 2.3	8.45		Absent	Absent	U	18C0419-03
031318-04	(SP ID 47) 17100 Pines Blvd.	10:53	D	/ 0.8	8.30		Absent	Absent	U	18C0419-04
031318-05	(SP ID 48) 17059 SW 16th Street	11:25	D	/ 2.6	8.68		Absent	Absent	U	18C0419-05
031318-06	(SP ID 27) 450 SW 182nd Way	11:52	D	/ 2.5	8.68		Absent	Absent	U	18C0419-06
031318-07	(SP ID 49) 17817 NW 15th Street	12:20	D	/ 2.3	8.50		Absent	Absent	U	18C0419-07

**Average of disinfectant residuals for distribution routine & repeat Samples.5** Free chlorine or total chlorine (circle one) / 2.1

**Disinfectant Residual Analysis Method:**  
 DPD Colorimetric  Other: \_\_\_\_\_  
**Person performing disinfectant analysis is (see instructions on reverse):**  
 A certified operator (# DWC 22627)  
 Supervised by certified operator (# \_\_\_\_\_)  
 Employed by a certified lab  Employed by DEP or DOH  
 Authorized representative of supplier of water

Unless otherwise noted, all tests are performed in accordance with NELAC standards, and the results relate only to the samples.

Date and time PWS notified by lab of positive results: \_\_\_\_\_  
Date and time DEP/DOH notified by lab of positive results: \_\_\_\_\_  
Date Report Issued: 20-Mar-2018 12:50  
**Lab Signature:** Enrique Ochoa  
**Title:** (CSM) Customer Service Manager

Juquitta Drieth  
Jacobs/CH2M-City of Pembroke Pines WT  
7960 Johnson Street  
Pembroke Pines FL 33024

Satisfactory DEP/DOH USE ONLY  
 Incomplete Collection Information  
 Repeat Samples Required  
 Replacement Samples Required  
Date Reviewed by DEP/DOH: \_\_\_\_\_  
DEP/DOH Reviewing Official: \_\_\_\_\_

For Sample Types see Instructions item 1 to  
For Analysis Methods see Instructions item 11 to  
Please circle appropriate selection.  
Defined in Florida Administrative Code Rule 62-160, Table 1  
Complete for community & non-transient non-community systems serving populations up to and including 4,999. Do not include raw or plant samples in the average.

**DRINKING WATER MICROBIAL SAMPLE COLLECTION  
& LABORATORY REPORTING FORMAT**

(62-350.730 Reporting Format Effective 01/1995, Revised 02/2010)

**Florida-Spectrum Environmental Services, Inc.**  
1460 W. McNab Road, Fort Lauderdale, FL 33309 Tel# (954) 978-6400  
Certification No. E86006

Lab Receipt Date & Time: 14-Mar-2018 16:55
Analysis Date & Time: 14-Mar-2018 17:45
<b>Sample Acceptance Criteria:</b> Sample Preservation: <input checked="" type="checkbox"/> On Ice <input type="checkbox"/> Not On Ice <input checked="" type="checkbox"/> 0.40 °C Disinfectant Check: <input checked="" type="checkbox"/> Not Detected <input type="checkbox"/> _____ mg/L This sample does not meet the following NELAC requirements:

Report Number: 18C0466 Sub-Contract Lab ID: E86006

**Analysis Requested:** (check all that apply)

Total Coliform/E. coli  Total Coliform/Fecal  Enterococci  Coliphage  HPC  Other: \_\_\_\_\_

**Public Water System (PWS) Name:** City of Pembroke Pines **PWS I.D.**

4	0	6	1	0	8	3
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**PWS Address:** 7960 Johnson Street **City:** Pembroke Pines **FL** 33024

**PWS or PWS Owner's Phone #:** (754) 260-4509 **Fax #:** (954) 986-5025

**Collector:** Oscar Castano **Collector's Phone #:** (954) 582-4300/(423)-361-9121

**Type of Supply:** (check only one)

Community Water System  Non-Transient Non-community Water System  Transient Non-community Water System  
 Limited Use System  Bottled Water  Private Well  Swimming Pool  Other: \_\_\_\_\_

**Reason for Sampling:** (check all that apply)

Distribution Routine  Distribution Repeat  Raw (triggered or assessment)  Raw (triggered or assessment) additional  Well Survey  
 Clearance  Replacement (also check type of sample being replaced)  Boil Water Notice  Other: \_\_\_\_\_

**Sample Collection Date:** 3/14/18

To be completed by collector of sample						To be completed by lab				
Sample #	Sample Point City of Pembroke Pines Monthly Bacteria City of Pembroke Pines, FL	Sample Collection Time	Sample Type	Disinfectant Residual (mg/L)	pH	Analysis Method(s)2: Total Coliform/E.Coli (PA) by Colliert in Water (SM9223B)				
						Non-Coliform	Total Coliform	Fecal (E.Coli, Enterococci) or Coliphage3	Data Qualifier4	Lab Sample #
031418-01	(SP ID 21) 1751 N. Hialus Road	8:52	D	/ 2.7	8.60		Absent	Absent	U	18C0466-01
031418-02	(SP ID 23) 10755 NW 10th Street	9:24	D	/ 3.4	8.80		Absent	Absent	U	18C0466-02
031418-03	(SP ID 24) 200 S. Hialus Road	9:44	D	/ 3.1	8.68		Absent	Absent	U	18C0466-03
031418-04	(SP ID 25) 11131 SW 13th Street	10:08	D	/ 2.3	8.43		Absent	Absent	U	18C0466-04
031418-05	(SP ID 30) 12399 Pembroke Road	10:35	D	/ 2.6	8.47		Absent	Absent	U	18C0466-05
031418-06	(SP ID 29) 241 SW 122nd Terrace	11:05	D	/ 3.0	8.65		Absent	Absent	U	18C0466-06
031418-07	(SP ID 28) 1050 NW 123rd Avenue	11:25	D	/ 2.4	8.47		Absent	Absent	U	18C0466-07

**Average of disinfectant residuals for distribution routine & repeat Samples.5** Free chlorine or Total chlorine (circle one) / 2.5

**Disinfectant Residual Analysis Method:**  
 DPD Colorimetric  Other: \_\_\_\_\_  
**Person performing disinfectant analysis is (see instructions on reverse):**  
 A certified operator (# DWC 22627)  
 Supervised by certified operator (# \_\_\_\_\_)  
 Employed by a certified lab  Employed by DEP or DOH  
 Authorized representative of supplier of water

Unless otherwise noted, all tests are performed in accordance with NELAC standards, and the results relate only to the samples.

Date and time PWS notified by lab of positive results: \_\_\_\_\_  
Date and time DEP/DOH notified by lab of positive results: \_\_\_\_\_  
Date Report Issued: 21-Mar-2018 13:37  
**Lab Signature:** Enrique Ochoa  
**Title:** (CSM) Customer Service Manager

Juquitta Drieth  
Jacobs/CH2M-City of Pembroke Pines WT  
7960 Johnson Street  
Pembroke Pines FL 33024

Satisfactory DEP/DOH USE ONLY  
 Incomplete Collection Information  
 Repeat Samples Required  
 Replacement Samples Required  
Date Reviewed by DEP/DOH: \_\_\_\_\_  
DEP/DOH Reviewing Official: \_\_\_\_\_

1 For Sample Types see Instructions item 4.16.  
2 For Analysis Methods see Instructions item 11.6.  
3 Please circle appropriate selection.  
4 Defined in Florida Administrative Code, Rule 62-160, Table 1.  
5 Complete for community & non-transient non-community systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.

# DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORTING FORMAT

(62-550.730 Reporting Format Effective 01/1995, Revised 02/2010)

**Florida-Spectrum Environmental Services, Inc.**  
1460 W. McNab Road, Fort Lauderdale, FL 33309 Tel# (954) 978-6400  
Certification No. E86006

Lab Receipt Date & Time: <u>14-Mar-2018 16:55</u>
Analysis Date & Time: <u>14-Mar-2018 17:45</u>
<b>Sample Acceptance Criteria:</b>
Sample Preservation: <input checked="" type="checkbox"/> On Ice <input type="checkbox"/> Not On Ice <input checked="" type="checkbox"/> 0.40 °C
Disinfectant Check: <input checked="" type="checkbox"/> Not Detected <input type="checkbox"/> _____ mg/L
This sample does not meet the following NELAC requirements:

Report Number: 18C0466      Sub-Contract Lab ID: E86006

**Analysis Requested:** (check all that apply)

Total Coliform/E. coli    Total Coliform/Fecal    Enterococci    Coliphage    HPC    Other: \_\_\_\_\_

**Public Water System (PWS) Name:** City of Pembroke Pines      **PWS I.D.**

4	0	6	1	0	8	3
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**PWS Address:** 7960 Johnson Street      **City:** Pembroke Pines      **FL**      **33024**

**PWS or PWS Owner's Phone #:** (754) 260-4509      **Fax #:** (954) 986-5025

**Collector:** Oscar Castano      **Collector's Phone #:** (954) 582-4300/(423)-361-9121

**Type of Supply:** (check only one)

Community Water System    Non-Transient Non-community Water System    Transient Non-community Water System  
 Limited Use System    Bottled Water    Private Well    Swimming Pool    Other: \_\_\_\_\_

**Reason for Sampling:** (check all that apply)

Distribution Routine    Distribution Repeat    Raw (triggered or assessment)    Raw (triggered or assessment) additional    Well Survey  
 Clearance    Replacement (also check type of sample being replaced)    Boil Water Notice    Other: \_\_\_\_\_

**Sample Collection Date:** 3/14/18

To be completed by collector of sample						To be completed by lab				
Sample #	Sample Point City of Pembroke Pines Monthly Bacteria City of Pembroke Pines, FL	Sample Collection Time	Sample Type	Disinfectant Residual (mg/L)	pH	Analysis Method(s)2: Total Coliform/E. Coli (PA) by Collitert in Water (SM9223B)				
						Non-Coliform	Total Coliform	Fecal E. Coli, Enterococci or Coliphage3	Data Qualifier4	Lab Sample #
031418-08	(SP ID 26) 2110 NW 120th Terrace	12:14	D	/ 0.9	8.39		Absent	Absent	U	18C0466-08
031418-09	(SP ID 34) 1801 SW 128th Terrace	12:44	D	/ 2.4	8.47		Absent	Absent	U	18C0466-09
031418-10	(SP ID 33) 750 SW 136th Avenue	13:40	D	/ 2.9	8.55		Absent	Absent	U	18C0466-10
031417-11	(SP ID 67) 788 NW 135th Terrace	13:57	D	/ 2.6	8.50		Absent	Absent	U	18C0466-11
031418-12	(SP ID 31) 13702 NW 20th Street	14:19	D	/ 2.4	8.50		Absent	Absent	U	18C0466-12
031418-13	(SP ID 32) 13771 NW 16th Street	14:31	D	/ 2.5	8.51		Absent	Absent	U	18C0466-13
031418-14	(SP ID 36) 2250 NW 145th Avenue	14:49	D	/ 2.4	8.50		Absent	Absent	U	18C0466-14

**Average of disinfectant residuals for distribution routine & repeat Samples.5** Free chlorine or Total chlorine (circle one)      / 2.5

**Disinfectant Residual Analysis Method:**  
 DPD Colorimetric    Other: \_\_\_\_\_  
**Person performing disinfectant analysis is (see instructions on reverse):**  
 A certified operator (# DWC 22627)  
 Supervised by certified operator (# \_\_\_\_\_)  
 Employed by a certified lab    Employed by DEP or DOH  
 Authorized representative of supplier of water

Unless otherwise noted, all tests are performed in accordance with NELAC standards, and the results relate only to the samples.

Date and time PWS notified by lab of positive results: \_\_\_\_\_  
Date and time DEP/DOH notified by lab of positive results: \_\_\_\_\_  
Date Report Issued: 21-Mar-2018 13:37  
**Lab Signature:** Enrique Ochoa  
**Title:** (CSM) Customer Service Manager

Juquitta Drieth  
Jacobs/CH2M-City of Pembroke Pines WT  
7960 Johnson Street  
Pembroke Pines      FL      33024

Satisfactory      **DEP/DOH USE ONLY**  
 Incomplete Collection Information  
 Repeat Samples Required  
 Replacement Samples Required  
Date Reviewed by DEP/DOH: \_\_\_\_\_  
DEP/DOH Reviewing Official: \_\_\_\_\_

<sup>1</sup> For Sample Types see Instructions Item I.16.  
<sup>2</sup> For Analysis Methods see Instructions Item II.6.  
<sup>3</sup> Please circle appropriate selection.  
<sup>4</sup> Defined in Florida Administrative Code Rule 62-160, Table 1.  
<sup>5</sup> Complete for community & non-transient non-community systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.

# DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORTING FORMAT

(62-550.730 Reporting Format Effective 01/1995, Revised 02/2010)

**Florida-Spectrum Environmental Services, Inc.**  
1460 W. McNab Road, Fort Lauderdale, FL 33309 Tel# (954) 978-6400  
Certification No. E86006

Lab Receipt Date & Time: <u>15-Mar-2018 16:20</u>
Analysis Date & Time: <u>15-Mar-2018 17:20</u>
<b>Sample Acceptance Criteria:</b>
Sample Preservation: <input checked="" type="checkbox"/> On Ice <input type="checkbox"/> Not On Ice <input checked="" type="checkbox"/> <u>3.80</u> °C
Disinfectant Check: <input checked="" type="checkbox"/> Not Detected <input type="checkbox"/> _____ mg/L
This sample does not meet the following NELAC requirements:

Report Number: 18C0505      Sub-Contract Lab ID: E86006

**Analysis Requested:** (check all that apply)

Total Coliform/E. coli    Total Coliform/Fecal    Enterococci    Coliphage    HPC    Other: \_\_\_\_\_

**Public Water System (PWS) Name:** City of Pembroke Pines

**PWS I.D.**

4	0	6	1	0	8	3
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**PWS Address:** 7960 Johnson Street

City: Pembroke Pines      FL      33024

**PWS or PWS Owner's Phone #:** (754) 260-4509

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

**Collector:** Oscar Castano

**Collector's Phone #:** (954) 582-4300/(423)-381-912

**Type of Supply:** (check only one)

Community Water System    Non-Transient Non-community Water System    Transient Non-community Water System  
 Limited Use System    Bottled Water    Private Well    Swimming Pool    Other: \_\_\_\_\_

**Reason for Sampling:** (check all that apply)

Distribution Routine    Distribution Repeat    Raw (triggered or assessment)    Raw (triggered or assessment) additional    Well Survey  
 Clearance    Replacement (also check type of sample being replaced)    Boil Water Notice    Other: \_\_\_\_\_

**Sample Collection Date:** 3/15/18

To be completed by collector of sample						To be completed by lab				
Sample #	Sample Point City of Pembroke Pines Monthly Bacteria City of Pembroke Pines, FL	Sample Collection Time	Sample Type	Disinfectant Residual (mg/L)	pH	Analysis Method(s)2: Total Coliform/E.Coli (PA) by Colilert in Water (SM9223B)				
						Non-Coliform	Total Coliform	Fecal, E.Coli, Enterococci or Coliphage3	Data Qualifier4	Lab Sample #
051518-01	(SP ID 37) 1142 NW 141st Avenue	10:15	D	/ 2.6	8.61		Absent	Absent	U	18C0505-01
031518-02	(SP ID 38) 14300 SW 8th Street	10:52	D	/ 2.7	8.67		Absent	Absent	U	18C0605-02
031518-03	(SP ID 40) 300 SW 147th Avenue	11:13	D	/ 2.7	8.64		Absent	Absent	U	18C0505-03
031518-04	(SP ID 43) 1234 SW 159th Lane	11:36	D	/ 2.0	8.53		Absent	Absent	U	18C0505-04
031518-05	(SP ID 42) 69 NW 161st Avenue	11:58	D	/ 2.7	8.71		Absent	Absent	U	18C0505-05
031518-06	(SP ID 70) 16131 NW 12th Street	12:24	D	/ 1.6	8.40		Absent	Absent	U	18C0505-06
031518-07	(SP ID 39) 15714 NW 24th Street	12:49	D	/ 2.3	8.53		Absent	Absent	U	18C0505-07

**Average of disinfectant residuals for distribution routine & repeat Samples.5** Free chlorine or (Total chlorine) (circle one)

2.4 /

**Disinfectant Residual Analysis Method:**

DPD Colorimetric    Other: \_\_\_\_\_

**Person performing disinfectant analysis is (see instructions on reverse):**

A certified operator (# DWC 22627)  
 Supervised by certified operator (# \_\_\_\_\_)  
 Employed by a certified lab    Employed by DEP or DOH  
 Authorized representative of supplier of water

Unless otherwise noted, all tests are performed in accordance with NELAC standards, and the results relate only to the samples.

Date and time PWS notified by lab of positive results: \_\_\_\_\_

Date and time DEP/DOH notified by lab of positive results: \_\_\_\_\_

Date Report Issued: 26-Mar-2018 11:48

**Lab Signature:** Oscar Castano

**Title:** (CSM) Customer Service Manager

Juquitta Drieth  
Jacobs/CH2M-City of Pembroke Pines WT  
7960 Johnson Street  
Pembroke Pines      FL      33024

Satisfactory      **DEP/DOH USE ONLY**  
 Incomplete Collection Information  
 Repeat Samples Required  
 Replacement Samples Required  
Date Reviewed by DEP/DOH: \_\_\_\_\_  
DEP/DOH Reviewing Official: \_\_\_\_\_

<sup>1</sup> For Sample Types see Instructions item 1.16

<sup>2</sup> For Analysis Methods see Instructions item 11.6

<sup>3</sup> Please circle appropriate selection

<sup>4</sup> Defined in Florida Administrative Code, Rule 62-160, Table 1

<sup>5</sup> Composite for community & non-transient non-community systems serving populations up to and including 4,900. Do not include raw or plant samples in the average

# DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORTING FORMAT

(62-550,730 Reporting Format Effective 01/18/05, Revised 02/2010)

**Florida-Spectrum Environmental Services, Inc.**  
 1460 W. McNab Road, Fort Lauderdale, FL 33309 Tel# (954) 978-6400  
 Certification No. E86006

Lab Receipt Date & Time: 17-Mar-2018 11:33

Analysis Date & Time: 17-Mar-2018 13:30

**Sample Acceptance Criteria:**

Sample Preservation:  On Ice  Not On Ice  1.00 °C  
 Disinfectant Check:  Not Detected  \_\_\_\_\_ mg/L  
 This sample does not meet the following NELAC requirements:

Report Number: 18C0587 Sub-Contract Lab ID: E86006

**Analysis Requested:** (check all that apply)

Total Coliform/*E. coli*  Total Coliform/Fecal  Enterococci  Coliphage  HPC  Other: \_\_\_\_\_

**Public Water System (PWS) Name:** City of Pembroke Pines **PWS I.D.**

4	0	6	1	0	8	3
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**PWS Address:** 7960 Johnson Street **City:** Pembroke Pines **FL** 33024

**PWS or PWS Owner's Phone #:** (754) 260-4509 **Fax #:** (954) 986-5025

**Collector:** Oscar Castano **Collector's Phone #:** (954) 582-4300/(423)-381-9121

**Type of Supply:** (check only one)

Community Water System  Non-Transient Non-community Water System  Transient Non-community Water System  
 Limited Use System  Bottled Water  Private Well  Swimming Pool  Other: \_\_\_\_\_

**Reason for Sampling:** (check all that apply)

Distribution Routine  Distribution Repeat  Raw (triggered or assessment)  Raw (triggered or assessment) additional  Well Survey  
 Clearance  Replacement (also check type of sample being replaced)  Boil Water Notice  Other: \_\_\_\_\_

**Sample Collection Date:** 3/16/18

To be completed by collector of sample						To be completed by lab				
Sample #	Sample Point City of Pembroke Pines Monthly Bacteria City of Pembroke Pines, FL	Sample Collection Time	Sample Type	Disinfectant Residual (mg/L)	pH	Analysis Method(s): Total Coliform/ <i>E. Coli</i> (PA) by Colilert in Water (SM9223B)				
						Non-Coliform	Total Coliform	Fecal, <i>E. Coli</i> , Enterococci or Coliphage3	Data Qualifier4	Lab Sample #
031618-01	(SP ID 51) 2473 NW 184th Terrace	12:11	D	/ 1.9	8.44		Absent	Absent	U	18C0587-01
031618-02	(SP ID 52) 18411 Pines Blvd.	13:04	D	/ 1.8	8.49		Absent	Absent	U	18C0587-02
031618-03	(SP ID 58) 19370 SW 16th Street	13:18	D	/ 0.8	8.24		Absent	Absent	U	18C0587-03
031618-04	(SP ID 53) 18539 SW 12th Street	13:41	D	/ 1.4	8.40		Absent	Absent	U	18C0587-04
031618-05	(SP ID 57) 420 NW 197th Avenue	14:10	D	/ 2.2	8.60		Absent	Absent	U	18C0587-05
031618-06	(SP ID 56) 1263 NW 195th Avenue	14:26	D	/ 2.1	8.63		Absent	Absent	U	18C0587-06
031618-07	(SP ID 55) 19478 NW 24th Place	14:54	D	/ 1.9	8.59		Absent	Absent	U	18C0587-07

**Average of disinfectant residuals for distribution routine & repeat Samples.5** Free chlorine or: Total chlorine: (circle one) / 1.8

**Disinfectant Residual Analysis Method:**  
 DPD Colorimetric  Other: \_\_\_\_\_  
**Person performing disinfectant analysis is (see instructions on reverse):**  
 A certified operator (# DWC 22627)  
 Supervised by certified operator (# \_\_\_\_\_)  
 Employed by a certified lab  Employed by DEP or DOH  
 Authorized representative of supplier of water

Unless otherwise noted, all tests are performed in accordance with NELAC standards, and the results relate only to the samples.

Date and time PWS notified by lab of positive results: \_\_\_\_\_  
 Date and time DEP/DOH notified by lab of positive results: \_\_\_\_\_  
 Date Report Issued: 02-Apr-2018 16:16  
**Lab Signature:** Enrique Ochoa  
**Title:** (CSM) Customer Service Manager

Juquitta Drieth  
 Jacobs/CH2M-City of Pembroke Pines WT  
 7960 Johnson Street  
 Pembroke Pines FL 33024

Satisfactory DEP/DOH USE ONLY  
 Incomplete Collection Information  
 Repeat Samples Required  
 Replacement Samples Required  
 Date Reviewed by DEP/DOH: \_\_\_\_\_  
 DEP/DOH Reviewing Official: \_\_\_\_\_

1 For Sample Types see Instructions item 1.10  
 2 For Analysis Methods see Instructions item 1.10  
 3 Please circle appropriate selection  
 4 Defined in Florida Administrative Code Rule 62-160, Table 1  
 5 Complete for community & non-transient non-community systems serving populations up to and including 4,999. Do not include raw or plant samples in the average.

# DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORTING FORMAT

(62-550.730 Reporting Form Effective 01/1995, Revised 02/2010)

**Florida-Spectrum Environmental Services, Inc.**  
 1460 W. McNab Road, Fort Lauderdale, FL 33309 Tel# (954) 978-6400  
 Certification No. E86006

Lab Receipt Date & Time: 17-Mar-2018 11:33

Analysis Date & Time: 17-Mar-2018 13:30

**Sample Acceptance Criteria:**

Sample Preservation:  On Ice  Not On Ice  1.00 °C  
 Disinfectant Check:  Not Detected  \_\_\_\_\_ mg/L  
 This sample does not meet the following NELAC requirements:

Report Number: 18C0587 Sub-Contract Lab ID: E86006

**Analysis Requested:** (check all that apply)

Total Coliform/E. coli  Total Coliform/Fecal  Enterococci  Coliphage  HPC  Other: \_\_\_\_\_

**Public Water System (PWS) Name:** City of Pembroke Pines **PWS I.D.**

4	0	6	1	0	8	3
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**PWS Address:** 7960 Johnson Street **City:** Pembroke Pines **FL** 33024

**PWS or PWS Owner's Phone #:** (754) 260-4509 **Fax #:** (954) 986-5025

**Collector:** Oscar Castano **Collector's Phone #:** (954) 582-4300/(423)-381-912;

**Type of Supply:** (check only one)

Community Water System  Non-Transient Non-community Water System  Transient Non-community Water System  
 Limited Use System  Bottled Water  Private Well  Swimming Pool  Other: \_\_\_\_\_

**Reason for Sampling:** (check all that apply)

Distribution Routine  Distribution Repeat  Raw (triggered or assessment)  Raw (triggered or assessment) additional  Well Survey  
 Clearance  Replacement (also check type of sample being replaced)  Boil Water Notice  Other: \_\_\_\_\_

**Sample Collection Date:** 3/16/18

To be completed by collector of sample						To be completed by lab				
Sample #	Sample Point City of Pembroke Pines Monthly Bacteria City of Pembroke Pines, FL	Sample Collection Time	Sample Type	Disinfectant Residual (mg/L)	pH	Analysis Method(s)2: Total Coliform/E. Coli (PA) by Collilert in Water (SM9223B)				
						Non-Coliform	Total Coliform	Fecal, E. Coli, Enterococci or Coliphage3	Data Qualifier4	Lab Sample #
031618-08	(SP ID 54) 6351 SW 195th Avenue	15:36	D	/ 1.7	8.51		Absent	Absent	U	18C0587-08
031618-09	(SP ID 59) 5000 SW 207th Terrace	15:59	D	/ 1.0	8.39		Absent	Absent	U	18C0587-09
031618-10	(SP ID 63) 21250 Sheridan Street	16:24	D	/ 1.4	8.56		Absent	Absent	U	18C0587-10
031618-11	(SP ID 64) 21800 NW 8th Place	16:44	D	/ 2.2	8.64		Absent	Absent	U	18C0587-11
031618-12	(SP ID 65) 21651 NW 7th Street	17:05	D	/ 2.2	8.66		Absent	Absent	U	18C0587-12
031618-13	(SP ID 62) 20701 Pembroke Road	17:27	D	/ 1.9	8.58		Absent	Absent	U	18C0587-13
031618-14	(SP ID 61) 20501 SW 1st Street	17:45	D	/ 2.1	8.59		Absent	Absent	U	18C0587-14

**Average of disinfectant residuals for distribution routine & repeat Samples.5** Free chlorine or Total chlorine (circle one) / 1.8

**Disinfectant Residual Analysis Method:**  
 DPD Colorimetric  Other: \_\_\_\_\_  
**Person performing disinfectant analysis is (see instructions on reverse):**  
 A certified operator (# DWC 22627)  
 Supervised by certified operator (# \_\_\_\_\_)  
 Employed by a certified lab  Employed by DEP or DOH  
 Authorized representative of supplier of water

Unless otherwise noted, all tests are performed in accordance with NELAC standards, and the results relate only to the samples.

Date and time PWS notified by lab of positive results: \_\_\_\_\_  
 Date and time DEP/DOH notified by lab of positive results: \_\_\_\_\_  
 Date Report Issued: 02-Apr-2018 16:16  
**Lab Signature:** Enrique Ochoa  
**Title:** (CSM) Customer Service Manager

Juquitta Drieth  
 Jacobs/CH2M-City of Pembroke Pines WT  
 7960 Johnson Street  
 Pembroke Pines FL 33024

Satisfactory DEP/DOH USE ONLY  
 Incomplete Collection Information  
 Repeat Samples Required  
 Replacement Samples Required  
 Date Reviewed by DEP/DOH: \_\_\_\_\_  
 DEP/DOH Reviewing Official: \_\_\_\_\_

1 For Sample Types see Instructions item 1.16  
 2 For Analysis Methods see Instructions item 11.6  
 3 Please circle appropriate selection  
 4 Defined in Florida Administrative Code Rule 62-100, Table 1  
 5 Complete for community & non-transient non-community systems serving populations up to and including 4,000. Do not include raw or plant samples in the average

# DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORTING FORMAT

(62-550.730 Reporting Format Effective 01/19/95, Revised 02/2010)

**Florida-Spectrum Environmental Services, Inc.**  
 1460 W. McNab Road, Fort Lauderdale, FL 33309 Tel# (954) 978-6400  
 Certification No. E86006

Lab Receipt Date & Time: 19-Mar-2018 15:55

Analysis Date & Time: 19-Mar-2018 17:15

**Sample Acceptance Criteria:**

Sample Preservation:  On Ice  Not On Ice  3.80 °C  
 Disinfectant Check:  Not Detected  \_\_\_\_\_ mg/L  
 This sample does not meet the following NELAC requirements:

Report Number: 18C0612 Sub-Contract Lab ID: E86006

**Analysis Requested:** (check all that apply)

Total Coliform/E. coli  Total Coliform/Fecal  Enterococci  Coliphage  HPC  Other: \_\_\_\_\_

**Public Water System (PWS) Name:** City of Pembroke Pines

**PWS I.D.**

4	0	6	1	0	8	3
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PWS Address: 7960 Johnson Street

City: Pembroke Pines FL 33024

PWS or PWS Owner's Phone #: (754) 260-4509

Fax #: (954) 985-5025

**Collector:** Oscar Castano

Collector's Phone #: (954) 582-4300/(423)-381-912

**Type of Supply:** (check only one)

Community Water System  Non-Transient Non-community Water System  Transient Non-community Water System  
 Limited Use System  Bottled Water  Private Well  Swimming Pool  Other: \_\_\_\_\_

**Reason for Sampling:** (check all that apply)

Distribution Routine  Distribution Repeat  Raw (triggered or assessment)  Raw (triggered or assessment) additional  Well Survey  
 Clearance  Replacement (also check type of sample being replaced)  Boil Water Notice  Other: \_\_\_\_\_

**Sample Collection Date:** 3/19/18

To be completed by collector of sample						To be completed by lab				
Sample #	Sample Point City of Pembroke Pines Monthly Bacteria City of Pembroke Pines, FL	Sample Collection Time	Sample Type	Disinfectant Residual (mg/L)	pH	Analysis Method(s)2: Total Coliform/E.Coli (PA) by Colilert in Water (SM9223B)				
						Non-Coliform	Total Coliform	Fecal: E. Coli, Enterococci or Coliphage3	Data Qualifier4	Lab Sample #
031918-01	(SP ID 1) 2040 NW 74th Avenue	10:06	D	/ 3.2	8.67		Absent	Absent	U	18C0612-01
031918-02	(SP ID 2) 7610 Taft Street	10:27	D	/ 3.4	8.74		Absent	Absent	U	18C0612-02
031918-03	(SP ID 3) 7741 Johnson Street	10:47	D	/ 3.7	8.92		Absent	Absent	U	18C0612-03
031918-04	(SP ID 4) 120 NW 73rd Avenue	11:06	D	/ 3.3	8.68		Absent	Absent	U	18C0612-04
031918-05	(SP ID 5) 7021 SW 9th Street	11:26	D	/ 2.9	8.55		Absent	Absent	U	18C0612-05
031918-06	(SP ID 11) 1530 SW 85th Avenue	12:00	D	/ 2.9	8.57		Absent	Absent	U	18C0612-06
031918-07	(SP ID 10) 199 N. University Drive	12:21	D	/ 2.7	8.52		Absent	Absent	U	18C0612-07

**Average of disinfectant residuals for distribution routine & repeat Samples.5** Free chlorine or, Total chlorine (circle one)

/ 3.2

**Disinfectant Residual Analysis Method:**

DPD Colorimetric  Other: \_\_\_\_\_

**Person performing disinfectant analysis is (see instructions on reverse):**

A certified operator (# DWC 22627)  
 Supervised by certified operator (# \_\_\_\_\_)  
 Employed by a certified lab  Employed by DEP or DOH  
 Authorized representative of supplier of water

Unless otherwise noted, all tests are performed in accordance with NELAC standards, and the results relate only to the samples.

Date and time PWS notified by lab of positive results: \_\_\_\_\_

Date and time DEP/DOH notified by lab of positive results: \_\_\_\_\_

Date Report Issued: 02-Apr-2018 16:36

Lab Signature: Enrique Ochoa

Title: (CSM) Customer Service Manager

Juquitta Drieth

Jacobs/CH2M-City of Pembroke Pines WT  
 7960 Johnson Street

Pembroke Pines FL 33024

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

DEP/DOH USE ONLY

Date Reviewed by DEP/DOH: \_\_\_\_\_

DEP/DOH Reviewing Official: \_\_\_\_\_

<sup>1</sup> For Sample Types see Instructions item 1.10  
<sup>2</sup> For Analysis Methods see Instructions item 11.6

<sup>3</sup> Please circle appropriate selection

<sup>4</sup> Defined in Florida Administrative Code Rule 62-160, Table 1

<sup>5</sup> Complete for community & non-transient non-community systems serving populations up to and including 4,900. Do not include raw or plant samples in the average

# DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORTING FORMAT

(62-550.730 Reporting Format Effective 01/1995, Revised 02/2010)

**Florida-Spectrum Environmental Services, Inc.**  
 1460 W. McNab Road, Fort Lauderdale, FL 33309 Tel# (954) 978-6400  
 Certification No. E86006

Lab Receipt Date & Time: 19-Mar-2018 15:55

Analysis Date & Time: 19-Mar-2018 17:15

**Sample Acceptance Criteria:**

Sample Preservation:  On Ice  Not On Ice  3.80 °C  
 Disinfectant Check:  Not Detected  \_\_\_\_\_ mg/L  
 This sample does not meet the following NELAC requirements:

Report Number: 18C0612 Sub-Contract Lab ID: E86006

**Analysis Requested:** (check all that apply)

Total Coliform/*E. coli*  Total Coliform/Fecal  Enterococci  Coliphage  HPC  Other: \_\_\_\_\_

**Public Water System (PWS) Name:** City of Pembroke Pines **PWS I.D.**

4	0	6	1	0	8	3
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**PWS Address:** 7960 Johnson Street **City:** Pembroke Pines **FL** 33024

**PWS or PWS Owner's Phone #:** (754) 260-4509 **Fax #:** (954) 986-5025

**Collector:** Oscar Castano **Collector's Phone #:** (954) 582-4300/(423)-381-9121

**Type of Supply:** (check only one)

Community Water System  Non-Transient Non-community Water System  Transient Non-community Water System  
 Limited Use System  Bottled Water  Private Well  Swimming Pool  Other: \_\_\_\_\_

**Reason for Sampling:** (check all that apply)

Distribution Routine  Distribution Repeat  Raw (triggered or assessment)  Raw (triggered or assessment) additional  Well Survey  
 Clearance  Replacement (also check type of sample being replaced)  Boil Water Notice  Other: \_\_\_\_\_

**Sample Collection Date:** 3/19/18

To be completed by collector of sample						To be completed by lab				
Sample #	Sample Point	Sample Collection Time	Sample Type	Disinfectant Residual (mg/L)	pH	Analysis Method(s)2: Total Coliform/E.Coli (PA) by Colitert in Water (SM9223B)				
						Non-Coliform	Total Coliform	Fecal, E.Coli, Enterococci or Coliphage3	Data Qualifier4	Lab Sample #
031918-08	(SP ID 9) 8131 Johnson Street City of Pembroke Pines, FL	12:59	D	/ 3.6	8.73		Absent	Absent	U	18C0612-08
031918-09	(SP ID 8) 8130 Taft Street	13:30	D	/ 3.5	8.75		Absent	Absent	U	18C0612-09
031918-10	(SP ID 7) 2402 N. University Drive	13:57	D	/ 3.1	8.70		Absent	Absent	U	18C0612-10
				/ 3.2						
Average of disinfectant residuals for distribution routine & repeat Samples.5 Free chlorine or: Total chlorine (circle one)				Unless otherwise noted, all tests are performed in accordance with NELAC standards, and the results relate only to the samples.						
<b>Disinfectant Residual Analysis Method:</b> <input checked="" type="checkbox"/> DPD Colorimetric <input type="checkbox"/> Other: _____ <b>Person performing disinfectant analysis is (see instructions on reverse):</b> <input checked="" type="checkbox"/> A certified operator (# <u>DWC 22627</u> ) <input type="checkbox"/> Supervised by certified operator (# _____) <input type="checkbox"/> Employed by a certified lab <input type="checkbox"/> Employed by DEP or DOH <input type="checkbox"/> Authorized representative of supplier of water						Date and time PWS notified by lab of positive results: _____ Date and time DEP/DOH notified by lab of positive results: _____ Date Report Issued: <u>02-Apr-2018 16:36</u> <b>Lab Signature:</b> <u>Enrique Ochoa</u> <b>Title:</b> (CSM) Customer Service Manager				

Juquitta Drieth  
 Jacobs/CH2M-City of Pembroke Pines WT  
 7960 Johnson Street  
 Pembroke Pines FL 33024

**DEP/DOH USE ONLY**

Satisfactory  
 Incomplete Collection Information  
 Repeat Samples Required  
 Replacement Samples Required

Date Reviewed by DEP/DOH: \_\_\_\_\_  
 DEP/DOH Reviewing Official: \_\_\_\_\_

1 For Sample Types see Instructions item 1.14.  
 2 For Analysis Methods see Instructions item 11.6.  
 3 Please circle appropriate selection.  
 4 Defined in Florida Administrative Code Rule 62-160, Table 1.  
 5 Complete for community & non-transient non-community systems serving populations up to and including 4,000. Do not include new or plant samples in the average.

# DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORTING FORMAT

(02-550.730 Reporting Format Effective 01/10/95, Revised 02/2010)

**Florida-Spectrum Environmental Services, Inc.**  
1460 W. McNab Road, Fort Lauderdale, FL 33309 Tel# (954) 978-6400  
Certification No. E86006

Lab Receipt Date & Time: 20-Mar-2018 15:50

Analysis Date & Time: 20-Mar-2018 17:00

**Sample Acceptance Criteria:**

Sample Preservation:  On Ice  Not On Ice  3.00 °C  
Disinfectant Check:  Not Detected  \_\_\_\_\_ mg/L  
This sample does not meet the following NELAC requirements:

Report Number: 18C0658 Sub-Contract Lab ID: E86006

**Analysis Requested:** (check all that apply)

Total Coliform/E. coli  Total Coliform/Fecal  Enterococci  Coliphage  HPC  Other: \_\_\_\_\_

**Public Water System (PWS) Name:** City of Pembroke Pines **PWS I.D.**

4	0	6	1	0	8	3
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**PWS Address:** 7960 Johnson Street **City:** Pembroke Pines **FL** 33024

**PWS or PWS Owner's Phone #:** (754) 260-4509 **Fax #:** (954) 986-5025

**Collector:** Oscar Castano **Collector's Phone #:** (954) 582-4300/(423)-381-9121

**Type of Supply:** (check only one)

Community Water System  Non-Transient Non-community Water System  Transient Non-community Water System  
 Limited Use System  Bottled Water  Private Well  Swimming Pool  Other: \_\_\_\_\_

**Reason for Sampling:** (check all that apply)

Distribution Routine  Distribution Repeat  Raw (triggered or assessment)  Raw (triggered or assessment) additional  Well Survey  
 Clearance  Replacement (also check type of sample being replaced)  Boil Water Notice  Other: \_\_\_\_\_

**Sample Collection Date:** 3/20/18

To be completed by collector of sample						To be completed by lab				
Sample #	Sample Point City of Pembroke Pines Monthly Bacteria City of Pembroke Pines, FL	Sample Collection Time	Sample Type	Disin- fectant Residual (mg/L)	pH	Analysis Method(s)2: Total Coliform/E. Coli (PA) by Colijert in Water (SM9223B)				
						Non- Coliform	Total Coliform	Fecal, E. Coli, Enterococci or Coliphage3	Data Qualifier4	Lab Sample #
032018-01	(SP ID 68) 2060 NW 88th Terrace	10:00	D	/ 3.2	8.64		Absent	Absent	U	18C0658-01
032018-02	(SP ID 12) 1621 N. Douglas Road	10:26	D	/ 3.3	8.73		Absent	Absent	U	18C0658-02
032018-03	(SP ID 13) 8880 Johnson Street	10:49	D	/ 3.3	8.71		Absent	Absent	U	18C0658-03
032018-04	(SP ID 14) 120 N. Douglas Road	11:07	D	/ 3.3	8.71		Absent	Absent	U	18C0658-04
032018-05	(SP ID 15) 900 Hollybrook Drive	11:47	D	/ 3.0	8.67		Absent	Absent	U	18C0658-05
032018-06	(SP ID 20) 10001 SW 14th Street	12:12	D	/ 2.8	8.50		Absent	Absent	U	18C0658-06
032018-07	(SP ID 19) 10101 Pines Blvd.	12:33	D	/ 3.4	8.88		Absent	Absent	U	18C0658-07

**Average of disinfectant residuals for distribution routine & repeat Samples.5** Free chlorine or Total chlorine (circle one) / 3.2

**Disinfectant Residual Analysis Method:**  
 DPD Colorimetric  Other: \_\_\_\_\_  
**Person performing disinfectant analysis is (see instructions on reverse):**  
 A certified operator (# DWC 22627)  
 Supervised by certified operator (# \_\_\_\_\_)  
 Employed by a certified lab  Employed by DEP or DOH  
 Authorized representative of supplier of water

Unless otherwise noted, all tests are performed in accordance with NELAC standards, and the results relate only to the samples.

Date and time PWS notified by lab of positive results: \_\_\_\_\_  
Date and time DEP/DOH notified by lab of positive results: \_\_\_\_\_  
Date Report Issued: 03-Apr-2018 11:48  
**Lab Signature:** Enrique Ochoa  
**Title:** (CSM) Customer Service Manager

Juquitta Drieth  
Jacobs/CH2M-City of Pembroke Pines WT  
7960 Johnson Street  
Pembroke Pines FL 33024

Satisfactory DEP/DOH USE ONLY  
 Incomplete Collection Information  
 Repeat Samples Required  
 Replacement Samples Required  
Date Reviewed by DEP/DOH: \_\_\_\_\_  
DEP/DOH Reviewing Official: \_\_\_\_\_

1 For Sample Types see Instructions item 1.16  
2 For Analysis Methods see Instructions item 11.6  
3 Please circle appropriate selection  
4 Defined in Florida Administrative Code Rule 62-160, Table 1  
5 Complete for community & non-transient non-community systems serving populations up to and including 4,900. Do not include raw or plant samples in the average

# DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORTING FORMAT

(62-550.730 Reporting Format Effective 01/1995, Revised 02/2010)

**Florida-Spectrum Environmental Services, Inc.**  
 1460 W. McNab Road, Fort Lauderdale, FL 33309 Tel# (954) 978-6400  
 Certification No. E86006

Lab Receipt Date & Time: <u>20-Mar-2018 15:50</u>
Analysis Date & Time: <u>20-Mar-2018 17:00</u>
<b>Sample Acceptance Criteria:</b> Sample Preservation: <input checked="" type="checkbox"/> On Ice <input type="checkbox"/> Not On Ice <input checked="" type="checkbox"/> 3.00 °C Disinfectant Check: <input checked="" type="checkbox"/> Not Detected <input type="checkbox"/> _____ mg/L This sample does not meet the following NELAC requirements:

Report Number: 18C0658      Sub-Contract Lab ID: E86006

**Analysis Requested:** (check all that apply)

Total Coliform/E. coli    Total Coliform/Fecal    Enterococci    Coliphage    HPC    Other: \_\_\_\_\_

**Public Water System (PWS) Name:** City of Pembroke Pines      **PWS I.D.**

4	0	6	1	0	8	3
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**PWS Address:** 7960 Johnson Street      **City:** Pembroke Pines      **FL**      **33024**

**PWS or PWS Owner's Phone #:** (754) 260-4509      **Fax #:** (954) 986-5025

**Collector:** Oscar Castano      **Collector's Phone #:** (954) 582-4300/(423)-381-9121

**Type of Supply:** (check only one)

Community Water System    Non-Transient Non-community Water System    Transient Non-community Water System  
 Limited Use System    Bottled Water    Private Well    Swimming Pool    Other: \_\_\_\_\_

**Reason for Sampling:** (check all that apply)

Distribution Routine    Distribution Repeat    Raw (triggered or assessment)    Raw (triggered or assessment) additional    Well Survey  
 Clearance    Replacement (also check type of sample being replaced)    Boil Water Notice    Other: \_\_\_\_\_

**Sample Collection Date:** 3/20/18

To be completed by collector of sample						To be completed by lab				
Sample #	Sample Point City of Pembroke Pines Monthly Bacteria City of Pembroke Pines, FL	Sample Collection Time	Sample Type	Disinfectant Residual (mg/L)	pH	Analysis Method(s): Total Coliform/E.Coli (PA) by Colilert in Water (SM9223B)				
						Non-Coliform	Total Coliform	Fecal, E. Coli, Enterococci or Coliphage <sup>3</sup>	Data Qualifier <sup>4</sup>	Lab Sample #
032018-08	(SP ID 18) 10000 Johnson Street	12:54	D	/ 3.7	9.03		Absent	Absent	U	18C0658-08
032018-09	(SP ID 17) 1981 NW 100th Way	13:11	D	/ 3.1	8.66		Absent	Absent	U	18C0658-09
032018-10	(SP ID 16) 10120 Sheridan Street	13:27	D	/ 3.2	8.74		Absent	Absent	U	18C0658-10
032018-11	(SP ID 22) 11141 NW 22nd Street	13:47	D	/ 3.1	8.71		Absent	Absent	U	18C0658-11

**Average of disinfectant residuals for distribution routine & repeat Samples.<sup>5</sup>** Free chlorine or Total chlorine (circle one)      / 3.2

**Disinfectant Residual Analysis Method:**  
 DPD Colorimetric    Other: \_\_\_\_\_  
**Person performing disinfectant analysis is (see instructions on reverse):**  
 A certified operator (# DWC 22627)  
 Supervised by certified operator (# \_\_\_\_\_)  
 Employed by a certified lab    Employed by DEP or DOH  
 Authorized representative of supplier of water

Unless otherwise noted, all tests are performed in accordance with NELAC standards, and the results relate only to the samples.

Date and time PWS notified by lab of positive results: \_\_\_\_\_  
 Date and time DEP/DOH notified by lab of positive results: \_\_\_\_\_  
 Date Report Issued: 03-Apr-2018 11:48  
**Lab Signature:** Enrique Ochoa  
**Title:** (CSM) Customer Service Manager

Juquitta Drieth  
 Jacobs/CH2M-City of Pembroke Pines WT  
 7960 Johnson Street  
 Pembroke Pines      FL      33024

Satisfactory      **DEP/DOH USE ONLY**  
 Incomplete Collection Information  
 Repeat Samples Required  
 Replacement Samples Required  
 Date Reviewed by DEP/DOH: \_\_\_\_\_  
 DEP/DOH Reviewing Official: \_\_\_\_\_

<sup>1</sup> For Sample Types see Instructions item 1.6.  
<sup>2</sup> For Analysis Methods see Instructions item 11.6.  
<sup>3</sup> Please circle appropriate selection.  
<sup>4</sup> Defined in Florida Administrative Code Rule 62-160, Table 1.  
<sup>5</sup> Complete for community & non-transient non-community systems serving populations up to and including 4,999. Do not include raw or plant samples in the average.

# DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORTING FORMAT

(62-550.730 Reporting Format Effective 01/19/95, Revised 02/2010)

**Florida-Spectrum Environmental Services, Inc.**  
1460 W. McNab Road, Fort Lauderdale, FL 33309 Tel# (954) 978-6400  
Certification No. E86006

Lab Receipt Date & Time: <u>22-Mar-2018 16:35</u>
Analysis Date & Time: <u>22-Mar-2018 17:20</u>
<b>Sample Acceptance Criteria:</b>
Sample Preservation: <input checked="" type="checkbox"/> On Ice <input type="checkbox"/> Not On Ice <input checked="" type="checkbox"/> <u>1.80</u> °C
Disinfectant Check: <input checked="" type="checkbox"/> Not Detected <input type="checkbox"/> _____ mg/L
This sample does not meet the following NELAC requirements:

Report Number: 18C0765      Sub-Contract Lab ID: E86006

**Analysis Requested:** (check all that apply)

Total Coliform/*E. coli*    Total Coliform/Fecal    Enterococci    Coliphage    HPC    Other: \_\_\_\_\_

**Public Water System (PWS) Name:** City of Pembroke Pines      **PWS I.D.**

4	0	6	1	0	8	3
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**PWS Address:** 7960 Johnson Street      **City:** Pembroke Pines      **FL**      **33024**

**PWS or PWS Owner's Phone #:** (754) 260-4509      **Fax #:** (954) 986-5025

**Collector:** Oscar Castano      **Collector's Phone #:** (954) 582-4300/(423)-381-9121

**Type of Supply:** (check only one)

Community Water System    Non-Transient Non-community Water System    Transient Non-community Water System  
 Limited Use System    Bottled Water    Private Well    Swimming Pool    Other: \_\_\_\_\_

**Reason for Sampling:** (check all that apply)

Distribution Routine    Distribution Repeat    Raw (triggered or assessment)    Raw (triggered or assessment) additional    Well Survey  
 Clearance    Replacement (also check type of sample being replaced)    Boil Water Notice    Other: \_\_\_\_\_

**Sample Collection Date:** 3/22/18

To be completed by collector of sample						To be completed by lab				
Sample #	Sample Point City of Pembroke Pines Monthly Bacteria City of Pembroke Pines, FL	Sample Collection Time	Sample Type	Disinfectant Residual (mg/L)	pH	Analysis Method(s): Total Coliform/E.Coli (PA) by Colijert in Water (SM9223B)				
						Non-Colliform	Total Coliform	Fecal, <i>E. Coli</i> , Enterococci or Coliphage3	Data Qualifier4	Lab Sample #
032218-01	(SP ID 44) 6749 Segovia Circle West	9:47	D	/ 2.3	8.61		Absent	Absent	U	18C0765-01
032218-02	(SP ID 45) 2300 NW 172nd Avenue	11:11	D	/ 1.6	8.45		Absent	Absent	U	18C0765-02
032218-03	(SP ID 46) 2098 NW 171St Terrace	11:40	D	/ 1.7	8.49		Absent	Absent	U	18C0765-03
032218-04	(SP ID 47) 17100 Pines Blvd.	12:01	D	/ 0.8	8.29		Absent	Absent	U	18C0765-04
032218-05	(SP ID 48) 17059 SW 16th Street	12:30	D	/ 2.5	8.81		Absent	Absent	U	18C0765-05
032218-06	(SP ID 27) 450 SW 182nd Way	12:51	D	/ 2.4	8.79		Absent	Absent	U	18C0765-06
032218-07	(SP ID 49) 17817 NW 15th Street	13:11	D	/ 1.9	8.60		Absent	Absent	U	18C0765-07

**Average of disinfectant residuals for distribution routine & repeat Samples.5** Free chlorine or Total chlorine (circle one)      / 1.9

**Disinfectant Residual Analysis Method:**  
 DPD Colorimetric    Other: \_\_\_\_\_  
**Person performing disinfectant analysis is (see instructions on reverse):**  
 A certified operator (# DWC 22627)  
 Supervised by certified operator (# \_\_\_\_\_)  
 Employed by a certified lab    Employed by DEP or DOH  
 Authorized representative of supplier of water

Unless otherwise noted, all tests are performed in accordance with NELAC standards, and the results relate only to the samples.

Date and time PWS notified by lab of positive results: \_\_\_\_\_  
Date and time DEP/DOH notified by lab of positive results: \_\_\_\_\_  
Date Report Issued: 06-Apr-2018 10:45  
**Lab Signature:** Enrique Ochoa  
**Title:** (CSM) Customer Service Manager

Juquitta Drieth  
Jacobs/CH2M-City of Pembroke Pines WT  
7960 Johnson Street  
Pembroke Pines      FL      33024

**DEP/DOH USE ONLY**

Satisfactory  
 Incomplete Collection Information  
 Repeat Samples Required  
 Replacement Samples Required

Date Reviewed by DEP/DOH: \_\_\_\_\_  
DEP/DOH Reviewing Official: \_\_\_\_\_

1 For Sample Types see Instructions item 1.16.  
2 For Analysis Methods see Instructions item 11.6.  
3 Please circle appropriate selection.  
4 Defined in Florida Administrative Code Rule 62-160, Table 1.  
5 Complete for community & non-transient non-community systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.

# DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORTING FORMAT

(62-550.730 Reporting Format Effective 01/1995, Revised 02/2010)

**Florida-Spectrum Environmental Services, Inc.**  
1460 W. McNab Road, Fort Lauderdale, FL 33309 Tel# (954) 978-6400  
Certification No. E86006

Lab Receipt Date & Time: <u>22-Mar-2018 16:35</u>
Analysis Date & Time: <u>22-Mar-2018 17:20</u>
<b>Sample Acceptance Criteria:</b> Sample Preservation: <input checked="" type="checkbox"/> On Ice <input type="checkbox"/> Not On Ice <input checked="" type="checkbox"/> <u>1.80</u> °C Disinfectant Check: <input checked="" type="checkbox"/> Not Detected <input type="checkbox"/> _____ mg/L This sample does not meet the following NELAC requirements:

Report Number: 18C0765      Sub-Contract Lab ID: E86006

**Analysis Requested:** (check all that apply)

Total Coliform/E. coli    Total Coliform/Fecal    Enterococci    Coliphage    HPC    Other: \_\_\_\_\_

**Public Water System (PWS) Name:** City of Pembroke Pines      **PWS I.D.**

4	0	6	1	0	8	3
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**PWS Address:** 7960 Johnson Street      **City:** Pembroke Pines      **FL**      **33024**

**PWS or PWS Owner's Phone #:** (754) 260-4509      **Fax #:** (954) 986-5025

**Collector:** Oscar Castano      **Collector's Phone #:** (954) 582-4300/(423)-381-9121

**Type of Supply:** (check only one)

Community Water System    Non-Transient Non-community Water System    Transient Non-community Water System  
 Limited Use System    Bottled Water    Private Well    Swimming Pool    Other: \_\_\_\_\_

**Reason for Sampling:** (check all that apply)

Distribution Routine    Distribution Repeat    Raw (triggered or assessment)    Raw (triggered or assessment) additional    Well Survey  
 Clearance    Replacement (also check type of sample being replaced)    Boil Water Notice    Other: \_\_\_\_\_

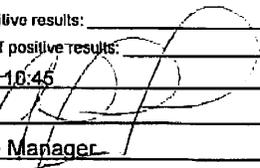
**Sample Collection Date:** 3/22/18

To be completed by collector of sample						To be completed by lab				
Sample #	Sample Point City of Pembroke Pines Monthly Bacteria City of Pembroke Pines, FL	Sample Collection Time	Sample Type	Disinfectant Residual (mg/L)	pH	Analysis Method(s)2: Total Coliform/E.Coli (PA) by Collitert in Water (SM9223B)				
						Non-Coliform	Total Coliform	Fecal, E.Coli, Enterococci or Coliphage3	Data Qualifier4	Lab Sample #
032218-08	(SP ID 51) 2473 NW 184th Terrace	13:30	D	/ 1.7	8.45		Absent	Absent	U	18C0765-08
032218-09	(SP ID 52) 18411 Pines Blvd.	13:47	D	/ 2.2	8.61		Absent	Absent	U	18C0765-09
032218-10	(SP ID 58) 19370 SW 16th Street	14:04	D	/ 1.4	8.44		Absent	Absent	U	18C0765-10

**Average of disinfectant residuals for distribution routine & repeat Samples.5** Free chlorine or Total chlorine (circle one)      / 1.9

**Disinfectant Residual Analysis Method:**  
 DPD Colorimetric    Other: \_\_\_\_\_  
**Person performing disinfectant analysis is (see instructions on reverse):**  
 A certified operator (# DWC 22627)  
 Supervised by certified operator (# \_\_\_\_\_)  
 Employed by a certified lab    Employed by DEP or DOH  
 Authorized representative of supplier of water

Unless otherwise noted, all tests are performed in accordance with NELAC standards, and the results relate only to the samples.

Date and time PWS notified by lab of positive results: \_\_\_\_\_  
Date and time DEP/DOH notified by lab of positive results: \_\_\_\_\_  
Date Report Issued: 06-Apr-2018 10:45  
**Lab Signature:** Enrique Ochoa   
**Title:** (CSM) Customer Service Manager

Juquitta Drieth  
Jacobs/CH2M-City of Pembroke Pines WT  
7960 Johnson Street  
Pembroke Pines      FL      33024

<input type="checkbox"/> Satisfactory <input type="checkbox"/> Incomplete Collection Information <input type="checkbox"/> Repeat Samples Required <input type="checkbox"/> Replacement Samples Required Date Reviewed by DEP/DOH: _____ DEP/DOH Reviewing Official: _____	<b>DEP/DOH USE ONLY</b>
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1 For Sample Types see Instructions item I.10.  
2 For Analysis Methods see Instructions item II.1.  
3 Please circle appropriate selection.  
4 Defined in Florida Administrative Code Rule 62-160, Table 1  
5 Complete for community & non-transient non-community water system serving population up to and including 4,900. Do not include raw or plant sampler in the average.

**DRINKING WATER MICROBIAL SAMPLE COLLECTION  
& LABORATORY REPORTING FORMAT**

(02-550.730 Reporting Format Effective 01/1995, Revised 02/2010)

**Florida-Spectrum Environmental Services, Inc.**  
1460 W. McNab Road, Fort Lauderdale, FL 33309 Tel# (954) 978-6400  
Certification No. E86006

Lab Receipt Date & Time: <u>24-Mar-2018 11:00</u>
Analysis Date & Time: <u>24-Mar-2018 13:00</u>
<b>Sample Acceptance Criteria:</b> Sample Preservation: <input checked="" type="checkbox"/> On Ice <input type="checkbox"/> Not On Ice <input checked="" type="checkbox"/> <u>1.60</u> °C Disinfectant Check: <input checked="" type="checkbox"/> Not Detected <input type="checkbox"/> _____ mg/L This sample does not meet the following NELAC requirements: _____

Report Number: 18C0821 Sub-Contract Lab ID: E86006

**Analysis Requested:** (check all that apply)

Total Coliform/E. coli  Total Coliform/Fecal  Enterococci  Coliphage  HPC  Other: \_\_\_\_\_

**Public Water System (PWS) Name:** City of Pembroke Pines **PWS I.D.**

4	0	6	1	0	8	3
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**PWS Address:** 7960 Johnson Street **City:** Pembroke Pines **FL** 33024

**PWS or PWS Owner's Phone #:** (754) 260-4509 **Fax #:** (954) 986-5025

**Collector:** Oscar Castano **Collector's Phone #:** (954) 582-4300/(423)-381-9121

**Type of Supply:** (check only one)

Community Water System  Non-Transient Non-community Water System  Transient Non-community Water System  
 Limited Use System  Bottled Water  Private Well  Swimming Pool  Other: \_\_\_\_\_

**Reason for Sampling:** (check all that apply)

Distribution Routine  Distribution Repeat  Raw (triggered or assessment)  Raw (triggered or assessment) additional  Well Survey  
 Clearance  Replacement (also check type of sample being replaced)  Boil Water Notice  Other: \_\_\_\_\_

**Sample Collection Date:** 3/23/18

To be completed by collector of sample						To be completed by lab				
Sample #	Sample Point City of Pembroke Pines Monthly Bacteria City of Pembroke Pines, FL	Sample Collection Time	Sample Type	Disinfectant Residual (mg/L)	pH	Analysis Method(s)2: Total Coliform/E. Coli (PA) by Colijert in Water (SM9223B)				
						Non-Coliform	Total Coliform	Fecal, E. Coli, Enterococci or Coliphage3	Data Qualifier4	Lab Sample #
032318-01	(SP ID 53) 18539 SW 12th Street	15:31	D	/ 1.9	8.61		Absent	Absent	U	18C0821-01
032318-02	(SP ID 57) 420 NW 197th Avenue	15:10	D	/ 1.7	8.60		Absent	Absent	U	18C0821-02
032318-03	(SP ID 56) 1263 NW 195th Avenue	14:49	D	/ 2.0	8.63		Absent	Absent	U	18C0821-03
032318-04	(SP ID 55) 19478 NW 24th Place	14:33	D	/ 1.9	8.52		Absent	Absent	U	18C0821-04
032318-05	(SP ID 54) 6351 SW 195th Avenue	14:01	D	/ 1.9	8.47		Absent	Absent	U	18C0821-05
032318-06	(SP ID 59) 5000 SW 207th Terrace	13:33	D	/ 0.7	8.33		Absent	Absent	U	18C0821-06
032318-07	(SP ID 63) 21250 Sheridan Street	13:14	D	/ 1.2	8.55		Absent	Absent	U	18C0821-07

**Average of disinfectant residuals for distribution routine & repeat Samples.5** Free chlorine or Total chlorine (circle one) / 1.8

**Disinfectant Residual Analysis Method:**  
 DPD Colorimetric  Other: \_\_\_\_\_  
**Person performing disinfectant analysis is (see instructions on reverse):**  
 A certified operator (# DWC 22627)  
 Supervised by certified operator (# \_\_\_\_\_)  
 Employed by a certified lab  Employed by DEP or DOH  
 Authorized representative of supplier of water

Unless otherwise noted, all tests are performed in accordance with NELAC standards, and the results relate only to the samples.

Date and time PWS notified by lab of positive results: \_\_\_\_\_  
Date and time DEP/DOH notified by lab of positive results: \_\_\_\_\_  
Date Report Issued: 06-Apr-2018 11:47  
**Lab Signature:** Enrique Ochoa  
**Title:** (CSM) Customer Service Manager

Juquitta Drieth  
Jacobs/CH2M-City of Pembroke Pines WT  
7960 Johnson Street  
Pembroke Pines FL 33024

<input type="checkbox"/> Satisfactory	<b>DEP/DOH USE ONLY</b>
<input type="checkbox"/> Incomplete Collection Information	
<input type="checkbox"/> Repeat Samples Required	
<input type="checkbox"/> Replacement Samples Required	
Date Reviewed by DEP/DOH: _____	
DEP/DOH Reviewing Official: _____	

1 For Sample Types see Instructions item I.1.6  
2 For Analysis Methods see Instructions item II.6  
3 Please circle appropriate selection.  
4 Defined in Florida Administrative Code Rule 62-109, Table 1  
5 Complete for community & non-transient non-community systems serving populations up to and including 4,000. Do not include raw or plant samples in the average.

# DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORTING FORMAT

(62-550.730 Reporting Format Effective 01/1995, Revised 02/2010)

**Florida-Spectrum Environmental Services, Inc.**  
1460 W. McNab Road, Fort Lauderdale, FL 33309 Tel# (954) 978-6400  
Certification No. E86006

Lab Receipt Date & Time: <u>24-Mar-2018 11:00</u>
Analysis Date & Time: <u>24-Mar-2018 13:00</u>
<b>Sample Acceptance Criteria:</b> Sample Preservation: <input checked="" type="checkbox"/> On Ice <input type="checkbox"/> Not On Ice <input checked="" type="checkbox"/> 1.60 °C Disinfectant Check: <input checked="" type="checkbox"/> Not Detected <input type="checkbox"/> _____ mg/L This sample does not meet the following NELAC requirements: _____

Report Number: 18C0821      Sub-Contract Lab ID: E86006

**Analysis Requested:** (check all that apply)

Total Coliform/*E. coli*    Total Coliform/Fecal    Enterococci    Coliphage    HPC    Other: \_\_\_\_\_

**Public Water System (PWS) Name:** City of Pembroke Pines      **PWS I.D.**

4	0	6	1	0	8	3
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**PWS Address:** 7960 Johnson Street      **City:** Pembroke Pines      **FL**      **33024**

**PWS or PWS Owner's Phone #:** (754) 260-4509      **Fax #:** (954) 986-5025

**Collector:** Oscar Castano      **Collector's Phone #:** (954) 582-4300/(423)-381-9121

**Type of Supply:** (check only one)

Community Water System    Non-Transient Non-community Water System    Transient Non-community Water System  
 Limited Use System    Bottled Water    Private Well    Swimming Pool    Other: \_\_\_\_\_

**Reason for Sampling:** (check all that apply)

Distribution Routine    Distribution Repeat    Raw (triggered or assessment)    Raw (triggered or assessment) additional    Well Survey  
 Clearance    Replacement (also check type of sample being replaced)    Boil Water Notice    Other: \_\_\_\_\_

**Sample Collection Date:** 3/23/18

To be completed by collector of sample						To be completed by lab				
Sample #	Sample Point City of Pembroke Pines Monthly Bacteria City of Pembroke Pines, FL	Sample Collection Time	Sample Type	Disinfectant Residual (mg/L)	pH	Analysis Method(s)2: Total Coliform/E.Coli (PA) by Colilert in Water (SM9223B)				
						Non-Coliform	Total Coliform	Fecal, (E. Coli, Enterococci, or Coliphage)3	Data Qualifier4	Lab Sample #
032318-08	(SP ID 64) 21800 NW 8th Place	11:51	D	/ 2.2	8.58		Absent	Absent	U	18C0821-08
032318-09	(SP ID 65) 21651 NW 7th Street	12:11	D	/ 2.3	8.64		Absent	Absent	U	18C0821-09
032318-10	(SP ID 62) 20701 Pembroke Road	12:36	D	/ 1.9	8.57		Absent	Absent	U	18C0821-10
032318-11	(SP ID 61) 20501 SW 1st Street	12:53	D	/ 2.2	8.57		Absent	Absent	U	18C0821-11

**Average of disinfectant residuals for distribution routine & repeat Samples.5** Free chlorine or Total chlorine, (circle one)      / 1.8

**Disinfectant Residual Analysis Method:**  
 DPD Colorimetric    Other: \_\_\_\_\_  
**Person performing disinfectant analysis is (see instructions on reverse):**  
 A certified operator (# DWC 22627)  
 Supervised by certified operator (# \_\_\_\_\_)  
 Employed by a certified lab    Employed by DEP or DOH  
 Authorized representative of supplier of water

Unless otherwise noted, all tests are performed in accordance with NELAC standards, and the results relate only to the samples.

Date and time PWS notified by lab of positive results: \_\_\_\_\_  
Date and time DEP/DOH notified by lab of positive results: \_\_\_\_\_  
Date Report Issued: 06-Apr-2018 11:47  
**Lab Signature:** Enrique Ochoa  
**Title:** (CSM) Customer Service Manager

**Juquitta Drieth**  
Jacobs/CH2M-City of Pembroke Pines WT  
7960 Johnson Street  
Pembroke Pines      FL      33024

<input type="checkbox"/> Satisfactory <input type="checkbox"/> Incomplete Collection Information <input type="checkbox"/> Repeat Samples Required <input type="checkbox"/> Replacement Samples Required Date Reviewed by DEP/DOH: _____ DEP/DOH Reviewing Official: _____	<b>DEP/DOH USE ONLY</b>
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1 For Sample Types see Instructions item 1.1.  
2 For Analysis Methods see Instructions item 11.6.  
3 Please circle appropriate selection.  
4 Defined in Florida Administrative Code, Rule 62-169, Table 1.  
5 Complete for community & non-transient non-community systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.



**BROWARD COUNTY HEALTH DEPARTMENT**  
**ENVIRONMENTAL ENGINEERING SECTION**  
 2421-A S.W. 61h AVENUE, FORT LAUDERDALE, FL 33315-2613

**WATER UTILITY:** City of Pembroke Pines - PWS ID 4061083     
 **MONTH:** April   
 **YEAR:** 2018

Note: Please complete this form monthly and attach one copy to the monthly water plant operation report to be submitted to the BCHD not later than the 10<sup>th</sup> of the following month.

**MONTHLY BACTERIOLOGICAL SAMPLES ANALYZED FROM COMMUNITY WATER SYSTEMS**

Minimum Number of Samples Required			Number of Samples Analyzed			Number of Unsatisfactory Samples		
Well	Plant	Distribution	Well	Plant	Distribution	Well	Plant	Distribution
6	0	120						
1. Collected by Utility, Analyzed by State Cert. Lab			6	0	126	0	0	0
2. Collected by Utility Analyzed by Plant Lab			0	0	0	0	0	0
3. Total -Add Lines (1 +2)			<b>6</b>	<b>0</b>	<b>126</b>	<b>0</b>	<b>0</b>	<b>0</b>

\*Note: Do not include results on main clearance.

**DRINKING WATER MICROBIAL SAMPLE COLLECTION  
& LABORATORY REPORTING FORMAT**

(62-550.730 Reporting Format Effective 03/1995, Revised 02/2010)

Florida-Spectrum Environmental Services, Inc.  
1460 W. McNab Road, Fort Lauderdale, FL 33309 Tel# (954) 978-6400  
Certification No. E86006

Lab Receipt Date & Time: <u>16-Apr-2018 16:20</u>
Analysis Date & Time: <u>16-Apr-2018 17:15</u>
<b>Sample Acceptance Criteria:</b> Sample Preservation: <input checked="" type="checkbox"/> On Ice <input type="checkbox"/> Not On Ice <input checked="" type="checkbox"/> 1.80 °C Disinfectant Check: <input checked="" type="checkbox"/> Not Detected <input type="checkbox"/> _____ mg/L This sample does not meet the following NELAC requirements: _____

Report Number: 18D0534 Sub-Contract Lab ID: E86006

**Analysis Requested:** (check all that apply)

Total Coliform/E. coli  Total Coliform/Fecal  Enterococci  Coliphage  HPC  Other: \_\_\_\_\_

**Public Water System (PWS) Name:** City of Pembroke Pines

**PWS I.D.**

4	0	6	1	0	8	3
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**PWS Address:** 7960 Johnson Street

**City:** Pembroke Pines **FL** 33024

**PWS or PWS Owner's Phone #:** (754) 260-4509

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

**Collector:** Oscar Castano

**Collector's Phone #:** (954) 582-4300/(423)-381-9121

**Type of Supply:** (check only one)

Community Water System  Non-Transient Non-community Water System  Transient Non-community Water System  
 Limited Use System  Bottled Water  Private Well  Swimming Pool  Other: \_\_\_\_\_

**Reason for Sampling:** (check all that apply)

Distribution Routine  Distribution Repeat  Raw (triggered or assessment)  Raw (triggered or assessment) additional  Well Survey  
 Clearance  Replacement (also check type of sample being replaced)  Boil Water Notice  Other: \_\_\_\_\_

**Sample Collection Date:** 4/16/18

To be completed by collector of sample						To be completed by lab					
Sample #	Sample Point City of Pembroke Pines Monthly Bacteria City of Pembroke Pines, FL	Sample Collection Time	Sample Type	Disinfectant Residual (mg/L)	pH	Analysis Method(s)2: Total Coliform/E.Coli (PA) by Collitert in Water (SM9223B)					
						Non-Coliform	Total Coliform	Fecal Enterococci or Coliphage3	E. Coli	Data Qualifier4	Lab Sample #
041618-15	Well #1	14:46	R	0.0	7.46		Absent	Absent		U	18D0534-01
041618-16	Well #5	14:30	R	0.0	7.36		Absent	Absent		U	18D0534-02
041618-17	Well #6	14:58	R	0.0	7.48		Absent	Absent		U	18D0534-03
041618-18	Well #9	15:02	R	0.0	7.49		Absent	Absent		U	18D0534-04
041618-19	Well #10	15:05	R	0.0	7.47		Absent	Absent		U	18D0534-05
041618-20	Well #11	15:04	R	0.0	7.49		Absent	Absent		U	18D0534-06

**Average of disinfectant residuals for distribution routine & repeat Samples.**  Free chlorine  Total chlorine (circle one) 0.0

**Disinfectant Residual Analysis Method:**  
 DPD Colorimetric  Other: \_\_\_\_\_

**Person performing disinfectant analysis is (see instructions on reverse):**  
 A certified operator (# DWC 22627)  
 Supervised by certified operator (# \_\_\_\_\_)  
 Employed by a certified lab  Employed by DEP or DOH  
 Authorized representative of supplier of water

Unless otherwise noted, all tests are performed in accordance with NELAC standards, and the results relate only to the samples.

Date and time PWS notified by lab of positive results: \_\_\_\_\_  
Date and time DEP/DOH notified by lab of positive results: \_\_\_\_\_  
Date Report Issued: 24-Apr-2018 11:37  
**Lab Signature:** Enrique Ochoa  
**Title:** (CSM) Customer Service Manager

Juquitta Drieth  
Jacobs/CH2M-City of Pembroke Pines WT  
7960 Johnson Street  
Pembroke Pines FL 33024

Satisfactory DEP/DOH USE ONLY  
 Incomplete Collection Information  
 Repeat Samples Required  
 Replacement Samples Required

Date Reviewed by DEP/DOH: \_\_\_\_\_  
DEP/DOH Reviewing Official: \_\_\_\_\_

\* For Sample Types see Instructions Item 1.0  
\* For Analysis Methods see Instructions Item 11.6  
\* Please circle appropriate selection.  
† Defined in Florida Administrative Code Rule 62-260, Table 1  
‡ Complete for community & non-transient non-community systems serving populations up to and including 4,999. Do not include raw or plant sample with the average.

# DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORTING FORMAT

(62-550.730 Reporting Format Effective 01/1995, Revised 02/2010)

**Florida-Spectrum Environmental Services, Inc.**  
 1460 W. McNab Road, Fort Lauderdale, FL 33309 Tel# (954) 978-6400  
 Certification No. E86006

Lab Receipt Date & Time: <u>02-Apr-2018 16:35</u>
Analysis Date & Time: <u>02-Apr-2018 18:00</u>
<b>Sample Acceptance Criteria:</b> Sample Preservation: <input checked="" type="checkbox"/> On Ice <input type="checkbox"/> Not On Ice <input checked="" type="checkbox"/> 1.60 °C Disinfectant Check: <input checked="" type="checkbox"/> Not Detected <input type="checkbox"/> _____ mg/L This sample does not meet the following NELAC requirements: _____

Report Number: 18D0038      Sub-Contract Lab ID: E86006

**Analysis Requested:** (check all that apply)

Total Coliform/*E. coli*    Total Coliform/Fecal    Enterococci    Coliphage    HPC    Other: \_\_\_\_\_

**Public Water System (PWS) Name:** City of Pembroke Pines

**PWS I.D.**

4	0	6	1	0	8	3
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PWS Address: 7960 Johnson Street

City: Pembroke Pines      FL      33024

PWS or PWS Owner's Phone #: (754) 260-4509

Fax #: (954) 986-5025

**Collector:** Oscar Castano

Collector's Phone #: (954) 582-4300/(423)-381-9121

**Type of Supply:** (check only one)

Community Water System    Non-Transient Non-community Water System    Transient Non-community Water System  
 Limited Use System    Bottled Water    Private Well    Swimming Pool    Other: \_\_\_\_\_

**Reason for Sampling:** (check all that apply)

Distribution Routine    Distribution Repeat    Raw (triggered or assessment)    Raw (triggered or assessment) additional    Well Survey  
 Clearance    Replacement (also check type of sample being replaced)    Boil Water Notice    Other: \_\_\_\_\_

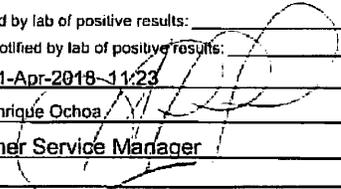
**Sample Collection Date:** 4/2/18

To be completed by collector of sample						To be completed by lab				
Sample #	Sample Point City of Pembroke Pines Monthly Bacteria City of Pembroke Pines, FL	Sample Collection Time	Sample Type	Disinfectant Residual (mg/L)	pH	Analysis Method(s): Total Coliform/ <i>E. Coli</i> (PA) by Coli <sub>lit</sub> in Water (SM9223B)				
						Non-Coliform	Total Coliform	Fecal <i>E. Coli</i> , Enterococci or Coliphage <sup>3</sup>	Data Qualifier <sup>4</sup>	Lab Sample #
040218-01	(SP ID 1) 2040 NW 74th Avenue	12:37	D	/ 3.1	8.50		Absent	Absent	U	18D0038-01
040218-02	(SP ID 2) 7610 Taft Street	12:50	D	/ 3.0	8.20		Absent	Absent	U	18D0038-02
040218-03	(SP ID 3) 7741 Johnson Street	13:07	D	/ 3.0	8.12		Absent	Absent	U	18D0038-03
040218-04	(SP ID 4) 120 NW 73rd Avenue	13:30	D	/ 3.0	8.41		Absent	Absent	U	18D0038-04
040218-05	(SP ID 5) 7021 SW 9th Street	13:55	D	/ 3.1	8.65		Absent	Absent	U	18D0038-05
040218-06	(SP ID 11) 1530 SW 85th Avenue	14:13	D	/ 3.1	8.60		Absent	Absent	U	18D0038-06
040218-07	(SP ID 10) 199 N. University Drive	14:40	D	/ 2.4	8.35		Absent	Absent	U	18D0038-07

**Average of disinfectant residuals for distribution routine & repeat Samples.<sup>5</sup>** Free chlorine or Total chlorine (circle one)      / 3.0

**Disinfectant Residual Analysis Method:**  
 DPD Colorimetric    Other: \_\_\_\_\_  
**Person performing disinfectant analysis is (see instructions on reverse):**  
 A certified operator (# DWC 22627)  
 Supervised by certified operator (# \_\_\_\_\_)  
 Employed by a certified lab    Employed by DEP or DOH  
 Authorized representative of supplier of water

Unless otherwise noted, all tests are performed in accordance with NELAC standards, and the results relate only to the samples.

Date and time PWS notified by lab of positive results: \_\_\_\_\_  
 Date and time DEP/DOH notified by lab of positive results: \_\_\_\_\_  
 Date Report Issued: 11-Apr-2018 11:23  
**Lab Signature:** Enrique Ochoa   
**Title:** (CSM) Customer Service Manager

Juquitta Drieth  
 Jacobs/CH2M-City of Pembroke Pines WT  
 7960 Johnson Street  
 Pembroke Pines      FL      33024

<input type="checkbox"/> Satisfactory <input type="checkbox"/> Incomplete Collection Information <input type="checkbox"/> Repeat Samples Required <input type="checkbox"/> Replacement Samples Required Date Reviewed by DEP/DOH: _____ DEP/DOH Reviewing Official: _____	<b>DEP/DOH USE ONLY</b>
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<sup>1</sup> For Sample Types see Instructions item 1.16.  
<sup>2</sup> For Analysis Methods see Instructions item 11.6.  
<sup>3</sup> Please circle appropriate selection.  
<sup>4</sup> Defined in Florida Administrative Code Rule 62-169, Table 1.  
<sup>5</sup> Complete for community & non-transient non-community systems serving populations up to and including 4,000. Do not include raw or plant samples in the average.

# DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORTING FORMAT

(62-550.730 Reporting Format Effective 01/1995, Revised 02/2010)

**Florida-Spectrum Environmental Services, Inc.**  
1460 W. McNab Road, Fort Lauderdale, FL 33309 Tel# (954) 978-6400  
Certification No. E86006

Lab Receipt Date & Time: <u>03-Apr-2018 16:25</u>
Analysis Date & Time: <u>03-Apr-2018 17:30</u>
<b>Sample Acceptance Criteria:</b>
Sample Preservation: <input checked="" type="checkbox"/> On Ice <input type="checkbox"/> Not On Ice <input checked="" type="checkbox"/> 1.80 °C
Disinfectant Check: <input checked="" type="checkbox"/> Not Detected <input type="checkbox"/> _____ mg/L
This sample does not meet the following NELAC requirements:

Report Number: 18D0085      Sub-Contract Lab ID: E86006

**Analysis Requested:** (check all that apply)

Total Coliform/E. coli    Total Coliform/Fecal    Enterococci    Coliphage    HPC    Other: \_\_\_\_\_

**Public Water System (PWS) Name:** City of Pembroke Pines      **PWS I.D.**

4	0	6	1	0	8	3
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**PWS Address:** 7960 Johnson Street      **City:** Pembroke Pines      **FL**      **33024**

**PWS or PWS Owner's Phone #:** (754) 260-4509      **Fax #:** (954) 986-5025

**Collector:** Oscar Castano      **Collector's Phone #:** (954) 582-4300/(423)-381-9121

**Type of Supply:** (check only one)

Community Water System    Non-Transient Non-community Water System    Transient Non-community Water System  
 Limited Use System    Bottled Water    Private Well    Swimming Pool    Other: \_\_\_\_\_

**Reason for Sampling:** (check all that apply)

Distribution Routine    Distribution Repeat    Raw (triggered or assessment)    Raw (triggered or assessment) additional    Well Survey  
 Clearance    Replacement (also check type of sample being replaced)    Boil Water Notice    Other: \_\_\_\_\_

**Sample Collection Date:** 4/3/18

To be completed by collector of sample						To be completed by lab				
Sample #	Sample Point City of Pembroke Pines Monthly Bacteria City of Pembroke Pines, FL	Sample Collection Time	Sample Type	Disinfectant Residual (mg/L)	pH	Analysis Method(s)2: Total Coliform/E.Coli (PA) by Collitert in Water (SM9223B)				
						Non-Coliform	Total Coliform	Fecal E.Coli, Enterococci or Coliphage3	Data Qualifier4	Lab Sample #
040318-01	(SP ID 9) 8131 Johnson Street	9:01	D	/ 3.0	8.66		Absent	Absent	U	18D0085-01
040318-02	(SP ID 8) 8130 Taft Street	9:24	D	/ 3.6	8.71		Absent	Absent	U	18D0085-02
040318-03	(SP ID 7) 2402 N. University Drive	9:49	D	/ 3.2	8.32		Absent	Absent	U	18D0085-03
040318-04	(SP ID 68) 2060 NW 88th Terrace	10:38	D	/ 3.4	8.59		Absent	Absent	U	18D0085-04
040318-05	(SP ID 12) 1621 N. Douglas Road	10:58	D	/ 3.3	8.64		Absent	Absent	U	18D0085-05
040318-06	(SP ID 13) 8880 Johnson Street	11:20	D	/ 3.3	8.61		Absent	Absent	U	18D0085-06
040318-07	(SP ID 14) 120 N. Douglas Road	11:33	D	/ 3.3	8.60		Absent	Absent	U	18D0085-07

**Average of disinfectant residuals for distribution routine & repeat Samples.5** Free chlorine or Total chlorine (circle one)      / 3.3

**Disinfectant Residual Analysis Method:**  
 DPD Colorimetric    Other: \_\_\_\_\_  
**Person performing disinfectant analysis is (see instructions on reverse):**  
 A certified operator (# DWC 22627)  
 Supervised by certified operator (# \_\_\_\_\_)  
 Employed by a certified lab    Employed by DEP or DOH  
 Authorized representative of supplier of water

Unless otherwise noted, all tests are performed in accordance with NELAC standards, and the results relate only to the samples.

Date and time PWS notified by lab of positive results: \_\_\_\_\_  
Date and time DEP/DOH notified by lab of positive results: \_\_\_\_\_  
Date Report Issued: 12-Apr-2018 13:19  
**Lab Signature:** Enrique Ochoa  
**Title:** (CSM) Customer Service Manager

Juquitta Drieth  
Jacobs/CH2M-City of Pembroke Pines WT  
7960 Johnson Street  
Pembroke Pines      FL      33024

<input type="checkbox"/> Satisfactory <input type="checkbox"/> Incomplete Collection Information <input type="checkbox"/> Repeat Samples Required <input type="checkbox"/> Replacement Samples Required Date Reviewed by DEP/DOH: _____ DEP/DOH Reviewing Official: _____	<b>DEP/DOH USE ONLY</b>
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1 For Sample Types see Instructions Item 1.6  
2 For Analysis Methods see Instructions Item 11.6  
3 Please circle appropriate selection.  
4 Defined in Florida Administrative Code Rule 62-300, Table 1  
5 Complete for community & non-transient non-community systems serving populations up to and including 1,000. Do not include raw or plant samples in the average.

# DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORTING FORMAT

(62-550.730 Reporting Format Effective 01/1995, Revised 02/2010)

**Florida-Spectrum Environmental Services, Inc.**  
1460 W. McNab Road, Fort Lauderdale, FL 33309 Tel# (954) 978-6400  
Certification No. E86006

Lab Receipt Date & Time: <u>04-Apr-2018 15:20</u>
Analysis Date & Time: <u>04-Apr-2018 15:45</u>
<b>Sample Acceptance Criteria:</b> Sample Preservation: <input checked="" type="checkbox"/> On Ice <input type="checkbox"/> Not On Ice <input checked="" type="checkbox"/> 0.80 °C Disinfectant Check: <input checked="" type="checkbox"/> Not Detected <input type="checkbox"/> _____ mg/L This sample does not meet the following NELAC requirements: _____

Report Number: 18D0113      Sub-Contract Lab ID: E86006

**Analysis Requested:** (check all that apply)

Total Coliform/E. coli    Total Coliform/Fecal    Enterococci    Coliphage    HPC    Other: \_\_\_\_\_

**Public Water System (PWS) Name:** City of Pembroke Pines      **PWS I.D.**

4	0	6	1	0	8	3
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**PWS Address:** 7960 Johnson Street      **City:** Pembroke Pines      **FL**      **33024**

**PWS or PWS Owner's Phone #:** (754) 260-4509      **Fax #:** (954) 986-5025

**Collector:** Oscar Castano      **Collector's Phone #:** (954) 582-4300/(423)-381-9121

**Type of Supply:** (check only one)

Community Water System    Non-Transient Non-community Water System    Transient Non-community Water System  
 Limited Use System    Bottled Water    Private Well    Swimming Pool    Other: \_\_\_\_\_

**Reason for Sampling:** (check all that apply)

Distribution Routine    Distribution Repeat    Raw (triggered or assessment)    Raw (triggered or assessment) additional    Well Survey  
 Clearance    Replacement (also check type of sample being replaced)    Boil Water Notice    Other: \_\_\_\_\_

**Sample Collection Date:** 4/4/18

To be completed by collector of sample						To be completed by lab				
Sample #	Sample Point City of Pembroke Pines Monthly Bacteria City of Pembroke Pines, FL	Sample Collection Time	Sample Type	Disinfectant Residual (mg/L)	pH	Analysis Method(s)2: Total Coliform/E.Coli (PA) by Colilert in Water (SM9223B)				
						Non-Coliform	Total Coliform	Fecal E. Coli, Enterococci, or Coliphage3	Data Qualifier4	Lab Sample #
040418-01	(SP ID 15) 900 Hollybrook Drive	9:13	D	/ 3.7	9.02		Absent	Absent	U	18D0113-01
040418-02	(SP ID 20) 10001 SW 14th Street	9:30	D	/ 3.3	8.84		Absent	Absent	U	18D0113-02
040418-03	(SP ID 19) 10101 Pines Blvd.	9:50	D	/ 3.6	8.87		Absent	Absent	U	18D0113-03
040418-04	(SP ID 18) 10000 Johnson Street	10:09	D	/ 3.6	8.84		Absent	Absent	U	18D0113-04
040418-05	(SP ID 17) 1981 NW 100th Way	10:26	D	/ 3.5	8.89		Absent	Absent	U	18D0113-05
040418-06	(SP ID 16) 10120 Sheridan Street	10:44	D	/ 3.6	8.93		Absent	Absent	U	18D0113-06
040418-07	(SP ID 22) 11141 NW 22nd Street	11:02	D	/ 3.7	9.06		Absent	Absent	U	18D0113-07

**Average of disinfectant residuals for distribution routine & repeat Samples.5** Free chlorine or Total chlorine: (circle one) / 3.4

**Disinfectant Residual Analysis Method:**  
 DPD Colorimetric    Other: \_\_\_\_\_  
**Person performing disinfectant analysis is (see instructions on reverse):**  
 A certified operator (# DWC 22627)  
 Supervised by certified operator (# \_\_\_\_\_)  
 Employed by a certified lab    Employed by DEP or DOH  
 Authorized representative of supplier of water

Unless otherwise noted, all tests are performed in accordance with NELAC standards, and the results relate only to the samples.

Date and time PWS notified by lab of positive results: \_\_\_\_\_  
Date and time DEP/DOH notified by lab of positive results: \_\_\_\_\_  
Date Report Issued: 12-Apr-2018 13:57  
**Lab Signature:** Enrique Ochoa  
**Title:** (CSM) Customer Service Manager

Juquitta Drieth  
Jacobs/CH2M-City of Pembroke Pines WT  
7960 Johnson Street  
Pembroke Pines      FL      33024

<input type="checkbox"/> Satisfactory <input type="checkbox"/> Incomplete Collection Information <input type="checkbox"/> Repeat Samples Required <input type="checkbox"/> Replacement Samples Required	<b>DEP/DOH USE ONLY</b>  Date Reviewed by DEP/DOH: _____ DEP/DOH Reviewing Official: _____
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1 Use Sample Types see Instructions item 1.11.  
2 For Analysis Methods see Instructions item 11.6.  
3 Please circle appropriate selection.  
4 Defined in Florida Administrative Code: Rule 62-160, Table 1.  
5 Complete for community & non-transient non-community systems serving populations up to and including 4,999. Do not include raw or plant samples in the average.

# DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORTING FORMAT

(62-550.730 Reporting Format Effective 01/1995, Revised 02/2010)

**Florida-Spectrum Environmental Services, Inc.**  
1460 W. McNab Road, Fort Lauderdale, FL 33309 Tel# (954) 978-6400  
Certification No. E86006

Lab Receipt Date & Time: <u>04-Apr-2018 15:20</u>
Analysis Date & Time: <u>04-Apr-2018 15:45</u>
<b>Sample Acceptance Criteria:</b>
Sample Preservation: <input checked="" type="checkbox"/> On Ice <input type="checkbox"/> Not On Ice <input checked="" type="checkbox"/> <u>0.80</u> °C
Disinfectant Check: <input checked="" type="checkbox"/> Not Detected <input type="checkbox"/> _____ mg/L
This sample does not meet the following NELAC requirements:

Report Number: 18D0113      Sub-Contract Lab ID: E86006

**Analysis Requested:** (check all that apply)

Total Coliform/E. coli    Total Coliform/Fecal    Enterococci    Coliphage    HPC    Other: \_\_\_\_\_

**Public Water System (PWS) Name:** City of Pembroke Pines      **PWS I.D.**

4	0	6	1	0	8	3
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**PWS Address:** 7960 Johnson Street      **City:** Pembroke Pines      **FL**      **33024**

**PWS or PWS Owner's Phone #:** (754) 260-4509      **Fax #:** (954) 986-5025

**Collector:** Oscar Castano      **Collector's Phone #:** (954) 582-4300/(423)-381-9121

**Type of Supply:** (check only one)

Community Water System    Non-Transient Non-community Water System    Transient Non-community Water System  
 Limited Use System    Bottled Water    Private Well    Swimming Pool    Other: \_\_\_\_\_

**Reason for Sampling:** (check all that apply)

Distribution Routine    Distribution Repeat    Raw (triggered or assessment)    Raw (triggered or assessment) additional    Well Survey  
 Clearance    Replacement (also check type of sample being replaced)    Boil Water Notice    Other: \_\_\_\_\_

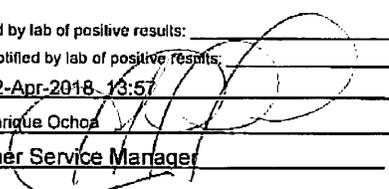
**Sample Collection Date:** 4/4/18

To be completed by collector of sample						To be completed by lab				
Sample #	Sample Point City of Pembroke Pines Monthly Bacteria City of Pembroke Pines, FL	Sample Collection Time	Sample Type	Disinfectant Residual (mg/L)	pH	Analysis Method(s)2: Total Coliform/E.Coli (PA) by Collert in Water (SM9223B)				
						Non-Coliform	Total Coliform	Fecal, E. Coli, Enterococci, or Coliphage3	Data Qualifier4	Lab Sample #
040418-08	(SP ID 21) 1751 N. Hiatus Road	11:16	D	/ 3.6	9.02		Absent	Absent	U	18D0113-08
040418-09	(SP ID 23) 10755 NW 10th Street	11:32	D	/ 3.6	8.82		Absent	Absent	U	18D0113-09
040418-10	(SP ID 24) 200 S. Hiatus Road	11:51	D	/ 3.7	8.89		Absent	Absent	U	18D0113-10
040418-11	(SP ID 25) 11131 SW 13th Street	12:10	D	/ 2.2	8.26		Absent	Absent	U	18D0113-11
040418-12	(SP ID 30) 12399 Pembroke Road	12:26	D	/ 3.6	8.91		Absent	Absent	U	18D0113-12
040418-13	(SP ID 29) 241 SW 122nd Terrace	12:45	D	/ 3.6	8.88		Absent	Absent	U	18D0113-13
040418-14	(SP ID 28) 1050 NW 123rd Avenue	13:00	D	/ 2.7	8.55		Absent	Absent	U	18D0113-14

**Average of disinfectant residuals for distribution routine & repeat Samples.5** Free chlorine or Total chlorine (circle one)      / 3.4

**Disinfectant Residual Analysis Method:**  
 DPD Colorimetric    Other: \_\_\_\_\_  
**Person performing disinfectant analysis is (see instructions on reverse):**  
 A certified operator (# DWC 22627)  
 Supervised by certified operator (# \_\_\_\_\_)  
 Employed by a certified lab    Employed by DEP or DOH  
 Authorized representative of supplier of water

Unless otherwise noted, all tests are performed in accordance with NELAC standards, and the results relate only to the samples.

Date and time PWS notified by lab of positive results: \_\_\_\_\_  
Date and time DEP/DOH notified by lab of positive results: \_\_\_\_\_  
Date Report Issued: 12-Apr-2018 13:57  
**Lab Signature:** Enrique Ochoa   
**Title:** (CSM) Customer Service Manager

Juquitta Drieth  
Jacobs/CH2M-City of Pembroke Pines WT  
7960 Johnson Street  
Pembroke Pines      FL      33024

Satisfactory      **DEP/DOH USE ONLY**  
 Incomplete Collection Information  
 Repeat Samples Required  
 Replacement Samples Required  
Date Reviewed by DEP/DOH: \_\_\_\_\_  
DEP/DOH Reviewing Official: \_\_\_\_\_

<sup>1</sup> For Sample Types see Instructions item 1.16.  
<sup>2</sup> For Analysis Methods see Instructions item 11.6.  
<sup>3</sup> Please circle appropriate selection.  
<sup>4</sup> Defined in Florida Administrative Code, Rule 62-140, Table 1.  
<sup>5</sup> Composite for community & non-transient non-community systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.

# DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORTING FORMAT

(62-550.730 Reporting Form Effective 01/1995, Revised 02/2010)

**Florida-Spectrum Environmental Services, Inc.**  
 1460 W. McNab Road, Fort Lauderdale, FL 33309 Tel# (954) 978-6400  
 Certification No. E86006

Lab Receipt Date & Time: <u>05-Apr-2018 16:50</u>
Analysis Date & Time: <u>05-Apr-2018 17:40</u>
<b>Sample Acceptance Criteria:</b> Sample Preservation: <input checked="" type="checkbox"/> On Ice <input type="checkbox"/> Not On Ice <input checked="" type="checkbox"/> 1.80 °C Disinfectant Check: <input checked="" type="checkbox"/> Not Detected <input type="checkbox"/> _____ mg/L This sample does not meet the following NELAC requirements: _____

Report Number: 18D0175      Sub-Contract Lab ID: E86006

**Analysis Requested:** (check all that apply)

Total Coliform/*E. coli*    Total Coliform/Fecal    Enterococci    Coliphage    HPC    Other: \_\_\_\_\_

**Public Water System (PWS) Name:** City of Pembroke Pines      **PWS I.D.**

4	0	6	1	0	8	3
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**PWS Address:** 7960 Johnson Street      **City:** Pembroke Pines      **FL**      **33024**

**PWS or PWS Owner's Phone #:** (754) 260-4509      **Fax #:** (954) 986-5025

**Collector:** Oscar Castano      **Collector's Phone #:** (954) 582-4300/(423)-381-9121

**Type of Supply:** (check only one)

Community Water System    Non-Transient Non-community Water System    Transient Non-community Water System  
 Limited Use System    Bottled Water    Private Well    Swimming Pool    Other: \_\_\_\_\_

**Reason for Sampling:** (check all that apply)

Distribution Routine    Distribution Repeat    Raw (triggered or assessment)    Raw (triggered or assessment) additional    Well Survey  
 Clearance    Replacement (also check type of sample being replaced)    Boil Water Notice    Other: \_\_\_\_\_

**Sample Collection Date:** 4/5/18

To be completed by collector of sample						To be completed by lab				
Sample #	Sample Point City of Pembroke Pines Monthly Bacteria City of Pembroke Pines, FL	Sample Collection Time	Sample Type	Disinfectant Residual (mg/L)	pH	Analysis Method(s)2: Total Coliform/E.Coli (PA) by Colifert in Water (SM9223B)				
						Non-Coliform	Total Coliform	Fecal <i>E. Coli</i> , Enterococci or Coliphage3	Data Qualifier4	Lab Sample #
040518-01	(SP ID 26) 2110 NW 120th Terrace	14:39	D	/ 2.1	8.68		Absent	Absent	U	18D0175-01
040518-02	(SP ID 34) 1601 SW 128th Terrace	13:36	D	/ 3.3	9.01		Absent	Absent	U	18D0175-02
040518-03	(SP ID 33) 750 SW 136th Avenue	13:59	D	/ 3.8	9.22		Absent	Absent	U	18D0175-03
040518-04	(SP ID 67) 788 NW 135th Terrace	13:04	D	/ 3.4	8.89		Absent	Absent	U	18D0175-04
040518-05	(SP ID 31) 13702 NW 20th Street	12:11	D	/ 3.0	8.60		Absent	Absent	U	18D0175-05
040518-06	(SP ID 32) 13771 NW 16th Street	12:44	D	/ 3.4	8.91		Absent	Absent	U	18D0175-06
040518-07	(SP ID 36) 2250 NW 145th Avenue	12:27	D	/ 2.7	8.64		Absent	Absent	U	18D0175-07

**Average of disinfectant residuals for distribution routine & repeat Samples.5** Free chlorine or Total chlorine (circle one) / 3.1

**Disinfectant Residual Analysis Method:**  
 DPD Colorimetric    Other: \_\_\_\_\_

**Person performing disinfectant analysis is (see instructions on reverse):**  
 A certified operator (# DWC 22627)  
 Supervised by certified operator (# \_\_\_\_\_)  
 Employed by a certified lab    Employed by DEP or DOH  
 Authorized representative of supplier of water

Unless otherwise noted, all tests are performed in accordance with NELAC standards, and the results relate only to the samples.

Date and time PWS notified by lab of positive results: \_\_\_\_\_  
 Date and time DEP/DOH notified by lab of positive results: \_\_\_\_\_  
 Date Report Issued: 13-Apr-2018 13:19  
**Lab Signature:** Enrique Ochoa  
**Title:** (CSM) Customer Service Manager

Juquitta Drieth  
 Jacobs/CH2M-City of Pembroke Pines W1  
 7960 Johnson Street  
 Pembroke Pines      FL      33024

<input type="checkbox"/> Satisfactory <input type="checkbox"/> Incomplete Collection Information <input type="checkbox"/> Repeat Samples Required <input type="checkbox"/> Replacement Samples Required	<b>DEP/DOH USE ONLY</b>
Date Reviewed by DEP/DOH: _____ DEP/DOH Reviewing Official: _____	

1 For Sample Types see instructions item 1.16.  
 2 For Analysis Methods see instructions item 11.6.  
 3 Please circle appropriate selection.  
 4 Defined in Florida Administrative Code Rule 62-160, Table 1.  
 5 Complete for community & non-transient non-community systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.

# DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORTING FORMAT

(62-550.730 Reporting Format Effective 01/1995, Revised 02/2010)

**Florida-Spectrum Environmental Services, Inc.**  
1460 W. McNab Road, Fort Lauderdale, FL 33309 Tel# (954) 978-6400  
Certification No. E86006

Lab Receipt Date & Time: <u>07-Apr-2018 11:05</u>
Analysis Date & Time: <u>07-Apr-2018 15:35</u>
<b>Sample Acceptance Criteria:</b> Sample Preservation: <input checked="" type="checkbox"/> On Ice <input type="checkbox"/> Not On Ice <input checked="" type="checkbox"/> <u>1.00</u> °C Disinfectant Check: <input checked="" type="checkbox"/> Not Detected <input type="checkbox"/> _____ mg/L This sample does not meet the following NELAC requirements:

Report Number: 18D0232      Sub-Contract Lab ID: E86006

**Analysis Requested:** (check all that apply)  
 Total Coliform/E. coli    Total Coliform/Fecal    Enterococci    Coliphage    HPC    Other: \_\_\_\_\_

**Public Water System (PWS) Name:** City of Pembroke Pines      **PWS I.D.**

4	0	6	1	0	8	3
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**PWS Address:** 7960 Johnson Street      **City:** Pembroke Pines      **FL**      **33024**

**PWS or PWS Owner's Phone #:** (754) 260-4509      **Fax #:** (954) 966-5025

**Collector:** Oscar Castano      **Collector's Phone #:** (954) 582-4300/(423)-381-9127

**Type of Supply:** (check only one)  
 Community Water System    Non-Transient Non-community Water System    Transient Non-community Water System  
 Limited Use System    Bottled Water    Private Well    Swimming Pool    Other: \_\_\_\_\_

**Reason for Sampling:** (check all that apply)  
 Distribution Routine    Distribution Repeat    Raw (triggered or assessment)    Raw (triggered or assessment) additional    Well Survey  
 Clearance    Replacement (also check type of sample being replaced)    Boil Water Notice    Other: \_\_\_\_\_

**Sample Collection Date:** 4/6/18

To be completed by collector of sample						To be completed by lab				
Sample #	Sample Point City of Pembroke Pines Monthly Bacteria City of Pembroke Pines, FL	Sample Collection Time	Sample Type	Disinfectant Residual (mg/L)	pH	Analysis Method(s)2: Total Coliform/E. Coli (PA) by Collitert in Water (SM9223B)				
						Non-Coliform	Total Coliform	Fecal, E. Coli, Enterococci or Coliphage3	Data Qualifier4	Lab Sample #
040618-01	(SP ID 37) 1142 NW 141st Avenue	9:25	D	/ 3.2	8.86		Absent	Absent	U	18D0232-01
040618-02	(SP ID 38) 14300 SW 8th Street	9:52	D	/ 3.4	8.94		Absent	Absent	U	18D0232-02
040618-03	(SP ID 40) 300 SW 147th Avenue	10:17	D	/ 0.7	8.54		Absent	Absent	U	18D0232-03
040618-04	(SP ID 43) 1234 SW 159th Lane	10:42	D	/ 2.9	8.87		Absent	Absent	U	18D0232-04
040618-05	(SP ID 42) 69 NW 161st Avenue	11:14	D	/ 3.5	8.98		Absent	Absent	U	18D0232-05
040618-06	(SP ID 39) 15714 NW 24th Street	11:39	D	/ 3.0	8.81		Absent	Absent	U	18D0232-06
040618-07	(SP ID 41) 16028 NW 21st Street	12:01	D	/ 2.8	8.85		Absent	Absent	U	18D0232-07

**Average of disinfectant residuals for distribution routine & repeat Samples.5** Free chlorine or Total chlorine (circle one)      / 2.8

**Disinfectant Residual Analysis Method:**  
 DPD Colorimetric    Other: \_\_\_\_\_  
**Person performing disinfectant analysis is (see instructions on reverse):**  
 A certified operator (# DWC 22627)  
 Supervised by certified operator (# \_\_\_\_\_)  
 Employed by a certified lab    Employed by DEP or DOH  
 Authorized representative of supplier of water

Unless otherwise noted, all tests are performed in accordance with NELAC standards, and the results relate only to the samples.

Date and time PWS notified by lab of positive results: \_\_\_\_\_  
 Date and time DEP/DOH notified by lab of positive results: \_\_\_\_\_  
 Date Report Issued: 17-Apr-2018 12:48/  
**Lab Signature:** Enrique Ochoa  
**Title:** (CSM) Customer Service Manager

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

**DEP/DOH USE ONLY**

Satisfactory  
 Incomplete Collection Information  
 Repeat Samples Required  
 Replacement Samples Required

Date Reviewed by DEP/DOH: \_\_\_\_\_  
 DEP/DOH Reviewing Official: \_\_\_\_\_

1 For Sample Type, see Instructions item 110.  
 2 For Analysis Methods, see Instructions item 111.  
 3 Please circle appropriate selection.  
 4 Defined in Florida Administrative Code, Rule 62-160, Table 1.  
 5 Complete for community & non-transient non-community systems serving populations up to and including 3,000. Do not include raw or plant samples in the average.

# DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORTING FORMAT

(62-550.730 Reporting Format Effective 01/1995, Revised 02/2010)

**Florida-Spectrum Environmental Services, Inc.**  
 1460 W. McNab Road, Fort Lauderdale, FL 33309 Tel# (954) 978-6400  
 Certification No. E86006

Lab Receipt Date & Time: <u>10-Apr-2018 17:30</u>
Analysis Date & Time: <u>10-Apr-2018 18:00</u>
<b>Sample Acceptance Criteria:</b>
Sample Preservation: <input checked="" type="checkbox"/> On Ice <input type="checkbox"/> Not On Ice <input checked="" type="checkbox"/> <u>1.80</u> °C
Disinfectant Check: <input checked="" type="checkbox"/> Not Detected <input type="checkbox"/> _____ mg/L
This sample does not meet the following NELAC requirements:

Report Number: 18D0311      Sub-Contract Lab ID: E86006

**Analysis Requested:** (check all that apply)

Total Coliform/E. coli    Total Coliform/Fecal    Enterococci    Coliphage    HPC    Other: \_\_\_\_\_

**Public Water System (PWS) Name:** City of Pembroke Pines      **PWS I.D.**

4	0	6	1	0	8	3
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**PWS Address:** 7960 Johnson Street      **City:** Pembroke Pines      **FL**      **33024**

**PWS or PWS Owner's Phone #:** (754) 260-4509      **Fax #:** (954) 986-5025

**Collector:** Oscar Castano      **Collector's Phone #:** (954) 582-4300/(423)-381-9122

**Type of Supply:** (check only one)

Community Water System    Non-Transient Non-community Water System    Transient Non-community Water System  
 Limited Use System    Bottled Water    Private Well    Swimming Pool    Other: \_\_\_\_\_

**Reason for Sampling:** (check all that apply)

Distribution Routine    Distribution Repeat    Raw (triggered or assessment)    Raw (triggered or assessment) additional    Well Survey  
 Clearance    Replacement (also check type of sample being replaced)    Boil Water Notice    Other: \_\_\_\_\_

**Sample Collection Date:** 4/10/18

To be completed by collector of sample						To be completed by lab				
Sample #	Sample Point City of Pembroke Pines Monthly Bacteria City of Pembroke Pines, FL	Sample Collection Time	Sample Type	Disinfectant Residual (mg/L)	pH	Analysis Method(s): Total Coliform/E.Coli (PA) by CgIllert in Water (SM9223B)				
						Non-Coliform	Total Coliform	Fecal, E.Coli, Enterococci or Coliphage3	Data Qualifier4	Lab Sample #
041018-01	(SP ID 21) 1751 N. Hiatus Road	10:11	D	/ 3.3	8.91		Absent	Absent	U	18D0311-01
041018-02	(SP ID 23) 10755 NW 10th Street	10:31	D	/ 3.6	8.93		Absent	Absent	U	18D0311-02
041018-03	(SP ID 24) 200 S. Hiatus Road	10:56	D	/ 3.5	8.85		Absent	Absent	U	18D0311-03
041018-04	(SP ID 25) 11131 SW 13th Street	11:38	D	/ 2.6	8.68		Absent	Absent	U	18D0311-04
041018-05	(SP ID 30) 12399 Pembroke Road	12:01	D	/ 3.3	8.85		Absent	Absent	U	18D0311-05
041018-06	(SP ID 29) 241 SW 122nd Terrace	12:31	D	/ 3.5	8.89		Absent	Absent	U	18D0311-06
041018-07	(SP ID 28) 1050 NW 123rd Avenue	12:54	D	/ 3.0	8.88		Absent	Absent	U	18D0311-07

**Average of disinfectant residuals for distribution routine & repeat Samples.5** Free chlorine or Total chlorine (circle one)      / 3.2

**Disinfectant Residual Analysis Method:**  
 DPD Colorimetric    Other: \_\_\_\_\_  
**Person performing disinfectant analysis is (see instructions on reverse):**  
 A certified operator (# DWC 22627)  
 Supervised by certified operator (# \_\_\_\_\_)  
 Employed by a certified lab    Employed by DEP or DOH  
 Authorized representative of supplier of water

Unless otherwise noted, all tests are performed in accordance with NELAC standards, and the results relate only to the samples.

Date and time PWS notified by lab of positive results: \_\_\_\_\_  
 Date and time DEP/DOH notified by lab of positive results: \_\_\_\_\_  
 Date Report Issued: 17-Apr-2018 16:24  
**Lab Signature:** Enrique Ochoa  
**Title:** (CSM) Customer Service Manager

Juquitta Drieth  
 Jacobs/CH2M-City of Pembroke Pines WT  
 7960 Johnson Street  
 Pembroke Pines      FL      33024

**DEP/DOH USE ONLY**

Satisfactory  
 Incomplete Collection Information  
 Repeat Samples Required  
 Replacement Samples Required

Date Reviewed by DEP/DOH: \_\_\_\_\_  
 DEP/DOH Reviewing Official: \_\_\_\_\_

1 For Sample Types see instructions item 1.10.  
 2 For Analysis Methods see instructions item 11.0.  
 3 Please circle appropriate selection.  
 4 Defined in Florida Administrative Code, Rule 62.160, Table 1.  
 5 Complete for community & non-transient non-community systems serving populations up to and including 4,000. Do not include raw or pilot samples in the average.

# DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORTING FORMAT

(62-550.730 Reporting Format Effective 01/19/95, Revised 02/2010)

**Florida-Spectrum Environmental Services, Inc.**  
1460 W. McNab Road, Fort Lauderdale, FL 33309 Tel# (954) 978-6400  
Certification No. E86006

Lab Receipt Date & Time: <u>10-Apr-2018 17:30</u>
Analysis Date & Time: <u>10-Apr-2018 18:00</u>
<b>Sample Acceptance Criteria:</b>
Sample Preservation: <input checked="" type="checkbox"/> On Ice <input type="checkbox"/> Not On Ice <input checked="" type="checkbox"/> 1.80 °C
Disinfectant Check: <input checked="" type="checkbox"/> Not Detected <input type="checkbox"/> _____ mg/L
This sample does not meet the following NELAC requirements:

Report Number: 18D0311      Sub-Contract Lab ID: E86006

**Analysis Requested:** (check all that apply)

Total Coliform/*E. coli*    Total Coliform/Fecal    Enterococci    Coliphage    HPC    Other: \_\_\_\_\_

**Public Water System (PWS) Name:** City of Pembroke Pines      **PWS I.D.**

4	0	6	1	0	8	3
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**PWS Address:** 7960 Johnson Street      **City:** Pembroke Pines      **FL**      **33024**

**PWS or PWS Owner's Phone #:** (754) 260-4509      **Fax #:** (954) 986-5025

**Collector:** Oscar Castano      **Collector's Phone #:** (954) 582-4300/(423)-381-9127

**Type of Supply:** (check only one)

Community Water System    Non-Transient Non-community Water System    Transient Non-community Water System  
 Limited Use System    Bottled Water    Private Well    Swimming Pool    Other: \_\_\_\_\_

**Reason for Sampling:** (check all that apply)

Distribution Routine    Distribution Repeat    Raw (triggered or assessment)    Raw (triggered or assessment) additional    Well Survey  
 Clearance    Replacement (also check type of sample being replaced)    Boil Water Notice    Other: \_\_\_\_\_

**Sample Collection Date:** 4/10/18

To be completed by collector of sample						To be completed by lab				
Sample #	Sample Point City of Pembroke Pines Monthly Bacteria City of Pembroke Pines, FL	Sample Collection Time	Sample Type	Disinfectant Residual (mg/L)	pH	Analysis Method(s): Total Coliform/E.Coli (PA) by Colilert in Water (SM9223B)				
						Non-Coliform	Total Coliform	Fecal, <i>E. Coli</i> , Enterococci or Coliphage3	Data Qualifier4	Lab Sample #
041018-08	(SP ID 26) 2110 NW 120th Terrace	13:07	D	/ 2.0	8.75		Absent	Absent	U	18D0311-08
041018-09	(SP ID 34) 1601 SW 128th Terrace	13:42	D	/ 3.2	8.88		Absent	Absent	U	18D0311-09
041018-10	(SP ID 33) 750 SW 136th Avenue	14:05	D	/ 3.4	8.93		Absent	Absent	U	18D0311-10
041018-11	(SP ID 67) 788 NW 135th Terrace	14:24	D	/ 3.4	8.92		Absent	Absent	U	18D0311-11
041018-12	(SP ID 31) 13702 NW 20th Street	14:43	D	/ 3.2	8.85		Absent	Absent	U	18D0311-12

**Average of disinfectant residuals for distribution routine & repeat Samples.5** Free chlorine or Total chlorine (circle one)      / 3.2

**Disinfectant Residual Analysis Method:**  
 DPD Colorimetric    Other: \_\_\_\_\_  
**Person performing disinfectant analysis is (see instructions on reverse):**  
 A certified operator (# DWC 22627)  
 Supervised by certified operator (# \_\_\_\_\_)  
 Employed by a certified lab    Employed by DEP or DOH  
 Authorized representative of supplier of water

Unless otherwise noted, all tests are performed in accordance with NELAC standards, and the results relate only to the samples.

Date and time PWS notified by lab of positive results: \_\_\_\_\_  
Date and time DEP/DOH notified by lab of positive results: \_\_\_\_\_  
Date Report Issued: 17-Apr-2018 16:24  
**Lab Signature:** Enrique Ochoa  
**Title:** (CSM) Customer Service Manager

Juquitta Drieth  
Jacobs/CH2M-City of Pembroke Pines WT  
7960 Johnson Street  
Pembroke Pines      FL      33024

Satisfactory      **DEP/DOH USE ONLY**  
 Incomplete Collection Information  
 Repeat Samples Required  
 Replacement Samples Required  
Date Reviewed by DEP/DOH: \_\_\_\_\_  
DEP/DOH Reviewing Official: \_\_\_\_\_

1 For Sample Types see Instructions item 1.1.  
2 For Analysis Methods see Instructions item 11.6  
3 Please use appropriate selection  
4 Defined in Florida Administrative Code, Rule 62-160, Table 1  
5 Complete for community & non-transient non-community systems serving populations up to and including 4,300. Do not include raw or plant samples in the average

# DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORTING FORMAT

(62-550.730 Reporting Format Effective 01/1995, Revised 02/2010)

**Florida-Spectrum Environmental Services, Inc.**  
 1460 W. McNab Road, Fort Lauderdale, FL 33309 Tel# (954) 978-6400  
 Certification No. E86006

Lab Receipt Date & Time: <u>11-Apr-2018 16:58</u>
Analysis Date & Time: <u>11-Apr-2018 17:15</u>
<b>Sample Acceptance Criteria:</b> Sample Preservation: <input checked="" type="checkbox"/> On Ice <input type="checkbox"/> Not On Ice <input checked="" type="checkbox"/> 10.80 °C Disinfectant Check: <input checked="" type="checkbox"/> Not Detected <input type="checkbox"/> _____ mg/L This sample does not meet the following NELAC requirements: _____

Report Number: 18D0368      Sub-Contract Lab ID: E86006

**Analysis Requested:** (check all that apply)

Total Coliform/*E. coli*    Total Coliform/Fecal    Enterococci    Coliphage    HPC    Other: \_\_\_\_\_

**Public Water System (PWS) Name:** City of Pembroke Pines      **PWS I.D.**

4	0	6	1	0	8	3
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PWS Address: 7960 Johnson Street      City: Pembroke Pines      FL      33024

PWS or PWS Owner's Phone #: (754) 260-4509      Fax #: (954) 986-5025

**Collector:** Oscar Castano      Collector's Phone #: (954) 582-4300/(423)-381-9122

**Type of Supply:** (check only one)

Community Water System    Non-Transient Non-community Water System    Transient Non-community Water System  
 Limited Use System    Bottled Water    Private Well    Swimming Pool    Other: \_\_\_\_\_

**Reason for Sampling:** (check all that apply)

Distribution Routine    Distribution Repeat    Raw (triggered or assessment)    Raw (triggered or assessment) additional    Well Survey  
 Clearance    Replacement (also check type of sample being replaced)    Boil Water Notice    Other: \_\_\_\_\_

**Sample Collection Date:** 4/11/18

To be completed by collector of sample						To be completed by lab				
Sample #	Sample Point City of Pembroke Pines Monthly Bacteria City of Pembroke Pines, FL	Sample Collection Time	Sample Type	Disinfectant Residual (mg/L)	pH	Analysis Method(s)2: Total Coliform/E.Coli (PA) by Colifort in Water (SM9223B)				
						Non-Coliform	Total Coliform	Fecal <i>E. Coli</i> , Enterococci or Coliphage3	Data Qualifier4	Lab Sample #
041118-01	(SP ID 32) 13771 NW 16th Street	9:39	D	/ 2.9	8.67		Absent	Absent	U	18D0368-01
041118-02	(SP ID 36) 2250 NW 145th Avenue	10:00	D	/ 2.8	8.66		Absent	Absent	U	18D0368-02
041118-03	(SP ID 37) 1142 NW 141st Avenue	10:22	D	/ 3.0	8.73		Absent	Absent	U	18D0368-03
041118-04	(SP ID 38) 14300 SW 8th Street	10:39	D	/ 3.0	8.66		Absent	Absent	U	18D0368-04
041118-05	(SP ID 40) 300 SW 147th Avenue	11:10	D	/ 0.6	8.22		Absent	Absent	U	18D0368-05
041118-06	(SP ID 43) 1234 SW 159th Lane	12:01	D	/ 2.7	8.62		Absent	Absent	U	18D0368-06
041118-07	(SP ID 42) 69 NW 161st Avenue	12:44	D	/ 2.8	8.55		Absent	Absent	U	18D0368-07

**Average of disinfectant residuals for distribution routine & repeat Samples.5** Free chlorine or Total chlorine (circle one)      / 2.6

**Disinfectant Residual Analysis Method:**  
 DPD Colorimetric    Other: \_\_\_\_\_  
**Person performing disinfectant analysis is (see instructions on reverse):**  
 A certified operator (# DWC 22627)  
 Supervised by certified operator (# \_\_\_\_\_)  
 Employed by a certified lab    Employed by DEP or DOH  
 Authorized representative of supplier of water

Unless otherwise noted, all tests are performed in accordance with NELAC standards, and the results relate only to the samples.

Date and time PWS notified by lab of positive results: \_\_\_\_\_  
 Date and time DEP/DOH notified by lab of positive results: \_\_\_\_\_  
 Date Report Issued: 19-Apr-2018 11:41  
**Lab Signature:** Enrique Ochoa  
**Title:** (CSM) Customer Service Manager

Juquitta Drieth  
 Jacobs/CH2M-City of Pembroke Pines W1  
 7960 Johnson Street  
 Pembroke Pines      FL      33024

<input type="checkbox"/> Satisfactory <input type="checkbox"/> Incomplete Collection Information <input type="checkbox"/> Repeat Samples Required <input type="checkbox"/> Replacement Samples Required	<b>DEP/DOH USE ONLY</b>  Date Reviewed by DEP/DOH: _____ DEP/DOH Reviewing Official: _____
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1 For Sample Types see Instructions Item 1.10.  
 2 For Analysis Methods see Instructions Item 1.11.  
 3 Please circle appropriate selection.  
 4 Defined in Florida Administrative Code Rule 62-160, Table 1.  
 5 Complete for community & non-transient non-community systems serving populations up to and including 4,999. Do not include raw or plant samples in the average.

**DRINKING WATER MICROBIAL SAMPLE COLLECTION  
& LABORATORY REPORTING FORMAT**

(62-550.730 Reporting Format Effective 01/1995, Revised 02/2010)

**Florida-Spectrum Environmental Services, Inc.**  
1460 W. McNab Road, Fort Lauderdale, FL 33309 Tel# (954) 978-6400  
Certification No. E86006

Lab Receipt Date & Time: <u>11-Apr-2018 16:58</u>
Analysis Date & Time: <u>11-Apr-2018 17:15</u>
<b>Sample Acceptance Criteria:</b> Sample Preservation: <input checked="" type="checkbox"/> On Ice <input type="checkbox"/> Not On Ice <input checked="" type="checkbox"/> 10.80 °C Disinfectant Check: <input checked="" type="checkbox"/> Not Detected <input type="checkbox"/> _____ mg/L This sample does not meet the following NELAC requirements:

Report Number: 18D0368      Sub-Contract Lab ID: E86006

**Analysis Requested:** (check all that apply)

Total Coliform/*E. coli*    Total Coliform/Fecal    Enterococci    Coliphage    HPC    Other: \_\_\_\_\_

**Public Water System (PWS) Name:** City of Pembroke Pines      PWS I.D. 

4	0	6	1	0	8	3
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PWS Address: 7960 Johnson Street      City: Pembroke Pines      FL      33024

PWS or PWS Owner's Phone #: (754) 260-4509      Fax #: (954) 986-5025

**Collector:** Oscar Castano      Collector's Phone #: (954) 582-4300/(423)-381-9127

**Type of Supply:** (check only one)

Community Water System    Non-Transient Non-community Water System    Transient Non-community Water System  
 Limited Use System    Bottled Water    Private Well    Swimming Pool    Other: \_\_\_\_\_

**Reason for Sampling:** (check all that apply)

Distribution Routine    Distribution Repeat    Raw (triggered or assessment)    Raw (triggered or assessment) additional    Well Survey  
 Clearance    Replacement (also check type of sample being replaced)    Boil Water Notice    Other: \_\_\_\_\_

**Sample Collection Date:** 4/11/18

To be completed by collector of sample						To be completed by lab				
Sample #	Sample Point City of Pembroke Pines Monthly Bacteria City of Pembroke Pines, FL	Sample Collection Time	Sample Type	Disinfectant Residual (mg/L)	pH	Analysis Method(s): Total Coliform/ <i>E. coli</i> (PA) by Collilert in Water (SM9223B)				
						Non-Coliform	Total Coliform	Fecal <i>E. coli</i> Enterococci or Coliphage <sup>3</sup>	Data Qualifier <sup>4</sup>	Lab Sample #
041118-08	(SP ID 39) 15714 NW 24th Street	13:19	D	/ 2.6	8.62		Absent	Absent	U	18D0368-08
041118-09	(SP ID 41) 16028 NW 21st Street	13:48	D	/ 2.8	8.55		Absent	Absent	U	18D0368-09
041118-10	(SP ID 44) 6749 Segovia Circle West	14:10	D	/ 2.4	8.42		Absent	Absent	U	18D0368-10

Average of disinfectant residuals for distribution routine & repeat Samples.<sup>5</sup> Free chlorine or total chlorine (circle one)

**Disinfectant Residual Analysis Method:**  
 DPD Colorimetric    Other: \_\_\_\_\_  
**Person performing disinfectant analysis is (see instructions on reverse):**  
 A certified operator (# DWC 22627)  
 Supervised by certified operator (# \_\_\_\_\_)  
 Employed by a certified lab    Employed by DEP or DOH  
 Authorized representative of supplier of water

Unless otherwise noted, all tests are performed in accordance with NELAC standards, and the results relate only to the samples.

Date and time PWS notified by lab of positive results: \_\_\_\_\_  
Date and time DEP/DOH notified by lab of positive results: \_\_\_\_\_  
Date Report Issued: 19-Apr-2018 17:41  
**Lab Signature:** Enrique Ochoa  
**Title:** (CSM) Customer Service Manager

Juquitta Drieth  
Jacobs/CH2M-City of Pembroke Pines WT  
7960 Johnson Street  
Pembroke Pines      FL      33024

<input type="checkbox"/> Satisfactory	<b>DEP/DOH USE ONLY</b>
<input type="checkbox"/> Incomplete Collection Information	
<input type="checkbox"/> Repeat Samples Required	
<input type="checkbox"/> Replacement Samples Required	
Date Reviewed by DEP/DOH: _____	
DEP/DOH Reviewing Official: _____	

<sup>1</sup> For Sample Types see Instructions item 1.16.  
<sup>2</sup> For Analysis Methods see Instructions item 11.4.  
<sup>3</sup> Please circle appropriate selection.  
<sup>4</sup> Defined in Florida Administrative Code Rule 62-160, Table 1.  
<sup>5</sup> Complete for community & non-transient non-community systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.

# DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORTING FORMAT

(62-550.730 Reporting Format Effective 01/1995, Revised 02/2010)

**Florida-Spectrum Environmental Services, Inc.**  
1460 W. McNab Road, Fort Lauderdale, FL 33309 Tel# (954) 978-6400  
Certification No. E86006

Lab Receipt Date & Time: 13-Apr-2018 14:40

Analysis Date & Time: 13-Apr-2018 15:30

**Sample Acceptance Criteria:**

Sample Preservation:  On Ice  Not On Ice  4.80 °C  
Disinfectant Check:  Not Detected  \_\_\_\_\_ mg/L  
This sample does not meet the following NELAC requirements:

Report Number: 18D0484 Sub-Contract Lab ID: E86006

**Analysis Requested:** (check all that apply)

Total Coliform/E. coli  Total Coliform/Fecal  Enterococci  Coliphage  HPC  Other: \_\_\_\_\_

**Public Water System (PWS) Name:** City of Pembroke Pines

**PWS I.D.**

4	0	6	1	0	8	3
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**PWS Address:** 7960 Johnson Street

**City:** Pembroke Pines **FL** 33024

**PWS or PWS Owner's Phone #:** (754) 260-4509

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

**Collector:** Oscar Castano

**Collector's Phone #:** (954) 582-4300/(423)-381-9124

**Type of Supply:** (check only one)

Community Water System  Non-Transient Non-community Water System  Transient Non-community Water System  
 Limited Use System  Bottled Water  Private Well  Swimming Pool  Other: \_\_\_\_\_

**Reason for Sampling:** (check all that apply)

Distribution Routine  Distribution Repeat  Raw (triggered or assessment)  Raw (triggered or assessment) additional  Well Survey  
 Clearance  Replacement (also check type of sample being replaced)  Boil Water Notice  Other: \_\_\_\_\_

**Sample Collection Date:** 4/12/18

To be completed by collector of sample						To be completed by lab				
Sample #	Sample Point City of Pembroke Pines Monthly Bacteria City of Pembroke Pines, FL	Sample Collection Time	Sample Type	Disinfectant Residual (mg/L)	pH	Analysis Method(s)2: Total Coliform/E.Coli (PA) by Colilert in Water (SM9223B)				
						Non-Coliform	Total Coliform	Fecal, E.Coli, Enterococci or Coliphage3	Data Qualifier4	Lab Sample #
041218-01	(SP ID 45) 2300 NW 172nd Avenue	13:37	D	/ 2.3	8.72		Absent	Absent	U	18D0484-01
041218-02	(SP ID 46) 2098 NW 171st Terrace	14:09	D	/ 2.3	8.67		Absent	Absent	U	18D0484-02
041218-03	(SP ID 47) 17100 Pines Blvd.	14:43	D	/ 0.6	8.16		Absent	Absent	U	18D0484-03
041218-04	(SP ID 48) 17059 SW 16th Street	15:00	D	/ 2.3	8.75		Absent	Absent	U	18D0484-04
041218-05	(SP ID 27) 450 SW 182nd Way	15:23	D	/ 2.5	8.81		Absent	Absent	U	18D0484-05
041218-06	(SP ID 49) 17817 NW 15th Street	15:40	D	/ 2.3	8.74		Absent	Absent	U	18D0484-06
041218-07	(SP ID 51) 2473 NW 184th Terrace	15:54	D	/ 2.0	8.62		Absent	Absent	U	18D0484-07

**Average of disinfectant residuals for distribution routine & repeat Samples.5** Free chlorine or Total chlorine (circle one) / 1.9

**Disinfectant Residual Analysis Method:**

DPD Colorimetric  Other: \_\_\_\_\_  
**Person performing disinfectant analysis is (see instructions on reverse):**  
 A certified operator (# DWC 22627)  
 Supervised by certified operator (# \_\_\_\_\_)  
 Employed by a certified lab  Employed by DEP or DOH  
 Authorized representative of supplier of water

Unless otherwise noted, all tests are performed in accordance with NELAC standards, and the results relate only to the samples.

Date and time PWS notified by lab of positive results: \_\_\_\_\_

Date and time DEP/DOH notified by lab of positive results: \_\_\_\_\_

Date Report Issued: 20-Apr-2018 12:39

Lab Signature: Enrique Ochoa

Title: (CSM) Customer Service Manager

Juquitta Drieth  
Jacobs/CH2M-City of Pembroke Pines WI  
7960 Johnson Street  
Pembroke Pines FL 33024

Satisfactory DEP/DOH USE ONLY  
 Incomplete Collection Information  
 Repeat Samples Required  
 Replacement Samples Required  
Date Reviewed by DEP/DOH: \_\_\_\_\_  
DEP/DOH Reviewing Official: \_\_\_\_\_

<sup>1</sup> For Sample Types see Instructions item 1.16.

<sup>2</sup> For Analysis Methods see Instructions item 11.6.

<sup>3</sup> Please circle appropriate selection.

<sup>4</sup> Defined in Florida Administrative Code Rule 62.100, Table 1.

<sup>5</sup> Complete for community & non-transient non-community systems serving populations up to and including 4,000. Do not include tap or plant samples in the average.

# DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORTING FORMAT

[62-550.730 Reporting Format Effective 01/19/95, Revised 02/2010]

**Florida-Spectrum Environmental Services, Inc.**  
1460 W. McNab Road, Fort Lauderdale, FL 33309 Tel# (954) 978-6400  
Certification No. E86006

Lab Receipt Date & Time: <u>13-Apr-2018 14:40</u>
Analysis Date & Time: <u>13-Apr-2018 15:30</u>
<b>Sample Acceptance Criteria:</b>
Sample Preservation: <input checked="" type="checkbox"/> On Ice <input type="checkbox"/> Not On Ice <input checked="" type="checkbox"/> 4.80 °C
Disinfectant Check: <input checked="" type="checkbox"/> Not Detected <input type="checkbox"/> _____ mg/L
This sample does not meet the following NELAC requirements:

Report Number: 18D0484 Sub-Contract Lab ID: E86006

**Analysis Requested:** (check all that apply)

Total Coliform/*E. coli*  Total Coliform/Fecal  Enterococci  Coliphage  HPC  Other: \_\_\_\_\_

**Public Water System (PWS) Name:** City of Pembroke Pines PWS I.D. 

4	0	6	1	0	8	3
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PWS Address: 7960 Johnson Street City: Pembroke Pines FL 33024

PWS or PWS Owner's Phone #: (754) 260-4509 Fax #: (954) 986-5025

**Collector:** Oscar Castano Collector's Phone #: (954) 582-4300/(423)-381-9121

**Type of Supply:** (check only one)

Community Water System  Non-Transient Non-community Water System  Transient Non-community Water System  
 Limited Use System  Bottled Water  Private Well  Swimming Pool  Other: \_\_\_\_\_

**Reason for Sampling:** (check all that apply)

Distribution Routine  Distribution Repeat  Raw (triggered or assessment)  Raw (triggered or assessment) additional  Well Survey  
 Clearance  Replacement (also check type of sample being replaced)  Boil Water Notice  Other: \_\_\_\_\_

**Sample Collection Date:** 4/12/18

To be completed by collector of sample						To be completed by lab				
Sample #	Sample Point City of Pembroke Pines Monthly Bacteria City of Pembroke Pines, FL	Sample Collection Time	Sample Type	Disinfectant Residual (mg/L)	pH	Analysis Method(s)2: Total Coliform/E.Coli (PA) by Colllert in Water (SM9223B)				
						Non-Coliform	Total Coliform	Fecal: <i>E. Coli</i> , Enterococci or Coliphage3	Data Qualifier4	Lab Sample #
041218-08	(SP ID 52) 18411 Pines Blvd.	16:12	D	/ 2.2	8.62		Absent	Absent	U	18D0484-08
041218-09	(SP ID 58) 19370 SW 16th Street	16:33	D	/ 1.0	8.34		Absent	Absent	U	18D0484-09
041218-10	(SP ID 53) 18539 SW 12th Street	16:49	D	/ 2.0	8.81		Absent	Absent	U	18D0484-10

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**Average of disinfectant residuals for distribution routine & repeat Samples.5** Free chlorine or Total chlorine (circle one) / 1.9

**Disinfectant Residual Analysis Method:**  
 DPD Colorimetric  Other: \_\_\_\_\_  
**Person performing disinfectant analysis is (see instructions on reverse):**  
 A certified operator (# DWC 22627)  
 Supervised by certified operator (# \_\_\_\_\_)  
 Employed by a certified lab  Employed by DEP or DOH  
 Authorized representative of supplier of water

Unless otherwise noted, all tests are performed in accordance with NELAC standards, and the results relate only to the samples.

Date and time PWS notified by lab of positive results: \_\_\_\_\_  
Date and time DEP/DOH notified by lab of positive results: \_\_\_\_\_  
Date Report Issued: 20-Apr-2018 12:39  
**Lab Signature:** Enrique Ochoa  
**Title:** (CSM) Customer Service Manager

Juquitta Drieth  
Jacobs/CH2M-City of Pembroke Pines WT  
7960 Johnson Street  
Pembroke Pines FL 33024

Satisfactory DEP/DOH USE ONLY  
 Incomplete Collection Information  
 Repeat Samples Required  
 Replacement Samples Required  
Date Reviewed by DEP/DOH: \_\_\_\_\_  
DEP/DOH Reviewing Official: \_\_\_\_\_

1 For Sample Types see Instructions item 1.16.  
2 For Analysis Methods see Instructions item 11.6.  
3 Please circle appropriate selection.  
4 Defined in Florida Administrative Code Rule 62-110, Table 1.  
5 Complete for community & non-transient non-community systems serving populations up to and including 4,999. Do not include raw or plant output in the average.

# DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORTING FORMAT

(62-550.730 Reporting Format Effective 01/1995, Revised 02/2010)

**Florida-Spectrum Environmental Services, Inc.**  
1460 W. McNab Road, Fort Lauderdale, FL 33309 Tel# (954) 978-6400  
Certification No. E86006

Lab Receipt Date & Time: 14-Apr-2018 11:10

Analysis Date & Time: 14-Apr-2018 15:30

**Sample Acceptance Criteria:**

Sample Preservation:  On Ice  Not On Ice  1.40 °C  
Disinfectant Check:  Not Detected  \_\_\_\_\_ mg/L  
This sample does not meet the following NELAC requirements:

Report Number: 18D0516 Sub-Contract Lab ID: E86006

**Analysis Requested:** (check all that apply)

Total Coliform/E. coli  Total Coliform/Fecal  Enterococci  Coliphage  HPC  Other: \_\_\_\_\_

**Public Water System (PWS) Name:** City of Pembroke Pines

**PWS I.D.**

4	0	6	1	0	8	3
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**PWS Address:** 7960 Johnson Street

**City:** Pembroke Pines **FL** 33024

**PWS or PWS Owner's Phone #:** (754) 260-4509

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

**Collector:** Oscar Castano

**Collector's Phone #:** (954) 582-4300/(423)-381-9121

**Type of Supply:** (check only one)

Community Water System  Non-Transient Non-community Water System  Transient Non-community Water System  
 Limited Use System  Bottled Water  Private Well  Swimming Pool  Other: \_\_\_\_\_

**Reason for Sampling:** (check all that apply)

Distribution Routine  Distribution Repeat  Raw (triggered or assessment)  Raw (triggered or assessment) additional  Well Survey  
 Clearance  Replacement (also check type of sample being replaced)  Boil Water Notice  Other: \_\_\_\_\_

**Sample Collection Date:** 4/13/18

To be completed by collector of sample						To be completed by lab				
Sample #	Sample Point City of Pembroke Pines Monthly Bacteria City of Pembroke Pines, FL	Sample Collection Time	Sample Type	Disinfectant Residual (mg/L)	pH	Analysis Method(s)2: Total Coliform/E.Coli (PA) by Colilert in Water (SM9223B)				
						Non-Coliform	Total Coliform	Fecal, E.Coli, Enterococci or Coliphage3	Data Qualifier4	Lab Sample #
041318-01	(SP ID 57) 420 NW 197th Avenue	15:13	D	/ 2.2	8.65		Absent	Absent	U	18D0516-01
041318-02	(SP ID 56) 1263 NW 195th Avenue	14:58	D	/ 2.1	8.66		Absent	Absent	U	18D0516-02
041318-03	(SP ID 55) 19478 NW 24th Place	14:44	D	/ 2.0	8.64		Absent	Absent	U	18D0516-03
041318-04	(SP ID 54) 6351 SW 195th Avenue	14:22	D	/ 1.9	8.63		Absent	Absent	U	18D0516-04
041318-05	(SP ID 59) 5000 SW 207th Terrace	13:38	D	/ 1.1	8.32		Absent	Absent	U	18D0516-05
041318-06	(SP ID 63) 21250 Sheridan Street	13:07	D	/ 1.1	8.60		Absent	Absent	U	18D0516-06
041318-07	(SP ID 64) 21800 NW 8th Place	10:58	D	/ 2.3	8.61		Absent	Absent	U	18D0516-07

**Average of disinfectant residuals for distribution routine & repeat Samples.5** Free chlorine or Total chlorine (circle one) / 1.9

**Disinfectant Residual Analysis Method:**

DPD Colorimetric  Other: \_\_\_\_\_  
**Person performing disinfectant analysis is (see instructions on reverse):**  
 A certified operator (# DWC 22627)  
 Supervised by certified operator (# \_\_\_\_\_)  
 Employed by a certified lab  Employed by DEP or DOH  
 Authorized representative of supplier of water

Unless otherwise noted, all tests are performed in accordance with NELAC standards, and the results relate only to the samples.

Date and time PWS notified by lab of positive results: \_\_\_\_\_

Date and time DEP/DOH notified by lab of positive results: \_\_\_\_\_

Date Report Issued: 23-Apr-2018 12:41

**Lab Signature:** Enrique Ochoa

**Title:** (CSM) Customer Service Manager

Juquitta Drieth  
Jacobs/CH2M-City of Pembroke Pines W1  
7960 Johnson Street  
Pembroke Pines FL 33024

Satisfactory DEP/DOH USE ONLY  
 Incomplete Collection Information  
 Repeat Samples Required  
 Replacement Samples Required  
Date Reviewed by DEP/DOH: \_\_\_\_\_  
DEP/DOH Reviewing Official: \_\_\_\_\_

\* 1 of Sample Types see Instructions item 116  
\* For Analysis Methods see Instructions item 116  
\* Please circle appropriate selection  
\* Defined in Florida Administrative Code Rule 62-160, Table 1  
\* Complete for community & non-transient non-community systems serving populations up to and including 4,000. Do not include raw or plant samples in the average.

# DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORTING FORMAT

(62-550.730 Reporting Format Effective 01/1995, Revised 02/2010)

**Florida-Spectrum Environmental Services, Inc.**  
 1460 W. McNab Road, Fort Lauderdale, FL 33309 Tel# (954) 978-6400  
 Certification No. E86006

Lab Receipt Date & Time: <u>14-Apr-2018 11:10</u>
Analysis Date & Time: <u>14-Apr-2018 15:30</u>
<b>Sample Acceptance Criteria:</b>
Sample Preservation: <input checked="" type="checkbox"/> On Ice <input type="checkbox"/> Not On Ice <input checked="" type="checkbox"/> 1.40 °C
Disinfectant Check: <input checked="" type="checkbox"/> Not Detected <input type="checkbox"/> _____ mg/L
This sample does not meet the following NELAC requirements:

Report Number: 18D0516      Sub-Contract Lab ID: E86006

**Analysis Requested:** (check all that apply)

Total Coliform/*E. coli*    Total Coliform/Fecal    Enterococci    Coliphage    HPC    Other: \_\_\_\_\_

**Public Water System (PWS) Name:** City of Pembroke Pines

**PWS I.D.**

4	0	6	1	0	8	3
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PWS Address: 7960 Johnson Street

City: Pembroke Pines      FL      33024

PWS or PWS Owner's Phone #: (754) 260-4509

Fax #: (954) 986-5025

**Collector:** Oscar Castano

Collector's Phone #: (954) 582-4300/(423)-381-9122

**Type of Supply:** (check only one)

Community Water System    Non-Transient Non-community Water System    Transient Non-community Water System  
 Limited Use System    Bottled Water    Private Well    Swimming Pool    Other: \_\_\_\_\_

**Reason for Sampling:** (check all that apply)

Distribution Routine    Distribution Repeat    Raw (triggered or assessment)    Raw (triggered or assessment) additional    Well Survey  
 Clearance    Replacement (also check type of sample being replaced)    Boil Water Notice    Other: \_\_\_\_\_

**Sample Collection Date:** 4/13/18

To be completed by collector of sample						To be completed by lab				
Sample #	Sample Point City of Pembroke Pines Monthly Bacteria City of Pembroke Pines, FL	Sample Collection Time	Sample Type	Disinfectant Residual (mg/L)	pH	Analysis Method(s)2: Total Coliform/E. Coli (PA) by Colilert in Water (SM9223B)				
						Non-Coliform	Total Coliform	Fecal, E. Coli, Enterococci or Coliphage3	Data Qualifier4	Lab Sample #
041318-08	(SP ID 65) 21651 NW 7th Street	11:18	D	/ 2.3	8.70		Absent	Absent	U	18D0516-08
041318-09	(SP ID 62) 20701 Pembroke Road	11:56	D	/ 2.1	8.68		Absent	Absent	U	18D0516-09
041318-10	(SP ID 61) 20501 SW 1st Street	12:18	D	/ 2.2	8.68		Absent	Absent	U	18D0516-10

**Average of disinfectant residuals for distribution routine & repeat Samples.5** Free chlorine or Total chlorine (circle one)

/ 1.9

**Disinfectant Residual Analysis Method:**

DPD Colorimetric    Other: \_\_\_\_\_  
**Person performing disinfectant analysis is (see instructions on reverse):**  
 A certified operator (# DWC 22627)  
 Supervised by certified operator (# \_\_\_\_\_)  
 Employed by a certified lab    Employed by DEP or DOH  
 Authorized representative of supplier of water

Unless otherwise noted, all tests are performed in accordance with NELAC standards, and the results relate only to the samples.

Date and time PWS notified by lab of positive results: \_\_\_\_\_  
 Date and time DEP/DOH notified by lab of positive results: \_\_\_\_\_  
 Date Report Issued: 23-Apr-2018 12:41  
**Lab Signature:** Enrique Ochoa  
**Title:** (CSM) Customer Service Manager

Juquitta Drieth  
 Jacobs/CH2M-City of Pembroke Pines WT  
 7960 Johnson Street  
 Pembroke Pines      FL      33024

<input type="checkbox"/> Satisfactory <input type="checkbox"/> Incomplete Collection Information <input type="checkbox"/> Repeat Samples Required <input type="checkbox"/> Replacement Samples Required	<b>DEP/DOH USE ONLY</b>  Date Reviewed by DEP/DOH: _____ DEP/DOH Reviewing Official: _____
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1 For Sample Types see Instructions item 1.10  
 2 For Analysis Methods see Instructions item 1.10  
 3 Please circle appropriate selection  
 4 Defined in Florida Administrative Code Rule 62-160, Table 1  
 5 Complete for community & non-transient non-community systems serving populations up to and including 4,999. Do not include raw or plant samples in the average.

# DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORTING FORMAT

(62-550.730 Reporting Format Effective 01/1995, Revised 02/2010)

**Florida-Spectrum Environmental Services, Inc.**  
1460 W. McNab Road, Fort Lauderdale, FL 33309 Tel# (954) 978-6400  
Certification No. E86006

Lab Receipt Date & Time: <u>16-Apr-2018 16:20</u>
Analysis Date & Time: <u>16-Apr-2018 17:15</u>
<b>Sample Acceptance Criteria:</b>
Sample Preservation: <input checked="" type="checkbox"/> On Ice <input type="checkbox"/> Not On Ice <input checked="" type="checkbox"/> <u>1.80</u> °C
Disinfectant Check: <input checked="" type="checkbox"/> Not Detected <input type="checkbox"/> _____ mg/L
This sample does not meet the following NELAC requirements:

Report Number: 18D0533      Sub-Contract Lab ID: E86006

**Analysis Requested:** (check all that apply)

Total Coliform/*E. coli*    Total Coliform/Fecal    Enterococci    Coliphage    HPC    Other: \_\_\_\_\_

**Public Water System (PWS) Name:** City of Pembroke Pines      **PWS I.D.**

4	0	6	1	0	8	3
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PWS Address: 7960 Johnson Street      City: Pembroke Pines      FL      33024

PWS or PWS Owner's Phone #: (754) 260-4509      Fax #: (954) 986-5025

**Collector:** Oscar Casiano      Collector's Phone #: (954) 582-4300/(423)-381-9121

**Type of Supply:** (check only one)

Community Water System    Non-Transient Non-community Water System    Transient Non-community Water System  
 Limited Use System    Bottled Water    Private Well    Swimming Pool    Other: \_\_\_\_\_

**Reason for Sampling:** (check all that apply)

Distribution Routine    Distribution Repeat    Raw (triggered or assessment)    Raw (triggered or assessment) additional    Well Survey  
 Clearance    Replacement (also check type of sample being replaced)    Boil Water Notice    Other: \_\_\_\_\_

**Sample Collection Date:** 4/16/18

To be completed by collector of sample						To be completed by lab				
Sample #	Sample Point City of Pembroke Pines Monthly Bacteria City of Pembroke Pines, FL	Sample Collection Time	Sample Type	Disin- fectant Residual (mg/L)	pH	Analysis Method(s)2: Total Coliform/E.Coli (PA) by Collert in Water (SM9223B)				
						Non- Coliform	Total Coliform	Fecal <u>E. Coli</u> Enterococci or Coliphage3	Data Qualifier4	Lab Sample #
041618-01	(SP ID 1) 2040 NW 74th Avenue	9:46	D	/ 3.8	9.38		Absent	Absent	U	18D0533-01
041618-02	(SP ID 2) 7610 Taft Street	10:00	D	/ 3.7	9.27		Absent	Absent	U	18D0533-02
041618-03	(SP ID 3) 7741 Johnson Street	10:15	D	/ 3.6	9.17		Absent	Absent	U	18D0533-03
041618-04	(SP ID 4) 120 NW 73rd Avenue	10:29	D	/ 3.6	9.27		Absent	Absent	U	18D0533-04
041618-05	(SP ID 5) 7021 SW 9th Street	10:44	D	/ 3.3	9.14		Absent	Absent	U	18D0533-05
041618-06	(SP ID 11) 1530 SW 85th Avenue	11:06	D	/ 3.4	9.13		Absent	Absent	U	18D0533-06
041618-07	(SP ID 10) 199 N. University Drive	11:29	D	/ 3.0	9.09		Absent	Absent	U	18D0533-07

**Average of disinfectant residuals for distribution routine & repeat Samples.5** Free chlorine or Total chlorine (circle one) / 3.5

**Disinfectant Residual Analysis Method:**  
 DPD Colorimetric    Other: \_\_\_\_\_  
**Person performing disinfectant analysis is (see instructions on reverse):**  
 A certified operator (# DWC 22627)  
 Supervised by certified operator (# \_\_\_\_\_)  
 Employed by a certified lab    Employed by DEP or DOH  
 Authorized representative of supplier of water

Unless otherwise noted, all tests are performed in accordance with NELAC standards, and the results relate only to the samples.

Date and time PWS notified by lab of positive results: \_\_\_\_\_  
Date and time DEP/DOH notified by lab of positive results: \_\_\_\_\_  
Date Report Issued: 23-Apr-2018 12:11  
**Lab Signature:** Enrique Ochoa  
**Title:** (CSM) Customer Service Manager

Juquitta Drieth  
Jacobs/CH2M-City of Pembroke Pines WT  
7960 Johnson Street  
Pembroke Pines      FL      33024

Satisfactory      **DEP/DOH USE ONLY**  
 Incomplete Collection Information  
 Repeat Samples Required  
 Replacement Samples Required  
Date Reviewed by DEP/DOH: \_\_\_\_\_  
DEP/DOH Reviewing Official: \_\_\_\_\_

1 For Sample Type see Instructions item 1.10.  
2 For Analysis Methods see Instructions item 1.11.  
3 Please circle appropriate selection.  
4 Definition in Florida Administrative Code, Rule 62-160, Table 1.  
5 Complete for community & non-transient non-community systems serving populations up to and including 4,999. Do not include raw or plant samples in the average.

# DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORTING FORMAT

(62-550.730 Reporting Format Effective 01/1995, Revised 02/2010)

**Florida-Spectrum Environmental Services, Inc.**  
 1460 W. McNab Road, Fort Lauderdale, FL 33309 Tel# (954) 978-6400  
 Certification No. E86006

Lab Receipt Date & Time: 16-Apr-2018 16:20

Analysis Date & Time: 16-Apr-2018 17:15

**Sample Acceptance Criteria:**

Sample Preservation:  On Ice  Not On Ice  1.80 °C  
 Disinfectant Check:  Not Detected  \_\_\_\_\_ mg/L  
 This sample does not meet the following NELAC requirements:

Report Number: 18D0533 Sub-Contract Lab ID: E86006

**Analysis Requested:** (check all that apply)

Total Coliform/*E. coli*  Total Coliform/Fecal  Enterococci  Coliphage  HPC  Other: \_\_\_\_\_

**Public Water System (PWS) Name:** City of Pembroke Pines **PWS I.D.**

4	0	6	1	0	8	3
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PWS Address: 7960 Johnson Street City: Pembroke Pines FL 33024

PWS or PWS Owner's Phone #: (754) 260-4509 Fax #: (954) 986-5025

**Collector:** Oscar Casiano Collector's Phone #: (954) 582-4300/(423)-381-9121

**Type of Supply:** (check only one)

Community Water System  Non-Transient Non-community Water System  Transient Non-community Water System  
 Limited Use System  Bottled Water  Private Well  Swimming Pool  Other: \_\_\_\_\_

**Reason for Sampling:** (check all that apply)

Distribution Routine  Distribution Repeat  Raw (triggered or assessment)  Raw (triggered or assessment) additional  Well Survey  
 Clearance  Replacement (also check type of sample being replaced)  Boil Water Notice  Other: \_\_\_\_\_

**Sample Collection Date:** 4/16/18

To be completed by collector of sample						To be completed by lab				
Sample #	Sample Point City of Pembroke Pines Monthly Bacteria City of Pembroke Pines, FL	Sample Collection Time	Sample Type	Disinfectant Residual (mg/L)	pH	Analysis Method(s)2: Total Coliform/ <i>E. Coli</i> (PA) by Collitert in Water (SM9223B)				
						Non- Coliform	Total Coliform	Fecal <i>E. Coli</i> , Enterococci or Coliphage3	Data Qualifier4	Lab Sample #
041618-08	(SP ID 9) 8131 Johnson Street	11:45	D	/ 3.5	9.10		Absent	Absent	U	18D0533-08
041618-09	(SP ID 8) 8130 Taft Street	11:59	D	/ 3.6	9.17		Absent	Absent	U	18D0533-09
041618-10	(SP ID 7) 2402 N. University Drive	12:16	D	/ 3.4	9.21		Absent	Absent	U	18D0533-10
041618-11	(SP ID 68) 2060 NW 88th Terrace	12:34	D	/ 3.5	9.17		Absent	Absent	U	18D0533-11
041618-12	(SP ID 12) 1621 N. Douglas Road	12:53	D	/ 3.4	9.09		Absent	Absent	U	18D0533-12
041618-13	(SP ID 13) 8880 Johnson Street	13:05	D	/ 3.5	9.07		Absent	Absent	U	18D0533-13
041618-14	(SP ID 14) 120 N. Douglas Road	13:19	D	/ 3.5	9.08		Absent	Absent	U	18D0533-14

**Average of disinfectant residuals for distribution routine & repeat Samples.5** Free chlorine or Total chlorine (circle one) / 3.5

**Disinfectant Residual Analysis Method:**  
 DPD Colorimetric  Other: \_\_\_\_\_  
**Person performing disinfectant analysis is (see instructions on reverse):**  
 A certified operator (# DWC 22627)  
 Supervised by certified operator (# \_\_\_\_\_)  
 Employed by a certified lab  Employed by DEP or DOH  
 Authorized representative of supplier of water

Unless otherwise noted, all tests are performed in accordance with NELAC standards, and the results relate only to the samples.

Date and time PWS notified by lab of positive results: \_\_\_\_\_  
 Date and time DEP/DOH notified by lab of positive results: \_\_\_\_\_  
 Date Report Issued: 23-Apr-2018 12:11  
**Lab Signature:** Enrique Ochoa  
**Title:** (CSM) Customer Service Manager

Juquitta Drieth  
 Jacobs/CH2M-City of Pembroke Pines WT  
 7960 Johnson Street  
 Pembroke Pines FL 33024

Satisfactory DEP/DOH USE ONLY  
 Incomplete Collection Information  
 Repeat Samples Required  
 Replacement Samples Required  
 Date Reviewed by DEP/DOH: \_\_\_\_\_  
 DEP/DOH Reviewing Official: \_\_\_\_\_

1 For Sample Types see Instructions on Form 116  
 2 For Analysis Methods see Instructions, item 116  
 3 Please circle appropriate selection  
 4 Defined in Florida Administrative Code Rule 62-104, Table 1  
 5 Complete for community & non-transient non-community systems serving populations up to and including 1,000. Do not include raw or plant samples in the average.

# DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORTING FORMAT

(62-550.730 Reporting Format Effective 01/1995, Revised 02/2010)

**Florida-Spectrum Environmental Services, Inc.**  
 1460 W. McNab Road, Fort Lauderdale, FL 33309 Tel# (954) 978-6400  
 Certification No. E86006

Lab Receipt Date & Time: <u>17-Apr-2018 16:55</u>
Analysis Date & Time: <u>17-Apr-2018 17:30</u>
<b>Sample Acceptance Criteria:</b> Sample Preservation: <input checked="" type="checkbox"/> On Ice <input type="checkbox"/> Not On Ice <input checked="" type="checkbox"/> 2.20 °C Disinfectant Check: <input checked="" type="checkbox"/> Not Detected <input type="checkbox"/> _____ mg/L This sample does not meet the following NELAC requirements: _____

Report Number: 18D0596 Sub-Contract Lab ID: E86006

**Analysis Requested:** (check all that apply)

Total Coliform/*E. coli*  Total Coliform/Fecal  Enterococci  Coliphage  HPC  Other: \_\_\_\_\_

**Public Water System (PWS) Name:** City of Pembroke Pines

**PWS I.D.**

4	0	6	1	0	8	3
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PWS Address: 7960 Johnson Street

City: Pembroke Pines FL 33024

PWS or PWS Owner's Phone #: (754) 260-4509

Fax #: (954) 986-5025

**Collector:** Oscar Castano

Collector's Phone #: (954) 582-4300/(423)-381-9121

**Type of Supply:** (check only one)

Community Water System  Non-Transient Non-community Water System  Transient Non-community Water System  
 Limited Use System  Bottled Water  Private Well  Swimming Pool  Other: \_\_\_\_\_

**Reason for Sampling:** (check all that apply)

Distribution Routine  Distribution Repeat  Raw (triggered or assessment)  Raw (triggered or assessment) additional  Well Survey  
 Clearance  Replacement (also check type of sample being replaced)  Boil Water Notice  Other: \_\_\_\_\_

**Sample Collection Date:** 4/17/18

To be completed by collector of sample						To be completed by lab				
Sample #	Sample Point City of Pembroke Pines Monthly Bacteria City of Pembroke Pines, FL	Sample Collection Time	Sample Type	Disinfectant Residual (mg/L)	pH	Analysis Method(s)2: Total Coliform/E.Coli (PA) by Colilert in Water (SM9223B)				
						Non-Coliform	Total Coliform	Fecal, <u>E.Coli</u> , Enterococci Or Coliphage3	Data Qualifier4	Lab Sample #
041718-01	(SP ID 15) 900 Hollybrook Drive	8:49	D	/ 3.5	9.23		Absent	Absent	U	18D0596-01
041718-02	(SP ID 20) 10001 SW 14th Street	9:14	D	/ 3.5	9.24		Absent	Absent	U	18D0596-02
041718-03	(SP ID 19) 10101 Pines Blvd.	9:30	D	/ 3.8	9.23		Absent	Absent	U	18D0596-03
041718-04	(SP ID 18) 10000 Johnson Street	9:53	D	/ 3.9	9.30		Absent	Absent	U	18D0596-04
041718-05	(SP ID 17) 1981 NW 100th Way	10:09	D	/ 3.6	9.19		Absent	Absent	U	18D0596-05
041718-06	(SP ID 16) 10120 Sheridan Street	10:27	D	/ 3.5	9.16		Absent	Absent	U	18D0596-06
041718-07	(SP ID 22) 11141 NW 22nd Street	10:47	D	/ 3.4	9.13		Absent	Absent	U	18D0596-07

**Average of disinfectant residuals for distribution routine & repeat Samples.5** Free chlorine or Total chlorine (circle one) / 2.9

**Disinfectant Residual Analysis Method:**

DPD Colorimetric  Other: \_\_\_\_\_  
**Person performing disinfectant analysis is (see instructions on reverse):**  
 A certified operator (# DWC 22627)  
 Supervised by certified operator (# \_\_\_\_\_)  
 Employed by a certified lab  Employed by DEP or DOH  
 Authorized representative of supplier of water

Unless otherwise noted, all tests are performed in accordance with NELAC standards, and the results relate only to the samples.

Date and time PWS notified by lab of positive results: \_\_\_\_\_  
 Date and time DEP/DOH notified by lab of positive results: \_\_\_\_\_  
 Date Report Issued: 24-Apr-2018 11:48  
**Lab Signature:** Enrique Ochoa  
**Title:** (CSM) Customer Service Manager

Juquitta Drieth  
 Jacobs/CH2M-City of Pembroke Pines WT  
 7960 Johnson Street  
 Pembroke Pines FL 33024

<input type="checkbox"/> Satisfactory <input type="checkbox"/> Incomplete Collection Information <input type="checkbox"/> Repeat Samples Required <input type="checkbox"/> Replacement Samples Required	<b>DEP/DOH USE ONLY</b>  Date Reviewed by DEP/DOH: _____ DEP/DOH Reviewing Official: _____
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1 For Sample Types see Instructions Item 1.6  
 2 For Analysis Methods see Instructions Item 11.6  
 3 Please circle appropriate selection.  
 4 Defined in Florida Administrative Code, Rule 62-100, Table 1  
 5 Complete for community & non-transient non-community systems serving populations up to and including 1,000. Do not include raw or plant samples in the average.

# DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORTING FORMAT

(62-850.730 Reporting Format Effective 01/19/95, Revised 02/2010)

**Florida-Spectrum Environmental Services, Inc.**  
 1460 W. McNab Road, Fort Lauderdale, FL 33309 Tel# (954) 978-6400  
 Certification No. E86006

Lab Receipt Date & Time: <u>17-Apr-2018 16:55</u>
Analysis Date & Time: <u>17-Apr-2018 17:30</u>
<b>Sample Acceptance Criteria:</b>
Sample Preservation: <input checked="" type="checkbox"/> On Ice <input type="checkbox"/> Not On Ice <input checked="" type="checkbox"/> 2.20 °C
Disinfectant Check: <input checked="" type="checkbox"/> Not Detected <input type="checkbox"/> _____ mg/L
This sample does not meet the following NELAC requirements:

Report Number: 18D0596      Sub-Contract Lab ID: E86006

**Analysis Requested:** (check all that apply)

Total Coliform/*E. coli*    Total Coliform/Fecal    Enterococci    Coliphage    HPC    Other: \_\_\_\_\_

**Public Water System (PWS) Name:** City of Pembroke Pines      **PWS I.D.**

4	0	6	1	0	8	3
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PWS Address: 7960 Johnson Street      City: Pembroke Pines      FL      33024

PWS or PWS Owner's Phone #: (754) 260-4509      Fax #: (954) 986-5025

**Collector:** Oscar Castano      Collector's Phone #: (954) 582-4300/(423)-381-9121

**Type of Supply:** (check only one)

Community Water System    Non-Transient Non-community Water System    Transient Non-community Water System  
 Limited Use System    Bottled Water    Private Well    Swimming Pool    Other: \_\_\_\_\_

**Reason for Sampling:** (check all that apply)

Distribution Routine    Distribution Repeat    Raw (triggered or assessment)    Raw (triggered or assessment) additional    Well Survey  
 Clearance    Replacement (also check type of sample being replaced)    Boil Water Notice    Other: \_\_\_\_\_

**Sample Collection Date:** 4/17/18

To be completed by collector of sample						To be completed by lab				
Sample #	Sample Point City of Pembroke Pines Monthly Bacteria City of Pembroke Pines, FL	Sample Collection Time	Sample Type	Disinfectant Residual (mg/L)	pH	Analysis Method(s): Total Coliform/ <i>E. Coli</i> (PA) by Colilert in Water (SM9223B)				
						Non-Coliform	Total Coliform	Fecal <i>E. Coli</i> Enterococci or Coliphage3	Data Qualifier4	Lab Sample #
041718-08	(SP ID 44) 6749 Segovia Circle West	12:06	D	/ 2.2	8.93		Absent	Absent	U	18D0596-08
041718-09	(SP ID 45) 2300 NW 172nd Avenue	12:29	D	/ 2.4	9.00		Absent	Absent	U	18D0596-09
041718-10	(SP ID 46) 2098 NW 171St Terrace	12:44	D	/ 2.2	8.92		Absent	Absent	U	18D0596-10
041718-11	(SP ID 47) 17100 Pines Blvd.	13:14	D	/ 1.2	8.69		Absent	Absent	U	18D0596-11
041718-12	(SP ID 48) 17059 SW 16th Street	13:32	D	/ 2.6	9.08		Absent	Absent	U	18D0596-12
041718-13	(SP ID 27) 450 SW 182nd Way	13:49	D	/ 2.7	9.12		Absent	Absent	U	18D0596-13
041718-14	(SP ID 49) 17817 NW 15th Street	14:02	D	/ 2.2	8.98		Absent	Absent	U	18D0596-14

**Average of disinfectant residuals for distribution routine & repeat Samples.5** Free chlorine or total chlorine (circle one)      / 2.9

**Disinfectant Residual Analysis Method:**  
 DPD Colorimetric    Other: \_\_\_\_\_  
**Person performing disinfectant analysis is (see instructions on reverse):**  
 A certified operator (# DWC 22627)  
 Supervised by certified operator (# \_\_\_\_\_)  
 Employed by a certified lab    Employed by DEP or DOH  
 Authorized representative of supplier of water

Unless otherwise noted, all tests are performed in accordance with NELAC standards, and the results relate only to the samples.

Date and time PWS notified by lab of positive results: \_\_\_\_\_  
 Date and time DEP/DOH notified by lab of positive results: \_\_\_\_\_  
 Date Report Issued: 24-Apr-2018 11:48  
**Lab Signature:** Enrique Ochoa  
**Title:** (CSM) Customer Service Manager

Juquitta Drieth  
 Jacobs/CH2M-City of Pembroke Pines W1  
 7960 Johnson Street  
 Pembroke Pines      FL      33024

<input type="checkbox"/> Satisfactory <input type="checkbox"/> Incomplete Collection Information <input type="checkbox"/> Repeat Samples Required <input type="checkbox"/> Replacement Samples Required	<b>DEP/DOH USE ONLY</b>  Date Reviewed by DEP/DOH: _____ DEP/DOH Reviewing Official: _____
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\* For Sample Types see Instructions item 1.16.  
 For Analysis Methods see Instructions item 11.6.  
 Please circle appropriate selection.  
 Defined in Florida Administrative Code, Rule 62-160, Table 1  
 Complete for community & non-transient non-community systems serving populations up to and including 4,999. Do not include raw or plant samples in the average.

# DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORTING FORMAT

(62-350.730 Reporting Format Effective 01/1995, Revised 02/2010)

**Florida-Spectrum Environmental Services, Inc.**  
1460 W. McNab Road, Fort Lauderdale, FL 33309 Tel# (954) 978-6400  
Certification No. E86006

Lab Receipt Date & Time: <u>18-Apr-2018 16:55</u>
Analysis Date & Time: <u>18-Apr-2018 18:00</u>
<b>Sample Acceptance Criteria:</b>
Sample Preservation: <input checked="" type="checkbox"/> On Ice <input type="checkbox"/> Not On Ice <input checked="" type="checkbox"/> 3.40 °C
Disinfectant Check: <input checked="" type="checkbox"/> Not Detected <input type="checkbox"/> _____ mg/L
This sample does not meet the following NELAC requirements:

Report Number: 18D0644      Sub-Contract Lab ID: E86006

**Analysis Requested:** (check all that apply)

Total Coliform/E. coli    Total Coliform/Fecal    Enterococci    Coliphage    HPC    Other: \_\_\_\_\_

**Public Water System (PWS) Name:** City of Pembroke Pines      **PWS I.D.**

4	0	6	1	0	8	3
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**PWS Address:** 7960 Johnson Street      **City:** Pembroke Pines      **FL**      **33024**

**PWS or PWS Owner's Phone #:** (754) 260-4509      **Fax #:** (954) 986-5025

**Collector:** Oscar Castano      **Collector's Phone #:** (954) 582-4300/(423)-381-9121

**Type of Supply:** (check only one)

Community Water System    Non-Transient Non-community Water System    Transient Non-community Water System  
 Limited Use System    Bottled Water    Private Well    Swimming Pool    Other: \_\_\_\_\_

**Reason for Sampling:** (check all that apply)

Distribution Routine    Distribution Repeat    Raw (triggered or assessment)    Raw (triggered or assessment) additional    Well Survey  
 Clearance    Replacement (also check type of sample being replaced)    Boil Water Notice    Other: \_\_\_\_\_

**Sample Collection Date:** 4/18/18

To be completed by collector of sample						To be completed by lab				
Sample #	Sample Point City of Pembroke Pines Monthly Bacteria City of Pembroke Pines, FL	Sample Collection Time	Sample Type	Disinfectant Residual (mg/L)	pH	Analysis Method(s)2: Total Coliform/E.Coli (PA) by Colilert In Water (SM9223B)				
						Non-Coliform	Total Coliform	Fecal <u>E. Coli</u> Enterococci or Coliphage3	Data Qualifier4	Lab Sample #
041818-01	(SP ID 51) 2473 NW 184th Terrace	10:15	D	/ 2.1	8.95	Absent	Absent	U	18D0644-01	
041818-02	(SP ID 52) 18411 Pines Blvd.	10:34	D	/ 2.8	9.15	Absent	Absent	U	18D0644-02	
041818-03	(SP ID 58) 19370 SW 16th Street	10:51	D	/ 1.5	8.90	Absent	Absent	U	18D0644-03	
041818-04	(SP ID 53) 18539 SW 12th Street	11:07	D	/ 2.6	9.11	Absent	Absent	U	18D0644-04	
041818-05	(SP ID 57) 420 NW 197th Avenue	13:40	D	/ 2.6	8.89	Absent	Absent	U	18D0644-05	
041818-06	(SP ID 56) 1263 NW 195th Avenue	13:57	D	/ 2.3	8.90	Absent	Absent	U	18D0644-06	
041818-07	(SP ID 55) 19478 NW 24th Place	14:15	D	/ 2.4	8.87	Absent	Absent	U	18D0644-07	

**Average of disinfectant residuals for distribution routine & repeat Samples.5** Free chlorine or Total chlorine (circle one) / 2.3

**Disinfectant Residual Analysis Method:**  
 DPD Colorimetric    Other: \_\_\_\_\_

**Person performing disinfectant analysis is (see instructions on reverse):**  
 A certified operator (# DWC 22627)  
 Supervised by certified operator (# \_\_\_\_\_)  
 Employed by a certified lab    Employed by DEP or DOH  
 Authorized representative of supplier of water

Unless otherwise noted, all tests are performed in accordance with NELAC standards, and the results relate only to the samples.

Date and time PWS notified by lab of positive results: \_\_\_\_\_  
Date and time DEP/DOH notified by lab of positive results: \_\_\_\_\_  
Date Report Issued: 24-Apr-2018 14:07  
**Lab Signature:** Enrique Ochoa  
**Title:** (CSM) Customer Service Manager

Juquitta Drieth  
Jacobs/CH2M-City of Pembroke Pines WT  
7960 Johnson Street  
Pembroke Pines      FL      33024

<input type="checkbox"/> Satisfactory <input type="checkbox"/> Incomplete Collection Information <input type="checkbox"/> Repeat Samples Required <input type="checkbox"/> Replacement Samples Required Date Reviewed by DEP/DOH: _____ DEP/DOH Reviewing Official: _____	<b>DEP/DOH USE ONLY</b>
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\* For Sample Types see Instructions item 1.10.  
\* For Analysis Methods see Instructions item 11.6.  
\* Please circle appropriate selection.  
\* Defined in Florida Administrative Code Rule 62-160, Table 1.  
\* Complete for community & non-transient non-community systems serving populations up to and including 4,000. Do not include raw or plant samples in the average.

# DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORTING FORMAT

(62-550.730 Reporting Form Effective 01/1995, Revised 02/2010)

**Florida-Spectrum Environmental Services, Inc.**  
 1460 W. McNab Road, Fort Lauderdale, FL 33309 Tel# (954) 978-6400  
 Certification No. E86006

Lab Receipt Date & Time: <u>19-Apr-2018 17:00</u>
Analysis Date & Time: <u>19-Apr-2018 17:15</u>
<b>Sample Acceptance Criteria:</b> Sample Preservation: <input checked="" type="checkbox"/> On Ice <input type="checkbox"/> Not On Ice <input checked="" type="checkbox"/> 4.60 °C Disinfectant Check: <input checked="" type="checkbox"/> Not Detected <input type="checkbox"/> _____ mg/L This sample does not meet the following NELAC requirements:

Report Number: 18D0684      Sub-Contract Lab ID: E86006

**Analysis Requested:** (check all that apply)

Total Coliform/*E. coli*    Total Coliform/Fecal    Enterococci    Coliphage    HPC    Other: \_\_\_\_\_

**Public Water System (PWS) Name:** City of Pembroke Pines      **PWS I.D.**

4	0	6	1	0	8	3
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**PWS Address:** 7960 Johnson Street      **City:** Pembroke Pines      **FL**      **33024**

**PWS or PWS Owner's Phone #:** (754) 260-4509      **Fax #:** (954) 986-5025

**Collector:** Oscar Castano      **Collector's Phone #:** (954) 582-4300/(423)-381-9121

**Type of Supply:** (check only one)

Community Water System    Non-Transient Non-community Water System    Transient Non-community Water System  
 Limited Use System    Bottled Water    Private Well    Swimming Pool    Other: \_\_\_\_\_

**Reason for Sampling:** (check all that apply)

Distribution Routine    Distribution Repeat    Raw (triggered or assessment)    Raw (triggered or assessment) additional    Well Survey  
 Clearance    Replacement (also check type of sample being replaced)    Boil Water Notice    Other: \_\_\_\_\_

**Sample Collection Date:** 4/19/18

To be completed by collector of sample						To be completed by lab				
Sample #	Sample Point City of Pembroke Pines Monthly Bacteria City of Pembroke Pines, FL	Sample Collection Time	Sample Type	Disinfectant Residual (mg/L)	pH	Analysis Method(s)2: Total Coliform/ <i>E. coli</i> (PA) by Colilert in Water (SM9223B)				
						Non-Coliform	Total Coliform	Fecal <i>E. coli</i> , Enterococci or Coliphage3	Data Qualifier4	Lab Sample #
041918-01	(SP ID 54) 6351 SW 195th Avenue	9:20	D	/ 2.2	8.64		Absent	Absent	U	18D0684-01
041918-02	(SP ID 59) 5000 SW 207th Terrace	9:42	D	/ 0.9	8.37		Absent	Absent	U	18D0684-02
041918-03	(SP ID 63) 21250 Sheridan Street	10:08	D	/ 1.0	8.52		Absent	Absent	U	18D0684-03
041918-04	(SP ID 64) 21800 NW 8th Place	10:39	D	/ 2.5	8.59		Absent	Absent	U	18D0684-04
041918-05	(SP ID 65) 21651 NW 7th Street	10:54	D	/ 2.4	8.69		Absent	Absent	U	18D0684-05
041918-06	(SP ID 62) 20701 Pembroke Road	11:12	D	/ 2.2	8.61		Absent	Absent	U	18D0684-06
041918-07	(SP ID 61) 20501 SW 1st Street	11:31	D	/ 2.6	8.71		Absent	Absent	U	18D0684-07

**Average of disinfectant residuals for distribution routine & repeat Samples.5** Free chlorine or Total chlorine (circle one)      / 2.0

**Disinfectant Residual Analysis Method:**  
 DPD Colorimetric    Other: \_\_\_\_\_  
**Person performing disinfectant analysis is (see instructions on reverse):**  
 A certified operator (# DWC 22627)  
 Supervised by certified operator (# \_\_\_\_\_)  
 Employed by a certified lab    Employed by DEP or DOH  
 Authorized representative of supplier of water

Unless otherwise noted, all tests are performed in accordance with NELAC standards, and the results relate only to the samples.

Date and time PWS notified by lab of positive results: \_\_\_\_\_  
 Date and time DEP/DOH notified by lab of positive results: \_\_\_\_\_  
 Date Report Issued: 26-Apr-2018 14:01  
**Lab Signature:** Enrique Ochoa  
**Title:** (CSM) Customer Service Manager

Juquitta Drieth  
 Jacobs/CH2M-City of Pembroke Pines WT  
 7960 Johnson Street  
 Pembroke Pines      FL      33024

<input type="checkbox"/> Satisfactory <input type="checkbox"/> Incomplete Collection Information <input type="checkbox"/> Repeat Samples Required <input type="checkbox"/> Replacement Samples Required	<b>DEP/DOH USE ONLY</b>  Date Reviewed by DEP/DOH: _____ DEP/DOH Reviewing Official: _____
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<sup>1</sup> For Sample Types see Instructions item I 16.  
<sup>2</sup> For Analysis Methods see Instructions item II 6.  
<sup>3</sup> Please circle appropriate selection.  
<sup>4</sup> Defined in Florida Administrative Code Rule 62-160, Table 1.  
<sup>5</sup> Complete for community & non-transient non-community systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.



**BROWARD COUNTY HEALTH DEPARTMENT**  
**ENVIRONMENTAL ENGINEERING SECTION**  
 2421-A S.W. 61h AVENUE, FORT LAUDERDALE, FL 33315-2613

**WATER UTILITY:** City of Pembroke Pines - PWS ID 4061083     
 **MONTH:** May     
 **YEAR:** 2018

Note: Please complete this form monthly and attach one copy to the monthly water plant operation report to be submitted to the BCHD not later than the 10<sup>th</sup> of the following month.

**MONTHLY BACTERIOLOGICAL SAMPLES ANALYZED FROM COMMUNITY WATER SYSTEMS**

Minimum Number of Samples Required			Number of Samples Analyzed			Number of Unsatisfactory Samples		
Well	Plant	Distribution	Well	Plant	Distribution	Well	Plant	Distribution
7	0	120						
1. Collected by Utility, Analyzed by State Cert. Lab			7	0	126	0	0	0
2. Collected by Utility Analyzed by Plant Lab			0	0	0	0	0	0
3. Total -Add Lines (1 +2)			<b>7</b>	<b>0</b>	<b>126</b>	<b>0</b>	<b>0</b>	<b>0</b>

\*Note: Do not include results on main clearance.

# DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORTING FORMAT

(62-550.730 Reporting Format Effective 01/19/05, Revised 02/2010)

Florida-Spectrum Environmental Services, Inc.  
1460 W. McNab Road, Fort Lauderdale, FL 33309 Tel# (954) 978-6400  
Certification No. E86006

Lab Receipt Date & Time: <u>07-May-2018 16:40</u>
Analysis Date & Time: <u>07-May-2018 18:00</u>
<b>Sample Acceptance Criteria:</b>
Sample Preservation: <input checked="" type="checkbox"/> On Ice <input type="checkbox"/> Not On Ice <input checked="" type="checkbox"/> <u>0.80</u> °C
Disinfectant Check: <input checked="" type="checkbox"/> Not Detected <input type="checkbox"/> _____ mg/L
This sample does not meet the following NELAC requirements:

Report Number: 18E0238      Sub-Contract Lab ID: E86006

**Analysis Requested:** (check all that apply)

Total Coliform/*E. coli*    Total Coliform/Fecal    Enterococci    Coliphage    HPC    Other: \_\_\_\_\_

**Public Water System (PWS) Name:** City of Pembroke Pines      **PWS I.D.**

4	0	6	1	0	8	3
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**PWS Address:** 7960 Johnson Street      **City:** Pembroke Pines      **FL**      **33024**

**PWS or PWS Owner's Phone #:** (754) 260-4509      **Fax #:** (954) 986-5025

**Collector:** Kevin Stone      **Collector's Phone #:** (954) 582-4300/(423)-381-9121

**Type of Supply:** (check only one)

Community Water System    Non-Transient Non-community Water System    Transient Non-community Water System  
 Limited Use System    Bottled Water    Private Well    Swimming Pool    Other: \_\_\_\_\_

**Reason for Sampling:** (check all that apply)

Distribution Routine    Distribution Repeat    Raw (triggered or assessment)    Raw (triggered or assessment) additional    Well Survey  
 Clearance    Replacement (also check type of sample being replaced)    Boil Water Notice    Other: \_\_\_\_\_

**Sample Collection Date:** 5/7/18

To be completed by collector of sample						To be completed by lab				
Sample #	Sample Point City of Pembroke Pines Monthly Bacteria City of Pembroke Pines, FL	Sample Collection Time	Sample Type	Disinfectant Residual (mg/L)	pH	Analysis Method(s)2: Total Coliform/E.Coli (PA) by Colliert in Water (SM9223B)				
						Non-Coliform	Total Coliform	Fecal, <i>E. Coli</i> , Enterococci, Coliphage3	Data Qualifier4	Lab Sample #
050718-01	(SP ID 1) 2040 NW 74th Avenue	8:01	D	/ 3.7	9.03		Absent	Absent	U	18E0238-01
050718-02	(SP ID 2) 7610 Taft Street	8:17	D	/ 3.5	8.92		Absent	Absent	U	18E0238-02
050718-03	(SP ID 3) 7741 Johnson Street	8:29	D	/ 3.5	8.93		Absent	Absent	U	18E0238-03
050718-04	(SP ID 4) 120 NW 73rd Avenue	8:43	D	/ 3.7	9.06		Absent	Absent	U	18E0238-04
050718-05	(SP ID 5) 7021 SW 9th Street	8:58	D	/ 3.4	9.07		Absent	Absent	U	18E0238-05
050718-06	(SP ID 11) 1530 SW 85th Avenue	9:20	D	/ 3.4	9.09		Absent	Absent	U	18E0238-06
050718-07	(SP ID 10) 199 N. University Drive	9:38	D	/ 3.1	9.07		Absent	Absent	U	18E0238-07

**Average of disinfectant residuals for distribution routine & repeat Samples.5** Free chlorine or Total chlorine (circle one) / 3.5

**Disinfectant Residual Analysis Method:**  
 DPD Colorimetric    Other: \_\_\_\_\_  
**Person performing disinfectant analysis is (see instructions on reverse):**  
 A certified operator (# DWB#23804)  
 Supervised by certified operator (# \_\_\_\_\_)  
 Employed by a certified lab    Employed by DEP or DOH  
 Authorized representative of supplier of water

Unless otherwise noted, all tests are performed in accordance with NELAC standards, and the results relate only to the samples.

Date and time PWS notified by lab of positive results: \_\_\_\_\_  
Date and time DEP/DOH notified by lab of positive results: \_\_\_\_\_  
Date Report Issued: 14-May-2018 19:30  
**Lab Signature:** Enrique Ochoa  
**Title:** (CSM) Customer Service Manager

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

<input type="checkbox"/> Satisfactory <input type="checkbox"/> Incomplete Collection Information <input type="checkbox"/> Repeat Samples Required <input type="checkbox"/> Replacement Samples Required	<b>DEP/DOH USE ONLY</b>  Date Reviewed by DEP/DOH: _____ DEP/DOH Reviewing Official: _____
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1 For Sample Types see instructions item 4.16.  
2 For Analysis Methods see instructions item 11.5.  
3 Please circle appropriate selection.  
4 Defined in Florida Administrative Code Rule 62-100, 12942.1  
5 Council 08-200 for community & non-community water systems serving populations up to and including 1,000. Do not include raw or plant samples in the average.

# DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORTING FORMAT

(62-550.730 Reporting Format Effective 01/19/05, Revised 02/2010)

**Florida-Spectrum Environmental Services, Inc.**  
 1460 W. McNab Road, Fort Lauderdale, FL 33309 Tel# (954) 978-6400  
 Certification No. E86006

Lab Receipt Date & Time: <u>07-May-2018 16:40</u>
Analysis Date & Time: <u>07-May-2018 18:00</u>
<b>Sample Acceptance Criteria:</b>
Sample Preservation: <input checked="" type="checkbox"/> On Ice <input type="checkbox"/> Not On Ice <input checked="" type="checkbox"/> 0.80 °C
Disinfectant Check: <input checked="" type="checkbox"/> Not Detected <input type="checkbox"/> _____ mg/L
This sample does not meet the following NELAC requirements:

Report Number: 18E0238      Sub-Contract Lab ID: E86006

**Analysis Requested:** (check all that apply)

Total Coliform/E. coli    Total Coliform/Fecal    Enterococci    Coliphage    HPC    Other: \_\_\_\_\_

**Public Water System (PWS) Name:** City of Pembroke Pines      **PWS I.D.**

4	0	6	1	0	8	3
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**PWS Address:** 7960 Johnson Street      City: Pembroke Pines      FL      33024

**PWS or PWS Owner's Phone #:** (754) 260-4509      Fax #: (954) 986-5025

**Collector:** Kevin Stone      Collector's Phone #: (954) 582-4300/(423)-381-9121

**Type of Supply:** (check only one)

Community Water System    Non-Transient Non-community Water System    Transient Non-community Water System  
 Limited Use System    Bottled Water    Private Well    Swimming Pool    Other: \_\_\_\_\_

**Reason for Sampling:** (check all that apply)

Distribution Routine    Distribution Repeat    Raw (triggered or assessment)    Raw (triggered or assessment) additional    Well Survey  
 Clearance    Replacement (also check type of sample being replaced)    Boil Water Notice    Other: \_\_\_\_\_

**Sample Collection Date:** 5/7/18

To be completed by collector of sample						To be completed by lab				
Sample #	Sample Point City of Pembroke Pines Monthly Bacteria City of Pembroke Pines, FL	Sample Collection Time	Sample Type	Disinfectant Residual (mg/L)	pH	Analysis Method(s): Total Coliform/E.Coli (PA) by Colliert in Water (SM9223B)				
						Non-Coliform	Total Coliform	Fecal E.Coli, Enterococci or Coliphage3	Data Qualifier4	Lab Sample #
050718-08	(SP ID 9) 8131 Johnson Street	9:52	D	/ 3.6	9.08		Absent	Absent	U	18E0238-08
050718-09	(SP ID 8) 8130 Taft Street	10:06	D	/ 3.5	8.98		Absent	Absent	U	18E0238-09
050718-10	(SP ID 7) 2402 N. University Drive	10:20	D	/ 3.2	9.05		Absent	Absent	U	18E0238-10
050718-11	(SP ID 6B) 2060 NW 88th Terrace	10:36	D	/ 3.4	8.93		Absent	Absent	U	18E0238-11
050718-12	(SP ID 12) 1621 N. Douglas Road	10:49	D	/ 3.6	9.05		Absent	Absent	U	18E0238-12
050718-13	(SP ID 13) 8880 Johnson Street	11:07	D	/ 3.6	9.06		Absent	Absent	U	18E0238-13
050718-14	(SP ID 14) 120 N. Douglas Road	11:24	D	/ 3.6	9.04		Absent	Absent	U	18E0238-14

Average of disinfectant residuals for distribution routine & repeat Samples.5 Free chlorine or Total chlorine (circle one) / 3.5

**Disinfectant Residual Analysis Method:**  
 DPD Colorimetric    Other: \_\_\_\_\_  
**Person performing disinfectant analysis is (see instructions on reverse):**  
 A certified operator (# DWB#23804)  
 Supervised by certified operator (# \_\_\_\_\_)  
 Employed by a certified lab    Employed by DEP or DOH  
 Authorized representative of supplier of water

Unless otherwise noted, all tests are performed in accordance with NELAC standards, and the results relate only to the samples.

Date and time PWS notified by lab of positive results: \_\_\_\_\_  
 Date and time DEP/DOH notified by lab of positive results: \_\_\_\_\_  
 Date Report Issued: 14-May-2018 9:30  
**Lab Signature:** Enrique Ochoa  
**Title:** (CSM) Customer Service Manager

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

<input type="checkbox"/> Satisfactory <input type="checkbox"/> Incomplete Collection Information <input type="checkbox"/> Repeat Samples Required <input type="checkbox"/> Replacement Samples Required	<b>DEP/DOH USE ONLY</b>
Date Reviewed by DEP/DOH: _____ DEP/DOH Reviewing Official: _____	

1 For Sample Types see Instructions item 1.11.  
 2 For Analysis Methods see Instructions item 1.12.  
 3 Please circle appropriate selection.  
 4 Defined in Florida Administrative Code Rule 62-460, Table 1  
 5 Complete for community & non-transient non-community systems serving populations up to and including 4,999. Do not include new or plant samples in the average.

# DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORTING FORMAT

(62-550.730 Reporting Format Effective 09/1995, Revised 02/2010)

Florida-Spectrum Environmental Services, Inc.  
1460 W. McNab Road, Fort Lauderdale, FL 33309 Tel# (954) 978-6400  
Certification No. EB6006

Lab Receipt Date & Time: 07-May-2018 16:40

Analysis Date & Time: 07-May-2018 18:00

**Sample Acceptance Criteria:**

Sample Preservation:  On Ice  Not On Ice  0.80 °C  
Disinfectant Check:  Not Detected  \_\_\_\_\_ mg/L  
This sample does not meet the following NELAC requirements:

Report Number: 18E0238 Sub-Contract Lab ID: EB6006

**Analysis Requested:** (check all that apply)

Total Coliform/*E. coli*  Total Coliform/Fecal  Enterococci  Coliphage  HPC  Other: \_\_\_\_\_

**Public Water System (PWS) Name:** City of Pembroke Pines

**PWS I.D.**

4	0	6	1	0	8	3
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**PWS Address:** 7960 Johnson Street

**City:** Pembroke Pines **FL** 33024

**PWS or PWS Owner's Phone #:** (754) 260-4509

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

**Collector:** Kevin Stone

**Collector's Phone #:** (954) 582-4300/(423)-381-912

**Type of Supply:** (check only one)

Community Water System  Non-Transient Non-community Water System  Transient Non-community Water System  
 Limited Use System  Bottled Water  Private Well  Swimming Pool  Other: \_\_\_\_\_

**Reason for Sampling:** (check all that apply)

Distribution Routine  Distribution Repeat  Raw (triggered or assessment)  Raw (triggered or assessment) additional  Well Survey  
 Clearance  Replacement (also check type of sample being replaced)  Boil Water Notice  Other: \_\_\_\_\_

**Sample Collection Date:** 5/7/18

To be completed by collector of sample						To be completed by lab				
Sample #	Sample Point City of Pembroke Pines Monthly Bacteria City of Pembroke Pines, FL	Sample Collection Time	Sample Type	Disinfectant Residual (mg/L)	pH	Analysis Method(s)2: Total Coliform/ <i>E. Coli</i> (PA) by Colilert in Water (SM9223B)				
						Non-Coliform	Total Coliform	Fecal <i>E. Coli</i> Enterococci or Coliphage3	Data Qualifier4	Lab Sample #
050718-15	(SP ID 15) 900 Hollybrook Drive	11:47	D	/ 3.4	8.98	Absent	Absent	Absent	U	18E0238-15
050718-16	(SP ID 20) 10001 SW 14th Street	12:06	D	/ 3.4	9.01	Absent	Absent	Absent	U	18E0238-16
050718-17	(SP ID 19) 10101 Pines Blvd.	12:20	D	/ 3.6	9.06	Absent	Absent	Absent	U	18E0238-17
050718-18	(SP ID 18) 10000 Johnson Street	12:35	D	/ 3.7	9.11	Absent	Absent	Absent	U	18E0238-18
050718-19	(SP ID 17) 1981 NW 100th Way	12:56	D	/ 3.4	9.00	Absent	Absent	Absent	U	18E0238-19
050718-20	(SP ID 16) 10120 Sheridan Street	13:12	D	/ 3.4	8.96	Absent	Absent	Absent	U	18E0238-20
050718-21	(SP ID 22) 11141 NW 22nd Street	13:24	D	/ 3.3	8.91	Absent	Absent	Absent	U	18E0238-21

**Average of disinfectant residuals for distribution routine & repeat Samples.5** Free chlorine or Total chlorine (circle one) / 3.5

**Disinfectant Residual Analysis Method:**  
 DPD Colorimetric  Other: \_\_\_\_\_  
**Person performing disinfectant analysis is (see instructions on reverse):**  
 A certified operator (# DWB#23804)  
 Supervised by certified operator (# \_\_\_\_\_)  
 Employed by a certified lab  Employed by DEP or DOH  
 Authorized representative of supplier of water

Unless otherwise noted, all tests are performed in accordance with NELAC standards, and the results relate only to the samples.

Date and time PWS notified by lab of positive results: \_\_\_\_\_  
Date and time DEP/DOH notified by lab of positive results: \_\_\_\_\_  
Date Report Issued: 14-May-2018 / 9:30  
**Lab Signature:** Enrique Ochoa  
**Title:** (CSM) Customer Service Manager

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

Satisfactory DEP/DOH USE ONLY  
 Incomplete Collection Information  
 Repeat Samples Required  
 Replacement Samples Required  
Date Reviewed by DEP/DOH: \_\_\_\_\_  
DEP/DOH Reviewing Official: \_\_\_\_\_

1 For Sample Types see Instructions item 1.6  
2 For Analysis Methods see Instructions item 1.6  
3 Please enter appropriate selection  
4 Defined in Florida Administrative Code Rule 62.160, Table 2  
5 Complete for community & non-transient non-community systems serving populations up to and including 4,999. Do not include raw or plant samples on the average.

# DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORTING FORMAT

(62-560.739 Reporting Format Effective 01/19/15, Revised 02/2018)

Florida-Spectrum Environmental Services, Inc.  
1460 W. McNab Road, Fort Lauderdale, FL 33309 Tel# (954) 978-6400  
Certification No. E86006

Lab Receipt Date & Time: <u>09-May-2018 16:10</u>
Analysis Date & Time: <u>09-May-2018 17:15</u>
<b>Sample Acceptance Criteria:</b>
Sample Preservation: <input checked="" type="checkbox"/> On Ice <input type="checkbox"/> Not On Ice <input checked="" type="checkbox"/> 1.80 °C
Disinfectant Check: <input checked="" type="checkbox"/> Not Detected <input type="checkbox"/> _____ mg/L
This sample does not meet the following NELAC requirements:

Report Number: 18E0327      Sub-Contract Lab ID: E86006

**Analysis Requested:** (check all that apply)

Total Coliform/*E. coli*    Total Coliform/Fecal    Enterococci    Coliphage    HPC    Other: \_\_\_\_\_

**Public Water System (PWS) Name:** City of Pembroke Pines      **PWS I.D.**

4	0	6	1	0	8	3
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**PWS Address:** 7960 Johnson Street      City: Pembroke Pines      FL      33024

**PWS or PWS Owner's Phone #:** (754) 260-4509      **Fax #:** (954) 986-5025

**Collector:** Kevin Stone      **Collector's Phone #:** (954) 582-4300/(423)-381-9127

**Type of Supply:** (check only one)

Community Water System    Non-Transient Non-community Water System    Transient Non-community Water System  
 Limited Use System    Bottled Water    Private Well    Swimming Pool    Other: \_\_\_\_\_

**Reason for Sampling:** (check all that apply)

Distribution Routine    Distribution Repeat    Raw (triggered or assessment)    Raw (triggered or assessment) additional    Well Survey  
 Clearance    Replacement (also check type of sample being replaced)    Boil Water Notice    Other: \_\_\_\_\_

**Sample Collection Date:** 5/9/18

To be completed by collector of sample						To be completed by lab				
Sample #	Sample Point City of Pembroke Pines Monthly Bacteria City of Pembroke Pines, FL	Sample Collection Time	Sample Type	Disinfectant Residual (mg/L)	pH	Analysis Method(s)2: Total Coliform/E.Coli (PA) by Colilert in Water (SM9223B)				
						Non-Coliform	Total Coliform	Fecal <i>E. Coli</i> , Enterococci, or Coliphage3	Data Qualifier4	Lab Sample #
050918-01	(SP ID 21) 1751 N. Hiatus Road	8:12	D	3.3	8.93	Absent	Absent	Absent	U	18E0327-01
050918-02	(SP ID 23) 10755 NW 10th Street	8:30	D	3.5	8.95	Absent	Absent	Absent	U	18E0327-02
050918-03	(SP ID 24) 200 S. Hiatus Road	8:44	D	3.5	8.95	Absent	Absent	Absent	U	18E0327-03
050918-04	(SP ID 25) 11131 SW 13th Street	9:05	D	3.0	8.96	Absent	Absent	Absent	U	18E0327-04
050918-05	(SP ID 30) 12399 Pembroke Road	9:20	D	3.2	8.94	Absent	Absent	Absent	U	18E0327-05
050918-06	(SP ID 29) 241 SW 122nd Terrace	9:36	D	3.4	8.95	Absent	Absent	Absent	U	18E0327-06
050918-07	(SP ID 28) 1050 NW 123rd Avenue	9:56	D	3.2	9.00	Absent	Absent	Absent	U	18E0327-07

**Average of disinfectant residuals for distribution routine & repeat samples.** Free chlorine or Total chlorine (circle one)      3.2

**Disinfectant Residual Analysis Method:**  
 DPD Colorimetric    Other: \_\_\_\_\_  
**Person performing disinfectant analysis is (see instructions on reverse):**  
 A certified operator (# DWB#23804)  
 Supervised by certified operator (# \_\_\_\_\_)  
 Employed by a certified lab    Employed by DEP or DOH  
 Authorized representative of supplier of water

Unless otherwise noted, all tests are performed in accordance with NELAC standards, and the results relate only to the samples.

Date and time PWS notified by lab of positive results: \_\_\_\_\_  
Date and time DEP/DOH notified by lab of positive results: \_\_\_\_\_  
Date Report Issued: 18-May-2018 9:52  
**Lab Signature:** Enrique Ochoa  
**Title:** (CSM) Customer Service Manager

Juquitta Drieth  
Jacobs/CH2M-City of Pembroke Pines WT  
7960 Johnson Street  
Pembroke Pines      FL      33024

Satisfactory      **DEP/DOH USE ONLY**  
 Incomplete Collection Information  
 Repeat Samples Required  
 Replacement Samples Required  
Date Reviewed by DEP/DOH: \_\_\_\_\_  
DEP/DOH Reviewing Official: \_\_\_\_\_

1 For Sample Types see Instructions section 1.6  
2 For Analysis Methods see Instructions section 1.6  
3 Please circle appropriate selection  
4 Defined in Florida Administrative Code (Rule 62-169, Table 1  
5 Exclude for community & non-transient non-community systems serving populations up to and including 1,000. Do not include raw or plant samples or the average.

**DRINKING WATER MICROBIAL SAMPLE COLLECTION  
& LABORATORY REPORTING FORMAT**

(62-550.730 Reporting Format Effective 09/1/95, Revised 02/2010)

**Florida-Spectrum Environmental Services, Inc.**  
1460 W. McNab Road, Fort Lauderdale, FL 33309 Tel# (954) 978-6400  
Certification No. E86006

Lab Receipt Date & Time: <u>09-May-2018 16:10</u>
Analysis Date & Time: <u>09-May-2018 17:15</u>
<b>Sample Acceptance Criteria:</b> Sample Preservation: <input checked="" type="checkbox"/> On Ice <input type="checkbox"/> Not On Ice <input checked="" type="checkbox"/> 1.80 °C Disinfectant Check: <input checked="" type="checkbox"/> Not Detected <input type="checkbox"/> _____ mg/L This sample does not meet the following NELAC requirements:

Report Number: 18E0327 Sub-Contract Lab ID: E86006

**Analysis Requested:** (check all that apply)

Total Coliform/E. coli  Total Coliform/Fecal  Enterococci  Coliphage  HPC  Other: \_\_\_\_\_

**Public Water System (PWS) Name:** City of Pembroke Pines **PWS I.D.**

4	0	6	1	0	8	3
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**PWS Address:** 7960 Johnson Street **City:** Pembroke Pines **FL** 33024

**PWS or PWS Owner's Phone #:** (754) 260-4509 **Fax #:** (954) 986-5025

**Collector:** Kevin Stone **Collector's Phone #:** (954) 562-4300/(423)-381-9121

**Type of Supply:** (check only one)

Community Water System  Non-Transient Non-community Water System  Transient Non-community Water System  
 Limited Use System  Bottled Water  Private Well  Swimming Pool  Other: \_\_\_\_\_

**Reason for Sampling:** (check all that apply)

Distribution Routine  Distribution Repeat  Raw (triggered or assessment)  Raw (triggered or assessment) additional  Well Survey  
 Clearance  Replacement (also check type of sample being replaced)  Boil Water Notice  Other: \_\_\_\_\_

**Sample Collection Date:** 5/9/18

To be completed by collector of sample						To be completed by lab				
Sample #	Sample Point City of Pembroke Pines Monthly Bacteria City of Pembroke Pines, FL	Sample Collection Time	Sample Type	Disinfectant Residual (mg/L)	pH	Analysis Method(s)2: Total Coliform/E.Coli (PA) by Colwell in Water (SM9223B)				
						Non-Coliform	Total Coliform	Fecal, E.Coli, Enterococci or Coliphage3	Data Qualifier4	Lab Sample #
050918-08	(SP ID 26) 2110 NW 120th Terrace	10:12	D	2.1	8.96		Absent	Absent	U	18E0327-08
050918-09	(SP ID 34) 1601 SW 128th Terrace	10:31	D	3.2	8.94		Absent	Absent	U	18E0327-09
050918-10	(SP ID 33) 750 SW 136th Avenue	10:49	D	3.3	8.94		Absent	Absent	U	18E0327-10
050918-11	(SP ID 67) 788 NW 135th Terrace	11:04	D	3.2	8.99		Absent	Absent	U	18E0327-11
050918-12	(SP ID 31) 13702 NW 20th Street	11:19	D	3.1	8.96		Absent	Absent	U	18E0327-12
050918-13	(SP ID 32) 13771 NW 16th Street	11:32	D	3.3	8.96		Absent	Absent	U	18E0327-13
050918-14	(SP ID 36) 2250 NW 145th Avenue	11:47	D	3.0	8.98		Absent	Absent	U	18E0327-14

**Average of disinfectant residuals for distribution routine & repeat Samples.5** Free chlorine or Total chlorine (circle one) 3.2

**Disinfectant Residual Analysis Method:**  
 DPD Colorimetric  Other: \_\_\_\_\_  
**Person performing disinfectant analysis is (see instructions on reverse):**  
 A certified operator (# DWB#23804)  
 Supervised by certified operator (# \_\_\_\_\_)  
 Employed by a certified lab  Employed by DEP or DOH  
 Authorized representative of supplier of water

Unless otherwise noted, all tests are performed in accordance with NELAC standards, and the results relate only to the samples.

Date and time PWS notified by lab of positive results: \_\_\_\_\_  
Date and time DEP/DOH notified by lab of positive results: \_\_\_\_\_  
Date Report Issued: 18-May-2018 9:57  
**Lab Signature:** Enrique Ochoa  
**Title:** (CSM) Customer Service Manager

Juquitta Drieth  
Jacobs/CH2M-City of Pembroke Pines WT  
7960 Johnson Street  
Pembroke Pines FL 33024

<input type="checkbox"/> Satisfactory	<b>DEP/DOH USE ONLY</b>
<input type="checkbox"/> Incomplete Collection Information	
<input type="checkbox"/> Repeat Samples Required	
<input type="checkbox"/> Replacement Samples Required	
Date Reviewed by DEP/DOH: _____ DEP/DOH Reviewing Official: _____	

For Sample Types see instructions item 1.10.  
For Analysis Methods see instructions item 10.5.  
Please circle appropriate selection.  
Defined in Florida Administrative Code Rule 62-100, 1.272-1  
\* Complete for community & non-transient non-community systems serving regular flows up to and including 4,000. Do not include cistern or plant samples in the average.

# DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORTING FORMAT

(62-559.730 Reporting Format Effective 01/1995, Revised 02/2010)

**Florida-Spectrum Environmental Services, Inc.**  
 1460 W. McNab Road, Fort Lauderdale, FL 33309 Tel# (954) 978-6400  
 Certification No. E86006

Lab Receipt Date & Time: <u>11-May-2018 16:50</u>
Analysis Date & Time: <u>11-May-2018 17:40</u>
<b>Sample Acceptance Criteria:</b> Sample Preservation: <input checked="" type="checkbox"/> On Ice <input type="checkbox"/> Not On Ice <input checked="" type="checkbox"/> 10.20 °C Disinfectant Check: <input checked="" type="checkbox"/> Not Detected <input type="checkbox"/> _____ mg/L This sample does not meet the following NELAC requirements: _____

Report Number: 18E0429      Sub-Contract Lab ID: E86006

**Analysis Requested:** (check all that apply)

Total Coliform/E. coli    Total Coliform/Fecal    Enterococci    Coliphage    HPC    Other: \_\_\_\_\_

**Public Water System (PWS) Name:** City of Pembroke Pines      **PWS I.D.**

4	0	6	1	0	8	3
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**PWS Address:** 7960 Johnson Street      **City:** Pembroke Pines      **FL**      **33024**

**PWS or PWS Owner's Phone #:** (754) 260-4509      **Fax #:** (954) 986-5025

**Collector:** Kevin Stone      **Collector's Phone #:** (954) 582-4300/(423)-381-912

**Type of Supply:** (check only one)

Community Water System    Non-Transient Non-community Water System    Transient Non-community Water System  
 Limited Use System    Bottled Water    Private Well    Swimming Pool    Other: \_\_\_\_\_

**Reason for Sampling:** (check all that apply)

Distribution Routine    Distribution Repeat    Raw (triggered or assessment)    Raw (triggered or assessment) additional    Well Survey  
 Clearance    Replacement (also check type of sample being replaced)    Boil Water Notice    Other: \_\_\_\_\_

**Sample Collection Date:** 5/11/18

To be completed by collector of sample						To be completed by lab				
Sample #	Sample Point City of Pembroke Pines Monthly Bacteria City of Pembroke Pines, FL	Sample Collection Time	Sample Type	Disinfectant Residual (mg/L)	pH	Analysis Method(s)2: Total Coliform/E.Coli (PA) by Colilert in Water (SM9223B)				
						Non-Coliform	Total Coliform	Fecal E. Coli, Enterococci, Coliphage3	Data Qualifier4	Lab Sample #
051118-01	(SP ID 37) 1142 NW 141st Avenue	9:10	D	/ 2.5	8.37		Absent	Absent	U	18E0429-01
051118-02	(SP ID 38) 14300 SW 8th Street	9:27	D	/ 2.5	8.41		Absent	Absent	U	18E0429-02
051118-03	(SP ID 40) 300 SW 147th Avenue	11:14	D	/ 2.6	8.49		Absent	Absent	U	18E0429-03
051118-04	(SP ID 43) 1234 SW 159th Lane	9:57	D	/ 2.3	8.54		Absent	Absent	U	18E0429-04
051118-05	(SP ID 42) 69 NW 161st Avenue	10:17	D	/ 2.6	8.45		Absent	Absent	U	18E0429-05
051118-06	(SP ID 39) 15714 NW 24th Street	10:49	D	/ 2.3	8.51		Absent	Absent	U	18E0429-06
051118-07	(SP ID 41) 16028 NW 21st Street	10:34	D	/ 2.2	8.74		Absent	Absent	U	18E0429-07

**Average of disinfectant residuals for distribution routine & repeat Samples.5** Free chlorine  Total chlorine  (circle one)      / 2.4

**Disinfectant Residual Analysis Method:**  
 DPD Colorimetric    Other: \_\_\_\_\_

**Person performing disinfectant analysis is (see instructions on reverse):**  
 A certified operator (# DWB23804)  
 Supervised by certified operator (# \_\_\_\_\_)  
 Employed by a certified lab    Employed by DEP or DOH  
 Authorized representative of supplier of water

Unless otherwise noted, all tests are performed in accordance with NELAC standards, and the results relate only to the samples.

Date and time PWS notified by lab of positive results: \_\_\_\_\_  
 Date and time DEP/DOH notified by lab of positive results: \_\_\_\_\_  
 Date Report Issued: 21-May-2018 10:33

**Lab Signature:** Enrique Ochoa  
**Title:** (CSM) Customer Service Manager

**Juquitta Drieth**  
 Jacobs/CH2M-City of Pembroke Pines W1  
 7960 Johnson Street  
 Pembroke Pines      FL      33024

<input type="checkbox"/> Satisfactory <input type="checkbox"/> Incomplete Collection Information <input type="checkbox"/> Repeat Samples Required <input type="checkbox"/> Replacement Samples Required	<b>DEP/DOH USE ONLY</b>
Date Reviewed by DEP/DOH: _____ DEP/DOH Reviewing Official: _____	

For Sample Types see instructions on item 110.  
 For Analysis Methods see instructions on item 116.  
 Please make appropriate selection.  
 Defined in Florida Administrative Code Rule 62-100, Table 1  
 Complete for community & non-transient non-community systems serving populations up to and including 4,999. Do not include raw or plant samples in the average.

**DRINKING WATER MICROBIAL SAMPLE COLLECTION  
& LABORATORY REPORTING FORMAT**

(62-550.730 Reporting Format Effective 01/1995, Revised 02/2010)

Florida-Spectrum Environmental Services, Inc.  
1460 W. McNab Road, Fort Lauderdale, FL 33309 Tel# (954) 978-6400  
Certification No. E86006

Lab Receipt Date & Time: <u>14-May-2018 17:22</u>
Analysis Date & Time: <u>14-May-2018 18:00</u>
<b>Sample Acceptance Criteria:</b> Sample Preservation: <input checked="" type="checkbox"/> On Ice <input type="checkbox"/> Not On Ice <input checked="" type="checkbox"/> 1.40 °C Disinfectant Check: <input checked="" type="checkbox"/> Not Detected <input type="checkbox"/> _____ mg/L This sample does not meet the following NELAC requirements:

Report Number: 18E0468 Sub-Contract Lab ID: E86006

**Analysis Requested:** (check all that apply)

Total Coliform/E. coli  Total Coliform/Fecal  Enterococci  Coliphage  HPC  Other: \_\_\_\_\_

**Public Water System (PWS) Name:** City of Pembroke Pines

**PWS I.D.**

4	0	6	1	0	8	3
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**PWS Address:** 7960 Johnson Street

**City:** Pembroke Pines **FL** 33024

**PWS or PWS Owner's Phone #:** (754) 260-4509

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

**Collector:** Kevin Stone

**Collector's Phone #:** (954) 582-4300/(423)-381-9121

**Type of Supply:** (check only one)

Community Water System  Non-Transient Non-community Water System  Transient Non-community Water System  
 Limited Use System  Bottled Water  Private Well  Swimming Pool  Other: \_\_\_\_\_

**Reason for Sampling:** (check all that apply)

Distribution Routine  Distribution Repeat  Raw (triggered or assessment)  Raw (triggered or assessment) additional  Well Survey  
 Clearance  Replacement (also check type of sample being replaced)  Boil Water Notice  Other: \_\_\_\_\_

**Sample Collection Date:** 5/14/18

To be completed by collector of sample						To be completed by lab				
Sample #	Sample Point City of Pembroke Pines Monthly Bacteria City of Pembroke Pines, FL	Sample Collection Time	Sample Type	Disinfectant Residual (mg/L)	pH	Analysis Method(s)2: Total Coliform/E.Coli (PA) by Colilert in Water (SM9223B)				
						Non-Coliform	Total Coliform	Fecal E.Coli, Enterococci or Coliphage3	Data Qualifier4	Lab Sample #
051418-01	(SP ID 21) 1751 N. Hiatus Road	8:23	D	/ 3.0	8.70		Absent	Absent	U	18E0468-01
051418-02	(SP ID 23) 10755 NW 10th Street	8:40	D	/ 3.5	8.92		Absent	Absent	U	18E0468-02
051418-03	(SP ID 24) 200 S. Hiatus Road	8:55	D	/ 3.6	8.89		Absent	Absent	U	18E0468-03
051418-04	(SP ID 25) 11131 SW 13th Street	9:10	D	/ 2.4	8.53		Absent	Absent	U	18E0468-04
051418-05	(SP ID 30) 12399 Pembroke Road	9:26	D	/ 2.9	8.68		Absent	Absent	U	18E0468-05
051418-06	(SP ID 29) 241 SW 122nd Terrace	9:40	D	/ 3.2	8.79		Absent	Absent	U	18E0468-06
051418-07	(SP ID 28) 1050 NW 123rd Avenue	9:55	D	/ 2.4	8.57		Absent	Absent	U	18E0468-07

**Average of disinfectant residuals for distribution routine & repeat Samples.5** Free chlorine or Total chlorine (circle one) / 2.8

**Disinfectant Residual Analysis Method:**  
 DPD Colorimetric  Other: \_\_\_\_\_  
**Person performing disinfectant analysis is (see instructions on reverse):**  
 A certified operator (# DWB 23804)  
 Supervised by certified operator (# \_\_\_\_\_)  
 Employed by a certified lab  Employed by DEP or DOH  
 Authorized representative of supplier of water

Unless otherwise noted, all tests are performed in accordance with NELAC standards, and the results relate only to the samples.

Date and time PWS notified by lab of positive results: \_\_\_\_\_  
Date and time DEP/DOH notified by lab of positive results: \_\_\_\_\_  
Date Report Issued: 23-May-2018 12:25  
**Lab Signature:** Enrique Ochoa  
**Title:** (CSM) Customer Service Manager

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

<input type="checkbox"/> Satisfactory	<b>DEP/DOH USE ONLY</b>
<input type="checkbox"/> Incomplete Collection Information	
<input type="checkbox"/> Repeat Samples Required	
<input type="checkbox"/> Replacement Samples Required	
Date Reviewed by DEP/DOH: _____	
DEP/DOH Reviewing Official: _____	

1 For Sample Types see Instructions item I.10.  
2 For Analysis Methods see Instructions item II.6.  
3 Please circle appropriate selection.  
4 Defined in Florida Administrative Code Rule 62-160, Table 1.  
5 Complete for community & non-transient non-community systems serving populations of 10 and including 4,000. Do not include raw or plant samples in the average.

**DRINKING WATER MICROBIAL SAMPLE COLLECTION  
& LABORATORY REPORTING FORMAT**

(62-550.730 Reporting Format Effective 9/1/1995, Revised 02/2010)

**Florida-Spectrum Environmental Services, Inc.**  
1460 W. McNab Road, Fort Lauderdale, FL 33309 Tel# (954) 978-6400  
Certification No. E86006

Lab Receipt Date & Time: <u>14-May-2018 17:22</u>
Analysis Date & Time: <u>14-May-2018 18:00</u>
<b>Sample Acceptance Criteria:</b> Sample Preservation: <input checked="" type="checkbox"/> On Ice <input type="checkbox"/> Not On Ice <input checked="" type="checkbox"/> 1.40 °C Disinfectant Check: <input checked="" type="checkbox"/> Not Detected <input type="checkbox"/> _____ mg/L This sample does not meet the following NELAC requirements: _____

Report Number: 18E0468 Sub-Contract Lab ID: E86006

**Analysis Requested:** (check all that apply)

Total Coliform/E. coli  Total Coliform/Fecal  Enterococci  Coliphage  HPC  Other: \_\_\_\_\_

**Public Water System (PWS) Name:** City of Pembroke Pines **PWS I.D.**

4	0	6	1	0	8	3
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**PWS Address:** 7960 Johnson Street **City:** Pembroke Pines **FL** 33024

**PWS or PWS Owner's Phone #:** (754) 260-4509 **Fax #:** (954) 966-5025

**Collector:** Kevin Stone **Collector's Phone #:** (954) 582-4300/(423)-381-9121

**Type of Supply:** (check only one)

Community Water System  Non-Transient Non-community Water System  Transient Non-community Water System  
 Limited Use System  Bottled Water  Private Well  Swimming Pool  Other: \_\_\_\_\_

**Reason for Sampling:** (check all that apply)

Distribution Routine  Distribution Repeat  Raw (triggered or assessment)  Raw (triggered or assessment) additional  Well Survey  
 Clearance  Replacement (also check type of sample being replaced)  Boil Water Notice  Other: \_\_\_\_\_

**Sample Collection Date:** 5/14/18

To be completed by collector of sample						To be completed by lab				
Sample #	Sample Point City of Pembroke Pines Monthly Bacteria City of Pembroke Pines, FL	Sample Collection Time	Sample Type	Disinfectant Residual (mg/L)	pH	Analysis Method(s)2: Total Coliform/E.Coli (PA) by Colilert in Water (SM9223B)				
						Non-Coliform	Total Coliform	Fecal (E. Coli), Enterococci or Coliphage3	Data Qualifier4	Lab Sample #
051418-08	(SP ID 26) 2110 NW 120th Terrace	10:15	D	/ 1.5	8.45		Absent	Absent	U	18E0468-08
051418-09	(SP ID 34) 1601 SW 128th Terrace	10:35	D	/ 2.8	8.68		Absent	Absent	U	18E0468-09
051418-10	(SP ID 33) 750 SW 136th Avenue	10:51	D	/ 3.2	8.79		Absent	Absent	U	18E0468-10
051418-11	(SP ID 67) 788 NW 135th Terrace	11:05	D	/ 2.9	8.71		Absent	Absent	U	18E0468-11
051418-12	(SP ID 31) 13702 NW 20th Street	11:25	D	/ 2.5	8.60		Absent	Absent	U	18E0468-12
051418-13	(SP ID 32) 13771 NW 16th Street	11:37	D	/ 2.7	8.64		Absent	Absent	U	18E0468-13
051418-14	(SP ID 36) 2250 NW 145th Avenue	11:55	D	/ 2.3	8.50		Absent	Absent	U	18E0468-14

**Average of disinfectant residuals for distribution routine & repeat Samples.5** Free chlorine or Total chlorine (circle one) / 2.8

**Disinfectant Residual Analysis Method:**  
 DPD Colorimetric  Other: \_\_\_\_\_  
**Person performing disinfectant analysis is (see instructions on reverse):**  
 A certified operator (# DWB 23804)  
 Supervised by certified operator (# \_\_\_\_\_)  
 Employed by a certified lab  Employed by DEP or DOH  
 Authorized representative of supplier of water

Unless otherwise noted, all tests are performed in accordance with NELAC standards, and the results relate only to the samples.

Date and time PWS notified by lab of positive results: \_\_\_\_\_  
Date and time DEP/DOH notified by lab of positive results: \_\_\_\_\_  
Date Report issued: 23-May-2018 12:25  
**Lab Signature:** Enrique Ochoa  
**Title:** (CSM) Customer Service Manager

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

<input type="checkbox"/> Satisfactory	<b>DEP/DOH USE ONLY</b>
<input type="checkbox"/> Incomplete Collection Information	
<input type="checkbox"/> Repeat Samples Required	
<input type="checkbox"/> Replacement Samples Required	
Date Reviewed by DEP/DOH: _____	
DEP/DOH Reviewing Official: _____	

1 For Sample Types see Instructions item 1.1b.  
2 For Analysis Methods see Instructions item 11.6.  
3 Please circle appropriate selection.  
4 Defined in Florida Administrative Code Rule 62-160, Table 1  
5 Complete for community & non-transient non-community systems serving populations up to and including 4,000. Do not include raw or plant samples or the average.

**DRINKING WATER MICROBIAL SAMPLE COLLECTION  
& LABORATORY REPORTING FORMAT**

(62-550.730 Reporting Format Effective 01/1995, Revised 02/2010)

**Florida-Spectrum Environmental Services, Inc.**  
1460 W. McNab Road, Fort Lauderdale, FL 33309 Tel# (954) 978-6400  
Certification No. E86006

Lab Receipt Date & Time: <u>14-May-2018 17:22</u>
Analysis Date & Time: <u>14-May-2018 18:00</u>
<b>Sample Acceptance Criteria:</b> Sample Preservation: <input checked="" type="checkbox"/> On Ice <input type="checkbox"/> Not On Ice <input checked="" type="checkbox"/> 1.40 °C Disinfectant Check: <input checked="" type="checkbox"/> Not Detected <input type="checkbox"/> _____ mg/L This sample does not meet the following NELAC requirements: _____

Report Number: 18E0468      Sub-Contract Lab ID: E86006

**Analysis Requested: (check all that apply)**

Total Coliform/E. coli    Total Coliform/Fecal    Enterococci    Coliphage    HPC    Other: \_\_\_\_\_

**Public Water System (PWS) Name:** City of Pembroke Pines      **PWS I.D.**

4	0	6	1	0	8	3
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**PWS Address:** 7960 Johnson Street      **City:** Pembroke Pines      **FL**      **33024**

**PWS or PWS Owner's Phone #:** (754) 260-4509      **Fax #:** (954) 986-5025

**Collector:** Kevin Stone      **Collector's Phone #:** (954) 582-4300/(423)-381-9121

**Type of Supply: (check only one)**

Community Water System    Non-Transient Non-community Water System    Transient Non-community Water System  
 Limited Use System    Bottled Water    Private Well    Swimming Pool    Other: \_\_\_\_\_

**Reason for Sampling: (check all that apply)**

Distribution Routine    Distribution Repeat    Raw (triggered or assessment)    Raw (triggered or assessment) additional    Well Survey  
 Clearance    Replacement (also check type of sample being replaced)    Boil Water Notice    Other: \_\_\_\_\_

**Sample Collection Date:** 5/14/18

To be completed by collector of sample						To be completed by lab				
Sample #	Sample Point City of Pembroke Pines Monthly Bacteria City of Pembroke Pines, FL	Sample Collection Time	Sample Type	Disinfectant Residual (mg/L)	pH	Analysis Method(s)2: Total Coliform/E.Coli (PA) by Colilert in Water (SM9223B)				
						Non-Coliform	Total Coliform	Fecal E.Coli, Enterococci or Coliphage3	Data Qualifier4	Lab Sample #
051418-15	(SP ID 37) 1142 NW 141st Avenue	12:29	D	/ 2.7	8.67		Absent	Absent	U	18E0468-15
051418-16	(SP ID 38) 14300 SW 8th Street	12:44	D	/ 3.0	8.73		Absent	Absent	U	18E0468-16

**Average of disinfectant residuals for distribution routine & repeat Samples.5** Free chlorine or Total chlorine (circle one)      / 2.8

**Disinfectant Residual Analysis Method:**  
 DPD Colorimetric    Other: \_\_\_\_\_  
**Person performing disinfectant analysis is (see instructions on reverse):**  
 A certified operator (# DWB#23804)  
 Supervised by certified operator (# \_\_\_\_\_)  
 Employed by a certified lab    Employed by DEP or DOH  
 Authorized representative of supplier of water

Unless otherwise noted, all tests are performed in accordance with NELAC standards, and the results relate only to the samples.

Date and time PWS notified by lab of positive results: \_\_\_\_\_  
Date and time DEP/DOH notified by lab of positive results: \_\_\_\_\_  
Date Report Issued: 23-May-2018 12:25  
**Lab Signature:** Enrique Ochoa  
**Title:** (CSM) Customer Service Manager

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

<input type="checkbox"/> Satisfactory	<b>DEP/DOH USE ONLY</b>
<input type="checkbox"/> Incomplete Collection Information	
<input type="checkbox"/> Repeat Samples Required	
<input type="checkbox"/> Replacement Samples Required	
Date Reviewed by DEP/DOH: _____	
DEP/DOH Reviewing Official: _____	

1 For Sample Types see Instructions Item 1.0.  
2 For Analysis Methods see Instructions Item 1.6.  
3 Please circle appropriate selection.  
4 Defined in Florida Administrative Code Rule 62-109, Table 1.  
5 Complete for community & non-transient non-community systems serving populations up to and including 4,999. Do not include raw or plant samples in the average.

# DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORTING FORMAT

(62-550.730 Reporting Format Effective 01/1995, Revised 02/2010)

**Florida-Spectrum Environmental Services, Inc.**  
1460 W. McNab Road, Fort Lauderdale, FL 33309 Tel# (954) 978-6400  
Certification No. E86006

Lab Receipt Date & Time: <u>15-May-2018 17:05</u>
Analysis Date & Time: <u>15-May-2018 17:50</u>
<b>Sample Acceptance Criteria:</b>
Sample Preservation: <input checked="" type="checkbox"/> On Ice <input type="checkbox"/> Not On Ice <input checked="" type="checkbox"/> <u>4.60</u> °C
Disinfectant Check: <input checked="" type="checkbox"/> Not Detected <input type="checkbox"/> _____ mg/L
This sample does not meet the following NELAC requirements:

Report Number: 18E0522 Sub-Contract Lab ID: E86006

**Analysis Requested:** (check all that apply)

Total Coliform/E. coli  Total Coliform/Fecal  Enterococci  Coliphage  HPC  Other: \_\_\_\_\_

**Public Water System (PWS) Name:** City of Pembroke Pines **PWS I.D.**

4	0	6	1	0	8	3
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**PWS Address:** 7960 Johnson Street **City:** Pembroke Pines **FL** 33024

**PWS or PWS Owner's Phone #:** (754) 260-4509 **Fax #:** (954) 986-5025

**Collector:** Kevin Stone **Collector's Phone #:** (954) 582-4300/(423)-381-9121

**Type of Supply:** (check only one)

Community Water System  Non-Transient Non-community Water System  Transient Non-community Water System  
 Limited Use System  Bottled Water  Private Well  Swimming Pool  Other: \_\_\_\_\_

**Reason for Sampling:** (check all that apply)

Distribution Routine  Distribution Repeat  Raw (triggered or assessment)  Raw (triggered or assessment) additional  Well Survey  
 Clearance  Replacement (also check type of sample being replaced)  Boil Water Notice  Other: \_\_\_\_\_

**Sample Collection Date:** 5/15/18

To be completed by collector of sample						To be completed by lab				
Sample #	Sample Point City of Pembroke Pines Monthly Bacteria City of Pembroke Pines, FL	Sample Collection Time	Sample Type	Disinfectant Residual (mg/L)	pH	Analysis Method(s)2: Total Coliform/E.Coli (PA) by Colilert in Water (SM9223B)				
						Non-Coliform	Total Coliform	Fecal E. Coli, Enterococci or Coliphage3	Data Qualifier4	Lab Sample #
051518-01	(SP ID 40) 300 SW 147th Avenue	9:41	D	/ 1.1	8.33		Absent	Absent	U	18E0522-01
051518-02	(SP ID 43) 1234 SW 159th Lane	8:40	D	/ 2.3	8.64		Absent	Absent	U	18E0522-02
051518-03	(SP ID 42) 69 NW 161st Avenue	8:57	D	/ 2.9	8.92		Absent	Absent	U	18E0522-03
051518-04	(SP ID 39) 16714 NW 24th Street	9:12	D	/ 2.2	8.64		Absent	Absent	U	18E0522-04
051518-05	(SP ID 41) 16028 NW 21st Street	9:28	D	/ 1.7	8.51		Absent	Absent	U	18E0522-05
051518-06	(SP ID 44) 6749 Segovia Circle West	10:08	D	/ 1.8	8.48		Absent	Absent	U	18E0522-06
051518-07	(SP ID 45) 2300 NW 172nd Avenue	11:35	D	/ 1.7	8.56		Absent	Absent	U	18E0522-07

**Average of disinfectant residuals for distribution routine & repeat Samples.5** Free chlorine or Total chlorine (circle one) / 1.9

**Disinfectant Residual Analysis Method:**  
 DPD Colorimetric  Other: \_\_\_\_\_  
**Person performing disinfectant analysis is (see instructions on reverse):**  
 A certified operator (# DWB#23804)  
 Supervised by certified operator (# \_\_\_\_\_)  
 Employed by a certified lab  Employed by DEP or DOH  
 Authorized representative of supplier of water

Unless otherwise noted, all tests are performed in accordance with NELAC standards, and the results relate only to the samples.

Date and time PWS notified by lab of positive results: \_\_\_\_\_  
Date and time DEP/DOH notified by lab of positive results: \_\_\_\_\_  
Date Report Issued: 25-May-2018 10:17  
**Lab Signature:** Enrique Ochoa  
**Title:** (CSM) Customer Service Manager

Juquitta Drieth  
Jacobs/CH2M-City of Pembroke Pines WT  
7960 Johnson Street  
Pembroke Pines FL 33024

<input type="checkbox"/> Satisfactory <input type="checkbox"/> Incomplete Collection Information <input type="checkbox"/> Repeat Samples Required <input type="checkbox"/> Replacement Samples Required	<b>DEP/DOH USE ONLY</b>  Date Reviewed by DEP/DOH: _____ DEP/DOH Reviewing Official: _____
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1 For Sample Types see Instructions item 1.16  
2 For Analysis Methods see Instructions item 11.6  
3 Please circle appropriate selection.  
4 Defined in Florida Administrative Code rule 62-160, Table 1  
5 Complete for community & non-transient non-community systems serving populations up to and including 4,999. Do not include raw or plant samples in this survey.

**DRINKING WATER MICROBIAL SAMPLE COLLECTION  
& LABORATORY REPORTING FORMAT**

(62-550.730 Reporting Format Effective 01/1995, Revised 02/2010)

**Florida-Spectrum Environmental Services, Inc.**  
 1460 W. McNab Road, Fort Lauderdale, FL 33309 Tel# (954) 978-6400  
 Certification No. E86006

Lab Receipt Date & Time: 15-May-2018 17:05

Analysis Date & Time: 15-May-2018 17:50

**Sample Acceptance Criteria:**

Sample Preservation:  On Ice  Not On Ice  4.60 °C  
 Disinfectant Check:  Not Detected  \_\_\_\_\_ mg/L  
 This sample does not meet the following NELAC requirements:

Report Number: 18E0522 Sub-Contract Lab ID: E86006

**Analysis Requested:** (check all that apply)

Total Coliform/E. coli  Total Coliform/Fecal  Enterococci  Coliphage  HPC  Other: \_\_\_\_\_

**Public Water System (PWS) Name:** City of Pembroke Pines

**PWS I.D.**

4	0	6	1	0	8	3
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PWS Address: 7960 Johnson Street

City: Pembroke Pines FL 33024

PWS or PWS Owner's Phone #: (754) 260-4509

Fax #: (954) 986-5025

**Collector:** Kevin Stone

Collector's Phone #: (954) 582-4300/(423)-381-9121

**Type of Supply:** (check only one)

Community Water System  Non-Transient Non-community Water System  Transient Non-community Water System  
 Limited Use System  Bottled Water  Private Well  Swimming Pool  Other: \_\_\_\_\_

**Reason for Sampling:** (check all that apply)

Distribution Routine  Distribution Repeat  Raw (triggered or assessment)  Raw (triggered or assessment) additional  Well Survey  
 Clearance  Replacement (also check type of sample being replaced)  Boil Water Notice  Other: \_\_\_\_\_

**Sample Collection Date:** 5/15/18

To be completed by collector of sample						To be completed by lab				
Sample #	Sample Point City of Pembroke Pines Monthly Bacteria City of Pembroke Pines, FL	Sample Collection Time	Sample Type	Disinfectant Residual (mg/L)	pH	Analysis Method(s)2: Total Coliform/E.Coli (PA) by Colliert in Water (SM9223B)				
						Non-Coliform	Total Coliform	Fecal E.Coli, Enterococci or Coliphage3	Data Qualifier4	Lab Sample #
051518-08	(SP ID 46) 2098 NW 171st Terrace	11:52	D	/ 1.7	8.49		Absent	Absent	U	18E0522-08
051518-09	(SP ID 47) 17100 Pines Blvd.	13:34	D	/ 1.6	8.61		Absent	Absent	U	18E0522-09
051518-10	(SP ID 48) 17059 SW 16th Street	12:16	D	/ 2.2	8.68		Absent	Absent	U	18E0522-10
051518-11	(SP ID 27) 450 SW 182nd Way	12:36	D	/ 2.3	8.70		Absent	Absent	U	18E0522-11
051518-12	(SP ID 49) 17817 NW 15th Street	12:52	D	/ 1.7	8.51		Absent	Absent	U	18E0522-12
051518-13	(SP ID 51) 2473 NW 184th Terrace	13:07	D	/ 1.8	8.61		Absent	Absent	U	18E0522-13
051518-14	(SP ID 52) 18411 Pines Blvd.	13:24	D	/ 2.1	8.68		Absent	Absent	U	18E0522-14

Average of disinfectant residuals for distribution routine & repeat Samples.5 Free chlorine or Total chlorine (circle one) / 1.9

**Disinfectant Residual Analysis Method:**

DPD Colorimetric  Other: \_\_\_\_\_

**Person performing disinfectant analysis is (see instructions on reverse):**

A certified operator (# DWB#23804)  
 Supervised by certified operator (# \_\_\_\_\_)  
 Employed by a certified lab  Employed by DEP or DOH  
 Authorized representative of supplier of water

Unless otherwise noted, all tests are performed in accordance with NELAC standards, and the results relate only to the samples.

Date and time PWS notified by lab of positive results: \_\_\_\_\_

Date and time DEP/DOH notified by lab of positive results: \_\_\_\_\_

Date Report Issued: 25-May-2018 10:17

**Lab Signature:** Enrique Ochoa

**Title:** (CSM) Customer Service Manager

Juquitta Drieth

Jacobs/CH2M-City of Pembroke Pines WT  
 7960 Johnson Street

Pembroke Pines FL 33024

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

DEP/DOH USE ONLY

Date Reviewed by DEP/DOH: \_\_\_\_\_

DEP/DOH Reviewing Official: \_\_\_\_\_

<sup>1</sup> For Sample Types see Instructions item 1.16.

<sup>2</sup> For Analysis Methods see Instructions item 11.6.

<sup>3</sup> Please circle appropriate selection.

<sup>4</sup> Defined in Florida Administrative Code Rule 62-160, Table 1

<sup>5</sup> Complete for community & non-transient non-community systems serving populations up to and including 4,990. Do not include raw or plant samples in the average.

# DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORTING FORMAT

(62-550.730 Reporting Format Effective 01/19/95, Revised 02/2010)

**Florida-Spectrum Environmental Services, Inc.**  
 1460 W. McNab Road, Fort Lauderdale, FL 33309 Tel# (954) 978-6400  
 Certification No. E86006

Lab Receipt Date & Time: <u>16-May-2018 16:00</u>
Analysis Date & Time: <u>16-May-2018 17:15</u>
<b>Sample Acceptance Criteria:</b>
Sample Preservation: <input checked="" type="checkbox"/> On Ice <input type="checkbox"/> Not On Ice <input checked="" type="checkbox"/> 4.20 °C
Disinfectant Check: <input checked="" type="checkbox"/> Not Detected <input type="checkbox"/> _____ mg/L
This sample does not meet the following NELAC requirements:

Report Number: 18E0578      Sub-Contract Lab ID: E86006

**Analysis Requested:** (check all that apply)

Total Coliform/*E. coli*    Total Coliform/Fecal    Enterococci    Coliphage    HPC    Other: \_\_\_\_\_

**Public Water System (PWS) Name:** City of Pembroke Pines      **PWS I.D.**

4	0	6	1	0	8	3
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**PWS Address:** 7960 Johnson Street      **City:** Pembroke Pines      **FL**      **33024**

**PWS or PWS Owner's Phone #:** (754) 260-4509      **Fax #:** (954) 986-5025

**Collector:** Kevin Stone      **Collector's Phone #:** (954) 582-4300/(423)-381-9121

**Type of Supply:** (check only one)

Community Water System    Non-Transient Non-community Water System    Transient Non-community Water System  
 Limited Use System    Bottled Water    Private Well    Swimming Pool    Other: \_\_\_\_\_

**Reason for Sampling:** (check all that apply)

Distribution Routine    Distribution Repeat    Raw (triggered or assessment)    Raw (triggered or assessment) additional    Well Survey  
 Clearance    Replacement (also check type of sample being replaced)    Boil Water Notice    Other: \_\_\_\_\_

**Sample Collection Date:** 5/16/18

Sample #	To be completed by collector of sample					To be completed by lab				
	Sample Point	Sample Collection Time	Sample Type	Disinfectant Residual (mg/L)	pH	Analysis Method(s)2: Total Coliform/ <i>E. Coli</i> (PA) by Colilert in Water (SM9223B)				
	City of Pembroke Pines Monthly Bacteria City of Pembroke Pines, FL					Non-Coliform	Total Coliform	Fecal, <i>E. Coli</i> , Enterococci, or Coliphage3	Data Qualifier4	Lab Sample #
051618-01	(SP ID 58) 19370 SW 16th Street	9:35	D	/ 0.8	8.39		Absent	Absent	U	18E0578-01
051618-02	(SP ID 53) 18539 SW 12th Street	9:15	D	/ 1.8	8.66		Absent	Absent	U	18E0578-02
051618-03	(SP ID 57) 420 NW 197th Avenue	9:52	D	/ 1.9	8.62		Absent	Absent	U	18E0578-03
051618-04	(SP ID 56) 1263 NW 195th Avenue	10:08	D	/ 2.1	8.73		Absent	Absent	U	18E0578-04
051618-05	(SP ID 55) 19478 NW 24th Place	10:22	D	/ 1.9	8.64		Absent	Absent	U	18E0578-05
051618-06	(SP ID 54) 6351 SW 195th Avenue	10:41	D	/ 2.0	8.64		Absent	Absent	U	18E0578-06
051618-07	(SP ID 59) 5000 SW 207th Terrace	8:42	D	/ 1.4	8.51		Absent	Absent	U	18E0578-07

**Average of disinfectant residuals for distribution routine & repeat Samples.5** Free chlorine or Total chlorine (circle one) / 1.8

**Disinfectant Residual Analysis Method:**  
 DPD Colorimetric    Other: \_\_\_\_\_  
**Person performing disinfectant analysis is (see instructions on reverse):**  
 A certified operator (# DWB#23804)  
 Supervised by certified operator (# \_\_\_\_\_)  
 Employed by a certified lab    Employed by DEP or DOH  
 Authorized representative of supplier of water

Unless otherwise noted, all tests are performed in accordance with NELAC standards, and the results relate only to the samples.

Date and time PWS notified by lab of positive results: \_\_\_\_\_  
 Date and time DEP/DOH notified by lab of positive results: \_\_\_\_\_  
 Date Report Issued: 25-May-2018 10:01  
**Lab Signature:** Enrique Ochoa  
**Title:** (CSM) Customer Service Manager

Juquitta Drieth  
 Jacobs/CH2M-City of Pembroke Pines WT  
 7960 Johnson Street  
 Pembroke Pines      FL      33024

<input type="checkbox"/> Satisfactory <input type="checkbox"/> Incomplete Collection Information <input type="checkbox"/> Repeat Samples Required <input type="checkbox"/> Replacement Samples Required	<b>DEP/DOH USE ONLY</b>  Date Reviewed by DEP/DOH: _____ DEP/DOH Reviewing Official: _____
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1 For Sample Types see Instructions item 1.16  
 2 For Analysis Methods see Instructions item 2.6  
 3 Please circle appropriate selection.  
 4 Defined in Florida Administrative Code Rule 63.140, Table 1  
 5 Complete for community & non-transient non-community systems serving populations up to and including 25,000. Do not include raw or plant samples in the average.

# DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORTING FORMAT

(62-550.730 Reporting Format Effective 01/1995, Revised 02/2010)

**Florida-Spectrum Environmental Services, Inc.**  
 1460 W. McNab Road, Fort Lauderdale, FL 33309 Tel# (954) 978-6400  
 Certification No. E86006

Lab Receipt Date & Time: <u>16-May-2018 16:00</u>
Analysis Date & Time: <u>16-May-2018 17:15</u>
<b>Sample Acceptance Criteria:</b> Sample Preservation: <input checked="" type="checkbox"/> On Ice <input type="checkbox"/> Not On Ice <input checked="" type="checkbox"/> 4.20 °C Disinfectant Check: <input checked="" type="checkbox"/> Not Detected <input type="checkbox"/> _____ mg/L This sample does not meet the following NELAC requirements: _____

Report Number: 18E0578      Sub-Contract Lab ID: E86006

**Analysis Requested:** (check all that apply)

Total Coliform/E. coli    Total Coliform/Fecal    Enterococci    Coliphage    HPC    Other: \_\_\_\_\_

**Public Water System (PWS) Name:** City of Pembroke Pines      **PWS I.D.**

4	0	6	1	0	8	3
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**PWS Address:** 7960 Johnson Street      City: Pembroke Pines      FL      33024

**PWS or PWS Owner's Phone #:** (754) 260-4509      **Fax #:** (954) 986-5025

**Collector:** Kevin Stone      **Collector's Phone #:** (954) 582-4300/(423)-381-9121

**Type of Supply:** (check only one)

Community Water System    Non-Transient Non-community Water System    Transient Non-community Water System  
 Limited Use System    Bottled Water    Private Well    Swimming Pool    Other: \_\_\_\_\_

**Reason for Sampling:** (check all that apply)

Distribution Routine    Distribution Repeat    Raw (triggered or assessment)    Raw (triggered or assessment) additional    Well Survey  
 Clearance    Replacement (also check type of sample being replaced)    Boil Water Notice    Other: \_\_\_\_\_

**Sample Collection Date:** 5/16/18

Sample #	To be completed by collector of sample					To be completed by lab				
	Sample Point	Sample Collection Time	Sample Type	Disinfectant Residual (mg/L)	pH	Analysis Method(s): Total Coliform/E. Coli (PA) by Colilert in Water (SM9223B)				
	City of Pembroke Pines Monthly Bacteria City of Pembroke Pines, FL					Non-Coliform	Total Coliform	Fecal, E. Coli, Enterococci or Coliphage3	Data Qualifier4	Lab Sample #
051618-08	(SP ID 63) 21250 Sheridan Street	11:01	D	/ 1.3	8.74		Absent	Absent	U	18E0578-08
051618-09	(SP ID 64) 21800 NW 8th Place	11:31	D	/ 2.3	8.72		Absent	Absent	U	18E0578-09
051618-10	(SP ID 65) 21651 NW 7th Street	11:18	D	/ 2.2	8.74		Absent	Absent	U	18E0578-10
051618-11	(SP ID 62) 20701 Pembroke Road	11:53	D	/ 2.0	8.73		Absent	Absent	U	18E0578-11
051618-12	(SP ID 61) 20501 SW 1st Street	12:11	D	/ 2.2	8.73		Absent	Absent	U	18E0578-12

**Average of disinfectant residuals for distribution routine & repeat Samples.5** Free chlorine or: Total chlorine (circle one)      / 1.8

**Disinfectant Residual Analysis Method:**  
 DPD Colorimetric    Other: \_\_\_\_\_  
**Person performing disinfectant analysis is (see instructions on reverse):**  
 A certified operator (# DWB 23804)  
 Supervised by certified operator (# \_\_\_\_\_)  
 Employed by a certified lab    Employed by DEP or DOH  
 Authorized representative of supplier of water

Unless otherwise noted, all tests are performed in accordance with NELAC standards, and the results relate only to the samples.

Date and time PWS notified by lab of positive results: \_\_\_\_\_  
 Date and time DEP/DOH notified by lab of positive results: \_\_\_\_\_  
 Date Report Issued: 25-May-2018 10:01  
**Lab Signature:** Enrique Ochoa  
**Title:** (CSM) Customer Service Manager

Juquitta Drieth  
 Jacobs/CH2M-City of Pembroke Pines WT  
 7960 Johnson Street  
 Pembroke Pines      FL      33024

Satisfactory      **DEP/DOH USE ONLY**  
 Incomplete Collection Information  
 Repeat Samples Required  
 Replacement Samples Required  
 Date Reviewed by DEP/DOH: \_\_\_\_\_  
 DEP/DOH Reviewing Official: \_\_\_\_\_

\* For Sample Type see Instructions item 1.16  
 \* For Analysis Methods see Instructions item 2.4  
 \* Please circle appropriate selection  
 \* Defined in Florida Administrative Code Rule 62-469 Table 1  
 \* Complete for community & non-transient non-community drinking water populations up to and including 1000. Do not include raw or plant samples in the average

# DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORTING FORMAT

(52-550.730 Reporting Format Effective 01/1995, Revised 02/2010)

**Florida-Spectrum Environmental Services, Inc.**  
1460 W. McNab Road, Fort Lauderdale, FL 33309 Tel# (954) 978-6400  
Certification No. E86006

Lab Receipt Date & Time: <u>21-May-2018 16:14</u>
Analysis Date & Time: <u>21-May-2018 16:45</u>
<b>Sample Acceptance Criteria:</b>
Sample Preservation: <input checked="" type="checkbox"/> On Ice <input type="checkbox"/> Not On Ice <input checked="" type="checkbox"/> <u>2.60</u> °C
Disinfectant Check: <input checked="" type="checkbox"/> Not Detected <input type="checkbox"/> _____ mg/L
This sample does not meet the following NELAC requirements:

Report Number: 18E0698      Sub-Contract Lab ID: E86006

**Analysis Requested:** (check all that apply)

Total Coliform/*E. coli*    Total Coliform/Fecal    Enterococci    Coliphage    HPC    Other: \_\_\_\_\_

**Public Water System (PWS) Name:** City of Pembroke Pines

**PWS I.D.**

4	0	6	1	0	8	3
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**PWS Address:** 7960 Johnson Street

**City:** Pembroke Pines      **FL**      **33024**

**PWS or PWS Owner's Phone #:** (754) 260-4509

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

**Collector:** Kevin Stone

**Collector's Phone #:** (954) 582-4300/(423)-381-9122

**Type of Supply:** (check only one)

Community Water System    Non-Transient Non-community Water System    Transient Non-community Water System  
 Limited Use System    Bottled Water    Private Well    Swimming Pool    Other: \_\_\_\_\_

**Reason for Sampling:** (check all that apply)

Distribution Routine    Distribution Repeat    Raw (triggered or assessment)    Raw (triggered or assessment) additional    Well Survey  
 Clearance    Replacement (also check type of sample being replaced)    Boil Water Notice    Other: \_\_\_\_\_

**Sample Collection Date:** 5/21/18

To be completed by collector of sample						To be completed by lab				
Sample #	Sample Point City of Pembroke Pines Monthly Bacteria City of Pembroke Pines, FL	Sample Collection Time	Sample Type	Disinfectant Residual (mg/L)	pH	Analysis Method(s): Total Coliform/ <i>E. Coli</i> (PA) by Colilert in Water (SM9223B)				
						Non-Coliform	Total Coliform	Fecal; <i>E. Coli</i> , Enterococci or Coliphage3	Data Qualifier4	Lab Sample #
052118-01	(SP ID 1) 2040 NW 74th Avenue	7:57	D	/ 3.1	8.84		Absent	Absent	U	18E0698-01
052118-02	(SP ID 2) 7610 Taft Street	8:11	D	/ 3.4	8.99		Absent	Absent	U	18E0698-02
052118-03	(SP ID 3) 7741 Johnson Street	8:24	D	/ 3.6	8.99		Absent	Absent	U	18E0698-03
052118-04	(SP ID 4) 120 NW 73rd Avenue	8:38	D	/ 3.1	8.91		Absent	Absent	U	18E0698-04
052118-05	(SP ID 5) 7021 SW 9th Street	8:52	D	/ 3.0	8.90		Absent	Absent	U	18E0698-05
052118-06	(SP ID 11) 1530 SW 85th Avenue	9:07	D	/ 3.2	8.95		Absent	Absent	U	18E0698-06
052118-07	(SP ID 10) 199 N. University Drive	9:25	D	/ 2.9	8.83		Absent	Absent	U	18E0698-07

**Average of disinfectant residuals for distribution routine & repeat Samples.5** Free chlorine or Total chlorine (circle one)      / 3.3

**Disinfectant Residual Analysis Method:**

DPD Colorimetric    Other: \_\_\_\_\_

**Person performing disinfectant analysis is (see instructions on reverse):**

A certified operator (# DWB#23804)  
 Supervised by certified operator (# \_\_\_\_\_)  
 Employed by a certified lab    Employed by DEP or DOH  
 Authorized representative of supplier of water

Unless otherwise noted, all tests are performed in accordance with NELAC standards, and the results relate only to the samples.

Date and time PWS notified by lab of positive results: \_\_\_\_\_

Date and time DEP/DOH notified by lab of positive results: \_\_\_\_\_

Date Report Issued: 30-May-2018 12:17

**Lab Signature:** Enrique Ochoa

**Title:** (CSM) Customer/Service Manager

Juquitta Drieth  
Jacobs/CH2M-City of Pembroke Pines WT  
7960 Johnson Street  
Pembroke Pines      FL      33024

<input type="checkbox"/> Satisfactory <input type="checkbox"/> Incomplete Collection Information <input type="checkbox"/> Repeat Samples Required <input type="checkbox"/> Replacement Samples Required	<b>DEP/DOH USE ONLY</b>  Date Reviewed by DEP/DOH: _____ DEP/DOH Reviewing Official: _____
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1 For Sample Types see Instructions item 1.16  
2 For Analysis Methods see Instructions item 11.6  
3 Please circle appropriate selection  
4 Defined in Florida Administrative Code Rule 62.194, Table 1  
5 Complete for community & non-treatment non-community systems serving populations up to and including 4,000. Do not include raw or plant samples in the average.

# DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORTING FORMAT

(62-550.730 Reporting Format Effective 01/1995, Revised 02/2010)

**Florida-Spectrum Environmental Services, Inc.**  
 1460 W. McNab Road, Fort Lauderdale, FL 33309 Tel# (954) 978-6400  
 Certification No. E86006

Lab Receipt Date & Time: <u>21-May-2018 16:14</u>
Analysis Date & Time: <u>21-May-2018 16:45</u>
<b>Sample Acceptance Criteria:</b>
Sample Preservation: <input checked="" type="checkbox"/> On Ice <input type="checkbox"/> Not On Ice <input checked="" type="checkbox"/> <u>2.60</u> °C
Disinfectant Check: <input checked="" type="checkbox"/> Not Detected <input type="checkbox"/> _____ mg/L
This sample does not meet the following NELAC requirements:

Report Number: 18E0698      Sub-Contract Lab ID: E86006

**Analysis Requested:** (check all that apply)

Total Coliform/*E. coli*    Total Coliform/Fecal    Enterococci    Coliphage    HPC    Other: \_\_\_\_\_

**Public Water System (PWS) Name:** City of Pembroke Pines      **PWS I.D.**

4	0	6	1	0	8	3
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**PWS Address:** 7960 Johnson Street      **City:** Pembroke Pines      **FL**      **33024**

**PWS or PWS Owner's Phone #:** (754) 260-4509      **Fax #:** (954) 986-5025

**Collector:** Kevin Stone      **Collector's Phone #:** (954) 582-4300/(423)-381-9122

**Type of Supply:** (check only one)

Community Water System    Non-Transient Non-community Water System    Transient Non-community Water System  
 Limited Use System    Bottled Water    Private Well    Swimming Pool    Other: \_\_\_\_\_

**Reason for Sampling:** (check all that apply)

Distribution Routine    Distribution Repeat    Raw (triggered or assessment)    Raw (triggered or assessment) additional    Well Survey  
 Clearance    Replacement (also check type of sample being replaced)    Boil Water Notice    Other: \_\_\_\_\_

**Sample Collection Date:** 5/21/18

To be completed by collector of sample						To be completed by lab				
Sample #	Sample Point City of Pembroke Pines Monthly Bacteria City of Pembroke Pines, FL	Sample Collection Time	Sample Type	Disinfectant Residual (mg/L)	pH	Analysis Method(s)2: Total Coliform/E.Coll (PA) by Colliert in Water (SM9223B)				
						Non-Coliform	Total Coliform	Fecal, <i>E. Coli</i> , Enterococci or Coliphage3	Data Qualifier4	Lab Sample #
052118-08	(SP ID 9) 8131 Johnson Street	9:38	D	/ 3.6	8.98		Absent	Absent	U	18E0698-08
052118-09	(SP ID 8) 8130 Taft Street	9:52	D	/ 3.5	8.99		Absent	Absent	U	18E0698-09
052118-10	(SP ID 7) 2402 N. University Drive	10:06	D	/ 2.7	8.80		Absent	Absent	U	18E0698-10
052118-11	(SP ID 68) 2060 NW 88th Terrace	10:16	D	/ 3.3	9.00		Absent	Absent	U	18E0698-11
052118-12	(SP ID 12) 1621 N. Douglas Road	10:28	D	/ 3.6	8.99		Absent	Absent	U	18E0698-12
052118-13	(SP ID 13) 8880 Johnson Street	10:40	D	/ 3.7	9.00		Absent	Absent	U	18E0698-13
052118-14	(SP ID 14) 120 N. Douglas Road	10:55	D	/ 3.6	9.00		Absent	Absent	U	18E0698-14

**Average of disinfectant residuals for distribution routine & repeat Samples.5** Free chlorine or Total chlorine (circle one)      / 3.3

**Disinfectant Residual Analysis Method:**  
 DPD Colorimetric    Other: \_\_\_\_\_  
**Person performing disinfectant analysis is (see instructions on reverse):**  
 A certified operator (# DWB#23804)  
 Supervised by certified operator (# \_\_\_\_\_)  
 Employed by a certified lab    Employed by DEP or DOH  
 Authorized representative of supplier of water

Unless otherwise noted, all tests are performed in accordance with NELAC standards, and the results relate only to the samples.

Date and time PWS notified by lab of positive results: \_\_\_\_\_  
 Date and time DEP/DOH notified by lab of positive results: \_\_\_\_\_  
 Date Report Issued: 30-May-2018 12:17  
**Lab Signature:** Enrique Ochoa  
**Title:** (CSM) Customer Service Manager

Juquitta Drieth  
 Jacobs/CH2M-City of Pembroke Pines WT  
 7960 Johnson Street  
 Pembroke Pines      FL      33024

<input type="checkbox"/> Satisfactory <input type="checkbox"/> Incomplete Collection Information <input type="checkbox"/> Repeat Samples Required <input type="checkbox"/> Replacement Samples Required	<b>DEP/DOH USE ONLY</b>  Date Reviewed by DEP/DOH: _____ DEP/DOH Reviewing Official: _____
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1 For Sample Types see Instructions Item 1.16  
 2 For Analysis Methods see Instructions Item 11.6  
 3 Please circle appropriate selection  
 4 Defined in Florida Administrative Code (Rule 62-169, Table 1  
 5 Complete for community & non-transient non-community systems serving populations up to and including 4,000. Do not include raw or plant samples in the average

**DRINKING WATER MICROBIAL SAMPLE COLLECTION  
& LABORATORY REPORTING FORMAT**

(62-550.730 Reporting Format Effective 01/1995, Revised 02/2010)

**Florida-Spectrum Environmental Services, Inc.**  
1460 W. McNab Road, Fort Lauderdale, FL 33309 Tel# (954) 978-6400  
Certification No. E86006

Lab Receipt Date & Time: 22-May-2018 16:14

Analysis Date & Time: 22-May-2018 17:15

**Sample Acceptance Criteria:**

Sample Preservation:  On Ice  Not On Ice  2.80 °C  
Disinfectant Check:  Not Detected  \_\_\_\_\_ mg/L  
This sample does not meet the following NELAC requirements:

Report Number: 18E0726 Sub-Contract Lab ID: E86006

**Analysis Requested:** (check all that apply)

Total Coliform/*E. coli*  Total Coliform/Fecal  Enterococci  Coliphage  HPC  Other: \_\_\_\_\_

**Public Water System (PWS) Name:** City of Pembroke Pines

**PWS I.D.**

4	0	6	1	0	8	3
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PWS Address: 7960 Johnson Street

City: Pembroke Pines FL 33024

PWS or PWS Owner's Phone #: (754) 260-4509

Fax #: (954) 986-5025

**Collector:** Kevin Stone

Collector's Phone #: (954) 582-4300/(423)-381-9121

**Type of Supply:** (check only one)

Community Water System  Non-Transient Non-community Water System  Transient Non-community Water System  
 Limited Use System  Bottled Water  Private Well  Swimming Pool  Other: \_\_\_\_\_

**Reason for Sampling:** (check all that apply)

Distribution Routine  Distribution Repeat  Raw (triggered or assessment)  Raw (triggered or assessment) additional  Well Survey  
 Clearance  Replacement (also check type of sample being replaced)  Boil Water Notice  Other: \_\_\_\_\_

**Sample Collection Date:** 5/22/18

To be completed by collector of sample						To be completed by lab				
Sample #	Sample Point City of Pembroke Pines Monthly Bacteria City of Pembroke Pines, FL	Sample Collection Time	Sample Type	Disinfectant Residual (mg/L)	pH	Analysis Method(s)2: Total Coliform/ <i>E. Coli</i> (PA) by Colilert in Water (SM9223B)				
						Non-Coliform	Total Coliform	Fecal <i>E. Coli</i> , Enterococci or Coliphage3	Data Qualifier4	Lab Sample #
052218-01	(SP ID 44) 6749 Segovia Circle West	8:21	D	/ 2.1	8.66		Absent	Absent	U	18E0726-01
052218-02	(SP ID 45) 2300 NW 172nd Avenue	8:38	D	/ 1.5	8.59		Absent	Absent	U	18E0726-02
052218-03	(SP ID 46) 2098 NW 171st Terrace	8:52	D	/ 1.5	8.51		Absent	Absent	U	18E0726-03
052218-04	(SP ID 47) 17100 Pines Blvd.	10:28	D	/ 1.9	8.70		Absent	Absent	U	18E0726-04
052218-05	(SP ID 48) 17059 SW 16th Street	9:17	D	/ 2.6	8.88		Absent	Absent	U	18E0726-05
052218-06	(SP ID 27) 450 SW 182nd Way	9:31	D	/ 2.6	8.84		Absent	Absent	U	18E0726-06
052218-07	(SP ID 49) 17817 NW 15th Street	9:50	D	/ 2.0	8.67		Absent	Absent	U	18E0726-07

**Average of disinfectant residuals for distribution routine & repeat Samples.5** Free chlorine or Total chlorine (circle one) / 1.7

**Disinfectant Residual Analysis Method:**

DPD Colorimetric  Other: \_\_\_\_\_  
**Person performing disinfectant analysis is (see instructions on reverse):**  
 A certified operator (# DWB# 23804)  
 Supervised by certified operator (# \_\_\_\_\_)  
 Employed by a certified lab  Employed by DEP or DOH  
 Authorized representative of supplier of water

Unless otherwise noted, all tests are performed in accordance with NELAC standards, and the results relate only to the samples.

Date and time PWS notified by lab of positive results: \_\_\_\_\_

Date and time DEP/DOH notified by lab of positive results: \_\_\_\_\_

Date Report Issued: 04-Jun-2018 11:32

**Lab Signature:** Enrique Ochoa

**Title:** (CSM) Customer Service Manager

Juquitta Drieth  
Jacobs/CH2M-City of Pembroke Pines WT  
7960 Johnson Street  
Pembroke Pines FL 33024

Satisfactory DEP/DOH USE ONLY  
 Incomplete Collection Information  
 Repeat Samples Required  
 Replacement Samples Required  
Date Reviewed by DEP/DOH: \_\_\_\_\_  
DEP/DOH Reviewing Official: \_\_\_\_\_

<sup>1</sup> For Sample Types see Instructions item I 16.

<sup>2</sup> For Analysis Methods see Instructions item II 6.

<sup>3</sup> Please circle appropriate selection.

<sup>4</sup> Defined in Florida Administrative Code Rule 62-160, Table 1.

<sup>5</sup> Complete for community & non-transient non-community systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.

# DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORTING FORMAT

(62-550.730 Reporting Format Effective 01/1995, Revised 02/2010)

**Florida-Spectrum Environmental Services, Inc.**  
 1460 W. McNab Road, Fort Lauderdale, FL 33309 Tel# (954) 978-6400  
 Certification No. E86006

Lab Receipt Date & Time: <u>22-May-2018 16:14</u>
Analysis Date & Time: <u>22-May-2018 17:15</u>
<b>Sample Acceptance Criteria:</b> Sample Preservation: <input checked="" type="checkbox"/> On Ice <input type="checkbox"/> Not On Ice <input checked="" type="checkbox"/> 2.80 °C Disinfectant Check: <input checked="" type="checkbox"/> Not Detected <input type="checkbox"/> _____ mg/L This sample does not meet the following NELAC requirements:

Report Number: 18E0726 Sub-Contract Lab ID: E86006

**Analysis Requested:** (check all that apply)

Total Coliform/E. coli  Total Coliform/Fecal  Enterococci  Coliphage  HPC  Other: \_\_\_\_\_

**Public Water System (PWS) Name:** City of Pembroke Pines **PWS I.D.**

4	0	6	1	0	8	3
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**PWS Address:** 7960 Johnson Street **City:** Pembroke Pines **FL** 33024

**PWS or PWS Owner's Phone #:** (754) 260-4509 **Fax #:** (954) 986-5025

**Collector:** Kevin Stone **Collector's Phone #:** (954) 582-4300/(423)-381-9121

**Type of Supply:** (check only one)

Community Water System  Non-Transient Non-community Water System  Transient Non-community Water System  
 Limited Use System  Bottled Water  Private Well  Swimming Pool  Other: \_\_\_\_\_

**Reason for Sampling:** (check all that apply)

Distribution Routine  Distribution Repeat  Raw (triggered or assessment)  Raw (triggered or assessment) additional  Well Survey  
 Clearance  Replacement (also check type of sample being replaced)  Boil Water Notice  Other: \_\_\_\_\_

**Sample Collection Date:** 5/22/18

To be completed by collector of sample						To be completed by lab				
Sample #	Sample Point City of Pembroke Pines Monthly Bacteria City of Pembroke Pines, FL	Sample Collection Time	Sample Type	Disinfectant Residual (mg/L)	pH	Analysis Method(s)2: Total Coliform/E.Coli (PA) by Collert in Water (SM9223B)				
						Non-Coliform	Total Coliform	Fecal (E.Coli, Enterococci, Coliphage)3	Data Qualifier4	Lab Sample #
052218-08	(SP ID 51) 2473 NW 184th Terrace	10:06	D	/ 1.4	8.44		Absent	Absent	U	18E0726-08
052218-09	(SP ID 52) 18411 Pines Blvd.	10:19	D	/ 2.2	8.78		Absent	Absent	U	18E0726-09
05228-10	(SP ID 58) 19370 SW 16th Street	10:53	D	/ 0.6	8.30		Absent	Absent	U	18E0726-10
052218-11	(SP ID 53) 18539 SW 12th Street	11:05	D	/ 2.0	8.69		Absent	Absent	U	18E0726-11
052218-12	(SP ID 57) 420 NW 197th Avenue	11:22	D	/ 1.9	8.66		Absent	Absent	U	18E0726-12
052218-13	(SP ID 56) 1263 NW 195th Avenue	11:35	D	/ 1.8	8.68		Absent	Absent	U	18E0726-13
052218-14	(SP ID 55) 19478 NW 24th Place	11:46	D	/ 1.7	8.62		Absent	Absent	U	18E0726-14

**Average of disinfectant residuals for distribution routine & repeat Samples.5** Free chlorine or Total chlorine (circle one) / 1.7

**Disinfectant Residual Analysis Method:**  
 DPD Colorimetric  Other: \_\_\_\_\_

**Person performing disinfectant analysis is (see instructions on reverse):**  
 A certified operator (# DWB# 23804)  
 Supervised by certified operator (# \_\_\_\_\_)  
 Employed by a certified lab  Employed by DEP or DOH  
 Authorized representative of supplier of water

Unless otherwise noted, all tests are performed in accordance with NELAC standards, and the results relate only to the samples.

Date and time PWS notified by lab of positive results: \_\_\_\_\_  
 Date and time DEP/DOH notified by lab of positive results: \_\_\_\_\_  
 Date Report Issued: 04-Jun-2018 11:32

**Lab Signature:** Enrique Ochoa  
**Title:** (CSM) Customer Service Manager

Juquitta Drieth  
 Jacobs/CH2M-City of Pembroke Pines WT  
 7960 Johnson Street  
 Pembroke Pines FL 33024

<input type="checkbox"/> Satisfactory <input type="checkbox"/> Incomplete Collection Information <input type="checkbox"/> Repeat Samples Required <input type="checkbox"/> Replacement Samples Required Date Reviewed by DEP/DOH: _____ DEP/DOH Reviewing Official: _____	<b>DEP/DOH USE ONLY</b>
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<sup>1</sup> For Sample Types see Instructions item 1.16.  
<sup>2</sup> For Analysis Methods see Instructions item 11.6.  
<sup>3</sup> Please circle appropriate selection.  
<sup>4</sup> Defined in Florida Administrative Code Rule 62-160, Table 1.  
<sup>5</sup> Complete for community & non-transient non-community systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.

# DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORTING FORMAT

(62-550.730 Reporting Format Effective 01/1995, Revised 02/2010)

**Florida-Spectrum Environmental Services, Inc.**  
 1460 W. McNab Road, Fort Lauderdale, FL 33309 Tel# (954) 978-6400  
 Certification No. E86006

Lab Receipt Date & Time: <u>22-May-2018 16:14</u>
Analysis Date & Time: <u>22-May-2018 17:15</u>
<b>Sample Acceptance Criteria:</b> Sample Preservation: <input checked="" type="checkbox"/> On Ice <input type="checkbox"/> Not On Ice <input checked="" type="checkbox"/> 2.80 °C Disinfectant Check: <input checked="" type="checkbox"/> Not Detected <input type="checkbox"/> _____ mg/L This sample does not meet the following NELAC requirements:

Report Number: 18E0726      Sub-Contract Lab ID: E86006

**Analysis Requested:** (check all that apply)

Total Coliform/E. coli    Total Coliform/Fecal    Enterococci    Coliphage    HPC    Other: \_\_\_\_\_

**Public Water System (PWS) Name:** City of Pembroke Pines      **PWS I.D.**

4	0	6	1	0	8	3
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**PWS Address:** 7960 Johnson Street      **City:** Pembroke Pines      **FL**      **33024**

**PWS or PWS Owner's Phone #:** (754) 260-4509      **Fax #:** (954) 986-5025

**Collector:** Kevin Stone      **Collector's Phone #:** (954) 582-4300/(423)-361-9121

**Type of Supply:** (check only one)

Community Water System    Non-Transient Non-community Water System    Transient Non-community Water System  
 Limited Use System    Bottled Water    Private Well    Swimming Pool    Other: \_\_\_\_\_

**Reason for Sampling:** (check all that apply)

Distribution Routine    Distribution Repeat    Raw (triggered or assessment)    Raw (triggered or assessment) additional    Well Survey  
 Clearance    Replacement (also check type of sample being replaced)    Boil Water Notice    Other: \_\_\_\_\_

**Sample Collection Date:** 5/22/18

To be completed by collector of sample						To be completed by lab				
Sample #	Sample Point City of Pembroke Pines Monthly Bacteria City of Pembroke Pines, FL	Sample Collection Time	Sample Type	Disinfectant Residual (mg/L)	pH	Analysis Method(s): Total Coliform/E.Coli (PA) by Colilert in Water (SM9223B)				
						Non-Coliform	Total Coliform	Fecal, E.Coli, Enterococci or Coliphage3	Data Qualifier4	Lab Sample #
052218-15	(SP ID 54) 6351 SW 195th Avenue	12:05	D	/ 1.4	8.52		Absent	Absent	U	18E0726-15
052218-16	(SP ID 59) 5000 SW 207th Terrace	12:26	D	/ 0.5	8.42		Absent	Absent	U	18E0726-16
052218-17	(SP ID 63) 21250 Sheridan Street	12:43	D	/ 1.0	8.53		Absent	Absent	U	18E0726-17
052218-18	(SP ID 64) 21800 NW 8th Place	13:01	D	/ 1.7	8.54		Absent	Absent	U	18E0726-18
052218-19	(SP ID 65) 21651 NW 7th Street	13:51	D	/ 1.7	8.61		Absent	Absent	U	18E0726-19
052218-20	(SP ID 62) 20701 Pembroke Road	14:02	D	/ 1.6	8.62		Absent	Absent	U	18E0726-20
052218-21	(SP ID 61) 20501 SW 1st Street	14:17	D	/ 1.7	8.61		Absent	Absent	U	18E0726-21

**Average of disinfectant residuals for distribution routine & repeat Samples.5** Free chlorine or Total chlorine (circle one)      / 1.7

**Disinfectant Residual Analysis Method:**  
 DPD Colorimetric    Other: \_\_\_\_\_

**Person performing disinfectant analysis is (see instructions on reverse):**  
 A certified operator (# DWB# 23804)  
 Supervised by certified operator (# \_\_\_\_\_)  
 Employed by a certified lab    Employed by DEP or DOH  
 Authorized representative of supplier of water

Unless otherwise noted, all tests are performed in accordance with NELAC standards, and the results relate only to the samples.

Date and time PWS notified by lab of positive results: \_\_\_\_\_  
 Date and time DEP/DOH notified by lab of positive results: \_\_\_\_\_  
 Date Report Issued: 04-Jun-2018 11:22  
**Lab Signature:** Enrique Ochoa  
**Title:** (CSM) Customer Service Manager

Juquitta Drieth  
 Jacobs/CH2M-City of Pembroke Pines W1  
 7960 Johnson Street  
 Pembroke Pines      FL      33024

<input type="checkbox"/> Satisfactory <input type="checkbox"/> Incomplete Collection Information <input type="checkbox"/> Repeat Samples Required <input type="checkbox"/> Replacement Samples Required Date Reviewed by DEP/DOH: _____ DEP/DOH Reviewing Official: _____	<b>DEP/DOH USE ONLY</b>
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<sup>1</sup> For Sample Types see Instructions item 1.16.  
<sup>2</sup> For Analysis Methods see Instructions item 11.6.  
<sup>3</sup> Please circle appropriate selection.  
<sup>4</sup> Defined in Florida Administrative Code Rule 62-160, Table 1.  
<sup>5</sup> Complete for community & non-transient non-community systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.

**DRINKING WATER MICROBIAL SAMPLE COLLECTION  
& LABORATORY REPORTING FORMAT**

(62-559.730 Reporting Format Effective 01/1995, Revised 02/2010)

**Florida-Spectrum Environmental Services, Inc.**  
1460 W. McNab Road, Fort Lauderdale, FL 33309 Tel# (954) 978-6400  
Certification No. E86006

Lab Receipt Date & Time: <u>24-May-2018 15:55</u>
Analysis Date & Time: <u>24-May-2018 16:15</u>
<b>Sample Acceptance Criteria:</b>
Sample Preservation: <input checked="" type="checkbox"/> On Ice <input type="checkbox"/> Not On Ice <input checked="" type="checkbox"/> 3.80 °C
Disinfectant Check: <input checked="" type="checkbox"/> Not Detected <input type="checkbox"/> _____ mg/L
This sample does not meet the following NELAC requirements:

Report Number: 18E0815      Sub-Contract Lab ID: E86006

**Analysis Requested:** (check all that apply)

Total Coliform/E. coli    Total Coliform/Fecal    Enterococci    Coliphage    HPC    Other: \_\_\_\_\_

**Public Water System (PWS) Name:** City of Pembroke Pines

**PWS I.D.**

4	0	6	1	0	8	3
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**PWS Address:** 7960 Johnson Street

**City:** Pembroke Pines      **FL**      **33024**

**PWS or PWS Owner's Phone #:** (754) 260-4509

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

**Collector:** Kevin Stone

**Collector's Phone #:** (954) 582-4300/(423)-381-9121

**Type of Supply:** (check only one)

Community Water System    Non-Transient Non-community Water System    Transient Non-community Water System  
 Limited Use System    Bottled Water    Private Well    Swimming Pool    Other: \_\_\_\_\_

**Reason for Sampling:** (check all that apply)

Distribution Routine    Distribution Repeat    Raw (triggered or assessment)    Raw (triggered or assessment) additional    Well Survey  
 Clearance    Replacement (also check type of sample being replaced)    Boil Water Notice    Other: \_\_\_\_\_

**Sample Collection Date:** 5/24/18

To be completed by collector of sample						To be completed by lab				
Sample #	Sample Point City of Pembroke Pines Monthly Bacteria City of Pembroke Pines, FL	Sample Collection Time	Sample Type	Disinfectant Residual (mg/L)	pH	Analysis Method(s): Total Coliform/E.Coli (PA) by Colilert in Water (SM9223B)				
						Non-Coliform	Total Coliform	Fecal, E. Coli, Enterococci or Coliphage <sup>3</sup>	Data Qualifier <sup>4</sup>	Lab Sample #
052418-01	Well#1	8:59	R	/ 0.0	7.30		Absent	Absent	U	18E0815-01
052418-02	Well#4	9:14	R	/ 0.0	7.30		Absent	Absent	U	18E0815-02
052418-03	Well#5	9:33	R	/ 0.0	7.27		Absent	Absent	U	18E0815-03
052418-04	Well#6	8:40	R	/ 0.0	7.54		Absent	Absent	U	18E0815-04
052418-05	Well#9	8:25	R	/ 0.0	7.48		Absent	Absent	U	18E0815-05
052418-06	Well#10	8:01	R	/ 0.0	7.32		Absent	Absent	U	18E0815-06
052418-07	Well#11	8:14	R	/ 0.0	7.49		Absent	Absent	U	18E0815-07

**Average of disinfectant residuals for distribution routine & repeat Samples.<sup>5</sup>** Free chlorine or Total chlorine (circle one)      / 0.0

**Disinfectant Residual Analysis Method:**  
 DPD Colorimetric    Other: \_\_\_\_\_  
**Person performing disinfectant analysis is (see instructions on reverse):**  
 A certified operator (# DWB#23804)  
 Supervised by certified operator (# \_\_\_\_\_)  
 Employed by a certified lab    Employed by DEP or DOH  
 Authorized representative of supplier of water

Unless otherwise noted, all tests are performed in accordance with NELAC standards, and the results relate only to the samples.

Date and time PWS notified by lab of positive results: \_\_\_\_\_  
Date and time DEP/DOH notified by lab of positive results: \_\_\_\_\_  
Date Report Issued: 05-Jun-2018 10:38  
**Lab Signature:** Enrique Ochoa  
**Title:** (CSM) Customer Service Manager

Juquitta Drieth  
Jacobs/CH2M-City of Pembroke Pines WT  
7960 Johnson Street  
Pembroke Pines      FL      33024

Satisfactory      **DEP/DOH USE ONLY**  
 Incomplete Collection Information  
 Repeat Samples Required  
 Replacement Samples Required  
Date Reviewed by DEP/DOH: \_\_\_\_\_  
DEP/DOH Reviewing Official: \_\_\_\_\_

<sup>1</sup> For Sample Types see Instructions item 1.16.  
<sup>2</sup> For Analysis Methods see Instructions item 11.6.  
<sup>3</sup> Please circle appropriate selection.  
<sup>4</sup> Defined in Florida Administrative Code Rule 62-160, Table 1.  
<sup>5</sup> Complete for community & non-transient non-community systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.



**BROWARD COUNTY HEALTH DEPARTMENT**  
**ENVIRONMENTAL ENGINEERING SECTION**  
 2421-A S.W. 61h AVENUE, FORT LAUDERDALE, FL 33315-2613

**WATER UTILITY:** City of Pembroke Pines - PWS ID 4061083      **MONTH:** June    **YEAR:** 2018

Note: Please complete this form monthly and attach one copy to the monthly water plant operation report to be submitted to the BCHD not later than the 10<sup>th</sup> of the following month.

**MONTHLY BACTERIOLOGICAL SAMPLES ANALYZED FROM COMMUNITY WATER SYSTEMS**

Minimum Number of Samples Required			Number of Samples Analyzed			Number of Unsatisfactory Samples		
Well	Plant	Distribution	Well	Plant	Distribution	Well	Plant	Distribution
7	0	120						
1. Collected by Utility, Analyzed by State Cert. Lab			7	0	126	0	0	0
2. Collected by Utility Analyzed by Plant Lab			0	0	0	0	0	0
3. Total -Add Lines (1 +2)			<b>7</b>	<b>0</b>	<b>126</b>	<b>0</b>	<b>0</b>	<b>0</b>

\*Note: Do not include results on main clearance.

# DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORTING FORMAT

(62-550.730 Reporting Format Effective 01/1995, Revised 02/2010)

**Florida-Spectrum Environmental Services, Inc.**  
 1460 W. McNab Road, Fort Lauderdale, FL 33309 Tel# (954) 978-6400  
 Certification No. E86006

Lab Receipt Date & Time: <u>21-Jun-2018 16:11</u>
Analysis Date & Time: <u>21-Jun-2018 17:00</u>
<b>Sample Acceptance Criteria:</b>
Sample Preservation: <input checked="" type="checkbox"/> On Ice <input type="checkbox"/> Not On Ice <input checked="" type="checkbox"/> 5.60 °C
Disinfectant Check: <input checked="" type="checkbox"/> Not Detected <input type="checkbox"/> _____ mg/L
This sample does not meet the following NELAC requirements:

Report Number: 18F0744      Sub-Contract Lab ID: E86006

**Analysis Requested:** (check all that apply)

Total Coliform/*E. coli*    Total Coliform/Fecal    Enterococci    Coliphage    HPC    Other: \_\_\_\_\_

**Public Water System (PWS) Name:** City of Pembroke Pines

**PWS I.D.**

4	0	6	1	0	8	3
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PWS Address: 7960 Johnson Street

City: Pembroke Pines      FL      33024

PWS or PWS Owner's Phone #: (754) 260-4509

Fax #: (954) 986-5025

**Collector:** Kevin Stone

Collector's Phone #: (954) 582-4300/850-557-7147

**Type of Supply:** (check only one)

Community Water System    Non-Transient Non-community Water System    Transient Non-community Water System  
 Limited Use System    Bottled Water    Private Well    Swimming Pool    Other: \_\_\_\_\_

**Reason for Sampling:** (check all that apply)

Distribution Routine    Distribution Repeat    Raw (triggered or assessment)    Raw (triggered or assessment) additional    Well Survey  
 Clearance    Replacement (also check type of sample being replaced)    Boil Water Notice    Other: \_\_\_\_\_

**Sample Collection Date:** 6/21/18

To be completed by collector of sample						To be completed by lab				
Sample #	Sample Point City of Pembroke Pines Monthly Bacteria City of Pembroke Pines, FL	Sample Collection Time	Sample Type	Disinfectant Residual (mg/L)	pH	Analysis Method(s)2: Total Coliform/ <i>E. Coli</i> (PA) by Colifert in Water (SM9223B)				
						Non-Coliform	Total Coliform	Fecal <i>E. Coli</i> , Enterococci or Coliphage3	Data Qualifier4	Lab Sample #
062118-02	Well #1	9:28	R	/0.0	7.41		Absent	Absent	U	18F0744-01
062118-03	Well #4	8:48	R	/0.0	7.32		Absent	Absent	U	18F0744-02
062118-04	Well #5	9:07	R	/0.0	7.34		Absent	Absent	U	18F0744-03
062118-05	Well #6	9:42	R	/0.0	7.42		Absent	Absent	U	18F0744-04
062118-06	Well #9	9:53	R	/0.0	7.47		Absent	Absent	U	18F0744-05
062118-07	Well #10	10:20	R	/0.0	7.36		Absent	Absent	U	18F0744-06
062118-08	Well #11	10:05	R	/0.0	7.44		Absent	Absent	U	18F0744-07

Average of disinfectant residuals for distribution routine & repeat Samples.5 Free chlorine or Total chlorine (circle one)      /0.0

**Disinfectant Residual Analysis Method:**

DPD Colorimetric    Other: \_\_\_\_\_  
**Person performing disinfectant analysis is (see instructions on reverse):**  
 A certified operator (# DWB#23804)  
 Supervised by certified operator (# \_\_\_\_\_)  
 Employed by a certified lab    Employed by DEP or DOH  
 Authorized representative of supplier of water

Unless otherwise noted, all tests are performed in accordance with NELAC standards, and the results relate only to the samples.

Date and time PWS notified by lab of positive results: \_\_\_\_\_

Date and time DEP/DOH notified by lab of positive results: \_\_\_\_\_

Date Report Issued: 03-Jul-2018 14:59

**Lab Signature:** Enrique Ochoa

**Title:** (CSM) Customer Service Manager

Juquitta Drieth  
 Jacobs/CH2M-City of Pembroke Pines WT  
 7960 Johnson Street  
 Pembroke Pines      FL      33024

<input type="checkbox"/> Satisfactory <input type="checkbox"/> Incomplete Collection Information <input type="checkbox"/> Repeat Samples Required <input type="checkbox"/> Replacement Samples Required	<b>DEP/DOH USE ONLY</b>  Date Reviewed by DEP/DOH: _____ DEP/DOH Reviewing Official: _____
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<sup>1</sup> For Sample Types see Instructions item I 16.

<sup>2</sup> For Analysis Methods see Instructions item II 6.

<sup>3</sup> Please circle appropriate selection.

<sup>4</sup> Defined in Florida Administrative Code Rule 62-160, Table 1.

<sup>5</sup> Complete for community & non-transient non-community systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.

# DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORTING FORMAT

(62-550,730 Reporting Format Effective 01/1995, Revised 02/2010)

**Florida-Spectrum Environmental Services, Inc.**  
1460 W. McNab Road, Fort Lauderdale, FL 33309 Tel# (954) 978-6400  
Certification No. EB6006

Lab Receipt Date & Time: <u>04-Jun-2018 16:24</u>
Analysis Date & Time: <u>04-Jun-2018 17:15</u>
<b>Sample Acceptance Criteria:</b> Sample Preservation: <input checked="" type="checkbox"/> On Ice <input type="checkbox"/> Not On Ice <input checked="" type="checkbox"/> <u>1.80</u> °C Disinfectant Check: <input checked="" type="checkbox"/> Not Detected <input type="checkbox"/> _____ mg/L This sample does not meet the following NELAC requirements:

Report Number: 18F0070      Sub-Contract Lab ID: E86006

**Analysis Requested:** (check all that apply)

Total Coliform/*E. coli*    Total Coliform/Fecal    Enterococci    Coliphage    HPC    Other: \_\_\_\_\_

**Public Water System (PWS) Name:** City of Pembroke Pines      **PWS I.D.**

4	0	6	1	0	8	3
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**PWS Address:** 7960 Johnson Street      City: Pembroke Pines      FL      33024

**PWS or PWS Owner's Phone #:** (754) 260-4509      **Fax #:** (954) 986-5025

**Collector:** Kevin Stone      **Collector's Phone #:** (954) 582-4300/(423)-381-9121

**Type of Supply:** (check only one)

Community Water System    Non-Transient Non-community Water System    Transient Non-community Water System  
 Limited Use System    Bottled Water    Private Well    Swimming Pool    Other: \_\_\_\_\_

**Reason for Sampling:** (check all that apply)

Distribution Routine    Distribution Repeat    Raw (triggered or assessment)    Raw (triggered or assessment) additional    Well Survey  
 Clearance    Replacement (also check type of sample being replaced)    Boil Water Notice    Other: \_\_\_\_\_

**Sample Collection Date:** 6/4/18

To be completed by collector of sample						To be completed by lab				
Sample #	Sample Point City of Pembroke Pines Monthly Bacteria City of Pembroke Pines, FL	Sample Collection Time	Sample Type	Disinfectant Residual (mg/L)	pH	Analysis Method(s)²: Total Coliform/ <i>E. Coli</i> (PA) by Colilert in Water (SM9223B)				
						Non-Coliform	Total Coliform	Fecal, <i>E. Coli</i> , Enterococci or Coliphage3	Data Qualifier4	Lab Sample #
060418-01	(SP ID 1) 2040 NW 74th Avenue	7:52	D	/ 3.4	9.01		Absent	Absent	U	18F0070-01
060418-02	(SP ID 2) 7610 Taft Street	8:04	D	/ 3.4	8.91		Absent	Absent	U	18F0070-02
060418-03	(SP ID 3) 7741 Johnson Street	8:15	D	/ 3.6	8.98		Absent	Absent	U	18F0070-03
060418-04	(SP ID 4) 120 NW 73rd Avenue	8:28	D	/ 3.1	8.96		Absent	Absent	U	18F0070-04
060418-05	(SP ID 5) 7021 SW 9th Street	8:40	D	/ 3.4	9.06		Absent	Absent	U	18F0070-05
060418-06	(SP ID 11) 1530 SW 85th Avenue	8:56	D	/ 3.4	9.05		Absent	Absent	U	18F0070-06
060418-07	(SP ID 10) 199 N. University Drive	9:11	D	/ 2.9	8.96		Absent	Absent	U	18F0070-07

**Average of disinfectant residuals for distribution routine & repeat Samples.5** Free chlorine or Total chlorine (circle one)      / 3.4

**Disinfectant Residual Analysis Method:**  
 DPD Colorimetric    Other: \_\_\_\_\_  
**Person performing disinfectant analysis is (see instructions on reverse):**  
 A certified operator (# DWB#23804)  
 Supervised by certified operator (# \_\_\_\_\_)  
 Employed by a certified lab    Employed by DEP or DOH  
 Authorized representative of supplier of water

Unless otherwise noted, all tests are performed in accordance with NELAC standards, and the results relate only to the samples.

Date and time PWS notified by lab of positive results: \_\_\_\_\_  
Date and time DEP/DOH notified by lab of positive results: \_\_\_\_\_  
Date Report Issued: 11-Jun-2018 12:47  
**Lab Signature:** Enrique Ochoa  
**Title:** (CSM) Customer Service Manager

Juquitta Drieth  
Jacobs/CH2M-City of Pembroke Pines WT  
7960 Johnson Street  
Pembroke Pines      FL      33024

<input type="checkbox"/> Satisfactory <input type="checkbox"/> Incomplete Collection Information <input type="checkbox"/> Repeat Samples Required <input type="checkbox"/> Replacement Samples Required Date Reviewed by DEP/DOH: _____ DEP/DOH Reviewing Official: _____	<b>DEP/DOH USE ONLY</b>
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1 For Sample Types see Instructions item 1.16  
2 For Analysis Methods see Instructions item 11.6  
3 Please circle appropriate selection  
4 Defined in Florida Administrative Code, Rule 62-114, Table 1  
5 Complete for community & non-transient non-community systems serving populations up to and including 4,000. Do not include raw or plant samples in the average.

# DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORTING FORMAT

(62-550.730 Reporting Format Effective 01/1995, Revised 02/2010)

**Florida-Spectrum Environmental Services, Inc.**  
 1460 W. McNab Road, Fort Lauderdale, FL 33309 Tel# (954) 978-6400  
 Certification No. E86006

Lab Receipt Date & Time: <u>04-Jun-2018 16:24</u>
Analysis Date & Time: <u>04-Jun-2018 17:15</u>
<b>Sample Acceptance Criteria:</b> Sample Preservation: <input checked="" type="checkbox"/> On Ice <input type="checkbox"/> Not On Ice <input checked="" type="checkbox"/> <u>1.80</u> °C Disinfectant Check: <input checked="" type="checkbox"/> Not Detected <input type="checkbox"/> _____ mg/L This sample does not meet the following NELAC requirements:

Report Number: 18F0070      Sub-Contract Lab ID: E86006

**Analysis Requested:** (check all that apply)

Total Coliform/E. coli    Total Coliform/Fecal    Enterococci    Coliphage    HPC    Other: \_\_\_\_\_

**Public Water System (PWS) Name:** City of Pembroke Pines      **PWS I.D.**

4	0	6	1	0	8	3
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**PWS Address:** 7960 Johnson Street      City: Pembroke Pines      FL      33024

**PWS or PWS Owner's Phone #:** (754) 260-4509      **Fax #:** (954) 986-5025

**Collector:** Kevin Stone      **Collector's Phone #:** (954) 582-4300/(423)-381-9127

**Type of Supply:** (check only one)

Community Water System    Non-Transient Non-community Water System    Transient Non-community Water System  
 Limited Use System    Bottled Water    Private Well    Swimming Pool    Other: \_\_\_\_\_

**Reason for Sampling:** (check all that apply)

Distribution Routine    Distribution Repeat    Raw (triggered or assessment)    Raw (triggered or assessment) additional    Well Survey  
 Clearance    Replacement (also check type of sample being replaced)    Boil Water Notice    Other: \_\_\_\_\_

**Sample Collection Date:** 6/4/18

To be completed by collector of sample						To be completed by lab				
Sample #	Sample Point City of Pembroke Pines Monthly Bacteria City of Pembroke Pines, FL	Sample Collection Time	Sample Type	Disinfectant Residual (mg/L)	pH	Analysis Method(s)2: Total Coliform/E.Coli (PA) by Colilert in Water (SM9223B)				
						Non-Coliform	Total Coliform	Fecal, E.Coli, Enterococci or Coliphage3	Data Qualifier4	Lab Sample #
060418-08	(SP ID 9) 8131 Johnson Street	9:21	D	/ 3.8	9.01		Absent	Absent	U	18F0070-08
060418-09	(SP ID 8) 8130 Taft Street	9:31	D	/ 3.6	8.96		Absent	Absent	U	18F0070-09
060418-10	(SP ID 7) 2402 N. University Drive	9:44	D	/ 3.1	9.00		Absent	Absent	U	18F0070-10
060418-11	(SP ID 68) 2060 NW 88th Terrace	9:58	D	/ 3.5	8.92		Absent	Absent	U	18F0070-11
060418-12	(SP ID 12) 1621 N. Douglas Road	10:09	D	/ 3.8	8.99		Absent	Absent	U	18F0070-12
060418-13	(SP ID 13) 8880 Johnson Street	10:23	D	/ 3.8	8.99		Absent	Absent	U	18F0070-13
060418-14	(SP ID 14) 120 N. Douglas Road	10:32	D	/ 3.7	8.96		Absent	Absent	U	18F0070-14

**Average of disinfectant residuals for distribution routine & repeat Samples.5** Free chlorine or, Total chlorine (circle one)      / 3.4

**Disinfectant Residual Analysis Method:**  
 DPD Colorimetric    Other: \_\_\_\_\_  
**Person performing disinfectant analysis is (see instructions on reverse):**  
 A certified operator (# DWB#23804)  
 Supervised by certified operator (# \_\_\_\_\_)  
 Employed by a certified lab    Employed by DEP or DOH  
 Authorized representative of supplier of water

Unless otherwise noted, all tests are performed in accordance with NELAC standards, and the results relate only to the samples.

Date and time PWS notified by lab of positive results: \_\_\_\_\_  
 Date and time DEP/DOH notified by lab of positive results: \_\_\_\_\_  
 Date Report Issued: 11-Jun-2018 12:47  
**Lab Signature:** Enrique Ochoa  
**Title:** (CSM) Customer Service Manager

**Juquitta Drieth**  
 Jacobs/CH2M-City of Pembroke Pines WT  
 7960 Johnson Street  
 Pembroke Pines      FL      33024

<input type="checkbox"/> Satisfactory <input type="checkbox"/> Incomplete Collection Information <input type="checkbox"/> Repeat Samples Required <input type="checkbox"/> Replacement Samples Required	<b>DEP/DOH USE ONLY</b>  Date Reviewed by DEP/DOH: _____ DEP/DOH Reviewing Official: _____
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1 For Sample Types see Instructions item 1.16  
 2 For Analysis Methods see Instructions item 1.17  
 3 Please circle appropriate selection  
 4 Defined in Florida Administrative Code, Rule 62-110, Table 1  
 5 Complete for community & non-transient non-community system serving populations up to and including 4,000. Do not include raw or plant samples in the average.

# DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORTING FORMAT

(62-550.730 Reporting Format Effective 01/1995, Revised 02/2010)

**Florida-Spectrum Environmental Services, Inc.**  
1460 W. McNab Road, Fort Lauderdale, FL 33309 Tel# (954) 978-6400  
Certification No. E86006

Lab Receipt Date & Time: <u>04-Jun-2018 16:24</u>
Analysis Date & Time: <u>04-Jun-2018 17:15</u>
<b>Sample Acceptance Criteria:</b> Sample Preservation: <input checked="" type="checkbox"/> On Ice <input type="checkbox"/> Not On Ice <input checked="" type="checkbox"/> <u>1.80</u> °C Disinfectant Check: <input checked="" type="checkbox"/> Not Detected <input type="checkbox"/> _____ mg/L This sample does not meet the following NELAC requirements:

Report Number: 18F0070 Sub-Contract Lab ID: E86006

**Analysis Requested:** (check all that apply)  
 Total Coliform/*E. coli*  Total Coliform/Fecal  Enterococci  Coliphage  HPC  Other: \_\_\_\_\_

**Public Water System (PWS) Name:** City of Pembroke Pines **PWS I.D.**

4	0	6	1	0	8	3
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**PWS Address:** 7960 Johnson Street **City:** Pembroke Pines **FL** 33024

**PWS or PWS Owner's Phone #:** (754) 260-4509 **Fax #:** (954) 986-5025

**Collector:** Kevin Stone **Collector's Phone #:** (954) 582-4300/(423)-381-9122

**Type of Supply:** (check only one)  
 Community Water System  Non-Transient Non-community Water System  Transient Non-community Water System  
 Limited Use System  Bottled Water  Private Well  Swimming Pool  Other: \_\_\_\_\_

**Reason for Sampling:** (check all that apply)  
 Distribution Routine  Distribution Repeat  Raw (triggered or assessment)  Raw (triggered or assessment) additional  Well Survey  
 Clearance  Replacement (also check type of sample being replaced)  Boil Water Notice  Other: \_\_\_\_\_

**Sample Collection Date:** 6/4/18

To be completed by collector of sample						To be completed by lab				
Sample #	Sample Point City of Pembroke Pines Monthly Bacteria City of Pembroke Pines, FL	Sample Collection Time	Sample Type	Disinfectant Residual (mg/L)	pH	Analysis Method(s)2: Total Coliform/ <i>E. Coli</i> (PA) by Colilert in Water (SM9223B)				
						Non-Coliform	Total Coliform	Fecal, <i>E. Coli</i> , Enterococci or Coliphage3	Data Qualifier4	Lab Sample #
060418-15	(SP ID 15) 900 Hollybrook Drive	10:47	D	/ 3.3	8.95		Absent	Absent	U	18F0070-15
060418-16	(SP ID 20) 10001 SW 14th Street	11:02	D	/ 3.3	9.00		Absent	Absent	U	18F0070-16
060418-17	(SP ID 19) 10101 Pines Blvd.	11:15	D	/ 3.7	8.98		Absent	Absent	U	18F0070-17
060418-18	(SP ID 18) 10000 Johnson Street	11:27	D	/ 3.8	9.02		Absent	Absent	U	18F0070-18
060418-19	(SP ID 17) 1981 NW 100th Way	11:36	D	/ 3.5	8.99		Absent	Absent	U	18F0070-19
060418-20	(SP ID 16) 10120 Sheridan Street	11:51	D	/ 3.4	8.93		Absent	Absent	U	18F0070-20
060418-21	(SP ID 22) 11141 NW 22nd Street	12:03	D	/ 3.1	8.93		Absent	Absent	U	18F0070-21

**Average of disinfectant residuals for distribution routine & repeat samples.** Free chlorine or Total chlorine\* (circle one) / 3.4

**Disinfectant Residual Analysis Method:**  
 DPD Colorimetric  Other: \_\_\_\_\_  
**Person performing disinfectant analysis is (see instructions on reverse):**  
 A certified operator (# DWB#23804)  
 Supervised by certified operator (# \_\_\_\_\_)  
 Employed by a certified lab  Employed by DEP or DOH  
 Authorized representative of supplier of water

Unless otherwise noted, all tests are performed in accordance with NELAC standards, and the results relate only to the samples.

Date and time PWS notified by lab of positive results: \_\_\_\_\_  
 Date and time DEP/DOH notified by lab of positive results: \_\_\_\_\_  
 Date Report Issued: 11-Jun-2018 12:47  
**Lab Signature:** Enrique Ochoa  
**Title:** (CSM) Customer Service Manager

Juquitta Drieth  
 Jacobs/CH2M-City of Pembroke Pines WT  
 7960 Johnson Street  
 Pembroke Pines FL 33024

<input type="checkbox"/> Satisfactory <input type="checkbox"/> Incomplete Collection Information <input type="checkbox"/> Repeat Samples Required <input type="checkbox"/> Replacement Samples Required Date Reviewed by DEP/DOH: _____ DEP/DOH Reviewing Official: _____	<b>DEP/DOH USE ONLY</b>
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1 For Sample Types see Instructions item 1.16  
 2 For Analysis Methods see Instructions item 11.6  
 3 Please circle appropriate selection.  
 4 Defined in Florida Administrative Code Rule 62-160, Table 1  
 5 Complete for community & non-transient non-community systems serving populations up to and including 4,000. Do not include raw or plant samples in the average.

# DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORTING FORMAT

(62-550.730 Reporting Format Effective 01/1995, Revised 02/2010)

**Florida-Spectrum Environmental Services, Inc.**  
1460 W. McNab Road, Fort Lauderdale, FL 33309 Tel# (954) 978-6400  
Certification No. E86006

Lab Receipt Date & Time: <u>04-Jun-2018 16:24</u>
Analysis Date & Time: <u>04-Jun-2018 17:15</u>
<b>Sample Acceptance Criteria:</b> Sample Preservation: <input checked="" type="checkbox"/> On Ice <input type="checkbox"/> Not On Ice <input checked="" type="checkbox"/> 1.80 °C Disinfectant Check: <input checked="" type="checkbox"/> Not Detected <input type="checkbox"/> _____ mg/L This sample does not meet the following NELAC requirements:

Report Number: 18F0070      Sub-Contract Lab ID: E86006

**Analysis Requested:** (check all that apply)

Total Coliform/*E. coli*    Total Coliform/Fecal    Enterococci    Coliphage    HPC    Other: \_\_\_\_\_

**Public Water System (PWS) Name:** City of Pembroke Pines      **PWS I.D.**

4	0	6	1	0	8	3
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**PWS Address:** 7960 Johnson Street      **City:** Pembroke Pines      **FL**      **33024**

**PWS or PWS Owner's Phone #:** (754) 260-4509      **Fax #:** (954) 986-5025

**Collector:** Kevin Stone      **Collector's Phone #:** (954) 582-4300/(423)-381-9121

**Type of Supply:** (check only one)

Community Water System    Non-Transient Non-community Water System    Transient Non-community Water System  
 Limited Use System    Bottled Water    Private Well    Swimming Pool    Other: \_\_\_\_\_

**Reason for Sampling:** (check all that apply)

Distribution Routine    Distribution Repeat    Raw (triggered or assessment)    Raw (triggered or assessment) additional    Well Survey  
 Clearance    Replacement (also check type of sample being replaced)    Boil Water Notice    Other: \_\_\_\_\_

**Sample Collection Date:** 6/4/18

To be completed by collector of sample						To be completed by lab				
Sample #	Sample Point City of Pembroke Pines Monthly Bacteria City of Pembroke Pines, FL	Sample Collection Time	Sample Type	Disinfectant Residual (mg/L)	pH	Analysis Method(s)2: Total Coliform/E.Coli (PA) by Colilert in Water (SM9223B)				
						Non-Coliform	Total Coliform	Fecal, <i>E. Coli</i> , Enterococci or Coliphage3	Data Qualifier4	Lab Sample #
060418-22	(SP ID 21) 1751 N. Hiatus Road	12:15	D	/ 3.2	8.93		Absent	Absent	U	18F0070-22
060418-23	(SP ID 23) 10755 NW 10th Street	12:28	D	/ 3.8	8.99		Absent	Absent	U	18F0070-23
060418-24	(SP ID 24) 200 S. Hiatus Road	12:44	D	/ 3.4	8.88		Absent	Absent	U	18F0070-24
060418-25	(SP ID 25) 11131 SW 13th Street	12:57	D	/ 3.1	8.99		Absent	Absent	U	18F0070-25
060418-26	(SP ID 30) 12399 Pembroke Road	13:15	D	/ 3.2	8.90		Absent	Absent	U	18F0070-26
060418-27	(SP ID 29) 241 SW 122nd Terrace	13:27	D	/ 3.2	8.93		Absent	Absent	U	18F0070-27
060418-28	(SP ID 28) 1050 NW 123rd Avenue	13:40	D	/ 3.2	9.0		Absent	Absent	U	18F0070-28

**Average of disinfectant residuals for distribution routine & repeat Samples.5** Free chlorine or Total chlorine (circle one)      / 3.4

**Disinfectant Residual Analysis Method:**  
 DPD Colorimetric    Other: \_\_\_\_\_  
**Person performing disinfectant analysis is (see instructions on reverse):**  
 A certified operator (# DWB#23804) \_\_\_\_\_  
 Supervised by certified operator (# \_\_\_\_\_)  
 Employed by a certified lab    Employed by DEP or DOH  
 Authorized representative of supplier of water

Unless otherwise noted, all tests are performed in accordance with NELAC standards, and the results relate only to the samples.

Date and time PWS notified by lab of positive results: \_\_\_\_\_  
Date and time DEP/DOH notified by lab of positive results: \_\_\_\_\_  
Date Report Issued: 11-Jun-2018 12:47  
**Lab Signature:** Enrique Ochoa  
**Title:** (CSM) Customer Service Manager

Juquitta Drieth  
Jacobs/CH2M-City of Pembroke Pines WT  
7960 Johnson Street  
Pembroke Pines      FL      33024

<input type="checkbox"/> Satisfactory	<b>DEP/DOH USE ONLY</b>
<input type="checkbox"/> Incomplete Collection Information	
<input type="checkbox"/> Repeat Samples Required	
<input type="checkbox"/> Replacement Samples Required	
Date Reviewed by DEP/DOH: _____	
DEP/DOH Reviewing Official: _____	

1 For Sample Types see Instructions item 1.16.  
2 For Analysis Methods see Instructions Item 11.6.  
3 Please circle appropriate selection.  
4 Defined in Florida Administrative Code Rule 62-160, Table 1.  
5 Complete for community & non-transient non-community systems serving populations up to and including 4,999. Do not include raw or plant samples in the average.

# DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORTING FORMAT

(62-550.730 Reporting Format Effective 01/1995, Revised 02/2010)

**Florida-Spectrum Environmental Services, Inc.**  
 1460 W. McNab Road, Fort Lauderdale, FL 33309 Tel# (954) 978-6400  
 Certification No. E86006

Lab Receipt Date & Time: <u>05-Jun-2018 16:37</u>
Analysis Date & Time: <u>05-Jun-2018 18:00</u>
<b>Sample Acceptance Criteria:</b> Sample Preservation: <input checked="" type="checkbox"/> On Ice <input type="checkbox"/> Not On Ice <input checked="" type="checkbox"/> <u>2.80</u> °C Disinfectant Check: <input checked="" type="checkbox"/> Not Detected <input type="checkbox"/> _____ mg/L This sample does not meet the following NELAC requirements:

Report Number: 18F0116      Sub-Contract Lab ID: E86006

**Analysis Requested:** (check all that apply)

Total Coliform/*E. coli*    Total Coliform/Fecal    Enterococci    Coliphage    HPC    Other: \_\_\_\_\_

**Public Water System (PWS) Name:** City of Pembroke Pines      **PWS I.D.**

4	0	6	1	0	8	3
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**PWS Address:** 7960 Johnson Street      **City:** Pembroke Pines      **FL**      **33024**

**PWS or PWS Owner's Phone #:** (754) 260-4509      **Fax #:** (954) 986-5025

**Collector:** Kevin Stone      **Collector's Phone #:** (954) 582-4300/(423)-381-912

**Type of Supply:** (check only one)

Community Water System    Non-Transient Non-community Water System    Transient Non-community Water System  
 Limited Use System    Bottled Water    Private Well    Swimming Pool    Other: \_\_\_\_\_

**Reason for Sampling:** (check all that apply)

Distribution Routine    Distribution Repeat    Raw (triggered or assessment)    Raw (triggered or assessment) additional    Well Survey  
 Clearance    Replacement (also check type of sample being replaced)    Boil Water Notice    Other: \_\_\_\_\_

**Sample Collection Date:** 6/5/18

To be completed by collector of sample						To be completed by lab				
Sample #	Sample Point City of Pembroke Pines Monthly Bacteria City of Pembroke Pines, FL	Sample Collection Time	Sample Type	Disinfectant Residual (mg/L)	pH	Analysis Method(s)2: Total Coliform/E.Coli (PA) by Colilert in Water (SM9223B)				
						Non-Coliform	Total Coliform	Fecal <i>E. Coli</i> , Enterococci or Coliphage3	Data Qualifier4	Lab Sample #
060518-01	(SP ID 26) 2110 NW 120th Terrace	8:20	D	/ 1.8	8.87		Absent	Absent	U	18F0116-01
060518-02	(SP ID 34) 1601 SW 128th Terrace	9:01	D	/ 3.5	8.99		Absent	Absent	U	18F0116-02
060518-03	(SP ID 33) 750 SW 136th Avenue	8:44	D	/ 3.6	8.96		Absent	Absent	U	18F0116-03
060518-04	(SP ID 67) 788 NW 135th Terrace	9:34	D	/ 3.5	9.02		Absent	Absent	U	18F0116-04
060518-05	(SP ID 31) 13702 NW 20th Street	9:44	D	/ 3.4	8.99		Absent	Absent	U	18F0116-05
060518-06	(SP ID 32) 13771 NW 16th Street	10:01	D	/ 3.3	9.00		Absent	Absent	U	18F0116-06
060518-07	(SP ID 36) 2250 NW 145th Avenue	10:16	D	/ 3.2	8.96		Absent	Absent	U	18F0116-07

**Average of disinfectant residuals for distribution routine & repeat Samples.5** Free chlorine or Total chlorine (circle one)      / 3.1

**Disinfectant Residual Analysis Method:**  
 DPD Colorimetric    Other: \_\_\_\_\_  
**Person performing disinfectant analysis is (see instructions on reverse):**  
 A certified operator (#DWB#23804)  
 Supervised by certified operator (# \_\_\_\_\_)  
 Employed by a certified lab    Employed by DEP or DOH  
 Authorized representative of supplier of water

Unless otherwise noted, all tests are performed in accordance with NELAC standards, and the results relate only to the samples.

Date and time PWS notified by lab of positive results: \_\_\_\_\_  
 Date and time DEP/DOH notified by lab of positive results: \_\_\_\_\_  
 Date Report Issued: 13-Jun-2018 17:17  
**Lab Signature:** Enrique Ochoa  
**Title:** (CSM) Customer Service Manager

Juquitta Drieth  
 Jacobs/CH2M-City of Pembroke Pines W1  
 7960 Johnson Street  
 Pembroke Pines      FL      33024

Satisfactory      **DEP/DOH USE ONLY**  
 Incomplete Collection Information  
 Repeat Samples Required  
 Replacement Samples Required  
 Date Reviewed by DEP/DOH: \_\_\_\_\_  
 DEP/DOH Reviewing Official: \_\_\_\_\_

<sup>1</sup> For Sample Types see Instructions Item I 16.  
<sup>2</sup> For Analysis Methods see Instructions item II 6.  
<sup>3</sup> Please circle appropriate selection.  
<sup>4</sup> Defined in Florida Administrative Code Rule 62-160, Table 1.  
<sup>5</sup> Complete for community & non-transient non-community systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.

# DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORTING FORMAT

(62-550.730 Reporting Format Effective 01/1995, Revised 02/2010)

**Florida-Spectrum Environmental Services, Inc.**  
1460 W. McNab Road, Fort Lauderdale, FL 33309 Tel# (954) 978-6400  
Certification No. E86006

Lab Receipt Date & Time: 05-Jun-2018 16:37

Analysis Date & Time: 05-Jun-2018 18:00

**Sample Acceptance Criteria:**

Sample Preservation:  On Ice  Not On Ice  2.80 °C  
Disinfectant Check:  Not Detected  \_\_\_\_\_ mg/L  
This sample does not meet the following NELAC requirements:

Report Number: 18F0116 Sub-Contract Lab ID: E86006

**Analysis Requested:** (check all that apply)

Total Coliform/E. coli  Total Coliform/Fecal  Enterococci  Coliphage  HPC  Other: \_\_\_\_\_

**Public Water System (PWS) Name:** City of Pembroke Pines

**PWS I.D.**

4	0	6	1	0	8	3
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PWS Address: 7960 Johnson Street

City: Pembroke Pines FL 33024

PWS or PWS Owner's Phone #: (754) 260-4509

Fax #: (954) 986-5025

**Collector:** Kevin Stone

Collector's Phone #: (954) 582-4300/(423)-381-9121

**Type of Supply:** (check only one)

Community Water System  Non-Transient Non-community Water System  Transient Non-community Water System  
 Limited Use System  Bottled Water  Private Well  Swimming Pool  Other: \_\_\_\_\_

**Reason for Sampling:** (check all that apply)

Distribution Routine  Distribution Repeat  Raw (triggered or assessment)  Raw (triggered or assessment) additional  Well Survey  
 Clearance  Replacement (also check type of sample being replaced)  Boil Water Notice  Other: \_\_\_\_\_

**Sample Collection Date:** 6/5/18

To be completed by collector of sample						To be completed by lab				
Sample #	Sample Point City of Pembroke Pines Monthly Bacteria City of Pembroke Pines, FL	Sample Collection Time	Sample Type	Disinfectant Residual (mg/L)	pH	Analysis Method(s)2: Total Coliform/E.Coli (PA) by Colifert in Water (SM9223B)				
						Non-Coliform	Total Coliform	Fecal E.Coli, Enterococci or Coliphage3	Data Qualifier4	Lab Sample #
060518-08	(SP ID 37) 1142 NW 141st Avenue	10:28	D	/ 3.4	8.99		Absent	Absent	U	18F0116-08
060518-09	(SP ID 38) 14300 SW 8th Street	9:02	D	/ 3.5	9.00		Absent	Absent	U	18F0116-09
060518-10	(SP ID 40) 300 SW 147th Avenue	10:47	D	/ 3.1	9.03		Absent	Absent	U	18F0116-10
060518-11	(SP ID 43) 1234 SW 159th Lane	11:10	D	/ 3.1	8.97		Absent	Absent	U	18F0116-11
060518-12	(SP ID 42) 69 NW 161st Avenue	11:25	D	/ 3.5	9.01		Absent	Absent	U	18F0116-12
060518-13	(SP ID 39) 15714 NW 24th Street	11:46	D	/ 3.2	8.97		Absent	Absent	U	18F0116-13
060518-14	(SP ID 41) 16028 NW 21st Street	11:59	D	/ 1.5	8.84		Absent	Absent	U	18F0116-14

Average of disinfectant residuals for distribution routine & repeat Samples.5 Free chlorine or Total chlorine (circle one) / 3.1

**Disinfectant Residual Analysis Method:**

DPD Colorimetric  Other: \_\_\_\_\_

**Person performing disinfectant analysis is (see instructions on reverse):**

A certified operator (# DWB#23804)  
 Supervised by certified operator (# \_\_\_\_\_)  
 Employed by a certified lab  Employed by DEP or DOH  
 Authorized representative of supplier of water

Unless otherwise noted, all tests are performed in accordance with NELAC standards, and the results relate only to the samples.

Date and time PWS notified by lab of positive results: \_\_\_\_\_

Date and time DEP/DOH notified by lab of positive results: \_\_\_\_\_

Date Report Issued: 13-Jun-2018 17:17

**Lab Signature:** Enrique Ochoa

**Title:** (CSM) Customer Service Manager

Juqultta Drieth  
Jacobs/CH2M-City of Pembroke Pines WI  
7960 Johnson Street  
Pembroke Pines FL 33024

Satisfactory DEP/DOH USE ONLY  
 Incomplete Collection Information  
 Repeat Samples Required  
 Replacement Samples Required  
Date Reviewed by DEP/DOH: \_\_\_\_\_  
DEP/DOH Reviewing Official: \_\_\_\_\_

<sup>1</sup> For Sample Types see Instructions item I 16.

<sup>2</sup> For Analysis Methods see Instructions item II 6.

<sup>3</sup> Please circle appropriate selection.

<sup>4</sup> Defined in Florida Administrative Code Rule 62-160, Table 1.

<sup>5</sup> Complete for community & non-transient non-community systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.

# DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORTING FORMAT

(62-550.730 Reporting Format Effective 01/1995, Revised 02/2010)

**Florida-Spectrum Environmental Services, Inc.**  
 1460 W. McNab Road, Fort Lauderdale, FL 33309 Tel# (954) 978-6400  
 Certification No. E86006

Lab Receipt Date & Time: <u>11-Jun-2018 16:50</u>
Analysis Date & Time: <u>11-Jun-2018 17:45</u>
<b>Sample Acceptance Criteria:</b>
Sample Preservation: <input checked="" type="checkbox"/> On Ice <input type="checkbox"/> Not On Ice <input checked="" type="checkbox"/> 1.20 °C
Disinfectant Check: <input checked="" type="checkbox"/> Not Detected <input type="checkbox"/> _____ mg/L
This sample does not meet the following NELAC requirements:

Report Number: 18F0329      Sub-Contract Lab ID: E86006

**Analysis Requested:** (check all that apply)

Total Coliform/E. coli    Total Coliform/Fecal    Enterococci    Coliphage    HPC    Other: \_\_\_\_\_

**Public Water System (PWS) Name:** City of Pembroke Pines      **PWS I.D.**   4 0 6 1 0 8 3

**PWS Address:** 7960 Johnson Street      **City:** Pembroke Pines      **FL**      **33024**

**PWS or PWS Owner's Phone #:** (754) 260-4509      **Fax #:** (954) 986-5025

**Collector:** Kevin Stone      **Collector's Phone #:** (954) 582-4300/(423)-381-912

**Type of Supply:** (check only one)

Community Water System    Non-Transient Non-community Water System    Transient Non-community Water System  
 Limited Use System    Bottled Water    Private Well    Swimming Pool    Other: \_\_\_\_\_

**Reason for Sampling:** (check all that apply)

Distribution Routine    Distribution Repeat    Raw (triggered or assessment)    Raw (triggered or assessment) additional    Well Survey  
 Clearance    Replacement (also check type of sample being replaced)    Boil Water Notice    Other: \_\_\_\_\_

**Sample Collection Date:** 6/11/18

To be completed by collector of sample						To be completed by lab				
Sample #	Sample Point City of Pembroke Pines Monthly Bacteria City of Pembroke Pines, FL	Sample Collection Time	Sample Type	Disinfectant Residual (mg/L)	pH	Analysis Method(s)2: Total Coliform/E.Coli (PA) by Colilert in Water (SM9223B)				
						Non-Coliform	Total Coliform	Fecal E. Coli, Enterococci or Coliphage3	Data Qualifier4	Lab Sample #
061118-01	(SP ID 21) 1751 N. Hiatus Road	8:12	D	/ 3.3	9.04		Absent	Absent	U	18F0329-01
061118-02	(SP ID 23) 10755 NW 10th Street	8:27	D	/ 3.3	8.93		Absent	Absent	U	18F0329-02
061118-03	(SP ID 24) 200 S. Hiatus Road	8:45	D	/ 3.3	8.99		Absent	Absent	U	18F0329-03
061118-04	(SP ID 25) 11131 SW 13th Street	9:00	D	/ 3.0	9.12		Absent	Absent	U	18F0329-04
061118-05	(SP ID 30) 12399 Pembroke Road	9:16	D	/ 3.2	9.05		Absent	Absent	U	18F0329-05
061118-06	(SP ID 29) 241 SW 122nd Terrace	9:27	D	/ 3.3	9.01		Absent	Absent	U	18F0329-06
061118-07	(SP ID 28) 1050 NW 123rd Avenue	9:43	D	/ 3.0	9.10		Absent	Absent	U	18F0329-07

**Average of disinfectant residue for Distribution routine & repeat Samples.5** Free chlorine  Total chlorine  (circle one)      / 3.1

**Disinfectant Residual Analysis Method:**  
 DPD Colorimetric    Other: \_\_\_\_\_  
**Person performing disinfectant analysis is (see instructions on reverse):**  
 A certified operator (# DWB#23804)  
 Supervised by certified operator (# \_\_\_\_\_)  
 Employed by a certified lab    Employed by DEP or DOH  
 Authorized representative of supplier of water

Unless otherwise noted, all tests are performed in accordance with NELAC standards, and the results relate only to the samples.

Date and time PWS notified by lab of positive results: \_\_\_\_\_  
 Date and time DEP/DOH notified by lab of positive results: \_\_\_\_\_  
 Date Report Issued: 19-Jun-2018 15:13  
**Lab Signature:** Enrique Ochoa  
**Title:** (CSM) Customer Service Manager

Juquitta Drieth  
 Jacobs/CH2M-City of Pembroke Pines WT  
 7960 Johnson Street  
 Pembroke Pines      FL      33024

Satisfactory      **DEP/DOH USE ONLY**  
 Incomplete Collection Information  
 Repeat Samples Required  
 Replacement Samples Required  
 Date Reviewed by DEP/DOH: \_\_\_\_\_  
 DEP/DOH Reviewing Official: \_\_\_\_\_

1 For Sample Types see Instructions item 1.16.  
 2 For Analysis Methods see Instructions item 11.6.  
 3 Please circle appropriate selection.  
 4 Defined in Florida Administrative Code Rule 62-160, Table 1.  
 5 Complete for community & non-transient non-community systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.

# DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORTING FORMAT

(62-550.730 Reporting Format Effective 01/1995, Revised 02/2010)

**Florida-Spectrum Environmental Services, Inc.**  
1460 W. McNab Road, Fort Lauderdale, FL 33309 Tel# (954) 978-6400  
Certification No. E86006

Lab Receipt Date & Time: <u>11-Jun-2018 16:50</u>
Analysis Date & Time: <u>11-Jun-2018 17:45</u>
<b>Sample Acceptance Criteria:</b> Sample Preservation: <input checked="" type="checkbox"/> On Ice <input type="checkbox"/> Not On Ice <input checked="" type="checkbox"/> <u>1.20</u> °C Disinfectant Check: <input checked="" type="checkbox"/> Not Detected <input type="checkbox"/> _____ mg/L This sample does not meet the following NELAC requirements:

Report Number: 18F0329      Sub-Contract Lab ID: E86006

**Analysis Requested:** (check all that apply)

Total Coliform/*E. coli*    Total Coliform/Fecal    Enterococci    Coliphage    HPC    Other: \_\_\_\_\_

**Public Water System (PWS) Name:** City of Pembroke Pines      **PWS I.D.**

4	0	6	1	0	8	3
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**PWS Address:** 7960 Johnson Street      City: Pembroke Pines      FL      33024

**PWS or PWS Owner's Phone #:** (754) 260-4509      Fax #: (954) 986-5025

**Collector:** Kevin Stone      Collector's Phone #: (954) 582-4300/(423)-381-912

**Type of Supply:** (check only one)

Community Water System    Non-Transient Non-community Water System    Transient Non-community Water System  
 Limited Use System    Bottled Water    Private Well    Swimming Pool    Other: \_\_\_\_\_

**Reason for Sampling:** (check all that apply)

Distribution Routine    Distribution Repeat    Raw (triggered or assessment)    Raw (triggered or assessment) additional    Well Survey  
 Clearance    Replacement (also check type of sample being replaced)    Boil Water Notice    Other: \_\_\_\_\_

**Sample Collection Date:** 6/11/18

To be completed by collector of sample						To be completed by lab				
Sample #	Sample Point City of Pembroke Pines Monthly Bacteria City of Pembroke Pines, FL	Sample Collection Time	Sample Type	Disinfectant Residual (mg/L)	pH	Analysis Method(s)2: Total Coliform/E.Coll (PA) by Colilert in Water (SM9223B)				
						Non-Coliform	Total Coliform	Fecal <i>E. Coli</i> , Enterococci or Coliphage3	Data Qualifier4	Lab Sample #
061118-08	(SP ID 26) 2110 NW 120th Terrace	10:00	D	/ 2.3	9.07		Absent	Absent	U	18F0329-08
061118-09	(SP ID 34) 1601 SW 128th Terrace	10:16	D	/ 3.1	9.05		Absent	Absent	U	18F0329-09
061118-10	(SP ID 33) 750 SW 136th Avenue	10:30	D	/ 3.2	9.01		Absent	Absent	U	18F0329-10
061118-11	(SP ID 67) 788 NW 135th Terrace	10:46	D	/ 3.1	9.10		Absent	Absent	U	18F0329-11
061118-12	(SP ID 31) 13702 NW 20th Street	11:01	D	/ 3.1	9.09		Absent	Absent	U	18F0329-12
061118-13	(SP ID 32) 13771 NW 16th Street	11:14	D	/ 3.0	9.11		Absent	Absent	U	18F0329-13
061118-14	(SP ID 36) 2250 NW 145th Avenue	11:27	D	/ 2.9	9.10		Absent	Absent	U	18F0329-14

**Average of disinfectant residuals for distribution routine & repeat Samples.5** Free chlorine or Total chlorine (circle one)

**Disinfectant Residual Analysis Method:**  
 DPD Colorimetric    Other: \_\_\_\_\_

**Person performing disinfectant analysis is (see instructions on reverse):**  
 A certified operator (# DWB#23804)  
 Supervised by certified operator (# \_\_\_\_\_)  
 Employed by a certified lab    Employed by DEP or DOH  
 Authorized representative of supplier of water

Unless otherwise noted, all tests are performed in accordance with NELAC standards, and the results relate only to the samples.

Date and time PWS notified by lab of positive results: \_\_\_\_\_  
Date and time DEP/DOH notified by lab of positive results: \_\_\_\_\_  
Date Report Issued: 19-Jun-2018 15:13  
**Lab Signature:** Enrique Ochoa  
**Title:** (CSM) Customer Service Manager

Juquitta Drieth  
Jacobs/CH2M-City of Pembroke Pines WT  
7960 Johnson Street  
Pembroke Pines      FL      33024

Satisfactory      **DEP/DOH USE ONLY**  
 Incomplete Collection Information  
 Repeat Samples Required  
 Replacement Samples Required

Date Reviewed by DEP/DOH: \_\_\_\_\_  
DEP/DOH Reviewing Official: \_\_\_\_\_

1 For Sample Types see Instructions item I 16.  
2 For Analysis Methods see Instructions item II 6.  
3 Please circle appropriate selection.  
4 Defined in Florida Administrative Code Rule 62-160, Table 1.  
5 Complete for community & non-transient non-community systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.

# DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORTING FORMAT

(62-350.730 Reporting Format Effective 01/1995, Revised 02/2010)

**Florida-Spectrum Environmental Services, Inc.**  
 1460 W. McNab Road, Fort Lauderdale, FL 33309 Tel# (954) 978-6400  
 Certification No. E86006

Lab Receipt Date & Time: <u>12-Jun-2018 16:20</u>
Analysis Date & Time: <u>12-Jun-2018 17:10</u>
<b>Sample Acceptance Criteria:</b> Sample Preservation: <input checked="" type="checkbox"/> On Ice <input type="checkbox"/> Not On Ice <input checked="" type="checkbox"/> 2.00 °C Disinfectant Check: <input checked="" type="checkbox"/> Not Detected <input type="checkbox"/> _____ mg/L This sample does not meet the following NELAC requirements:

Report Number: 18F0353      Sub-Contract Lab ID: E86006

**Analysis Requested:** (check all that apply)

Total Coliform/*E. coli*    Total Coliform/Fecal    Enterococci    Coliphage    HPC    Other: \_\_\_\_\_

**Public Water System (PWS) Name:** City of Pembroke Pines      **PWS I.D.**

4	0	6	1	0	8	3
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**PWS Address:** 7960 Johnson Street      **City:** Pembroke Pines      **FL**      **33024**

**PWS or PWS Owner's Phone #:** (754) 260-4509      **Fax #:** (954) 986-5025

**Collector:** Kevin Stone      **Collector's Phone #:** (954) 582-4300/(423)-381-912

**Type of Supply:** (check only one)

Community Water System    Non-Transient Non-community Water System    Transient Non-community Water System  
 Limited Use System    Bottled Water    Private Well    Swimming Pool    Other: \_\_\_\_\_

**Reason for Sampling:** (check all that apply)

Distribution Routine    Distribution Repeat    Raw (triggered or assessment)    Raw (triggered or assessment) additional    Well Survey  
 Clearance    Replacement (also check type of sample being replaced)    Boil Water Notice    Other: \_\_\_\_\_

**Sample Collection Date:** 6/12/18

To be completed by collector of sample						To be completed by lab				
Sample #	Sample Point City of Pembroke Pines Monthly Bacteria City of Pembroke Pines, FL	Sample Collection Time	Sample Type	Disinfectant Residual (mg/L)	pH	Analysis Method(s)2: Total Coliform/E.Coli (PA) by Colilert in Water (SM9223B)				
						Non-Coliform	Total Coliform	Fecal <i>E.Coli</i> , Enterococci or Coliphage3	Data Qualifier4	Lab Sample #
061218-01	(SP ID 37) 1142 NW 141st Avenue	8:38	D	/ 2.9	8.88		Absent	Absent	U	18F0353-01
061218-02	(SP ID 38) 14300 SW 8th Street	8:53	D	/ 3.0	8.93		Absent	Absent	U	18F0353-02
061218-03	(SP ID 40) 300 SW 147th Avenue	9:14	D	/ 3.0	8.95		Absent	Absent	U	18F0353-03
061218-04	(SP ID 43) 1234 SW 159th Lane	9:38	D	/ 2.8	8.96		Absent	Absent	U	18F0353-04
061218-05	(SP ID 42) 69 NW 161st Avenue	9:52	D	/ 3.0	8.95		Absent	Absent	U	18F0353-05
061218-06	(SP ID 39) 15714 NW 24th Street	10:09	D	/ 2.8	8.89		Absent	Absent	U	18F0353-06
061218-07	(SP ID 41) 16028 NW 21st Street	10:23	D	/ 1.1	8.92		Absent	Absent	U	18F0353-07

**Average of disinfectant residuals for distribution routine & repeat Samples.5** Free chlorine or Total chlorine (circle one)      / 2.3

**Disinfectant Residual Analysis Method:**  
 DPD Colorimetric    Other: \_\_\_\_\_  
**Person performing disinfectant analysis is (see instructions on reverse):**  
 A certified operator (# DWB#23804)  
 Supervised by certified operator (# \_\_\_\_\_)  
 Employed by a certified lab    Employed by DEP or DOH  
 Authorized representative of supplier of water

Unless otherwise noted, all tests are performed in accordance with NELAC standards, and the results relate only to the samples.

Date and time PWS notified by lab of positive results: \_\_\_\_\_  
 Date and time DEP/DOH notified by lab of positive results: \_\_\_\_\_  
 Date Report issued: 19-Jun-2018 15:32  
**Lab Signature:** Enrique Ochoa  
**Title:** (CSM) Customer Service Manager

Juquitta Drieth  
 Jacobs/CH2M-City of Pembroke Pines WT  
 7960 Johnson Street  
 Pembroke Pines      FL      33024

Satisfactory      **DEP/DOH USE ONLY**  
 Incomplete Collection Information  
 Repeat Samples Required  
 Replacement Samples Required  
 Date Reviewed by DEP/DOH: \_\_\_\_\_  
 DEP/DOH Reviewing Official: \_\_\_\_\_

1 For Sample Types see Instructions item 116.  
 2 For Analysis Methods see Instructions item 116.  
 3 Please circle appropriate selection.  
 4 Defined in Florida Administrative Code Rule 62-160, Table 1.  
 5 Complete for community & non-transient non-community systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.

# DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORTING FORMAT

(62-550.730 Reporting Format Effective 01/1985, Revised 02/2010)

**Florida-Spectrum Environmental Services, Inc.**  
1460 W. McNab Road, Fort Lauderdale, FL 33309 Tel# (954) 978-6400  
Certification No. E86006

Report Number: 18F0353 Sub-Contract Lab ID: E86006

**Analysis Requested:** (check all that apply)

Total Coliform/E. coli     Total Coliform/Fecal     Enterococci     Coliphage     HPC     Other: \_\_\_\_\_

**Public Water System (PWS) Name:** City of Pembroke Pines    **PWS I.D.**

4	0	6	1	0	8	3
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**PWS Address:** 7960 Johnson Street    **City:** Pembroke Pines    **FL**    **33024**

**PWS or PWS Owner's Phone #:** (754) 260-4509    **Fax #:** (954) 986-5025

**Collector:** Kevin Stone    **Collector's Phone #:** (954) 582-4300/(423)-381-912:

**Type of Supply:** (check only one)

Community Water System     Non-Transient Non-community Water System     Transient Non-community Water System  
 Limited Use System     Bottled Water     Private Well     Swimming Pool     Other: \_\_\_\_\_

**Reason for Sampling:** (check all that apply)

Distribution Routine     Distribution Repeat     Raw (triggered or assessment)     Raw (triggered or assessment) additional     Well Survey  
 Clearance     Replacement (also check type of sample being replaced)     Boil Water Notice     Other: \_\_\_\_\_

**Sample Collection Date:** 6/12/18

To be completed by collector of sample						To be completed by lab				
Sample #	Sample Point City of Pembroke Pines Monthly Bacteria City of Pembroke Pines, FL	Sample Collection Time	Sample Type	Disinfectant Residual (mg/L)	pH	Analysis Method(s)2: Total Coliform/E.Coli (PA) by Colilert in Water (SM9223B)				
						Non-Coliform	Total Coliform	Fecal <u>E.Coli</u> Enterococci or Coliphage3	Data Qualifier4	Lab Sample #
061218-08	(SP ID 44) 6749 Segovia Circle West	10:37	D	/ 2.5	9.04		Absent	Absent	U	18F0353-08
061218-09	(SP ID 45) 2300 NW 172nd Avenue	10:55	D	/ 2.1	8.91		Absent	Absent	U	18F0353-09
061218-10	(SP ID 46) 2098 NW 171st Terrace	11:19	D	/ 0.6	8.91		Absent	Absent	U	18F0353-10
061218-11	(SP ID 47) 17100 Pines Blvd.	12:45	D	/ 1.9	8.86		Absent	Absent	U	18F0353-11
061218-12	(SP ID 48) 17059 SW 16th Street	11:55	D	/ 2.7	8.89		Absent	Absent	U	18F0353-12
061218-13	(SP ID 27) 450 SW 182nd Way	12:10	D	/ 2.4	8.92		Absent	Absent	U	18F0353-13
061218-14	(SP ID 49) 17817 NW 15th Street	12:24	D	/ 1.1	8.93		Absent	Absent	U	18F0353-14

**Average of disinfectant residuals for distribution routine & repeat Samples.5** Free chlorine or Total chlorine (circle one)    / 2.3

**Disinfectant Residual Analysis Method:**  
 DPD Colorimetric     Other: \_\_\_\_\_  
**Person performing disinfectant analysis is (see instructions on reverse):**  
 A certified operator (#DWB#23804 \_\_\_\_\_)  
 Supervised by certified operator (# \_\_\_\_\_)  
 Employed by a certified lab     Employed by DEP or DOH  
 Authorized representative of supplier of water

Unless otherwise noted, all tests are performed in accordance with NELAC standards, and the results relate only to the samples.

Date and time PWS notified by lab of positive results: \_\_\_\_\_  
Date and time DEP/DOH notified by lab of positive results: \_\_\_\_\_  
Date Report Issued: 19-Jun-2018-15:32  
**Lab Signature:** Enrique Ochoa  
**Title:** (CSM) Customer Service Manager

Juquitta Drieth  
Jacobs/CH2M-City of Pembroke Pines WT  
7960 Johnson Street  
Pembroke Pines    FL    33024

Satisfactory    **DEP/DOH USE ONLY**  
 Incomplete Collection Information  
 Repeat Samples Required  
 Replacement Samples Required  
Date Reviewed by DEP/DOH: \_\_\_\_\_  
DEP/DOH Reviewing Official: \_\_\_\_\_

<sup>1</sup> For Sample Types see Instructions item 1.6.  
<sup>2</sup> For Analysis Methods see Instructions item 11.6.  
<sup>3</sup> Please circle appropriate selection.  
<sup>4</sup> Defined in Florida Administrative Code Rule 62-160, Table 1.  
<sup>5</sup> Complete for community & non-transient non-community systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.

# DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORTING FORMAT

(62-550.730 Reporting Format Effective 01/1995, Revised 02/2010)

**Florida-Spectrum Environmental Services, Inc.**  
 1460 W. McNab Road, Fort Lauderdale, FL 33309 Tel# (954) 978-6400  
 Certification No. E86006

Lab Receipt Date & Time: <u>13-Jun-2018 15:35</u>
Analysis Date & Time: <u>13-Jun-2018 16:30</u>
<b>Sample Acceptance Criteria:</b>
Sample Preservation: <input checked="" type="checkbox"/> On Ice <input type="checkbox"/> Not On Ice <input checked="" type="checkbox"/> 2.20 °C
Disinfectant Check: <input checked="" type="checkbox"/> Not Detected <input type="checkbox"/> _____ mg/L
This sample does not meet the following NELAC requirements:

Report Number: 18F0424      Sub-Contract Lab ID: E86006

**Analysis Requested:** (check all that apply)

Total Coliform/E. coli    Total Coliform/Fecal    Enterococci    Coliphage    HPC    Other: \_\_\_\_\_

**Public Water System (PWS) Name:** City of Pembroke Pines      **PWS I.D.**

4	0	6	1	0	8	3
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**PWS Address:** 7960 Johnson Street      City: Pembroke Pines      FL      33024

**PWS or PWS Owner's Phone #:** (754) 260-4509      Fax #: (954) 986-5025

**Collector:** Kevin Stone      Collector's Phone #: (954) 582-4300/(423)-381-9121

**Type of Supply:** (check only one)

Community Water System    Non-Transient Non-community Water System    Transient Non-community Water System  
 Limited Use System    Bottled Water    Private Well    Swimming Pool    Other: \_\_\_\_\_

**Reason for Sampling:** (check all that apply)

Distribution Routine    Distribution Repeat    Raw (triggered or assessment)    Raw (triggered or assessment) additional    Well Survey  
 Clearance    Replacement (also check type of sample being replaced)    Boil Water Notice    Other: \_\_\_\_\_

**Sample Collection Date:** 6/13/18

To be completed by collector of sample						To be completed by lab				
Sample #	Sample Point City of Pembroke Pines Monthly Bacteria City of Pembroke Pines, FL	Sample Collection Time	Sample Type	Disinfectant Residual (mg/L)	pH	Analysis Method(s)2: Total Coliform/E.Coli (PA) by Colilert in Water (SM9223B)				
						Non-Coliform	Total Coliform	Fecal E.Coli, Enterococci or Coliphage3	Data Qualifier4	Lab Sample #
061318-01	(SP ID 51) 2473 NW 184th Terrace	8:40	D	/ 1.1	8.89		Absent	Absent	U	18F0424-01
061318-02	(SP ID 52) 18411 Pines Blvd.	8:52	D	/ 2.2	8.96		Absent	Absent	U	18F0424-02
061318-03	(SP ID 58) 19370 SW 16th Street	9:14	D	/ 2.0	8.98		Absent	Absent	U	18F0424-03
061318-04	(SP ID 53) 18539 SW 12th Street	9:27	D	/ 2.6	8.99		Absent	Absent	U	18F0424-04
061318-05	(SP ID 57) 420 NW 197th Avenue	9:48	D	/ 1.6	8.97		Absent	Absent	U	18F0424-05
061318-06	(SP ID 56) 1263 NW 195th Avenue	10:00	D	/ 1.9	8.98		Absent	Absent	U	18F0424-06
061318-07	(SP ID 55) 19478 NW 24th Place	10:14	D	/ 1.0	8.89		Absent	Absent	U	18F0424-07

**Average of disinfectant residuals for distribution routine & repeat Samples.5** Free chlorine or Total chlorine (circle one) / 1.8

**Disinfectant Residual Analysis Method:**  
 DPD Colorimetric    Other: \_\_\_\_\_  
**Person performing disinfectant analysis is (see instructions on reverse):**  
 A certified operator (DWB# 23804)  
 Supervised by certified operator (# \_\_\_\_\_)  
 Employed by a certified lab    Employed by DEP or DOH  
 Authorized representative of supplier of water

Unless otherwise noted, all tests are performed in accordance with NELAC standards, and the results relate only to the samples.

Date and time PWS notified by lab of positive results: \_\_\_\_\_  
 Date and time DEP/DOH notified by lab of positive results: \_\_\_\_\_  
 Date Report Issued: 26-Jun-2018 11:36  
**Lab Signature:** Enrique Ochoa  
**Title:** (CSM) Customer Service Manager

Juquitta Drieth  
 Jacobs/CH2M-City of Pembroke Pines W1  
 7960 Johnson Street  
 Pembroke Pines      FL      33024

Satisfactory      **DEP/DOH USE ONLY**  
 Incomplete Collection Information  
 Repeat Samples Required  
 Replacement Samples Required  
 Date Reviewed by DEP/DOH: \_\_\_\_\_  
 DEP/DOH Reviewing Official: \_\_\_\_\_

1 For Sample Types see instructions item I 16.  
 2 For Analysis Methods see instructions item II 6.  
 3 Please circle appropriate selection.  
 4 Defined in Florida Administrative Code Rule 62-160, Table 1.  
 5 Complete for community & non-transient non-community systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.

# DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORTING FORMAT

(82-550.730 Reporting Format Effective 01/1995, Revised 02/2010)

**Florida-Spectrum Environmental Services, Inc.**  
1460 W. McNab Road, Fort Lauderdale, FL 33309 Tel# (954) 978-6400  
Certification No. E86006

Lab Receipt Date & Time: <u>13-Jun-2018 15:35</u>
Analysis Date & Time: <u>13-Jun-2018 16:30</u>
<b>Sample Acceptance Criteria:</b> Sample Preservation: <input checked="" type="checkbox"/> On Ice <input type="checkbox"/> Not On Ice <input checked="" type="checkbox"/> 2.20 °C Disinfectant Check: <input checked="" type="checkbox"/> Not Detected <input type="checkbox"/> _____ mg/L This sample does not meet the following NELAC requirements:

Report Number: 18F0424      Sub-Contract Lab ID: E86006

**Analysis Requested:** (check all that apply)

Total Coliform/*E. coli*    Total Coliform/Fecal    Enterococci    Coliphage    HPC    Other: \_\_\_\_\_

**Public Water System (PWS) Name:** City of Pembroke Pines      **PWS I.D.**

4	0	6	1	0	8	3
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**PWS Address:** 7960 Johnson Street      City: Pembroke Pines      FL      33024

**PWS or PWS Owner's Phone #:** (754) 260-4509      Fax #: (954) 986-5025

**Collector:** Kevin Stone      Collector's Phone #: (954) 582-4300/(423)-381-912

**Type of Supply:** (check only one)

Community Water System    Non-Transient Non-community Water System    Transient Non-community Water System  
 Limited Use System    Bottled Water    Private Well    Swimming Pool    Other: \_\_\_\_\_

**Reason for Sampling:** (check all that apply)

Distribution Routine    Distribution Repeat    Raw (triggered or assessment)    Raw (triggered or assessment) additional    Well Survey  
 Clearance    Replacement (also check type of sample being replaced)    Boil Water Notice    Other: \_\_\_\_\_

**Sample Collection Date:** 6/13/18

To be completed by collector of sample						To be completed by lab				
Sample #	Sample Point City of Pembroke Pines Monthly Bacteria City of Pembroke Pines, FL	Sample Collection Time	Sample Type	Disinfectant Residual (mg/L)	pH	Analysis Method(s)2: Total Coliform/E.Coli (PA) by Colilert in Water (SM9223B)				
						Non-Coliform	Total Coliform	Fecal <i>E. Coli</i> Enterococci or Coliphage3	Data Qualifier4	Lab Sample #
061318-08	(SP ID 54) 6351 SW 195th Avenue	10:30	D	/ 1.1	8.90		Absent	Absent	U	18F0424-08
061318-09	(SP ID 59) 5000 SW 207th Terrace	11:12	D	/ 0.9	8.94		Absent	Absent	U	18F0424-09
061318-10	(SP ID 63) 21250 Sheridan Street	10:48	D	/ 1.7	8.97		Absent	Absent	U	18F0424-10
061318-11	(SP ID 64) 21800 NW 8th Place	11:40	D	/ 2.1	8.96		Absent	Absent	U	18F0424-11
061318-12	(SP ID 65) 21651 NW 7th Street	11:53	D	/ 1.9	8.99		Absent	Absent	U	18F0424-12
061318-13	(SP ID 62) 20701 Pembroke Road	12:12	D	/ 2.5	8.99		Absent	Absent	U	18F0424-13
061318-14	(SP ID 61) 20501 SW 1st Street	12:28	D	/ 2.3	9.03		Absent	Absent	U	18F0424-14

**Average of disinfectant residuals for distribution routine & repeat Samples.5** Free chlorine or Total chlorine (circle one) / 1.8

**Disinfectant Residual Analysis Method:**  
 DPD Colorimetric    Other: \_\_\_\_\_  
**Person performing disinfectant analysis is (see instructions on reverse):**  
 A certified operator (DWB# 23804)  
 Supervised by certified operator (# \_\_\_\_\_)  
 Employed by a certified lab    Employed by DEP or DOH  
 Authorized representative of supplier of water

Unless otherwise noted, all tests are performed in accordance with NELAC standards, and the results relate only to the samples.

Date and time PWS notified by lab of positive results: \_\_\_\_\_  
Date and time DEP/DOH notified by lab of positive results: \_\_\_\_\_  
Date Report Issued: 26-Jun-2018 11:36  
**Lab Signature:** Enrique Ochoa  
**Title:** (CSM) Customer Service Manager

Juquitta Drieth  
Jacobs/CH2M-City of Pembroke Pines WT  
7960 Johnson Street  
Pembroke Pines      FL      33024

Satisfactory      **DEP/DOH USE ONLY**  
 Incomplete Collection Information  
 Repeat Samples Required  
 Replacement Samples Required  
Date Reviewed by DEP/DOH: \_\_\_\_\_  
DEP/DOH Reviewing Official: \_\_\_\_\_

<sup>1</sup> For Sample Types see Instructions item I 1a.  
<sup>2</sup> For Analysis Methods see Instructions item II 6.  
<sup>3</sup> Please circle appropriate selection.  
<sup>4</sup> Defined in Florida Administrative Code, Rule 62-160, Table 1.  
<sup>5</sup> Complete for community & non-transient non-community systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.

# DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORTING FORMAT

(62-550.730 Reporting Format Effective 01/1995, Revised 02/2010)

**Florida-Spectrum Environmental Services, Inc.**  
1460 W. McNab Road, Fort Lauderdale, FL 33309 Tel# (954) 978-6400  
Certification No. E86006

Lab Receipt Date & Time: <u>20-Jun-2018 16:30</u>
Analysis Date & Time: <u>20-Jun-2018 17:00</u>
<b>Sample Acceptance Criteria:</b>
Sample Preservation: <input checked="" type="checkbox"/> On Ice <input type="checkbox"/> Not On Ice <input checked="" type="checkbox"/> 1.40 °C
Disinfectant Check: <input checked="" type="checkbox"/> Not Detected <input type="checkbox"/> _____ mg/L
This sample does not meet the following NELAC requirements:

Report Number: 18F0678 Sub-Contract Lab ID: E86006

**Analysis Requested:** (check all that apply)

Total Coliform/E. coli  Total Coliform/Fecal  Enterococci  Coliphage  HPC  Other: \_\_\_\_\_

**Public Water System (PWS) Name:** City of Pembroke Pines

**PWS I.D.**

4	0	6	1	0	8	3
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**PWS Address:** 7960 Johnson Street

**City:** Pembroke Pines **FL** 33024

**PWS or PWS Owner's Phone #:** (754) 260-4509

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

**Collector:** Kevin Stone

**Collector's Phone #:** (954) 582-4300/(423)-381-9122/850-557-7147

**Type of Supply:** (check only one)

Community Water System  Non-Transient Non-community Water System  Transient Non-community Water System  
 Limited Use System  Bottled Water  Private Well  Swimming Pool  Other: \_\_\_\_\_

**Reason for Sampling:** (check all that apply)

Distribution Routine  Distribution Repeat  Raw (triggered or assessment)  Raw (triggered or assessment) additional  Well Survey  
 Clearance  Replacement (also check type of sample being replaced)  Boil Water Notice  Other: \_\_\_\_\_

**Sample Collection Date:** 6/20/18

To be completed by collector of sample						To be completed by lab				
Sample #	Sample Point City of Pembroke Pines Monthly Bacteria City of Pembroke Pines, FL	Sample Collection Time	Sample Type	Disinfectant Residual (mg/L)	pH	Analysis Method(s)2: Total Coliform/E.Coli (PA) by Colilert in Water (SM9223B)				
						Non-Coliform	Total Coliform	Fecal E. Coli, Enterococci or Coliphage3	Data Qualifier4	Lab Sample #
062018-01	(SP ID 44) 6749 Segovia Circle West	9:35	D	/ 2.7	8.82		Absent	Absent	U	18F0678-01
062018-02	(SP ID 45) 2300 NW 172nd Avenue	9:51	D	/ 2.5	8.90		Absent	Absent	U	18F0678-02
062018-03	(SP ID 46) 2098 NW 171st Terrace	10:07	D	/ 2.5	8.92		Absent	Absent	U	18F0678-03
062018-04	(SP ID 47) 17100 Pines Blvd.	10:30	D	/ 2.9	8.87		Absent	Absent	U	18F0678-04
062018-05	(SP ID 48) 17059 SW 16th Street	10:47	D	/ 3.0	8.91		Absent	Absent	U	18F0678-05
062018-06	(SP ID 27) 450 SW 182nd Way	11:02	D	/ 2.8	8.90		Absent	Absent	U	18F0678-06
062018-07	(SP ID 49) 17817 NW 15th Street	11:19	D	/ 2.6	8.90		Absent	Absent	U	18F0678-07

**Average of disinfectant residuals for distribution routine & repeat samples.**5 Free chlorine or Total chlorine (circle one) / 2.5

**Disinfectant Residual Analysis Method:**  
 DPD Colorimetric  Other: \_\_\_\_\_  
**Person performing disinfectant analysis is (see instructions on reverse):**  
 A certified operator (#098123804)  
 Supervised by certified operator (# \_\_\_\_\_)  
 Employed by a certified lab  Employed by DEP or DOH  
 Authorized representative of supplier of water

Unless otherwise noted, all tests are performed in accordance with NELAC standards, and the results relate only to the samples.

Date and time PWS notified by lab of positive results: \_\_\_\_\_  
Date and time DEP/DOH notified by lab of positive results: \_\_\_\_\_  
Date Report Issued: 29-Jun-2018 11:07  
**Lab Signature:** Enrique Ochoa  
**Title:** (CSM) Customer Service Manager

Juquitta Drieth  
Jacobs/CH2M-City of Pembroke Pines WT  
7960 Johnson Street  
Pembroke Pines FL 33024

Satisfactory DEP/DOH USE ONLY  
 Incomplete Collection Information  
 Repeat Samples Required  
 Replacement Samples Required  
Date Reviewed by DEP/DOH: \_\_\_\_\_  
DEP/DOH Reviewing Official: \_\_\_\_\_

\* For Sample Types see Instructions item 1.6.  
\* For Analysis Methods see Instructions item 11.6.  
\* Please circle appropriate selection.  
\* Defined in Florida Administrative Code Rule 62-160, Table 1  
\* Complete for community & non-transient non-community systems serving populations up to and including 4,900. Do not include raw or plain samples in the average.

**DRINKING WATER MICROBIAL SAMPLE COLLECTION  
& LABORATORY REPORTING FORMAT**

(62-558.730 Reporting Format Effective 01/19/05, Revised 02/2010)

**Florida-Spectrum Environmental Services, Inc.**  
1460 W. McNab Road, Fort Lauderdale, FL 33309 Tel# (954) 978-6400  
Certification No. E86006

Lab Receipt Date & Time: <u>20-Jun-2018 16:30</u>
Analysis Date & Time: <u>20-Jun-2018 17:00</u>
<b>Sample Acceptance Criteria:</b>
Sample Preservation: <input checked="" type="checkbox"/> On Ice <input type="checkbox"/> Not On Ice <input checked="" type="checkbox"/> 1.40 °C
Disinfectant Check: <input checked="" type="checkbox"/> Not Detected <input type="checkbox"/> _____ mg/L
This sample does not meet the following NELAC requirements:

Report Number: 18F0678 Sub-Contract Lab ID: E86006

**Analysis Requested:** (check all that apply)

Total Coliform/*E. coli*  Total Coliform/Fecal  Enterococci  Coliphage  HPC  Other: \_\_\_\_\_

**Public Water System (PWS) Name:** City of Pembroke Pines

**PWS I.D.**

4	0	6	1	0	8	3
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PWS Address: 7960 Johnson Street

City: Pembroke Pines FL 33024

PWS or PWS Owner's Phone #: (754) 260-4509

Fax #: (954) 986-5025

**Collector:** Kevin Stone

Collector's Phone #: (954) 582-4300/(423)-381-9122/850-557-7147

**Type of Supply:** (check only one)

Community Water System  Non-Transient Non-community Water System  Transient Non-community Water System  
 Limited Use System  Bottled Water  Private Well  Swimming Pool  Other: \_\_\_\_\_

**Reason for Sampling:** (check all that apply)

Distribution Routine  Distribution Repeat  Raw (triggered or assessment)  Raw (triggered or assessment) additional  Well Survey  
 Clearance  Replacement (also check type of sample being replaced)  Boil Water Notice  Other: \_\_\_\_\_

**Sample Collection Date:** 6/20/18

To be completed by collector of sample						To be completed by lab				
Sample #	Sample Point City of Pembroke Pines Monthly Bacteria City of Pembroke Pines, FL	Sample Collection Time	Sample Type	Disinfectant Residual (mg/L)	pH	Analysis Method(s)2: Total Coliform/ <i>E. Coli</i> (PA) by Colilert in Water (SM9223B)				
						Non-Coliform	Total Coliform	Fecal <i>E. Coli</i> , Enterococci or Coliphage3	Data Qualifier4	Lab Sample #
062018-08	(SP ID 51) 2473 NW 184th Terrace	11:34	D	/ 2.3	8.93		Absent	Absent	U	18F0678-08
062018-09	(SP ID 52) 18411 Pines Blvd.	11:47	D	/ 2.7	8.89		Absent	Absent	U	18F0678-09
062018-10	(SP ID 58) 19370 SW 16th Street	12:09	D	/ 2.1	8.92		Absent	Absent	U	18F0678-10
062018-11	(SP ID 53) 18539 SW 12th Street	12:21	D	/ 2.5	8.88		Absent	Absent	U	18F0678-11
062018-12	(SP ID 57) 420 NW 197th Avenue	12:40	D	/ 2.2	8.89		Absent	Absent	U	18F0678-12
062018-13	(SP ID 56) 1263 NW 195th Avenue	12:53	D	/ 2.2	8.90		Absent	Absent	U	18F0678-13
062018-14	(SP ID 55) 19478 NW 24th Place	13:08	D	/ 2.4	8.90		Absent	Absent	U	18F0678-14

Average of disinfectant residuals for distribution routine & repeat Samples.5 Free chlorine or Total chlorine (circle one)

/ 2.5

**Disinfectant Residual Analysis Method:**

DPD Colorimetric  Other: \_\_\_\_\_

**Person performing disinfectant analysis is (see instructions on reverse):**

A certified operator (#DWB#23804)  
 Supervised by certified operator (# \_\_\_\_\_)  
 Employed by a certified lab  Employed by DEP or DOH  
 Authorized representative of supplier of water

Unless otherwise noted, all tests are performed in accordance with NELAC standards, and the results relate only to the samples.

Date and time PWS notified by lab of positive results: \_\_\_\_\_

Date and time DEP/DOH notified by lab of positive results: \_\_\_\_\_

Date Report Issued: 29-Jun-2018 11:07

Lab Signature: Enrique Ochoa

Title: (CSM) Customer Service Manager

Juquitta Drieth  
Jacobs/CH2M-City of Pembroke Pines WT  
7960 Johnson Street  
Pembroke Pines FL 33024

<input type="checkbox"/> Satisfactory	DEP/DOH USE ONLY
<input type="checkbox"/> Incomplete Collection Information	
<input type="checkbox"/> Repeat Samples Required	
<input type="checkbox"/> Replacement Samples Required	
Date Reviewed by DEP/DOH: _____	
DEP/DOH Reviewing Official: _____	

<sup>1</sup> For Sample Types see Instructions item 1.6.

<sup>2</sup> For Analysis Methods see Instructions item 11.6.

<sup>3</sup> Please circle appropriate selection.

<sup>4</sup> Defined in Florida Administrative Code Rule 62-160, Table 1.

<sup>5</sup> Complete for community & non-transient non-community systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.

# DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORTING FORMAT

(82-550.730 Reporting Format Effective 01/1995, Revised 02/2010)

**Florida-Spectrum Environmental Services, Inc.**  
1460 W. McNab Road, Fort Lauderdale, FL 33309 Tel# (954) 978-6400  
Certification No. E86006

Lab Receipt Date & Time: <u>21-Jun-2018 16:11</u>
Analysis Date & Time: <u>21-Jun-2018 17:00</u>
<b>Sample Acceptance Criteria:</b> Sample Preservation: <input checked="" type="checkbox"/> On Ice <input type="checkbox"/> Not On Ice <input checked="" type="checkbox"/> <u>5.60</u> °C Disinfectant Check: <input checked="" type="checkbox"/> Not Detected <input type="checkbox"/> _____ mg/L This sample does not meet the following NELAC requirements:

Report Number: 18F0744      Sub-Contract Lab ID: E86006

**Analysis Requested:** (check all that apply)

Total Coliform/E. coli    Total Coliform/Fecal    Enterococci    Coliphage    HPC    Other: \_\_\_\_\_

**Public Water System (PWS) Name:** City of Pembroke Pines      **PWS I.D.**

4	0	6	1	0	8	3
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**PWS Address:** 7960 Johnson Street      **City:** Pembroke Pines      **FL**      **33024**

**PWS or PWS Owner's Phone #:** (754) 260-4509      **Fax #:** (954) 986-5025

**Collector:** Kevin Stone      **Collector's Phone #:** (954) 582-4300/850-557-7147

**Type of Supply:** (check only one)

Community Water System    Non-Transient Non-community Water System    Transient Non-community Water System  
 Limited Use System    Bottled Water    Private Well    Swimming Pool    Other: \_\_\_\_\_

**Reason for Sampling:** (check all that apply)

Distribution Routine    Distribution Repeat    Raw (triggered or assessment)    Raw (triggered or assessment) additional    Well Survey  
 Clearance    Replacement (also check type of sample being replaced)    Boil Water Notice    Other: \_\_\_\_\_

**Sample Collection Date:** 6/21/18

To be completed by collector of sample						To be completed by lab				
Sample #	Sample Point City of Pembroke Pines Monthly Bacteria City of Pembroke Pines, FL	Sample Collection Time	Sample Type	Disinfectant Residual (mg/L)	pH	Analysis Method(s)2: Total Coliform/E.Coli (PA) by Colilert in Water (SM9223B)				
						Non-Collform	Total Collform	Fecal <u>E.Coli</u> Enterococci or Coliphage3	Data Qualifier4	Lab Sample #
062118-09	(SP ID 54) 6351 SW 195th Avenue	11:06	D	/ 1.9	8.90		Absent	Absent	U	18F0744-08
062118-10	(SP ID 59) 5000 SW 207th Terrace	11:33	D	/ 1.6	8.90		Absent	Absent	U	18F0744-09
062118-11	(SP ID 63) 21250 Sheridan Street	11:52	D	/ 1.7	8.91		Absent	Absent	U	18F0744-10
062118-12	(SP ID 64) 21800 NW 8th Place	12:13	D	/ 2.0	8.90		Absent	Absent	U	18F0744-11
062118-13	(SP ID 65) 21651 NW 7th Street	12:37	D	/ 1.8	8.91		Absent	Absent	U	18F0744-12
062118-14	(SP ID 62) 20701 Pembroke Road	12:53	D	/ 2.2	8.94		Absent	Absent	U	18F0744-13
062118-15	(SP ID 61) 20501 SW 1st Street	13:10	D	/ 1.7	8.91		Absent	Absent	U	18F0744-14

**Average of disinfectant residuals for distribution routine & repeat Samples.5** Free chlorine or Total chlorine (circle one) / 1.8

**Disinfectant Residual Analysis Method:**  
 DPD Colorimetric    Other: \_\_\_\_\_  
**Person performing disinfectant analysis is (see instructions on reverse):**  
 A certified operator (# DWB#23804)  
 Supervised by certified operator (# \_\_\_\_\_)  
 Employed by a certified lab    Employed by DEP or DOH  
 Authorized representative of supplier of water

Unless otherwise noted, all tests are performed in accordance with NELAC standards, and the results relate only to the samples.

Date and time PWS notified by lab of positive results: \_\_\_\_\_  
Date and time DEP/DOH notified by lab of positive results: \_\_\_\_\_  
Date Report Issued: 03-Jul-2018 14:59  
**Lab Signature:** Enrique Ochoa  
**Title:** (CSM) Customer Service Manager

Juquitta Drieth  
Jacobs/CH2M-City of Pembroke Pines W1  
7960 Johnson Street  
Pembroke Pines      FL      33024

<input type="checkbox"/> Satisfactory <input type="checkbox"/> Incomplete Collection Information <input type="checkbox"/> Repeat Samples Required <input type="checkbox"/> Replacement Samples Required	<b>DEP/DOH USE ONLY</b> Date Reviewed by DEP/DOH: _____ DEP/DOH Reviewing Official: _____
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1 For Sample Types see Instructions item I 16.  
2 For Analysis Methods see Instructions item II 6.  
3 Please circle appropriate selection.  
4 Defined in Florida Administrative Code Rule 62-160, Table 1.  
5 Complete for community & non-transient non-community systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.

# DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORTING FORMAT

(62-550.730 Reporting Format Effective 01/1995, Revised 02/2010)

**Florida-Spectrum Environmental Services, Inc.**  
1460 W. McNab Road, Fort Lauderdale, FL 33309 Tel# (954) 978-6400  
Certification No. E86006

Lab Receipt Date & Time: <u>30-Jun-2018 13:00</u>
Analysis Date & Time: <u>30-Jun-2018 13:50</u>
<b>Sample Acceptance Criteria:</b>
Sample Preservation: <input checked="" type="checkbox"/> On Ice <input type="checkbox"/> Not On Ice <input checked="" type="checkbox"/> 4.00 °C
Disinfectant Check: <input checked="" type="checkbox"/> Not Detected <input type="checkbox"/> _____ mg/L
This sample does not meet the following NELAC requirements:

Report Number: 18G0006   Sub-Contract Lab ID: E86006

**Analysis Requested:** (check all that apply)

Total Coliform/E. coli    Total Coliform/Fecal    Enterococci    Coliphage    HPC    Other: \_\_\_\_\_

**Public Water System (PWS) Name:** City of Pembroke Pines

**PWS I.D.**

4	0	6	1	0	8	3
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**PWS Address:** 7960 Johnson Street

**City:** Pembroke Pines   **FL**   **33024**

**PWS or PWS Owner's Phone #:** (754) 260-4509

**Fax #:** (954) 988-5025

**Collector:** Kevin Stone

**Collector's Phone #:** (954) 582-4300/850-557-7147/786-614-4662

**Type of Supply:** (check only one)

Community Water System    Non-Transient Non-community Water System    Transient Non-community Water System  
 Limited Use System    Bottled Water    Private Well    Swimming Pool    Other: \_\_\_\_\_

**Reason for Sampling:** (check all that apply)

Distribution Routine    Distribution Repeat    Raw (triggered or assessment)    Raw (triggered or assessment) additional    Well Survey  
 Clearance    Replacement (also check type of sample being replaced)    Boil Water Notice    Other: \_\_\_\_\_

**Sample Collection Date:** 6/30/18

To be completed by collector of sample						To be completed by lab				
Sample #	Sample Point City of Pembroke Pines Monthly Bacteria City of Pembroke Pines, FL	Sample Collection Time	Sample Type	Disinfectant Residual (mg/L)	pH	Analysis Method(s)2: Total Coliform/E. Coli (PA) by Collitert in Water (SM9223B)				
						Non-Coliform	Total Coliform	Fecal <u>E. Coli</u> , Enterococci or Coliphage3	Data Qualifier4	Lab Sample #
063018-01	(SP ID 1) 2040 NW 74th Avenue	8:10	D	/ 3.4	8.92		Absent	Absent	U	18G0006-01
063018-02	(SP ID 2) 7610 Taft Street	8:20	D	/ 3.5	8.88		Absent	Absent	U	18G0006-02
063018-03	(SP ID 3) 7741 Johnson Street	8:29	D	/ 3.7	8.94		Absent	Absent	U	18G0006-03
063018-04	(SP ID 4) 120 NW 73rd Avenue	8:38	D	/ 3.3	8.98		Absent	Absent	U	18G0006-04
063018-05	(SP ID 5) 7021 SW 9th Street	8:48	D	/ 3.3	8.98		Absent	Absent	U	18G0006-05
063018-06	(SP ID 11) 1530 SW 85th Avenue	9:00	D	/ 3.3	9.00		Absent	Absent	U	18G0006-06
063018-07	(SP ID 10) 199 N. University Drive	9:18	D	/ 3.3	8.96		Absent	Absent	U	18G0006-07

**Average of disinfectant residuals for distribution routine & repeat Samples.5**   Free chlorine or Total chlorine (circle one)

/ 3.5

Unless otherwise noted, all tests are performed in accordance with NELAC standards, and the results relate only to the samples.

**Disinfectant Residual Analysis Method:**

DPD Colorimetric    Other: \_\_\_\_\_

**Person performing disinfectant analysis is (see instructions on reverse):**

A certified operator (# DWB#23804)  
 Supervised by certified operator (# \_\_\_\_\_)  
 Employed by a certified lab    Employed by DEP or DOH  
 Authorized representative of supplier of water

Date and time PWS notified by lab of positive results: \_\_\_\_\_

Date and time DEP/DOH notified by lab of positive results: \_\_\_\_\_

Date Report Issued: 03-Jul-2018 12:47

**Lab Signature:** Enrique Ochoa

**Title:** (CSM) Customer Service Manager

Juquitta Drieth  
Jacobs/CH2M-City of Pembroke Pines W1  
7960 Johnson Street  
Pembroke Pines   FL   33024

<input type="checkbox"/> Satisfactory <input type="checkbox"/> Incomplete Collection Information <input type="checkbox"/> Repeat Samples Required <input type="checkbox"/> Replacement Samples Required	<b>DEP/DOH USE ONLY</b>  Date Reviewed by DEP/DOH: _____ DEP/DOH Reviewing Official: _____
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<sup>1</sup> For Sample Types see Instructions item I 16.  
<sup>2</sup> For Analysis Methods see Instructions item II 6.  
<sup>3</sup> Please circle appropriate selection.  
<sup>4</sup> Defined in Florida Administrative Code Rule 62-160, Table 1.  
<sup>5</sup> Complete for community & non-transient non-community systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.

# DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORTING FORMAT

(62-550.730 Reporting Format Effective 01/1995, Revised 02/2010)

**Florida-Spectrum Environmental Services, Inc.**  
 1460 W. McNab Road, Fort Lauderdale, FL 33309 Tel# (954) 978-6400  
 Certification No. E86006

Lab Receipt Date & Time: <u>30-Jun-2018 13:00</u>
Analysis Date & Time: <u>30-Jun-2018 13:50</u>
<b>Sample Acceptance Criteria:</b>
Sample Preservation: <input checked="" type="checkbox"/> On Ice <input type="checkbox"/> Not On Ice <input checked="" type="checkbox"/> 4.00 °C
Disinfectant Check: <input checked="" type="checkbox"/> Not Detected <input type="checkbox"/> _____ mg/L
This sample does not meet the following NELAC requirements:

Report Number: 18G0006      Sub-Contract Lab ID: E86006

**Analysis Requested:** (check all that apply)

Total Coliform/*E. coli*    Total Coliform/Fecal    Enterococci    Coliphage    HPC    Other: \_\_\_\_\_

**Public Water System (PWS) Name:** City of Pembroke Pines

**PWS I.D.**

4	0	6	1	0	8	3
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**PWS Address:** 7960 Johnson Street

**City:** Pembroke Pines      **FL**      **33024**

**PWS or PWS Owner's Phone #:** (754) 260-4509

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

**Collector:** Kevin Stone

**Collector's Phone #:** (954) 582-4300/850-557-7147/786-614-4662

**Type of Supply:** (check only one)

Community Water System    Non-Transient Non-community Water System    Transient Non-community Water System  
 Limited Use System    Bottled Water    Private Well    Swimming Pool    Other: \_\_\_\_\_

**Reason for Sampling:** (check all that apply)

Distribution Routine    Distribution Repeat    Raw (triggered or assessment)    Raw (triggered or assessment) additional    Well Survey  
 Clearance    Replacement (also check type of sample being replaced)    Boil Water Notice    Other: \_\_\_\_\_

**Sample Collection Date:** 6/30/18

To be completed by collector of sample						To be completed by lab				
Sample #	Sample Point City of Pembroke Pines Monthly Bacteria City of Pembroke Pines, FL	Sample Collection Time	Sample Type	Disinfectant Residual (mg/L)	pH	Analysis Method(s)2: Total Coliform/ <i>E. coli</i> (PA) by Collitert in Water (SM9223B)				
						Non-Coliform	Total Coliform	Fecal <i>E. coli</i> , Enterococci or Coliphage3	Data Qualifier4	Lab Sample #
063018-08	(SP ID 9) 8131 Johnson Street	9:30	D	/ 3.7	8.96		Absent	Absent	U	18G0006-08
063018-09	(SP ID 8) 8130 Taft Street	9:44	D	/ 3.6	8.93		Absent	Absent	U	18G0006-09
063018-10	(SP ID 7) 2402 N. University Drive	9:57	D	/ 2.9	8.94		Absent	Absent	U	18G0006-10
063018-11	(SP ID 68) 2060 NW 88th Terrace	10:08	D	/ 3.5	8.93		Absent	Absent	U	18G0006-11
063018-12	(SP ID 12) 1621 N. Douglas Road	10:18	D	/ 3.7	8.95		Absent	Absent	U	18G0006-12
063018-13	(SP ID 13) 8880 Johnson Street	10:29	D	/ 3.7	8.95		Absent	Absent	U	18G0006-13
063018-14	(SP ID 14) 120 N. Douglas Road	10:40	D	/ 3.6	8.93		Absent	Absent	U	18G0006-14

**Average of disinfectant residuals for distribution routine & repeat Samples.5** Free chlorine or Total chlorine (circle one)

/ 3.5

**Disinfectant Residual Analysis Method:**

DPD Colorimetric    Other: \_\_\_\_\_

**Person performing disinfectant analysis is (see instructions on reverse):**

A certified operator (# DWB#23804)  
 Supervised by certified operator (# \_\_\_\_\_)  
 Employed by a certified lab    Employed by DEP or DOH  
 Authorized representative of supplier of water

Unless otherwise noted, all tests are performed in accordance with NELAC standards, and the results relate only to the samples.

Date and time PWS notified by lab of positive results: \_\_\_\_\_

Date and time DEP/DOH notified by lab of positive results: \_\_\_\_\_

Date Report Issued: 03-Jul-2018 12:47

**Lab Signature:** Enrique Ochoa

**Title:** (CSM) Customer Service Manager

**Juqulta Drieth**  
 Jacobs/CH2M-City of Pembroke Pines WT  
 7960 Johnson Street  
 Pembroke Pines      FL      33024

<input type="checkbox"/> Satisfactory <input type="checkbox"/> Incomplete Collection Information <input type="checkbox"/> Repeat Samples Required <input type="checkbox"/> Replacement Samples Required	<b>DEP/DOH USE ONLY</b>
Date Reviewed by DEP/DOH: _____	
DEP/DOH Reviewing Official: _____	

<sup>1</sup> For Sample Types see Instructions Item I 16.  
<sup>2</sup> For Analysis Methods see Instructions Item II 6.  
<sup>3</sup> Please circle appropriate selection.  
<sup>4</sup> Defined in Florida Administrative Code Rule 62-160, Table 1.  
<sup>5</sup> Complete for community & non-transient non-community systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.

# DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORTING FORMAT

(62-550.730 Reporting Format Effective 01/1995, Revised 02/2010)

**Florida-Spectrum Environmental Services, Inc.**  
 1460 W. McNab Road, Fort Lauderdale, FL 33309 Tel# (954) 978-6400  
 Certification No. E86006

Lab Receipt Date & Time: <u>30-Jun-2018 13:00</u>
Analysis Date & Time: <u>30-Jun-2018 13:50</u>
<b>Sample Acceptance Criteria:</b>
Sample Preservation: <input checked="" type="checkbox"/> On Ice <input type="checkbox"/> Not On Ice <input checked="" type="checkbox"/> 4.00 °C
Disinfectant Check: <input checked="" type="checkbox"/> Not Detected <input type="checkbox"/> _____ mg/L
This sample does not meet the following NELAC requirements:

Report Number: 18G0006      Sub-Contract Lab ID: E86006

**Analysis Requested:** (check all that apply)

Total Coliform/E. coli    Total Coliform/Fecal    Enterococci    Coliphage    HPC    Other: \_\_\_\_\_

**Public Water System (PWS) Name:** City of Pembroke Pines

**PWS I.D.**

4	0	6	1	0	8	3
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PWS Address: 7960 Johnson Street

City: Pembroke Pines      FL      33024

PWS or PWS Owner's Phone #: (754) 260-4509

Fax #: (954) 986-5025

**Collector:** Kevin Stone

Collector's Phone #: (954) 582-4300/850-557-7147/786-614-4662

**Type of Supply:** (check only one)

Community Water System    Non-Transient Non-community Water System    Transient Non-community Water System  
 Limited Use System    Bottled Water    Private Well    Swimming Pool    Other: \_\_\_\_\_

**Reason for Sampling:** (check all that apply)

Distribution Routine    Distribution Repeat    Raw (triggered or assessment)    Raw (triggered or assessment) additional    Well Survey  
 Clearance    Replacement (also check type of sample being replaced)    Boil Water Notice    Other: \_\_\_\_\_

**Sample Collection Date:** 6/30/18

To be completed by collector of sample						To be completed by lab				
Sample #	Sample Point City of Pembroke Pines Monthly Bacteria City of Pembroke Pines, FL	Sample Collection Time	Sample Type	Disinfectant Residual (mg/L)	pH	Analysis Method(s)2: Total Coliform/E. Coli (PA) by Colilert in Water (SM9223B)				
						Non-Coliform	Total Coliform	Fecal E. Coli, Enterococci or Coliphage3	Data Qualifier4	Lab Sample #
063018-15	(SP ID 15) 900 Hollybrook Drive	10:57	D	/ 3.3	8.92		Absent	Absent	U	18G0006-15
063018-16	(SP ID 20) 10001 SW 14th Street	11:08	D	/ 3.2	8.91		Absent	Absent	U	18G0006-16
063018-17	(SP ID 19) 10101 Pines Blvd.	11:21	D	/ 3.6	8.93		Absent	Absent	U	18G0006-17
063018-18	(SP ID 18) 10000 Johnson Street	11:32	D	/ 3.7	8.95		Absent	Absent	U	18G0006-18
063018-19	(SP ID 17) 1981 NW 100th Way	11:44	D	/ 3.5	8.93		Absent	Absent	U	18G0006-19
063018-20	(SP ID 16) 10120 Sheridan Street	11:55	D	/ 3.4	8.91		Absent	Absent	U	18G0006-20
063018-21	(SP ID 22) 11141 NW 22nd Street	12:08	D	/ 3.3	8.96		Absent	Absent	U	18G0006-21

Average of disinfectant residuals for distribution routine & repeat Samples.5 Free chlorine or Total chlorine (circle one)

/ 3.5

**Disinfectant Residual Analysis Method:**

DPD Colorimetric    Other: \_\_\_\_\_

**Person performing disinfectant analysis is (see instructions on reverse):**

A certified operator (# DWB#23804)  
 Supervised by certified operator (# \_\_\_\_\_)  
 Employed by a certified lab    Employed by DEP or DOH  
 Authorized representative of supplier of water

Unless otherwise noted, all tests are performed in accordance with NELAC standards, and the results relate only to the samples.

Date and time PWS notified by lab of positive results: \_\_\_\_\_

Date and time DEP/DOH notified by lab of positive results: \_\_\_\_\_

Date Report Issued: 03-Jul-2018 12:47

Lab Signature: Enrique Ochoa

Title: (CSM) Customer Service Manager

Juquitta Drieth

Jacobs/CH2M-City of Pembroke Pines WT

7960 Johnson Street

Pembroke Pines

FL

33024

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

DEP/DOH USE ONLY

Date Reviewed by DEP/DOH: \_\_\_\_\_

DEP/DOH Reviewing Official: \_\_\_\_\_

<sup>1</sup> For Sample Types see Instructions item I 16.

<sup>2</sup> For Analysis Methods see Instructions item II 6.

<sup>3</sup> Please circle appropriate selection.

<sup>4</sup> Defined in Florida Administrative Code, Rule 62-160, Table I.

<sup>5</sup> Complete for community & non-transient non-community systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.



**Florida Department of Environmental Protection Southeast District (WB)**

3301 Gun Club Road, MSC7210-1 West Palm Beach, FL 33406

**WATER UTILITY:** City of Pembroke Pines - PWS ID 4061083      **MONTH:** July      **YEAR:** 2018

Note: Please complete this form monthly and attach one copy to the monthly water plant operation report to be submitted to the FDEP not later than the 10<sup>th</sup> of the following month.

**MONTHLY BACTERIOLOGICAL SAMPLES ANALYZED FROM COMMUNITY WATER SYSTEMS**

Minimum Number of Samples Required			Number of Samples Analyzed			Number of Unsatisfactory Samples		
Well	Plant	Distribution	Well	Plant	Distribution	Well	Plant	Distribution
8	0	120						
1. Collected by Utility, Analyzed by State Cert. Lab			8	0	126	0	0	0
2. Collected by Utility Analyzed by Plant Lab			0	0	0	0	0	0
3. Total -Add Lines (1 +2)			<b>8</b>	<b>0</b>	<b>126</b>	<b>0</b>	<b>0</b>	<b>0</b>

\*Note: Do not include results on main clearance.

# DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORTING FORMAT

(62-550.730 Reporting Format Effective 01/1995, Revised 02/2010)

**Florida-Spectrum Environmental Services, Inc.**  
 1460 W. McNab Road, Fort Lauderdale, FL 33309 Tel# (954) 978-6400  
 Certification No. E86006

Lab Receipt Date & Time: <u>02-Jul-2018 16:05</u>
Analysis Date & Time: <u>02-Jul-2018 17:10</u>
<b>Sample Acceptance Criteria:</b>
Sample Preservation: <input checked="" type="checkbox"/> On Ice <input type="checkbox"/> Not On Ice <input checked="" type="checkbox"/> 3.20 °C
Disinfectant Check: <input checked="" type="checkbox"/> Not Detected <input type="checkbox"/> _____ mg/L
This sample does not meet the following NELAC requirements:

Report Number: 18G0029      Sub-Contract Lab ID: E86006

**Analysis Requested:** (check all that apply)

Total Coliform/*E. coli*    Total Coliform/Fecal    Enterococci    Coliphage    HPC    Other: \_\_\_\_\_

**Public Water System (PWS) Name:** City of Pembroke Pines      **PWS I.D.**

4	0	6	1	0	8	3
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**PWS Address:** 7960 Johnson Street      **City:** Pembroke Pines      **FL**      **33024**

**PWS or PWS Owner's Phone #:** (754) 260-4509      **Fax #:** (954) 986-5025

**Collector:** Kevin Stone      **Collector's Phone #:** (954) 582-4300/850-557-7147/

**Type of Supply:** (check only one)

Community Water System    Non-Transient Non-community Water System    Transient Non-community Water System  
 Limited Use System    Bottled Water    Private Well    Swimming Pool    Other: \_\_\_\_\_

**Reason for Sampling:** (check all that apply)

Distribution Routine    Distribution Repeat    Raw (triggered or assessment)    Raw (triggered or assessment) additional    Well Survey  
 Clearance    Replacement (also check type of sample being replaced)    Boil Water Notice    Other: \_\_\_\_\_

**Sample Collection Date:** 7/2/18

To be completed by collector of sample						To be completed by lab				
Sample #	Sample Point City of Pembroke Pines Monthly Bacteria City of Pembroke Pines, FL	Sample Collection Time	Sample Type	Disinfectant Residual (mg/L)	pH	Analysis Method(s)2: Total Coliform/E. Coll (PA) by Colilert in Water (SM9223B)				
						Non-Coliform	Total Coliform	Fecal, <i>E. Coll</i> , Enterococci or Coliphage3	Data Qualifier4	Lab Sample #
070218-01	(SP ID 1) 2040 NW 74th Avenue	10:37	D	/ 3.6	9.00		Absent	Absent	U	18G0029-01
070218-02	(SP ID 2) 7610 Taft Street	10:50	D	/ 3.6	8.99		Absent	Absent	U	18G0029-02
070218-03	(SP ID 3) 7741 Johnson Street	11:00	D	/ 3.7	8.99		Absent	Absent	U	18G0029-03
070218-04	(SP ID 4) 120 NW 73rd Avenue	11:13	D	/ 3.5	9.02		Absent	Absent	U	18G0029-04
070218-05	(SP ID 5) 7021 SW 9th Street	11:27	D	/ 3.5	9.13		Absent	Absent	U	18G0029-05
070218-06	(SP ID 11) 1530 SW 85th Avenue	11:42	D	/ 3.5	9.16		Absent	Absent	U	18G0029-06
070218-07	(SP ID 10) 199 N. University Drive	11:58	D	/ 3.5	9.08		Absent	Absent	U	18G0029-07

**Average of disinfectant residuals for distribution routine & repeat Samples.5** Free chlorine or Total chlorine (circle one)      / 3.4

**Disinfectant Residual Analysis Method:**  
 DPD Colorimetric    Other: \_\_\_\_\_  
**Person performing disinfectant analysis is (see instructions on reverse):**  
 A certified operator (# DWB 23804)  
 Supervised by certified operator (# \_\_\_\_\_)  
 Employed by a certified lab    Employed by DEP or DOH  
 Authorized representative of supplier of water

Unless otherwise noted, all tests are performed in accordance with NELAC standards, and the results relate only to the samples.

Date and time PWS notified by lab of positive results: \_\_\_\_\_  
 Date and time DEP/DOH notified by lab of positive results: \_\_\_\_\_  
 Date Report Issued: 09-Jul-2018 13:45  
**Lab Signature:** Enrique Ochoa  
**Title:** (CSM) Customer Service Manager

Juquitta Drieth  
 Jacobs/CH2M-City of Pembroke Pines WT  
 7960 Johnson Street  
 Pembroke Pines      FL      33024

Satisfactory      **DEP/DOH USE ONLY**  
 Incomplete Collection Information  
 Repeat Samples Required  
 Replacement Samples Required  
 Date Reviewed by DEP/DOH: \_\_\_\_\_  
 DEP/DOH Reviewing Official: \_\_\_\_\_

<sup>2</sup> For Sample Types see Instructions item I 16.  
<sup>3</sup> For Analysis Methods see Instructions item II 6.  
<sup>4</sup> Please circle appropriate selection.  
<sup>5</sup> Defined in Florida Administrative Code Rule 62-160, Table 1.  
<sup>6</sup> Completes for community & non-transient non-community systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.

# DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORTING FORMAT

(62-550.730 Reporting Format Effective 01/1995, Revised 02/2010)

**Florida-Spectrum Environmental Services, Inc.**  
 1460 W. McNab Road, Fort Lauderdale, FL 33309 Tel# (954) 978-6400  
 Certification No. E86006

Lab Receipt Date & Time: <u>02-Jul-2018 16:05</u>
Analysis Date & Time: <u>02-Jul-2018 17:10</u>
<b>Sample Acceptance Criteria:</b>
Sample Preservation: <input checked="" type="checkbox"/> On Ice <input type="checkbox"/> Not On Ice <input checked="" type="checkbox"/> 3.20 °C
Disinfectant Check: <input checked="" type="checkbox"/> Not Detected <input type="checkbox"/> _____ mg/L
This sample does not meet the following NELAC requirements:

Report Number: 18G0029 Sub-Contract Lab ID: E86006

**Analysis Requested:** (check all that apply)

Total Coliform/*E. coli*  Total Coliform/Fecal  Enterococci  Coliphage  HPC  Other: \_\_\_\_\_

**Public Water System (PWS) Name:** City of Pembroke Pines **PWS I.D.**

4	0	6	1	0	8	3
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**PWS Address:** 7960 Johnson Street **City:** Pembroke Pines **FL** 33024

**PWS or PWS Owner's Phone #:** (754) 260-4509 **Fax #:** (954) 986-5025

**Collector:** Kevin Stone **Collector's Phone #:** (954) 582-4300/850-557-7147/

**Type of Supply:** (check only one)

Community Water System  Non-Transient Non-community Water System  Transient Non-community Water System  
 Limited Use System  Bottled Water  Private Well  Swimming Pool  Other: \_\_\_\_\_

**Reason for Sampling:** (check all that apply)

Distribution Routine  Distribution Repeat  Raw (triggered or assessment)  Raw (triggered or assessment) additional  Well Survey  
 Clearance  Replacement (also check type of sample being replaced)  Boil Water Notice  Other: \_\_\_\_\_

**Sample Collection Date:** 7/2/18

To be completed by collector of sample						To be completed by lab				
Sample #	Sample Point City of Pembroke Pines Monthly Bacteria City of Pembroke Pines, FL	Sample Collection Time	Sample Type	Disinfectant Residual (mg/L)	pH	Analysis Method(s)2: Total Coliform/ <i>E. coli</i> (PA) by Colilert in Water (SM9223B)				
						Non-Coliform	Total Coliform	Fecal <i>E. coli</i> , Enterococci or Coliphage3	Data Qualifier4	Lab Sample #
070218-08	(SP ID 9) 8131 Johnson Street	12:11	D	/ 3.7	9.02		Absent	Absent	U	18G0029-08
070218-09	(SP ID 8) 8130 Taft Street	12:21	D	/ 3.6	9.01		Absent	Absent	U	18G0029-09
070218-10	(SP ID 7) 2402 N. University Drive	12:33	D	/ 3.3	9.08		Absent	Absent	U	18G0029-10
070218-11	(SP ID 68) 2060 NW 88th Terrace	12:44	D	/ 3.6	9.00		Absent	Absent	U	18G0029-11
070218-12	(SP ID 12) 1621 N. Douglas Road	12:57	D	/ 3.7	8.99		Absent	Absent	U	18G0029-12
070218-13	(SP ID 13) 8880 Johnson Street	13:08	D	/ 3.7	8.99		Absent	Absent	U	18G0029-13
070218-14	(SP ID 14) 120 N. Douglas Road	13:19	D	/ 3.6	8.98		Absent	Absent	U	18G0029-14

**Average of disinfectant residuals for distribution routine & repeat Samples.5** Free chlorine or Total chlorine (circle one) / 3.4

**Disinfectant Residual Analysis Method:**  
 DPD Colorimetric  Other: \_\_\_\_\_  
**Person performing disinfectant analysis is (see instructions on reverse):**  
 A certified operator (#DWB 23804)  
 Supervised by certified operator (# \_\_\_\_\_)  
 Employed by a certified lab  Employed by DEP or DOH  
 Authorized representative of supplier of water

Unless otherwise noted, all tests are performed in accordance with NELAC standards, and the results relate only to the samples.

Date and time PWS notified by lab of positive results: \_\_\_\_\_  
 Date and time DEP/DOH notified by lab of positive results: \_\_\_\_\_  
 Date Report Issued: 09-Jul-2018 13:43  
**Lab Signature:** Enrique Ochoa  
**Title:** (CSM) Customer Service Manager

Juquitta Drieth  
 Jacobs/CH2M-City of Pembroke Pines WT  
 7960 Johnson Street  
 Pembroke Pines FL 33024

Satisfactory DEP/DOH USE ONLY  
 Incomplete Collection Information  
 Repeat Samples Required  
 Replacement Samples Required  
 Date Reviewed by DEP/DOH: \_\_\_\_\_  
 DEP/DOH Reviewing Official: \_\_\_\_\_

1 For Sample Types see Instructions item 1.16.  
 2 For Analysis Methods see Instructions item II 6.  
 3 Please circle appropriate selection.  
 4 Defined in Florida Administrative Code Rule 62-160, Table 1.  
 5 Complete for community & non-transient non-community systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.

# DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORTING FORMAT

(62-550.730 Reporting Format Effective 01/1995, Revised 02/2010)

**Florida-Spectrum Environmental Services, Inc.**  
1460 W. McNab Road, Fort Lauderdale, FL 33309 Tel# (954) 978-6400  
Certification No. E86006

Lab Receipt Date & Time: <u>03-Jul-2018 16:20</u>
Analysis Date & Time: <u>03-Jul-2018 16:50</u>
<b>Sample Acceptance Criteria:</b>
Sample Preservation: <input checked="" type="checkbox"/> On Ice <input type="checkbox"/> Not On Ice <input checked="" type="checkbox"/> <u>2.40</u> °C
Disinfectant Check: <input checked="" type="checkbox"/> Not Detected <input type="checkbox"/> _____ mg/L
This sample does not meet the following NELAC requirements:

Report Number: 18G0074   Sub-Contract Lab ID: E86006

**Analysis Requested:** (check all that apply)  
 Total Coliform/E. coli    Total Coliform/Fecal    Enterococci    Coliphage    HPC    Other: \_\_\_\_\_

**Public Water System (PWS) Name:** City of Pembroke Pines   **PWS I.D.**

4	0	6	1	0	8	3
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PWS Address: 7960 Johnson Street   City: Pembroke Pines   FL   33024

PWS or PWS Owner's Phone #: (754) 260-4509   Fax #: (954) 986-5025

**Collector:** Kevin Stone   Collector's Phone #: (954) 582-4300/850-557-7147

**Type of Supply:** (check only one)  
 Community Water System    Non-Transient Non-community Water System    Transient Non-community Water System  
 Limited Use System    Bottled Water    Private Well    Swimming Pool    Other: \_\_\_\_\_

**Reason for Sampling:** (check all that apply)  
 Distribution Routine    Distribution Repeat    Raw (triggered or assessment)    Raw (triggered or assessment) additional    Well Survey  
 Clearance    Replacement (also check type of sample being replaced)    Boil Water Notice    Other: \_\_\_\_\_

**Sample Collection Date:** 7/3/18

To be completed by collector of sample						To be completed by lab				
Sample #	Sample Point City of Pembroke Pines Monthly Bacteria City of Pembroke Pines, FL	Sample Collection Time	Sample Type	Disinfectant Residual (mg/L)	pH	Analysis Method(s): Total Coliform/E.Coli (PA) by Colliert in Water (SM9223B)				
						Non-Coliform	Total Coliform	Fecal <u>E.Coli</u> Enterococci or Coliphage <sup>3</sup>	Data Qualifier <sup>4</sup>	Lab Sample #
070318-01	(SP ID 15) 900 Hollybrook Drive	11:40	D	/ 3.4	8.99		Absent	Absent	U	18G0074-01
070318-02	(SP ID 20) 10001 SW 14th Street	11:54	D	/ 3.3	8.98		Absent	Absent	U	18G0074-02
070318-03	(SP ID 19) 10101 Pines Blvd.	12:10	D	/ 3.4	8.96		Absent	Absent	U	18G0074-03
070318-04	(SP ID 18) 10000 Johnson Street	12:26	D	/ 3.4	8.98		Absent	Absent	U	18G0074-04
070318-05	(SP ID 17) 1981 NW 100th Way	12:40	D	/ 3.4	9.0		Absent	Absent	U	18G0074-05

**Average of disinfectant residuals for distribution routine & repeat Samples.<sup>6</sup>** Free chlorine <sup>1</sup> or Total chlorine (circle one)   / 3.4

**Disinfectant Residual Analysis Method:**  
 DPD Colorimetric    Other: \_\_\_\_\_  
**Person performing disinfectant analysis is (see instructions on reverse):**  
 A certified operator (# DWB#23804)  
 Supervised by certified operator (# \_\_\_\_\_)  
 Employed by a certified lab    Employed by DEP or DOH  
 Authorized representative of supplier of water

Unless otherwise noted, all tests are performed in accordance with NELAC standards, and the results relate only to the samples.

Date and time PWS notified by lab of positive results: \_\_\_\_\_  
 Date and time DEP/DOH notified by lab of positive results: \_\_\_\_\_  
 Date Report Issued: 10-Jul-2018 12:45  
**Lab Signature:** Enrique Ochoa  
**Title:** (CSM) Customer Service Manager

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

Satisfactory   **DEP/DOH USE ONLY**  
 Incomplete Collection Information  
 Repeat Samples Required  
 Replacement Samples Required  
 Date Reviewed by DEP/DOH: \_\_\_\_\_  
 DEP/DOH Reviewing Official: \_\_\_\_\_

<sup>1</sup> For Sample Types see Instructions item I 16.  
<sup>2</sup> For Analysis Methods see Instructions item II 6.  
<sup>3</sup> Please circle appropriate selection.  
<sup>4</sup> Defined in Florida Administrative Code Rule 62-160, Table 1.  
<sup>6</sup> Complete for community & non-transient non-community systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.

# DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORTING FORMAT

(62-550.730 Reporting Format Effective 01/1995, Revised 02/2010)

**Florida-Spectrum Environmental Services, Inc.**  
 1460 W. McNab Road, Fort Lauderdale, FL 33309 Tel# (954) 978-6400  
 Certification No. E86006

Lab Receipt Date & Time: <u>05-Jul-2018 15:25</u>
Analysis Date & Time: <u>05-Jul-2018 16:10</u>
<b>Sample Acceptance Criteria:</b>
Sample Preservation: <input checked="" type="checkbox"/> On Ice <input type="checkbox"/> Not On Ice <input checked="" type="checkbox"/> 2.20 °C
Disinfectant Check: <input checked="" type="checkbox"/> Not Detected <input type="checkbox"/> _____ mg/L
This sample does not meet the following NELAC requirements:

Report Number: 18G0103      Sub-Contract Lab ID: E86006

**Analysis Requested:** (check all that apply)

Total Coliform/E. coli    Total Coliform/Fecal    Enterococci    Coliphage    HPC    Other: \_\_\_\_\_

**Public Water System (PWS) Name:** City of Pembroke Pines

**PWS I.D.**

4	0	6	1	0	8	3
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PWS Address: 7960 Johnson Street

City: Pembroke Pines      FL      33024

PWS or PWS Owner's Phone #: (754) 260-4509

Fax #: (954) 986-5025

**Collector:** Kevin Stone

Collector's Phone #: (954) 582-4300/850-557-71477

**Type of Supply:** (check only one)

Community Water System    Non-Transient Non-community Water System    Transient Non-community Water System  
 Limited Use System    Bottled Water    Private Well    Swimming Pool    Other: \_\_\_\_\_

**Reason for Sampling:** (check all that apply)

Distribution Routine    Distribution Repeat    Raw (triggered or assessment)    Raw (triggered or assessment) additional    Well Survey  
 Clearance    Replacement (also check type of sample being replaced)    Boil Water Notice    Other: \_\_\_\_\_

**Sample Collection Date:** 7/5/18

To be completed by collector of sample						To be completed by lab				
Sample #	Sample Point City of Pembroke Pines Monthly Bacteria City of Pembroke Pines, FL	Sample Collection Time	Sample Type	Disinfectant Residual (mg/L)	pH	Analysis Method(s): Total Coliform/E.Coll (PA) by Colilert in Water (SM9223B)				
						Non-Coliform	Total Coliform	Fecal <u>E.Coli</u> , Enterococci or Coliphage3	Data Qualifier4	Lab Sample #
070518-01	(SP ID 16) 10120 Sheridan Street	9:15	D	/ 3.4	9.09		Absent	Absent	U	18G0103-01
070518-02	(SP ID 22) 11141 NW 22nd Street	9:28	D	/ 3.4	9.16		Absent	Absent	U	18G0103-02
070518-03	(SP ID 21) 1751 N. Hiatus Road	9:37	D	/ 3.4	9.15		Absent	Absent	U	18G0103-03
070518-04	(SP ID 23) 10755 NW 10th Street	9:50	D	/ 3.6	9.10		Absent	Absent	U	18G0103-04
070518-05	(SP ID 24) 200 S. Hiatus Road	10:03	D	/ 3.5	9.09		Absent	Absent	U	18G0103-05
070518-06	(SP ID 25) 11131 SW 13th Street	10:16	D	/ 3.2	9.11		Absent	Absent	U	18G0103-06
070518-07	(SP ID 30) 12399 Pembroke Road	10:30	D	/ 3.3	9.15		Absent	Absent	U	18G0103-07

Average of disinfectant residuals for distribution routine & repeat Samples.5 Free chlorine or Total chlorine (circle one)      / 3.3

**Disinfectant Residual Analysis Method:**  
 DPD Colorimetric    Other: \_\_\_\_\_  
**Person performing disinfectant analysis is (see instructions on reverse):**  
 A certified operator (# DWB#23804)  
 Supervised by certified operator (# \_\_\_\_\_)  
 Employed by a certified lab    Employed by DEP or DOH  
 Authorized representative of supplier of water

Unless otherwise noted, all tests are performed in accordance with NELAC standards, and the results relate only to the samples.

Date and time PWS notified by lab of positive results: \_\_\_\_\_

Date and time DEP/DOH notified by lab of positive results: \_\_\_\_\_

Date Report Issued: 11-Jul-2018 12:21

**Lab Signature:** Enrique Ochoa

**Title:** (CSM) Customer Service Manager

Juquitta Drieth  
 Jacobs/CH2M-City of Pembroke Pines WT  
 7960 Johnson Street  
 Pembroke Pines      FL      33024

<input type="checkbox"/> Satisfactory	<b>DEP/DOH USE ONLY</b>
<input type="checkbox"/> Incomplete Collection Information	
<input type="checkbox"/> Repeat Samples Required	
<input type="checkbox"/> Replacement Samples Required	
Date Reviewed by DEP/DOH: _____	
DEP/DOH Reviewing Official: _____	

<sup>1</sup> For Sample Types see Instructions item I 1.6.

<sup>2</sup> For Analysis Methods see Instructions item II 6.

<sup>3</sup> Please circle appropriate selection.

<sup>4</sup> Defined in Florida Administrative Code Rule 62-160, Table 1.

<sup>5</sup> Complete for community & non-transient non-community systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.

# DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORTING FORMAT

(62-550.730 Reporting Format Effective 01/1995, Revised 02/2010)

**Florida-Spectrum Environmental Services, Inc.**  
 1460 W. McNab Road, Fort Lauderdale, FL 33309 Tel# (954) 978-6400  
 Certification No. E86006

Lab Receipt Date & Time: <u>05-Jul-2018 15:25</u>
Analysis Date & Time: <u>05-Jul-2018 16:10</u>
<b>Sample Acceptance Criteria:</b>
Sample Preservation: <input checked="" type="checkbox"/> On Ice <input type="checkbox"/> Not On Ice <input checked="" type="checkbox"/> <u>2.20</u> °C
Disinfectant Check: <input checked="" type="checkbox"/> Not Detected <input type="checkbox"/> _____ mg/L
This sample does not meet the following NELAC requirements:

Report Number: 18G0103      Sub-Contract Lab ID: E86006

**Analysis Requested:** (check all that apply)  
 Total Coliform/E. coli    Total Coliform/Fecal    Enterococci    Coliphage    HPC    Other: \_\_\_\_\_

**Public Water System (PWS) Name:** City of Pembroke Pines      **PWS I.D.**

4	0	6	1	0	8	3
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**PWS Address:** 7960 Johnson Street      City: Pembroke Pines      FL      33024

**PWS or PWS Owner's Phone #:** (754) 260-4509      **Fax #:** (954) 986-5025

**Collector:** Kevin Stone      **Collector's Phone #:** (954) 582-4300/850-557-71477

**Type of Supply:** (check only one)  
 Community Water System    Non-Transient Non-community Water System    Transient Non-community Water System  
 Limited Use System    Bottled Water    Private Well    Swimming Pool    Other: \_\_\_\_\_

**Reason for Sampling:** (check all that apply)  
 Distribution Routine    Distribution Repeat    Raw (triggered or assessment)    Raw (triggered or assessment) additional    Well Survey  
 Clearance    Replacement (also check type of sample being replaced)    Boil Water Notice    Other: \_\_\_\_\_

**Sample Collection Date:** 7/5/18

To be completed by collector/sample						To be completed by lab				
Sample #	Sample Point City of Pembroke Pines Monthly Bacteria City of Pembroke Pines, FL	Sample Collection Time	Sample Type	Disinfectant Residual (mg/L)	pH	Analysis Method(s)2: Total Coliform/E.Coli (PA) by Colifert in Water (SM9223B)				
						Non-Coliform	Total Coliform	Fecal E.Coli, Enterococci or Coliphage3	Data Qualifier4	Lab Sample #
070518-08	(SP ID 29) 241 SW 122nd Terrace	10:40	D	/3.4	9.14		Absent	Absent	U	18G0103-08
070518-09	(SP ID 28) 1050 NW 123rd Avenue	11:01	D	/3.2	9.16		Absent	Absent	U	18G0103-09
070518-10	(SP ID 26) 2110 NW 120th Terrace	11:16	D	/2.6	9.10		Absent	Absent	U	18G0103-10
070518-11	(SP ID 34) 1601 SW 128th Terrace	11:32	D	/3.3	9.14		Absent	Absent	U	18G0103-11
070518-12	(SP ID 33) 750 SW 136th Avenue	11:46	D	/3.3	9.10		Absent	Absent	U	18G0103-12
070518-13	(SP ID 67) 788 NW 135th Terrace	11:59	D	/3.4	9.18		Absent	Absent	U	18G0103-13
070518-14	(SP ID 31) 13702 NW 20th Street	12:11	D	/3.3	9.16		Absent	Absent	U	18G0103-14

**Average of disinfectant residuals for distribution routine & repeat Samples.5** Free chlorine or Total chlorine (circle one)      /3.3

**Disinfectant Residual Analysis Method:**  
 DPD Colorimetric    Other: \_\_\_\_\_  
**Person performing disinfectant analysis is (see instructions on reverse):**  
 A certified operator (# DWB#23804)  
 Supervised by certified operator (# \_\_\_\_\_)  
 Employed by a certified lab    Employed by DEP or DOH  
 Authorized representative of supplier of water

Unless otherwise noted, all tests are performed in accordance with NELAC standards, and the results relate only to the samples.

Date and time PWS notified by lab of positive results: \_\_\_\_\_

Date and time DEP/DOH notified by lab of positive results: \_\_\_\_\_

Date Report Issued: 11-Jul-2018 12:21

**Lab Signature:** Enrique Ochoa

**Title:** (CSM) Customer Service Manager

Juquitta Drieth  
 Jacobs/CH2M-City of Pembroke Pines WI  
 7960 Johnson Street  
 Pembroke Pines      FL      33024

<input type="checkbox"/> Satisfactory <input type="checkbox"/> Incomplete Collection Information <input type="checkbox"/> Repeat Samples Required <input type="checkbox"/> Replacement Samples Required	<b>DEP/DOH USE ONLY</b>  Date Reviewed by DEP/DOH: _____ DEP/DOH Reviewing Official: _____
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<sup>1</sup> For Sample Types see Instructions item I.16.  
<sup>2</sup> For Analysis Methods see Instructions item II.6.  
<sup>3</sup> Please circle appropriate selection.  
<sup>4</sup> Defined in Florida Administrative Code Rule 62-160, Table 1.  
<sup>5</sup> Complete for community & non-transient non-community systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.

# DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORTING FORMAT

(62-550.730 Reporting Format Effective 01/1995, Revised 02/2010)

**Florida-Spectrum Environmental Services, Inc.**  
1460 W. McNab Road, Fort Lauderdale, FL 33309 Tel# (954) 978-6400  
Certification No. E86006

Lab Receipt Date & Time: <u>06-Jul-2018 16:00</u>
Analysis Date & Time: <u>06-Jul-2018 17:15</u>
<b>Sample Acceptance Criteria:</b> Sample Preservation: <input checked="" type="checkbox"/> On Ice <input type="checkbox"/> Not On Ice <input checked="" type="checkbox"/> <u>5.20</u> °C Disinfectant Check: <input checked="" type="checkbox"/> Not Detected <input type="checkbox"/> _____ mg/L This sample does not meet the following NELAC requirements:

Report Number: 18G0151      Sub-Contract Lab ID: E86006

**Analysis Requested:** (check all that apply)

Total Coliform/*E. coli*    Total Coliform/Fecal    Enterococci    Coliphage    HPC    Other: \_\_\_\_\_

**Public Water System (PWS) Name:** City of Pembroke Pines      **PWS I.D.**

4	0	6	1	0	8	3
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**PWS Address:** 7960 Johnson Street      **City:** Pembroke Pines      **FL**      **33024**

**PWS or PWS Owner's Phone #:** (754) 260-4509      **Fax #:** (954) 986-5025

**Collector:** Kevin Stone      **Collector's Phone #:** (954) 582-4300/850-557-7147

**Type of Supply:** (check only one)

Community Water System    Non-Transient Non-community Water System    Transient Non-community Water System  
 Limited Use System    Bottled Water    Private Well    Swimming Pool    Other: \_\_\_\_\_

**Reason for Sampling:** (check all that apply)

Distribution Routine    Distribution Repeat    Raw (triggered or assessment)    Raw (triggered or assessment) additional    Well Survey  
 Clearance    Replacement (also check type of sample being replaced)    Boil Water Notice    Other: \_\_\_\_\_

**Sample Collection Date:** 7/6/18

Sample #	Sample Point <small>City of Pembroke Pines Monthly Bacteria City of Pembroke Pines, FL</small>	Sample Collection Time	Sample Type	Disinfectant Residual (mg/L)	pH	Analysis Method(s)2: Total Coliform/E.Coli (PA) by Colifert in Water (SM9223B)				
						Non-Coliform	Total Coliform	Fecal ( <i>E.Coli</i> , Enterococci or Coliphage)3	Data Qualifier4	Lab Sample #
070618-01	(SP ID 32) 13771 NW 16th Street	9:38	D	/ 3.1	9.00		Absent	Absent	U	18G0151-01
070618-02	(SP ID 36) 2250 NW 145th Avenue	9:49	D	/ 3.0	9.02		Absent	Absent	U	18G0151-02
070618-03	(SP ID 37) 1142 NW 141st Avenue	10:02	D	/ 3.3	9.04		Absent	Absent	U	18G0151-03
070618-04	(SP ID 38) 14300 SW 8th Street	10:16	D	/ 3.3	9.05		Absent	Absent	U	18G0151-04
070618-05	(SP ID 40) 300 SW 147th Avenue	10:37	D	/ 3.2	9.05		Absent	Absent	U	18G0151-05
070618-06	(SP ID 43) 1234 SW 159th Lane	10:56	D	/ 3.1	9.05		Absent	Absent	U	18G0151-06
070618-07	(SP ID 42) 69 NW 161st Avenue	11:11	D	/ 3.3	9.08		Absent	Absent	U	18G0151-07

**Average of disinfectant residuals for distribution routine & repeat Samples.5** Free chlorine or Total chlorine (circle one)      / 3.0

**Disinfectant Residual Analysis Method:**  
 DPD Colorimetric    Other: \_\_\_\_\_  
**Person performing disinfectant analysis is (see instructions on reverse):**  
 A certified operator (# DWB#23804)  
 Supervised by certified operator (# \_\_\_\_\_)  
 Employed by a certified lab    Employed by DEP or DOH  
 Authorized representative of supplier of water

Unless otherwise noted, all tests are performed in accordance with NELAC standards, and the results relate only to the samples.

Date and time PWS notified by lab of positive results: \_\_\_\_\_  
Date and time DEP/DOH notified by lab of positive results: \_\_\_\_\_  
Date Report Issued: 17-Jul-2018 17:07  
**Lab Signature:** Enrique Ochoa  
**Title:** (CSM) Customer Service Manager

Juquitta Drieth  
Jacobs/CH2M-City of Pembroke Pines W1  
7960 Johnson Street  
Pembroke Pines      FL      33024

<input type="checkbox"/> Satisfactory <input type="checkbox"/> Incomplete Collection Information <input type="checkbox"/> Repeat Samples Required <input type="checkbox"/> Replacement Samples Required Date Reviewed by DEP/DOH: _____ DEP/DOH Reviewing Official: _____	<b>DEP/DOH USE ONLY</b>
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1 For Sample Types see Instructions item I 1.6.  
2 For Analysis Methods see Instructions item II 6.  
3 Please circle appropriate selection.  
4 Defined in Florida Administrative Code Rule 62-160, Table I.  
5 Complete for community & non-transient non-community systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.

# DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORTING FORMAT

(62-550.730 Reporting Format Effective 01/1995, Revised 02/2010)

**Florida-Spectrum Environmental Services, Inc.**  
 1460 W. McNab Road, Fort Lauderdale, FL 33309 Tel# (954) 978-6400  
 Certification No. E86006

Lab Receipt Date & Time: <u>06-Jul-2018 16:00</u>
Analysis Date & Time: <u>06-Jul-2018 17:15</u>
<b>Sample Acceptance Criteria:</b> Sample Preservation: <input checked="" type="checkbox"/> On Ice <input type="checkbox"/> Not On Ice <input checked="" type="checkbox"/> 5.20 °C Disinfectant Check: <input checked="" type="checkbox"/> Not Detected <input type="checkbox"/> _____ mg/L This sample does not meet the following NELAC requirements:

Report Number: 18G0151      Sub-Contract Lab ID: E86006

**Analysis Requested:** (check all that apply)

Total Coliform/E. coli    Total Coliform/Fecal    Enterococci    Coliphage    HPC    Other: \_\_\_\_\_

**Public Water System (PWS) Name:** City of Pembroke Pines      **PWS I.D.**

4	0	6	1	0	8	3
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**PWS Address:** 7960 Johnson Street      City: Pembroke Pines      FL      33024

**PWS or PWS Owner's Phone #:** (754) 260-4509      Fax #: (954) 986-5025

**Collector:** Kevin Stone      Collector's Phone #: (954) 582-4300/850-557-7147

**Type of Supply:** (check only one)

Community Water System    Non-Transient Non-community Water System    Transient Non-community Water System  
 Limited Use System    Bottled Water    Private Well    Swimming Pool    Other: \_\_\_\_\_

**Reason for Sampling:** (check all that apply)

Distribution Routine    Distribution Repeat    Raw (triggered or assessment)    Raw (triggered or assessment) additional    Well Survey  
 Clearance    Replacement (also check type of sample being replaced)    Boil Water Notice    Other: \_\_\_\_\_

**Sample Collection Date:** 7/6/18

To be completed by collector of sample						To be completed by lab				
Sample #	Sample Point City of Pembroke Pines Monthly Bacteria City of Pembroke Pines, FL	Sample Collection Time	Sample Type	Disinfectant Residual (mg/L)	pH	Analysis Method(s): Total Coliform/E.Coli (PA) by Colifert in Water (SM9223B)				
						Non-Coliform	Total Coliform	Fecal, E.Coli, Enterococci or Coliphage <sup>3</sup>	Data Qualifier <sup>4</sup>	Lab Sample #
070618-08	(SP ID 39) 15714 NW 24th Street	11:28	D	/ 3.1	9.04		Absent	Absent	U	18G0151-08
070618-09	(SP ID 41) 16028 NW 21st Street	11:39	D	/ 1.3	8.93		Absent	Absent	U	18G0151-09

**Average of disinfectant residuals for distribution routine & repeat Samples.<sup>5</sup>** Free chlorine or Total chlorine (circle one)      / 3.0

**Disinfectant Residual Analysis Method:**  
 DPD Colorimetric    Other: \_\_\_\_\_  
**Person performing disinfectant analysis is (see instructions on reverse):**  
 A certified operator (# DWB#23804)  
 Supervised by certified operator (# \_\_\_\_\_)  
 Employed by a certified lab    Employed by DEP or DOH  
 Authorized representative of supplier of water

Unless otherwise noted, all tests are performed in accordance with NELAC standards, and the results relate only to the samples.

Date and time PWS notified by lab of positive results: \_\_\_\_\_  
 Date and time DEP/DOH notified by lab of positive results: \_\_\_\_\_  
 Date Report Issued: 17-Jul-2018 17:07  
**Lab Signature:** Enrique Ochoa  
**Title:** (CSM) Customer Service Manager

Juquitta Drieth  
 Jacobs/CH2M-City of Pembroke Pines WT  
 7960 Johnson Street  
 Pembroke Pines      FL      33024

<input type="checkbox"/> Satisfactory <input type="checkbox"/> Incomplete Collection Information <input type="checkbox"/> Repeat Samples Required <input type="checkbox"/> Replacement Samples Required	<b>DEP/DOH USE ONLY</b>  Date Reviewed by DEP/DOH: _____ DEP/DOH Reviewing Official: _____
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<sup>1</sup> For Sample Types see Instructions Item I 1.6.  
<sup>2</sup> For Analysis Methods see Instructions Item II 6.  
<sup>3</sup> Please circle appropriate selection.  
<sup>4</sup> Defined in Florida Administrative Code Rule 62-160, Table 1.  
<sup>5</sup> Complete for community & non-transient non-community systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.

# DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORTING FORMAT

(62-550.730 Reporting Format Effective 01/1995, Revised 02/2010)

**Florida-Spectrum Environmental Services, Inc.**  
1460 W. McNab Road, Fort Lauderdale, FL 33309 Tel# (954) 978-6400  
Certification No. E86006

Lab Receipt Date & Time: 09-Jul-2018 16:20

Analysis Date & Time: 09-Jul-2018 17:35

**Sample Acceptance Criteria:**

Sample Preservation:  On Ice  Not On Ice  1.40 °C  
Disinfectant Check:  Not Detected  \_\_\_\_\_ mg/L  
This sample does not meet the following NELAC requirements:

Report Number: 18G0198 Sub-Contract Lab ID: E86006

**Analysis Requested:** (check all that apply)

Total Coliform/*E. coli*  Total Coliform/Fecal  Enterococci  Coliphage  HPC  Other: \_\_\_\_\_

**Public Water System (PWS) Name:** City of Pembroke Pines

**PWS I.D.**

4	0	6	1	0	8	3
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PWS Address: 7960 Johnson Street

City: Pembroke Pines FL 33024

PWS or PWS Owner's Phone #: (754) 260-4509

Fax #: (954) 986-5025

**Collector:** Kevin Stone

Collector's Phone #: (954) 582-4300/850-557-7147/

**Type of Supply:** (check only one)

Community Water System  Non-Transient Non-community Water System  Transient Non-community Water System  
 Limited Use System  Bottled Water  Private Well  Swimming Pool  Other: \_\_\_\_\_

**Reason for Sampling:** (check all that apply)

Distribution Routine  Distribution Repeat  Raw (triggered or assessment)  Raw (triggered or assessment) additional  Well Survey  
 Clearance  Replacement (also check type of sample being replaced)  Boil Water Notice  Other: \_\_\_\_\_

**Sample Collection Date:** 7/9/18

To be completed by collector of sample						To be completed by lab				
Sample #	Sample Point City of Pembroke Pines Monthly Bacteria City of Pembroke Pines, FL	Sample Collection Time	Sample Type	Disinfectant Residual (mg/L)	pH	Analysis Method(s)2: Total Coliform/E.Coll (PA) by Colilert in Water (SM9223B)				
						Non-Coliform	Total Coliform	Fecal <i>E.Coll</i> Enterococci or Coliphage3	Data Qualifier4	Lab Sample #
070918-01	(SP ID 21) 1751 N. Hiatus Road	8:21	D	/ 3.1	8.96	Absent	Absent	Absent	U	18G0198-01
070918-02	(SP ID 23) 10755 NW 10th Street	8:35	D	/ 3.5	9.10	Absent	Absent	Absent	U	18G0198-02
070918-03	(SP ID 24) 200 S. Hiatus Road	8:48	D	/ 3.3	9.05	Absent	Absent	Absent	U	18G0198-03
070918-04	(SP ID 25) 11131 SW 13th Street	9:02	D	/ 2.6	8.71	Absent	Absent	Absent	U	18G0198-04
070918-05	(SP ID 30) 12399 Pembroke Road	9:19	D	/ 3.0	8.92	Absent	Absent	Absent	U	18G0198-05
070918-06	(SP ID 29) 241 SW 122nd Terrace	9:28	D	/ 3.2	9.00	Absent	Absent	Absent	U	18G0198-06
070918-07	(SP ID 28) 1050 NW 123rd Avenue	9:42	D	/ 2.8	8.76	Absent	Absent	Absent	U	18G0198-07

Average of disinfectant residuals for distribution routine & repeat Samples.5 Free chlorine or Total chlorine (circle one) / 2.9

**Disinfectant Residual Analysis Method:**

DPD Colorimetric  Other: \_\_\_\_\_

**Person performing disinfectant analysis is (see instructions on reverse):**

A certified operator (# DWB#23804)  
 Supervised by certified operator (# \_\_\_\_\_)  
 Employed by a certified lab  Employed by DEP or DOH  
 Authorized representative of supplier of water

Unless otherwise noted, all tests are performed in accordance with NELAC standards, and the results relate only to the samples.

Date and time PWS notified by lab of positive results: \_\_\_\_\_

Date and time DEP/DOH notified by lab of positive results: \_\_\_\_\_

Date Report Issued: 18-Jul-2018 13:11

**Lab Signature:** Enrique Ochoa

**Title:** (CSM) Customer Service Manager

Juquitta Drieth

Jacobs/CH2M-City of Pembroke Pines WT  
7960 Johnson Street

Pembroke Pines FL 33024

Satisfactory DEP/DOH USE ONLY  
 Incomplete Collection Information  
 Repeat Samples Required  
 Replacement Samples Required

Date Reviewed by DEP/DOH: \_\_\_\_\_  
DEP/DOH Reviewing Official: \_\_\_\_\_

<sup>1</sup> For Sample Types see Instructions item I 16.

<sup>2</sup> For Analysis Methods see Instructions item II 6.

<sup>3</sup> Please circle appropriate selection.

<sup>4</sup> Defined in Florida Administrative Code Rule 62-160, Table 1.

<sup>5</sup> Complete for community & non-transient non-community systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.

# DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORTING FORMAT

(62-550.730 Reporting Format Effective 01/1995, Revised 02/2010)

**Florida-Spectrum Environmental Services, Inc.**  
 1460 W. McNab Road, Fort Lauderdale, FL 33309 Tel# (954) 978-6400  
 Certification No. E86006

Lab Receipt Date & Time: <u>09-Jul-2018 16:20</u>
Analysis Date & Time: <u>09-Jul-2018 17:35</u>
<b>Sample Acceptance Criteria:</b>
Sample Preservation: <input checked="" type="checkbox"/> On Ice <input type="checkbox"/> Not On Ice <input checked="" type="checkbox"/> 1.40 °C
Disinfectant Check: <input checked="" type="checkbox"/> Not Detected <input type="checkbox"/> _____ mg/L
This sample does not meet the following NELAC requirements:

Report Number: 18G0198      Sub-Contract Lab ID: E86006

**Analysis Requested:** (check all that apply)

Total Coliform/E. coli    Total Coliform/Fecal    Enterococci    Coliphage    HPC    Other: \_\_\_\_\_

**Public Water System (PWS) Name:** City of Pembroke Pines

**PWS I.D.**

4	0	6	1	0	8	3
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PWS Address: 7960 Johnson Street

City: Pembroke Pines      FL      33024

PWS or PWS Owner's Phone #: (754) 260-4509

Fax #: (954) 986-5025

**Collector:** Kevin Stone

Collector's Phone #: (954) 582-4300/850-557-7147

**Type of Supply:** (check only one)

Community Water System    Non-Transient Non-community Water System    Transient Non-community Water System  
 Limited Use System    Bottled Water    Private Well    Swimming Pool    Other: \_\_\_\_\_

**Reason for Sampling:** (check all that apply)

Distribution Routine    Distribution Repeat    Raw (triggered or assessment)    Raw (triggered or assessment) additional    Well Survey  
 Clearance    Replacement (also check type of sample being replaced)    Boil Water Notice    Other: \_\_\_\_\_

**Sample Collection Date:** 7/9/18

To be completed by collector of sample						To be completed by lab				
Sample #	Sample Point City of Pembroke Pines Monthly Bacteria City of Pembroke Pines, FL	Sample Collection Time	Sample Type	Disinfectant Residual (mg/L)	pH	Analysis Method(s): Total Coliform/E. Coli (PA) by Colilert in Water (SM9223B)				
						Non-Coliform	Total Coliform	Fecal <u>E. Coli</u> , Enterococci or Coliphage3	Data Qualifier4	Lab Sample #
070918-08	(SP ID 26) 2110 NW 120th Terrace	9:57	D	/ 2.2	8.73		Absent	Absent	U	18G0198-08
070918-09	(SP ID 34) 1601 SW 128th Terrace	10:15	D	/ 2.9	8.94		Absent	Absent	U	18G0198-09
070918-10	(SP ID 33) 750 SW 136th Avenue	10:28	D	/ 3.1	9.00		Absent	Absent	U	18G0198-10
070918-11	(SP ID 67) 788 NW 135th Terrace	10:45	D	/ 2.9	8.86		Absent	Absent	U	18G0198-11
070918-12	(SP ID 31) 13702 NW 20th Street	10:58	D	/ 2.8	8.85		Absent	Absent	U	18G0198-12
070918-13	(SP ID 32) 13771 NW 16th Street	11:10	D	/ 2.8	8.79		Absent	Absent	U	18G0198-13
070918-14	(SP ID 36) 2250 NW 145th Avenue	11:23	D	/ 2.7	8.76		Absent	Absent	U	18G0198-14

**Average of disinfectant residuals for distribution routine & repeat Samples.5** Free chlorine or Total chlorine (circle one) / 2.9

**Disinfectant Residual Analysis Method:**  
 DPD Colorimetric    Other: \_\_\_\_\_  
**Person performing disinfectant analysis is (see instructions on reverse):**  
 A certified operator (# DWB#23804)  
 Supervised by certified operator (# \_\_\_\_\_)  
 Employed by a certified lab    Employed by DEP or DOH  
 Authorized representative of supplier of water

Unless otherwise noted, all tests are performed in accordance with NELAC standards, and the results relate only to the samples.

Date and time PWS notified by lab of positive results: \_\_\_\_\_  
 Date and time DEP/DOH notified by lab of positive results: \_\_\_\_\_  
 Date Report Issued: 18-Jul-2018 13:11  
**Lab Signature:** Enrique Ochoa  
**Title:** (CSM) Customer Service Manager

Juquitta Drieth  
 Jacobs/CH2M-City of Pembroke Pines WT  
 7960 Johnson Street  
 Pembroke Pines      FL      33024

<input type="checkbox"/> Satisfactory <input type="checkbox"/> Incomplete Collection Information <input type="checkbox"/> Repeat Samples Required <input type="checkbox"/> Replacement Samples Required Date Reviewed by DEP/DOH: _____ DEP/DOH Reviewing Official: _____	<b>DEP/DOH USE ONLY</b>
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<sup>1</sup> For Sample Types see Instructions item I 16.  
<sup>2</sup> For Analysis Methods see Instructions item II 6.  
<sup>3</sup> Please circle appropriate selection.  
<sup>4</sup> Defined in Florida Administrative Code Rule 62-160, Table I.  
<sup>5</sup> Complete for community & non-transient non-community systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.

# DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORTING FORMAT

(62-550.730 Reporting Format Effective 01/1995, Revised 02/2010)

**Florida-Spectrum Environmental Services, Inc.**  
 1460 W. McNab Road, Fort Lauderdale, FL 33309 Tel# (954) 978-6400  
 Certification No. E86006

Lab Receipt Date & Time: <u>10-Jul-2018 16:10</u>
Analysis Date & Time: <u>10-Jul-2018 16:45</u>
<b>Sample Acceptance Criteria:</b> Sample Preservation: <input checked="" type="checkbox"/> On Ice <input type="checkbox"/> Not On Ice <input checked="" type="checkbox"/> <u>2.80</u> °C Disinfectant Check: <input checked="" type="checkbox"/> Not Detected <input type="checkbox"/> _____ mg/L This sample does not meet the following NELAC requirements:

Report Number: 18G0253      Sub-Contract Lab ID: E86006

**Analysis Requested:** (check all that apply)

Total Coliform/*E. coli*    Total Coliform/Fecal    Enterococci    Coliphage    HPC    Other: \_\_\_\_\_

**Public Water System (PWS) Name:** City of Pembroke Pines

**PWS I.D.**

4	0	6	1	0	8	3
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**PWS Address:** 7960 Johnson Street

**City:** Pembroke Pines      **FL**      **33024**

**PWS or PWS Owner's Phone #:** (754) 260-4509

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

**Collector:** Kevin Stone

**Collector's Phone #:** (954) 582-4300/850-557-7147/

**Type of Supply:** (check only one)

Community Water System    Non-Transient Non-community Water System    Transient Non-community Water System  
 Limited Use System    Bottled Water    Private Well    Swimming Pool    Other: \_\_\_\_\_

**Reason for Sampling:** (check all that apply)

Distribution Routine    Distribution Repeat    Raw (triggered or assessment)    Raw (triggered or assessment) additional    Well Survey  
 Clearance    Replacement (also check type of sample being replaced)    Boil Water Notice    Other: \_\_\_\_\_

**Sample Collection Date:** 7/10/18

To be completed by collector of sample						To be completed by lab				
Sample #	Sample Point	Sample Collection Time	Sample Type	Disinfectant Residual (mg/L)	pH	Analysis Method(s)2: Total Coliform/E.Coli (PA) by Colilert in Water (SM9223B)				
						Non-Coliform	Total Coliform	Fecal, <u>E.Coli</u> , Enterococci or Coliphage3	Data Qualifier4	Lab Sample #
071018-01	(SP ID 37) 1142 NW 141st Avenue City of Pembroke Pines, FL	8:32	D	/ 3.1	9.02		Absent	Absent	U	18G0253-01
071018-02	(SP ID 38) 14300 SW 8th Ave.	8:48	D	/ 3.2	9.02		Absent	Absent	U	18G0253-02
071018-03	(SP ID 40) 300 SW 147th Avenue	9:10	D	/ 3.1	9.02		Absent	Absent	U	18G0253-03
071018-04	(SP ID 43) 1234 SW 159th Lane	9:46	D	/ 2.9	8.99		Absent	Absent	U	18G0253-04
071018-05	(SP ID 42) 69 NW 161st Avenue	10:01	D	/ 3.1	9.03		Absent	Absent	U	18G0253-05
071018-06	(SP ID 39) 15714 NW 24th Street	10:18	D	/ 3.0	9.03		Absent	Absent	U	18G0253-06
071018-07	(SP ID 41) 16028 NW 21st Street	10:31	D	/ 2.8	8.96		Absent	Absent	U	18G0253-07

**Average of disinfectant residuals for distribution routine & repeat Samples.5**    Free chlorine or Total chlorine (circle one)      / 2.8

**Disinfectant Residual Analysis Method:**

DPD Colorimetric    Other: \_\_\_\_\_

**Person performing disinfectant analysis is (see instructions on reverse):**

A certified operator (# DWB#23804 )  
 Supervised by certified operator (# \_\_\_\_\_ )  
 Employed by a certified lab    Employed by DEP or DOH  
 Authorized representative of supplier of water

Unless otherwise noted, all tests are performed in accordance with NELAC standards, and the results relate only to the samples.

Date and time PWS notified by lab of positive results: \_\_\_\_\_

Date and time DEP/DOH notified by lab of positive results: \_\_\_\_\_

Date Report Issued: 19-Jul-2018 12:31

**Lab Signature:** Enrique Ochoa

**Title:** (CSM) Customer Service Manager

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

<input type="checkbox"/> Satisfactory <input type="checkbox"/> Incomplete Collection Information <input type="checkbox"/> Repeat Samples Required <input type="checkbox"/> Replacement Samples Required	<b>DEP/DOH USE ONLY</b>  Date Reviewed by DEP/DOH: _____ DEP/DOH Reviewing Official: _____
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<sup>1</sup> For Sample Types see Instructions Item I 16.

<sup>2</sup> For Analysis Methods see Instructions Item II 6.

<sup>3</sup> Please circle appropriate selection.

<sup>4</sup> Defined in Florida Administrative Code Rule 62-160, Table 1.

<sup>5</sup> Complete for community & non-transient non-community systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.

# DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORTING FORMAT

(62-550.730 Reporting Form Effective 01/1995, Revised 02/2010)

**Florida-Spectrum Environmental Services, Inc.**  
 1460 W. McNab Road, Fort Lauderdale, FL 33309 Tel# (954) 978-6400  
 Certification No. E88006

Lab Receipt Date & Time: <u>10-Jul-2018 16:10</u>
Analysis Date & Time: <u>10-Jul-2018 16:45</u>
<b>Sample Acceptance Criteria:</b>
Sample Preservation: <input checked="" type="checkbox"/> On Ice <input type="checkbox"/> Not On Ice <input checked="" type="checkbox"/> 2.80 °C
Disinfectant Check: <input checked="" type="checkbox"/> Not Detected <input type="checkbox"/> _____ mg/L
This sample does not meet the following NELAC requirements:

Report Number: 18G0253      Sub-Contract Lab ID: E88006

**Analysis Requested:** (check all that apply)

Total Coliform/*E. coli*    Total Coliform/Fecal    Enterococci    Coliphage    HPC    Other: \_\_\_\_\_

**Public Water System (PWS) Name:** City of Pembroke Pines

**PWS I.D.**

4	0	6	1	0	8	3
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**PWS Address:** 7960 Johnson Street

**City:** Pembroke Pines      **FL**      33024

**PWS or PWS Owner's Phone #:** (754) 260-4509

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

**Collector:** Kevin Stone

**Collector's Phone #:** (954) 582-4300/850-557-7147

**Type of Supply:** (check only one)

Community Water System    Non-Transient Non-community Water System    Transient Non-community Water System  
 Limited Use System    Bottled Water    Private Well    Swimming Pool    Other: \_\_\_\_\_

**Reason for Sampling:** (check all that apply)

Distribution Routine    Distribution Repeat    Raw (triggered or assessment)    Raw (triggered or assessment) additional    Well Survey  
 Clearance    Replacement (also check type of sample being replaced)    Boil Water Notice    Other: \_\_\_\_\_

**Sample Collection Date:** 7/10/18

To be completed by collector of sample						To be completed by lab				
Sample #	Sample Point City of Pembroke Pines Monthly Bacteria City of Pembroke Pines, FL	Sample Collection Time	Sample Type	Disinfectant Residual (mg/L)	pH	Analysis Method(s)2: Total Coliform/E. Coli (PA) by Colilert in Water (SM9223B)				
						Non-Coliform	Total Coliform	Fecal <i>E. Coli</i> , Enterococci or Coliphage3	Data Qualifier4	Lab Sample #
071018-08	(SP ID 44) 6749 Segovia Circle West	10:45	D	/ 2.4	8.84		Absent	Absent	U	18G0253-08
071018-09	(SP ID 45) 2300 NW 172nd Avenue	11:09	D	/ 2.3	8.89		Absent	Absent	U	18G0253-09
071018-10	(SP ID 46) 2098 NW 171st Terrace	11:45	D	/ 2.1	8.88		Absent	Absent	U	18G0253-10
071018-11	(SP ID 47) 17100 Pines Blvd.	12:18	D	/ 3.0	9.04		Absent	Absent	U	18G0253-11

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**Average of disinfectant residuals for distribution routine & repeat Samples.5** Free chlorine or Total chlorine (circle one)      / 2.8

**Disinfectant Residual Analysis Method:**  
 DPD Colorimetric    Other: \_\_\_\_\_  
**Person performing disinfectant analysis is (see instructions on reverse):**  
 A certified operator (# DWB#23804 )  
 Supervised by certified operator (# \_\_\_\_\_ )  
 Employed by a certified lab    Employed by DEP or DOH  
 Authorized representative of supplier of water

Unless otherwise noted, all tests are performed in accordance with NELAC standards, and the results relate only to the samples.

Date and time PWS notified by lab of positive results: \_\_\_\_\_  
 Date and time DEP/DOH notified by lab of positive results: \_\_\_\_\_  
 Date Report Issued: 19-Jul-2018 12:31  
**Lab Signature:** Enrique Ochoa  
**Title:** (CSM) Customer Service Manager

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

Satisfactory      **DEP/DOH USE ONLY**  
 Incomplete Collection Information  
 Repeat Samples Required  
 Replacement Samples Required  
 Date Reviewed by DEP/DOH: \_\_\_\_\_  
 DEP/DOH Reviewing Official: \_\_\_\_\_

<sup>1</sup> For Sample Types see Instructions item I 16.  
<sup>2</sup> For Analysis Methods see Instructions item II 6.  
<sup>3</sup> Please circle appropriate selection.  
<sup>4</sup> Defined in Florida Administrative Code Rule 62-160, Table I.  
<sup>5</sup> Complete for community & non-transient non-community systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.

# DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORTING FORMAT

(62-550.730 Reporting Format Effective 01/1995, Revised 02/2010)

**Florida-Spectrum Environmental Services, Inc.**  
 1460 W. McNab Road, Fort Lauderdale, FL 33309 Tel# (954) 978-6400  
 Certification No. E86006

Lab Receipt Date & Time: <u>12-Jul-2018 16:30</u>
Analysis Date & Time: <u>12-Jul-2018 18:00</u>
<b>Sample Acceptance Criteria:</b> Sample Preservation: <input checked="" type="checkbox"/> On Ice <input type="checkbox"/> Not On Ice <input checked="" type="checkbox"/> 3.20 °C Disinfectant Check: <input checked="" type="checkbox"/> Not Detected <input type="checkbox"/> _____ mg/L This sample does not meet the following NELAC requirements:

Report Number: 18G0375      Sub-Contract Lab ID: E86006

**Analysis Requested:** (check all that apply)  
 Total Coliform/*E. coli*    Total Coliform/Fecal    Enterococci    Coliphage    HPC    Other: \_\_\_\_\_

**Public Water System (PWS) Name:** City of Pembroke Pines      **PWS I.D.**

4	0	6	1	0	8	3
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PWS Address: 7960 Johnson Street      City: Pembroke Pines      FL      33024

PWS or PWS Owner's Phone #: (754) 260-4509      Fax #: (954) 986-5025

**Collector:** Kevin Stone      Collector's Phone #: (954) 582-4300/850-557-7147

**Type of Supply:** (check only one)  
 Community Water System    Non-Transient Non-community Water System    Transient Non-community Water System  
 Limited Use System    Bottled Water    Private Well    Swimming Pool    Other: \_\_\_\_\_

**Reason for Sampling:** (check all that apply)  
 Distribution Routine    Distribution Repeat    Raw (triggered or assessment)    Raw (triggered or assessment) additional    Well Survey  
 Clearance    Replacement (also check type of sample being replaced)    Boil Water Notice    Other: \_\_\_\_\_

**Sample Collection Date:** 7/12/18

To be completed by collector or sample						To be completed by lab				
Sample #	Sample Point City of Pembroke Pines Monthly Bacteria City of Pembroke Pines, FL	Sample Collection Time	Sample Type	Disinfectant Residual (mg/L)	pH	Analysis Method(s): Total Coliform/ <i>E. coli</i> (PA) by Colilert in Water (SM9223B)				
						Non-Coliform	Total Coliform	Fecal <i>E. coli</i> , Enterococci or Coliphage <sup>3</sup>	Data Qualifier <sup>4</sup>	Lab Sample #
071218-02	(SP ID 48) 17059 SW 16th Street	10:52	D	/ 2.6	8.85		Absent	Absent	U	18G0375-01
071218-03	(SP ID 27) 450 SW 182nd Way	11:10	D	/ 2.5	8.87		Absent	Absent	U	18G0375-02
071218-04	(SP ID 49) 17817 NW 15th Street	11:25	D	/ 2.3	8.85		Absent	Absent	U	18G0375-03
071218-05	(SP ID 51) 2473 NW 184th Terrace	11:40	D	/ 1.8	8.88		Absent	Absent	U	18G0375-04
071218-06	(SP ID 52) 18411 Pines Blvd.	11:57	D	/ 2.5	8.86		Absent	Absent	U	18G0375-05
071218-07	(SP ID 58) 19370 SW 16th Street	12:14	D	/ 2.0	8.93		Absent	Absent	U	18G0375-06
071218-08	(SP ID 53) 18539 SW 12th Street	12:27	D	/ 2.5	8.87		Absent	Absent	U	18G0375-07

**Average of disinfectant residuals for distribution routine & repeat Samples.<sup>5</sup>** Free chlorine or Total chlorine (circle one)      / 2.3

**Disinfectant Residual Analysis Method:**  
 DPD Colorimetric    Other: \_\_\_\_\_  
**Person performing disinfectant analysis is (see instructions on reverse):**  
 A certified operator (# DVB#23804)  
 Supervised by certified operator (# \_\_\_\_\_)  
 Employed by a certified lab    Employed by DEP or DOH  
 Authorized representative of supplier of water

Unless otherwise noted, all tests are performed in accordance with NELAC standards, and the results relate only to the samples.

Date and time PWS notified by lab of positive results: \_\_\_\_\_  
 Date and time DEP/DOH notified by lab of positive results: \_\_\_\_\_  
 Date Report Issued: 20-Jul-2018 8:49  
**Lab Signature:** Enrique Ochoa   
**Title:** (CSM) Customer Service Manager

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

Satisfactory      **DEP/DOH USE ONLY**  
 Incomplete Collection Information  
 Repeat Samples Required  
 Replacement Samples Required  
 Date Reviewed by DEP/DOH: \_\_\_\_\_  
 DEP/DOH Reviewing Official: \_\_\_\_\_

<sup>1</sup> For Sample Types see Instructions item I.16.  
<sup>2</sup> For Analysis Methods see Instructions item II.6.  
<sup>3</sup> Please circle appropriate selection.  
<sup>4</sup> Defined in Florida Administrative Code Rule 62-160, Table 1.  
<sup>5</sup> Complete for community & non-transient non-community systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.

# DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORTING FORMAT

(62-550.730 Reporting Format Effective 01/1995, Revised 02/2010)

**Florida-Spectrum Environmental Services, Inc.**  
 1460 W. McNab Road, Fort Lauderdale, FL 33309 Tel# (954) 978-6400  
 Certification No. E86006

Lab Receipt Date & Time: <u>13-Jul-2018 17:00</u>
Analysis Date & Time: <u>13-Jul-2018 17:30</u>
<b>Sample Acceptance Criteria:</b>
Sample Preservation: <input checked="" type="checkbox"/> On Ice <input type="checkbox"/> Not On Ice <input checked="" type="checkbox"/> <u>3.00</u> °C
Disinfectant Check: <input checked="" type="checkbox"/> Not Detected <input type="checkbox"/> _____ mg/L
This sample does not meet the following NELAC requirements:

Report Number: 18G0425      Sub-Contract Lab ID: E86006

**Analysis Requested:** (check all that apply)  
 Total Coliform/*E. coli*    Total Coliform/Fecal    Enterococci    Coliphage    HPC    Other: \_\_\_\_\_

**Public Water System (PWS) Name:** City of Pembroke Pines      **PWS I.D.**

4	0	6	1	0	8	3
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PWS Address: 7960 Johnson Street      City: Pembroke Pines      FL      33024

PWS or PWS Owner's Phone #: (754) 260-4509      Fax #: (954) 986-5025

**Collector:** Kevin Stone      Collector's Phone #: (954) 582-4300/850-557-7147

**Type of Supply:** (check only one)  
 Community Water System    Non-Transient Non-community Water System    Transient Non-community Water System  
 Limited Use System    Bottled Water    Private Well    Swimming Pool    Other: \_\_\_\_\_

**Reason for Sampling:** (check all that apply)  
 Distribution Routine    Distribution Repeat    Raw (triggered or assessment)    Raw (triggered or assessment) additional    Well Survey  
 Clearance    Replacement (also check type of sample being replaced)    Boil Water Notice    Other: \_\_\_\_\_

**Sample Collection Date:** 7/13/18

To be completed by collector of sample						To be completed by lab				
Sample #	Sample Point City of Pembroke Pines Monthly Bacteria City of Pembroke Pines, FL	Sample Collection Time	Sample Type	Disinfectant Residual (mg/L)	pH	Analysis Method(s)2: Total Coliform/ <i>E. coli</i> (PA) by Colilert in Water (SM9223B)				
						Non-Coliform	Total Coliform	Fecal <i>E. coli</i> , Enterococci or Coliphage3	Data Qualifier4	Lab Sample #
071318-01	(SP ID 57) 420 NW 197th Avenue	9:19	D	/ 1.9	8.75		Absent	Absent	U	18G0425-01
071318-02	(SP ID 56) 1263 NW 195th Avenue	9:30	D	/ 1.8	8.76		Absent	Absent	U	18G0425-02
071318-03	(SP ID 55) 19478 NW 24th Place	9:43	D	/ 1.7	8.76		Absent	Absent	U	18G0425-03
071318-04	(SP ID 54) 6351 SW 195th Avenue	9:57	D	/ 1.7	8.77		Absent	Absent	U	18G0425-04
071318-05	(SP ID 59) 5000 SW 207th Terrace	10:35	D	/ 1.1	8.83		Absent	Absent	U	18G0425-05
071318-06	(SP ID 63) 21250 Sheridan Street	11:00	D	/ 2.0	8.82		Absent	Absent	U	18G0425-06
071318-07	(SP ID 64) 21800 NW 8th Place	11:18	D	/ 2.1	8.83		Absent	Absent	U	18G0425-07

**Average of disinfectant residuals for distribution routine & repeat Samples.5** Free chlorine or Total chlorine (circle one)      / 1.9

**Disinfectant Residual Analysis Method:**  
 DPD Colorimetric    Other: \_\_\_\_\_  
**Person performing disinfectant analysis is (see instructions on reverse):**  
 A certified operator (# DWB#23804)  
 Supervised by certified operator (# \_\_\_\_\_)  
 Employed by a certified lab    Employed by DEP or DOH  
 Authorized representative of supplier of water

Unless otherwise noted, all tests are performed in accordance with NELAC standards, and the results relate only to the samples.

Date and time PWS notified by lab of positive results: \_\_\_\_\_  
 Date and time DEP/DOH notified by lab of positive results: \_\_\_\_\_  
 Date Report Issued: 23-Jul-2018 8:52  
**Lab Signature:** Enrique Ochoa  
**Title:** (CSM) Customer Service Manager

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

<input type="checkbox"/> Satisfactory	<b>DEP/DOH USE ONLY</b>
<input type="checkbox"/> Incomplete Collection Information	
<input type="checkbox"/> Repeat Samples Required	
<input type="checkbox"/> Replacement Samples Required	
Date Reviewed by DEP/DOH: _____	
DEP/DOH Reviewing Official: _____	

<sup>1</sup> For Sample Types see Instructions item 1.16.  
<sup>2</sup> For Analysis Methods see Instructions item 11.6.  
<sup>3</sup> Please circle appropriate selection.

<sup>4</sup> Defined in Florida Administrative Code Rule 62-160, Table 1.  
<sup>5</sup> Complete for community & non-transient non-community systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.

**DRINKING WATER MICROBIAL SAMPLE COLLECTION  
& LABORATORY REPORTING FORMAT**

(62-550.730 Reporting Format Effective 01/1995, Revised 02/2010)

**Florida-Spectrum Environmental Services, Inc.**  
1460 W. McNab Road, Fort Lauderdale, FL 33309 Tel# (954) 978-6400  
Certification No. E86006

Lab Receipt Date & Time: <u>13-Jul-2018 17:00</u>
Analysis Date & Time: <u>13-Jul-2018 17:30</u>
<b>Sample Acceptance Criteria:</b> Sample Preservation: <input checked="" type="checkbox"/> On Ice <input type="checkbox"/> Not On Ice <input checked="" type="checkbox"/> 3.00 °C Disinfectant Check: <input checked="" type="checkbox"/> Not Detected <input type="checkbox"/> _____ mg/L This sample does not meet the following NELAC requirements:

Report Number: 18G0425 Sub-Contract Lab ID: E86006

**Analysis Requested:** (check all that apply)

Total Coliform/E. coli  Total Coliform/Fecal  Enterococci  Coliphage  HPC  Other: \_\_\_\_\_

**Public Water System (PWS) Name:** City of Pembroke Pines **PWS I.D.**

4	0	6	1	0	8	3
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**PWS Address:** 7960 Johnson Street **City:** Pembroke Pines **FL** 33024

**PWS or PWS Owner's Phone #:** (754) 260-4509 **Fax #:** (954) 986-5025

**Collector:** Kevin Stone **Collector's Phone #:** (954) 582-4300/850-557-7147

**Type of Supply:** (check only one)

Community Water System  Non-Transient Non-community Water System  Transient Non-community Water System  
 Limited Use System  Bottled Water  Private Well  Swimming Pool  Other: \_\_\_\_\_

**Reason for Sampling:** (check all that apply)

Distribution Routine  Distribution Repeat  Raw (triggered or assessment)  Raw (triggered or assessment) additional  Well Survey  
 Clearance  Replacement (also check type of sample being replaced)  Boil Water Notice  Other: \_\_\_\_\_

**Sample Collection Date:** 7/13/18

To be completed by collector of sample						To be completed by lab				
Sample #	Sample Point City of Pembroke Pines Monthly Bacteria City of Pembroke Pines, FL	Sample Collection Time	Sample Type	Disinfectant Residual (mg/L)	pH	Analysis Method(s)2: Total Coliform/E.Coli (PA) by Colliert in Water (SM9223B)				
						Non-Coliform	Total Coliform	Fecal E.Coli, Enterococci or Coliphage3	Data Qualifier4	Lab Sample #
071318-08	(SP ID 65) 21651 NW 7th Street	11:35	D	/ 2.1	8.87		Absent	Absent	U	18G0425-08
071318-09	(SP ID 62) 20701 Pembroke Road	11:50	D	/ 2.1	8.70		Absent	Absent	U	18G0425-09
071318-010	(SP ID 61) 20501 SW 1st Street	12:06	D	/ 2.2	8.76		Absent	Absent	U	18G0425-10

**Average of disinfectant residuals for distribution routine & repeat Samples.5** Free chlorine or Total chlorine (circle one) / 1.9

**Disinfectant Residual Analysis Method:**  
 DPD Colorimetric  Other: \_\_\_\_\_  
**Person performing disinfectant analysis is (see instructions on reverse):**  
 A certified operator (# DWB#23804)  
 Supervised by certified operator (# \_\_\_\_\_)  
 Employed by a certified lab  Employed by DEP or DOH  
 Authorized representative of supplier of water

Unless otherwise noted, all tests are performed in accordance with NELAC standards, and the results relate only to the samples.

Date and time PWS notified by lab of positive results: \_\_\_\_\_  
Date and time DEP/DOH notified by lab of positive results: \_\_\_\_\_  
Date Report Issued: 23-Jul-2018 8:52  
**Lab Signature:** Enrique Ochoa  
**Title:** (CSM) Customer Service Manager

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

Satisfactory DEP/DOH USE ONLY  
 Incomplete Collection Information  
 Repeat Samples Required  
 Replacement Samples Required  
Date Reviewed by DEP/DOH: \_\_\_\_\_  
DEP/DOH Reviewing Official: \_\_\_\_\_

<sup>1</sup> For Sample Types see Instructions item I.16.  
<sup>2</sup> For Analysis Methods see Instructions item II.6.  
<sup>3</sup> Please circle appropriate selection.

<sup>4</sup> Defined in Florida Administrative Code Rule 62-160, Table 1.  
<sup>5</sup> Complete for community & non-transient non-community systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.

# DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORTING FORMAT

(62-550.730 Reporting Format Effective 01/1995, Revised 02/2010)

**Florida-Spectrum Environmental Services, Inc.**  
 1460 W. McNab Road, Fort Lauderdale, FL 33309 Tel# (954) 978-6400  
 Certification No. E86006

Lab Receipt Date & Time: <u>16-Jul-2018 16:55</u>
Analysis Date & Time: <u>16-Jul-2018 17:30</u>
<b>Sample Acceptance Criteria:</b> Sample Preservation: <input checked="" type="checkbox"/> On Ice <input type="checkbox"/> Not On Ice <input checked="" type="checkbox"/> <u>5.20</u> °C Disinfectant Check: <input checked="" type="checkbox"/> Not Detected <input type="checkbox"/> _____ mg/L This sample does not meet the following NELAC requirements:

Report Number: 18G0468      Sub-Contract Lab ID: E86006

**Analysis Requested:** (check all that apply)

Total Coliform/*E. coli*    Total Coliform/Fecal    Enterococci    Coliphage    HPC    Other: \_\_\_\_\_

**Public Water System (PWS) Name:** City of Pembroke Pines

**PWS I.D.**

4	0	6	1	0	8	3
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PWS Address: 7960 Johnson Street

City: Pembroke Pines      FL      33024

PWS or PWS Owner's Phone #: (754) 260-4509

Fax #: (954) 986-5025

**Collector:** Kevin Stone

Collector's Phone #: (954) 582-4300/850-557-71477

**Type of Supply:** (check only one)

Community Water System    Non-Transient Non-community Water System    Transient Non-community Water System  
 Limited Use System    Bottled Water    Private Well    Swimming Pool    Other: \_\_\_\_\_

**Reason for Sampling:** (check all that apply)

Distribution Routine    Distribution Repeat    Raw (triggered or assessment)    Raw (triggered or assessment) additional    Well Survey  
 Clearance    Replacement (also check type of sample being replaced)    Boil Water Notice    Other: \_\_\_\_\_

**Sample Collection Date:** 7/16/18

To be completed by collector of sample						To be completed by lab				
Sample #	Sample Point City of Pembroke Pines Monthly Bacteria City of Pembroke Pines, FL	Sample Collection Time	Sample Type	Disinfectant Residual (mg/L)	pH	Analysis Method(s)2: Total Coliform/E.Coli (PA) by Colilert in Water (SM9223B)				
						Non-Coliform	Total Coliform	Fecal <i>E. Coli</i> , Enterococci or Coliphage3	Data Qualifier4	Lab Sample #
071618-01	(SP ID 1) 2040 NW 74th Avenue	7:53	D	/ 3.5	9.04		Absent	Absent	U	18G0468-01
071618-02	(SP ID 2) 7610 Taft Street	8:04	D	/ 3.6	9.08		Absent	Absent	U	18G0468-02
071618-03	(SP ID 3) 7741 Johnson Street	8:16	D	/ 3.7	9.06		Absent	Absent	U	18G0468-03
071618-04	(SP ID 4) 120 NW 73rd Avenue	8:28	D	/ 3.4	9.08		Absent	Absent	U	18G0468-04
071618-05	(SP ID 5) 7021 SW 9th Street	8:40	D	/ 3.5	9.09		Absent	Absent	U	18G0468-05
071618-06	(SP ID 11) 1530 SW 85th Avenue	8:56	D	/ 3.3	8.99		Absent	Absent	U	18G0468-06
071618-07	(SP ID 10) 199 N. University Drive	9:12	D	/ 2.9	8.92		Absent	Absent	U	18G0468-07

**Average of disinfectant residuals for distribution routine & repeat Samples.5** Free chlorine or Total chlorine (circle one)      / 3.4

**Disinfectant Residual Analysis Method:**

DPD Colorimetric    Other: \_\_\_\_\_

**Person performing disinfectant analysis is (see instructions on reverse):**

A certified operator (# DWB#23804)  
 Supervised by certified operator (# \_\_\_\_\_)  
 Employed by a certified lab    Employed by DEP or DOH  
 Authorized representative of supplier of water

Unless otherwise noted, all tests are performed in accordance with NELAC standards, and the results relate only to the samples.

Date and time PWS notified by lab of positive results: \_\_\_\_\_

Date and time DEP/DOH notified by lab of positive results: \_\_\_\_\_

Date Report issued: 23-Jul-2018 10:17

**Lab Signature:** Enrique Ochya

**Title:** (CSM) Customer Service Manager

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

<input type="checkbox"/> Satisfactory <input type="checkbox"/> Incomplete Collection Information <input type="checkbox"/> Repeat Samples Required <input type="checkbox"/> Replacement Samples Required	<b>DEP/DOH USE ONLY</b>  Date Reviewed by DEP/DOH: _____ DEP/DOH Reviewing Official: _____
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<sup>1</sup> For Sample Types see Instructions item I 16.  
<sup>2</sup> For Analysis Methods see Instructions item II 6.  
<sup>3</sup> Please circle appropriate selection.  
<sup>4</sup> Defined in Florida Administrative Code Rule 62-160, Table 1.  
<sup>5</sup> Complete for community & non-transient non-community systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.

# DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORTING FORMAT

(62-550.730 Reporting Format Effective 01/1995, Revised 02/2010)

**Florida-Spectrum Environmental Services, Inc.**  
 1460 W. McNab Road, Fort Lauderdale, FL 33309 Tel# (954) 978-6400  
 Certification No. E86006

Lab Receipt Date & Time: <u>16-Jul-2018 16:55</u>
Analysis Date & Time: <u>16-Jul-2018 17:30</u>
<b>Sample Acceptance Criteria:</b>
Sample Preservation: <input checked="" type="checkbox"/> On Ice <input type="checkbox"/> Not On Ice <input checked="" type="checkbox"/> <u>5.20</u> °C
Disinfectant Check: <input checked="" type="checkbox"/> Not Detected <input type="checkbox"/> _____ mg/L
This sample does not meet the following NELAC requirements:

Report Number: 18G0468      Sub-Contract Lab ID: E86006

**Analysis Requested:** (check all that apply)

Total Coliform/*E. coli*    Total Coliform/Fecal    Enterococci    Coliphage    HPC    Other: \_\_\_\_\_

**Public Water System (PWS) Name:** City of Pembroke Pines

**PWS I.D.**

4	0	6	1	0	8	3
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PWS Address: 7960 Johnson Street

City: Pembroke Pines      FL      33024

PWS or PWS Owner's Phone #: (754) 260-4509

Fax #: (954) 986-5025

**Collector:** Kevin Stone

Collector's Phone #: (954) 582-4300/850-557-7147/

**Type of Supply:** (check only one)

Community Water System    Non-Transient Non-community Water System    Transient Non-community Water System  
 Limited Use System    Bottled Water    Private Well    Swimming Pool    Other: \_\_\_\_\_

**Reason for Sampling:** (check all that apply)

Distribution Routine    Distribution Repeat    Raw (triggered or assessment)    Raw (triggered or assessment) additional    Well Survey  
 Clearance    Replacement (also check type of sample being replaced)    Boil Water Notice    Other: \_\_\_\_\_

**Sample Collection Date:** 7/16/18

To be completed by collector of sample						To be completed by lab				
Sample #	Sample Point City of Pembroke Pines Monthly Bacteria City of Pembroke Pines, FL	Sample Collection Time	Sample Type	Disinfectant Residual (mg/L)	pH	Analysis Method(s)2: Total Coliform/ <i>E. Coli</i> (PA) by Colilert in Water (SM9223B)				
						Non-Coliform	Total Coliform	Fecal <i>E. Coli</i> , Enterococci or Coliphage3	Data Qualifier4	Lab Sample #
071618-08	(SP ID 9) 8131 Johnson Street	9:27	D	/ 3.6	9.02		Absent	Absent	U	18G0468-08
071618-09	(SP ID 8) 8130 Taft Street	9:39	D	/ 3.6	9.05		Absent	Absent	U	18G0468-09
071618-10	(SP ID 7) 2402 N. University Drive	9:54	D	/ 3.2	9.05		Absent	Absent	U	18G0468-10
071618-11	(SP ID 68) 2060 NW 88th Terrace	10:07	D	/ 3.5	9.06		Absent	Absent	U	18G0468-11
071618-12	(SP ID 12) 1621 N. Douglas Road	10:19	D	/ 3.5	9.01		Absent	Absent	U	18G0468-12
071618-13	(SP ID 13) 8880 Johnson Street	10:30	D	/ 3.5	8.99		Absent	Absent	U	18G0468-13
071618-14	(SP ID 14) 120 N. Douglas Road	10:44	D	/ 3.5	8.99		Absent	Absent	U	18G0468-14

Average of disinfectant residuals for distribution routine & repeat Samples.5 Free chlorine or Total chlorine (circle one)      / 3.4

**Disinfectant Residual Analysis Method:**

DPD Colorimetric    Other: \_\_\_\_\_

**Person performing disinfectant analysis is (see instructions on reverse):**

A certified operator (# DWB#23804)  
 Supervised by certified operator (# \_\_\_\_\_)  
 Employed by a certified lab    Employed by DEP or DOH  
 Authorized representative of supplier of water

Unless otherwise noted, all tests are performed in accordance with NELAC standards, and the results relate only to the samples.

Date and time PWS notified by lab of positive results: \_\_\_\_\_

Date and time DEP/DOH notified by lab of positive results: \_\_\_\_\_

Date Report Issued: 23-Jul-2018 10:17

**Lab Signature:** Enrique Ochoa

**Title:** (CSM) Customer Service Manager

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

<input type="checkbox"/> Satisfactory <input type="checkbox"/> Incomplete Collection Information <input type="checkbox"/> Repeat Samples Required <input type="checkbox"/> Replacement Samples Required	<b>DEP/DOH USE ONLY</b>  Date Reviewed by DEP/DOH: _____ DEP/DOH Reviewing Official: _____
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<sup>1</sup> For Sample Types see Instructions item I 1.6.

<sup>2</sup> For Analysis Methods see Instructions item II 6.

<sup>3</sup> Please circle appropriate selection.

<sup>4</sup> Defined in Florida Administrative Code Rule 62-160, Table 1.

<sup>5</sup> Complete for community & non-transient non-community systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.

# DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORTING FORMAT

(62-550.730 Reporting Format Effective 01/1995, Revised 02/2010)

**Florida-Spectrum Environmental Services, Inc.**  
 1460 W. McNab Road, Fort Lauderdale, FL 33309 Tel# (954) 978-6400  
 Certification No. E86006

Lab Receipt Date & Time: <u>17-Jul-2018 16:50</u>
Analysis Date & Time: <u>17-Jul-2018 17:30</u>
<b>Sample Acceptance Criteria:</b>
Sample Preservation: <input checked="" type="checkbox"/> On Ice <input type="checkbox"/> Not On Ice <input checked="" type="checkbox"/> 2.60 °C
Disinfectant Check: <input checked="" type="checkbox"/> Not Detected <input type="checkbox"/> _____ mg/L
This sample does not meet the following NELAC requirements:

Report Number: 18G0510      Sub-Contract Lab ID: E86006

**Analysis Requested:** (check all that apply)

Total Coliform/*E. coli*    Total Coliform/Fecal    Enterococci    Coliphage    HPC    Other: \_\_\_\_\_

**Public Water System (PWS) Name:** City of Pembroke Pines      **PWS I.D.**

4	0	6	1	0	8	3
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PWS Address: 7960 Johnson Street      City: Pembroke Pines      FL      33024

PWS or PWS Owner's Phone #: (754) 260-4509      Fax #: (954) 986-5025

**Collector:** Kevin Stone      Collector's Phone #: (954) 582-4300/850-557-71477

**Type of Supply:** (check only one)

Community Water System    Non-Transient Non-community Water System    Transient Non-community Water System  
 Limited Use System    Bottled Water    Private Well    Swimming Pool    Other: \_\_\_\_\_

**Reason for Sampling:** (check all that apply)

Distribution Routine    Distribution Repeat    Raw (triggered or assessment)    Raw (triggered or assessment) additional    Well Survey  
 Clearance    Replacement (also check type of sample being replaced)    Bolt Water Notice    Other: \_\_\_\_\_

**Sample Collection Date:** 7/17/18

To be completed by collector or sample						To be completed by lab				
Sample #	Sample Point City of Pembroke Pines Monthly Bacteria City of Pembroke Pines, FL	Sample Collection Time	Sample Type	Disinfectant Residual (mg/L)	pH	Analysis Method(s)2: Total Coliform/E.Coli (PA) by Colliert in Water (SM9223B)				
						Non-Coliform	Total Coliform	Fecal <i>E.Coli</i> , Enterococci or Coliphage3	Data Qualifier4	Lab Sample #
071718-01	(SP ID 15) 900 Hollybrook Drive	9:38	D	/ 3.1	8.91	Absent	Absent	Absent	U	18G0510-01
071718-02	(SP ID 20) 10001 SW 14th Street	9:56	D	/ 3.0	8.92	Absent	Absent	Absent	U	18G0510-02
071718-03	(SP ID 19) 10101 Pines Blvd.	10:11	D	/ 3.6	9.00	Absent	Absent	Absent	U	18G0510-03
071718-04	(SP ID 18) 10000 Johnson Street	10:26	D	/ 3.7	9.08	Absent	Absent	Absent	U	18G0510-04
071718-05	(SP ID 17) 1981 NW 100th Way	10:39	D	/ 3.3	8.98	Absent	Absent	Absent	U	18G0510-05
071718-06	(SP ID 16) 10120 Sheridan Street	10:53	D	/ 3.3	8.96	Absent	Absent	Absent	U	18G0510-06
071718-07	(SP ID 22) 11141 NW 22nd Street	11:05	D	/ 3.1	8.95	Absent	Absent	Absent	U	18G0510-07

**Average of disinfectant residuals for distribution routine & repeat Samples.5** Free chlorine or Total chlorine (circle one) / 3.1

**Disinfectant Residual Analysis Method:**  
 DPD Colorimetric    Other: \_\_\_\_\_  
**Person performing disinfectant analysis is (see instructions on reverse):**  
 A certified operator (# DWB#23804)  
 Supervised by certified operator (# \_\_\_\_\_)  
 Employed by a certified lab    Employed by DEP or DOH  
 Authorized representative of supplier of water

Unless otherwise noted, all tests are performed in accordance with NELAC standards, and the results relate only to the samples.

Date and time PWS notified by lab of positive results: \_\_\_\_\_  
 Date and time DEP/DOH notified by lab of positive results: \_\_\_\_\_  
 Date Report Issued: 23-Jul-2018 12:43  
**Lab Signature:** Enrique Ochoa  
**Title:** (CSM) Customer Service Manager

Juquitta Drieth  
 Jacobs/CH2M-City of Pembroke Pines WT  
 7960 Johnson Street  
 Pembroke Pines      FL      33024

<input type="checkbox"/> Satisfactory <input type="checkbox"/> Incomplete Collection Information <input type="checkbox"/> Repeat Samples Required <input type="checkbox"/> Replacement Samples Required Date Reviewed by DEP/DOH: _____ DEP/DOH Reviewing Official: _____	DEP/DOH USE ONLY
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1 For Sample Types see Instructions item I.16.  
 2 For Analysis Methods see Instructions item II.6.  
 3 Please circle appropriate selection.  
 4 Defined in Florida Administrative Code Rule 62-160, Table 1.  
 5 Complete for community & non-transient non-community systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.

# DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORTING FORMAT

(62-550.730 Reporting Format Effective 01/1995, Revised 02/2010)

**Florida-Spectrum Environmental Services, Inc.**  
1460 W. McNab Road, Fort Lauderdale, FL 33309 Tel# (954) 978-6400  
Certification No. E86006

Lab Receipt Date & Time: <u>18-Jul-2018 17:10</u>
Analysis Date & Time: <u>18-Jul-2018 18:00</u>
<b>Sample Acceptance Criteria:</b>
Sample Preservation: <input checked="" type="checkbox"/> On Ice <input type="checkbox"/> Not On Ice <input checked="" type="checkbox"/> 2.60 °C
Disinfectant Check: <input checked="" type="checkbox"/> Not Detected <input type="checkbox"/> _____ mg/L
This sample does not meet the following NELAC requirements:

Report Number: 18G0580      Sub-Contract Lab ID: E86006

**Analysis Requested:** (check all that apply)

Total Coliform/E. coli    Total Coliform/Fecal    Enterococci    Coliphage    HPC    Other: \_\_\_\_\_

**Public Water System (PWS) Name:** City of Pembroke Pines

**PWS I.D.**

4	0	6	1	0	8	3
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PWS Address: 7960 Johnson Street

City: Pembroke Pines

FL      33024

PWS or PWS Owner's Phone #: (754) 260-4509

Fax #: (954) 986-5025

**Collector:** Kevin Stone

Collector's Phone #: (954) 582-4300/850-557-71477

**Type of Supply:** (check only one)

Community Water System    Non-Transient Non-community Water System    Transient Non-community Water System

Limited Use System    Bottled Water    Private Well    Swimming Pool    Other: \_\_\_\_\_

**Reason for Sampling:** (check all that apply)

Distribution Routine    Distribution Repeat    Raw (triggered or assessment)    Raw (triggered or assessment) additional    Well Survey

Clearance    Replacement (also check type of sample being replaced)    Boil Water Notice    Other: \_\_\_\_\_

**Sample Collection Date:** 7/18/18

To be completed by collector of sample						To be completed by lab				
Sample #	Sample Point City of Pembroke Pines Monthly Bacteria City of Pembroke Pines, FL	Sample Collection Time	Sample Type	Disinfectant Residual (mg/L)	pH	Analysis Method(s)2: Total Coliform/E.Coli (PA) by Colifert in Water (SM9223B)				
						Non-Coliform	Total Coliform	Fecal (E.Coli) Enterococci or Coliphage3	Data Qualifier4	Lab Sample #
071818-03	(SP ID 44) 6749 Segovia Circle West	11:13	D	/ 2.4	8.89		Absent	Absent	U	18G0580-01
071818-04	(SP ID 45) 2300 NW 172nd Avenue	11:32	D	/ 2.5	8.89		Absent	Absent	U	18G0580-02
071818-05	(SP ID 46) 2098 NW 171st Terrace	11:48	D	/ 1.6	8.79		Absent	Absent	U	18G0580-03
071818-06	(SP ID 47) 17100 Pines Blvd.	12:07	D	/ 2.9	8.95		Absent	Absent	U	18G0580-04
071818-07	(SP ID 48) 17059 SW 16th Street	12:24	D	/ 2.8	8.92		Absent	Absent	U	18G0580-05
071818-08	(SP ID 27) 450 SW 182nd Way	12:38	D	/ 2.6	8.91		Absent	Absent	U	18G0580-06
071818-09	(SP ID 49) 17817 NW 15th Street	12:56	D	/ 1.7	8.80		Absent	Absent	U	18G0580-07

**Average of disinfectant residuals for distribution routine & repeat Samples.5** Free chlorine or Total chlorine (circle one)      / 2.4

**Disinfectant Residual Analysis Method:**

DPD Colorimetric    Other: \_\_\_\_\_

**Person performing disinfectant analysis is (see instructions on reverse):**

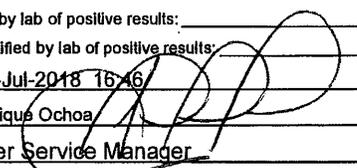
A certified operator (# DWB#23804)  
 Supervised by certified operator (# \_\_\_\_\_)  
 Employed by a certified lab    Employed by DEP or DOH  
 Authorized representative of supplier of water

Unless otherwise noted, all tests are performed in accordance with NELAC standards, and the results relate only to the samples.

Date and time PWS notified by lab of positive results: \_\_\_\_\_

Date and time DEP/DOH notified by lab of positive results: \_\_\_\_\_

Date Report Issued: 23-Jul-2018 16:46

**Lab Signature:** Enrique Ochoa 

**Title:** (CSM) Customer Service Manager

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

<input type="checkbox"/> Satisfactory	DEP/DOH USE ONLY
<input type="checkbox"/> Incomplete Collection Information	
<input type="checkbox"/> Repeat Samples Required	
<input type="checkbox"/> Replacement Samples Required	
Date Reviewed by DEP/DOH: _____	
DEP/DOH Reviewing Official: _____	

<sup>1</sup> For Sample Types see Instructions item I 16.

<sup>2</sup> For Analysis Methods see Instructions item II 6.

<sup>3</sup> Please circle appropriate selection.

<sup>4</sup> Defined in Florida Administrative Code Rule 62-160, Table 1.

<sup>5</sup> Complete for community & non-transient non-community systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.

**DRINKING WATER MICROBIAL SAMPLE COLLECTION  
& LABORATORY REPORTING FORMAT**

(62-550.730 Reporting Format Effective 01/1995, Revised 02/2010)

**Florida-Spectrum Environmental Services, Inc.**  
1460 W. McNab Road, Fort Lauderdale, FL 33309 Tel# (954) 978-6400  
Certification No. E86006

Lab Receipt Date & Time: <u>23-Jul-2018 16:25</u>
Analysis Date & Time: <u>23-Jul-2018 17:00</u>
<b>Sample Acceptance Criteria:</b> Sample Preservation: <input checked="" type="checkbox"/> On Ice <input type="checkbox"/> Not On Ice <input checked="" type="checkbox"/> 1.20 °C Disinfectant Check: <input checked="" type="checkbox"/> Not Detected <input type="checkbox"/> _____ mg/L This sample does not meet the following NELAC requirements:

Report Number: 18G0686      Sub-Contract Lab ID: E86006

**Analysis Requested:** (check all that apply)  
 Total Coliform/E. coli    Total Coliform/Fecal    Enterococci    Coliphage    HPC    Other: \_\_\_\_\_

**Public Water System (PWS) Name:** City of Pembroke Pines      **PWS I.D.**

4	0	6	1	0	8	3
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PWS Address: 7960 Johnson Street      City: Pembroke Pines      FL      33024

PWS or PWS Owner's Phone #: (754) 260-4509      Fax #: (954) 986-5025

**Collector:** Kevin Stone      Collector's Phone #: (954) 582-4300/850-557-7147

**Type of Supply:** (check only one)  
 Community Water System    Non-Transient Non-community Water System    Transient Non-community Water System  
 Limited Use System    Bottled Water    Private Well    Swimming Pool    Other: \_\_\_\_\_

**Reason for Sampling:** (check all that apply)  
 Distribution Routine    Distribution Repeat    Raw (triggered or assessment)    Raw (triggered or assessment) additional    Well Survey  
 Clearance    Replacement (also check type of sample being replaced)    Boil Water Notice    Other: \_\_\_\_\_

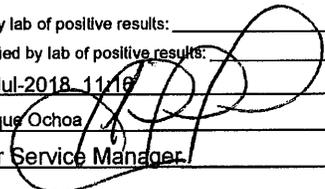
**Sample Collection Date:** 7/23/18

To be completed by collector or sample						To be completed by lab				
Sample #	Sample Point City of Pembroke Pines Monthly Bacteria City of Pembroke Pines, FL	Sample Collection Time	Sample Type	Disinfectant Residual (mg/L)	pH	Analysis Method(s)2: Total Coliform/E.Coll (PA) by Colllert in Water (SM9223B)				
						Non-Coliform	Total Coliform	Fecal (E.Coll, Enterococci or Coliphage)3	Data Qualifier4	Lab Sample #
072318-01	(SP ID 51) 2473 NW 184th Terrace	8:34	D	/ 1.5	8.76		Absent	Absent	U	18G0686-01
072318-02	(SP ID 52) 18411 Pines Blvd.	8:50	D	/ 2.4	9.07		Absent	Absent	U	18G0686-02
072318-03	(SP ID 58) 19370 SW 16th Street	9:10	D	/ 1.8	8.83		Absent	Absent	U	18G0686-03
072318-04	(SP ID 53) 18539 SW 12th Street	9:21	D	/ 2.3	9.02		Absent	Absent	U	18G0686-04
072318-05	(SP ID 57) 420 NW 197th Avenue	9:37	D	/ 2.2	8.96		Absent	Absent	U	18G0686-05

**Average of disinfectant residuals for distribution routine & repeat Samples.5** Free chlorine or Total chlorine (circle one)      / 2.0

**Disinfectant Residual Analysis Method:**  
 DPD Colorimetric    Other: \_\_\_\_\_  
**Person performing disinfectant analysis is (see instructions on reverse):**  
 A certified operator (# DWB#23804)  
 Supervised by certified operator (# \_\_\_\_\_)  
 Employed by a certified lab    Employed by DEP or DOH  
 Authorized representative of supplier of water

Unless otherwise noted, all tests are performed in accordance with NELAC standards, and the results relate only to the samples.

Date and time PWS notified by lab of positive results: \_\_\_\_\_  
Date and time DEP/DOH notified by lab of positive results: \_\_\_\_\_  
Date Report Issued: 31-Jul-2018 11:16  
**Lab Signature:** Enrique Ochoa   
**Title:** (CSM) Customer Service Manager

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

Satisfactory      **DEP/DOH USE ONLY**  
 Incomplete Collection Information  
 Repeat Samples Required  
 Replacement Samples Required  
Date Reviewed by DEP/DOH: \_\_\_\_\_  
DEP/DOH Reviewing Official: \_\_\_\_\_

1 For Sample Types see Instructions item I 16.  
1 For Analysis Methods see Instructions item II 6.  
1 Please circle appropriate selection.  
1 Defined in Florida Administrative Code Rule 62-160, Table 1.  
1 Complete for community & non-transient non-community systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.

# DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORTING FORMAT

(62-550.730 Reporting Format Effective 01/1995, Revised 02/2010)

**Florida-Spectrum Environmental Services, Inc.**  
 1460 W. McNab Road, Fort Lauderdale, FL 33309 Tel# (954) 978-6400  
 Certification No. E86006

Lab Receipt Date & Time: 24-Jul-2018 16:25

Analysis Date & Time: 24-Jul-2018 17:00

**Sample Acceptance Criteria:**

Sample Preservation:  On Ice  Not On Ice  2.20 °C  
 Disinfectant Check:  Not Detected  \_\_\_\_\_ mg/L  
 This sample does not meet the following NELAC requirements:

Report Number: 18G0720 Sub-Contract Lab ID: E86006

**Analysis Requested:** (check all that apply)

Total Coliform/E. coli  Total Coliform/Fecal  Enterococci  Coliphage  HPC  Other: \_\_\_\_\_

**Public Water System (PWS) Name:** City of Pembroke Pines **PWS I.D.**

4	0	6	1	0	8	3
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**PWS Address:** 7960 Johnson Street **City:** Pembroke Pines **FL** 33024

**PWS or PWS Owner's Phone #:** (754) 260-4509 **Fax #:** (954) 986-5025

**Collector:** Kevin Stone **Collector's Phone #:** (954) 582-4300/850-557-71477

**Type of Supply:** (check only one)

Community Water System  Non-Transient Non-community Water System  Transient Non-community Water System  
 Limited Use System  Bottled Water  Private Well  Swimming Pool  Other: \_\_\_\_\_

**Reason for Sampling:** (check all that apply)

Distribution Routine  Distribution Repeat  Raw (triggered or assessment)  Raw (triggered or assessment) additional  Well Survey  
 Clearance  Replacement (also check type of sample being replaced)  Boil Water Notice  Other: \_\_\_\_\_

**Sample Collection Date:** 7/24/18

Sample #	Sample Point City of Pembroke Pines Monthly Bacteria City of Pembroke Pines, FL	Sample Collection Time	Sample Type	Disinfectant Residual (mg/L)	pH	Analysis Method(s)2: Total Coliform/E.Coli (PA) by Colilert in Water (SM9223B)				
						Non-Coliform	Total Coliform	Fecal <i>E. Coli</i> , Enterococci, Coliphage3	Data Qualifier4	Lab Sample #
072418-01	(SP ID 56) 1263 NW 195th Avenue	8:17	D	/ 2.1	8.98		Absent	Absent	U	18G0720-01
072418-02	(SP ID 55) 19478 NW 24th Place	8:30	D	/ 1.3	8.87		Absent	Absent	U	18G0720-02
072418-03	(SP ID 54) 6351 SW 195th Avenue	8:45	D	/ 1.5	8.89		Absent	Absent	U	18G0720-03
072418-04	(SP ID 59) 5000 SW 207th Terrace	9:10	D	/ 1.1	8.79		Absent	Absent	U	18G0720-04
072418-05	(SP ID 63) 21250 Sheridan Street	9:28	D	/ 1.4	8.91		Absent	Absent	U	18G0720-05
072418-06	(SP ID 64) 21800 NW 8th Place	9:47	D	/ 2.0	8.97		Absent	Absent	U	18G0720-06
072418-07	(SP ID 65) 21651 NW 7th Street	12:30	D	/ 2.1	8.95		Absent	Absent	U	18G0720-07

**Average of disinfectant residuals for distribution routine & repeat Samples.6** Free chlorine or Total chlorine (circle one) / 1.8

**Disinfectant Residual Analysis Method:**  
 DPD Colorimetric  Other: \_\_\_\_\_  
**Person performing disinfectant analysis is (see instructions on reverse):**  
 A certified operator (# DWB#23804 )  
 Supervised by certified operator (# \_\_\_\_\_)  
 Employed by a certified lab  Employed by DEP or DOH  
 Authorized representative of supplier of water

Unless otherwise noted, all tests are performed in accordance with NELAC standards, and the results relate only to the samples.

Date and time PWS notified by lab of positive results: \_\_\_\_\_

Date and time DEP/DOH notified by lab of positive results: \_\_\_\_\_

Date Report Issued: 01-Aug-2018 16:58

**Lab Signature:** Enrique Ochoa

**Title:** (CSM) Customer Service Manager

Juquitta Drieth  
 Jacobs/CH2M-City of Pembroke Pines WT  
 7960 Johnson Street  
 Pembroke Pines FL 33024

Satisfactory DEP/DOH USE ONLY  
 Incomplete Collection Information  
 Repeat Samples Required  
 Replacement Samples Required  
 Date Reviewed by DEP/DOH: \_\_\_\_\_  
 DEP/DOH Reviewing Official: \_\_\_\_\_

<sup>1</sup> For Sample Types see Instructions item I.16.  
<sup>2</sup> For Analysis Methods see Instructions item II.6.  
<sup>3</sup> Please circle appropriate selection.  
<sup>4</sup> Defined in Florida Administrative Code Rule 62-160, Table I.  
<sup>5</sup> Complete for community & non-transient non-community systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.

# DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORTING FORMAT

(62-550.730 Reporting Format Effective 01/1995, Revised 02/2010)

**Florida-Spectrum Environmental Services, Inc.**  
 1460 W. McNab Road, Fort Lauderdale, FL 33309 Tel# (954) 978-6400  
 Certification No. E86006

Lab Receipt Date & Time: 24-Jul-2018 16:25

Analysis Date & Time: 24-Jul-2018 17:00

**Sample Acceptance Criteria:**

Sample Preservation:  On Ice  Not On Ice  2.20 °C  
 Disinfectant Check:  Not Detected  \_\_\_\_\_ mg/L  
 This sample does not meet the following NELAC requirements:

Report Number: 18G0720 Sub-Contract Lab ID: E86006

**Analysis Requested:** (check all that apply)

Total Coliform/E. coli  Total Coliform/Fecal  Enterococci  Coliphage  HPC  Other: \_\_\_\_\_

**Public Water System (PWS) Name:** City of Pembroke Pines **PWS I.D.**

4	0	6	1	0	8	3
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PWS Address: 7960 Johnson Street City: Pembroke Pines FL 33024

PWS or PWS Owner's Phone #: (754) 260-4509 Fax #: (954) 986-5025

**Collector:** Kevin Stone Collector's Phone #: (954) 582-4300/850-557-7147/

**Type of Supply:** (check only one)

Community Water System  Non-Transient Non-community Water System  Transient Non-community Water System  
 Limited Use System  Bottled Water  Private Well  Swimming Pool  Other: \_\_\_\_\_

**Reason for Sampling:** (check all that apply)

Distribution Routine  Distribution Repeat  Raw (triggered or assessment)  Raw (triggered or assessment) additional  Well Survey  
 Clearance  Replacement (also check type of sample being replaced)  Boil Water Notice  Other: \_\_\_\_\_

**Sample Collection Date:** 7/24/18

To be completed by collector or sample						To be completed by lab				
Sample #	Sample Point City of Pembroke Pines Monthly Bacteria City of Pembroke Pines, FL	Sample Collection Time	Sample Type	Disinfectant Residual (mg/L)	pH	Analysis Method(s)2: Total Coliform/E.Coli (PA) by Colliert in Water (SM9223B)				
						Non-Coliform	Total Coliform	Fecal, E.Coli, Enterococci or Coliphage3	Data Qualifier4	Lab Sample #
072418-08	(SP ID 62) 20701 Pembroke Road	12:47	D	/ 2.2	9.02		Absent	Absent	U	18G0720-08
072418-09	(SP ID 61) 20501 SW 1st Street	13:02	D	/ 2.1	8.97		Absent	Absent	U	18G0720-09

**Average of disinfectant residuals for distribution routine & repeat Samples.5** Free chlorine or Total chlorine (circle one) / 1.8

**Disinfectant Residual Analysis Method:**  
 DPD Colorimetric  Other: \_\_\_\_\_  
**Person performing disinfectant analysis is (see instructions on reverse):**  
 A certified operator (# DWB#23804 )  
 Supervised by certified operator (# \_\_\_\_\_ )  
 Employed by a certified lab  Employed by DEP or DOH  
 Authorized representative of supplier of water

Unless otherwise noted, all tests are performed in accordance with NELAC standards, and the results relate only to the samples.

Date and time PWS notified by lab of positive results: \_\_\_\_\_  
 Date and time DEP/DOH notified by lab of positive results: \_\_\_\_\_  
 Date Report Issued: 01-Aug-2018 16:58  
**Lab Signature:** Enrique Ochoa  
**Title:** (CSM) Customer Service Manager

Juquitta Drieth  
 Jacobs/CH2M-City of Pembroke Pines WT  
 7960 Johnson Street  
 Pembroke Pines FL 33024

Satisfactory DEP/DOH USE ONLY  
 Incomplete Collection Information  
 Repeat Samples Required  
 Replacement Samples Required  
 Date Reviewed by DEP/DOH: \_\_\_\_\_  
 DEP/DOH Reviewing Official: \_\_\_\_\_

<sup>1</sup> For Sample Types see Instructions item I.16.  
<sup>2</sup> For Analysis Methods see Instructions item II.6.  
<sup>3</sup> Please circle appropriate selection.  
<sup>4</sup> Defined in Florida Administrative Code Rule 62-160, Table 1.  
<sup>5</sup> Complete for community & non-transient non-community systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.

**DRINKING WATER MICROBIAL SAMPLE COLLECTION  
& LABORATORY REPORTING FORMAT**

(62-850.730 Reporting Format Effective 01/1995, Revised 02/2010)

**Florida-Spectrum Environmental Services, Inc.**  
1460 W. McNab Road, Fort Lauderdale, FL 33309 Tel# (954) 978-6400  
Certification No. E86006

Lab Receipt Date & Time: 25-Jul-2018 15:35
Analysis Date & Time: 25-Jul-2018 16:45
<b>Sample Acceptance Criteria:</b> Sample Preservation: <input checked="" type="checkbox"/> On Ice <input type="checkbox"/> Not On Ice <input checked="" type="checkbox"/> 1.60 °C Disinfectant Check: <input checked="" type="checkbox"/> Not Detected <input type="checkbox"/> _____ mg/L This sample does not meet the following NELAC requirements:

Report Number: 18G0766 Sub-Contract Lab ID: E86006

**Analysis Requested:** (check all that apply)

Total Coliform/E. coli  Total Coliform/Fecal  Enterococci  Coliphage  HPC  Other: \_\_\_\_\_

**Public Water System (PWS) Name:** City of Pembroke Pines

**PWS I.D.**

4	0	6	1	0	8	3
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**PWS Address:** 7960 Johnson Street

**City:** Pembroke Pines **FL** 33024

**PWS or PWS Owner's Phone #:** (754) 260-4509

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

**Collector:** Kevin Stone

**Collector's Phone #:** (954) 582-4300/850-557-7147/

**Type of Supply:** (check only one)

Community Water System  Non-Transient Non-community Water System  Transient Non-community Water System  
 Limited Use System  Bottled Water  Private Well  Swimming Pool  Other: \_\_\_\_\_

**Reason for Sampling:** (check all that apply)

Distribution Routine  Distribution Repeat  Raw (triggered or assessment)  Raw (triggered or assessment) additional  Well Survey  
 Clearance  Replacement (also check type of sample being replaced)  Boil Water Notice  Other: \_\_\_\_\_

**Sample Collection Date:** 7/25/18

To be completed by collector/sample						To be completed by lab				
Sample #	Sample Point City of Pembroke Pines Monthly Bacteria City of Pembroke Pines, FL	Sample Collection Time	Sample Type	Disinfectant Residual (mg/L)	pH	Analysis Method(s)2: Total Coliform/E.Coli (PA) by Colilert in Water (SM9223B)				
						Non-Coliform	Total Coliform	Fecal, E.Coli, Enterococci or Coliphage3	Data Qualifier4	Lab Sample #
072518-01	Well #3	8:36	R	/ 0.0	7.38		Absent	Absent	U	18G0766-01
072518-02	Well #4	8:53	R	/ 0.0	7.32		Absent	Absent	U	18G0766-02
072518-03	Well #5	9:15	R	/ 0.0	7.29		Absent	Absent	U	18G0766-03
072518-04	Well #01	9:29	R	/ 0.0	7.36		Absent	Absent	U	18G0766-04
072518-05	Well #11	9:46	R	/ 0.0	7.54		Absent	Absent	U	18G0766-05
072518-06	Well #10	9:59	R	/ 0.0	7.40		Absent	Absent	U	18G0766-06
072518-07	Well #06	10:16	R	/ 0.0	7.60		Absent	Absent	U	18G0766-07

**Average of disinfectant residuals for distribution routine & repeat Samples.5** Free chlorine or Total chlorine (circle one)

/ 0.0

**Disinfectant Residual Analysis Method:**

DPD Colorimetric  Other: \_\_\_\_\_  
**Person performing disinfectant analysis is (see instructions on reverse):**  
 A certified operator (# DWB#23804)  
 Supervised by certified operator (# \_\_\_\_\_)  
 Employed by a certified lab  Employed by DEP or DOH  
 Authorized representative of supplier of water

Unless otherwise noted, all tests are performed in accordance with NELAC standards, and the results relate only to the samples.

Date and time PWS notified by lab of positive results: \_\_\_\_\_

Date and time DEP/DOH notified by lab of positive results: \_\_\_\_\_

Date Report Issued: 01-Aug-2018 16:46

**Lab Signature:** Enrique Ochoa

**Title:** (CSM) Customer Service Manager

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

Satisfactory DEP/DOH USE ONLY  
 Incomplete Collection Information  
 Repeat Samples Required  
 Replacement Samples Required

Date Reviewed by DEP/DOH: \_\_\_\_\_  
DEP/DOH Reviewing Official: \_\_\_\_\_

<sup>1</sup> For Sample Types see Instructions Item I 16.

<sup>2</sup> For Analysis Methods see Instructions item II 6.

<sup>3</sup> Please circle appropriate selection.

<sup>4</sup> Defined in Florida Administrative Code Rule 62-160, Table 1.

<sup>5</sup> Complete for community & non-transient non-community systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.

# DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORTING FORMAT

(82-550,730 Reporting Format Effective 01/1995, Revised 02/2010)

**Florida-Spectrum Environmental Services, Inc.**  
 1460 W. McNab Road, Fort Lauderdale, FL 33309 Tel# (954) 978-6400  
 Certification No. E86006

Lab Receipt Date & Time: <u>25-Jul-2018 15:35</u>
Analysis Date & Time: <u>25-Jul-2018 16:45</u>
<b>Sample Acceptance Criteria:</b>
Sample Preservation: <input checked="" type="checkbox"/> On Ice <input type="checkbox"/> Not On Ice <input checked="" type="checkbox"/> 1.60 °C
Disinfectant Check: <input checked="" type="checkbox"/> Not Detected <input type="checkbox"/> _____ mg/L
This sample does not meet the following NELAC requirements:

Report Number: 18G0766      Sub-Contract Lab ID: E86006

**Analysis Requested:** (check all that apply)

Total Coliform/*E. coli*    Total Coliform/Fecal    Enterococci    Coliphage    HPC    Other: \_\_\_\_\_

**Public Water System (PWS) Name:** City of Pembroke Pines      **PWS I.D.**

4	0	6	1	0	8	3
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PWS Address: 7960 Johnson Street      City: Pembroke Pines      FL      33024

PWS or PWS Owner's Phone #: (754) 260-4509      Fax #: (954) 986-5025

**Collector:** Kevin Stone      Collector's Phone #: (954) 582-4300/850-557-7147

**Type of Supply:** (check only one)

Community Water System    Non-Transient Non-community Water System    Transient Non-community Water System  
 Limited Use System    Bottled Water    Private Well    Swimming Pool    Other: \_\_\_\_\_

**Reason for Sampling:** (check all that apply)

Distribution Routine    Distribution Repeat    Raw (triggered or assessment)    Raw (triggered or assessment) additional    Well Survey  
 Clearance    Replacement (also check type of sample being replaced)    Boil Water Notice    Other: \_\_\_\_\_

**Sample Collection Date:** 7/25/18

To be completed by collector of sample						To be completed by lab				
Sample #	Sample Point City of Pembroke Pines Monthly Bacteria City of Pembroke Pines, FL	Sample Collection Time	Sample Type	Disinfectant Residual (mg/L)	pH	Analysis Method(s): Total Coliform/E.Coli (PA) by Colilert in Water (SM9223B)				
						Non-Coliform	Total Coliform	Fecal <i>E.Coli</i> , Enterococci or Coliphage <sup>3</sup>	Data Qualifier <sup>4</sup>	Lab Sample #
072518-08	Well #09	10:32	R	/ 0.0	7.52		Absent	Absent	U	18G0766-08

**Average of disinfectant residuals for distribution routine & repeat Samples.<sup>5</sup>** Free chlorine or Total chlorine (circle one)      / 0.0

**Disinfectant Residual Analysis Method:**  
 DPD Colorimetric    Other: \_\_\_\_\_  
**Person performing disinfectant analysis is (see instructions on reverse):**  
 A certified operator (# DWB#23804 )  
 Supervised by certified operator (# \_\_\_\_\_ )  
 Employed by a certified lab    Employed by DEP or DOH  
 Authorized representative of supplier of water

Unless otherwise noted, all tests are performed in accordance with NELAC standards, and the results relate only to the samples.

Date and time PWS notified by lab of positive results: \_\_\_\_\_  
 Date and time DEP/DOH notified by lab of positive results: \_\_\_\_\_  
 Date Report Issued: 01-Aug-2018 16:46  
**Lab Signature:** Enrique Ochoa   
**Title:** (CSM) Customer Service Manager

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

Satisfactory      **DEP/DOH USE ONLY**  
 Incomplete Collection Information  
 Repeat Samples Required  
 Replacement Samples Required  
 Date Reviewed by DEP/DOH: \_\_\_\_\_  
 DEP/DOH Reviewing Official: \_\_\_\_\_

<sup>1</sup> For Sample Types see Instructions item I 16.  
<sup>2</sup> For Analysis Methods see Instructions item II 6.  
<sup>3</sup> Please circle appropriate selection.  
<sup>4</sup> Defined in Florida Administrative Code Rule 62-160, Table 1.  
<sup>5</sup> Complete for community & non-transient non-community systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.



**Florida Department of Environmental Protection Southeast District (WB)**

3301 Gun Club Road, MSC7210-1 West Palm Beach, FL 33406

**WATER UTILITY:** City of Pembroke Pines - PWS ID 4061083      **MONTH:** August      **YEAR:** 2018

Note: Please complete this form monthly and attach one copy to the monthly water plant operation report to be submitted to the FDEP not later than the 10<sup>th</sup> of the following month.

**MONTHLY BACTERIOLOGICAL SAMPLES ANALYZED FROM COMMUNITY WATER SYSTEMS**

Minimum Number of Samples Required			Number of Samples Analyzed			Number of Unsatisfactory Samples		
Well	Plant	Distribution	Well	Plant	Distribution	Well	Plant	Distribution
7	0	120						
1. Collected by Utility, Analyzed by State Cert. Lab			7	0	126	0	0	0
2. Collected by Utility Analyzed by Plant Lab			0	0	0	0	0	0
3. Total -Add Lines (1 +2)			<b>7</b>	<b>0</b>	<b>126</b>	<b>0</b>	<b>0</b>	<b>0</b>

\*Note: Do not include results on main clearance.

# DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORTING FORMAT

(62-550.730 Reporting Format Effective 01/1995, Revised 02/2010)

**Florida-Spectrum Environmental Services, Inc.**  
1460 W. McNab Road, Fort Lauderdale, FL 33309 Tel# (954) 978-6400  
Certification No. E86006

Lab Receipt Date & Time: 01-Aug-2018 17:05

Analysis Date & Time: 01-Aug-2018 17:30

**Sample Acceptance Criteria:**

Sample Preservation:  On Ice  Not On Ice  1.80 °C  
Disinfectant Check:  Not Detected  \_\_\_\_\_ mg/L  
This sample does not meet the following NELAC requirements:

Report Number: 18H0036 Sub-Contract Lab ID: E86006

**Analysis Requested:** (check all that apply)

Total Coliform/E. coli  Total Coliform/Fecal  Enterococci  Coliphage  HPC  Other: \_\_\_\_\_

**Public Water System (PWS) Name:** City of Pembroke Pines **PWS I.D.**

4	0	6	1	0	8	3
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**PWS Address:** 7960 Johnson Street **City:** Pembroke Pines **FL** 33024

**PWS or PWS Owner's Phone #:** (754) 260-4509 **Fax #:** (954) 986-5025

**Collector:** Kevin Stone **Collector's Phone #:** (954) 582-4300/850-557-71477

**Type of Supply:** (check only one)

Community Water System  Non-Transient Non-community Water System  Transient Non-community Water System  
 Limited Use System  Bottled Water  Private Well  Swimming Pool  Other: \_\_\_\_\_

**Reason for Sampling:** (check all that apply)

Distribution Routine  Distribution Repeat  Raw (triggered or assessment)  Raw (triggered or assessment) additional  Well Survey  
 Clearance  Replacement (also check type of sample being replaced)  Boil Water Notice  Other: \_\_\_\_\_

**Sample Collection Date:** 8/1/18

To be completed by collector of sample						To be completed by lab				
Sample #	Sample Point City of Pembroke Pines Monthly Bacteria City of Pembroke Pines, FL	Sample Collection Time	Sample Type	Disinfectant Residual (mg/L)	pH	Analysis Method(s)2: Total Coliform/E.Coli (PA) by Colilert in Water (SM9223B)				
						Non-Coliform	Total Coliform	Fecal (E. Coli, Enterococci or Coliphage)3	Data Qualifier4	Lab Sample #
080118-01	(SP ID 1) 2040 NW 74th Avenue	10:25	D	/ 3.2	8.92		Absent	Absent	U	18H0036-01
080118-02	(SP ID 2) 7610 Taft Street	10:37	D	/ 3.6	8.99		Absent	Absent	U	18H0036-02
080118-03	(SP ID 3) 7741 Johnson Street	10:48	D	/ 3.7	9.02		Absent	Absent	U	18H0036-03
080118-04	(SP ID 4) 120 NW 73rd Avenue	11:03	D	/ 3.3	8.98		Absent	Absent	U	18H0036-04
080118-05	(SP ID 5) 7021 SW 9th Street	11:16	D	/ 3.0	9.04		Absent	Absent	U	18H0036-05
080118-06	(SP ID 11) 1530 SW 85th Avenue	11:33	D	/ 3.0	9.04		Absent	Absent	U	18H0036-06
080118-07	(SP ID 10) 199 N. University Drive	11:50	D	/ 3.0	9.01		Absent	Absent	U	18H0036-07

**Average of disinfectant residuals for distribution routine & repeat Samples.5** Free chlorine or Total chlorine (circle one) / 3.5

**Disinfectant Residual Analysis Method:**  
 DPD Colorimetric  Other: \_\_\_\_\_  
**Person performing disinfectant analysis is (see instructions on reverse):**  
 A certified operator (# DWB#23804 )  
 Supervised by certified operator (# \_\_\_\_\_ )  
 Employed by a certified lab  Employed by DEP or DOH  
 Authorized representative of supplier of water

Unless otherwise noted, all tests are performed in accordance with NELAC standards, and the results relate only to the samples.

Date and time PWS notified by lab of positive results: \_\_\_\_\_

Date and time DEP/DOH notified by lab of positive results: \_\_\_\_\_

Date Report Issued: 06-Aug-2018 15:31

**Lab Signature:** Enrique Ochoa

**Title:** (CSM) Customer Service Manager

Juquitta Drieth  
Jacobs/CH2M-City of Pembroke Pines WT  
7960 Johnson Street  
Pembroke Pines FL 33024

Satisfactory DEP/DOH USE ONLY  
 Incomplete Collection Information  
 Repeat Samples Required  
 Replacement Samples Required  
Date Reviewed by DEP/DOH: \_\_\_\_\_  
DEP/DOH Reviewing Official: \_\_\_\_\_

<sup>1</sup> For Sample Types see Instructions item I 16.  
<sup>2</sup> For Analysis Methods see Instructions item II 6.  
<sup>3</sup> Please circle appropriate selection.  
<sup>4</sup> Defined in Florida Administrative Code Rule 62-160, Table 1.  
<sup>5</sup> Complete for community & non-transient non-community systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.

# DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORTING FORMAT

(62-550.730 Reporting Format Effective 01/1995, Revised 02/2010)

**Florida-Spectrum Environmental Services, Inc.**  
 1460 W. McNab Road, Fort Lauderdale, FL 33309 Tel# (954) 978-6400  
 Certification No. E86006

Lab-Receipt Date & Time: <u>01-Aug-2018 17:05</u>
Analysis Date & Time: <u>01-Aug-2018 17:30</u>
<b>Sample Acceptance Criteria:</b>
Sample Preservation: <input checked="" type="checkbox"/> On Ice <input type="checkbox"/> Not On Ice <input checked="" type="checkbox"/> <u>1.80</u> °C
Disinfectant Check: <input checked="" type="checkbox"/> Not Detected <input type="checkbox"/> _____ mg/L
This sample does not meet the following NELAC requirements:

Report Number: 18H0036      Sub-Contract Lab ID: E86006

**Analysis Requested:** (check all that apply)

Total Coliform/E. coli    Total Coliform/Fecal    Enterococci    Coliphage    HPC    Other: \_\_\_\_\_

**Public Water System (PWS) Name:** City of Pembroke Pines

**PWS I.D.**

4	0	6	1	0	8	3
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PWS Address: 7960 Johnson Street

City: Pembroke Pines      FL      33024

PWS or PWS Owner's Phone #: (754) 260-4509

Fax #: (954) 986-5025

**Collector:** Kevin Stone

Collector's Phone #: (954) 582-4300/850-557-71477

**Type of Supply:** (check only one)

Community Water System    Non-Transient Non-community Water System    Transient Non-community Water System  
 Limited Use System    Bottled Water    Private Well    Swimming Pool    Other: \_\_\_\_\_

**Reason for Sampling:** (check all that apply)

Distribution Routine    Distribution Repeat    Raw (triggered or assessment)    Raw (triggered or assessment) additional    Well Survey  
 Clearance    Replacement (also check type of sample being replaced)    Boil Water Notice    Other: \_\_\_\_\_

**Sample Collection Date:** 8/1/18

To be completed by collector of sample						To be completed by lab				
Sample #	Sample Point City of Pembroke Pines Monthly Bacteria City of Pembroke Pines, FL	Sample Collection Time	Sample Type	Disinfectant Residual (mg/L)	pH	Analysis Method(s)2: Total Coliform/E.Coli (PA) by Colilert in Water (SM9223B)				
						Non-Coliform	Total Coliform	Fecal <u>E.Coli</u> Enterococci or Coliphage3	Data Qualifier4	Lab Sample #
080118-08	(SP ID 9) 8131 Johnson Street	12:06	D	/ 4.0	9.14		Absent	Absent	U	18H0036-08
080118-09	(SP ID 8) 8130 Taft Street	12:18	D	/ 3.6	9.05		Absent	Absent	U	18H0036-09
080118-10	(SP ID 7) 2402 N. University Drive	12:32	D	/ 3.0	9.01		Absent	Absent	U	18H0036-10
080118-11	(SP ID 68) 2060 NW 88th Terrace	12:46	D	/ 3.7	9.05		Absent	Absent	U	18H0036-11
080118-12	(SP ID 12) 1621 N. Douglas Road	12:59	D	/ 3.8	9.12		Absent	Absent	U	18H0036-12
080118-13	(SP ID 13) 8880 Johnson Street	13:10	D	/ 3.9	9.12		Absent	Absent	U	18H0036-13
080118-14	(SP ID 14) 120 N. Douglas Road	13:22	D	/ 3.8	9.10		Absent	Absent	U	18H0036-14

**Average of disinfectant residuals for distribution routine & repeat Samples.6** Free chlorine or Total chlorine (circle one)

/ 3.5

**Disinfectant Residual Analysis Method:**

DPD Colorimetric    Other: \_\_\_\_\_  
**Person performing disinfectant analysis is (see instructions on reverse):**  
 A certified operator (# DWB#23804 )  
 Supervised by certified operator (# \_\_\_\_\_)  
 Employed by a certified lab    Employed by DEP or DOH  
 Authorized representative of supplier of water

Unless otherwise noted, all tests are performed in accordance with NELAC standards, and the results relate only to the samples.

Date and time PWS notified by lab of positive results: \_\_\_\_\_

Date and time DEP/DOH notified by lab of positive results: \_\_\_\_\_

Date Report Issued: 06-Aug-2018 15:31

**Lab Signature:** Enrique Ochoa

**Title:** (CSM) Customer Service Manager

Juquitta Drieth  
 Jacobs/CH2M-City of Pembroke Pines WI  
 7960 Johnson Street  
 Pembroke Pines      FL      33024

<input type="checkbox"/> Satisfactory <input type="checkbox"/> Incomplete Collection Information <input type="checkbox"/> Repeat Samples Required <input type="checkbox"/> Replacement Samples Required	<b>DEP/DOH USE ONLY</b>  Date Reviewed by DEP/DOH: _____ DEP/DOH Reviewing Official: _____
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<sup>1</sup> For Sample Types see Instructions item I 16.  
<sup>2</sup> For Analysis Methods see Instructions item II 6  
<sup>3</sup> Please circle appropriate selection.  
<sup>4</sup> Defined in Florida Administrative Code Rule 62-160, Table 1.  
<sup>5</sup> Complete for community & non-transient non-community systems serving populations up to and including 4,900. Do not include mw or plant samples in the average.

# DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORTING FORMAT

(62-550.730 Reporting Format Effective 01/1995, Revised 02/2010)

**Florida-Spectrum Environmental Services, Inc.**  
1460 W. McNab Road, Fort Lauderdale, FL 33309 Tel# (954) 978-6400  
Certification No. E86006

Lab-Receipt Date & Time: <u>02-Aug-2018 16:30</u>
Analysis Date & Time: <u>02-Aug-2018 17:15</u>
<b>Sample Acceptance Criteria:</b>
Sample Preservation: <input checked="" type="checkbox"/> On Ice <input type="checkbox"/> Not On Ice <input checked="" type="checkbox"/> 4.60 °C
Disinfectant Check: <input checked="" type="checkbox"/> Not Detected <input type="checkbox"/> _____ mg/L
This sample does not meet the following NELAC requirements:

Report Number: 18H0078   Sub-Contract Lab ID: E86006

**Analysis Requested:** (check all that apply)

Total Coliform/E. coli    Total Coliform/Fecal    Enterococci    Coliphage    HPC    Other: \_\_\_\_\_

**Public Water System (PWS) Name:** City of Pembroke Pines

**PWS I.D.**

4	0	6	1	0	8	3
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PWS Address: 7960 Johnson Street

City: Pembroke Pines   FL   33024

PWS or PWS Owner's Phone #: (754) 260-4509

Fax #: (954) 986-5025

**Collector:** Kevin Stone

Collector's Phone #: (954) 582-4300/850-557-71477

**Type of Supply:** (check only one)

Community Water System    Non-Transient Non-community Water System    Transient Non-community Water System  
 Limited Use System    Bottled Water    Private Well    Swimming Pool    Other: \_\_\_\_\_

**Reason for Sampling:** (check all that apply)

Distribution Routine    Distribution Repeat    Raw (triggered or assessment)    Raw (triggered or assessment) additional    Well Survey  
 Clearance    Replacement (also check type of sample being replaced)    Boil Water Notice    Other: \_\_\_\_\_

**Sample Collection Date:** 8/2/18

To be completed by collector of sample						To be completed by lab				
Sample #.	Sample Point City of Pembroke Pines Monthly Bacteria City of Pembroke Pines, FL	Sample Collection Time	Sample Type	Disin- fectant Residual (mg/L)	pH	Analysis Method(s)2: Total Coliform/E. Coli (PA) by Collitert in Water (SM9223B)				
						Non- Coliform	Total Coliform	Fecal Enterococci Coliphage3	Data Qualifier4	Lab Sample #
080218-01	(SP ID 15) 900 Hollybrook Drive	8:47	D	/ 3.4	8.99		Absent	Absent	U	18H0078-01
080218-02	(SP ID 20) 10001 SW 14th Street	9:05	D	/ 3.2	8.97		Absent	Absent	U	18H0078-02
080218-03	(SP ID 19) 10101 Pines Blvd.	9:17	D	/ 3.6	8.94		Absent	Absent	U	18H0078-03
080218-04	(SP ID 18) 10000 Johnson Street	9:31	D	/ 3.7	9.00		Absent	Absent	U	18H0078-04
080218-05	(SP ID 17) 1981 NW 100th Way	9:44	D	/ 3.4	9.00		Absent	Absent	U	18H0078-05
080218-06	(SP ID 16) 10120 Sheridan Street	9:56	D	/ 3.4	8.99		Absent	Absent	U	18H0078-06
080218-07	(SP ID 22) 11141 NW 22nd Street	10:11	D	/ 3.3	9.05		Absent	Absent	U	18H0078-07

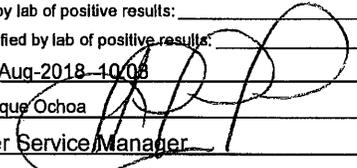
**Average of disinfectant residuals for distribution routine & repeat Samples.5** Free chlorine or Total chlorine (circle one)

/ 3.3

**Disinfectant Residual Analysis Method:**

DPD Colorimetric    Other: \_\_\_\_\_  
**Person performing disinfectant analysis is (see instructions on reverse):**  
 A certified operator (# DWB#23804 )  
 Supervised by certified operator (# \_\_\_\_\_ )  
 Employed by a certified lab    Employed by DEP or DOH  
 Authorized representative of supplier of water

Unless otherwise noted, all tests are performed in accordance with NELAC standards, and the results relate only to the samples.

Date and time PWS notified by lab of positive results: \_\_\_\_\_  
Date and time DEP/DOH notified by lab of positive results: \_\_\_\_\_  
Date Report Issued: 07-Aug-2018 10:08  
**Lab Signature:** Enrique Ochoa   
**Title:** (CSM) Customer Service Manager

Juqitta Drieth  
Jacobs/CH2M-City of Pembroke Pines WTP  
7960 Johnson Street  
Pembroke Pines   FL   33024

<input type="checkbox"/> Satisfactory	<b>DEP/DOH USE ONLY</b>
<input type="checkbox"/> Incomplete Collection Information	
<input type="checkbox"/> Repeat Samples Required	
<input type="checkbox"/> Replacement Samples Required	
Date Reviewed by DEP/DOH: _____	
DEP/DOH Reviewing Official: _____	

<sup>1</sup> For Sample Types see Instructions item I.16.  
<sup>2</sup> For Analysis Methods see Instructions item II.6.  
<sup>3</sup> Please circle appropriate selection.  
<sup>4</sup> Defined in Florida Administrative Code Rule 62-160, Table 1.  
<sup>5</sup> Complete for community & non-transient non-community systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.

# DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORTING FORMAT

(62-550.730 Reporting Format Effective 01/1995, Revised 02/2010)

**Florida-Spectrum Environmental Services, Inc.**  
 1460 W. McNab Road, Fort Lauderdale, FL 33309 Tel# (954) 978-6400  
 Certification No. E86006

Lab Receipt Date & Time: 02-Aug-2018 16:30

Analysis Date & Time: 02-Aug-2018 17:15

**Sample Acceptance Criteria:**  
 Sample Preservation:  On Ice  Not On Ice  4.60 °C  
 Disinfectant Check:  Not Detected  \_\_\_\_\_ mg/L  
 This sample does not meet the following NELAC requirements:

Report Number: 18H0078 Sub-Contract Lab ID: E86006

**Analysis Requested:** (check all that apply)

Total Coliform/*E. coli*  Total Coliform/Fecal  Enterococci  Coliphage  HPC  Other: \_\_\_\_\_

**Public Water System (PWS) Name:** City of Pembroke Pines **PWS I.D.**

4	0	6	1	0	8	3
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**PWS Address:** 7960 Johnson Street **City:** Pembroke Pines **FL** 33024

**PWS or PWS Owner's Phone #:** (754) 260-4509 **Fax #:** (954) 986-5025

**Collector:** Kevin Stone **Collector's Phone #:** (954) 582-4300/850-557-7147

**Type of Supply:** (check only one)

Community Water System  Non-Transient Non-community Water System  Transient Non-community Water System  
 Limited Use System  Bottled Water  Private Well  Swimming Pool  Other: \_\_\_\_\_

**Reason for Sampling:** (check all that apply)

Distribution Routine  Distribution Repeat  Raw (triggered or assessment)  Raw (triggered or assessment) additional  Well Survey  
 Clearance  Replacement (also check type of sample being replaced)  Boil Water Notice  Other: \_\_\_\_\_

**Sample Collection Date:** 8/2/18

To be completed by collector of sample						To be completed by lab				
Sample #	Sample Point City of Pembroke Pines Monthly Bacteria City of Pembroke Pines, FL	Sample Collection Time	Sample Type	Disinfectant Residual (mg/L)	pH	Analysis Method(s): Total Coliform/E.Coli (PA) by Colilert in Water (SM9223B)				
						Non-Coliform	Total Coliform	Fecal <i>E. Coli</i> , Enterococci or Coliphage <sup>3</sup>	Data Qualifier <sup>4</sup>	Lab Sample #
080218-08	(SP ID 21) 1751 N. Hiatus Road	10:21	D	/ 3.3	9.03		Absent	Absent	U	18H0078-08
080218-09	(SP ID 23) 10755 NW 10th Street	10:36	D	/ 3.6	8.99		Absent	Absent	U	18H0078-09
080218-10	(SP ID 24) 200 S. Hiatus Road	10:50	D	/ 3.4	8.97		Absent	Absent	U	18H0078-10
080218-11	(SP ID 25) 11131 SW 13th Street	11:04	D	/ 2.7	8.97		Absent	Absent	U	18H0078-11
080218-12	(SP ID 30) 12399 Pembroke Road	11:19	D	/ 3.2	9.00		Absent	Absent	U	18H0078-12
080218-13	(SP ID 29) 241 SW 122nd Terrace	11:31	D	/ 3.3	9.02		Absent	Absent	U	18H0078-13
080218-14	(SP ID 28) 1050 NW 123rd Avenue	11:42	D	/ 2.9	8.98		Absent	Absent	U	18H0078-14

**Average of disinfectant residuals for distribution routine & repeat Samples.<sup>5</sup>** Free chlorine or Total chlorine (circle one) / 3.3

**Disinfectant Residual Analysis Method:**  
 DPD Colorimetric  Other: \_\_\_\_\_  
**Person performing disinfectant analysis is (see instructions on reverse):**  
 A certified operator (# DWB#23804)  
 Supervised by certified operator (# \_\_\_\_\_)  
 Employed by a certified lab  Employed by DEP or DOH  
 Authorized representative of supplier of water

Unless otherwise noted, all tests are performed in accordance with NELAC standards, and the results relate only to the samples.

Date and time PWS notified by lab of positive results: \_\_\_\_\_  
 Date and time DEP/DOH notified by lab of positive results: \_\_\_\_\_  
 Date Report Issued: 07-Aug-2018 10:03  
**Lab Signature:** Enrique Ochoa  
**Title:** (CSM) Customer Service Manager

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

Satisfactory DEP/DOH USE ONLY  
 Incomplete Collection Information  
 Repeat Samples Required  
 Replacement Samples Required

Date Reviewed by DEP/DOH: \_\_\_\_\_  
 DEP/DOH Reviewing Official: \_\_\_\_\_

<sup>1</sup> For Sample Types see Instructions item I 16.  
<sup>2</sup> For Analysis Methods see Instructions item II 6.  
<sup>3</sup> Please circle appropriate selection.  
<sup>4</sup> Defined in Florida Administrative Code Rule 62-160, Table 1.  
<sup>5</sup> Complete for community & non-transient non-community systems serving populations up to and including 4,900. Do not include mv or plant samples in the average.

# DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORTING FORMAT

(02-550.730 Reporting Format Effective 01/1995, Revised 02/2010)

**Florida-Spectrum Environmental Services, Inc.**  
1460 W. McNab Road, Fort Lauderdale, FL 33309 Tel# (954) 978-6400  
Certification No. E86006

Lab Receipt Date & Time: 03-Aug-2018 16:35
Analysis Date & Time: 03-Aug-2018 17:30
<b>Sample Acceptance Criteria:</b>
Sample Preservation: <input checked="" type="checkbox"/> On Ice <input type="checkbox"/> Not On Ice <input checked="" type="checkbox"/> 0.20 °C
Disinfectant Check: <input checked="" type="checkbox"/> Not Detected <input type="checkbox"/> _____ mg/L
This sample does not meet the following NELAC requirements:

Report Number: 18H0133      Sub-Contract Lab ID: E86006

**Analysis Requested:** (check all that apply)

Total Coliform/E. coli    Total Coliform/Fecal    Enterococci    Coliphage    HPC    Other: \_\_\_\_\_

**Public Water System (PWS) Name:** City of Pembroke Pines

**PWS I.D.**

4	0	6	1	0	8	3
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**PWS Address:** 7960 Johnson Street

**City:** Pembroke Pines      **FL**      **33024**

**PWS or PWS Owner's Phone #:** (754) 260-4509

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

**Collector:** Kevin Stone

**Collector's Phone #:** (954) 582-4300/850-557-71477

**Type of Supply:** (check only one)

Community Water System    Non-Transient Non-community Water System    Transient Non-community Water System  
 Limited Use System    Bottled Water    Private Well    Swimming Pool    Other: \_\_\_\_\_

**Reason for Sampling:** (check all that apply)

Distribution Routine    Distribution Repeat    Raw (triggered or assessment)    Raw (triggered or assessment) additional    Well Survey  
 Clearance    Replacement (also check type of sample being replaced)    Boil Water Notice    Other: \_\_\_\_\_

**Sample Collection Date:** 8/3/18

To be completed by collector of sample						To be completed by lab				
Sample #	Sample Point City of Pembroke Pines Monthly Bacteria City of Pembroke Pines, FL	Sample Collection Time	Sample Type	Disinfectant Residual (mg/L)	pH	Analysis Method(s)2: Total Coliform/E.Coli (PA) by Colifert in Water (SM9223B)				
						Non-Coliform	Total Coliform	Fecal (E.Coli), Enterococci or Coliphage3	Data Qualifier4	Lab Sample #
080318-01	(SP ID 26) 2110 NW 120th Terrace	8:44	D	/ 2.2	8.94		Absent	Absent	U	18H0133-01
080318-02	(SP ID 34) 1601 SW 128th Terrace	9:08	D	/ 3.1	8.90		Absent	Absent	U	18H0133-02
080318-03	(SP ID 33) 750 SW 136th Avenue	9:22	D	/ 3.2	8.87		Absent	Absent	U	18H0133-03
080318-04	(SP ID 67) 788 NW 135th Terrace	9:38	D	/ 3.3	8.94		Absent	Absent	U	18H0133-04
080318-05	(SP ID 31) 13702 NW 20th Street	9:51	D	/ 3.3	8.91		Absent	Absent	U	18H0133-05
080318-06	(SP ID 32) 13771 NW 16th Street	10:03	D	/ 3.2	8.97		Absent	Absent	U	18H0133-06
080318-07	(SP ID 36) 2250 NW 145th Avenue	10:17	D	/ 3.2	8.96		Absent	Absent	U	18H0133-07

**Average of disinfectant residuals for distribution routine & repeat Samples.5** Free chlorine or Total chlorine (circle one)

/ 3.1

**Disinfectant Residual Analysis Method:**

DPD Colorimetric    Other: \_\_\_\_\_

**Person performing disinfectant analysis is (see instructions on reverse):**

A certified operator (# DWB#23804 )  
 Supervised by certified operator (# \_\_\_\_\_ )  
 Employed by a certified lab    Employed by DEP or DOH  
 Authorized representative of supplier of water

Unless otherwise noted, all tests are performed in accordance with NELAC standards, and the results relate only to the samples.

Date and time PWS notified by lab of positive results: \_\_\_\_\_

Date and time DEP/DOH notified by lab of positive results: \_\_\_\_\_

Date Report Issued: 07-Aug-2018 10:30

**Lab Signature:** Enrique Ochoa

**Title:** (CSM) Customer Service Manager

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

<input type="checkbox"/> Satisfactory	DEP/DOH USE ONLY
<input type="checkbox"/> Incomplete Collection Information	
<input type="checkbox"/> Repeat Samples Required	
<input type="checkbox"/> Replacement Samples Required	
Date Reviewed by DEP/DOH: _____	
DEP/DOH Reviewing Official: _____	

<sup>1</sup> For Sample Types see Instructions item I 16.

<sup>2</sup> For Analysis Methods see Instructions item II 6.

<sup>3</sup> Please circle appropriate selection.

<sup>4</sup> Defined in Florida Administrative Code Rule 62-160, Table 1.

<sup>5</sup> Complete for community & non-transient non-community systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.

# DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORTING FORMAT

(62-550.730 Reporting Format Effective 01/1995, Revised 02/2010)

**Florida-Spectrum Environmental Services, Inc.**  
1460 W. McNab Road, Fort Lauderdale, FL 33309 Tel# (954) 978-6400  
Certification No. E86006

Lab Receipt Date & Time: <u>03-Aug-2018 16:35</u>
Analysis Date & Time: <u>03-Aug-2018 17:30</u>
<b>Sample Acceptance Criteria:</b> Sample Preservation: <input checked="" type="checkbox"/> On Ice <input type="checkbox"/> Not On Ice <input checked="" type="checkbox"/> 0.20 °C Disinfectant Check: <input checked="" type="checkbox"/> Not Detected <input type="checkbox"/> _____ mg/L This sample does not meet the following NELAC requirements:

Report Number: 18H0133      Sub-Contract Lab ID: E86006

**Analysis Requested:** (check all that apply)  
 Total Coliform/*E. coli*    Total Coliform/Fecal    Enterococci    Coliphage    HPC    Other: \_\_\_\_\_

**Public Water System (PWS) Name:** City of Pembroke Pines      **PWS I.D.**

4	0	6	1	0	8	3
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PWS Address: 7960 Johnson Street      City: Pembroke Pines      FL      33024

PWS or PWS Owner's Phone #: (754) 260-4509      Fax #: (954) 986-5025

**Collector:** Kevin Stone      Collector's Phone #: (954) 582-4300/850-557-7147

**Type of Supply:** (check only one)  
 Community Water System    Non-Transient Non-community Water System    Transient Non-community Water System  
 Limited Use System    Bottled Water    Private Well    Swimming Pool    Other: \_\_\_\_\_

**Reason for Sampling:** (check all that apply)  
 Distribution Routine    Distribution Repeat    Raw (triggered or assessment)    Raw (triggered or assessment) additional    Well Survey  
 Clearance    Replacement (also check type of sample being replaced)    Boil Water Notice    Other: \_\_\_\_\_

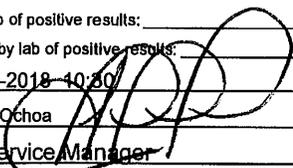
**Sample Collection Date:** 8/3/18

To be completed by collector of sample						To be completed by lab				
Sample #	Sample Point City of Pembroke Pines Monthly Bacteria City of Pembroke Pines, FL	Sample Collection Time	Sample Type	Disinfectant Residual (mg/L)	pH	Analysis Method(s)2: Total Coliform/ <i>E. Coli</i> (PA) by Colilert in Water (SM9223B)				
						Non-Coliform	Total Coliform	Fecal <i>E. Coli</i> / Enterococci / Coliphage3	Data Qualifier4	Lab Sample #
080318-08	(SP ID 37) 1142 NW 141st Avenue	10:31	D	/ 3.2	8.95		Absent	Absent	U	18H0133-08
080318-09	(SP ID 38) 14300 SW 8th Street	10:47	D	/ 3.2	8.90		Absent	Absent	U	18H0133-09
080318-10	(SP ID 40) 300 SW 147th Avenue	11:10	D	/ 3.0	8.88		Absent	Absent	U	18H0133-10
080318-11	(SP ID 43) 1234 SW 159th Lane	11:28	D	/ 3.1	8.96		Absent	Absent	U	18H0133-11
080318-12	(SP ID 42) 69 NW 181st Avenue	11:45	D	/ 3.2	8.91		Absent	Absent	U	18H0133-12
080318-13	(SP ID 39) 15714 NW 24th Street	12:05	D	/ 3.1	8.94		Absent	Absent	U	18H0133-13
080318-14	(SP ID 41) 16028 NW 21st Street	12:17	D	/ 2.4	8.93		Absent	Absent	U	18H0133-14

**Average of disinfectant residuals for distribution routine & repeat Samples.5** Free chlorine or Total chlorine (circle one)      / 3.1

**Disinfectant Residual Analysis Method:**  
 DPD Colorimetric    Other: \_\_\_\_\_  
**Person performing disinfectant analysis is (see instructions on reverse):**  
 A certified operator (# DWB#23804)  
 Supervised by certified operator (# \_\_\_\_\_)  
 Employed by a certified lab    Employed by DEP or DOH  
 Authorized representative of supplier of water

Unless otherwise noted, all tests are performed in accordance with NELAC standards, and the results relate only to the samples.

Date and time PWS notified by lab of positive results: \_\_\_\_\_  
 Date and time DEP/DOH notified by lab of positive results: \_\_\_\_\_  
 Date Report Issued: 07-Aug-2018 10:30  
**Lab Signature:** Enrique Ochoa   
**Title:** (CSM) Customer Service Manager

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

Satisfactory      DEP/DOH USE ONLY  
 Incomplete Collection Information  
 Repeat Samples Required  
 Replacement Samples Required  
 Date Reviewed by DEP/DOH: \_\_\_\_\_  
 DEP/DOH Reviewing Official: \_\_\_\_\_

<sup>1</sup> For Sample Types see Instructions item I.16.  
<sup>2</sup> For Analysis Methods see Instructions item II.6.  
<sup>3</sup> Please circle appropriate selection.  
<sup>4</sup> Defined in Florida Administrative Code Rule 62-160, Table I.  
<sup>5</sup> Complete for community & non-transient non-community systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.

# DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORTING FORMAT

(62-550.730 Reporting Format Effective 01/1995, Revised 02/2010)

**Florida-Spectrum Environmental Services, Inc.**  
1460 W. McNab Road, Fort Lauderdale, FL 33309 Tel# (954) 978-6400  
Certification No. E86006

Lab Receipt Date & Time: <u>06-Aug-2018 16:05</u>
Analysis Date & Time: <u>06-Aug-2018 17:45</u>
<b>Sample Acceptance Criteria:</b> Sample Preservation: <input checked="" type="checkbox"/> On Ice <input type="checkbox"/> Not On Ice <input checked="" type="checkbox"/> 1.40 °C Disinfectant Check: <input checked="" type="checkbox"/> Not Detected <input type="checkbox"/> _____ mg/L This sample does not meet the following NELAC requirements:

Report Number: 18H0158      Sub-Contract Lab ID: E86006

**Analysis Requested:** (check all that apply)

Total Coliform/E. coli    Total Coliform/Fecal    Enterococci    Coliphage    HPC    Other: \_\_\_\_\_

**Public Water System (PWS) Name:** City of Pembroke Pines      **PWS I.D.**

4	0	6	1	0	8	3
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PWS Address: 7960 Johnson Street      City: Pembroke Pines      FL      33024

PWS or PWS Owner's Phone #: (754) 260-4509      Fax #: (954) 986-5025

**Collector:** Kevin Stone      Collector's Phone #: (954) 582-4300/850-557-7147

**Type of Supply:** (check only one)

Community Water System    Non-Transient Non-community Water System    Transient Non-community Water System  
 Limited Use System    Bottled Water    Private Well    Swimming Pool    Other: \_\_\_\_\_

**Reason for Sampling:** (check all that apply)

Distribution Routine    Distribution Repeat    Raw (triggered or assessment)    Raw (triggered or assessment) additional    Well Survey  
 Clearance    Replacement (also check type of sample being replaced)    Boil Water Notice    Other: \_\_\_\_\_

**Sample Collection Date:** 8/6/18

To be completed by collector of sample						To be completed by lab				
Sample #	Sample Point City of Pembroke Pines Monthly Bacteria City of Pembroke Pines, FL	Sample Collection Time	Sample Type	Disinfectant Residual (mg/L)	pH	Analysis Method(s)2: Total Coliform/E. Coli (PA) by Colilert in Water (SM9223B)				
						Non-Coliform	Total Coliform	Fecal <u>E. Coli</u> , Enterococci or Coliphage3	Data Qualifier4	Lab Sample #
080618-01	(SP ID 21) 1751 N. Hiatus Road	8:58	D	/ 3.5	8.95		Absent	Absent	U	18H0158-01
080618-02	(SP ID 23) 10755 NW 10th Street	8:45	D	/ 3.4	8.79		Absent	Absent	U	18H0158-02
080618-03	(SP ID 24) 200 S. Hiatus Road	9:15	D	/ 3.4	8.89		Absent	Absent	U	18H0158-03
080618-04	(SP ID 25) 11131 SW 13th Street	9:30	D	/ 3.0	8.75		Absent	Absent	U	18H0158-04
080618-05	(SP ID 30) 12399 Pembroke Road	9:46	D	/ 3.5	8.94		Absent	Absent	U	18H0158-05
080618-06	(SP ID 29) 241 SW 122nd Terrace	9:58	D	/ 3.4	8.93		Absent	Absent	U	18H0158-06
080618-07	(SP ID 28) 1050 NW 123rd Avenue	10:12	D	/ 3.4	8.89		Absent	Absent	U	18H0158-07

**Average of disinfectant residuals for distribution routine & repeat Samples.5** Free chlorine or Total chlorine (circle one)      / 3.3

**Disinfectant Residual Analysis Method:**  
 DPD Colorimetric    Other: \_\_\_\_\_

**Person performing disinfectant analysis is (see instructions on reverse):**  
 A certified operator (# DWB#23804 )  
 Supervised by certified operator (# \_\_\_\_\_)  
 Employed by a certified lab    Employed by DEP or DOH  
 Authorized representative of supplier of water

Unless otherwise noted, all tests are performed in accordance with NELAC standards, and the results relate only to the samples.

Date and time PWS notified by lab of positive results: \_\_\_\_\_  
Date and time DEP/DOH notified by lab of positive results: \_\_\_\_\_  
Date Report Issued: 13-Aug-2018 10:57

**Lab Signature:** Enrique Ochoa   
**Title:** (CSM) Customer Service Manager

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

<input type="checkbox"/> Satisfactory	DEP/DOH USE ONLY
<input type="checkbox"/> Incomplete Collection Information	
<input type="checkbox"/> Repeat Samples Required	
<input type="checkbox"/> Replacement Samples Required	
Date Reviewed by DEP/DOH: _____	
DEP/DOH Reviewing Official: _____	

<sup>1</sup> For Sample Types see Instructions item I.16.  
<sup>2</sup> For Analysis Methods see Instructions item II.6.  
<sup>3</sup> Please circle appropriate selection.  
<sup>4</sup> Defined in Florida Administrative Code Rule 62-160, Table 1.  
<sup>5</sup> Complete for community & non-transient non-community systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.

# DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORTING FORMAT

(62-550.730 Reporting Format Effective 01/1995, Revised 02/2010)

**Florida-Spectrum Environmental Services, Inc.**  
 1460 W. McNab Road, Fort Lauderdale, FL 33309 Tel# (954) 978-6400  
 Certification No. E86006

Lab Receipt Date & Time: <u>06-Aug-2018 16:05</u>
Analysis Date & Time: <u>06-Aug-2018 17:45</u>
<b>Sample Acceptance Criteria:</b>
Sample Preservation: <input checked="" type="checkbox"/> On Ice <input type="checkbox"/> Not On Ice <input checked="" type="checkbox"/> 1.40 °C
Disinfectant Check: <input checked="" type="checkbox"/> Not Detected <input type="checkbox"/> _____ mg/L
This sample does not meet the following NELAC requirements:

Report Number: 18H0158      Sub-Contract Lab ID: E86006

**Analysis Requested:** (check all that apply)

Total Coliform/*E. coli*    Total Coliform/Fecal    Enterococci    Coliphage    HPC    Other: \_\_\_\_\_

**Public Water System (PWS) Name:** City of Pembroke Pines      **PWS I.D.**

4	0	6	1	0	8	3
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PWS Address: 7960 Johnson Street      City: Pembroke Pines      FL      33024

PWS or PWS Owner's Phone #: (754) 260-4509      Fax #: (954) 986-5025

**Collector:** Kevin Stone      Collector's Phone #: (954) 582-4300/850-557-7147

**Type of Supply:** (check only one)

Community Water System    Non-Transient Non-community Water System    Transient Non-community Water System  
 Limited Use System    Bottled Water    Private Well    Swimming Pool    Other: \_\_\_\_\_

**Reason for Sampling:** (check all that apply)

Distribution Routine    Distribution Repeat    Raw (triggered or assessment)    Raw (triggered or assessment) additional    Well Survey  
 Clearance    Replacement (also check type of sample being replaced)    Boil Water Notice    Other: \_\_\_\_\_

**Sample Collection Date:** 8/6/18

To be completed by collector of sample						To be completed by lab				
Sample #	Sample Point City of Pembroke Pines Monthly Bacteria City of Pembroke Pines, FL	Sample Collection Time	Sample Type	Disinfectant Residual (mg/L)	pH	Analysis Method(s)2: Total Coliform/E.Coli (PA) by Colilert in Water (SM9223B)				
						Non-Coliform	Total Coliform	Fecal <i>E. Coli</i> , Enterococci or Coliphage3	Data Qualifier4	Lab Sample #
080618-08	(SP ID 26) 2110 NW 120th Terrace	10:26	D	/ 2.6	8.76		Absent	Absent	U	18H0158-08
080618-09	(SP ID 34) 1601 SW 128th Terrace	10:50	D	/ 3.4	8.95		Absent	Absent	U	18H0158-09
080618-10	(SP ID 33) 750 SW 136th Avenue	11:05	D	/ 3.4	8.94		Absent	Absent	U	18H0158-10
080618-11	(SP ID 67) 788 NW 135th Terrace	11:18	D	/ 3.4	8.95		Absent	Absent	U	18H0158-11
080618-12	(SP ID 31) 13702 NW 20th Street	11:32	D	/ 3.5	8.97		Absent	Absent	U	18H0158-12
080618-13	(SP ID 32) 13771 NW 16th Street	11:43	D	/ 3.5	8.96		Absent	Absent	U	18H0158-13
080618-14	(SP ID 36) 2250 NW 145th Avenue	11:57	D	/ 3.4	8.93		Absent	Absent	U	18H0158-14

**Average of disinfectant residuals for distribution routine & repeat Samples.5** Free chlorine or Total chlorine (circle one) / 3.3

**Disinfectant Residual Analysis Method:**  
 DPD Colorimetric    Other: \_\_\_\_\_

**Person performing disinfectant analysis is (see instructions on reverse):**  
 A certified operator (# DWB#23804 )  
 Supervised by certified operator (# \_\_\_\_\_)  
 Employed by a certified lab    Employed by DEP or DOH  
 Authorized representative of supplier of water

Unless otherwise noted, all tests are performed in accordance with NELAC standards, and the results relate only to the samples.

Date and time PWS notified by lab of positive results: \_\_\_\_\_  
 Date and time DEP/DOH notified by lab of positive results: \_\_\_\_\_  
 Date Report Issued: 13-Aug-2018 10:57  
**Lab Signature:** Enrique Ochoa   
**Title:** (CSM) Customer Service Manager

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

Satisfactory      **DEP/DOH USE ONLY**  
 Incomplete Collection Information  
 Repeat Samples Required  
 Replacement Samples Required

Date Reviewed by DEP/DOH: \_\_\_\_\_  
 DEP/DOH Reviewing Official: \_\_\_\_\_

<sup>1</sup> For Sample Types see Instructions item I 16.  
<sup>2</sup> For Analysis Methods see Instructions item II 6.  
<sup>3</sup> Please circle appropriate selection.  
<sup>4</sup> Defined in Florida Administrative Code Rule 62-160, Table 1.  
<sup>5</sup> Complete for community & non-transient non-community systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.

# DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORTING FORMAT

(62-550.730 Reporting Format Effective 01/1995, Revised 02/2010)

**Florida-Spectrum Environmental Services, Inc.**  
1460 W. McNab Road, Fort Lauderdale, FL 33309 Tel# (954) 978-6400  
Certification No. E86006

Lab Receipt Date & Time: 06-Aug-2018 16:05

Analysis Date & Time: 06-Aug-2018 17:45

**Sample Acceptance Criteria:**

Sample Preservation:  On Ice  Not On Ice  1.40 °C  
Disinfectant Check:  Not Detected  \_\_\_\_\_ mg/L  
This sample does not meet the following NELAC requirements:

Report Number: 18H0158 Sub-Contract Lab ID: E86006

**Analysis Requested:** (check all that apply)

Total Coliform/*E. coli*  Total Coliform/Fecal  Enterococci  Coliphage  HPC  Other: \_\_\_\_\_

**Public Water System (PWS) Name:** City of Pembroke Pines **PWS I.D.**

4	0	6	1	0	8	3
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PWS Address: 7960 Johnson Street City: Pembroke Pines FL 33024

PWS or PWS Owner's Phone #: (754) 260-4509 Fax #: (954) 986-5025

**Collector:** Kevin Stone Collector's Phone #: (954) 582-4300/850-557-7147

**Type of Supply:** (check only one)

Community Water System  Non-Transient Non-community Water System  Transient Non-community Water System  
 Limited Use System  Bottled Water  Private Well  Swimming Pool  Other: \_\_\_\_\_

**Reason for Sampling:** (check all that apply)

Distribution Routine  Distribution Repeat  Raw (triggered or assessment)  Raw (triggered or assessment) additional  Well Survey  
 Clearance  Replacement (also check type of sample being replaced)  Boil Water Notice  Other: \_\_\_\_\_

**Sample Collection Date:** 8/6/18

To be completed by collector of sample						To be completed by lab				
Sample #	Sample Point City of Pembroke Pines Monthly Bacteria City of Pembroke Pines, FL	Sample Collection Time	Sample Type	Disinfectant Residual (mg/L)	pH	Analysis Method(s)2: Total Coliform/E.Coli (PA) by Collitert in Water (SM9223B)				
						Non-Coliform	Total Coliform	Fecal ( <i>E. Coli</i> , Enterococci or Coliphage)3	Data Qualifier4	Lab Sample #
080618-15	(SP ID 37) 1142 NW 141st Avenue	12:09	D	/ 3.4	8.95	Absent	Absent	Absent	U	18H0158-15
080618-16	(SP ID 38) 14300 SW 8th Street	12:22	D	/ 3.4	8.95	Absent	Absent	Absent	U	18H0158-16
080618-17	(SP ID 40) 300 SW 147th Avenue	12:42	D	/ 3.5	8.97	Absent	Absent	Absent	U	18H0158-17
080618-18	(SP ID 43) 1234 SW 159th Lane	12:58	D	/ 3.3	8.90	Absent	Absent	Absent	U	18H0158-18
080618-19	(SP ID 42) 69 NW 161st Avenue	13:12	D	/ 3.4	8.95	Absent	Absent	Absent	U	18H0158-19
080618-20	(SP ID 39) 15714 NW 24th Street	13:28	D	/ 3.4	9.94	Absent	Absent	Absent	U	18H0158-20
080618-21	(SP ID 41) 16028 NW 21st Street	13:38	D	/ 2.3	8.78	Absent	Absent	Absent	U	18H0158-21

**Average of disinfectant residuals for distribution routine & repeat Samples.6** Free chlorine or Total chlorine (circle one) / 3.3

**Disinfectant Residual Analysis Method:**  
 DPD Colorimetric  Other: \_\_\_\_\_

**Person performing disinfectant analysis is (see instructions on reverse):**  
 A certified operator (# DWB#23804)  
 Supervised by certified operator (# \_\_\_\_\_)  
 Employed by a certified lab  Employed by DEP or DOH  
 Authorized representative of supplier of water

Unless otherwise noted, all tests are performed in accordance with NELAC standards, and the results relate only to the samples.

Date and time PWS notified by lab of positive results: \_\_\_\_\_  
Date and time DEP/DOH notified by lab of positive results: \_\_\_\_\_  
Date Report Issued: 13-Aug-2018 10:57  
**Lab Signature:** Enrique Ochoa  
**Title:** (CSM) Customer Service Manager

Juquitta Dieth  
Jacobs/CH2M-City of Pembroke Pines WTP  
7960 Johnson Street  
Pembroke Pines FL 33024

Satisfactory DEP/DOH USE ONLY  
 Incomplete Collection Information  
 Repeat Samples Required  
 Replacement Samples Required

Date Reviewed by DEP/DOH: \_\_\_\_\_  
DEP/DOH Reviewing Official: \_\_\_\_\_

<sup>1</sup> For Sample Types see Instructions item I 16.  
<sup>2</sup> For Analysis Methods see Instructions item II 6.  
<sup>3</sup> Please circle appropriate selection.  
<sup>4</sup> Defined in Florida Administrative Code Rule 62-160, Table 1.  
<sup>5</sup> Complete for community & non-transient non-community systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.

# DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORTING FORMAT

(62-550.730 Reporting Format Effective 01/15/95, Revised 02/2010)

**Florida-Spectrum Environmental Services, Inc.**  
 1460 W. McNab Road, Fort Lauderdale, FL 33309 Tel# (954) 978-6400  
 Certification No. E86006

Lab Receipt Date & Time: 09-Aug-2018 15:35

Analysis Date & Time: 09-Aug-2018 17:30

**Sample Acceptance Criteria:**

Sample Preservation:  On Ice  Not On Ice  2.20 °C  
 Disinfectant Check:  Not Detected  \_\_\_\_\_ mg/L  
 This sample does not meet the following NELAC requirements:

Report Number: 18H0325 Sub-Contract Lab ID: E86006

**Analysis Requested:** (check all that apply)

Total Coliform/*E. coli*  Total Coliform/Fecal  Enterococci  Coliphage  HPC  Other: \_\_\_\_\_

Public Water System (PWS) Name: City of Pembroke Pines

PWS I.D.

4	0	6	1	0	8	3
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PWS Address: 7960 Johnson Street

City: Pembroke Pines FL 33024

PWS or PWS Owner's Phone #: (754) 260-4509

Fax #: (954) 986-5025

Collector: Kevin Stone

Collector's Phone #: (954) 582-4300/850-557-7147/

**Type of Supply:** (check only one)

Community Water System  Non-Transient Non-community Water System  Transient Non-community Water System  
 Limited Use System  Bottled Water  Private Well  Swimming Pool  Other: \_\_\_\_\_

**Reason for Sampling:** (check all that apply)

Distribution Routine  Distribution Repeat  Raw (triggered or assessment)  Raw (triggered or assessment) additional  Well Survey  
 Clearance  Replacement (also check type of sample being replaced)  Boil Water Notice  Other: \_\_\_\_\_

Sample Collection Date: 8/9/18

To be completed by collector of sample						To be completed by lab				
Sample #	Sample Point City of Pembroke Pines Monthly Bacteria City of Pembroke Pines, FL	Sample Collection Time	Sample Type	Disinfectant Residual (mg/L)	pH	Analysis Method(s)2: Total Coliform/E.Coli (PA) by Colilert in Water (SM9223B)				
						Non-Coliform	Total Coliform	Fecal <i>E. Coli</i> , Enterococci or Coliphage3	Data Qualifier4	Lab Sample #
080918-01	(SP ID 44) 6749 Segovia Circle West	9:27	D	/ 1.8	8.66		Absent	Absent	U	18H0325-01
080918-02	(SP ID 45) 2300 NW 172nd Avenue	9:49	D	/ 1.5	8.72		Absent	Absent	U	18H0325-02
080918-03	(SP ID 46) 2098 NW 171st Terrace	10:05	D	/ 1.5	8.71		Absent	Absent	U	18H0325-03
080918-04	(SP ID 47) 17100 Pines Blvd.	10:25	D	/ 2.5	8.49		Absent	Absent	U	18H0325-04
080918-05	(SP ID 48) 17059 SW 16th Street	10:47	D	/ 2.4	8.52		Absent	Absent	U	18H0325-05
080918-06	(SP ID 27) 450 SW 182nd Way	11:02	D	/ 2.3	8.55		Absent	Absent	U	18H0325-06
080918-07	(SP ID 49) 17817 NW 15th Street	11:17	D	/ 1.7	8.70		Absent	Absent	U	18H0325-07

Average of disinfectant residuals for distribution routine & repeat Samples.5 Free chlorine or Total chlorine (circle one)

/ 2.1

**Disinfectant Residual Analysis Method:**

DPD Colorimetric  Other: \_\_\_\_\_

**Person performing disinfectant analysis is (see instructions on reverse):**

A certified operator (# DWB 23804)  
 Supervised by certified operator (# \_\_\_\_\_)  
 Employed by a certified lab  Employed by DEP or DOH  
 Authorized representative of supplier of water

Unless otherwise noted, all tests are performed in accordance with NELAC standards, and the results relate only to the samples.

Date and time PWS notified by lab of positive results: \_\_\_\_\_

Date and time DEP/DOH notified by lab of positive results: \_\_\_\_\_

Date Report Issued: 16-Aug-2018 10:27

Lab Signature: Enrique Ochoa

Title: (CSM) Customer Service Manager

Juquitta Drieth

Jacobs/CH2M-City of Pembroke Pines W1  
 7960 Johnson Street

Pembroke Pines FL 33024

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

DEP/DOH USE ONLY

Date Reviewed by DEP/DOH: \_\_\_\_\_

DEP/DOH Reviewing Official: \_\_\_\_\_

<sup>1</sup> For Sample Types see Instructions item 1.6.  
<sup>2</sup> For Analysis Methods see Instructions item 11.6.

<sup>3</sup> Please circle appropriate selection.  
<sup>4</sup> Defined in Florida Administrative Code Rule 62-160, Table 1

<sup>5</sup> Complete for community & non-transient non-community systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.

# DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORTING FORMAT

(02-550.730 Reporting Format Effective 01/1995, Revised 02/2010)

**Florida-Spectrum Environmental Services, Inc.**  
 1460 W. McNab Road, Fort Lauderdale, FL 33309 Tel# (954) 978-6400  
 Certification No. E86006

Lab Receipt Date & Time: <u>09-Aug-2018 15:35</u>
Analysis Date & Time: <u>09-Aug-2018 17:30</u>
<b>Sample Acceptance Criteria:</b>
Sample Preservation: <input checked="" type="checkbox"/> On Ice <input type="checkbox"/> Not On Ice <input checked="" type="checkbox"/> 2.20 °C
Disinfectant Check: <input checked="" type="checkbox"/> Not Detected <input type="checkbox"/> _____ mg/L
This sample does not meet the following NELAC requirements:

Report Number: 18H0325 Sub-Contract Lab ID: E86006

**Analysis Requested:** (check all that apply)

Total Coliform/*E. coli*  Total Coliform/Fecal  Enterococci  Coliphage  HPC  Other: \_\_\_\_\_

**Public Water System (PWS) Name:** City of Pembroke Pines **PWS I.D.**

4	0	6	1	0	8	3
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**PWS Address:** 7960 Johnson Street **City:** Pembroke Pines **FL** 33024

**PWS or PWS Owner's Phone #:** (754) 260-4509 **Fax #:** (954) 986-5025

**Collector:** Kevin Stone **Collector's Phone #:** (954) 582-4300/850-557-7147/

**Type of Supply:** (check only one)

Community Water System  Non-Transient Non-community Water System  Transient Non-community Water System  
 Limited Use System  Bottled Water  Private Well  Swimming Pool  Other: \_\_\_\_\_

**Reason for Sampling:** (check all that apply)

Distribution Routine  Distribution Repeat  Raw (triggered or assessment)  Raw (triggered or assessment) additional  Well Survey  
 Clearance  Replacement (also check type of sample being replaced)  Boil Water Notice  Other: \_\_\_\_\_

**Sample Collection Date:** 8/9/18

To be completed by collector of sample						To be completed by lab				
Sample #	Sample Point City of Pembroke Pines Monthly Bacteria City of Pembroke Pines, FL	Sample Collection Time	Sample Type	Disinfectant Residual (mg/L)	pH	Analysis Method(s)2: Total Coliform/E.Coli (PA) by Collert in Water (SM9223B)				
						Non-Coliform	Total Coliform	Fecal <i>E. Coli</i> , Enterococci or Coliphage3	Data Qualifier4	Lab Sample #
080918-08	(SP ID 51) 2473 NW 184th Terrace	11:32	D	/ 1.8	8.78		Absent	Absent	U	18H0325-08
080918-09	(SP ID 52) 18411 Pines Blvd.	11:46	D	/ 2.2	8.58		Absent	Absent	U	18H0325-09
080918-10	(SP ID 58) 19370 SW 16th Street	12:10	D	/ 2.2	8.83		Absent	Absent	U	18H0325-10
080918-11	(SP ID 53) 18539 SW 12th Street	12:25	D	/ 2.5	8.69		Absent	Absent	U	18H0325-11
080918-12	(SP ID 57) 420 NW 197th Avenue	12:39	D	/ 2.3	8.70		Absent	Absent	U	18H0325-12
080918-13	(SP ID 56) 1263 NW 195th Avenue	12:53	D	/ 2.3	8.72		Absent	Absent	U	18H0325-13
080918-14	(SP ID 55) 19478 NW 24th Place	13:09	D	/ 2.2	8.68		Absent	Absent	U	18H0325-14

**Average of disinfectant residuals for distribution routine & repeat Samples.5** Free chlorine or Total chlorine (circle one) / 2.1

**Disinfectant Residual Analysis Method:**  
 DPD Colorimetric  Other: \_\_\_\_\_  
**Person performing disinfectant analysis is (see instructions on reverse):**  
 A certified operator (# DWB 23804)  
 Supervised by certified operator (# \_\_\_\_\_)  
 Employed by a certified lab  Employed by DEP or DOH  
 Authorized representative of supplier of water

Unless otherwise noted, all tests are performed in accordance with NELAC standards, and the results relate only to the samples.

Date and time PWS notified by lab of positive results: \_\_\_\_\_  
 Date and time DEP/DOH notified by lab of positive results: \_\_\_\_\_  
 Date Report Issued: 16-Aug-2018 10:27  
**Lab Signature:** Enrique Ochoa  
**Title:** (CSM) Customer Service Manager

Juquitta Drieth  
 Jacobs/CH2M-City of Pembroke Pines WT  
 7960 Johnson Street  
 Pembroke Pines FL 33024

<input type="checkbox"/> Satisfactory <input type="checkbox"/> Incomplete Collection Information <input type="checkbox"/> Repeat Samples Required <input type="checkbox"/> Replacement Samples Required	<b>DEP/DOH USE ONLY</b>  Date Reviewed by DEP/DOH: _____ DEP/DOH Reviewing Official: _____
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1 For Sample Types see Instructions item 1.1b.  
 2 For Analysis Methods see Instructions item 1.6.  
 3 Please circle appropriate selection.  
 4 Defined in Florida Administrative Code (Rule 62-160, Table 1.  
 5 Complete for community & non-transient non-community systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.

# DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORTING FORMAT

(02-550,730 Reporting Format Effective 01/15/15, Rev. of 02/10/10)

**Florida-Spectrum Environmental Services, Inc.**  
 1460 W. McNab Road, Fort Lauderdale, FL 33309 Tel# (954) 978-6400  
 Certification No. E86006

Lab Receipt Date & Time: <u>10-Aug-2018 16:20</u>
Analysis Date & Time: <u>10-Aug-2018 16:15</u>
Sample Acceptance Criteria: Sample Preservation: <input checked="" type="checkbox"/> On Ice <input type="checkbox"/> Not On Ice <input checked="" type="checkbox"/> 1.60 °C Disinfectant Check: <input checked="" type="checkbox"/> Not Detected <input type="checkbox"/> _____ mg/L This sample does not meet the following NELAC requirements: _____

Report Number: 18H0388      Sub-Contract Lab ID: E86006

**Analysis Requested:** (check all that apply)

Total Coliform/E. coli    Total Coliform/Fecal    Enterococci    Coliphage    HPC    Other: \_\_\_\_\_

**Public Water System (PWS) Name:** City of Pembroke Pines      **PWS I.D.**

4	0	6	1	0	8	3
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**PWS Address:** 7960 Johnson Street      City: Pembroke Pines      FL      33024

**PWS or PWS Owner's Phone #:** (754) 263-4609      Fax #: (354) 966-5325

**Collector:** Kevin Stone      Collector's Phone #: (954) 582-4300/850-557-7147

**Type of Supply:** (check only one)

Community Water System    Non-Transient Non-community Water System    Transient Non-community Water System  
 Limited Use System    Bottled Water    Private Well    Swimming Pool    Other: \_\_\_\_\_

**Reason for Sampling:** (check all that apply)

Distribution Routine    Distribution Repeat    Raw (triggered or assessment)    Raw (triggered or assessment) additional    Well Survey  
 Clearance    Replacement (also check type of sample being replaced)    Boil Water Notice    Other: \_\_\_\_\_

**Sample Collection Date:** 8/10/18

To be completed by collector of sample						To be completed by lab				
Sample #	Sample Point City of Pembroke Pines Monthly Bacteria City of Pembroke Pines, FL	Sample Collection Time	Sample Type	Disin- fectant Residual (mg/L)	pH	Analysis Method(s): Total Coliform/E.Coli (PA) by Colilert in Water (SM9223B)				
						Non- Coliform	Total Coliform	Fecal, E. Coli, Enterococci or Coliphage3	Data Qualifier4	Lab Sample #
081018-01	(SP ID 54) 6351 SW 195th Avenue	10:43	D	1.3	8.51		Absent	Absent	U	18H0388-01
081018-02	(SP ID 59) 5030 SW 207th Terrace	11:12	D	1.3	8.73		Absent	Absent	U	18H0388-02
081018-03	(SP ID 63) 21250 Sheridan Street	11:31	D	2.4	8.70		Absent	Absent	U	18H0388-03
081018-04	(SP ID 64) 21900 NW 8th Place	11:48	D	2.4	8.88		Absent	Absent	U	18H0388-04
081018-05	(SP ID 66) 21651 NW 7th Street	12:00	D	2.4	8.74		Absent	Absent	U	18H0388-05
081018-06	(SP ID 62) 20701 Pembroke Road	12:17	D	1.6	8.33		Absent	Absent	U	18H0388-06
081018-07	(SP ID 61) 20501 SW 1st Street	12:34	D	1.0	8.46		Absent	Absent	U	18H0388-07

**Average of disinfectant residuals for distribution routine & repeat samples.** Free chlorine or Total chlorine (circle one)      1.9

**Disinfectant Residual Analysis Method:**  
 DPD Colorimetric    Other: \_\_\_\_\_  
**Person performing disinfectant analysis is (see instructions on reverse):**  
 A certified operator (# DWB 23804 )  
 Supervised by certified operator (# \_\_\_\_\_ )  
 Employed by a certified lab    Employed by DEP or DOH  
 Authorized representative of supplier of water

Unless otherwise noted, all tests are performed in accordance with NELAC standards, and the results relate only to the samples.

Date and time PWS notified by lab of positive results: \_\_\_\_\_  
 Date and time DEP/DOH notified by lab of positive results: \_\_\_\_\_  
 Date Report Issued: 20-Aug-2018 8:14  
**Lab Signature:** Enrique Ochoa  
**Title:** (CSM) Customer Service Manager

**Juquitta Dreth**  
 Jacobs/CH2M-City of Pembroke Pines WTP  
 7960 Johnson Street  
 Pembroke Pines      FL      33024

<input type="checkbox"/> Satisfactory <input type="checkbox"/> Incomplete Collection Information <input type="checkbox"/> Repeat Samples Required <input type="checkbox"/> Replacement Samples Required	<b>DEP/DOH USE ONLY</b>  Date Reviewed by DEP/DOH: _____ DEP/DOH Reviewing Official: _____
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1. For Sample Preservation instructions see 1.1.1.1  
 2. For Analysis Method see Instructions on this form  
 3. Please circle appropriate chlorine  
 4. Defined in Florida Administrative Code at 62D-02.002(2), Table 1  
 5. Sample collection date & time must not be common to several samples being reported together and include the date and time of sample collection.

# DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORTING FORMAT

(02-530.730 Reporting Format Effective 01/1995, Revised 02/2010)

**Florida-Spectrum Environmental Services, Inc.**  
 1460 W. McNab Road, Fort Lauderdale, FL 33309 Tel# (954) 978-6400  
 Certification No. E86006

Lab Receipt Date & Time: <u>13-Aug-2018 16:30</u>
Analysis Date & Time: <u>13-Aug-2018 18:15</u>
<b>Sample Acceptance Criteria:</b>
Sample Preservation: <input checked="" type="checkbox"/> On Ice <input type="checkbox"/> Not On Ice <input checked="" type="checkbox"/> <u>2.00</u> °C
Disinfectant Check: <input checked="" type="checkbox"/> Not Detected <input type="checkbox"/> _____ mg/L
This sample does not meet the following NELAC requirements:

Report Number: 18H0445      Sub-Contract Lab ID: E86006

**Analysis Requested:** (check all that apply)  
 Total Coliform/E. coli    Total Coliform/Fecal    Enterococci    Coliphage    HPC    Other: \_\_\_\_\_

**Public Water System (PWS) Name:** City of Pembroke Pines      **PWS I.D.**

4	0	6	1	0	8	3
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PWS Address: 7960 Johnson Street      City: Pembroke Pines      FL      33024

PWS or PWS Owner's Phone #: (754) 260-4609      Fax #: (954) 986-5025

**Collector:** Kevin Stone      Collector's Phone #: (954) 582-4300/850-557-7147

**Type of Supply:** (check only one)  
 Community Water System    Non-Transient Non-community Water System    Transient Non-community Water System  
 Limited Use System    Bottled Water    Private Well    Swimming Pool    Other: \_\_\_\_\_

**Reason for Sampling:** (check all that apply)  
 Distribution Routine    Distribution Repeat    Raw (triggered or assessment)    Raw (triggered or assessment) additional    Well Survey  
 Clearance    Replacement (also check type of sample being replaced)    Boil Water Notice    Other: \_\_\_\_\_

**Sample Collection Date:** 8/13/18

To be completed by collector of sample						To be completed by lab				
Sample #	Sample Point City of Pembroke Pines Monthly Bacteria City of Pembroke Pines, FL	Sample Collection Time	Sample Type	Disinfectant Residual (mg/L)	pH	Analysis Method(s): Total Coliform/E. Coli (PA) by Colilert in Water (SM9223B)				
						Non-Coliform	Total Coliform	Fecal, E. Coli, Enterococci or Coliphage3	Data Qualifier4	Lab Sample #
081318-01	(SP ID 1) 2040 NW 74th Avenue	12:08	D	/ 3.2	9.04		Absent	Absent	U	18H0445-01
081318-02	(SP ID 2) 7610 Taft Street	12:21	D	/ 3.4	9.13		Absent	Absent	U	18H0445-02
081318-03	(SP ID 3) 7741 Johnson Street	12:31	D	/ 3.6	9.21		Absent	Absent	U	18H0445-03
081318-04	(SP ID 4) 120 NW 73rd Avenue	12:46	D	/ 3.3	9.10		Absent	Absent	U	18H0445-04
081318-05	(SP ID 5) 7021 SW 9th Street	13:01	D	/ 3.0	9.11		Absent	Absent	U	18H0445-05
081318-06	(SP ID 11) 1530 SW 85th Avenue	13:18	D	/ 3.1	9.14		Absent	Absent	U	18H0445-06
081318-07	(SP ID 10) 199 N. University Drive	13:34	D	/ 3.0	9.00		Absent	Absent	U	18H0445-07

**Average of disinfectant residuals for distribution routine & repeat Samples.5** Free chlorine or Total chlorine (circle one)      / 3.4

**Disinfectant Residual Analysis Method:**  
 DPD Colorimetric    Other: \_\_\_\_\_  
**Person performing disinfectant analysis is (see instructions on reverse):**  
 A certified operator (# DWB#23804)  
 Supervised by certified operator (# \_\_\_\_\_)  
 Employed by a certified lab    Employed by DEP or DOH  
 Authorized representative of supplier of water

Unless otherwise noted, all tests are performed in accordance with NELAC standards, and the results relate only to the samples.

Date and time PWS notified by lab of positive results: \_\_\_\_\_  
 Date and time DEP/DOH notified by lab of positive results: \_\_\_\_\_  
 Date Report Issued: 16-Aug-2018 16:46  
**Lab Signature:** Enrique Ochoa  
**Title:** (CSM) Customer Service Manager

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

<input type="checkbox"/> Satisfactory <input type="checkbox"/> Incomplete Collection Information <input type="checkbox"/> Repeat Samples Required <input type="checkbox"/> Replacement Samples Required	<b>DEP/DOH USE ONLY</b>  Date Reviewed by DEP/DOH: _____ DEP/DOH Reviewing Official: _____
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1 For Sample Types see instructions item 1.16  
 2 For Analysis Methods see instructions item 11.6  
 3 Please circle appropriate selection

4 Defined in Florida Administrative Code Rule 62-160, Table 1  
 5 Complete for community & non-transient non-community systems serving populations up to and including 4,000. Do not include raw or plant samples in the average.

# DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORTING FORMAT

(62-550,730 Reporting Format Effective 01/1995, Revised 02/2010)

**Florida-Spectrum Environmental Services, Inc.**  
1460 W. McNab Road, Fort Lauderdale, FL 33309 Tel# (954) 978-6400  
Certification No. E86006

Lab Receipt Date & Time: 13-Aug-2018 16:30

Analysis Date & Time: 13-Aug-2018 18:15

**Sample Acceptance Criteria:**

Sample Preservation:  On Ice  Not On Ice  2.00 °C  
Disinfectant Check:  Not Detected  \_\_\_\_\_ mg/L  
This sample does not meet the following NELAC requirements:

Report Number: 18H0445 Sub-Contract Lab ID: E86006

**Analysis Requested:** (check all that apply)

Total Coliform/E. coli  Total Coliform/Fecal  Enterococci  Coliphage  HPC  Other: \_\_\_\_\_

**Public Water System (PWS) Name:** City of Pembroke Pines **PWS I.D.**

4	0	6	1	0	8	3
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**PWS Address:** 7960 Johnson Street **City:** Pembroke Pines **FL** 33024

**PWS or PWS Owner's Phone #:** (754) 260-4509 **Fax #:** (954) 986-5025

**Collector:** Kevin Stone **Collector's Phone #:** (954) 582-4300/850-557-7147

**Type of Supply:** (check only one)

Community Water System  Non-Transient Non-community Water System  Transient Non-community Water System  
 Limited Use System  Bottled Water  Private Well  Swimming Pool  Other: \_\_\_\_\_

**Reason for Sampling:** (check all that apply)

Distribution Routine  Distribution Repeat  Raw (triggered or assessment)  Raw (triggered or assessment) additional  Well Survey  
 Clearance  Replacement (also check type of sample being replaced)  Boil Water Notice  Other: \_\_\_\_\_

**Sample Collection Date:** 8/13/18

To be completed by collector of sample						To be completed by lab				
Sample #	Sample Point City of Pembroke Pines Monthly Bacteria City of Pembroke Pines, FL	Sample Collection Time	Sample Type	Disinfectant Residual (mg/L)	pH	Analysis Method(s)2: Total Coliform/E. Coli (PA) by Colilert in Water (SM9223B)				
						Non-Coliform	Total Coliform	Fecal, E. Coli, Enterococci or Coliphage3	Data Qualifier4	Lab Sample #
081318-08	(SP ID 9) 8131 Johnson Street	13:47	D	/ 3.7	9.26		Absent	Absent	U	18H0445-08
081318-09	(SP ID 8) 8130 Taft Street	14:01	D	/ 3.5	9.19		Absent	Absent	U	18H0445-09
081318-10	(SP ID 7) 2402 N. University Drive	14:17	D	/ 3.1	9.08		Absent	Absent	U	18H0445-10
081318-11	(SP ID 68) 2060 NW 88th Terrace	14:29	D	/ 3.4	9.16		Absent	Absent	U	18H0445-11
081318-12	(SP ID 12) 1621 N. Douglas Road	14:42	D	/ 3.5	9.24		Absent	Absent	U	18H0445-12
081318-13	(SP ID 13) 8880 Johnson Street	14:54	D	/ 3.6	9.23		Absent	Absent	U	18H0445-13
081318-014	(SP ID 14) 120 N. Douglas Road	15:06	D	/ 3.6	9.22		Absent	Absent	U	18H0445-14

**Average of disinfectant residuals for distribution routine & repeat Samples.5** Free chlorine or (Total chlorine), (circle one) / 3.4

**Disinfectant Residual Analysis Method:**  
 DPD Colorimetric  Other: \_\_\_\_\_  
**Person performing disinfectant analysis is (see instructions on reverse):**  
 A certified operator (# DWB 23804)  
 Supervised by certified operator (# \_\_\_\_\_)  
 Employed by a certified lab  Employed by DEP or DOH  
 Authorized representative of supplier of water

Unless otherwise noted, all tests are performed in accordance with NELAC standards, and the results relate only to the samples.

Date and time PWS notified by lab of positive results: \_\_\_\_\_  
Date and time DEP/DOH notified by lab of positive results: \_\_\_\_\_  
Date Report Issued: 16-Aug-2018 16:46  
**Lab Signature:** Enrique Ochoa  
**Title:** (CSM) Customer Service Manager

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

Satisfactory DEP/DOH USE ONLY  
 Incomplete Collection Information  
 Repeat Samples Required  
 Replacement Samples Required  
Date Reviewed by DEP/DOH: \_\_\_\_\_  
DEP/DOH Reviewing Official: \_\_\_\_\_

\* For Sample Types see Instructions item 1.6.  
\* For Analysis Methods see Instructions item 11.6.  
\* Please circle appropriate selection.  
\* Defined by Florida Administrative Code, Rule 62-101, Table 1.  
\* Complete for community & non-transient non-community systems serving populations up to and including 4,000. Do not include raw or plant samples in the average.

# DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORTING FORMAT

(62-550.730 Reporting Format Effective 01/1995, Revised 02/2010)

**Florida-Spectrum Environmental Services, Inc.**  
1460 W. McNab Road, Fort Lauderdale, FL 33309 Tel# (954) 978-6400  
Certification No. E86006

Lab Receipt Date & Time: <u>15-Aug-2018 17:10</u>
Analysis Date & Time: <u>15-Aug-2018 18:10</u>
<b>Sample Acceptance Criteria:</b>
Sample Preservation: <input checked="" type="checkbox"/> On Ice <input type="checkbox"/> Not On Ice <input checked="" type="checkbox"/> <u>2.20</u> °C
Disinfectant Check: <input checked="" type="checkbox"/> Not Detected <input type="checkbox"/> _____ mg/L
This sample does not meet the following NELAC requirements:

Report Number: 18H0558      Sub-Contract Lab ID: E86006

**Analysis Requested:** (check all that apply)

Total Coliform/E. coli    Total Coliform/Fecal    Enterococci    Coliphage    HPC    Other: \_\_\_\_\_

**Public Water System (PWS) Name:** City of Pembroke Pines      **PWS I.D.**

4	0	6	1	0	8	3
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**PWS Address:** 7960 Johnson Street      **City:** Pembroke Pines      **FL**      **33024**

**PWS or PWS Owner's Phone #:** (754) 260-4509      **Fax #:** (954) 986-5025

**Collector:** Kevin Stone      **Collector's Phone #:** (954) 582-4300/850-557-7147

**Type of Supply:** (check only one)

Community Water System    Non-Transient Non-community Water System    Transient Non-community Water System  
 Limited Use System    Bottled Water    Private Well    Swimming Pool    Other: \_\_\_\_\_

**Reason for Sampling:** (check all that apply)

Distribution Routine    Distribution Repeat    Raw (triggered or assessment)    Raw (triggered or assessment) additional    Well Survey  
 Clearance    Replacement (also check type of sample being replaced)    Boil Water Notice    Other: \_\_\_\_\_

**Sample Collection Date:** 8/15/18

To be completed by collector of sample						To be completed by lab				
Sample #	Sample Point City of Pembroke Pines Monthly Bacteria City of Pembroke Pines, FL	Sample Collection Time	Sample Type	Disinfectant Residual (mg/L)	pH	Analysis Method(s)2: Total Coliform/E.Coli (PA) by Colilert in Water (SM9223B)				
						Non-Coliform	Total Coliform	Fecal <u>E. Coli</u> , Enterococci or Coliphage3	Data Qualifier4	Lab Sample #
081518-08	(SP ID 44) 6749 Segovia Circle West	10:16	D	/ 2.4	9.02		Absent	Absent	U	18H0558-08
081518-09	(SP ID 45) 2300 NW 172nd Avenue	10:42	D	/ 2.3	9.00		Absent	Absent	U	18H0558-09
081518-10	(SP ID 46) 2098 NW 171st Terrace	10:53	D	/ 1.4	8.77		Absent	Absent	U	18H0558-10
081518-11	(SP ID 47) 17100 Pines Blvd.	11:17	D	/ 2.7	9.09		Absent	Absent	U	18H0558-11
081518-12	(SP ID 48) 17059 SW 16th Street	11:33	D	/ 2.6	9.07		Absent	Absent	U	18H0558-12
081518-13	(SP ID 27) 450 SW 182nd Way	11:48	D	/ 2.5	9.04		Absent	Absent	U	18H0558-13
081518-14	(SP ID 49) 17817 NW 15th Street	12:03	D	/ 1.7	8.86		Absent	Absent	U	18H0558-14

**Average of disinfectant residuals for distribution routine & repeat Samples.5** Free chlorine or Total chlorine (circle one)

**Disinfectant Residual Analysis Method:**  
 DPD Colorimetric    Other: \_\_\_\_\_  
**Person performing disinfectant analysis is (see instructions on reverse):**  
 A certified operator (# DWB 23804 \_\_\_\_\_)  
 Supervised by certified operator (# \_\_\_\_\_)  
 Employed by a certified lab    Employed by DEP or DOH  
 Authorized representative of supplier of water

Unless otherwise noted, all tests are performed in accordance with NELAC standards, and the results relate only to the samples.

Date and time PWS notified by lab of positive results: \_\_\_\_\_  
Date and time DEP/DOH notified by lab of positive results: \_\_\_\_\_  
Date Report Issued: 28-Aug-2018-10:24  
**Lab Signature:** Enrique Ochoa  
**Title:** (CSM) Customer Service Manager

Juquitta Drieth  
Jacobs/CH2M-City of Pembroke Pines WT  
7960 Johnson Street  
Pembroke Pines      FL      33024

<input type="checkbox"/> Satisfactory <input type="checkbox"/> Incomplete Collection Information <input type="checkbox"/> Repeat Samples Required <input type="checkbox"/> Replacement Samples Required Date Reviewed by DEP/DOH: _____ DEP/DOH Reviewing Official: _____	<b>DEP/DOH USE ONLY</b>
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<sup>1</sup> For Sample Types see Instructions item I 16.  
<sup>2</sup> For Analysis Methods see Instructions item II 6.  
<sup>3</sup> Please circle appropriate selection.  
<sup>4</sup> Defined in Florida Administrative Code Rule 62-160, Table I.  
<sup>5</sup> Complete for community & non-transient non-community systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.

# DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORTING FORMAT

(62-550.730 Reporting Format Effective 01/1995, Revised 02/2010)

**Florida-Spectrum Environmental Services, Inc.**  
1460 W. McNab Road, Fort Lauderdale, FL 33309 Tel# (954) 978-6400  
Certification No. E86006

Lab Receipt Date & Time: <u>15-Aug-2018 17:10</u>
Analysis Date & Time: <u>15-Aug-2018 18:10</u>
<b>Sample Acceptance Criteria:</b> Sample Preservation: <input checked="" type="checkbox"/> On Ice <input type="checkbox"/> Not On Ice <input checked="" type="checkbox"/> <u>2.20</u> °C Disinfectant Check: <input checked="" type="checkbox"/> Not Detected <input type="checkbox"/> _____ mg/L This sample does not meet the following NELAC requirements:

Report Number: 18H0558      Sub-Contract Lab ID: E86006

**Analysis Requested:** (check all that apply)

Total Coliform/*E. coli*    Total Coliform/Fecal    Enterococci    Coliphage    HPC    Other: \_\_\_\_\_

**Public Water System (PWS) Name:** City of Pembroke Pines      **PWS I.D.**

4	0	6	1	0	8	3
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PWS Address: 7960 Johnson Street      City: Pembroke Pines      FL      33024

PWS or PWS Owner's Phone #: (754) 260-4509      Fax #: (954) 986-5025

**Collector:** Kevin Stone      Collector's Phone #: (954) 582-4300/850-557-7147/

**Type of Supply:** (check only one)

Community Water System    Non-Transient Non-community Water System    Transient Non-community Water System  
 Limited Use System    Bottled Water    Private Well    Swimming Pool    Other: \_\_\_\_\_

**Reason for Sampling:** (check all that apply)

Distribution Routine    Distribution Repeat    Raw (triggered or assessment)    Raw (triggered or assessment) additional    Well Survey  
 Clearance    Replacement (also check type of sample being replaced)    Boil Water Notice    Other: \_\_\_\_\_

**Sample Collection Date:** 8/15/18

To be completed by collector of sample						To be completed by lab				
Sample #	Sample Point City of Pembroke Pines Monthly Bacteria City of Pembroke Pines, FL	Sample Collection Time	Sample Type	Disinfectant Residual (mg/L)	pH	Analysis Method(s)2: Total Coliform/E.Coli (PA) by Colilert in Water (SM9223B)				
						Non-Coliform	Total Coliform	Fecal <i>E. Coli</i> , Enterococci or Coliphage3	Data Qualifier4	Lab Sample #
081518-01	(SP ID 15) 900 Hollybrook Drive	8:34	D	/ 3.0	8.96		Absent	Absent	U	18H0558-01
081518-02	(SP ID 20) 10001 SW 14th Street	8:49	D	/ 2.7	9.00		Absent	Absent	U	18H0558-02
081518-03	(SP ID 19) 10101 Pines Blvd.	9:03	D	/ 3.2	8.88		Absent	Absent	U	18H0558-03
081518-04	(SP ID 18) 10000 Johnson Street	9:17	D	/ 3.3	8.95		Absent	Absent	U	18H0558-04
081518-05	(SP ID 17) 1981 NW 100th Way	9:29	D	/ 3.0	8.97		Absent	Absent	U	18H0558-05
081518-06	(SP ID 16) 10120 Sheridan Street	9:42	D	/ 2.9	8.92		Absent	Absent	U	18H0558-06
081518-07	(SP ID 22) 11141 NW 22nd Street	9:58	D	/ 2.7	8.97		Absent	Absent	U	18H0558-07

**Average of disinfectant residuals for distribution routine & repeat Samples.5** Free chlorine or Total chlorine (circle one) / 2.6

**Disinfectant Residual Analysis Method:**  
 DPD Colorimetric    Other: \_\_\_\_\_  
**Person performing disinfectant analysis is (see instructions on reverse):**  
 A certified operator (# DWB 23804 \_\_\_\_\_)  
 Supervised by certified operator (# \_\_\_\_\_)  
 Employed by a certified lab    Employed by DEP or DOH  
 Authorized representative of supplier of water

Unless otherwise noted, all tests are performed in accordance with NELAC standards, and the results relate only to the samples.

Date and time PWS notified by lab of positive results: \_\_\_\_\_  
Date and time DEP/DOH notified by lab of positive results: \_\_\_\_\_  
Date Report Issued: 28-Aug-2018 10:24  
**Lab Signature:** Enrique Ochoa  
**Title:** (CSM) Customer Service Manager

Juquitta Dieth  
Jacobs/CH2M-City of Pembroke Pines WI  
7960 Johnson Street  
Pembroke Pines      FL      33024

Satisfactory      **DEP/DOH USE ONLY**  
 Incomplete Collection Information  
 Repeat Samples Required  
 Replacement Samples Required  
Date Reviewed by DEP/DOH: \_\_\_\_\_  
DEP/DOH Reviewing Official: \_\_\_\_\_

<sup>1</sup> For Sample Types see Instructions item I 16.  
<sup>2</sup> For Analysis Methods see Instructions item II 6.  
<sup>3</sup> Please circle appropriate selection.  
<sup>4</sup> Defined in Florida Administrative Code Rule 62-160, Table 1.  
<sup>5</sup> Complete for community & non-transient non-community systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.

# DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORTING FORMAT

(62-559.730 Reporting Format Effective 01/19/95, Revised 02/2010)

**Florida-Spectrum Environmental Services, Inc.**  
1460 W. McNab Road, Fort Lauderdale, FL 33309 Tel# (954) 978-6400  
Certification No. E86006

Lab Receipt Date & Time: <u>17-Aug-2018 16:35</u>
Analysis Date & Time: <u>17-Aug-2018 17:00</u>
<b>Sample Acceptance Criteria:</b>
Sample Preservation: <input checked="" type="checkbox"/> On Ice <input type="checkbox"/> Not On Ice <input checked="" type="checkbox"/> <u>2.20</u> °C
Disinfectant Check: <input checked="" type="checkbox"/> Not Detected <input type="checkbox"/> _____ mg/L
This sample does not meet the following NELAC requirements:

Report Number: 18H0667      Sub-Contract Lab ID: E86006

**Analysis Requested:** (check all that apply)

Total Coliform/*E. coli*    Total Coliform/Fecal    Enterococci    Coliphage    HPC    Other: \_\_\_\_\_

**Public Water System (PWS) Name:** City of Pembroke Pines      **PWS I.D.**

4	0	6	1	0	8	3
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**PWS Address:** 7960 Johnson Street      City: Pembroke Pines      FL      33024

**PWS or PWS Owner's Phone #:** (754) 260-4509      **Fax #:** (954) 986-5025

**Collector:** Kevin Stone      **Collector's Phone #:** (954) 582-4300/850-557-7147/

**Type of Supply:** (check only one)

Community Water System    Non-Transient Non-community Water System    Transient Non-community Water System  
 Limited Use System    Bottled Water    Private Well    Swimming Pool    Other: \_\_\_\_\_

**Reason for Sampling:** (check all that apply)

Distribution Routine    Distribution Repeat    Raw (triggered or assessment)    Raw (triggered or assessment) additional    Well Survey  
 Clearance    Replacement (also check type of sample being replaced)    Boil Water Notice    Other: \_\_\_\_\_

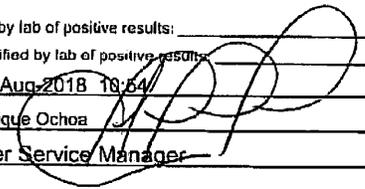
**Sample Collection Date:** 8/17/18

To be completed by collector of sample						To be completed by lab				
Sample #	Sample Point City of Pembroke Pines Monthly Bacteria City of Pembroke Pines, FL	Sample Collection Time	Sample Type	Disinfectant Residual (mg/L)	pH	Analysis Method(s)2: Total Coliform/ <i>E. Coli</i> (PA) by Colilert in Water (SM9223B)				
						Non-Coliform	Total Coliform	Fecal <i>E. Coli</i> , Enterococci or Coliphage3	Data Qualifier4	Lab Sample #
081718-01	(SP ID 51) 2473 NW 184th Terrace	8:57	D	/ 1.4	8.75		Absent	Absent	U	18H0667-01
081718-02	(SP ID 52) 18411 Pines Blvd.	9:09	D	/ 1.7	8.88		Absent	Absent	U	18H0667-02
081718-03	(SP ID 58) 19370 SW 16th Street	9:27	D	/ 1.4	8.78		Absent	Absent	U	18H0667-03
081718-04	(SP ID 53) 18539 SW 12th Street	9:40	D	/ 1.9	9.01		Absent	Absent	U	18H0667-04
081718-05	(SP ID 57) 420 NW 197th Avenue	9:57	D	/ 2.3	9.10		Absent	Absent	U	18H0667-05
081718-08	(SP ID 56) 1263 NW 195th Avenue	10:11	D	/ 2.2	9.09		Absent	Absent	U	18H0667-06
081718-07	(SP ID 55) 19478 NW 24th Place	10:27	D	/ 1.4	8.83		Absent	Absent	U	18H0667-07

**Average of disinfectant residuals for distribution routine & repeat Samples.5** Free chlorine or Total chlorine (circle one) / 1.8

**Disinfectant Residual Analysis Method:**  
 DPD Colorimetric    Other: \_\_\_\_\_  
**Person performing disinfectant analysis is (see instructions on reverse):**  
 A certified operator (# DWB# 23804)  
 Supervised by certified operator (# \_\_\_\_\_)  
 Employed by a certified lab    Employed by DEP or DOH  
 Authorized representative of supplier of water

Unless otherwise noted, all tests are performed in accordance with NELAC standards, and the results relate only to the samples.

Date and time PWS notified by lab of positive results: \_\_\_\_\_  
Date and time DEP/DOH notified by lab of positive results: \_\_\_\_\_  
Date Report Issued: 31-Aug-2018 10:54/  
**Lab Signature:** Enrique Ochoa   
**Title:** (CSM) Customer Service Manager

Juquitta Drieth  
Jacobs/CH2M-City of Pembroke Pines WT  
7960 Johnson Street  
Pembroke Pines      FL      33024

<input type="checkbox"/> Satisfactory <input type="checkbox"/> Incomplete Collection Information <input type="checkbox"/> Repeat Samples Required <input type="checkbox"/> Replacement Samples Required Date Reviewed by DEP/DOH: _____ DEP/DOH Reviewing Official: _____	<b>DEP/DOH USE ONLY</b>
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1 For Sample Types see instructions item I.16.  
2 For Analysis Methods see instructions item II.6.  
3 Please include appropriate selection.  
4 Defined in Florida Administrative Code Rule 62-100, Table 1.  
5 Complete for community & non-transient non-community systems serving populations up to and including 4,999. Do not include raw or plant samples in the average.

# DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORTING FORMAT

[62-550.730 Reporting Format Effective 01/1995, Revised 02/2010]

**Florida-Spectrum Environmental Services, Inc.**  
 1460 W. McNab Road, Fort Lauderdale, FL 33309 Tel# (954) 978-6400  
 Certification No. E86006

Lab Receipt Date & Time: <u>17-Aug-2018 16:35</u>
Analysis Date & Time: <u>17-Aug-2018 17:00</u>
<b>Sample Acceptance Criteria:</b> Sample Preservation: <input checked="" type="checkbox"/> On Ice <input type="checkbox"/> Not On Ice <input checked="" type="checkbox"/> <u>2.20</u> °C Disinfectant Check: <input checked="" type="checkbox"/> Not Detected <input type="checkbox"/> _____ mg/L This sample does not meet the following NELAC requirements: _____

Report Number: 18H0667      Sub-Contract Lab ID: E86006

**Analysis Requested:** (check all that apply)

Total Coliform/E. coli    Total Coliform/Fecal    Enterococci    Coliphage    HPC    Other: \_\_\_\_\_

**Public Water System (PWS) Name:** City of Pembroke Pines      **PWS I.D.**

4	0	6	1	0	8	3
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**PWS Address:** 7960 Johnson Street      **City:** Pembroke Pines      **FL**      **33024**

**PWS or PWS Owner's Phone #:** (754) 260-4509      **Fax #:** (954) 986-5025

**Collector:** Kevin Stone      **Collector's Phone #:** (954) 582-4300/850-557-7147/

**Type of Supply:** (check only one)

Community Water System    Non-Transient Non-community Water System    Transient Non-community Water System  
 Limited Use System    Bottled Water    Private Well    Swimming Pool    Other: \_\_\_\_\_

**Reason for Sampling:** (check all that apply)

Distribution Routine    Distribution Repeat    Raw (triggered or assessment)    Raw (triggered or assessment) additional    Well Survey  
 Clearance    Replacement (also check type of sample being replaced)    Boil Water Notice    Other: \_\_\_\_\_

**Sample Collection Date:** 8/17/18

To be completed by collector of sample						To be completed by lab				
Sample #	Sample Point City of Pembroke Pines Monthly Bacteria City of Pembroke Pines, FL	Sample Collection Time	Sample Type	Disinfectant Residual (mg/L)	pH	Analysis Method(s)2: Total Coliform/E.Coli (PA) by Colifert in Water (SM9223B)				
						Non-Coliform	Total Coliform	Fecal (E.Coli) Enterococci or Coliphage3	Data Qualifier4	Lab Sample #
081718-08	(SP ID 54) 6351 SW 195th Avenue	10:43	D	/ 1.4	8.83		Absent	Absent	U	18H0667-08
081718-09	(SP ID 59) 5000 SW 207th Terrace	11:19	D	/ 1.2	8.76		Absent	Absent	U	18H0667-09
081718-10	(SP ID 63) 21250 Sheridan Street	11:37	D	/ 2.2	9.11		Absent	Absent	U	18H0667-10
081718-11	(SP ID 64) 21800 NW 8th Place	11:58	D	/ 1.9	8.92		Absent	Absent	U	18H0667-11
081718-12	(SP ID 65) 21651 NW 7th Street	12:16	D	/ 2.0	8.96		Absent	Absent	U	18H0667-12
081718-13	(SP ID 62) 20701 Pembroke Road	12:32	D	/ 1.9	9.04		Absent	Absent	U	18H0667-13
081718-14	(SP ID 61) 20501 SW 1st Street	12:47	D	/ 2.3	9.13		Absent	Absent	U	18H0667-14

**Average of disinfectant residuals for distribution routine & repeat Samples.5**      Free chlorine of Total chlorine (circle one)      / 1.8

**Disinfectant Residual Analysis Method:**  
 DPD Colorimetric    Other: \_\_\_\_\_  
**Person performing disinfectant analysis is (see instructions on reverse):**  
 A certified operator (# DWB# 23804)  
 Supervised by certified operator (# \_\_\_\_\_)  
 Employed by a certified lab    Employed by DEP or DOH  
 Authorized representative of supplier of water

Unless otherwise noted, all tests are performed in accordance with NELAC standards, and the results relate only to the samples.

Date and time PWS notified by lab of positive results: \_\_\_\_\_  
 Date and time DEP/DOH notified by lab of positive results: \_\_\_\_\_  
 Date Report Issued: 31-Aug-2018 10:54  
**Lab Signature:** Enrique Ochoa   
**Title:** (CSM) Customer Service Manager

Juquitta Drieth  
 Jacobs/CH2M-City of Pembroke Pines WT  
 7960 Johnson Street  
 Pembroke Pines      FL      33024

Satisfactory      **DEP/DOH USE ONLY**  
 Incomplete Collection Information  
 Repeat Samples Required  
 Replacement Samples Required  
 Date Reviewed by DEP/DOH: \_\_\_\_\_  
 DEP/DOH Reviewing Official: \_\_\_\_\_

1 For Sample Types see Instructions item 1.16.  
 2 For Analysis Methods see Instructions item 11.6  
 3 Please circle appropriate selection.  
 4 Defined in Florida Administrative Code Rule 62-100, Table 1  
 5 Complete for community & non-transient non-community systems serving populations up to and including 4,999. Do not include raw or plant samples in the average.

# DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORTING FORMAT

(62-550.730 Reporting Format Effective 01/1995, Revised 02/2010)

**Florida-Spectrum Environmental Services, Inc.**  
1460 W. McNab Road, Fort Lauderdale, FL 33309 Tel# (954) 978-6400  
Certification No. E86006

Lab Receipt Date & Time: <u>16-Aug-2018 16:40</u>
Analysis Date & Time: <u>16-Aug-2018 17:50</u>
<b>Sample Acceptance Criteria:</b>
Sample Preservation: <input checked="" type="checkbox"/> On Ice <input type="checkbox"/> Not On Ice <input checked="" type="checkbox"/> 1.20 °C
Disinfectant Check: <input checked="" type="checkbox"/> Not Detected <input type="checkbox"/> _____ mg/L
This sample does not meet the following NELAC requirements:

Report Number: 18H0612      Sub-Contract Lab ID: E86006

**Analysis Requested:** (check all that apply)

Total Coliform/E. coli    Total Coliform/Fecal    Enterococci    Coliphage    HPC    Other: \_\_\_\_\_

**Public Water System (PWS) Name:** City of Pembroke Pines      **PWS I.D.**

4	0	6	1	0	8	3
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PWS Address: 7960 Johnson Street      City: Pembroke Pines      FL      33024

PWS or PWS Owner's Phone #: (754) 260-4509      Fax #: (954) 986-5025

**Collector:** Kevin Stone      Collector's Phone #: (954) 582-4300/850-557-7147

**Type of Supply:** (check only one)

Community Water System    Non-Transient Non-community Water System    Transient Non-community Water System  
 Limited Use System    Bottled Water    Private Well    Swimming Pool    Other: \_\_\_\_\_

**Reason for Sampling:** (check all that apply)

Distribution Routine    Distribution Repeat    Raw (triggered or assessment)    Raw (triggered or assessment) additional    Well Survey  
 Clearance    Replacement (also check type of sample being replaced)    Boil Water Notice    Other: \_\_\_\_\_

**Sample Collection Date:** 8/16/18

To be completed by collector of sample						To be completed by lab				
Sample #	Sample Point City of Pembroke Pines Monthly Bacteria City of Pembroke Pines, FL	Sample Collection Time	Sample Type	Disinfectant Residual (mg/L)	pH	Analysis Method(s): Total Coliform/E.Coli (PA) by Colilert in Water (SM9223B)				
						Non-Coliform	Total Coliform	Fecal <u>E.Coli</u> , Enterococci or Coliphage <sup>3</sup>	Data Qualifier <sup>4</sup>	Lab Sample #
081618-05	Well #01	10:17	R	0.0	7.29		Absent	Absent	U	18H0612-01
081618-06	Well #03	10:37	R	0.0	7.38		Absent	Absent	U	18H0612-02
081618-07	Well #04	10:47	R	0.0	7.30		Absent	Absent	U	18H0612-03
081618-08	Well #05	11:04	R	0.0	7.28		Absent	Absent	U	18H0612-04
081618-09	Well #06	9:14	R	0.0	7.59		Absent	Absent	U	18H0612-05
081618-10	Well #09	9:30	R	0.0	7.47		Absent	Absent	U	18H0612-06
081618-11	Well #10	9:42	R	0.0	7.39		Absent	Absent	U	18H0612-07

**Average of disinfectant residuals for distribution routine & repeat Samples 5**  Free chlorine or Total chlorine (circle one)      0.0

**Disinfectant Residual Analysis Method:**  
 DPD Colorimetric    Other: \_\_\_\_\_

**Person performing disinfectant analysis is (see instructions on reverse):**  
 A certified operator (# DWB#23804)  
 Supervised by certified operator (# \_\_\_\_\_)  
 Employed by a certified lab    Employed by DEP or DOH  
 Authorized representative of supplier of water

Unless otherwise noted, all tests are performed in accordance with NELAC standards, and the results relate only to the samples.

Date and time PWS notified by lab of positive results: \_\_\_\_\_  
Date and time DEP/DOH notified by lab of positive results: \_\_\_\_\_  
Date Report Issued: 28-Aug-2018 11:52  
**Lab Signature:** Enrique Ochoa  
**Title:** (CSM) Customer Service Manager

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

<input type="checkbox"/> Satisfactory	<b>DEP/DOH USE ONLY</b>
<input type="checkbox"/> Incomplete Collection Information	
<input type="checkbox"/> Repeat Samples Required	
<input type="checkbox"/> Replacement Samples Required	
Date Reviewed by DEP/DOH: _____	
DEP/DOH Reviewing Official: _____	

<sup>1</sup> For Sample Types see Instructions item 1.16.  
<sup>2</sup> For Analysis Methods see Instructions item 11.6.  
<sup>3</sup> Please circle appropriate selection.  
<sup>4</sup> Defined in Florida Administrative Code Rule 62-160, Table 3.  
<sup>5</sup> Complete for community & non-transient non-community systems serving populations up to and including 1,000. Do not include raw or plant samples in the average.



**Florida Department of Environmental Protection Southeast District (WB)**

3301 Gun Club Road, MSC7210-1 West Palm Beach, FL 33406

**WATER UTILITY:** City of Pembroke Pines - PWS ID 4061083      **MONTH:** September      **YEAR:** 2018

Note: Please complete this form monthly and attach one copy to the monthly water plant operation report to be submitted to the FDEP not later than the 10<sup>th</sup> of the following month.

**MONTHLY BACTERIOLOGICAL SAMPLES ANALYZED FROM COMMUNITY WATER SYSTEMS**

Minimum Number of Samples Required			Number of Samples Analyzed			Number of Unsatisfactory Samples		
Well	Plant	Distribution	Well	Plant	Distribution	Well	Plant	Distribution
7	0	120						
1. Collected by Utility, Analyzed by State Cert. Lab			7	0	126	0	0	0
2. Collected by Utility Analyzed by Plant Lab			0	0	0	0	0	0
3. Total -Add Lines (1 +2)			<b>7</b>	<b>0</b>	<b>126</b>	<b>0</b>	<b>0</b>	<b>0</b>

\*Note: Do not include results on main clearance.

# DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORTING FORMAT

(62-550.730 Reporting Format Effective 01/1995, Revised 02/2010)

**Florida-Spectrum Environmental Services, Inc.**  
1460 W. McNab Road, Fort Lauderdale, FL 33309 Tel# (954) 978-6400  
Certification No. E86006

Report Number: 1810028 Sub-Contract Lab ID: E86006

**Analysis Requested:** (check all that apply)

Total Coliform/E. coli     Total Coliform/Fecal     Enterococci     Coliphage     HPC     Other: \_\_\_\_\_

**Public Water System (PWS) Name:** City of Pembroke Pines    **PWS I.D.**

4	0	6	1	0	8	3
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**PWS Address:** 7960 Johnson Street    **City:** Pembroke Pines    **FL**    **33024**

**PWS or PWS Owner's Phone #:** (754) 260-4509    **Fax #:** (954) 986-5025

**Collector:** Jason Cardenas    **Collector's Phone #:** (954) 582-4300/850-557-7147

**Type of Supply:** (check only one)

Community Water System     Non-Transient Non-community Water System     Transient Non-community Water System  
 Limited Use System     Bottled Water     Private Well     Swimming Pool     Other: \_\_\_\_\_

**Reason for Sampling:** (check all that apply)

Distribution Routine     Distribution Repeat     Raw (triggered or assessment)     Raw (triggered or assessment) additional     Well Survey  
 Clearance     Replacement (also check type of sample being replaced)     Boil Water Notice     Other: \_\_\_\_\_

**Sample Collection Date:** 9/4/18

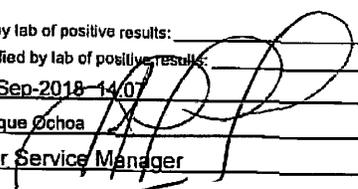
<b>Lab Receipt Date &amp; Time:</b> <u>04-Sep-2018 16:40</u>
<b>Analysis Date &amp; Time:</b> <u>04-Sep-2018 17:15</u>
<b>Sample Acceptance Criteria:</b>
Sample Preservation: <input checked="" type="checkbox"/> On Ice <input type="checkbox"/> Not On Ice <input checked="" type="checkbox"/> <u>0.40</u> °C
Disinfectant Check: <input checked="" type="checkbox"/> Not Detected <input type="checkbox"/> _____ mg/L
This sample does not meet the following NELAC requirements:

Sample #	To be completed by collector of sample					To be completed by lab				
	Sample Point City of Pembroke Pines Monthly Bacteria City of Pembroke Pines, FL	Sample Collection Time	Sample Type	Disinfectant Residual (mg/L)	pH	Analysis Method(s)2: Total Coliform/E.Coli (PA) by Colilert in Water (SM9223B)				
						Non-Coliform	Total Coliform	Fecal, E.Coli, Enterococci or Coliphage3	Data Qualifier4	Lab Sample #
090418-01	(SP ID 1) 2040 NW 74th Avenue	10:48	D	/ 3.8	8.65	Absent	Absent	Absent	U	1810028-01
090418-02	(SP ID 2) 7610 Taft Street	11:10	D	/ 3.7	8.79	Absent	Absent	Absent	U	1810028-02
090418-03	(SP ID 3) 7741 Johnson Street	11:31	D	/ 4.1	8.84	Absent	Absent	Absent	U	1810028-03
090418-04	(SP ID 4) 120 NW 73rd Avenue	11:48	D	/ 3.5	8.81	Absent	Absent	Absent	U	1810028-04
090418-05	(SP ID 5) 7021 SW 9th Street	12:15	D	/ 3.2	8.81	Absent	Absent	Absent	U	1810028-05
090418-06	(SP ID 11) 1530 SW 85th Avenue	12:47	D	/ 3.5	8.82	Absent	Absent	Absent	U	1810028-06
090418-07	(SP ID 10) 199 N. University Drive	13:10	D	/ 3.5	8.81	Absent	Absent	Absent	U	1810028-07

**Average of disinfectant residuals for distribution routine & repeat Samples.5** Free chlorine or Total chlorine (circle one)    / 3.6

**Disinfectant Residual Analysis Method:**  
 DPD Colorimetric     Other: \_\_\_\_\_  
**Person performing disinfectant analysis is (see instructions on reverse):**  
 A certified operator (# DVB#21736) \_\_\_\_\_  
 Supervised by certified operator (# \_\_\_\_\_)  
 Employed by a certified lab     Employed by DEP or DOH  
 Authorized representative of supplier of water

Unless otherwise noted, all tests are performed in accordance with NELAC standards, and the results relate only to the samples.

Date and time PWS notified by lab of positive results: \_\_\_\_\_  
Date and time DEP/DOH notified by lab of positive results: \_\_\_\_\_  
Date Report Issued: 11-Sep-2018 14:07  
**Lab Signature:** Enrique Ochoa   
**Title:** (CSM) Customer Service Manager

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

Satisfactory    **DEP/DOH USE ONLY**  
 Incomplete Collection Information  
 Repeat Samples Required  
 Replacement Samples Required  
Date Reviewed by DEP/DOH: \_\_\_\_\_  
DEP/DOH Reviewing Official: \_\_\_\_\_

<sup>1</sup> For Sample Types see instructions item I.16.  
<sup>2</sup> For Analysis Methods see instructions item II.6.  
<sup>3</sup> Please circle appropriate selection.

<sup>4</sup> Defined in Florida Administrative Code Rule 62-160, Table 1.  
<sup>5</sup> Exempt for community & non-transient non-community systems serving populations up to and including 4,000. Do not include raw or plant samples in the average.

# DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORTING FORMAT

(82-550.730 Reporting Format Effective 01/18/95, Revised 02/2010)

**Florida-Spectrum Environmental Services, Inc.**  
1460 W. McNab Road, Fort Lauderdale, FL 33309 Tel# (954) 978-6400  
Certification No. E86006

Lab Receipt Date & Time: <u>05-Sep-2018 16:55</u>
Analysis Date & Time: <u>05-Sep-2018 17:00</u>
<b>Sample Acceptance Criteria:</b>
Sample Preservation: <input checked="" type="checkbox"/> On Ice <input type="checkbox"/> Not On Ice <input checked="" type="checkbox"/> <u>2.60</u> °C
Disinfectant Check: <input checked="" type="checkbox"/> Not Detected <input type="checkbox"/> _____ mg/L
This sample does not meet the following NELAC requirements:

Report Number: 1810095      Sub-Contract Lab ID: E86006

**Analysis Requested:** (check all that apply)  
 Total Coliform/*E. coli*    Total Coliform/Fecal    Enterococci    Coliphage    HPC    Other: \_\_\_\_\_

**Public Water System (PWS) Name:** City of Pembroke Pines      **PWS I.D.**

4	0	6	1	0	8	3
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PWS Address: 7960 Johnson Street      City: Pembroke Pines      FL      33024

PWS or PWS Owner's Phone #: (754) 260-4509      Fax #: (954) 986-5025

**Collector:** Jason Cardenas      Collector's Phone #: (954) 582-4300/850-557-7147/

**Type of Supply:** (check only one)  
 Community Water System    Non-Transient Non-community Water System    Transient Non-community Water System  
 Limited Use System    Bottled Water    Private Well    Swimming Pool    Other: \_\_\_\_\_

**Reason for Sampling:** (check all that apply)  
 Distribution Routine    Distribution Repeat    Raw (triggered or assessment)    Raw (triggered or assessment) additional    Well Survey  
 Clearance    Replacement (also check type of sample being replaced)    Boil Water Notice    Other: \_\_\_\_\_

**Sample Collection Date:** 9/5/18

To be completed by collector of sample						To be completed by lab				
Sample #	Sample Point City of Pembroke Pines Monthly Bacteria City of Pembroke Pines, FL	Sample Collection Time	Sample Type	Disinfectant Residual (mg/L)	pH	Analysis Method(s)2: Total Coliform/ <i>E. Coli</i> (PA) by Colilert in Water (SM9223B)				
						Non-Coliform	Total Coliform	Fecal ( <i>E. Coli</i> ), Enterococci, or Coliphage3	Data Qualifier4	Lab Sample #
090518-01	(SP ID 9) 8131 Johnson Street	8:25	D	/ 4.0	8.67		Absent	Absent	U	1810095-01
090518-02	(SP ID 8) 8130 Taft Street	8:40	D	/ 3.8	8.71		Absent	Absent	U	1810095-02
090518-03	(SP ID 7) 2402 N. University Drive	9:10	D	/ 3.1	8.62		Absent	Absent	U	1810095-03
090518-04	(SP ID 68) 2060 NW 88th Terrace	9:25	D	/ 3.5	8.54		Absent	Absent	U	1810095-04
090518-05	(SP ID 12) 1621 N. Douglas Road	9:50	D	/ 4.0	8.83		Absent	Absent	U	1810095-05
090518-06	(SP ID 13) 8880 Johnson Street	10:10	D	/ 3.8	8.87		Absent	Absent	U	1810095-06
090518-07	(SP ID 14) 120 N. Douglas Road	10:30	D	/ 3.8	8.86		Absent	Absent	U	1810095-07

**Average of disinfectant residuals for distribution routine & repeat Samples.5** Free chlorine or (Total chlorine) (circle one)      / 3.7

**Disinfectant Residual Analysis Method:**  
 DPD Colorimetric    Other: \_\_\_\_\_  
**Person performing disinfectant analysis is (see instructions on reverse):**  
 A certified operator (# DWB# 21736)  
 Supervised by certified operator (# \_\_\_\_\_)  
 Employed by a certified lab    Employed by DEP or DOH  
 Authorized representative of supplier of water

Unless otherwise noted, all tests are performed in accordance with NELAC standards, and the results relate only to the samples.

Date and time PWS notified by lab of positive results: \_\_\_\_\_  
 Date and time DEP/DOH notified by lab of positive results: \_\_\_\_\_  
 Date Report Issued: 12-Sep-2018 7:40  
**Lab Signature:** Enrique Ochoa  
**Title:** (CSM) Customer Service Manager

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

<input type="checkbox"/> Satisfactory <input type="checkbox"/> Incomplete Collection Information <input type="checkbox"/> Repeat Samples Required <input type="checkbox"/> Replacement Samples Required	<b>DEP/DOH USE ONLY</b>  Date Reviewed by DEP/DOH: _____ DEP/DOH Reviewing Official: _____
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<sup>1</sup> For Sample Type see Instructions item I 16.  
<sup>2</sup> For Analysis Methods see Instructions item II 6.  
<sup>3</sup> Please circle appropriate selection.  
<sup>4</sup> Defined in Florida Administrative Code Rule 62-160, Table 1.  
<sup>5</sup> Complete for community & non-transient non-community systems serving populations up to and including 4,000. Do not include raw or plant samples in the average.

# DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORTING FORMAT

(62-550.730 Reporting Format Effective 01/1995, Revised 02/2010)

**Florida-Spectrum Environmental Services, Inc.**  
1460 W. McNab Road, Fort Lauderdale, FL 33309 Tel# (954) 978-6400  
Certification No. E86006

Lab Receipt Date & Time: 05-Sep-2018 16:55

Analysis Date & Time: 05-Sep-2018 17:00

**Sample Acceptance Criteria:**

Sample Preservation:  On Ice  Not On Ice  2.60 °C  
Disinfectant Check:  Not Detected  \_\_\_\_\_ mg/L  
This sample does not meet the following NELAC requirements:

Report Number: 1810095 Sub-Contract Lab ID: E86006

**Analysis Requested:** (check all that apply)

Total Coliform/*E. coli*  Total Coliform/Fecal  Enterococci  Coliphage  HPC  Other: \_\_\_\_\_

**Public Water System (PWS) Name:** City of Pembroke Pines **PWS I.D.**

4	0	6	1	0	8	3
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**PWS Address:** 7960 Johnson Street **City:** Pembroke Pines **FL** 33024

**PWS or PWS Owner's Phone #:** (754) 260-4509 **Fax #:** (954) 986-5025

**Collector:** Jason Cardenas **Collector's Phone #:** (954) 582-4300/850-557-7147/

**Type of Supply:** (check only one)

Community Water System  Non-Transient Non-community Water System  Transient Non-community Water System  
 Limited Use System  Bottled Water  Private Well  Swimming Pool  Other: \_\_\_\_\_

**Reason for Sampling:** (check all that apply)

Distribution Routine  Distribution Repeat  Raw (triggered or assessment)  Raw (triggered or assessment) additional  Well Survey  
 Clearance  Replacement (also check type of sample being replaced)  Boil Water Notice  Other: \_\_\_\_\_

**Sample Collection Date:** 9/5/18

To be completed by collector of sample						To be completed by lab				
Sample #	Sample Point City of Pembroke Pines Monthly Bacteria City of Pembroke Pines, FL	Sample Collection Time	Sample Type	Disin- fectant Residual (mg/L)	pH	Analysis Method(s)2: Total Coliform/ <i>E. Coli</i> (PA) by Colilert in Water (SM9223B)				
						Non- Coliform	Total Coliform	Fecal, <i>E. Coli</i> , Enterococci or Coliphage3	Data Qualifier4	Lab Sample #
090518-08	(SP ID 15) 900 Hollybrook Drive	10:52	D	/ 3.4	8.70		Absent	Absent	U	1810095-08
090518-09	(SP ID 20) 10001 SW 14th Street	11:10	D	/ 3.4	8.61		Absent	Absent	U	1810095-09
090518-10	(SP ID 19) 10101 Pines Blvd.	11:35	D	/ 3.9	8.79		Absent	Absent	U	1810095-10
090518-11	(SP ID 18) 10000 Johnson Street	12:00	D	/ 3.7	8.97		Absent	Absent	U	1810095-11
090518-12	(SP ID 17) 1981 NW 100th Way	12:30	D	/ 3.6	8.85		Absent	Absent	U	1810095-12

**Average of disinfectant residuals for distribution routine & repeat Samples.5** Free chlorine or Total chlorine (circle one)

/ 3.7

**Disinfectant Residual Analysis Method:**

DPD Colorimetric  Other: \_\_\_\_\_  
**Person performing disinfectant analysis is (see instructions on reverse):**  
 A certified operator (# DWB#21736)  
 Supervised by certified operator (# \_\_\_\_\_)  
 Employed by a certified lab  Employed by DEP or DOH  
 Authorized representative of supplier of water

Unless otherwise noted, all tests are performed in accordance with NELAC standards, and the results relate only to the samples.

Date and time PWS notified by lab of positive results: \_\_\_\_\_

Date and time DEP/DOH notified by lab of positive results: \_\_\_\_\_

Date Report Issued: 12-Sep-2018 15:46

**Lab Signature:** Enrique Ochoa

**Title:** (CSM) Customer Service Manager

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

Satisfactory DEP/DOH USE ONLY  
 Incomplete Collection Information  
 Repeat Samples Required  
 Replacement Samples Required  
Date Reviewed by DEP/DOH: \_\_\_\_\_  
DEP/DOH Reviewing Official: \_\_\_\_\_

<sup>1</sup> For Sample Types see Instructions item 1.16.

<sup>2</sup> For Analysis Methods see Instructions item II.6.

<sup>3</sup> Please circle appropriate selection.

<sup>4</sup> Defined in Florida Administrative Code Rule 62-160, Table 1

<sup>5</sup> Complete for community & non-transient non-community systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.

# DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORTING FORMAT

(62-550.730 Reporting Format Effective 01/1995, Revised 02/2010)

**Florida-Spectrum Environmental Services, Inc.**  
1460 W. McNab Road, Fort Lauderdale, FL 33309 Tel# (954) 978-6400  
Certification No. EB6006

Lab Receipt Date & Time: <u>06-Sep-2018 16:55</u>
Analysis Date & Time: <u>06-Sep-2018 17:35</u>
<b>Sample Acceptance Criteria:</b>
Sample Preservation: <input checked="" type="checkbox"/> On Ice <input type="checkbox"/> Not On Ice <input checked="" type="checkbox"/> <u>1.60</u> °C
Disinfectant Check: <input checked="" type="checkbox"/> Not Detected <input type="checkbox"/> _____ mg/L
This sample does not meet the following NELAC requirements:

Report Number: 1810136      Sub-Contract Lab ID: E86006

**Analysis Requested:** (check all that apply)  
 Total Coliform/E. coli    Total Coliform/Fecal    Enterococci    Coliphage    HPC    Other: \_\_\_\_\_

**Public Water System (PWS) Name:** City of Pembroke Pines      **PWS I.D.**

4	0	6	1	0	8	3
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**PWS Address:** 7960 Johnson Street      **City:** Pembroke Pines      **FL**      **33024**

**PWS or PWS Owner's Phone #:** (754) 260-4509      **Fax #:** (954) 986-5025

**Collector:** Jason Cardenas      **Collector's Phone #:** (954) 582-4300/850-557-7147/

**Type of Supply:** (check only one)  
 Community Water System    Non-Transient Non-community Water System    Transient Non-community Water System  
 Limited Use System    Bottled Water    Private Well    Swimming Pool    Other: \_\_\_\_\_

**Reason for Sampling:** (check all that apply)  
 Distribution Routine    Distribution Repeat    Raw (triggered or assessment)    Raw (triggered or assessment) additional    Well Survey  
 Clearance    Replacement (also check type of sample being replaced)    Boil Water Notice    Other: \_\_\_\_\_

**Sample Collection Date:** 9/6/18

To be completed by collector of sample						To be completed by lab				
Sample #	Sample Point City of Pembroke Pines Monthly Bacteria City of Pembroke Pines, FL	Sample Collection Time	Sample Type	Disinfectant Residual (mg/L)	pH	Analysis Method(s): Total Coliform/E.Coli (PA) by Colliert in Water (SM9223B)				
						Non-Coliform	Total Coliform	Fecal, E.Coli, Enterococci or Coliphage <sup>3</sup>	Data Qualifier <sup>4</sup>	Lab Sample #
090618-01	(SP ID 16) 10120 Sheridan Street	9:15	D	/ 3.6	8.69		Absent	Absent	U	1810136-01
090618-02	(SP ID 22) 11141 NW 22nd Street	9:30	D	/ 3.5	8.90		Absent	Absent	U	1810136-02

**Average of disinfectant residuals for distribution routine & repeat Samples.<sup>5</sup>** Free chlorine or (Total chlorine; (circle one)) / 3.6

**Disinfectant Residual Analysis Method:**  
 DPD Colorimetric    Other: \_\_\_\_\_  
**Person performing disinfectant analysis is (see instructions on reverse):**  
 A certified operator (# DWS# 21736)  
 Supervised by certified operator (# \_\_\_\_\_)  
 Employed by a certified lab    Employed by DEP or DOH  
 Authorized representative of supplier of water

Unless otherwise noted, all tests are performed in accordance with NELAC standards, and the results relate only to the samples.

Date and time PWS notified by lab of positive results: \_\_\_\_\_  
 Date and time DEP/DOH notified by lab of positive results: \_\_\_\_\_  
 Date Report Issued: 13-Sep-2018 9:35  
**Lab Signature:** Enrique Ochoa  
**Title:** (CSM) Customer Service Manager

Juquitta Drieth  
Jacobs/CH2M-City of Pembroke Pines WT  
7960 Johnson Street  
Pembroke Pines      FL      33024

<input type="checkbox"/> Satisfactory <input type="checkbox"/> Incomplete Collection Information <input type="checkbox"/> Repeat Samples Required <input type="checkbox"/> Replacement Samples Required	<b>DEP/DOH USE ONLY</b>  Date Reviewed by DEP/DOH: _____ DEP/DOH Reviewing Official: _____
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<sup>1</sup> For Sample Types see Instructions item 1.10  
<sup>2</sup> For Analysis Methods see Instructions item 11.6  
<sup>3</sup> Please circle appropriate selection.  
<sup>4</sup> Defined in Florida Administrative Code Rule 62-169, Table 1.  
<sup>5</sup> Complete for community & non-transient non-community systems serving populations up to and including 4,000. Do not include raw or plant samples in the average.

# DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORTING FORMAT

(62-550.730 Reporting Format Effective 01/1995, Revised 02/2010)

**Florida-Spectrum Environmental Services, Inc.**  
1460 W. McNab Road, Fort Lauderdale, FL 33309 Tel# (954) 978-6400  
Certification No. E86006

Lab Receipt Date & Time: 06-Sep-2018 16:55

Analysis Date & Time: 06-Sep-2018 17:35

**Sample Acceptance Criteria:**

Sample Preservation:  On Ice  Not On Ice  1.60 °C  
Disinfectant Check:  Not Detected  \_\_\_\_\_ mg/L  
This sample does not meet the following NELAC requirements:

Report Number: 1810137 Sub-Contract Lab ID: E86006

**Analysis Requested:** (check all that apply)

Total Coliform/E. coli  Total Coliform/Fecal  Enterococci  Coliphage  HPC  Other: \_\_\_\_\_

**Public Water System (PWS) Name:** City of Pembroke Pines

**PWS I.D.**

4	0	6	1	0	8	3
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PWS Address: 7960 Johnson Street

City: Pembroke Pines FL 33024

PWS or PWS Owner's Phone #: (754) 260-4509

Fax #: (954) 986-5025

**Collector:** Jason Cardenas

Collector's Phone #: (954) 582-4300/850-557-7147/

**Type of Supply:** (check only one)

Community Water System  Non-Transient Non-community Water System  Transient Non-community Water System  
 Limited Use System  Bottled Water  Private Well  Swimming Pool  Other: \_\_\_\_\_

**Reason for Sampling:** (check all that apply)

Distribution Routine  Distribution Repeat  Raw (triggered or assessment)  Raw (triggered or assessment) additional  Well Survey  
 Clearance  Replacement (also check type of sample being replaced)  Boil Water Notice  Other: \_\_\_\_\_

**Sample Collection Date:** 9/6/18

To be completed by collector of sample						To be completed by lab				
Sample #	Sample Point City of Pembroke Pines Monthly Bacteria City of Pembroke Pines, FL	Sample Collection Time	Sample Type	Disin- fectant Residual (mg/L)	pH	Analysis Method(s): Total Coliform/E. Coli (PA) by Colilert in Water (SM9223B)				
						Non- Coliform	Total Coliform	Fecal, E. Coli, Enterococci, or Coliphage3	Data Qualifier4	Lab Sample #
090618-03	(SP ID 21) 1751 N. Hiatus Road	10:05	D	/ 3.7	8.90		Absent	Absent	U	1810137-01
090618-04	(SP ID 23) 10755 NW 10th Street	10:20	D	/ 3.7	8.97		Absent	Absent	U	1810137-02
090618-05	(SP ID 24) 200 S. Hiatus Road	10:55	D	/ 3.6	8.94		Absent	Absent	U	1810137-03
090618-06	(SP ID 25) 11131 SW 13th Street	11:40	D	/ 2.8	8.75		Absent	Absent	U	1810137-04
090618-07	(SP ID 30) 12399 Pembroke Road	12:00	D	/ 3.3	8.91		Absent	Absent	U	1810137-05
090618-08	(SP ID 29) 241 SW 122nd Terrace	12:30	D	/ 3.4	8.61		Absent	Absent	U	1810137-06

**Average of disinfectant residuals for distribution routine & repeat Samples.5** Free chlorine or Total chlorine (circle one) / 3.4

**Disinfectant Residual Analysis Method:**

DPD Colorimetric  Other: \_\_\_\_\_  
**Person performing disinfectant analysis is (see instructions on reverse):**  
 A certified operator (#DWB# 21736)  
 Supervised by certified operator (# \_\_\_\_\_)  
 Employed by a certified lab  Employed by DEP or DOH  
 Authorized representative of supplier of water

Unless otherwise noted, all tests are performed in accordance with NELAC standards, and the results relate only to the samples.

Date and time PWS notified by lab of positive results: \_\_\_\_\_  
Date and time DEP/DOH notified by lab of positive results: \_\_\_\_\_  
Date Report Issued: 12-Sep-2018 16:54  
**Lab Signature:** Enrique Ochoa  
**Title:** (CSM) Customer Service Manager

Juquitta Drieth  
Jacobs/CH2M-City of Pembroke Pines WT  
7960 Johnson Street  
Pembroke Pines FL 33024

Satisfactory DEP/DOH USE ONLY  
 Incomplete Collection Information  
 Repeat Samples Required  
 Replacement Samples Required  
Date Reviewed by DEP/DOH: \_\_\_\_\_  
DEP/DOH Reviewing Official: \_\_\_\_\_

<sup>1</sup> For Sample Types see Instructions item I.16  
<sup>2</sup> For Analysis Methods see Instructions item II.1  
<sup>3</sup> Please circle appropriate selection  
<sup>4</sup> Defined in Florida Administrative Code Rule 62-160, Table 1  
<sup>5</sup> Complete for community & non-transient non-community systems serving populations up to and including 4,000. Do not include raw or plant samples in the average.

# DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORTING FORMAT

(62-550.730 Reporting Format Effective 01/1995, Revised 02/2010)

**Florida-Spectrum Environmental Services, Inc.**  
 1460 W. McNab Road, Fort Lauderdale, FL 33309 Tel# (954) 978-6400  
 Certification No. E86006

Lab Receipt Date & Time: <u>07-Sep-2018 17:05</u>
Analysis Date & Time: <u>07-Sep-2018 17:30</u>
<b>Sample Acceptance Criteria:</b>
Sample Preservation: <input checked="" type="checkbox"/> On Ice <input type="checkbox"/> Not On Ice <input checked="" type="checkbox"/> 3.80 °C
Disinfectant Check: <input checked="" type="checkbox"/> Not Detected <input type="checkbox"/> _____ mg/L
This sample does not meet the following NELAC requirements:

Report Number: 1810185      Sub-Contract Lab ID: E86006

**Analysis Requested:** (check all that apply)  
 Total Coliform/E. coli    Total Coliform/Fecal    Enterococci    Coliphage    HPC    Other: \_\_\_\_\_

**Public Water System (PWS) Name:** City of Pembroke Pines      **PWS I.D.**

4	0	6	1	0	8	3
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**PWS Address:** 7960 Johnson Street      City: Pembroke Pines      FL      33024  
**PWS or PWS Owner's Phone #:** (754) 260-4509      Fax #: (954) 986-5025  
**Collector:** Jason Cardenas      Collector's Phone #: (954) 582-4300/850-557-7147

**Type of Supply:** (check only one)  
 Community Water System    Non-Transient Non-community Water System    Transient Non-community Water System  
 Limited Use System    Bottled Water    Private Well    Swimming Pool    Other: \_\_\_\_\_

**Reason for Sampling:** (check all that apply)  
 Distribution Routine    Distribution Repeat    Raw (triggered or assessment)    Raw (triggered or assessment) additional    Well Survey  
 Clearance    Replacement (also check type of sample being replaced)    Boil Water Notice    Other: \_\_\_\_\_

**Sample Collection Date:** 9/7/18

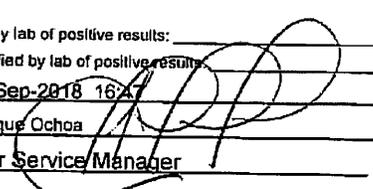
To be completed by collector of sample						To be completed by lab				
Sample #	Sample Point City of Pembroke Pines Monthly Bacteria City of Pembroke Pines, FL	Sample Collection Time	Sample Type	Disinfectant Residual (mg/L)	pH	Analysis Method(s): Total Coliform/E.Coli (PA) by Colilert in Water (SM9223B)				
						Non-Coliform	Total Coliform	Fecal, E.Coli, Enterococci or Coliphage3	Data Qualifier4	Lab Sample #
090718-01	(SP ID 28) 1050 NW 123rd Avenue	8:30	D	/ 2.9	8.54		Absent	Absent	U	1810185-01
090718-02	(SP ID 26) 2110 NW 120th Terrace	8:50	D	/ 2.3	8.83		Absent	Absent	U	1810185-02
090718-03	(SP ID 31) 13702 NW 20th Street	9:15	D	/ 3.2	8.87		Absent	Absent	U	1810185-03
090718-04	(SP ID 32) 13771 NW 16th Street	9:36	D	/ 3.1	8.86		Absent	Absent	U	1810185-04
090718-05	(SP ID 67) 788 NW 135th Terrace	9:58	D	/ 3.3	8.92		Absent	Absent	U	1810185-05
090718-06	(SP ID 33) 750 SW 136th Avenue	10:25	D	/ 2.8	8.81		Absent	Absent	U	1810185-06
090718-07	(SP ID 34) 1601 SW 128th Terrace	10:50	D	/ 2.7	8.82		Absent	Absent	U	1810185-07

**Average of disinfectant residuals for distribution routine & repeat Samples.5** Free chlorine or Total chlorine (circle one)      / 2.9

**Disinfectant Residual Analysis Method:**  
 DPD Colorimetric    Other: \_\_\_\_\_

**Person performing disinfectant analysis is (see instructions on reverse):**  
 A certified operator (# DWB#21736)  
 Supervised by certified operator (# \_\_\_\_\_)  
 Employed by a certified lab    Employed by DEP or DOH  
 Authorized representative of supplier of water

Unless otherwise noted, all tests are performed in accordance with NELAC standards, and the results relate only to the samples.

Date and time PWS notified by lab of positive results: \_\_\_\_\_  
 Date and time DEP/DOH notified by lab of positive results: \_\_\_\_\_  
 Date Report Issued: 12-Sep-2018 16:27  
**Lab Signature:** Enrique Ochoa   
**Title:** (CSM) Customer Service Manager

**Juquitta Drieth**  
 Jacobs/CH2M-City of Pembroke Pines WT  
 7960 Johnson Street  
 Pembroke Pines      FL      33024

**DEP/DOH USE ONLY**

Satisfactory  
 Incomplete Collection Information  
 Repeat Samples Required  
 Replacement Samples Required

Date Reviewed by DEP/DOH: \_\_\_\_\_  
 DEP/DOH Reviewing Official: \_\_\_\_\_

1 For Sample Types see Instructions item 1.6.  
 2 For Analysis Methods see Instructions item 6.  
 3 Please circle appropriate selection.  
 4 Defined in Florida Administrative Code Rule 62-160, Table 1  
 5 Complete for community & non-transient non-community systems serving populations up to and including 4,999. Do not include raw or plant samples in the average.

# DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORTING FORMAT

(82-550.730 Reporting Format Effective 01/1995, Revised 02/2010)

**Florida-Spectrum Environmental Services, Inc.**  
1460 W. McNab Road, Fort Lauderdale, FL 33309 Tel# (954) 978-6400  
Certification No. E86006

Lab Receipt Date & Time: <u>10-Sep-2018 16:25</u>
Analysis Date & Time: <u>10-Sep-2018 17:10</u>
<b>Sample Acceptance Criteria:</b>
Sample Preservation: <input checked="" type="checkbox"/> On Ice <input type="checkbox"/> Not On Ice <input checked="" type="checkbox"/> <u>1.60</u> °C
Disinfectant Check: <input checked="" type="checkbox"/> Not Detected <input type="checkbox"/> _____ mg/L
This sample does not meet the following NELAC requirements:

Report Number: 1810215      Sub-Contract Lab ID: E86006

**Analysis Requested:** (check all that apply)

Total Coliform/*E. coli*    Total Coliform/Fecal    Enterococci    Coliphage    HPC    Other: \_\_\_\_\_

**Public Water System (PWS) Name:** City of Pembroke Pines      **PWS I.D.**

4	0	6	1	0	8	3
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**PWS Address:** 7960 Johnson Street      City: Pembroke Pines      FL      33024

**PWS or PWS Owner's Phone #:** (754) 260-4509      **Fax #:** (954) 986-5025

**Collector:** Jason Cardenas      **Collector's Phone #:** (954) 582-4300/850-557-7147/

**Type of Supply:** (check only one)

Community Water System    Non-Transient Non-community Water System    Transient Non-community Water System  
 Limited Use System    Bottled Water    Private Well    Swimming Pool    Other: \_\_\_\_\_

**Reason for Sampling:** (check all that apply)

Distribution Routine    Distribution Repeat    Raw (triggered or assessment)    Raw (triggered or assessment) additional    Well Survey  
 Clearance    Replacement (also check type of sample being replaced)    Boil Water Notice    Other: \_\_\_\_\_

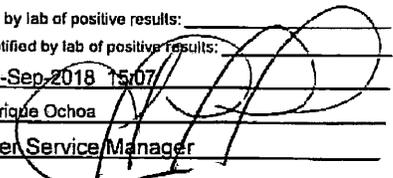
**Sample Collection Date:** 9/10/18

To be completed by collector of sample						To be completed by lab				
Sample #	Sample Point City of Pembroke Pines Monthly Bacteria City of Pembroke Pines, FL	Sample Collection Time	Sample Type	Disinfectant Residual (mg/L)	pH	Analysis Method(s)2: Total Coliform/ <i>E. Coli</i> (PA) by Colilert in Water (SM9223B)				
						Non-Coliform	Total Coliform	Fecal, <i>E. Coli</i> , Enterococci or Coliphage3	Data Qualifier4	Lab Sample #
091018-01	(SP ID 36) 2250 NW 145th Avenue	9:25	D	/ 3.1	8.53		Absent	Absent	U	1810215-01
091018-02	(SP ID 37) 1142 NW 141st Avenue	9:40	D	/ 3.3	8.62		Absent	Absent	U	1810215-02
091018-03	(SP ID 38) 14300 SW 8th Street.	10:10	D	/ 3.2	8.57		Absent	Absent	U	1810215-03
091018-04	(SP ID 40) 300 SW 147th Avenue	12:20	D	/ 3.3	8.81		Absent	Absent	U	1810215-04
091018-05	(SP ID 43) 1234 SW 159th Lane	11:10	D	/ 3.0	8.73		Absent	Absent	U	1810215-05
091018-06	(SP ID 42) 69 NW 161st Avenue	11:25	D	/ 3.3	8.88		Absent	Absent	U	1810215-06
091018-07	(SP ID 39) 15714 NW 24th Street	11:45	D	/ 2.9	8.89		Absent	Absent	U	1810215-07

**Average of disinfectant residuals for distribution routine & repeat Samples.5** Free chlorine or, Total chlorine: (circle one)      / 3.1

**Disinfectant Residual Analysis Method:**  
 DPD Colorimetric    Other: \_\_\_\_\_  
**Person performing disinfectant analysis is (see instructions on reverse):**  
 A certified operator (# DWB# 21736)  
 Supervised by certified operator (# \_\_\_\_\_)  
 Employed by a certified lab    Employed by DEP or DOH  
 Authorized representative of supplier of water

Unless otherwise noted, all tests are performed in accordance with NELAC standards, and the results relate only to the samples.

Date and time PWS notified by lab of positive results: \_\_\_\_\_  
Date and time DEP/DOH notified by lab of positive results: \_\_\_\_\_  
Date Report Issued: 19-Sep-2018 15:07  
**Lab Signature:** Enrique Ochoa   
**Title:** (CSM) Customer Service Manager

Juquitta Drieth  
Jacobs/CH2M-City of Pembroke Pines WT  
7960 Johnson Street  
Pembroke Pines      FL      33024

Satisfactory      **DEP/DOH USE ONLY**  
 Incomplete Collection Information  
 Repeat Samples Required  
 Replacement Samples Required  
Date Reviewed by DEP/DOH: \_\_\_\_\_  
DEP/DOH Reviewing Official: \_\_\_\_\_

1 For Sample Types see Instructions item 1.10.  
2 For Analysis Methods see Instructions item 11.6.  
3 Please circle appropriate selection.  
4 Defined in Florida Administrative Code Rule 62-160, Table 1.  
5 Complete for community & non-transient non-community systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.

# DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORTING FORMAT

(62-550.730 Reporting Format Effective 01/1995, Revised 02/2010)

**Florida-Spectrum Environmental Services, Inc.**  
 1460 W. McNab Road, Fort Lauderdale, FL 33309 Tel# (954) 978-6400  
 Certification No. E86006

Lab Receipt Date & Time: 10-Sep-2018 16:25

Analysis Date & Time: 10-Sep-2018 17:10

**Sample Acceptance Criteria:**

Sample Preservation:  On Ice  Not On Ice  1.60 °C  
 Disinfectant Check:  Not Detected  \_\_\_\_\_ mg/L  
 This sample does not meet the following NELAC requirements:

Report Number: 1810215 Sub-Contract Lab ID: E86006

**Analysis Requested:** (check all that apply)

Total Coliform/E. coli  Total Coliform/Fecal  Enterococci  Coliphage  HPC  Other: \_\_\_\_\_

**Public Water System (PWS) Name:** City of Pembroke Pines

**PWS I.D.**

4	0	6	1	0	8	3
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**PWS Address:** 7960 Johnson Street

**City:** Pembroke Pines

**FL**

**33024**

**PWS or PWS Owner's Phone #:** (754) 260-4509

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

**Collector:** Jason Cardenas

**Collector's Phone #:** (954) 582-4300/850-557-71477

**Type of Supply:** (check only one)

Community Water System  Non-Transient Non-community Water System  Transient Non-community Water System  
 Limited Use System  Bottled Water  Private Well  Swimming Pool  Other: \_\_\_\_\_

**Reason for Sampling:** (check all that apply)

Distribution Routine  Distribution Repeat  Raw (triggered or assessment)  Raw (triggered or assessment) additional  Well Survey  
 Clearance  Replacement (also check type of sample being replaced)  Boil Water Notice  Other: \_\_\_\_\_

**Sample Collection Date:** 9/10/18

To be completed by collector of sample						To be completed by lab				
Sample #	Sample Point City of Pembroke Pines Monthly Bacteria City of Pembroke Pines, FL	Sample Collection Time	Sample Type	Disinfectant Residual (mg/L)	pH	Analysis Method(s)2: Total Coliform/E.Coli (PA) by Colitert In Water (SM9223B)				
						Non-Coliform	Total Coliform	Fecal, E. Coli, Enterococci or Coliphage3	Data Qualifier4	Lab Sample #
091018-08	(SP ID 41) 16028 NW 21st Street	12:00	D	1.24	8.82		Absent	Absent	U	1810215-08

**Average of disinfectant residuals for distribution routine & repeat Samples.5** Free chlorine or Total chlorine (circle one)

/ 3.1

Unless otherwise noted, all tests are performed in accordance with NELAC standards, and the results relate only to the samples.

**Disinfectant Residual Analysis Method:**

DPD Colorimetric  Other: \_\_\_\_\_

**Person performing disinfectant analysis is (see instructions on reverse):**

A certified operator (# DWB# 21736) \_\_\_\_\_  
 Supervised by certified operator (# \_\_\_\_\_)  
 Employed by a certified lab  Employed by DEP or DOH  
 Authorized representative of supplier of water

Date and time PWS notified by lab of positive results: \_\_\_\_\_

Date and time DEP/DOH notified by lab of positive results: \_\_\_\_\_

Date Report Issued: 19-Sep-2018 15:07

**Lab Signature:** Enrique Ochoa

**Title:** (CSM) Customer Service Manager

Juquitta Drieth  
 Jacobs/CH2M-City of Pembroke Pines WT  
 7960 Johnson Street  
 Pembroke Pines FL 33024

**DEP/DOH USE ONLY**

Satisfactory  
 Incomplete Collection Information  
 Repeat Samples Required  
 Replacement Samples Required

Date Reviewed by DEP/DOH: \_\_\_\_\_  
 DEP/DOH Reviewing Official: \_\_\_\_\_

<sup>1</sup> For Sample Types see Instructions Item 1.10.  
<sup>2</sup> For Analysis Methods see Instructions Item 11.6.  
<sup>3</sup> Please circle appropriate selection.

<sup>4</sup> Defined in Florida Administrative Code, Rule 62-160, Table 1

<sup>5</sup> Complete for community & non-transient non-community systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.

# DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORTING FORMAT

(02-550.730 Reporting Format Effective 01/19/05, Revised 02/2010)

**Florida-Spectrum Environmental Services, Inc.**  
1460 W. McNab Road, Fort Lauderdale, FL 33309 Tel# (954) 978-6400  
Certification No. E86006

Lab Receipt Date & Time: <u>11-Sep-2018 17:25</u>
Analysis Date & Time: <u>11-Sep-2018 18:20</u>
<b>Sample Acceptance Criteria:</b>
Sample Preservation: <input checked="" type="checkbox"/> On Ice <input type="checkbox"/> Not On Ice <input checked="" type="checkbox"/> 1.60 °C
Disinfectant Check: <input checked="" type="checkbox"/> Not Detected <input type="checkbox"/> _____ mg/L
This sample does not meet the following NELAC requirements:

Report Number: 1810282      Sub-Contract Lab ID: E86006

**Analysis Requested:** (check all that apply)

Total Coliform/*E. coli*    Total Coliform/Fecal    Enterococci    Coliphage    HPC    Other: \_\_\_\_\_

**Public Water System (PWS) Name:** City of Pembroke Pines      **PWS I.D.**

4	0	6	1	0	8	3
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**PWS Address:** 7960 Johnson Street      **City:** Pembroke Pines      **FL**      **33024**

**PWS or PWS Owner's Phone #:** (754) 260-4509      **Fax #:** (954) 986-5025

**Collector:** Jason Cardenas      **Collector's Phone #:** (954) 582-4300/850-557-7147/

**Type of Supply:** (check only one)

Community Water System    Non-Transient Non-community Water System    Transient Non-community Water System  
 Limited Use System    Bottled Water    Private Well    Swimming Pool    Other: \_\_\_\_\_

**Reason for Sampling:** (check all that apply)

Distribution Routine    Distribution Repeat    Raw (triggered or assessment)    Raw (triggered or assessment) additional    Well Survey  
 Clearance    Replacement (also check type of sample being replaced)    Boil Water Notice    Other: \_\_\_\_\_

**Sample Collection Date:** 9/11/18

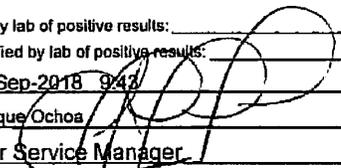
To be completed by collector of sample						To be completed by lab				
Sample #	Sample Point City of Pembroke Pines Monthly Bacteria City of Pembroke Pines, FL	Sample Collection Time	Sample Type	Disinfectant Residual (mg/L)	pH	Analysis Method(s)2: Total Coliform/ <i>E. Coli</i> (PA) by Colilert in Water (SM9223B)				
						Non-Coliform	Total Coliform	Fecal, <i>E. Coli</i> , Enterococci or Coliphage3	Data Qualifier4	Lab Sample #
091118-01	(SP ID 44) 6749 Segovia Circle West	10:20	D	/ 2.8	8.40		Absent	Absent	U	1810282-01
091118-02	(SP ID 45) 2300 NW 172nd Avenue	10:58	D	/ 2.8	8.95		Absent	Absent	U	1810282-02
091118-03	(SP ID 46) 2098 NW 171st Terrace	11:22	D	/ 2.5	8.82		Absent	Absent	U	1810282-03
091118-04	(SP ID 47) 17100 Pines Blvd.	11:55	D	/ 3.0	8.99		Absent	Absent	U	1810282-04
091118-05	(SP ID 48) 17059 SW 16th Street	12:20	D	/ 2.9	9.09		Absent	Absent	U	1810282-05
091118-06	(SP ID 27) 450 SW 182nd Way	12:45	D	/ 3.0	8.96		Absent	Absent	U	1810282-06
091118-07	(SP ID 49) 17817 NW 15th Street	13:05	D	/ 2.5	8.89		Absent	Absent	U	1810282-07

**Average of disinfectant residuals for distribution routine & repeat Samples.5**    Free chlorine   or   Total chlorine (circle one)    / 2.8

**Disinfectant Residual Analysis Method:**  
 DPD Colorimetric    Other: \_\_\_\_\_

**Person performing disinfectant analysis is (see instructions on reverse):**  
 A certified operator (# DWB 21736)  
 Supervised by certified operator (# \_\_\_\_\_)  
 Employed by a certified lab    Employed by DEP or DOH  
 Authorized representative of supplier of water

Unless otherwise noted, all tests are performed in accordance with NELAC standards, and the results relate only to the samples.

Date and time PWS notified by lab of positive results: \_\_\_\_\_  
Date and time DEP/DOH notified by lab of positive results: \_\_\_\_\_  
Date Report Issued: 20-Sep-2018 9:47  
**Lab Signature:** Enrique Ochoa   
**Title:** (CSM) Customer Service Manager

Juquitta Drieth  
Jacobs/CH2M-City of Pembroke Pines WT  
7960 Johnson Street  
Pembroke Pines      FL      33024

<input type="checkbox"/> Satisfactory <input type="checkbox"/> Incomplete Collection Information <input type="checkbox"/> Repeat Samples Required <input type="checkbox"/> Replacement Samples Required	<b>DEP/DOH USE ONLY</b>  Date Reviewed by DEP/DOH: _____ DEP/DOH Reviewing Official: _____
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<sup>1</sup> For Sample Types see Instructions item 116.  
<sup>2</sup> For Analysis Methods see Instructions item 116.  
<sup>3</sup> Please circle appropriate selection.  
<sup>4</sup> Defined in Florida Administrative Code Rule 62-160, Table 1.  
<sup>5</sup> Complete for community & non-transient non-community systems serving populations up to and including 4,000. Do not include raw or plant samples in the average.

# DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORTING FORMAT

(62-550.730 Reporting Format Effective 01/1995, Revised 02/2010)

**Florida-Spectrum Environmental Services, Inc.**  
1460 W. McNab Road, Fort Lauderdale, FL 33309 Tel# (954) 978-6400  
Certification No. E86006

Lab Receipt Date & Time: <u>12-Sep-2018 17:05</u>
Analysis Date & Time: <u>12-Sep-2018 17:30</u>
<b>Sample Acceptance Criteria:</b> Sample Preservation: <input checked="" type="checkbox"/> On Ice <input type="checkbox"/> Not On Ice <input checked="" type="checkbox"/> 1.00 °C Disinfectant Check: <input checked="" type="checkbox"/> Not Detected <input type="checkbox"/> _____ mg/L This sample does not meet the following NELAC requirements:

Report Number: 1810340 Sub-Contract Lab ID: E86006

**Analysis Requested:** (check all that apply)

Total Coliform/E. coli  Total Coliform/Fecal  Enterococci  Coliphage  HPC  Other: \_\_\_\_\_

**Public Water System (PWS) Name:** City of Pembroke Pines **PWS I.D.**

4	0	6	1	0	8	3
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**PWS Address:** 7960 Johnson Street **City:** Pembroke Pines **FL** 33024

**PWS or PWS Owner's Phone #:** (754) 260-4509 **Fax #:** (954) 986-5025

**Collector:** Jason Cardenas **Collector's Phone #:** (954) 582-4300/850-557-7147/

**Type of Supply:** (check only one)

Community Water System  Non-Transient Non-community Water System  Transient Non-community Water System  
 Limited Use System  Bottled Water  Private Well  Swimming Pool  Other: \_\_\_\_\_

**Reason for Sampling:** (check all that apply)

Distribution Routine  Distribution Repeat  Raw (triggered or assessment)  Raw (triggered or assessment) additional  Well Survey  
 Clearance  Replacement (also check type of sample being replaced)  Boil Water Notice  Other: \_\_\_\_\_

**Sample Collection Date:** 9/12/18

To be completed by collector of sample						To be completed by lab				
Sample #	Sample Point City of Pembroke Pines Monthly Bacteria City of Pembroke Pines, FL	Sample Collection Time	Sample Type	Disinfectant Residual (mg/L)	pH	Analysis Method(s)2: Total Coliform/E.Coli (PA) by Coltiter in Water (SM9223B)				
						Non-Coliform	Total Coliform	Fecal, E. Coli, Enterococci, Coliphage3	Data Qualifier4	Lab Sample #
091218-01	(SP ID 51) 2473 NW 184th Terrace	8:35	D	/ 2.3	8.60		Absent	Absent	U	1810340-01
091218-02	(SP ID 52) 18411 Pines Blvd.	8:57	D	/ 3.0	8.79		Absent	Absent	U	1810340-02
091218-03	(SP ID 58) 19370 SW 16th Street	9:30	D	/ 1.9	8.78		Absent	Absent	U	1810340-03
091218-04	(SP ID 53) 18539 SW 12th Street	10:10	D	/ 2.7	8.87		Absent	Absent	U	1810340-04
091218-05	(SP ID 57) 420 NW 197th Avenue	10:55	D	/ 2.4	8.95		Absent	Absent	U	1810340-05
091218-06	(SP ID 56) 1263 NW 195th Avenue	11:12	D	/ 2.6	8.94		Absent	Absent	U	1810340-06
091218-07	(SP ID 55) 19478 NW 24th Place	11:35	D	/ 2.7	9.01		Absent	Absent	U	1810340-07

**Average of disinfectant residuals for distribution routine & repeat Samples.5** Free chlorine or Total chlorine (circle one) / 2.5

**Disinfectant Residual Analysis Method:**  
 DPD Colorimetric  Other: \_\_\_\_\_  
**Person performing disinfectant analysis is (see instructions on reverse):**  
 A certified operator (# DWB 21736 )  
 Supervised by certified operator (# \_\_\_\_\_)  
 Employed by a certified lab  Employed by DEP or DOH  
 Authorized representative of supplier of water

Unless otherwise noted, all tests are performed in accordance with NELAC standards, and the results relate only to the samples.

Date and time PWS notified by lab of positive results: \_\_\_\_\_  
Date and time DEP/DOH notified by lab of positive results: \_\_\_\_\_  
Date Report Issued: 25-Sep-2018 15:45  
**Lab Signature:** Enrique Ochoa  
**Title:** (CSM) Customer Service Manager

Juquitta Drieth  
Jacobs/CH2M-City of Pembroke Pines WT  
7960 Johnson Street  
Pembroke Pines FL 33024

<input type="checkbox"/> Satisfactory	<b>DEP/DOH USE ONLY</b>
<input type="checkbox"/> Incomplete Collection Information	
<input type="checkbox"/> Repeat Samples Required	
<input type="checkbox"/> Replacement Samples Required	
Date Reviewed by DEP/DOH: _____	
DEP/DOH Reviewing Official: _____	

1 For Sample Types see Instructions item 1.16.  
2 For Analysis Methods see Instructions item 11.6.  
3 Please circle appropriate selection.  
4 Defined in Florida Administrative Code Rule 62-160, Table 1  
5 Complete for community & non-transient non-community systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.

# DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORTING FORMAT

(62-550.730 Reporting Format Effective 01/1995, Revised 02/2010)

**Florida-Spectrum Environmental Services, Inc.**  
1460 W. McNab Road, Fort Lauderdale, FL 33309 Tel# (954) 978-6400  
Certification No. E86006

Lab Receipt Date & Time: <u>12-Sep-2018 17:05</u>
Analysis Date & Time: <u>12-Sep-2018 17:30</u>
<b>Sample Acceptance Criteria:</b>
Sample Preservation: <input checked="" type="checkbox"/> On Ice <input type="checkbox"/> Not On Ice <input checked="" type="checkbox"/> 1.00 °C
Disinfectant Check: <input checked="" type="checkbox"/> Not Detected <input type="checkbox"/> _____ mg/L
This sample does not meet the following NELAC requirements:

Report Number: 1810340 Sub-Contract Lab ID: E86006

**Analysis Requested:** (check all that apply)

Total Coliform/E. coli  Total Coliform/Fecal  Enterococci  Coliphage  HPC  Other: \_\_\_\_\_

**Public Water System (PWS) Name:** City of Pembroke Pines **PWS I.D.**

4	0	6	1	0	8	3
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**PWS Address:** 7960 Johnson Street **City:** Pembroke Pines **FL** 33024

**PWS or PWS Owner's Phone #:** (754) 260-4509 **Fax #:** (954) 986-5025

**Collector:** Jason Cardenas **Collector's Phone #:** (954) 582-4300/850-557-7147/

**Type of Supply:** (check only one)

Community Water System  Non-Transient Non-community Water System  Transient Non-community Water System  
 Limited Use System  Bottled Water  Private Well  Swimming Pool  Other: \_\_\_\_\_

**Reason for Sampling:** (check all that apply)

Distribution Routine  Distribution Repeat  Raw (triggered or assessment)  Raw (triggered or assessment) additional  Well Survey  
 Clearance  Replacement (also check type of sample being replaced)  Boil Water Notice  Other: \_\_\_\_\_

**Sample Collection Date:** 9/12/18

To be completed by collector of sample						To be completed by lab				
Sample #	Sample Point City of Pembroke Pines Monthly Bacteria City of Pembroke Pines, FL	Sample Collection Time	Sample Type	Disinfectant Residual (mg/L)	pH	Analysis Method(s)2: Total Coliform/E.Coli (PA) by Colilert in Water (SM9223B)				
						Non-Coliform	Total Coliform	Fecal, E.Coli, Enterococci, Coliphage3	Data Qualifier4	Lab Sample #
091218-08	(SP ID 54) 6351 SW 195th Avenue	11:57	D	/ 2.6	8.95		Absent	Absent	U	1810340-08
091218-09	(SP ID 59) 5000 SW 207th Terrace	12:28	D	/ 2.5	8.84		Absent	Absent	U	1810340-09
091218-10	(SP ID 63) 21250 Sheridan Street	14:00	D	/ 2.5	9.02		Absent	Absent	U	1810340-10

**Average of disinfectant residuals for distribution routine & repeat Samples.5** Free chlorine or Total chlorine (circle one)

**Disinfectant Residual Analysis Method:**  
 DPD Colorimetric  Other: \_\_\_\_\_  
**Person performing disinfectant analysis is (see instructions on reverse):**  
 A certified operator (# DWB 21736 )  
 Supervised by certified operator (# \_\_\_\_\_ )  
 Employed by a certified lab  Employed by DEP or DOH  
 Authorized representative of supplier of water

Unless otherwise noted, all tests are performed in accordance with NELAC standards, and the results relate only to the samples.

Date and time PWS notified by lab of positive results: \_\_\_\_\_  
Date and time DEP/DOH notified by lab of positive results: \_\_\_\_\_  
Date Report Issued: 25-Sep-2018 16:45  
**Lab Signature:** Enrique Ochoa  
**Title:** (CSM) Customer Service Manager

Juquitta Drieth  
Jacobs/CH2M-City of Pembroke Pines WT  
7960 Johnson Street  
Pembroke Pines FL 33024

<input type="checkbox"/> Satisfactory	DEP/DOH USE ONLY
<input type="checkbox"/> Incomplete Collection Information	
<input type="checkbox"/> Repeat Samples Required	
<input type="checkbox"/> Replacement Samples Required	
Date Reviewed by DEP/DOH: _____	
DEP/DOH Reviewing Official: _____	

<sup>1</sup> For Sample Types see Instructions item 1.16.  
<sup>2</sup> For Analysis Methods see Instructions item 11.6.  
<sup>3</sup> Please circle appropriate selection.  
<sup>4</sup> Defined in Florida Administrative Code Rule 62-160, Table 1  
<sup>5</sup> Complete for community & non-transient non-community systems serving populations up to and including 4,000. Do not include raw or plant samples in the average.

# DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORTING FORMAT

(02-550.730 Reporting Format Effective 01/1995, Revised 02/2010)

**Florida-Spectrum Environmental Services, Inc.**  
 1460 W. McNab Road, Fort Lauderdale, FL 33309 Tel# (954) 978-6400  
 Certification No. E86006

Report Number: 1810390 Sub-Contract Lab ID: E86006

**Analysis Requested:** (check all that apply)

Total Coliform/*E. coli*    Total Coliform/Fecal    Enterococci    Coliphage    HPC    Other: \_\_\_\_\_

**Public Water System (PWS) Name:** City of Pembroke Pines      **PWS I.D.**

4	0	6	1	0	8	3
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**PWS Address:** 7960 Johnson Street      **City:** Pembroke Pines      **FL**      **33024**

**PWS or PWS Owner's Phone #:** (754) 260-4509      **Fax #:** (954) 986-5025

**Collector:** Jason Cardenas      **Collector's Phone #:** (954) 582-4300/850-557-7147/

**Type of Supply:** (check only one)

Community Water System    Non-Transient Non-community Water System    Transient Non-community Water System  
 Limited Use System    Bottled Water    Private Well    Swimming Pool    Other: \_\_\_\_\_

**Reason for Sampling:** (check all that apply)

Distribution Routine    Distribution Repeat    Raw (triggered or assessment)    Raw (triggered or assessment) additional    Well Survey  
 Clearance    Replacement (also check type of sample being replaced)    Boil Water Notice    Other: \_\_\_\_\_

**Sample Collection Date:** 9/13/18

To be completed by collector of sample						To be completed by lab				
Sample #	Sample Point City of Pembroke Pines Monthly Bacteria City of Pembroke Pines, FL	Sample Collection Time	Sample Type	Disinfectant Residual (mg/L)	pH	Analysis Method(s)2: Total Coliform/E. Coli (PA) by Coliform in Water (SM9223B)				
						Non-Coliform	Total Coliform	Fecal, <i>E. Coli</i> , Enterococci or Coliphage3	Data Qualifier4	Lab Sample #
091318-01	(SP ID 64) 21800 NW 8th Place	9:05	D	/ 2.5	8.76		Absent	Absent	U	1810390-01
091318-02	(SP ID 65) 21651 NW 7th Street	9:27	D	/ 2.6	8.75		Absent	Absent	U	1810390-02
091318-03	(SP ID 62) 20701 Pembroke Road	9:45	D	/ 2.6	8.81		Absent	Absent	U	1810390-03
091318-04	(SP ID 61) 20501 SW 1st Street	10:30	D	/ 2.9	8.89		Absent	Absent	U	1810390-04
091318-05	(SP ID 21) 1751 N. Hiatus Road	12:28	D	/ 3.3	8.80		Absent	Absent	U	1810390-05
091318-06	(SP ID 23) 10755 NW 10th Street	12:49	D	/ 3.8	8.93		Absent	Absent	U	1810390-06
091318-07	(SP ID 24) 200 S. Hiatus Road	13:15	D	/ 3.5	8.88		Absent	Absent	U	1810390-07

**Average of disinfectant residuals for distribution routine & repeat Samples.5** Free chlorine or Total chlorine (circle one)      / 3.0

**Disinfectant Residual Analysis Method:**  
 DPD Colorimetric    Other: \_\_\_\_\_  
**Person performing disinfectant analysis is (see instructions on reverse):**  
 A certified operator (# DWB 21736)  
 Supervised by certified operator (# \_\_\_\_\_)  
 Employed by a certified lab    Employed by DEP or DOH  
 Authorized representative of supplier of water

Unless otherwise noted, all tests are performed in accordance with NELAC standards, and the results relate only to the samples.

Date and time PWS notified by lab of positive results: \_\_\_\_\_  
 Date and time DEP/DOH notified by lab of positive results: \_\_\_\_\_  
 Date Report Issued: 26-Sep-2018 10:12/  
**Lab Signature:** Enrique Ochoa  
**Title:** (CSM) Customer Service Manager

Juquitta Drieth  
 Jacobs/CH2M-City of Pembroke Pines WT  
 7960 Johnson Street  
 Pembroke Pines      FL      33024

Satisfactory      **DEP/DOH USE ONLY**  
 Incomplete Collection Information  
 Repeat Samples Required  
 Replacement Samples Required  
 Date Reviewed by DEP/DOH: \_\_\_\_\_  
 DEP/DOH Reviewing Official: \_\_\_\_\_

1 For Sample Types see Instructions item I 10  
 2 For Analysis Methods see Instructions item II 6  
 3 Please circle appropriate selection  
 4 Defined in Florida Administrative Code Rule 62-160, Table 1  
 5 Complete for community & non-transient non-community systems serving populations up to and including 4,900. Do not include raw or plumb samples as the average

# DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORTING FORMAT

(62-550.730 Reporting Format Effective 01/1995, Revised 02/2010)

**Florida-Spectrum Environmental Services, Inc.**  
1460 W. McNab Road, Fort Lauderdale, FL 33309 Tel# (954) 978-6400  
Certification No. E86006

Lab Receipt Date & Time: 13-Sep-2018 16:35

Analysis Date & Time: 13-Sep-2018 17:25

**Sample Acceptance Criteria:**

Sample Preservation:  On Ice  Not On Ice  1.40 °C  
Disinfectant Check:  Not Detected  \_\_\_\_\_ mg/L  
This sample does not meet the following NELAC requirements:

Report Number: 18I0390 Sub-Contract Lab ID: E86006

**Analysis Requested:** (check all that apply)

Total Coliform/E. coli  Total Coliform/Fecal  Enterococci  Coliphage  HPC  Other: \_\_\_\_\_

**Public Water System (PWS) Name:** City of Pembroke Pines **PWS I.D.**

4	0	6	1	0	8	3
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**PWS Address:** 7960 Johnson Street **City:** Pembroke Pines **FL** 33024

**PWS or PWS Owner's Phone #:** (754) 260-4509 **Fax #:** (954) 986-5025

**Collector:** Jason Cardenas **Collector's Phone #:** (954) 582-4300/850-557-7147/

**Type of Supply:** (check only one)

Community Water System  Non-Transient Non-community Water System  Transient Non-community Water System  
 Limited Use System  Bottled Water  Private Well  Swimming Pool  Other: \_\_\_\_\_

**Reason for Sampling:** (check all that apply)

Distribution Routine  Distribution Repeat  Raw (triggered or assessment)  Raw (triggered or assessment) additional  Well Survey  
 Clearance  Replacement (also check type of sample being replaced)  Boil Water Notice  Other: \_\_\_\_\_

**Sample Collection Date:** 9/13/18

To be completed by collector of sample						To be completed by lab				
Sample #	Sample Point City of Pembroke Pines Monthly Bacteria City of Pembroke Pines, FL	Sample Collection Time	Sample Type	Disinfectant Residual (mg/L)	pH	Analysis Method(s)2: Total Coliform/E.Coli (PA) by Collitert in Water (SM9223B)				
						Non-Coliform	Total Coliform	Fecal, E.Coli, Enterococci or Coliphage3	Data Qualifier4	Lab Sample #
091318-08	(SP ID 25) 11131 SW 13th Street	13:40	D	/ 2.8	8.93		Absent	Absent	U	18I0390-08
091318-09	(SP ID 30) 12399 Pembroke Road	14:20	D	/ 3.2	8.78		Absent	Absent	U	18I0390-09

**Average of disinfectant residuals for distribution routine & repeat Samples.5** Free chlorine or Total chlorine (circle one) / 3.0

**Disinfectant Residual Analysis Method:**  
 DPD Colorimetric  Other: \_\_\_\_\_  
**Person performing disinfectant analysis is (see instructions on reverse):**  
 A certified operator (# DWB 21736)  
 Supervised by certified operator (# \_\_\_\_\_)  
 Employed by a certified lab  Employed by DEP or DOH  
 Authorized representative of supplier of water

Unless otherwise noted, all tests are performed in accordance with NELAC standards, and the results relate only to the samples.

Date and time PWS notified by lab of positive results: \_\_\_\_\_  
Date and time DEP/DOH notified by lab of positive results: \_\_\_\_\_  
Date Report Issued: 26-Sep-2018 10:12  
**Lab Signature:** Enrique Ochoa  
**Title:** (CSM) Customer Service Manager

**Juquitta Drieth**  
Jacobs/CH2M-City of Pembroke Pines WT  
7960 Johnson Street  
Pembroke Pines FL 33024

Satisfactory DEP/DOH USE ONLY  
 Incomplete Collection Information  
 Repeat Samples Required  
 Replacement Samples Required  
Date Reviewed by DEP/DOH: \_\_\_\_\_  
DEP/DOH Reviewing Official: \_\_\_\_\_

\* For Sample Types see Instructions item 1.16.  
† For Analysis Methods see Instructions item 11.6.  
‡ Please circle appropriate selection.  
§ Defined in Florida Administrative Code Rule 62-109, Table 1.  
|| Complete for community & non-transient non-community systems serving populations up to and including 4,000. Do not include raw or plant samples in the average.

# DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORTING FORMAT

(62-550.730 Reporting Format Effective 01/1995, Revised 02/2010)

**Florida-Spectrum Environmental Services, Inc.**  
 1460 W. McNab Road, Fort Lauderdale, FL 33309 Tel# (954) 978-6400  
 Certification No. E86006

Lab Receipt Date & Time: <u>17-Sep-2018 16:30</u>
Analysis Date & Time: <u>17-Sep-2018 18:00</u>
<b>Sample Acceptance Criteria:</b> Sample Preservation: <input checked="" type="checkbox"/> On Ice <input type="checkbox"/> Not On Ice <input checked="" type="checkbox"/> <u>1.00</u> °C Disinfectant Check: <input checked="" type="checkbox"/> Not Detected <input type="checkbox"/> _____ mg/L This sample does not meet the following NELAC requirements: _____

Report Number: 1810484      Sub-Contract Lab ID: E86006

**Analysis Requested:** (check all that apply)  
 Total Coliform/*E. coli*    Total Coliform/Fecal    Enterococci    Coliphage    HPC    Other: \_\_\_\_\_

**Public Water System (PWS) Name:** City of Pembroke Pines      **PWS I.D.**

4	0	6	1	0	8	3
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PWS Address: 7960 Johnson Street      City: Pembroke Pines      FL      33024

PWS or PWS Owner's Phone #: (754) 260-4509      Fax #: (954) 986-5025

**Collector:** Jason Cardenas      Collector's Phone #: (954) 582-4300/850-557-7147

**Type of Supply:** (check only one)  
 Community Water System    Non-Transient Non-community Water System    Transient Non-community Water System  
 Limited Use System    Bottled Water    Private Well    Swimming Pool    Other: \_\_\_\_\_

**Reason for Sampling:** (check all that apply)  
 Distribution Routine    Distribution Repeat    Raw (triggered or assessment)    Raw (triggered or assessment) additional    Well Survey  
 Clearance    Replacement (also check type of sample being replaced)    Boil Water Notice    Other: \_\_\_\_\_

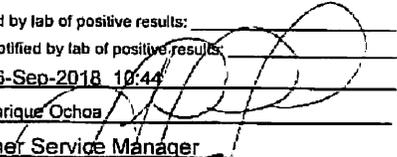
**Sample Collection Date:** 9/17/18

To be completed by collector of sample						To be completed by lab				
Sample #	Sample Point City of Pembroke Pines Monthly Bacteria City of Pembroke Pines, FL	Sample Collection Time	Sample Type	Disinfectant Residual (mg/L)	pH	Analysis Method(s)2: Total Coliform/ <i>E. Coli</i> (PA) by Colilert in Water (SM9223B)				
						Non-Coliform	Total Coliform	Fecal, <i>E. Coli</i> , Enterococci or Coliphage3	Data Qualifier4	Lab Sample #
091718-01	(SP ID 29) 241 SW 122nd Terrace	8:55	D	/ 4.0	9.0		Absent	Absent	U	1810484-01
091718-02	(SP ID 28) 1050 NW 123rd Avenue	9:25	D	/ 3.4	9.11		Absent	Absent	U	1810484-02
091718-03	(SP ID 26) 2110 NW 120th Terrace	9:40	D	/ 2.4	9.01		Absent	Absent	U	1810484-03
091718-04	(SP ID 34) 1601 SW 128th Terrace	10:05	D	/ 2.4	9.07		Absent	Absent	U	1810484-04
091718-05	(SP ID 33) 750 SW 136th Avenue	10:25	D	/ 3.8	9.21		Absent	Absent	U	1810484-05
091718-06	(SP ID 67) 788 NW 135th Terrace	10:48	D	/ 3.7	9.23		Absent	Absent	U	1810484-06
091718-07	(SP ID 31) 13702 NW 20th Street	11:25	D	/ 3.5	9.15		Absent	Absent	U	1810484-07

**Average of disinfectant residuals for distribution routine & repeat Samples.5** Free chlorine or Total chlorine (circle one) / 3.4

**Disinfectant Residual Analysis Method:**  
 DPD Colorimetric    Other: \_\_\_\_\_  
**Person performing disinfectant analysis is (see instructions on reverse):**  
 A certified operator (# DWB# 21736)  
 Supervised by certified operator (# \_\_\_\_\_)  
 Employed by a certified lab    Employed by DEP or DOH  
 Authorized representative of supplier of water

Unless otherwise noted, all tests are performed in accordance with NELAC standards, and the results relate only to the samples.

Date and time PWS notified by lab of positive results: \_\_\_\_\_  
 Date and time DEP/DOH notified by lab of positive results: \_\_\_\_\_  
 Date Report Issued: 26-Sep-2018 10:44  
**Lab Signature:** Enrique Ochoa   
**Title:** (CSM) Customer Service Manager

Juquitta Drieth  
 Jacobs/CH2M-City of Pembroke Pines WT  
 7960 Johnson Street  
 Pembroke Pines      FL      33024

<input type="checkbox"/> Satisfactory <input type="checkbox"/> Incomplete Collection Information <input type="checkbox"/> Repeat Samples Required <input type="checkbox"/> Replacement Samples Required Date Reviewed by DEP/DOH: _____ DEP/DOH Reviewing Official: _____	<b>DEP/DOH USE ONLY</b>
--	-------------------------

1 For Sample Types see Instructions item 1.16.  
 2 See Analysis Methods see Instructions item 11.6.  
 3 Please circle appropriate selection.  
 4 Defined in Florida Administrative Code Rule 62-110, Table 1.  
 5 Complete for community & non-transient non-community systems serving populations up to and including 4,000. Do not include raw effluent samples in the average.

**DRINKING WATER MICROBIAL SAMPLE COLLECTION  
& LABORATORY REPORTING FORMAT**

(62-550.730 Reporting Format Effective 01/1995, Rev/Issd 02/2010)

**Florida-Spectrum Environmental Services, Inc.**  
1460 W. McNab Road, Fort Lauderdale, FL 33309 Tel# (954) 978-6400  
Certification No. E86006

Lab Receipt Date & Time: <u>17-Sep-2018 16:30</u>
Analysis Date & Time: <u>17-Sep-2018 18:00</u>
<b>Sample Acceptance Criteria:</b> Sample Preservation: <input checked="" type="checkbox"/> On Ice <input type="checkbox"/> Not On Ice <input checked="" type="checkbox"/> 1.00 °C Disinfectant Check: <input checked="" type="checkbox"/> Not Detected <input type="checkbox"/> _____ mg/L This sample does not meet the following NELAC requirements:

Report Number: 1810484 Sub-Contract Lab ID: E86006

**Analysis Requested:** (check all that apply)  
 Total Coliform/E. coli  Total Coliform/Fecal  Enterococci  Coliphage  HPC  Other: \_\_\_\_\_

**Public Water System (PWS) Name:** City of Pembroke Pines **PWS I.D.**

4	0	6	1	0	8	3
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**PWS Address:** 7960 Johnson Street **City:** Pembroke Pines **FL** 33024

**PWS or PWS Owner's Phone #:** (754) 260-4509 **Fax #:** (954) 986-5025

**Collector:** Jason Cardenas **Collector's Phone #:** (954) 582-4300/850-557-71477

**Type of Supply:** (check only one)  
 Community Water System  Non-Transient Non-community Water System  Transient Non-community Water System  
 Limited Use System  Bottled Water  Private Well  Swimming Pool  Other: \_\_\_\_\_

**Reason for Sampling:** (check all that apply)  
 Distribution Routine  Distribution Repeat  Raw (triggered or assessment)  Raw (triggered or assessment) additional  Well Survey  
 Clearance  Replacement (also check type of sample being replaced)  Boil Water Notice  Other: \_\_\_\_\_

**Sample Collection Date:** 9/17/18

To be completed by collector of sample						To be completed by lab				
Sample #	Sample Point City of Pembroke Pines Monthly Bacteria City of Pembroke Pines, FL	Sample Collection Time	Sample Type	Disinfectant Residual (mg/L)	pH	Analysis Method(s)2: Total Coliform/E. Coli (PA) by Colilert in Water (SM9223B)				
						Non-Coliform	Total Coliform	Fecal, E. Coli, Enterococci or Coliphage3	Data Qualifier4	Lab Sample #
091718-08	(SP ID 32) 13771 NW 16th Street	11:40	D	/ 3.7	9.18		Absent	Absent	U	1810484-08
091718-09	(SP ID 36) 2250 NW 145th Avenue	12:05	D	/ 3.5	9.02		Absent	Absent	U	1810484-09
091718-10	(SP ID 37) 1142 NW 141st Avenue	12:25	D	/ 3.6	9.20		Absent	Absent	U	1810484-10
091718-11	(SP ID 38) 14300 SW 8th Ave.	12:45	D	/ 3.7	9.22		Absent	Absent	U	1810484-11
091718-12	(SP ID 40) 300 SW 147th Avenue	13:14	D	/ 3.4	9.11		Absent	Absent	U	1810484-12

**Average of disinfectant residuals for distribution routine & repeat Samples.5** Free chlorine or Total chlorine (circle one) / 3.4

**Disinfectant Residual Analysis Method:**  
 DPD Colorimetric  Other: \_\_\_\_\_  
**Person performing disinfectant analysis is (see instructions on reverse):**  
 A certified operator (# DWB# 21736)  
 Supervised by certified operator (# \_\_\_\_\_)  
 Employed by a certified lab  Employed by DEP or DOH  
 Authorized representative of supplier of water

Unless otherwise noted, all tests are performed in accordance with NELAC standards, and the results relate only to the samples.

Date and time PWS notified by lab of positive results: \_\_\_\_\_  
 Date and time DEP/DOH notified by lab of positive results: \_\_\_\_\_  
 Date Report Issued: 26-Sep-2018 10:44  
**Lab Signature:** Enrique Ochoa  
**Title:** (CSM) Customer Service Manager

**Juquitta Drieth**  
Jacobs/CH2M-City of Pembroke Pines WT  
7960 Johnson Street  
Pembroke Pines FL 33024

<input type="checkbox"/> Satisfactory <input type="checkbox"/> Incomplete Collection Information <input type="checkbox"/> Repeat Samples Required <input type="checkbox"/> Replacement Samples Required Date Reviewed by DEP/DOH: _____ DEP/DOH Reviewing Official: _____	<b>DEP/DOH USE ONLY</b>
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1 For Sample Types see Instructions Item 1.16  
 2 For Analysis Methods see Instructions Item 11.6  
 3 Please circle appropriate selection  
 4 Defined in Florida Administrative Code Rule 62-160, Table 1  
 5 Complete for community & non-transient non-community systems serving populations up to and including 4,000. Do not include raw or plant samples in the average.

# DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORTING FORMAT

(62-550.730 Reporting Format Effective 01/1995, Revised 02/2010)

**Florida-Spectrum Environmental Services, Inc.**  
1460 W. McNab Road, Fort Lauderdale, FL 33309 Tel# (954) 978-6400  
Certification No. E86006

Lab Receipt Date & Time: 18-Sep-2018 16:20

Analysis Date & Time: 18-Sep-2018 17:20

**Sample Acceptance Criteria:**

Sample Preservation:  On Ice  Not On Ice  1.20 °C  
Disinfectant Check:  Not Detected  \_\_\_\_\_ mg/L  
This sample does not meet the following NELAC requirements:

Report Number: 1810532 Sub-Contract Lab ID: E86006

**Analysis Requested:** (check all that apply)

Total Coliform/E. coli  Total Coliform/Fecal  Enterococci  Coliphage  HPC  Other: \_\_\_\_\_

**Public Water System (PWS) Name:** City of Pembroke Pines

**PWS I.D.**

4	0	6	1	0	8	3
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**PWS Address:** 7960 Johnson Street

**City:** Pembroke Pines **FL** 33024

**PWS or PWS Owner's Phone #:** (754) 260-4509

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

**Collector:** Jason Cardenas

**Collector's Phone #:** (954) 582-4300/850-557-7147

**Type of Supply:** (check only one)

Community Water System  Non-Transient Non-community Water System  Transient Non-community Water System  
 Limited Use System  Bottled Water  Private Well  Swimming Pool  Other: \_\_\_\_\_

**Reason for Sampling:** (check all that apply)

Distribution Routine  Distribution Repeat  Raw (triggered or assessment)  Raw (triggered or assessment) additional  Well Survey  
 Clearance  Replacement (also check type of sample being replaced)  Boil Water Notice  Other: \_\_\_\_\_

**Sample Collection Date:** 9/18/18

To be completed by collector of sample						To be completed by lab				
Sample #	Sample Point City of Pembroke Pines Monthly Bacteria City of Pembroke Pines, FL	Sample Collection Time	Sample Type	Disinfectant Residual (mg/L)	pH	Analysis Method(s)2: Total Coliform/E.Coli (PA) by Colilert in Water (SM9223B)				
						Non-Coliform	Total Coliform	Fecal E.Coli, Enterococci or Coliphage3	Data Qualifier4	Lab Sample #
091818-01	(SP ID 43) 1234 SW 159th Lane	8:40	D	/ 3.3	8.86		Absent	Absent	U	1810532-01
91808-02	(SP ID 42) 69 NW 161st Avenue	10:35	D	/ 3.3	8.85		Absent	Absent	U	1810532-02
901818-03	(SP ID 39) 15714 NW 24th Street	10:10	D	/ 3.3	8.90		Absent	Absent	U	1810532-03
091818-04	(SP ID 41) 16028 NW 21st Street	9:10	D	/ 3.4	8.92		Absent	Absent	U	1810532-04
091818-05	(SP ID 1) 2040 NW 74th Avenue	11:20	D	/ 3.6	8.89		Absent	Absent	U	1810532-05
091818-06	(SP ID 2) 7610 Taft Street	11:40	D	/ 3.6	8.94		Absent	Absent	U	1810532-06
091818-07	(SP ID 3) 7741 Johnson Street	11:55	D	/ 3.9	8.99		Absent	Absent	U	1810532-07

**Average of disinfectant residuals for distribution routine & repeat Samples.5** Free chlorine or Total chlorine (circle one) / 3.5

**Disinfectant Residual Analysis Method:**  
 DPD Colorimetric  Other: \_\_\_\_\_  
**Person performing disinfectant analysis is (see instructions on reverse):**  
 A certified operator (# DWB# 21736)  
 Supervised by certified operator (# \_\_\_\_\_)  
 Employed by a certified lab  Employed by DEP or DOH  
 Authorized representative of supplier of water

Unless otherwise noted, all tests are performed in accordance with NELAC standards, and the results relate only to the samples.

Date and time PWS notified by lab of positive results: \_\_\_\_\_  
Date and time DEP/DOH notified by lab of positive results: \_\_\_\_\_  
Date Report Issued: 27-Sep-2018 11:10  
**Lab Signature:** Enrique Ochoa  
**Title:** (CSM) Customer Service Manager

Juquitta Drieth  
Jacobs/CH2M-City of Pembroke Pines WT  
7960 Johnson Street  
Pembroke Pines FL 33024

Satisfactory DEP/DOH USE ONLY  
 Incomplete Collection Information  
 Repeat Samples Required  
 Replacement Samples Required  
Date Reviewed by DEP/DOH: \_\_\_\_\_  
DEP/DOH Reviewing Official: \_\_\_\_\_

1 For Sample Types see Instructions item I 1n.  
2 For Analysis Methods see Instructions item II 6  
3 Please circle appropriate selection.  
4 Defined in Florida Administrative Code Rule 62-160, Table 1  
5 Complete for community & non-transient non-community systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.

# DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORTING FORMAT

(62-550.730 Reporting Format Effective 01/1995, Revised 02/2010)

**Florida-Spectrum Environmental Services, Inc.**  
 1460 W. McNab Road, Fort Lauderdale, FL 33309 Tel# (954) 978-6400  
 Certification No. E86006

Report Number: 1810532 Sub-Contract Lab ID: E86006

**Analysis Requested:** (check all that apply)

Total Coliform/E. coli     Total Coliform/Fecal     Enterococci     Coliphage     HPC     Other: \_\_\_\_\_

**Public Water System (PWS) Name:** City of Pembroke Pines    **PWS I.D.**

4	0	6	1	0	8	3
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**PWS Address:** 7960 Johnson Street    **City:** Pembroke Pines    **FL**    **33024**

**PWS or PWS Owner's Phone #:** (754) 260-4509    **Fax #:** (954) 986-5025

**Collector:** Jason Cardenas    **Collector's Phone #:** (954) 582-4300/850-557-7147

**Type of Supply:** (check only one)

Community Water System     Non-Transient Non-community Water System     Transient Non-community Water System  
 Limited Use System     Bottled Water     Private Well     Swimming Pool     Other: \_\_\_\_\_

**Reason for Sampling:** (check all that apply)

Distribution Routine     Distribution Repeat     Raw (triggered or assessment)     Raw (triggered or assessment) additional     Well Survey  
 Clearance     Replacement (also check type of sample being replaced)     Boil Water Notice     Other: \_\_\_\_\_

**Sample Collection Date:** 9/18/18

To be completed by collector of sample						To be completed by lab					
Sample #	Sample Point City of Pembroke Pines Monthly Bacteria City of Pembroke Pines, FL	Sample Collection Time	Sample Type	Disinfectant Residual (mg/L)	pH	Analysis Method(s)2: Total Coliform/E.Coli (PA) by Colliert in Water (SM9223B)					
						Non-Coliform	Total Coliform	Fecal Enterococci or Coliphage3	E.Coli	Data Qualifier4	Lab Sample #
091818-08	(SP ID 4) 120 NW 73rd Avenue	12:20	D	/ 3.9	9.02		Absent	Absent		U	1810532-08
091818-09	(SP ID 5) 7021 SW 9th Street	12:40	D	/ 3.7	9.00		Absent	Absent		U	1810532-09
091818-10	(SP ID 11) 1530 SW 85th Avenue	13:05	D	/ 3.4	8.98		Absent	Absent		U	1810532-10

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**Average of disinfectant residuals for distribution routine & repeat Samples.5** Free chlorine or Total chlorine (circle one)    / 3.5

**Disinfectant Residual Analysis Method:**  
 DPD Colorimetric     Other: \_\_\_\_\_  
**Person performing disinfectant analysis is (see instructions on reverse):**  
 A certified operator (# DWB# 21736)  
 Supervised by certified operator (# \_\_\_\_\_)  
 Employed by a certified lab     Employed by DEP or DOH  
 Authorized representative of supplier of water

Unless otherwise noted, all tests are performed in accordance with NELAC standards, and the results relate only to the samples.

Date and time PWS notified by lab of positive results: \_\_\_\_\_  
 Date and time DEP/DOH notified by lab of positive results: \_\_\_\_\_  
 Date Report Issued: 27-Sep-2018 11:10  
**Lab Signature:** Enrique Ochoa   
**Title:** (CSM) Customer Service Manager

Juquitta Drieth  
 Jacobs/CH2M-City of Pembroke Pines W1  
 7960 Johnson Street  
 Pembroke Pines    FL    33024

Satisfactory    **DEP/DOH USE ONLY**  
 Incomplete Collection Information  
 Repeat Samples Required  
 Replacement Samples Required  
 Date Reviewed by DEP/DOH: \_\_\_\_\_  
 DEP/DOH Reviewing Official: \_\_\_\_\_

1 For Sample Types see Instructions item 1.16.  
 2 For Analysis Methods see Instructions item 11.6  
 3 Please circle appropriate selection.  
 4 Defined in Florida Administrative Code Rule 62-160, Table 1  
 5 Complete for community & non-transient non-community systems serving populations up to and including 1,900. Do not include tap or plant samples in the average.

# DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORTING FORMAT

(62-550.730 Reporting Format Effective 01/1995, Revised 02/2010)

**Florida-Spectrum Environmental Services, Inc.**  
1460 W. McNab Road, Fort Lauderdale, FL 33309 Tel# (954) 978-6400  
Certification No. E86006

Report Number: 1810591 Sub-Contract Lab ID: E86006

**Analysis Requested:** (check all that apply)

Total Coliform/E. coli     Total Coliform/Fecal     Enterococci     Coliphage     HPC     Other: \_\_\_\_\_

**Public Water System (PWS) Name:** City of Pembroke Pines

**PWS I.D.**

4	0	6	1	0	8	3
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**PWS Address:** 7960 Johnson Street

**City:** Pembroke Pines    **FL**    **33024**

**PWS or PWS Owner's Phone #:** (754) 260-4509

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

**Collector:** Jason Cardenas

**Collector's Phone #:** (954) 582-4300/850-557-7147

**Type of Supply:** (check only one)

Community Water System     Non-Transient Non-community Water System     Transient Non-community Water System  
 Limited Use System     Bottled Water     Private Well     Swimming Pool     Other: \_\_\_\_\_

**Reason for Sampling:** (check all that apply)

Distribution Routine     Distribution Repeat     Raw (triggered or assessment)     Raw (triggered or assessment) additional     Well Survey  
 Clearance     Replacement (also check type of sample being replaced)     Boil Water Notice     Other: \_\_\_\_\_

**Sample Collection Date:** 9/19/18

To be completed by collector of sample						To be completed by lab				
Sample #	Sample Point City of Pembroke Pines Monthly Bacteria City of Pembroke Pines, FL	Sample Collection Time	Sample Type	Disinfectant Residual (mg/L)	pH	Analysis Method(s)2: Total Coliform/E. Coli (PA) by Colilert in Water (SM9223B)				
						Non-Coliform	Total Coliform	Fecal, E. Coli, Enterococci, Coliphage3	Data Qualifier4	Lab Sample #
091918-01	(SP ID 10) 199 N. University Drive	6:55	D	/ 3.5	8.58		Absent	Absent	U	1810591-01
091918-02	(SP ID 9) 8131 Johnson Street	7:15	D	/ 3.8	8.92		Absent	Absent	U	1810591-02
091918-03	(SP ID 8) 8130 Taft Street	7:30	D	/ 3.7	8.87		Absent	Absent	U	1810591-03
091918-04	(SP ID 7) 2402 N. University Drive	7:55	D	/ 3.5	8.88		Absent	Absent	U	1810591-04
091918-05	(SP ID 68) 2060 NW 88th Terrace	8:20	D	/ 3.7	8.84		Absent	Absent	U	1810591-05
091918-06	(SP ID 12) 1621 N. Douglas Road	8:40	D	/ 3.7	8.95		Absent	Absent	U	1810591-06
091918-07	(SP ID 13) 8880 Johnson Street	8:55	D	/ 3.4	8.90		Absent	Absent	U	1810591-07

**Average of disinfectant residuals for distribution routine & repeat samples.5** Free chlorine or Total chlorine (circle one)

/ 3.3

**Disinfectant Residual Analysis Method:**

DPD Colorimetric     Other: \_\_\_\_\_

**Person performing disinfectant analysis is (see instructions on reverse):**

A certified operator (# DWB# 21736)  
 Supervised by certified operator (# \_\_\_\_\_)  
 Employed by a certified lab     Employed by DEP or DOH  
 Authorized representative of supplier of water

Unless otherwise noted, all tests are performed in accordance with NELAC standards, and the results relate only to the samples.

Date and time PWS notified by lab of positive results: \_\_\_\_\_

Date and time DEP/DOH notified by lab of positive results: \_\_\_\_\_

Date Report Issued: 27-Sep-2018 11:46

**Lab Signature:** Enrique Ochoa

**Title:** (CSM) Customer Service Manager

Juquitta Drieth  
Jacobs/CH2M-City of Pembroke Pines W1  
7960 Johnson Street  
Pembroke Pines    FL    33024

Satisfactory    **DEP/DOH USE ONLY**  
 Incomplete Collection Information  
 Repeat Samples Required  
 Replacement Samples Required  
Date Reviewed by DEP/DOH: \_\_\_\_\_  
DEP/DOH Reviewing Official: \_\_\_\_\_

1 For Sample Types see Instructions item 1.16.  
2 For Analysis Methods see Instructions item 11.6.

3 Please circle appropriate selection.

4 Defined in Florida Administrative Code Rule 62-160, Table 1

5 Complete for community & non-transient non-community systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.

# DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORTING FORMAT

(62-550,730 Reporting Format Effective 01/1995, Revised 02/2010)

**Florida-Spectrum Environmental Services, Inc.**  
1460 W. McNab Road, Fort Lauderdale, FL 33309 Tel# (954) 978-6400  
Certification No. E86006

Lab Receipt Date & Time: 19-Sep-2018 17:05

Analysis Date & Time: 19-Sep-2018 18:10

**Sample Acceptance Criteria:**

Sample Preservation:  On Ice  Not On Ice  1.20 °C  
Disinfectant Check:  Not Detected  \_\_\_\_\_ mg/L  
This sample does not meet the following NELAC requirements:

Report Number: 1810591 Sub-Contract Lab ID: E86006

**Analysis Requested:** (check all that apply)

Total Coliform/E. coli  Total Coliform/Fecal  Enterococci  Coliphage  HPC  Other: \_\_\_\_\_

**Public Water System (PWS) Name:** City of Pembroke Pines

**PWS I.D.**

4	0	6	1	0	8	3
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PWS Address: 7960 Johnson Street

City: Pembroke Pines FL 33024

PWS or PWS Owner's Phone #: (754) 260-4509

Fax #: (954) 986-5025

**Collector:** Jason Cardenas

Collector's Phone #: (954) 582-4300/850-557-7147

**Type of Supply:** (check only one)

Community Water System  Non-Transient Non-community Water System  Transient Non-community Water System  
 Limited Use System  Bottled Water  Private Well  Swimming Pool  Other: \_\_\_\_\_

**Reason for Sampling:** (check all that apply)

Distribution Routine  Distribution Repeat  Raw (triggered or assessment)  Raw (triggered or assessment) additional  Well Survey  
 Clearance  Replacement (also check type of sample being replaced)  Boil Water Notice  Other: \_\_\_\_\_

**Sample Collection Date:** 9/19/18

To be completed by collector of sample						To be completed by lab				
Sample #	Sample Point City of Pembroke Pines Monthly Bacteria City of Pembroke Pines, FL	Sample Collection Time	Sample Type	Disin- fectant Residual (mg/L)	pH	Analysis Method(s)2: Total Coliform/E.Coli (PA) by Colilert in Water (SM9223B)				
						Non- Coliform	Total Coliform	Fecal (E.Coli, Enterococci or Coliphage)3	Data Qualifier4	Lab Sample #
091918-08	(SP ID 14) 120 N. Douglas Road	9:15	D	/ 3.7	8.86		Absent	Absent	U	1810591-08
091918-09	(SP ID 15) 900 Hollybrook Drive	9:30	D	/ 3.5	8.91		Absent	Absent	U	1810591-09
091918-10	(SP ID 20) 10001 SW 14th Street	9:48	D	/ 3.4	8.89		Absent	Absent	U	1810591-10
091918-11	(SP ID 19) 10101 Pines Blvd.	10:06	D	/ 3.4	8.97		Absent	Absent	U	1810591-11
091918-12	(SP ID 18) 10000 Johnson Street	10:30	D	/ 3.8	8.95		Absent	Absent	U	1810591-12
091918-13	(SP ID 17) 1981 NW 100th Way	11:00	D	/ 3.6	8.97		Absent	Absent	U	1810591-13
091918-14	(SP ID 16) 10120 Sheridan Street	11:20	D	/ 3.5	8.90		Absent	Absent	U	1810591-14

**Average of disinfectant residuals for distribution routine & repeat samples.** Free chlorine or Total chlorine (circle one) / 3.3

**Disinfectant Residual Analysis Method:**

DPD Colorimetric  Other: \_\_\_\_\_  
**Person performing disinfectant analysis is (see instructions on reverse):**  
 A certified operator (# DWB# 21736)  
 Supervised by certified operator (# \_\_\_\_\_)  
 Employed by a certified lab  Employed by DEP or DOH  
 Authorized representative of supplier of water

Unless otherwise noted, all tests are performed in accordance with NELAC standards, and the results relate only to the samples.

Date and time PWS notified by lab of positive results: \_\_\_\_\_

Date and time DEP/DOH notified by lab of positive results: \_\_\_\_\_

Date Report Issued: 27-Sep-2018 11:46

**Lab Signature:** Enrique Ochoa

**Title:** (CSM) Customer Service Manager

Juquitta Drieth  
Jacobs/CH2M-City of Pembroke Pines WT  
7960 Johnson Street  
Pembroke Pines FL 33024

Satisfactory DEP/DOH USE ONLY  
 Incomplete Collection Information  
 Repeat Samples Required  
 Replacement Samples Required  
Date Reviewed by DEP/DOH: \_\_\_\_\_  
DEP/DOH Reviewing Official: \_\_\_\_\_

1 For Sample Types see Instructions item 1.6  
2 For Analysis Methods see Instructions item 11.6

3 Please circle appropriate selection.

4 Defined in Florida Administrative Code Rule 62-160, Table 1

5 Complete for community & non-transient non-community systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.

# DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORTING FORMAT

(62-550.730 Reporting Format Effective 01/1995, Revised 02/2010)

**Florida-Spectrum Environmental Services, Inc.**  
1460 W. McNab Road, Fort Lauderdale, FL 33309 Tel# (954) 978-6400  
Certification No. E86006

Lab Receipt Date & Time: <u>19-Sep-2018 17:05</u>
Analysis Date & Time: <u>19-Sep-2018 18:10</u>
<b>Sample Acceptance Criteria:</b>
Sample Preservation: <input checked="" type="checkbox"/> On Ice <input type="checkbox"/> Not On Ice <input checked="" type="checkbox"/> 1.20 °C
Disinfectant Check: <input checked="" type="checkbox"/> Not Detected <input type="checkbox"/> _____ mg/L
This sample does not meet the following NELAC requirements:

Report Number: 1810591      Sub-Contract Lab ID: E86006

**Analysis Requested:** (check all that apply)

Total Coliform/E. coli    Total Coliform/Fecal    Enterococci    Coliphage    HPC    Other: \_\_\_\_\_

**Public Water System (PWS) Name:** City of Pembroke Pines      **PWS I.D.**

4	0	6	1	0	8	3
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**PWS Address:** 7960 Johnson Street      **City:** Pembroke Pines      **FL**      **33024**

**PWS or PWS Owner's Phone #:** (754) 260-4509      **Fax #:** (954) 986-5025

**Collector:** Jason Cardenas      **Collector's Phone #:** (954) 562-4300/850-557-7147/

**Type of Supply:** (check only one)

Community Water System    Non-Transient Non-community Water System    Transient Non-community Water System  
 Limited Use System    Bottled Water    Private Well    Swimming Pool    Other: \_\_\_\_\_

**Reason for Sampling:** (check all that apply)

Distribution Routine    Distribution Repeat    Raw (triggered or assessment)    Raw (triggered or assessment) additional    Well Survey  
 Clearance    Replacement (also check type of sample being replaced)    Boil Water Notice    Other: \_\_\_\_\_

**Sample Collection Date:** 9/19/18

To be completed by collector of sample						To be completed by lab				
Sample #	Sample Point City of Pembroke Pines Monthly Bacteria City of Pembroke Pines, FL	Sample Collection Time	Sample Type	Disinfectant Residual (mg/L)	pH	Analysis Method(s)2: Total Coliform/E.Coli (PA) by Collitert in Water (SM9223B)				
						Non-Coliform	Total Coliform	Fecal Enterococci or Coliphage3	Data Qualifier4	Lab Sample #
091918-15	(SP ID 22) 11141 NW 22nd Street	11:43	D	/ 3.5	8.95		Absent	Absent	U	1810591-15
091918-16	(SP ID 44) 6749 Segovia Circle West	12:25	D	/ 1.9	8.78		Absent	Absent	U	1810591-16
091918-17	(SP ID 45) 2300 NW 172nd Avenue	13:15	D	/ 1.9	8.85		Absent	Absent	U	1810591-17
091918-18	(SP ID 46) 2098 NW 171St Terrace	13:30	D	/ 1.6	8.96		Absent	Absent	U	1810591-18
091918-19	Well #6	14:40	R	/ 0.0	7.50		Absent	Absent	U	1810591-19
091918-20	Well #10	14:50	R	/ 0.0	7.50		Absent	Absent	U	1810591-20
091918-21	Well #9	14:55	R	/ 0.0	7.34		Absent	Absent	U	1810591-21

**Average of disinfectant residuals for distribution routine & repeat Samples.5** Free chlorine or Total chlorine (circle one)      / 3.3

**Disinfectant Residual Analysis Method:**  
 DPD Colorimetric    Other: \_\_\_\_\_  
**Person performing disinfectant analysis is (see instructions on reverse):**  
 A certified operator (# DWB# 21736)  
 Supervised by certified operator (# \_\_\_\_\_)  
 Employed by a certified lab    Employed by DEP or DOH  
 Authorized representative of supplier of water

Unless otherwise noted, all tests are performed in accordance with NELAC standards, and the results relate only to the samples.

Date and time PWS notified by lab of positive results: \_\_\_\_\_  
Date and time DEP/DOH notified by lab of positive results: \_\_\_\_\_  
Date Report issued: 27-Sep-2018 11:46  
**Lab Signature:** Enrique Ochoa  
**Title:** (CSM) Customer Service Manager

Juquitta Drieth  
Jacobs/CH2M-City of Pembroke Pines WT  
7960 Johnson Street  
Pembroke Pines      FL      33024

<input type="checkbox"/> Satisfactory	<b>DEP/DOH USE ONLY</b>
<input type="checkbox"/> Incomplete Collection Information	
<input type="checkbox"/> Repeat Samples Required	
<input type="checkbox"/> Replacement Samples Required	
Date Reviewed by DEP/DOH: _____	
DEP/DOH Reviewing Official: _____	

<sup>1</sup> For Sample Types see Instructions item 1.16.  
<sup>2</sup> For Analysis Methods see Instructions item 4.6.  
<sup>3</sup> Please circle appropriate selection.  
<sup>4</sup> Defined in Florida Administrative Code, Rule 62-160, Table 1.  
<sup>5</sup> Complete for community & non-transient non-community systems serving populations up to and including 4,999. Do not include raw or plant samples in the average.

# DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORTING FORMAT

(62-550.730 Reporting Format Effective 01/19/95, Revised 02/2010)

**Florida-Spectrum Environmental Services, Inc.**  
1460 W. McNab Road, Fort Lauderdale, FL 33309 Tel# (954) 978-6400  
Certification No. E86006

Lab Receipt Date & Time: 19-Sep-2018 17:05

Analysis Date & Time: 19-Sep-2018 18:10

**Sample Acceptance Criteria:**

Sample Preservation:  On Ice  Not On Ice  1.20 °C  
Disinfectant Check:  Not Detected  \_\_\_\_\_ mg/L  
This sample does not meet the following NELAC requirements:

Report Number: 1810591 Sub-Contract Lab ID: E86006

**Analysis Requested:** (check all that apply)

Total Coliform/E. coli  Total Coliform/Fecal  Enterococci  Coliphage  HPC  Other: \_\_\_\_\_

**Public Water System (PWS) Name:** City of Pembroke Pines

**PWS I.D.**

4	0	6	1	0	8	3
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**PWS Address:** 7960 Johnson Street

**City:** Pembroke Pines

**FL**

**33024**

**PWS or PWS Owner's Phone #:** (754) 260-4509

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

**Collector:** Jason Cardenas

**Collector's Phone #:** (954) 582-4300/850-557-7147/

**Type of Supply:** (check only one)

Community Water System  Non-Transient Non-community Water System  Transient Non-community Water System  
 Limited Use System  Bottled Water  Private Well  Swimming Pool  Other: \_\_\_\_\_

**Reason for Sampling:** (check all that apply)

Distribution Routine  Distribution Repeat  Raw (triggered or assessment)  Raw (triggered or assessment) additional  Well Survey  
 Clearance  Replacement (also check type of sample being replaced)  Boil Water Notice  Other: \_\_\_\_\_

**Sample Collection Date:** 9/19/18

To be completed by collector of sample						To be completed by lab				
Sample #	Sample Point City of Pembroke Pines Monthly Bacteria City of Pembroke Pines, FL	Sample Collection Time	Sample Type	Disin- fectant Residual (mg/L)	pH	Analysis Method(s)2: Total Coliform/E.Coli (PA) by Colilert in Water (SM9223B)				
						Non- Coliform	Total Coliform	Fecal (E.Coli, Enterococci or Coliphage)3	Data Qualifier4	Lab Sample #
091918-22	Well #5	15:15	R	/ 0.0	7.50		Absent	Absent	U	1810591-22
091918-23	Well #1	15:25	R	/ 0.0	7.50		Absent	Absent	U	1810591-23
091918-24	Well #4	15:30	R	/ 0.0	7.45		Absent	Absent	U	1810591-24
091918-25	Well #3	15:44	R	/ 0.0	7.35		Absent	Absent	U	1810591-25

**Average of disinfectant residuals for distribution routine & repeat Samples.5** Free chlorine or Total chlorine (circle one)

/ 0.0

Unless otherwise noted, all tests are performed in accordance with NELAC standards, and the results relate only to the samples.

**Disinfectant Residual Analysis Method:**

DPD Colorimetric  Other: \_\_\_\_\_

**Person performing disinfectant analysis is (see instructions on reverse):**

A certified operator (# DWB# 21736)  
 Supervised by certified operator (# \_\_\_\_\_)  
 Employed by a certified lab  Employed by DEP or DOH  
 Authorized representative of supplier of water

Date and time PWS notified by lab of positive results: \_\_\_\_\_

Date and time DEP/DOH notified by lab of positive results: \_\_\_\_\_

Date Report Issued: 27-Sep-2018 11:46

**Lab Signature:** Enrique Ochoa

**Title:** (CSM) Customer Service Manager

Juqulta Drieth

Jacobs/CH2M-City of Pembroke Pines W1

7960 Johnson Street

Pembroke Pines

FL

33024

Satisfactory

Incomplete Collection Information

Repeat Samples Required

Replacement Samples Required

Date Reviewed by DEP/DOH: \_\_\_\_\_

DEP/DOH Reviewing Official: \_\_\_\_\_

DEP/DOH USE ONLY

<sup>5</sup> For Sample Types see Instructions item I.16.  
<sup>6</sup> For Analysis Methods see Instructions item II.6.

<sup>3</sup> Please circle appropriate selection.

<sup>4</sup> Defined in Florida Administrative Code Rule 62-160, Table 1.

<sup>5</sup> Composite for community & non-transient non-community systems serving populations up to and including 1,000. Do not include raw or plain samples in the average.

# DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORTING FORMAT

(62-550.730 Reporting Format Effective 01/1995, Revised 02/2010)

**Florida-Spectrum Environmental Services, Inc.**  
1460 W. McNab Road, Fort Lauderdale, FL 33309 Tel# (954) 978-6400  
Certification No. E86006

Lab Receipt Date & Time: <u>20-Sep-2018 16:40</u>
Analysis Date & Time: <u>20-Sep-2018 18:15</u>
<b>Sample Acceptance Criteria:</b> Sample Preservation: <input checked="" type="checkbox"/> On Ice <input type="checkbox"/> Not On Ice <input checked="" type="checkbox"/> 0.60 °C Disinfectant Check: <input checked="" type="checkbox"/> Not Detected <input type="checkbox"/> _____ mg/L This sample does not meet the following NELAC requirements: _____

Report Number: 1810641 Sub-Contract Lab ID: E86006

**Analysis Requested:** (check all that apply)  
 Total Coliform/E. coli  Total Coliform/Fecal  Enterococci  Coliphage  HPC  Other: \_\_\_\_\_

**Public Water System (PWS) Name:** City of Pembroke Pines **PWS I.D.**

4	0	6	1	0	8	3
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**PWS Address:** 7960 Johnson Street **City:** Pembroke Pines **FL** 33024

**PWS or PWS Owner's Phone #:** (754) 260-4509 **Fax #:** (954) 986-5025

**Collector:** Jason Cardenas **Collector's Phone #:** (954) 582-4300/850-557-7147/

**Type of Supply:** (check only one)  
 Community Water System  Non-Transient Non-community Water System  Transient Non-community Water System  
 Limited Use System  Bottled Water  Private Well  Swimming Pool  Other: \_\_\_\_\_

**Reason for Sampling:** (check all that apply)  
 Distribution Routine  Distribution Repeat  Raw (triggered or assessment)  Raw (triggered or assessment) additional  Well Survey  
 Clearance  Replacement (also check type of sample being replaced)  Boil Water Notice  Other: \_\_\_\_\_

**Sample Collection Date:** 9/20/18

To be completed by collector of sample						To be completed by lab				
Sample #	Sample Point City of Pembroke Pines Monthly Bacteria City of Pembroke Pines, FL	Sample Collection Time	Sample Type	Disinfectant Residual (mg/L)	pH	Analysis Method(s): Total Coliform/E.Coli (PA) by Colilert in Water (SM9223B)				
						Non-Coliform	Total Coliform	Fecal E. Coli, Enterococci or Coliphage <sup>3</sup>	Data Qualifier <sup>4</sup>	Lab Sample #
092018-01	(SP ID 47) 17100 Pines Blvd.	7:30	D	/ 3.0	8.50		Absent	Absent	U	1810641-01
092018-02	(SP ID 48) 17059 SW 16th Street	8:12	D	/ 3.2	8.78		Absent	Absent	U	1810641-02
092018-03	(SP ID 27) 450 SW 182nd Way	8:40	D	/ 2.0	8.72		Absent	Absent	U	1810641-03
092018-04	(SP ID 51) 2473 NW 184th Terrace	9:00	D	/ 1.2	8.70		Absent	Absent	U	1810641-04
092018-05	(SP ID 52) 18411 Pines Blvd.	9:15	D	/ 3.3	8.84		Absent	Absent	U	1810641-05
092018-06	(SP ID 58) 19370 SW 16th Street	9:40	D	/ 2.5	8.87		Absent	Absent	U	1810641-06
092018-07	(SP ID 53) 18539 SW 12th Street	9:55	D	/ 3.0	8.81		Absent	Absent	U	1810641-07

**Average of disinfectant residuals for distribution routine & repeat Samples.<sup>5</sup>** Free chlorine or Total chlorine (circle one) / 2.2

**Disinfectant Residual Analysis Method:**  
 DPD Colorimetric  Other: \_\_\_\_\_  
**Person performing disinfectant analysis is (see instructions on reverse):**  
 A certified operator (# DWB# 21736)  
 Supervised by certified operator (# \_\_\_\_\_)  
 Employed by a certified lab  Employed by DEP or DOH  
 Authorized representative of supplier of water

Unless otherwise noted, all tests are performed in accordance with NELAC standards, and the results relate only to the samples.

Date and time PWS notified by lab of positive results: \_\_\_\_\_  
 Date and time DEP/DOH notified by lab of positive results: \_\_\_\_\_  
 Date Report Issued: 28-Sep-2018 11:27  
**Lab Signature:** Enrique Ochoa  
**Title:** (CSM) Customer Service Manager

Juquitta Drieth  
 Jacobs/CH2M-City of Pembroke Pines WT  
 7960 Johnson Street  
 Pembroke Pines FL 33024

<input type="checkbox"/> Satisfactory <input type="checkbox"/> Incomplete Collection Information <input type="checkbox"/> Repeat Samples Required <input type="checkbox"/> Replacement Samples Required	<b>DEP/DOH USE ONLY</b>
Date Reviewed by DEP/DOH: _____ DEP/DOH Reviewing Official: _____	

<sup>1</sup> For Sample Types see Instructions item 1.16.  
<sup>2</sup> For Analysis Methods see Instructions item 11.6.  
<sup>3</sup> Please circle appropriate selection.  
<sup>4</sup> Defined in Florida Administrative Code Rule 62-160, Table 1.  
<sup>5</sup> Complete for community & non-transient non-community systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.

# DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORTING FORMAT

(62-550.730 Reporting Format Effective 01/1995, Revised 02/2010)

**Florida-Spectrum Environmental Services, Inc.**  
1460 W. McNab Road, Fort Lauderdale, FL 33309 Tel# (954) 978-6400  
Certification No. E86006

Lab Receipt Date & Time: <u>20-Sep-2018 16:40</u>
Analysis Date & Time: <u>20-Sep-2018 18:15</u>
<b>Sample Acceptance Criteria:</b> Sample Preservation: <input checked="" type="checkbox"/> On Ice <input type="checkbox"/> Not On Ice <input checked="" type="checkbox"/> <u>0.60</u> °C Disinfectant Check: <input checked="" type="checkbox"/> Not Detected <input type="checkbox"/> _____ mg/L This sample does not meet the following NELAC requirements:

Report Number: 1810641      Sub-Contract Lab ID: E86006

**Analysis Requested:** (check all that apply)

Total Coliform/E. coli    Total Coliform/Fecal    Enterococci    Coliphage    HPC    Other: \_\_\_\_\_

**Public Water System (PWS) Name:** City of Pembroke Pines      **PWS I.D.**

4	0	6	1	0	8	3
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**PWS Address:** 7960 Johnson Street      **City:** Pembroke Pines      **FL**      **33024**

**PWS or PWS Owner's Phone #:** (754) 260-4509      **Fax #:** (954) 986-5025

**Collector:** Jason Cardenas      **Collector's Phone #:** (954) 582-4300/850-557-7147/

**Type of Supply:** (check only one)

Community Water System    Non-Transient Non-community Water System    Transient Non-community Water System  
 Limited Use System    Bottled Water    Private Well    Swimming Pool    Other: \_\_\_\_\_

**Reason for Sampling:** (check all that apply)

Distribution Routine    Distribution Repeat    Raw (triggered or assessment)    Raw (triggered or assessment) additional    Well Survey  
 Clearance    Replacement (also check type of sample being replaced)    Boil Water Notice    Other: \_\_\_\_\_

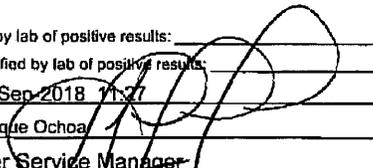
**Sample Collection Date:** 9/20/18

To be completed by collector of sample						To be completed by lab				
Sample #	Sample Point City of Pembroke Pines Monthly Bacteria City of Pembroke Pines, FL	Sample Collection Time	Sample Type	Disinfectant Residual (mg/L)	pH	Analysis Method(s)2: Total Coliform/E.Coli (PA) by Colilert in Water (SM9223B)				
						Non-Coliform	Total Coliform	Fecal E.Coli, Enterococci, Coliphage3	Data Qualifier4	Lab Sample #
092018-08	(SP ID 57) 420 NW 197th Avenue	10:30	D	/ 2.2	8.89		Absent	Absent	U	1810641-08
092018-09	(SP ID 56) 1263 NW 195th Avenue	10:50	D	/ 3.0	8.85		Absent	Absent	U	1810641-09
092018-10	(SP ID 55) 19478 NW 24th Place	11:15	D	/ 1.1	8.78		Absent	Absent	U	1810641-10
092018-11	(SP ID 54) 6351 SW 195th Avenue	11:30	D	/ 1.0	8.82		Absent	Absent	U	1810641-11
092018-12	(SP ID 59) 5000 SW 207th Terrace	12:20	D	/ 0.6	8.68		Absent	Absent	U	1810641-12
092018-13	(SP ID 63) 21250 Sheridan Street	12:50	D	/ 2.4	8.89		Absent	Absent	U	1810641-13
092018-14	(SP ID 64) 21800 NW 8th Place	13:30	D	/ 2.4	8.79		Absent	Absent	U	1810641-14

**Average of disinfectant residuals for distribution routine & repeat Samples.5** Free chlorine or Total chlorine (circle one)      / 2.2

**Disinfectant Residual Analysis Method:**  
 DPD Colorimetric    Other: \_\_\_\_\_  
**Person performing disinfectant analysis is (see instructions on reverse):**  
 A certified operator (# DWS#21736)  
 Supervised by certified operator (# \_\_\_\_\_)  
 Employed by a certified lab    Employed by DEP or DOH  
 Authorized representative of supplier of water

Unless otherwise noted, all tests are performed in accordance with NELAC standards, and the results relate only to the samples.

Date and time PWS notified by lab of positive results: \_\_\_\_\_  
Date and time DEP/DOH notified by lab of positive results: \_\_\_\_\_  
Date Report Issued: 28-Sep-2018 11:27  
**Lab Signature:** Enrique Ochoa   
**Title:** (CSM) Customer Service Manager

Juquitta Drieth  
Jacobs/CH2M-City of Pembroke Pines WT  
7960 Johnson Street  
Pembroke Pines      FL      33024

<input type="checkbox"/> Satisfactory	<b>DEP/DOH USE ONLY</b>
<input type="checkbox"/> Incomplete Collection Information	
<input type="checkbox"/> Repeat Samples Required	
<input type="checkbox"/> Replacement Samples Required	
Date Reviewed by DEP/DOH: _____	
DEP/DOH Reviewing Official: _____	

1 For Sample Types see Instructions item 1.16.  
2 For Analysis Methods see Instructions item II.6  
3 Please circle appropriate selection.  
4 Defined in Florida Administrative Code Rule 62-160, Table 1.  
5 Complete for community- & non-transient non-community systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.

# DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORTING FORMAT

(62-550.730 Reporting Format Effective 01/1995, Revised 02/2010)

**Florida-Spectrum Environmental Services, Inc.**  
 1460 W. McNab Road, Fort Lauderdale, FL 33309 Tel# (954) 978-6400  
 Certification No. E86006

Lab Receipt Date & Time: <u>21-Sep-2018 16:45</u>
Analysis Date & Time: <u>21-Sep-2018 18:30</u>
<b>Sample Acceptance Criteria:</b>
Sample Preservation: <input checked="" type="checkbox"/> On Ice <input type="checkbox"/> Not On Ice <input checked="" type="checkbox"/> <u>3.80</u> °C
Disinfectant Check: <input checked="" type="checkbox"/> Not Detected <input type="checkbox"/> _____ mg/L
This sample does not meet the following NELAC requirements:

Report Number: 1810673      Sub-Contract Lab ID: E86006

**Analysis Requested:** (check all that apply)

Total Coliform/*E. coli*    Total Coliform/Fecal    Enterococci    Coliphage    HPC    Other: \_\_\_\_\_

**Public Water System (PWS) Name:** City of Pembroke Pines      **PWS I.D.**

4	0	6	1	0	8	3
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**PWS Address:** 7960 Johnson Street      **City:** Pembroke Pines      **FL**      **33024**

**PWS or PWS Owner's Phone #:** (754) 260-4509      **Fax #:** (954) 986-5025

**Collector:** Jason Cardenas      **Collector's Phone #:** (954) 582-4300/850-557-7147

**Type of Supply:** (check only one)

Community Water System    Non-Transient Non-community Water System    Transient Non-community Water System  
 Limited Use System    Bottled Water    Private Well    Swimming Pool    Other: \_\_\_\_\_

**Reason for Sampling:** (check all that apply)

Distribution Routine    Distribution Repeat    Raw (triggered or assessment)    Raw (triggered or assessment) additional    Well Survey  
 Clearance    Replacement (also check type of sample being replaced)    Boil Water Notice    Other: \_\_\_\_\_

**Sample Collection Date:** 9/21/18

To be completed by collector of sample						To be completed by lab				
Sample #	Sample Point City of Pembroke Pines Monthly Bacteria City of Pembroke Pines, FL	Sample Collection Time	Sample Type	Disinfectant Residual (mg/L)	pH	Analysis Method(s)2: Total Coliform/ <i>E. Coli</i> (PA) by Colilert in Water (SM9223B)				
						Non-Coliform	Total Coliform	Fecal, <i>E. Coli</i> , Enterococci or Coliphage3	Data Qualifier4	Lab Sample #
09211801	(SP ID 65) 21651 NW 7th Street	8:30	D	/ 2.5	8.50		Absent	Absent	U	1810673-01
092118-02	(SP ID 62) 20701 Pembroke Road	9:35	D	/ 2.6	8.70		Absent	Absent	U	1810673-02
092118-03	(SP ID 61) 20501 SW 1st Street	10:10	D	/ 2.5	8.60		Absent	Absent	U	1810673-03
092118-04	(SP ID 49) 17817 NW 15th Street	12:25	D	/ 3.0	8.70		Absent	Absent	U	1810673-04

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**Average of disinfectant residuals for distribution routine & repeat Samples.5** Free chlorine or (Total chlorine) (circle one)      / 2.7

**Disinfectant Residual Analysis Method:**  
 DPD Colorimetric    Other: \_\_\_\_\_  
**Person performing disinfectant analysis is (see instructions on reverse):**  
 A certified operator (# DWB#21736)  
 Supervised by certified operator (# \_\_\_\_\_)  
 Employed by a certified lab    Employed by DEP or DOH  
 Authorized representative of supplier of water

Unless otherwise noted, all tests are performed in accordance with NELAC standards, and the results relate only to the samples.

Date and time PWS notified by lab of positive results: \_\_\_\_\_  
 Date and time DEP/DOH notified by lab of positive results: \_\_\_\_\_  
 Date Report Issued: 01-Oct-2018 12:27  
**Lab Signature:** Enrique Ochoa  
**Title:** (CSM) Customer Service Manager

**Juquitta Drieth**  
 Jacobs/CH2M-City of Pembroke Pines WT  
 7960 Johnson Street  
 Pembroke Pines      FL      33024

<input type="checkbox"/> Satisfactory <input type="checkbox"/> Incomplete Collection Information <input type="checkbox"/> Repeat Samples Required <input type="checkbox"/> Replacement Samples Required Date Reviewed by DEP/DOH: _____ DEP/DOH Reviewing Official: _____	<b>DEP/DOH USE ONLY</b>
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1 For Sample Types see Instructions Item 1.16  
 2 For Analysis Methods see Instructions item 11.6  
 3 Please circle appropriate selection.  
 4 Defined in Florida Administrative Code Rule 62-160, Table 1  
 5 Complete for community & non-transient non-community systems serving populations up to and including 4,900. Do not include raw or plant samples in the average



**Florida Department of Environmental Protection Southeast District (WB)**

3301 Gun Club Road, MSC7210-1 West Palm Beach, FL 33406

**WATER UTILITY:** City of Pembroke Pines - PWS ID 4061083      **MONTH:** October      **YEAR:** 2018

Note: Please complete this form monthly and attach one copy to the monthly water plant operation report to be submitted to the FDEP not later than the 10<sup>th</sup> of the following month.

**MONTHLY BACTERIOLOGICAL SAMPLES ANALYZED FROM COMMUNITY WATER SYSTEMS**

Minimum Number of Samples Required			Number of Samples Analyzed			Number of Unsatisfactory Samples		
Well	Plant	Distribution	Well	Plant	Distribution	Well	Plant	Distribution
8	0	120						
1. Collected by Utility, Analyzed by State Cert. Lab			8	0	126	0	0	0
2. Collected by Utility Analyzed by Plant Lab			0	0	0	0	0	0
3. Total -Add Lines (1 +2)			<b>8</b>	<b>0</b>	<b>126</b>	<b>0</b>	<b>0</b>	<b>0</b>

\*Note: Do not include results on main clearance.

# DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORTING FORMAT

#BZ-550.730 Reporting Format Effective 01/1/93, Revised 02/2010

**Florida-Spectrum Environmental Services, Inc.**  
 1460 W. McNab Road, Fort Lauderdale, FL 33309 Tel# (954) 978-6400  
 Certification No. E86006

Lab Receipt Date & Time: <u>01-Oct-2018 16:40</u>
Analysis Date & Time: <u>01-Oct-2018 17:30</u>
<b>Sample Acceptance Criteria:</b> Sample Preservation: <input checked="" type="checkbox"/> On Ice <input type="checkbox"/> Not On Ice <input checked="" type="checkbox"/> 1.20 °C Disinfectant Check: <input checked="" type="checkbox"/> Not Detected <input type="checkbox"/> _____ mg/L This sample does not meet the following NELAC requirements:

Report Number: 18J0033      Sub-Contract Lab ID: E86006

**Analysis Requested:** (check all that apply)

Total Coliform/E. coli    Total Coliform/Fecal    Enterococci    Coliphage    HPC    Other: \_\_\_\_\_

**Public Water System (PWS) Name:** City of Pembroke Pines

**PWS I.D.**

4	0	6	1	0	8	3
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**PWS Address:** 7960 Johnson Street

**City:** Pembroke Pines      **FL**      33024

**PWS or PWS Owner's Phone #:** (754) 260-4509

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

**Collector:** Jason Cardenas

**Collector's Phone #:** (954) 582-4300/850-557-7147/

**Type of Supply:** (check only one)

Community Water System    Non-Transient Non-community Water System    Transient Non-community Water System  
 Limited Use System    Bottled Water    Private Well    Swimming Pool    Other: \_\_\_\_\_

**Reason for Sampling:** (check all that apply)

Distribution Routine    Distribution Repeat    Raw (triggered or assessment)    Raw (triggered or assessment) additional    Well Survey  
 Clearance    Replacement (also check type of sample being replaced)    Boil Water Notice    Other: \_\_\_\_\_

**Sample Collection Date:** 10/1/18

To be completed by collector of sample						To be completed by lab				
Sample #	Sample Point City of Pembroke Pines Monthly Bacteria City of Pembroke Pines, FL	Sample Collection Time	Sample Type	Disinfectant Residual (mg/L)	pH	Analysis Method(s)2: Total Coliform/E.Coli (PA) by Colilert in Water (SM9223B)				
						Non-Coliform	Total Coliform	Fecal E. Coli Enterococci or Coliphage3	Data Qualifier4	Lab Sample #
100118-01	(SP ID 1) 2040 NW 74th Avenue	8:35	D	/ 3.3	8.11		Absent	Absent	U	18J0033-01
100118-02	(SP ID 2) 7610 Taft Street	8:58	D	/ 3.6	8.77		Absent	Absent	U	18J0033-02
100118-03	(SP ID 3) 7741 Johnson Street	9:28	D	/ 3.8	8.29		Absent	Absent	U	18J0033-03
100118-04	(SP ID 4) 120 NW 73rd Avenue	10:05	D	/ 3.4	8.90		Absent	Absent	U	18J0033-04
100118-05	(SP ID 5) 7021 SW 9th Street	10:25	D	/ 3.3	8.90		Absent	Absent	U	18J0033-05
100118-06	(SP ID 11) 1530 SW 85th Avenue	10:55	D	/ 1.7	8.68		Absent	Absent	U	18J0033-06
100118-07	(SP ID 10) 199 N. University Drive	13:45	D	/ 3.1	8.74		Absent	Absent	U	18J0033-07

**Average of disinfectant residuals for distribution routine & repeat Samples.5** Free chlorine or Total chlorine (circle one)      / 3.3

**Disinfectant Residual Analysis Method:**  
 DPD Colorimetric    Other: \_\_\_\_\_  
**Person performing disinfectant analysis is (see instructions on reverse):**  
 A certified operator (# DWB# 21736)  
 Supervised by certified operator (# \_\_\_\_\_)  
 Employed by a certified lab    Employed by DEP or DOH  
 Authorized representative of supplier of water

Unless otherwise noted, all tests are performed in accordance with NELAC standards, and the results relate only to the samples.

Date and time PWS notified by lab of positive results: \_\_\_\_\_  
 Date and time DEP/DOH notified by lab of positive results: \_\_\_\_\_  
 Date Report Issued: 09-Oct-2018 16:10  
**Lab Signature:** Enrique Ochoa  
**Title:** (CSM) Customer Service Manager

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

<input type="checkbox"/> Satisfactory	<b>DEP/DOH USE ONLY</b>
<input type="checkbox"/> Incomplete Collection Information	
<input type="checkbox"/> Repeat Samples Required	
<input type="checkbox"/> Replacement Samples Required	
<b>Date Reviewed by DEP/DOH:</b> _____	
<b>DEP/DOH Reviewing Official:</b> _____	

1 For Sample Types see Instructions item I 16.  
 2 For Analysis Methods see Instructions item II 6.  
 3 Please circle appropriate selection.  
 4 Defined in Florida Administrative Code Rule 62-160, Table 1.  
 5 Complete for community & non-transient non-community systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.

# DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORTING FORMAT

#B2-550.730 Reporting Format Effective 01/1995, Revised 02/2016

**Florida-Spectrum Environmental Services, Inc.**  
 1460 W. McNab Road, Fort Lauderdale, FL 33309 Tel# (954) 978-6400  
 Certification No. E86006

Lab Receipt Date & Time: <u>01-Oct-2018 16:40</u>
Analysis Date & Time: <u>01-Oct-2018 17:30</u>
<b>Sample Acceptance Criteria:</b> Sample Preservation: <input checked="" type="checkbox"/> On Ice <input type="checkbox"/> Not On Ice <input checked="" type="checkbox"/> 1.20 °C Disinfectant Check: <input checked="" type="checkbox"/> Not Detected <input type="checkbox"/> _____ mg/L This sample does not meet the following NELAC requirements:

Report Number: 18J0033      Sub-Contract Lab ID: E86006

**Analysis Requested:** (check all that apply)

Total Coliform/E. coli    Total Coliform/Fecal    Enterococci    Coliphage    HPC    Other: \_\_\_\_\_

**Public Water System (PWS) Name:** City of Pembroke Pines      **PWS I.D.**

4	0	6	1	0	8	3
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**PWS Address:** 7960 Johnson Street      **City:** Pembroke Pines      **FL**      **33024**

**PWS or PWS Owner's Phone #:** (754) 260-4509      **Fax #:** (954) 986-5025

**Collector:** Jason Cardenas      **Collector's Phone #:** (954) 582-4300/850-557-71477

**Type of Supply:** (check only one)

Community Water System    Non-Transient Non-community Water System    Transient Non-community Water System  
 Limited Use System    Bottled Water    Private Well    Swimming Pool    Other: \_\_\_\_\_

**Reason for Sampling:** (check all that apply)

Distribution Routine    Distribution Repeat    Raw (triggered or assessment)    Raw (triggered or assessment) additional    Well Survey  
 Clearance    Replacement (also check type of sample being replaced)    Boil Water Notice    Other: \_\_\_\_\_

**Sample Collection Date:** 10/1/18

To be completed by collector of sample						To be completed by lab				
Sample #	Sample Point City of Pembroke Pines Monthly Bacteria City of Pembroke Pines, FL	Sample Collection Time	Sample Type	Disinfectant Residual (mg/L)	pH	Analysis Method(s)2: Total Coliform/E.Coli (PA) by Colilert in Water (SM9223B)				
						Non-Coliform	Total Coliform	Fecal E.Coli, Enterococci or Coliphage3	Data Qualifier4	Lab Sample #
100118-08	(SP ID 9) 8131 Johnson Street	14:10	D	/3.9	8.91		Absent	Absent	U	18J0033-08
100118-09	(SP ID 8) 8130 Taft Street	14:25	D	/3.7	8.92		Absent	Absent	U	18J0033-09
100118-10	(SP ID 7) 2402 N. University Drive	14:40	D	/3.4	8.81		Absent	Absent	U	18J0033-10

**Average of disinfectant residuals for distribution routine & repeat Samples.5** Free chlorine or Total chlorine (circle one)      / 3.3

**Disinfectant Residual Analysis Method:**  
 DPD Colorimetric    Other: \_\_\_\_\_  
**Person performing disinfectant analysis is (see instructions on reverse):**  
 A certified operator (# DWB# 21736)  
 Supervised by certified operator (# \_\_\_\_\_)  
 Employed by a certified lab    Employed by DEP or DOH  
 Authorized representative of supplier of water

Unless otherwise noted, all tests are performed in accordance with NELAC standards, and the results relate only to the samples.

Date and time PWS notified by lab of positive results: \_\_\_\_\_  
 Date and time DEP/DOH notified by lab of positive results: \_\_\_\_\_  
 Date Report Issued: 09-Oct-2018 16:10  
**Lab Signature:** Enrique Ochoa  
**Title:** (CSM) Customer Service Manager

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

<input type="checkbox"/> Satisfactory <input type="checkbox"/> Incomplete Collection Information <input type="checkbox"/> Repeat Samples Required <input type="checkbox"/> Replacement Samples Required	<b>DEP/DOH USE ONLY</b>  Date Reviewed by DEP/DOH: _____ DEP/DOH Reviewing Official: _____
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\* For Sample Types see Instructions item 1.16.  
 \* For Analysis Methods see Instructions item II.6.  
 \* Please circle appropriate selection.  
 \* Defined in Florida Administrative Code Rule 62-160, Table 1.  
 \* Complete for community & non-transient non-community systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.

# DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORTING FORMAT

(62-550.720 Reporting Format Effective 01/1995, Revised 02/2010)

**Florida-Spectrum Environmental Services, Inc.**  
 1460 W. McNab Road, Fort Lauderdale, FL 33309 Tel# (954) 978-6400  
 Certification No. E86006

Report Number: 18J0082 Sub-Contract Lab ID: E86006

Lab Receipt Date & Time: <u>02-Oct-2018 17:20</u>
Analysis Date & Time: <u>02-Oct-2018 18:15</u>
<b>Sample Acceptance Criteria:</b>
Sample Preservation: <input checked="" type="checkbox"/> On Ice <input type="checkbox"/> Not On Ice <input checked="" type="checkbox"/> 1.60 °C
Disinfectant Check: <input checked="" type="checkbox"/> Not Detected <input type="checkbox"/> _____ mg/L
This sample does not meet the following NELAC requirements:

**Analysis Requested:** (check all that apply)  
 Total Coliform/E. coli  Total Coliform/Fecal  Enterococci  Coliphage  HPC  Other: \_\_\_\_\_

**Public Water System (PWS) Name:** City of Pembroke Pines **PWS I.D.**

4	0	6	1	0	8	3
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**PWS Address:** 7960 Johnson Street **City:** Pembroke Pines **FL** 33024  
**PWS or PWS Owner's Phone #:** (754) 260-4509 **Fax #:** (954) 986-5025  
**Collector:** Jason Cardenas **Collector's Phone #:** (954) 582-4300/850-557-7147

**Type of Supply:** (check only one)  
 Community Water System  Non-Transient Non-community Water System  Transient Non-community Water System  
 Limited Use System  Bottled Water  Private Well  Swimming Pool  Other: \_\_\_\_\_

**Reason for Sampling:** (check all that apply)  
 Distribution Routine  Distribution Repeat  Raw (triggered or assessment)  Raw (triggered or assessment) additional  Well Survey  
 Clearance  Replacement (also check type of sample being replaced)  Boil Water Notice  Other: \_\_\_\_\_

**Sample Collection Date:** 10/2/18

To be completed by collector of sample						To be completed by lab				
Sample #	Sample Point City of Pembroke Pines Monthly Bacteria City of Pembroke Pines, FL	Sample Collection Time	Sample Type	Disinfectant Residual (mg/L)	pH	Analysis Method(s)2: Total Coliform/E. Coli (PA) by Colilert in Water (SM9223B)				
						Non-Coliform	Total Coliform	Fecal (E. Coli) Enterococci or Coliphage3	Data Qualifier4	Lab Sample #
100218-01	(SP ID 68) 2060 NW 88th Terrace	8:35	D	/3.4	7.89		Absent	Absent	U	18J0082-01
100218-02	(SP ID 12) 1621 N. Douglas Road	8:55	D	/3.5	8.80		Absent	Absent	U	18J0082-02
100218-03	(SP ID 13) 8880 Johnson Street	9:20	D	/3.4	8.85		Absent	Absent	U	18J0082-03
100218-04	(SP ID 14) 120 N. Douglas Road	9:35	D	/3.4	8.79		Absent	Absent	U	18J0082-04
100218-05	(SP ID 15) 900 Hollybrook Drive	13:35	D	/3.2	8.78		Absent	Absent	U	18J0082-05
100218-06	(SP ID 20) 10001 SW 14th Street	14:00	D	/3.1	8.69		Absent	Absent	U	18J0082-06
100218-07	(SP ID 19) 10101 Pines Blvd.	14:15	D	/3.5	8.70		Absent	Absent	U	18J0082-07

**Average of disinfectant residuals for distribution routine & repeat samples.5** Free chlorine or (Total chlorine) (circle one) /3.4

**Disinfectant Residual Analysis Method:**  
 DPD Colorimetric  Other: \_\_\_\_\_  
**Person performing disinfectant analysis is (see instructions on reverse):**  
 A certified operator (# DWB# 21736)  
 Supervised by certified operator (# \_\_\_\_\_)  
 Employed by a certified lab  Employed by DEP or DOH  
 Authorized representative of supplier of water

Unless otherwise noted, all tests are performed in accordance with NELAC standards, and the results relate only to the samples.

Date and time PWS notified by lab of positive results: \_\_\_\_\_  
 Date and time DEP/DOH notified by lab of positive results: \_\_\_\_\_  
 Date Report Issued: 15-Oct-2018 15:28  
**Lab Signature:** Enrique Ochoa  
**Title:** (CSM) Customer Service Manager

**Juquitta Drieth**  
 Jacobs/CH2M-City of Pembroke Pines WT  
 7960 Johnson Street  
 Pembroke Pines FL 33024

<input type="checkbox"/> Satisfactory	<b>DEP/DOH USE ONLY</b>
<input type="checkbox"/> Incomplete Collection Information	
<input type="checkbox"/> Repeat Samples Required	
<input type="checkbox"/> Replacement Samples Required	
Date Reviewed by DEP/DOH: _____	
DEP/DOH Reviewing Official: _____	

1 For Sample Types see Instructions item 1.6.  
 2 For Analysis Methods see Instructions item 11.6.  
 3 Please circle appropriate selection.  
 4 Defined in Florida Administrative Code: Rule 62-160, Table 3.  
 5 Complete for community & non-transient non-community systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.

**DRINKING WATER MICROBIAL SAMPLE COLLECTION  
& LABORATORY REPORTING FORMAT**

(62-550.730 Reporting Format Effective 01/1995, Revised 02/2010)

**Florida-Spectrum Environmental Services, Inc.**  
1460 W. McNab Road, Fort Lauderdale, FL 33309 Tel# (954) 978-6400  
Certification No. E86006

Lab Receipt Date & Time: <u>03-Oct-2018 16:55</u>
Analysis Date & Time: <u>03-Oct-2018 17:30</u>
Sample Acceptance Criteria: Sample Preservation: <input checked="" type="checkbox"/> On Ice <input type="checkbox"/> Not On Ice <input checked="" type="checkbox"/> <u>0.20</u> °C Disinfectant Check: <input checked="" type="checkbox"/> Not Detected <input type="checkbox"/> _____ mg/L This sample does not meet the following NELAC requirements:

Report Number: 18J0132 Sub-Contract Lab ID: E86006

**Analysis Requested:** (check all that apply)

Total Coliform/E. coli  Total Coliform/Fecal  Enterococci  Coliphage  HPC  Other: \_\_\_\_\_

**Public Water System (PWS) Name:** City of Pembroke Pines

**PWS I.D.**

4	0	6	1	0	8	3
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**PWS Address:** 7960 Johnson Street

**City:** Pembroke Pines **FL** 33024

**PWS or PWS Owner's Phone #:** (754) 260-4509

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

**Collector:** Jason Cardenas

**Collector's Phone #:** (954) 582-4300/850-557-7147

**Type of Supply:** (check only one)

Community Water System  Non-Transient Non-community Water System  Transient Non-community Water System  
 Limited Use System  Bottled Water  Private Well  Swimming Pool  Other: \_\_\_\_\_

**Reason for Sampling:** (check all that apply)

Distribution Routine  Distribution Repeat  Raw (triggered or assessment)  Raw (triggered or assessment) additional  Well Survey  
 Clearance  Replacement (also check type of sample being replaced)  Boil Water Notice  Other: \_\_\_\_\_

**Sample Collection Date:** 10/3/18

Sample #	Sample Point City of Pembroke Pines Monthly Bacteria City of Pembroke Pines, FL	Sample Collection Time	Sample Type	Disinfectant Residual (mg/L)	pH	Analysis Method(s)2: Total Coliform/E.Coli (PA) by Colilert in Water (SM9223B)				
						Non-Coliform	Total Coliform	Fecal (E.Coli, Enterococci or Coliphage)3	Data Qualifier4	Lab Sample #
100318-01	(SP ID 18) 10000 Johnson Street	8:25	D	/ 3.8	7.96		Absent	Absent	U	18J0132-01
100318-02	(SP ID 17) 1981 NW 100th Way	9:00	D	/ 3.5	8.74		Absent	Absent	U	18J0132-02
100318-03	(SP ID 16) 10120 Sheridan Street	9:25	D	/ 3.1	8.77		Absent	Absent	U	18J0132-03
100318-04	(SP ID 22) 11141 NW 22nd Street	9:40	D	/ 3.3	8.85		Absent	Absent	U	18J0132-04
100318-05	(SP ID 21) 1751 Hiatus Road	10:05	D	/ 3.3	8.85		Absent	Absent	U	18J0132-05
100318-06	(SP ID 23) 10755 NW 10th Street	10:25	D	/ 3.8	8.82		Absent	Absent	U	18J0132-06
100318-07	(SP ID 24) 200 S. Hiatus Road	10:47	D	/ 3.4	8.75		Absent	Absent	U	18J0132-07

**Average of disinfectant residuals for distribution routine & repeat Samples.5** Free chlorine or total chlorine (circle one) / 3.2

**Disinfectant Residual Analysis Method:**  
 DPD Colorimetric  Other: \_\_\_\_\_

**Person performing disinfectant analysis is (see instructions on reverse):**  
 A certified operator (# DWB# 21735)  
 Supervised by certified operator (# \_\_\_\_\_)  
 Employed by a certified lab  Employed by DEP or DOH  
 Authorized representative of supplier of water

Unless otherwise noted, all tests are performed in accordance with NELAC standards, and the results relate only to the samples.

Date and time PWS notified by lab of positive results: \_\_\_\_\_  
Date and time DEP/DOH notified by lab of positive results: \_\_\_\_\_  
Date Report Issued: 10-Oct-2018 15:42  
**Lab Signature:** Enrique Dehca  
**Title:** (CSM) Customer Service Manager

Juquitta Drieth  
Jacobs/CH2M-City of Pembroke Pines WT  
7960 Johnson Street  
Pembroke Pines FL 33024

Satisfactory DEP/DOH USE ONLY  
 Incomplete Collection Information  
 Repeat Samples Required  
 Replacement Samples Required  
Date Reviewed by DEP/DOH: \_\_\_\_\_  
DEP/DOH Reviewing Official: \_\_\_\_\_

1 For Sample Types see Instructions item 1.16.  
2 For Analysis Methods see Instructions item 4.6.  
3 Please circle appropriate selection.  
4 Defined in Florida Administrative Code Rule 62-160, Table 1.  
5 Complete for community & non-transient non-community systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.

**DRINKING WATER MICROBIAL SAMPLE COLLECTION  
& LABORATORY REPORTING FORMAT**

(62-550.730 Reporting Format Effective 01/1995, Revised 02/2010)

**Florida-Spectrum Environmental Services, Inc.**  
1460 W. McNab Road, Fort Lauderdale, FL 33309 Tel# (954) 978-6400  
Certification No. E86006

Lab Receipt Date & Time: <u>03-Oct-2018 16:55</u>
Analysis Date & Time: <u>03-Oct-2018 17:30</u>
Sample Acceptance Criteria: Sample Preservation: <input checked="" type="checkbox"/> On Ice <input type="checkbox"/> Not On Ice <input checked="" type="checkbox"/> <u>0.20</u> °C Disinfectant Check: <input checked="" type="checkbox"/> Not Detected <input type="checkbox"/> _____ mg/L This sample does not meet the following NELAC requirements:

Report Number: 18J0132 Sub-Contract Lab ID: E86006

**Analysis Requested:** (check all that apply)  
 Total Coliform/*E. coli*  Total Coliform/Fecal  Enterococci  Coliphage  HPC  Other: \_\_\_\_\_

**Public Water System (PWS) Name:** City of Pembroke Pines **PWS I.D.**

4	0	6	1	0	8	3
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**PWS Address:** 7960 Johnson Street **City:** Pembroke Pines **FL** 33024

**PWS or PWS Owner's Phone #:** (754) 260-4509 **Fax #:** (954) 986-5025

**Collector:** Jason Cardenas **Collector's Phone #:** (954) 582-4300/850-557-7147

**Type of Supply:** (check only one)  
 Community Water System  Non-Transient Non-community Water System  Transient Non-community Water System  
 Limited Use System  Bottled Water  Private Well  Swimming Pool  Other: \_\_\_\_\_

**Reason for Sampling:** (check all that apply)  
 Distribution Routine  Distribution Repeat  Raw (triggered or assessment)  Raw (triggered or assessment) additional  Well Survey  
 Clearance  Replacement (also check type of sample being replaced)  Boil Water Notice  Other: \_\_\_\_\_

**Sample Collection Date:** 10/3/18

To be completed by collector of sample						To be completed by lab				
Sample #	Sample Point City of Pembroke Pines Monthly Bacteria City of Pembroke Pines, FL	Sample Collection Time	Sample Type	Disinfectant Residual (mg/L)	pH	Analysis Method(s): Total Coliform/E.Coli (PA) by Colilert in Water (SM9223B)				
						Non-Coliform	Total Coliform	Fecal <i>(E.Coli)</i> Enterococci or Coliphage <sup>3</sup>	Data Qualifier <sup>4</sup>	Lab Sample #
100318-08	(SP ID 25) 11131 SW 13th Street	11:10	D	/2.7	8.73		Absent	Absent	U	18J0132-08
100318-09	(SP ID 30) 12399 Pembroke Road	11:40	D	/3.2	8.81		Absent	Absent	U	18J0132-09
100318-10	(SP ID 29) 241 SW 122nd Terrace	12:05	D	/3.3	8.81		Absent	Absent	U	18J0132-10

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<p><b>Average of disinfectant residuals for distribution routine &amp; repeat Samples.<sup>5</sup> Free chlorine or <u>Total chlorine</u> (circle one)</b></p> <p><b>Disinfectant Residual Analysis Method:</b> <input checked="" type="checkbox"/> DPD Colorimetric <input type="checkbox"/> Other: _____</p> <p><b>Person performing disinfectant analysis is (see instructions on reverse):</b> <input checked="" type="checkbox"/> A certified operator (# <u>DWB# 21736</u>) <input type="checkbox"/> Supervised by certified operator (# _____) <input type="checkbox"/> Employed by a certified lab <input type="checkbox"/> Employed by DEP or DOH <input type="checkbox"/> Authorized representative of supplier of water</p>	<p>Unless otherwise noted, all tests are performed in accordance with NELAC standards, and the results relate only to the samples.</p> <p>Date and time PWS notified by lab of positive results: _____</p> <p>Date and time DEP/DOH notified by lab of positive results: _____</p> <p>Date Report Issued: <u>10-Oct-2018 16:47</u></p> <p><b>Lab Signature:</b> <u>Enrique Ochoa</u></p> <p><b>Title:</b> <u>(CSM) Customer Service Manager</u></p>
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Juquitta Drieth  
Jacobs/CH2M-City of Pembroke Pines WT  
7960 Johnson Street  
Pembroke Pines FL 33024

<input type="checkbox"/> Satisfactory <input type="checkbox"/> Incomplete Collection Information <input type="checkbox"/> Repeat Samples Required <input type="checkbox"/> Replacement Samples Required Date Reviewed by DEP/DOH: _____ DEP/DOH Reviewing Official: _____	<b>DEP/DOH USE ONLY</b>
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<sup>1</sup> For Sample Types see Instructions item 1.16.  
<sup>2</sup> For Analysis Methods see Instructions item 11.6.  
<sup>3</sup> Please circle appropriate selection.  
<sup>4</sup> Defined in Florida Administrative Code Rule 62-160, Table 1.  
<sup>5</sup> Complete for community & non-transient non-community systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.

**DRINKING WATER MICROBIAL SAMPLE COLLECTION  
& LABORATORY REPORTING FORMAT**

(62-550.730 Reporting Format Effective 01/1995, Revised 02/2010)

**Florida-Spectrum Environmental Services, Inc.**  
1460 W. McNab Road, Fort Lauderdale, FL 33309 Tel# (954) 978-6400  
Certification No. E86006

Lab Receipt Date & Time: <u>04-Oct-2018 16:45</u>
Analysis Date & Time: <u>04-Oct-2018 17:35</u>
<b>Sample Acceptance Criteria:</b> Sample Preservation: <input checked="" type="checkbox"/> On Ice <input type="checkbox"/> Not On Ice <input checked="" type="checkbox"/> <u>1.40</u> °C Disinfectant Check: <input checked="" type="checkbox"/> Not Detected <input type="checkbox"/> _____ mg/L This sample does not meet the following NELAC requirements:

Report Number: 18J0171 Sub-Contract Lab ID: E86006

**Analysis Requested:** (check all that apply)

Total Coliform/E. coli  Total Coliform/Fecal  Enterococci  Coliphage  HPC  Other: \_\_\_\_\_

**Public Water System (PWS) Name:** City of Pembroke Pines

**PWS I.D.**

4	0	6	1	0	8	3
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PWS Address: 7960 Johnson Street

City: Pembroke Pines FL 33024

PWS or PWS Owner's Phone #: (754) 260-4509

Fax #: (954) 986-5025

**Collector:** Jason Cardenas

Collector's Phone #: (954) 582-4300/850-557-7147/

**Type of Supply:** (check only one)

Community Water System  Non-Transient Non-community Water System  Transient Non-community Water System  
 Limited Use System  Bottled Water  Private Well  Swimming Pool  Other: \_\_\_\_\_

**Reason for Sampling:** (check all that apply)

Distribution Routine  Distribution Repeat  Raw (triggered or assessment)  Raw (triggered or assessment) additional  Well Survey  
 Clearance  Replacement (also check type of sample being replaced)  Boil Water Notice  Other: \_\_\_\_\_

**Sample Collection Date:** 10/4/18

Sample #	Sample Point City of Pembroke Pines Monthly Bacteria City of Pembroke Pines, FL	Sample Collection Time	Sample Type	Disinfectant Residual (mg/L)	pH	Analysis Method(s)2: Total Coliform/E.Coli (PA) by Colilert in Water (SM9223B)				
						Non-Coliform	Total Coliform	Fecal E.Coli, Enterococci or Coliphage3	Data Qualifier4	Lab Sample #
100418-01	(SP ID 28) 1050 NW 123rd Avenue	11:15	D	/ 2.9	8.64	Absent	Absent	Absent	U	18J0171-01
100418-02	(SP ID 26) 2110 NW 120th Terrace	11:38	D	/ 2.0	8.60	Absent	Absent	Absent	U	18J0171-02
100418-03	(SP ID 34) 1601 SW 128th Terrace	12:00	D	/ 3.0	8.69	Absent	Absent	Absent	U	18J0171-03
100418-04	(SP ID 33) 750 SW 136th Avenue	12:25	D	/ 3.2	8.70	Absent	Absent	Absent	U	18J0171-04
100418-05	(SP ID 67) 788 NW 135th Terrace	13:15	D	/ 3.2	8.70	Absent	Absent	Absent	U	18J0171-05
100418-06	(SP ID 31) 13702 NW 20th Street	14:25	D	/ 3.2	8.73	Absent	Absent	Absent	U	18J0171-06
100418-07	(SP ID 32) 13771 NW 16th Street	14:42	D	/ 3.2	8.74	Absent	Absent	Absent	U	18J0171-07

Average of disinfectant residuals for distribution routine & repeat Samples.5 Free chlorine or total chlorine (circle one) / 3.0

**Disinfectant Residual Analysis Method:**  
 DPD Colorimetric  Other: \_\_\_\_\_  
**Person performing disinfectant analysis is (see instructions on reverse):**  
 A certified operator (# DWB# 21735)  
 Supervised by certified operator (# \_\_\_\_\_)  
 Employed by a certified lab  Employed by DEP or DOH  
 Authorized representative of supplier of water

Unless otherwise noted, all tests are performed in accordance with NELAC standards, and the results relate only to the samples.

Date and time PWS notified by lab of positive results: \_\_\_\_\_  
Date and time DEP/DOH notified by lab of positive results: \_\_\_\_\_  
Date Report Issued: 15-Oct-2018 4:57  
Lab Signature: Enrique Ochoa  
Title: (CSM) Customer Service Manager

Juquitta Drieth  
Jacobs/CH2M-City of Pembroke Pines W1  
7960 Johnson Street  
Pembroke Pines FL 33024

Satisfactory  
 Incomplete Collection Information  
 Repeat Samples Required  
 Replacement Samples Required  
Date Reviewed by DEP/DOH: \_\_\_\_\_  
DEP/DOH Reviewing Official: \_\_\_\_\_

1 For Sample Types see Instructions item 1.6.  
2 For Analysis Methods see Instructions item 1.6.  
3 Please circle appropriate selection.  
4 Defined in Florida Administrative Code Rule 62-160, Table 1.  
5 Complete for community & non-transient non-community systems serving populations up to and including 1,900. Do not include raw or plant samples in the average.

# DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORTING FORMAT

(62-550.730 Reporting Format Effective 01/1995, Revised 02/2010)

**Florida-Spectrum Environmental Services, Inc.**  
 1460 W. McNab Road, Fort Lauderdale, FL 33309 Tel# (954) 978-6400  
 Certification No. E86006

Lab Receipt Date & Time: <u>05-Oct-2018 16:45</u>
Analysis Date & Time: <u>05-Oct-2018 17:45</u>
<b>Sample Acceptance Criteria:</b> Sample Preservation: <input checked="" type="checkbox"/> On Ice <input type="checkbox"/> Not On Ice <input checked="" type="checkbox"/> <u>1.80</u> °C Disinfectant Check: <input checked="" type="checkbox"/> Not Detected <input type="checkbox"/> _____ mg/L This sample does not meet the following NELAC requirements:

Report Number: 18J0220      Sub-Contract Lab ID: E86006

**Analysis Requested:** (check all that apply)

Total Coliform/E. coli    Total Coliform/Fecal    Enterococci    Coliphage    HPC    Other: \_\_\_\_\_

**Public Water System (PWS) Name:** City of Pembroke Pines

**PWS I.D.**

4	0	6	1	0	8	3
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**PWS Address:** 7960 Johnson Street

**City:** Pembroke Pines      **FL**      **33024**

**PWS or PWS Owner's Phone #:** (754) 260-4509

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

**Collector:** Jason Cardenas

**Collector's Phone #:** (954) 582-4300/850-557-7147/

**Type of Supply:** (check only one)

Community Water System    Non-Transient Non-community Water System    Transient Non-community Water System  
 Limited Use System    Bottled Water    Private Well    Swimming Pool    Other: \_\_\_\_\_

**Reason for Sampling:** (check all that apply)

Distribution Routine    Distribution Repeat    Raw (triggered or assessment)    Raw (triggered or assessment) additional    Well Survey  
 Clearance    Replacement (also check type of sample being replaced)    Boil Water Notice    Other: \_\_\_\_\_

**Sample Collection Date:** 10/5/18

To be completed by collector of sample						To be completed by lab				
Sample #	Sample Point City of Pembroke Pines Monthly Bacteria City of Pembroke Pines, FL	Sample Collection Time	Sample Type	Disinfectant Residual (mg/L)	pH	Analysis Method(s)2: Total Coliform/E. Coli (PA) by Colilert in Water (SM9223B)				
						Non-Coliform	Total Coliform	Fecal E. Coli, Enterococci or Coliphage3	Data Qualifier4	Lab Sample #
100518-01	{SP ID 36} 2250 NW 145th Avenue	10:05	D	/ 3.2	8.16		Absent	Absent	U	18J0220-01
100518-02	{SP ID 37} 1142 NW 141st Avenue	10:25	D	/ 3.3	8.53		Absent	Absent	U	18J0220-02
100518-03	{SP ID 38} 14300 SW 8th Street	10:50	D	/ 3.2	8.81		Absent	Absent	U	18J0220-03
100518-04	{SP ID 40} 300 SW 147th Avenue	11:25	D	/ 3.3	8.82		Absent	Absent	U	18J0220-04
100518-05	{SP ID 43} 1234 SW 159th Lane	11:48	D	/ 3.2	8.85		Absent	Absent	U	18J0220-05
100518-06	{SP ID 42} 69 NW 161st Avenue	12:15	D	/ 3.3	8.86		Absent	Absent	U	18J0220-06
100518-07	{SP ID 39} 15714 NW 24th Street	12:30	D	/ 3.1	8.85		Absent	Absent	U	18J0220-07

**Average of disinfectant residuals for distribution routine & repeat Samples.5** Free chlorine or Total chlorine (circle one)      / 3.2

**Disinfectant Residual Analysis Method:**  
 DPD Colorimetric    Other: \_\_\_\_\_  
**Person performing disinfectant analysis is (see instructions on reverse):**  
 A certified operator (# DWB# 21736)  
 Supervised by certified operator (# \_\_\_\_\_)  
 Employed by a certified lab    Employed by DEP or DOH  
 Authorized representative of supplier of water

Unless otherwise noted, all tests are performed in accordance with NELAC standards, and the results relate only to the samples.

Date and time PWS notified by lab of positive results: \_\_\_\_\_  
 Date and time DEP/DOH notified by lab of positive results: \_\_\_\_\_  
 Date Report Issued: 16-Oct-2018 15:27  
**Lab Signature:** Enrique Ochoa  
**Title:** (CSM) Customer Service Manager

Juquitta Drieth  
 Jacobs/CH2M-City of Pembroke Pines WT  
 7960 Johnson Street  
 Pembroke Pines      FL      33024

Satisfactory      **DEP/DOH USE ONLY**  
 Incomplete Collection Information  
 Repeat Samples Required  
 Replacement Samples Required  
 Date Reviewed by DEP/DOH: \_\_\_\_\_  
 DEP/DOH Reviewing Official: \_\_\_\_\_

1 For Sample Types see Instructions Item 1.16.  
 2 For Analysis Methods see Instructions Item II.6.  
 3 Please circle appropriate selection.  
 4 Defined in Florida Administrative Code Rule 62-160, Table 1.  
 5 Complete for community & non-transient non-community systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.

# DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORTING FORMAT

(62-550.730 Reporting Format Effective 01/1995, Revised 02/2012)

**Florida-Spectrum Environmental Services, Inc.**  
 1460 W. McNab Road, Fort Lauderdale, FL 33309 Tel# (954) 978-6400  
 Certification No. E86006

Lab Receipt Date & Time: <u>05-Oct-2018 16:45</u>
Analysis Date & Time: <u>05-Oct-2018 17:45</u>
<b>Sample Acceptance Criteria:</b> Sample Preservation: <input checked="" type="checkbox"/> On Ice <input type="checkbox"/> Not On Ice <input checked="" type="checkbox"/> 1.80 °C Disinfectant Check: <input checked="" type="checkbox"/> Not Detected <input type="checkbox"/> _____ mg/L This sample does not meet the following NELAC requirements:

Report Number: 18J0220      Sub-Contract Lab ID: E86006

**Analysis Requested:** (check all that apply)

Total Coliform/E. coli    Total Coliform/Fecal    Enterococci    Coliphage    HPC    Other: \_\_\_\_\_

**Public Water System (PWS) Name:** City of Pembroke Pines

**PWS I.D.**

4	0	6	1	0	8	3
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**PWS Address:** 7960 Johnson Street

**City:** Pembroke Pines      **FL**      **33024**

**PWS or PWS Owner's Phone #:** (754) 260-4509

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

**Collector:** Jason Cardenas

**Collector's Phone #:** (954) 582-4300/850-557-71471

**Type of Supply:** (check only one)

Community Water System    Non-Transient Non-community Water System    Transient Non-community Water System  
 Limited Use System    Bottled Water    Private Well    Swimming Pool    Other: \_\_\_\_\_

**Reason for Sampling:** (check all that apply)

Distribution Routine    Distribution Repeat    Raw (triggered or assessment)    Raw (triggered or assessment) additional    Well Survey  
 Clearance    Replacement (also check type of sample being replaced)    Boil Water Notice    Other: \_\_\_\_\_

**Sample Collection Date:** 10/5/18

To be completed by collector of sample					To be completed by lab					
Sample #	Sample Point City of Pembroke Pines Monthly Bacteria City of Pembroke Pines, FL	Sample Collection Time	Sample Type	Disinfectant Residual (mg/L)	pH	Analysis Method(s)2: Total Coliform/E.Coli (PA) by Colilert in Water (SM9223B)				
						Non-Coliform	Total Coliform	Fecal E. Coli or Enterococci or Coliphage3	Data Qualifier4	Lab Sample #
100518-08	(SP ID 41) 16028 NW 21st Street	12:52	D	/ 3.2	8.81		Absent	Absent	U	18J0220-08

**Average of disinfectant residuals for distribution routine & repeat samples.5** Free chlorine or Total chlorine (circle one)      / 3.2

**Disinfectant Residual Analysis Method:**  
 DPD Colorimetric    Other: \_\_\_\_\_

**Person performing disinfectant analysis is (see instructions on reverse):**  
 A certified operator (# DWB# 21736)  
 Supervised by certified operator (# \_\_\_\_\_)  
 Employed by a certified lab    Employed by DEP or DOH  
 Authorized representative of supplier of water

Unless otherwise noted, all tests are performed in accordance with NELAC standards, and the results relate only to the samples.

Date and time PWS notified by lab of positive results: \_\_\_\_\_  
 Date and time DEP/DOH notified by lab of positive results: \_\_\_\_\_  
 Date Report issued: 16-Oct-2018 15:27  
**Lab Signature:** Enrique Ochoa  
**Title:** (CSM) Customer Service Manager

**Juquitta Drieth**  
 Jacobs/CH2M-City of Pembroke Pines WT  
 7960 Johnson Street  
 Pembroke Pines      FL      33024

<input type="checkbox"/> Satisfactory <input type="checkbox"/> Incomplete Collection Information <input type="checkbox"/> Repeat Samples Required <input type="checkbox"/> Replacement Samples Required	<b>DEP/DOH USE ONLY</b>  Date Reviewed by DEP/DOH: _____ DEP/DOH Reviewing Official: _____
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\* For Sample Types see Instructions item 1.14.  
 \* For Analysis Methods see Instructions item 11.6  
 \* Please circle appropriate selection.  
 \* Defined in Florida Administrative Code Rule 62-160, Table 1.  
 \* Complete for community & non-transient non-community systems serving populations up to and including 4,990. Do not include raw or plant samples in the average.

**DRINKING WATER MICROBIAL SAMPLE COLLECTION  
& LABORATORY REPORTING FORMAT**

(62-550.730 Reporting Format Effective 01/1995, Revised 02/2010)

**Florida-Spectrum Environmental Services, Inc.**  
1460 W. McNab Road, Fort Lauderdale, FL 33309 Tel# (954) 978-6400  
Certification No. E86006

Lab Receipt Date & Time: <u>08-Oct-2018 16:15</u>
Analysis Date & Time: <u>08-Oct-2018 17:30</u>
<b>Sample Acceptance Criteria:</b> Sample Preservation: <input checked="" type="checkbox"/> On Ice <input type="checkbox"/> Not On Ice <input checked="" type="checkbox"/> 2.20 °C Disinfectant Check: <input checked="" type="checkbox"/> Not Detected <input type="checkbox"/> _____ mg/L This sample does not meet the following NELAC requirements:

Report Number: 18J0258      Sub-Contract Lab ID: E86006

**Analysis Requested: (check all that apply)**

Total Coliform/E. coli    Total Coliform/Fecal    Enterococci    Coliphage    HPC    Other: \_\_\_\_\_

**Public Water System (PWS) Name:** City of Pembroke Pines      **PWS I.D.**

4	0	6	1	0	8	3
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**PWS Address:** 7960 Johnson Street      **City:** Pembroke Pines      **FL**      **33024**

**PWS or PWS Owner's Phone #:** (754) 260-4509      **Fax #:** (954) 985-5025

**Collector:** Jason Cardenas      **Collector's Phone #:** (954) 582-4300/850-557-7147/

**Type of Supply: (check only one)**

Community Water System    Non-Transient Non-community Water System    Transient Non-community Water System  
 Limited Use System    Bottled Water    Private Well    Swimming Pool    Other: \_\_\_\_\_

**Reason for Sampling: (check all that apply)**

Distribution Routine    Distribution Repeat    Raw (triggered or assessment)    Raw (triggered or assessment) additional    Well Survey  
 Clearance    Replacement (also check type of sample being replaced)    Boil Water Notice    Other: \_\_\_\_\_

**Sample Collection Date:** 10/8/18

To be completed by collector of sample						To be completed by lab				
Sample #	Sample Point City of Pembroke Pines Monthly Bacteria City of Pembroke Pines, FL	Sample Collection Time	Sample Type	Disinfectant Residual (mg/L)	pH	Analysis Method(s): Total Coliform/E.Coli (PA) by Colifert in Water (SM9223B)				
						Non-Coliform	Total Coliform	Fecal Enterococci or Coliphage3	Data Qualifier4	Lab Sample #
100818-01	(SP ID 21) 1751 N. Hiatus Road	8:58	D	/ 3.3	8.05		Absent	Absent	U	18J0258-01
100818-02	(SP ID 23) 10755 NW 10th Street	9:15	D	/ 3.5	8.85		Absent	Absent	U	18J0258-02
100818-03	(SP ID 24) 200 S. Hiatus Road	9:38	D	/ 3.4	8.86		Absent	Absent	U	18J0258-03
100818-04	(SP ID 25) 11131 SW 13th Street	10:10	D	/ 2.8	8.78		Absent	Absent	U	18J0258-04
100818-05	(SP ID 30) 12399 Pembroke Road	10:36	D	/ 3.2	8.85		Absent	Absent	U	18J0258-05
100818-06	(SP ID 29) 241 SW 122nd Terrace	10:56	D	/ 3.3	8.85		Absent	Absent	U	18J0258-06
100818-07	(SP ID 28) 1050 NW 123rd Avenue	11:30	D	/ 2.9	8.80		Absent	Absent	U	18J0258-07

**Average of disinfectant residuals for distribution routine & repeat Samples.5** Free chlorine or Total chlorine (circle one)      / 3.1

**Disinfectant Residual Analysis Method:**  
 DPD Colorimetric    Other: \_\_\_\_\_  
**Person performing disinfectant analysis is (see instructions on reverse):**  
 A certified operator (# DWB# 21736)  
 Supervised by certified operator (# \_\_\_\_\_)  
 Employed by a certified lab    Employed by DEP or DOH  
 Authorized representative of supplier of water

Unless otherwise noted, all tests are performed in accordance with NELAC standards, and the results relate only to the samples.

Date and time PWS notified by lab of positive results: \_\_\_\_\_  
Date and time DEP/DOH notified by lab of positive results: \_\_\_\_\_  
Date Report Issued: 17-Oct-2018 10:56  
**Lab Signature:** Enrique Ochoa  
**Title:** (CSM) Customer Service Manager

**Juquitta Drieth**  
Jacobs/CH2M-City of Pembroke Pines WT  
7960 Johnson Street  
Pembroke Pines      FL      33024

Satisfactory      **DEP/DOH USE ONLY**  
 Incomplete Collection Information  
 Repeat Samples Required  
 Replacement Samples Required  
Date Reviewed by DEP/DOH: \_\_\_\_\_  
DEP/DOH Reviewing Official: \_\_\_\_\_

1 For Sample Types see Instructions item 1.16.  
2 For Analysis Methods see Instructions item 11.6.  
3 Please circle appropriate selection.  
4 Defined in Florida Administrative Code Rule 62-160, Table 1.  
5 Complete for community & non-transient non-community systems serving populations up to and including 4,500. Do not include raw or plant samples in the average.

# DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORTING FORMAT

(02-350.730 Reporting Format Effective 01/1995, Revised 02/2010)

**Florida-Spectrum Environmental Services, Inc.**  
1460 W. McNab Road, Fort Lauderdale, FL 33309 Tel# (954) 978-6400  
Certification No. E86006

Lab Receipt Date & Time: <u>08-Oct-2018 16:15</u>
Analysis Date & Time: <u>08-Oct-2018 17:30</u>
<b>Sample Acceptance Criteria:</b> Sample Preservation: <input checked="" type="checkbox"/> On Ice <input type="checkbox"/> Not On Ice <input checked="" type="checkbox"/> 2.20 °C Disinfectant Check: <input checked="" type="checkbox"/> Not Detected <input type="checkbox"/> _____ mg/L This sample does not meet the following NELAC requirements:

Report Number: 18J0258      Sub-Contract Lab ID: E86006

**Analysis Requested:** (check all that apply)

Total Coliform/E. coli    Total Coliform/Fecal    Enterococci    Coliphage    HPC    Other: \_\_\_\_\_

**Public Water System (PWS) Name:** City of Pembroke Pines

**PWS I.D.**   4 0 6 1 0 8 3

**PWS Address:** 7960 Johnson Street

**City:** Pembroke Pines      **FL**      **33024**

**PWS or PWS Owner's Phone #:** (754) 260-4509

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

**Collector:** Jason Cardenas

**Collector's Phone #:** (954) 582-4300/850-557-71477

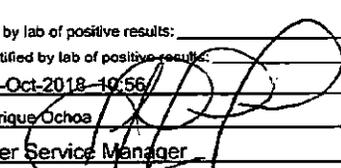
**Type of Supply:** (check only one)

Community Water System    Non-Transient Non-community Water System    Transient Non-community Water System  
 Limited Use System    Bottled Water    Private Well    Swimming Pool    Other: \_\_\_\_\_

**Reason for Sampling:** (check all that apply)

Distribution Routine    Distribution Repeat    Raw (triggered or assessment)    Raw (triggered or assessment) additional    Well Survey  
 Clearance    Replacement (also check type of sample being replaced)    Boil Water Notice    Other: \_\_\_\_\_

**Sample Collection Date:** 10/8/18

To be completed by collector of sample						To be completed by lab				
Sample #	Sample Point City of Pembroke Pines Monthly Bacteria City of Pembroke Pines, FL	Sample Collection Time	Sample Type	Disinfectant Residual (mg/L)	pH	Analysis Method(s)2: Total Coliform/E.Coli (PA) by Colifert in Water (SM9223B)				
						Non-Coliform	Total Coliform	Fecal (E.Coli) Enterococci or Coliphage3	Data Qualifier4	Lab Sample #
100818-08	(SP ID 26) 2110 NW 120th Terrace	12:00	D	/ 2.5	8.79		Absent	Absent	U	18J0258-08
100818-09	(SP ID 34) 1601 SW 128th Terrace	12:30	D	/ 3.1	8.84		Absent	Absent	U	18J0258-09
100818-10	(SP ID 33) 750 SW 136th Avenue	13:00	D	/ 3.1	8.83		Absent	Absent	U	18J0258-10
100818-11	(SP ID 67) 788 NW 135th Terrace	13:25	D	/ 3.2	8.85		Absent	Absent	U	18J0258-11
						Average of disinfectant residuals for distribution routine & repeat samples.5 Free chlorine or <u>Total chlorine</u> (circle one)				
					/ 3.1	Unless otherwise noted, all tests are performed in accordance with NELAC standards, and the results relate only to the samples.				
<b>Disinfectant Residual Analysis Method:</b> <input checked="" type="checkbox"/> DPD Colorimetric <input type="checkbox"/> Other: _____ <b>Person performing disinfectant analysis is (see instructions on reverse):</b> <input checked="" type="checkbox"/> A certified operator (# <u>DWB# 21736</u> ) <input type="checkbox"/> Supervised by certified operator (# _____) <input type="checkbox"/> Employed by a certified lab <input type="checkbox"/> Employed by DEP or DOH <input type="checkbox"/> Authorized representative of supplier of water						Date and time PWS notified by lab of positive results: _____ Date and time DEP/DOH notified by lab of positive results: _____ Date Report issued: <u>17-Oct-2018 10:56/</u> <b>Lab Signature:</b> <u>Enrique Ochoa</u>  <b>Title:</b> <u>(CSM) Customer Service Manager</u>				

Juquitta Drieth  
Jacobs/CH2M-City of Pembroke Pines W1  
7960 Johnson Street  
Pembroke Pines      FL      33024

<input type="checkbox"/> Satisfactory <input type="checkbox"/> Incomplete Collection Information <input type="checkbox"/> Repeat Samples Required <input type="checkbox"/> Replacement Samples Required	<b>DEP/DOH USE ONLY</b>  Date Reviewed by DEP/DOH: _____ DEP/DOH Reviewing Official: _____
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<sup>1</sup> For Sample Types see Instructions item I 16.

<sup>2</sup> For Analysis Methods see Instructions item II 6.

<sup>3</sup> Please circle appropriate selection.

<sup>4</sup> Defined in Florida Administrative Code Rule 62-160, Table 1.

<sup>5</sup> Complete for community & non-transient non-community systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.

# DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORTING FORMAT

(62-550.730 Reporting Format Effective 01/1995, Revised 02/2010)

**Florida-Spectrum Environmental Services, Inc.**  
1460 W. McNab Road, Fort Lauderdale, FL 33309 Tel# (954) 978-6400  
Certification No. E86006

Report Number: 18J0312 Sub-Contract Lab ID: E86006

**Analysis Requested:** (check all that apply)

Total Coliform/E. coli     Total Coliform/Fecal     Enterococci     Coliphage     HPC     Other: \_\_\_\_\_

**Public Water System (PWS) Name:** City of Pembroke Pines

**PWS I.D.**

4	0	6	1	0	8	3
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**PWS Address:** 7960 Johnson Street

**City:** Pembroke Pines    **FL**    33024

**PWS or PWS Owner's Phone #:** (754) 260-4509

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

**Collector:** Jason Cardenas

**Collector's Phone #:** (954) 582-4300/850-557-7147

**Type of Supply:** (check only one)

Community Water System     Non-Transient Non-community Water System     Transient Non-community Water System  
 Limited Use System     Bottled Water     Private Well     Swimming Pool     Other: \_\_\_\_\_

**Reason for Sampling:** (check all that apply)

Distribution Routine     Distribution Repeat     Raw (triggered or assessment)     Raw (triggered or assessment) additional     Well Survey  
 Clearance     Replacement (also check type of sample being replaced)     Boil Water Notice     Other: \_\_\_\_\_

**Sample Collection Date:** 10/9/18

To be completed by collector of sample						To be completed by lab				
Sample #	Sample Point City of Pembroke Pines Monthly Bacteria City of Pembroke Pines, FL	Sample Collection Time	Sample Type	Disinfectant Residual (mg/L)	pH	Analysis Method(s)2: Total Coliform/E. Coli (PA) by Colilert in Water (SM9223B)				
						Non-Coliform	Total Coliform	Fecal E. Coli, Enterococci, or Coliphage3	Data Qualifier4	Lab Sample #
100918-01	(SP ID 31) 13702 NW 20th Street	10:50	D	/ 3.2	8.78		Absent	Absent	U	18J0312-01
100918-02	(SP ID 32) 13771 NW 16th Street	11:05	D	/ 3.2	8.79		Absent	Absent	U	18J0312-02
100918-03	(SP ID 36) 2250 NW 145th Avenue	11:25	D	/ 3.1	8.77		Absent	Absent	U	18J0312-03
100918-04	(SP ID 37) 1142 NW 141st Avenue	11:45	D	/ 3.1	8.71		Absent	Absent	U	18J0312-04

**Average of disinfectant residuals for distribution routine & repeat Samples.5** Free chlorine or Total chlorine (circle one)    / 3.1

**Disinfectant Residual Analysis Method:**  
 DPD Colorimetric     Other: \_\_\_\_\_  
**Person performing disinfectant analysis is (see instructions on reverse):**  
 A certified operator (# DWB#21736)  
 Supervised by certified operator (# \_\_\_\_\_)  
 Employed by a certified lab     Employed by DEP or DOH  
 Authorized representative of supplier of water

Unless otherwise noted, all tests are performed in accordance with NELAC standards, and the results relate only to the samples.

Date and time PWS notified by lab of positive results: \_\_\_\_\_  
Date and time DEP/DOH notified by lab of positive results: \_\_\_\_\_  
Date Report Issued: 18-Oct-2018 18:41  
**Lab Signature:** Enrique Ochoa  
**Title:** (CSM) Customer Service Manager

Juquitta Drieth  
Jacobs/CH2M-City of Pembroke Pines WT  
7960 Johnson Street  
Pembroke Pines    FL    33024

Satisfactory    **DEP/DOH USE ONLY**  
 Incomplete Collection Information  
 Repeat Samples Required  
 Replacement Samples Required  
Date Reviewed by DEP/DOH: \_\_\_\_\_  
DEP/DOH Reviewing Official: \_\_\_\_\_

1 For Sample Types see instructions item I 16.  
2 For Analysis Methods see instructions item D 6.  
3 Please circle appropriate selection.  
4 Defined in Florida Administrative Code Rule 62-160, Table 1.  
5 Complete for community & non-transient non-community systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.

# DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORTING FORMAT

(62-550.730 Reporting Format Effective 01/1995, Revised 02/2010)

**Florida-Spectrum Environmental Services, Inc.**  
 1460 W. McNab Road, Fort Lauderdale, FL 33309 Tel# (954) 978-6400  
 Certification No. E86006

Lab Receipt Date & Time: <u>10-Oct-2018 16:40</u>
Analysis Date & Time: <u>10-Oct-2018 18:00</u>
<b>Sample Acceptance Criteria:</b> Sample Preservation: <input checked="" type="checkbox"/> On Ice <input type="checkbox"/> Not On Ice <input checked="" type="checkbox"/> 1.60 °C Disinfectant Check: <input checked="" type="checkbox"/> Not Detected <input type="checkbox"/> _____ mg/L This sample does not meet the following NELAC requirements:

Report Number: 18J0361      Sub-Contract Lab ID: E86006

**Analysis Requested:** (check all that apply)  
 Total Coliform/E. coli    Total Coliform/Fecal    Enterococci    Coliphage    HPC    Other: \_\_\_\_\_

**Public Water System (PWS) Name:** City of Pembroke Pines      **PWS I.D.**

4	0	6	1	0	8	3
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**PWS Address:** 7960 Johnson Street      City: Pembroke Pines      FL      33024

**PWS or PWS Owner's Phone #:** (754) 260-4509      **Fax #:** (954) 986-5025

**Collector:** Jason Cardenas      **Collector's Phone #:** (954) 582-4300/850-557-7147/

**Type of Supply:** (check only one)  
 Community Water System    Non-Transient Non-community Water System    Transient Non-community Water System  
 Limited Use System    Bottled Water    Private Well    Swimming Pool    Other: \_\_\_\_\_

**Reason for Sampling:** (check all that apply)  
 Distribution Routine    Distribution Repeat    Raw (triggered or assessment)    Raw (triggered or assessment) additional    Well Survey  
 Clearance    Replacement (also check type of sample being replaced)    Boil Water Notice    Other: \_\_\_\_\_

**Sample Collection Date:** 10/10/18

To be completed by collector of sample						To be completed by lab				
Sample #	Sample Point City of Pembroke Pines Monthly Bacteria City of Pembroke Pines, FL	Sample Collection Time	Sample Type	Disinfectant Residual (mg/L)	pH	Analysis Method(s)2: Total Coliform/E.Coli (PA) by Colibert in Water (SM9223B)				
						Non-Coliform	Total Coliform	Fecal E.Coli, Enterococci or Coliphage3	Data Qualifier4	Lab Sample #
101018-01	(SP ID 38) 14300 SW 8th Street	9:00	D	/ 3.2	8.86		Absent	Absent	U	18J0361-01
101018-02	(SP ID 40) 300 SW 147th Avenue	9:30	D	/ 3.2	8.86		Absent	Absent	U	18J0361-02
101018-03	(SP ID 43) 1234 SW 159th Lane	9:55	D	/ 2.9	8.84		Absent	Absent	U	18J0361-03
101018-04	(SP ID 42) 69 NW 161st Avenue	10:50	D	/ 3.3	8.81		Absent	Absent	U	18J0361-04
101018-05	(SP ID 39) 15714 NW 24th Street	11:20	D	/ 3.0	8.89		Absent	Absent	U	18J0361-05
101018-06	(SP ID 41) 16028 NW 21st Street	12:00	D	/ 2.2	8.78		Absent	Absent	U	18J0361-06
101018-07	(SP ID 44) 6749 Segovia Circle West	12:20	D	/ 2.8	8.76		Absent	Absent	U	18J0361-07

**Average of disinfectant residuals for distribution routine & repeat Samples.5** Free chlorine or Total chlorine (circle one)      / 2.7

**Disinfectant Residual Analysis Method:**  
 DPD Colorimetric    Other: \_\_\_\_\_  
**Person performing disinfectant analysis is (see instructions on reverse):**  
 A certified operator (# DWB#21736)  
 Supervised by certified operator (# \_\_\_\_\_)  
 Employed by a certified lab    Employed by DEP or DOH  
 Authorized representative of supplier of water

Unless otherwise noted, all tests are performed in accordance with NELAC standards, and the results relate only to the samples.

Date and time PWS notified by lab of positive results: \_\_\_\_\_  
 Date and time DEP/DOH notified by lab of positive results: \_\_\_\_\_  
 Date Report Issued: 19-Oct-2018 9:21  
**Lab Signature:** Enrique Ochoa  
**Title:** (CSM) Customer Service Manager

Juquitta Drieth  
 Jacobs/CH2M-City of Pembroke Pines WT  
 7960 Johnson Street  
 Pembroke Pines      FL      33024

<input type="checkbox"/> Satisfactory <input type="checkbox"/> Incomplete Collection Information <input type="checkbox"/> Repeat Samples Required <input type="checkbox"/> Replacement Samples Required	<b>DEP/DOH USE ONLY</b>  Date Reviewed by DEP/DOH: _____ DEP/DOH Reviewing Official: _____
--	---

1 For Sample Types see Instructions item 1.16.  
 2 For Analysis Methods see Instructions item 11.6.  
 3 Please circle appropriate selection.  
 4 Defined in Florida Administrative Code Rule 62-160, Table 1.  
 5 Complete for community & non-transient non-community systems serving populations up to and including 4,000. Do not include raw or plant samples in the average.

# DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORTING FORMAT

(62-359.730 Reporting Form Effective 9/1/95, Revised 02/2010)

**Florida-Spectrum Environmental Services, Inc.**  
 1460 W. McNab Road, Fort Lauderdale, FL 33309 Tel# (954) 978-6400  
 Certification No. E86006

Lab Receipt Date & Time: <u>10-Oct-2018 16:40</u>
Analysis Date & Time: <u>10-Oct-2018 18:00</u>
<b>Sample Acceptance Criteria:</b>
Sample Preservation: <input checked="" type="checkbox"/> On Ice <input type="checkbox"/> Not On Ice <input checked="" type="checkbox"/> <u>1.60</u> °C
Disinfectant Check: <input checked="" type="checkbox"/> Not Detected <input type="checkbox"/> _____ mg/L
This sample does not meet the following NELAC requirements:

Report Number: 18J0361 Sub-Contract Lab ID: E86006

**Analysis Requested:** (check all that apply)

Total Coliform/E. coli  Total Coliform/Fecal  Enterococci  Coliphage  HPC  Other: \_\_\_\_\_

**Public Water System (PWS) Name:** City of Pembroke Pines **PWS I.D.**

4	0	6	1	0	8	3
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**PWS Address:** 7960 Johnson Street **City:** Pembroke Pines **FL** 33024

**PWS or PWS Owner's Phone #:** (754) 260-4509 **Fax #:** (954) 986-5025

**Collector:** Jason Cardenas **Collector's Phone #:** (954) 582-4300/850-557-7147/

**Type of Supply:** (check only one)

Community Water System  Non-Transient Non-community Water System  Transient Non-community Water System  
 Limited Use System  Bottled Water  Private Well  Swimming Pool  Other: \_\_\_\_\_

**Reason for Sampling:** (check all that apply)

Distribution Routine  Distribution Repeat  Raw (triggered or assessment)  Raw (triggered or assessment) additional  Well Survey  
 Clearance  Replacement (also check type of sample being replaced)  Boil Water Notice  Other: \_\_\_\_\_

**Sample Collection Date:** 10/10/18

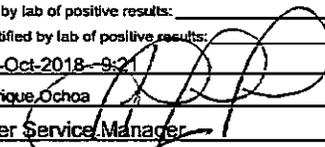
To be completed by collector of sample						To be completed by lab				
Sample #	Sample Point City of Pembroke Pines Monthly Bacteria City of Pembroke Pines, FL	Sample Collection Time	Sample Type	Disinfectant Residual (mg/L)	pH	Analysis Method(s): Total Coliform/E.Coli (PA) by Colilert in Water (SM9223B)				
						Non-Coliform	Total Coliform	Fecal, E.Coli, Enterococci, Coliphage3	Data Qualifier4	Lab Sample #
101018-08	(SP ID 45) 2300 NW 172nd Avenue	13:50	D	1.1	8.57		Absent	Absent	U	18J0361-08

**Average of disinfectant residuals for distribution routine & repeat Samples.5** Free chlorine or Total chlorine (circle one)

1.27

**Disinfectant Residual Analysis Method:**  
 DPD Colorimetric  Other: \_\_\_\_\_  
**Person performing disinfectant analysis is (see instructions on reverse):**  
 A certified operator (# DWB#21736)  
 Supervised by certified operator (# \_\_\_\_\_)  
 Employed by a certified lab  Employed by DEP or DOH  
 Authorized representative of supplier of water

Unless otherwise noted, all tests are performed in accordance with NELAC standards, and the results relate only to the samples.

Date and time PWS notified by lab of positive results: \_\_\_\_\_  
 Date and time DEP/DOH notified by lab of positive results: \_\_\_\_\_  
 Date Report Issued: 19-Oct-2018-9:21  
**Lab Signature:** Enrique Ochoa   
**Title:** (CSM) Customer Service Manager

Juquitta Drieth  
 Jacobs/CH2M-City of Pembroke Pines WT  
 7960 Johnson Street  
 Pembroke Pines FL 33024

Satisfactory DEP/DOH USE ONLY  
 Incomplete Collection Information  
 Repeat Samples Required  
 Replacement Samples Required  
 Date Reviewed by DEP/DOH: \_\_\_\_\_  
 DEP/DOH Reviewing Official: \_\_\_\_\_

1 For Sample Types see Instructions item 1.16.  
 2 For Analysis Methods see Instruction item II.6.  
 3 Please circle appropriate selection.  
 4 Defined in Florida Administrative Code Rule 62-160, Table 1.  
 5 Complete for community & non-transient non-community systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.

# DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORTING FORMAT

(62-350.730 Reporting Format Effective 01/19/95, Revised 02/2010)

**Florida-Spectrum Environmental Services, Inc.**  
 1460 W. McNab Road, Fort Lauderdale, FL 33309 Tel# (954) 978-6400  
 Certification No. E86006

Lab Receipt Date & Time: <u>11-Oct-2018 16:50</u>
Analysis Date & Time: <u>11-Oct-2018 17:30</u>
<b>Sample Acceptance Criteria:</b>
Sample Preservation: <input checked="" type="checkbox"/> On Ice <input type="checkbox"/> Not On Ice <input checked="" type="checkbox"/> 5.40 °C
Disinfectant Check: <input checked="" type="checkbox"/> Not Detected <input type="checkbox"/> _____ mg/L
This sample does not meet the following NELAC requirements:

Report Number: 18J0391 Sub-Contract Lab ID: E86006

**Analysis Requested:** (check all that apply)

Total Coliform/E. coli  Total Coliform/Fecal  Enterococci  Coliphage  HPC  Other: \_\_\_\_\_

**Public Water System (PWS) Name:** City of Pembroke Pines

**PWS I.D.**

4	0	6	1	0	8	3
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**PWS Address:** 7960 Johnson Street

**City:** Pembroke Pines **FL** 33024

**PWS or PWS Owner's Phone #:** (754) 260-4509

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

**Collector:** Jason Cardenas

**Collector's Phone #:** (954) 582-4300/850-557-7147/

**Type of Supply:** (check only one)

Community Water System  Non-Transient Non-community Water System  Transient Non-community Water System  
 Limited Use System  Bottled Water  Private Well  Swimming Pool  Other: \_\_\_\_\_

**Reason for Sampling:** (check all that apply)

Distribution Routine  Distribution Repeat  Raw (triggered or assessment)  Raw (triggered or assessment) additional  Well Survey  
 Clearance  Replacement (also check type of sample being replaced)  Boil Water Notice  Other: \_\_\_\_\_

**Sample Collection Date:** 10/11/18

To be completed by collector of sample						To be completed by lab				
Sample #	Sample Point City of Pembroke Pines Monthly Bacteria City of Pembroke Pines, FL	Sample Collection Time	Sample Type	Disinfectant Residual (mg/L)	pH	Analysis Method(s)2: Total Coliform/E.Coli (PA) by Colliert in Water (SM9223B)				
						Non-Coliform	Total Coliform	Fecal <u>E. Coli</u> Enterococci/Coliphage3	Data Qualifier4	Lab Sample #
101118-01	(SP ID 46) 2098 NW 171st Terrace	8:47	D	/ 3.3	8.79		Absent	Absent	U	18J0391-01
101118-02	(SP ID 47) 17100 Pines Blvd.	9:15	D	/ 2.8	8.76		Absent	Absent	U	18J0391-02
101118-03	(SP ID 48) 17059 SW 16th Street	9:40	D	/ 3.2	8.84		Absent	Absent	U	18J0391-03
101118-04	(SP ID 27) 450 SW 182nd Way	10:10	D	/ 2.9	8.82		Absent	Absent	U	18J0391-04
101118-05	(SP ID 49) 17817 NW 15th Street	10:30	D	/ 3.0	8.83		Absent	Absent	U	18J0391-05
101118-06	(SP ID 51) 2473 NW 184th Terrace	12:55	D	/ 1.0	8.50		Absent	Absent	U	18J0391-06
101118-07	(SP ID 52) 18411 Pines Blvd.	13:20	D	/ 3.1	8.86		Absent	Absent	U	18J0391-07

**Average of disinfectant residuals for distribution routine & repeat Samples.5** Free chlorine  Total chlorine (circle one) / 2.6

**Disinfectant Residual Analysis Method:**  
 DPD Colorimetric  Other: \_\_\_\_\_  
**Person performing disinfectant analysis is (see instructions on reverse):**  
 A certified operator (# DWB#21736)  
 Supervised by certified operator (# \_\_\_\_\_)  
 Employed by a certified lab  Employed by DEP or DOH  
 Authorized representative of supplier of water

Unless otherwise noted, all tests are performed in accordance with NELAC standards, and the results relate only to the samples.

Date and time PWS notified by lab of positive results: \_\_\_\_\_  
 Date and time DEP/DOH notified by lab of positive results: \_\_\_\_\_  
 Date Report Issued: 19-Oct-2018 9:31  
**Lab Signature:** Enrique Ochoa  
**Title:** (CSM) Customer Service Manager

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

Satisfactory DEP/DOH USE ONLY  
 Incomplete Collection Information  
 Repeat Samples Required  
 Replacement Samples Required  
 Date Reviewed by DEP/DOH: \_\_\_\_\_  
 DEP/DOH Reviewing Official: \_\_\_\_\_

1 For Sample Types see Instructions item 1.16.  
 2 For Analysis Methods see Instructions item 11.6.  
 3 Please circle appropriate selection.  
 4 Defined in Florida Administrative Code Rule 62-160, Table 1.  
 5 Complete for community & non-transient non-community systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.

# DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORTING FORMAT

(62-550.730 Reporting Format Effective 01/1995, Revised 02/2019)

**Florida-Spectrum Environmental Services, Inc.**  
 1460 W. McNab Road, Fort Lauderdale, FL 33309 Tel# (954) 978-6400  
 Certification No. E86006

Lab Receipt Date & Time: <u>11-Oct-2018 16:50</u>
Analysis Date & Time: <u>11-Oct-2018 17:30</u>
<b>Sample Acceptance Criteria:</b>
Sample Preservation: <input checked="" type="checkbox"/> On Ice <input type="checkbox"/> Not On Ice <input checked="" type="checkbox"/> <u>5.40</u> °C
Disinfectant Check: <input checked="" type="checkbox"/> Not Detected <input type="checkbox"/> _____ mg/L
This sample does not meet the following NELAC requirements:

Report Number: 18J0391      Sub-Contract Lab ID: E86006

**Analysis Requested:** (check all that apply)

Total Coliform/E. coli    Total Coliform/Fecal    Enterococci    Coliphage    HPC    Other: \_\_\_\_\_

**Public Water System (PWS) Name:** City of Pembroke Pines      **PWS I.D.**

4	0	6	1	0	8	3
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**PWS Address:** 7960 Johnson Street      **City:** Pembroke Pines      **FL**      **33024**

**PWS or PWS Owner's Phone #:** (754) 260-4509      **Fax #:** (954) 986-5025

**Collector:** Jason Cardenas      **Collector's Phone #:** (954) 582-4300/850-557-7147f

**Type of Supply:** (check only one)

Community Water System    Non-Transient Non-community Water System    Transient Non-community Water System  
 Limited Use System    Bottled Water    Private Well    Swimming Pool    Other: \_\_\_\_\_

**Reason for Sampling:** (check all that apply)

Distribution Routine    Distribution Repeat    Raw (triggered or assessment)    Raw (triggered or assessment) additional    Well Survey  
 Clearance    Replacement (also check type of sample being replaced)    Boil Water Notice    Other: \_\_\_\_\_

**Sample Collection Date:** 10/11/18

To be completed by collector of sample						To be completed by lab				
Sample #	Sample Point City of Pembroke Pines Monthly Bacteria City of Pembroke Pines, FL	Sample Collection Time	Sample Type	Disinfectant Residual (mg/L)	pH	Analysis Method(s): Total Coliform/E.Coli (PA) by Colilert in Water (SM9223B)				
						Non-Coliform	Total Coliform	Fecal, E.Coli, Enterococci, Coliphage3	Data Qualifier4	Lab Sample #
101118-08	(SP ID 58) 19370 SW 16th Street	13:45	D	/ 1.8	8.65		Absent	Absent	U	18J0391-08
101118-09	(SP ID 53) 18539 SW 12th Street	14:10	D	/ 2.7	8.64		Absent	Absent	U	18J0391-09
101118-10	(SP ID 57) 420 NW 197th Avenue	0:00	D	/ 2.3	8.71		Absent	Absent	U	18J0391-10
Average of disinfectant residuals for distribution routine & repeat Samples.5 Free chlorine or <u>Total chlorine</u> (circle one)						/ 2.6				
<b>Disinfectant Residual Analysis Method:</b> <input checked="" type="checkbox"/> DPD Colorimetric <input type="checkbox"/> Other: _____ <b>Person performing disinfectant analysis is (see instructions on reverse):</b> <input checked="" type="checkbox"/> A certified operator (# <u>DWB#21736</u> ) <input type="checkbox"/> Supervised by certified operator (# _____) <input type="checkbox"/> Employed by a certified lab <input type="checkbox"/> Employed by DEP or DOH <input type="checkbox"/> Authorized representative of supplier of water						Unless otherwise noted, all tests are performed in accordance with NELAC standards, and the results relate only to the samples.  Date and time PWS notified by lab of positive results: _____ Date and time DEP/DOH notified by lab of positive results: _____ Date Report Issued: <u>19-Oct-2018-9:31</u> <b>Lab Signature:</b> <u>Enrique Ochoa</u> <b>Title:</b> <u>(CSM) Customer Service Manager</u>				

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

<input type="checkbox"/> Satisfactory <input type="checkbox"/> Incomplete Collection Information <input type="checkbox"/> Repeat Samples Required <input type="checkbox"/> Replacement Samples Required	<b>DEP/DOH USE ONLY</b>  Date Reviewed by DEP/DOH: _____ DEP/DOH Reviewing Official: _____
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1 For Sample Types see instructions item 1.6.  
 2 For Analysis Methods see instructions item 11.6.  
 3 Please circle appropriate selection.  
 4 Defined in Florida Administrative Code Rule 62-160, Table 1.  
 5 Complete for community & non-transient non-community systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.

# DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORTING FORMAT

(82-350.730 Reporting Format Effective 01/19/05, Revised 02/2010)

**Florida-Spectrum Environmental Services, Inc.**  
1460 W. McNab Road, Fort Lauderdale, FL 33309 Tel# (954) 978-6400  
Certification No. E86006

Lab Receipt Date & Time: <u>12-Oct-2018 16:15</u>
Analysis Date & Time: <u>12-Oct-2018 16:45</u>
<b>Sample Acceptance Criteria:</b>
Sample Preservation: <input checked="" type="checkbox"/> On Ice <input type="checkbox"/> Not On Ice <input checked="" type="checkbox"/> 1.80 °C
Disinfectant Check: <input checked="" type="checkbox"/> Not Detected <input type="checkbox"/> _____ mg/L
This sample does not meet the following NELAC requirements:

Report Number: 18J0429 Sub-Contract Lab ID: E86006

**Analysis Requested: (check all that apply)**

Total Coliform/E. coli  Total Coliform/Fecal  Enterococci  Coliphage  HPC  Other: \_\_\_\_\_

**Public Water System (PWS) Name:** City of Pembroke Pines **PWS I.D.**

4	0	6	1	0	8	3
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**PWS Address:** 7960 Johnson Street **City:** Pembroke Pines **FL** 33024

**PWS or PWS Owner's Phone #:** (754) 260-4509 **Fax #:** (954) 986-5025

**Collector:** Jason Cardenas **Collector's Phone #:** (954) 582-4300/850-557-7147/

**Type of Supply: (check only one)**

Community Water System  Non-Transient Non-community Water System  Transient Non-community Water System  
 Limited Use System  Bottled Water  Private Well  Swimming Pool  Other: \_\_\_\_\_

**Reason for Sampling: (check all that apply)**

Distribution Routine  Distribution Repeat  Raw (triggered or assessment)  Raw (triggered or assessment) additional  Well Survey  
 Clearance  Replacement (also check type of sample being replaced)  Boil Water Notice  Other: \_\_\_\_\_

**Sample Collection Date:** 10/12/18

To be completed by collector of sample						To be completed by lab				
Sample #	Sample Point City of Pembroke Pines Monthly Bacteria City of Pembroke Pines, FL	Sample Collection Time	Sample Type	Disinfectant Residual (mg/L)	pH	Analysis Method(s)2: Total Coliform/E.Coli (PA) by Colifert in Water (SM9223B)				
						Non-Coliform	Total Coliform	Fecal (E.Coli) Enterococci or Coliphage3	Data Qualifier4	Lab Sample #
101218-01	(SP ID 56) 1263 NW 195th Avenue	8:50	D	/ 1.9	8.19		Absent	Absent	U	18J0429-01
101218-02	(SP ID 55) 19478 NW 24th Place	9:15	D	/ 1.4	8.44		Absent	Absent	U	18J0429-02
101218-03	(SP ID 54) 6351 SW 195th Avenue	9:35	D	/ 1.8	8.59		Absent	Absent	U	18J0429-03
101218-04	(SP ID 59) 5000 SW 207th Terrace	10:15	D	/ 1.3	8.53		Absent	Absent	U	18J0429-04
101218-05	(SP ID 63) 21250 Sheridan Street	11:45	D	/ 1.0	8.61		Absent	Absent	U	18J0429-05
101218-06	(SP ID 64) 21800 NW 8th Place	11:00	D	/ 2.1	8.74		Absent	Absent	U	18J0429-06
101218-07	(SP ID 65) 21651 NW 7th Street	11:25	D	/ 2.1	8.74		Absent	Absent	U	18J0429-07

**Average of disinfectant residuals for distribution routine & repeat Samples.5** Free chlorine or (Total chlorine) (circle one) / 1.8

**Disinfectant Residual Analysis Method:**  
 DPD Colorimetric  Other: \_\_\_\_\_  
**Person performing disinfectant analysis is (see instructions on reverse):**  
 A certified operator (# DWB#21736)  
 Supervised by certified operator (# \_\_\_\_\_)  
 Employed by a certified lab  Employed by DEP or DOH  
 Authorized representative of supplier of water

Unless otherwise noted, all tests are performed in accordance with NELAC standards, and the results relate only to the samples.

Date and time PWS notified by lab of positive results: \_\_\_\_\_  
Date and time DEP/DOH notified by lab of positive results: \_\_\_\_\_  
Date Report issued: 18-Oct-2018 15:52  
**Lab Signature:** Enrique Ochoa  
**Title:** (CSM) Customer Service Manager

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

<input type="checkbox"/> Satisfactory	<b>DEP/DOH USE ONLY</b>
<input type="checkbox"/> Incomplete Collection Information	
<input type="checkbox"/> Repeat Samples Required	
<input type="checkbox"/> Replacement Samples Required	
Date Reviewed by DEP/DOH: _____	
DEP/DOH Reviewing Official: _____	

\* For Sample Types see Instructions item 1.16.  
\* For Analysis Methods see Instructions item 11.6.  
\* Please circle appropriate reduction.  
\* Defined in Florida Administrative Code Rule 62-160, Table 1.  
\* Complete for community & non-transient non-community systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.

# DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORTING FORMAT

(62-550.730 Reporting Format Effective 01/1995, Revised 02/2010)

**Florida-Spectrum Environmental Services, Inc.**  
1460 W. McNab Road, Fort Lauderdale, FL 33309 Tel# (954) 978-6400  
Certification No. E86006

Lab Receipt Date & Time: <u>12-Oct-2018 16:15</u>
Analysis Date & Time: <u>12-Oct-2018 16:45</u>
Sample Acceptance Criteria: Sample Preservation: <input checked="" type="checkbox"/> On Ice <input type="checkbox"/> Not On Ice <input checked="" type="checkbox"/> 1.80 °C Disinfectant Check: <input checked="" type="checkbox"/> Not Detected <input type="checkbox"/> _____ mg/L This sample does not meet the following NELAC requirements:

Report Number: 18J0429 Sub-Contract Lab ID: E86006

**Analysis Requested:** (check all that apply)

Total Coliform/E. coli  Total Coliform/Fecal  Enterococci  Coliphage  HPC  Other: \_\_\_\_\_

**Public Water System (PWS) Name:** City of Pembroke Pines

**PWS I.D.**

4	0	6	1	0	8	3
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**PWS Address:** 7960 Johnson Street

**City:** Pembroke Pines **FL** 33024

**PWS or PWS Owner's Phone #:** (754) 260-4509

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

**Collector:** Jason Cardenas

**Collector's Phone #:** (954) 582-4300/850-557-7147

**Type of Supply:** (check only one)

Community Water System  Non-Transient Non-community Water System  Transient Non-community Water System  
 Limited Use System  Bottled Water  Private Well  Swimming Pool  Other: \_\_\_\_\_

**Reason for Sampling:** (check all that apply)

Distribution Routine  Distribution Repeat  Raw (triggered or assessment)  Raw (triggered or assessment) additional  Well Survey  
 Clearance  Replacement (also check type of sample being replaced)  Boil Water Notice  Other: \_\_\_\_\_

**Sample Collection Date:** 10/12/18

To be completed by collector of sample						To be completed by lab				
Sample #	Sample Point City of Pembroke Pines Monthly Bacteria City of Pembroke Pines, FL	Sample Collection Time	Sample Type	Disinfectant Residual (mg/L)	pH	Analysis Method(s)2: Total Coliform/E.Coli (PA) by Colilert in Water (SM9223B)				
						Non-Coliform	Total Coliform	Fecal E. Coli/Enterococci/Coliphage3	Data Qualifier4	Lab Sample #
101218-08	(SP ID 62) 20701 Pembroke Road	12:25	D	/2.3	8.75		Absent	Absent	U	18J0429-08
101218-09	(SP ID 61) 20501 SW 1st Street	12:40	D	/2.4	8.63		Absent	Absent	U	18J0429-09

**Average of disinfectant residuals for distribution routine & repeat Samples.5** Free chlorine or Total chlorine (circle one) / 1.8

**Disinfectant Residual Analysis Method:**  
 DPD Colorimetric  Other: \_\_\_\_\_  
**Person performing disinfectant analysis is (see instructions on reverse):**  
 A certified operator (# DWB#21736)  
 Supervised by certified operator (# \_\_\_\_\_)  
 Employed by a certified lab  Employed by DEP or DOH  
 Authorized representative of supplier of water

Unless otherwise noted, all tests are performed in accordance with NELAC standards, and the results relate only to the samples.

Date and time PWS notified by lab of positive results: \_\_\_\_\_  
Date and time DEP/DOH notified by lab of positive results: \_\_\_\_\_  
Date Report Issued: 18-Oct-2018 15:57  
**Lab Signature:** Enrique Ochoa  
**Title:** (CSM) Customer Service Manager

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

Satisfactory DEP/DOH USE ONLY  
 Incomplete Collection Information  
 Repeat Samples Required  
 Replacement Samples Required  
Date Reviewed by DEP/DOH: \_\_\_\_\_  
DEP/DOH Reviewing Official: \_\_\_\_\_

\* For Sample Types see Instructions item 1.16.  
† For Analysis Methods see Instructions item 11.6.  
‡ Please circle appropriate selection.  
§ Defined in Florida Administrative Code, Rule 62-160, Table 1.  
¶ Complete for community & non-transient non-community systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.

# DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORTING FORMAT

(62-550.730 Reporting Format Effective 01/19/95, Revised 02/2010)

**Florida-Spectrum Environmental Services, Inc.**  
1460 W. McNab Road, Fort Lauderdale, FL 33309 Tel# (954) 978-6400  
Certification No. E86006

Lab Receipt Date & Time: <u>15-Oct-2018 16:10</u>
Analysis Date & Time: <u>15-Oct-2018 17:00</u>
<b>Sample Acceptance Criteria:</b> Sample Preservation: <input checked="" type="checkbox"/> On Ice <input type="checkbox"/> Not On Ice <input checked="" type="checkbox"/> 2.40 °C Disinfectant Check: <input checked="" type="checkbox"/> Not Detected <input type="checkbox"/> _____ mg/L This sample does not meet the following NELAC requirements:

Report Number: 18J0467 Sub-Contract Lab ID: E86006

**Analysis Requested:** (check all that apply)

Total Coliform/E. coli  Total Coliform/Fecal  Enterococci  Coliphage  HPC  Other: \_\_\_\_\_

**Public Water System (PWS) Name:** City of Pembroke Pines

**PWS I.D.**

4	0	6	1	0	8	3
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**PWS Address:** 7960 Johnson Street

**City:** Pembroke Pines **FL** 33024

**PWS or PWS Owner's Phone #:** (754) 260-4509

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

**Collector:** Jason Cardenas

**Collector's Phone #:** (954) 582-4300/850-557-7147

**Type of Supply:** (check only one)

Community Water System  Non-Transient Non-community Water System  Transient Non-community Water System  
 Limited Use System  Bottled Water  Private Well  Swimming Pool  Other: \_\_\_\_\_

**Reason for Sampling:** (check all that apply)

Distribution Routine  Distribution Repeat  Raw (triggered or assessment)  Raw (triggered or assessment) additional  Well Survey  
 Clearance  Replacement (also check type of sample being replaced)  Boil Water Notice  Other: \_\_\_\_\_

**Sample Collection Date:** 10/15/18

To be completed by collector of sample						To be completed by lab				
Sample #	Sample Point City of Pembroke Pines Monthly Bacteria City of Pembroke Pines, FL	Sample Collection Time	Sample Type	Disinfectant Residual (mg/L)	pH	Analysis Method(s)2: Total Coliform/E.Coli (PA) by Colliert in Water (SM9223B)				
						Non-Coliform	Total Coliform	Fecal, E.Coli, Enterococci or Coliphage3	Data Qualifier4	Lab Sample #
101518-01	(SP ID 44) 6749 Segovia Circle West	9:55	D	/ 3.0	8.27		Absent	Absent	U	18J0467-01
101518-02	(SP ID 45) 2300 NW 172nd Avenue	10:20	D	/ 2.8	8.84		Absent	Absent	U	18J0467-02
101518-03	(SP ID 46) 2098 NW 171St Terrace	10:45	D	/ 2.9	8.89		Absent	Absent	U	18J0467-03
101518-04	(SP ID 47) 17100 Pines Blvd.	11:30	D	/ 3.0	8.91		Absent	Absent	U	18J0467-04
101518-05	(SP ID 48) 17059 SW 16th Street	12:50	D	/ 3.0	8.84		Absent	Absent	U	18J0467-05
101518-06	(SP ID 27) 450 SW 182nd Way	13:18	D	/ 3.0	8.89		Absent	Absent	U	18J0467-06
101518-07	(SP ID 49) 17817 NW 15th Street	13:45	D	/ 3.0	8.86		Absent	Absent	U	18J0467-07

**Average of disinfectant residuals for distribution routine & repeat Samples.5** Free chlorine or Total chlorine (circle one) / 2.9

**Disinfectant Residual Analysis Method:**  
 DPD Colorimetric  Other: \_\_\_\_\_  
**Person performing disinfectant analysis is (see instructions on reverse):**  
 A certified operator (# DWB#21736)  
 Supervised by certified operator (# \_\_\_\_\_)  
 Employed by a certified lab  Employed by DEP or DOH  
 Authorized representative of supplier of water

Unless otherwise noted, all tests are performed in accordance with NELAC standards, and the results relate only to the samples.

Date and time PWS notified by lab of positive results: \_\_\_\_\_  
Date and time DEP/DOH notified by lab of positive results: \_\_\_\_\_  
Date Report Issued: 19-Oct-2018 9:39  
**Lab Signature:** Enrique Ochoa  
**Title:** (CSM) Customer Service Manager

Juquitta Drieth  
Jacobs/CH2M-City of Pembroke Pines WT  
7960 Johnson Street  
Pembroke Pines FL 33024

Satisfactory DEP/DOH USE ONLY  
 Incomplete Collection Information  
 Repeat Samples Required  
 Replacement Samples Required  
Date Reviewed by DEP/DOH: \_\_\_\_\_  
DEP/DOH Reviewing Official: \_\_\_\_\_

<sup>1</sup> For Sample Types see Instructions item I.16.  
<sup>2</sup> For Analysis Methods see Instructions item II.6.  
<sup>3</sup> Please circle appropriate selection.  
<sup>4</sup> Defined in Florida Administrative Code Rule 62-160, Table 1.  
<sup>5</sup> Complete for community & non-transient non-community systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.

# DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORTING FORMAT

(62-550.730 Reporting Format Effective 01/1995, Revised 02/2010)

**Florida-Spectrum Environmental Services, Inc.**  
1460 W. McNab Road, Fort Lauderdale, FL 33309 Tel# (954) 978-6400  
Certification No. E86006

Lab Receipt Date & Time: 15-Oct-2018 16:10

Analysis Date & Time: 15-Oct-2018 17:00

**Sample Acceptance Criteria:**

Sample Preservation:  On Ice  Not On Ice  2.40 °C  
Disinfectant Check:  Not Detected  \_\_\_\_\_ mg/L  
This sample does not meet the following NELAC requirements:

Report Number: 18J0467 Sub-Contract Lab ID: E86006

**Analysis Requested:** (check all that apply)

Total Coliform/E. coli  Total Coliform/Fecal  Enterococci  Coliphage  HPC  Other: \_\_\_\_\_

**Public Water System (PWS) Name:** City of Pembroke Pines

**PWS I.D.**

4	0	6	1	0	8	3
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**PWS Address:** 7960 Johnson Street

**City:** Pembroke Pines **FL** 33024

**PWS or PWS Owner's Phone #:** (754) 260-4509

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

**Collector:** Jason Cardenas

**Collector's Phone #:** (954) 582-4300/850-557-71471

**Type of Supply:** (check only one)

Community Water System  Non-Transient Non-community Water System  Transient Non-community Water System  
 Limited Use System  Bottled Water  Private Well  Swimming Pool  Other: \_\_\_\_\_

**Reason for Sampling:** (check all that apply)

Distribution Routine  Distribution Repeat  Raw (triggered or assessment)  Raw (triggered or assessment) additional  Well Survey  
 Clearance  Replacement (also check type of sample being replaced)  Boil Water Notice  Other: \_\_\_\_\_

**Sample Collection Date:** 10/15/18

To be completed by collector of sample						To be completed by lab				
Sample #	Sample Point City of Pembroke Pines Monthly Bacteria City of Pembroke Pines, FL	Sample Collection Time	Sample Type	Disinfectant Residual (mg/L)	pH	Analysis Method(s)2: Total Coliform/E.Coli (PA) by Colilert in Water (SM9223B)				
						Non-Coliform	Total Coliform	Fecal (E.Coli) or Coliphage3	Data Qualifier4	Lab Sample #
101518-08	(SP ID 51) 2473 NW 184th Terrace	14:10	D	/ 2.0	8.76		Absent	Absent	U	18J0467-08
101518-09	(SP ID 52) 18411 Pines Blvd.	14:30	D	/ 3.0	8.87		Absent	Absent	U	18J0467-09

**Average of disinfectant residuals for distribution routine & repeat Samples.5** Free chlorine or Total chlorine (circle one)

/ 2.9

Unless otherwise noted, all tests are performed in accordance with NELAC standards, and the results relate only to the samples.

**Disinfectant Residual Analysis Method:**

DPD Colorimetric  Other: \_\_\_\_\_

**Person performing disinfectant analysis is (see instructions on reverse):**

A certified operator (# DWB#21736)  
 Supervised by certified operator (# \_\_\_\_\_)  
 Employed by a certified lab  Employed by DEP or DOH  
 Authorized representative of supplier of water

Date and time PWS notified by lab of positive results: \_\_\_\_\_

Date and time DEP/DOH notified by lab of positive results: \_\_\_\_\_

Date Report Issued: 19-Oct-2018 9:39

Lab Signature: Enrique Dchoa

Title: (CSM) Customer Service Manager

Juquitta Dieth  
Jacobs/CH2M-City of Pembroke Pines WT  
7960 Johnson Street  
Pembroke Pines FL 33024

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

DEP/DOH USE ONLY

Date Reviewed by DEP/DOH: \_\_\_\_\_

DEP/DOH Reviewing Official: \_\_\_\_\_

<sup>1</sup> For Sample Types see Instructions from 1.16.  
<sup>2</sup> For Analysis Methods see Instructions from 11.6.

<sup>3</sup> Please circle appropriate selection.  
<sup>4</sup> Defined in Florida Administrative Code Rule 62-160, Table 1.

<sup>5</sup> Complete for community & non-transient non-community systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.

# DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORTING FORMAT

(62-550.730 Reporting Format Effective 01/1995, Revised 02/2010)

**Florida-Spectrum Environmental Services, Inc.**  
 1460 W. McNab Road, Fort Lauderdale, FL 33309 Tel# (954) 978-6400  
 Certification No. E86006

Lab Receipt Date & Time: <u>16-Oct-2018 16:00</u>
Analysis Date & Time: <u>16-Oct-2018 16:30</u>
<b>Sample Acceptance Criteria:</b>
Sample Preservation: <input checked="" type="checkbox"/> On Ice <input type="checkbox"/> Not On Ice <input checked="" type="checkbox"/> 1.00 °C
Disinfectant Check: <input checked="" type="checkbox"/> Not Detected <input type="checkbox"/> _____ mg/L
This sample does not meet the following NELAC requirements:

Report Number: 18J0492 Sub-Contract Lab ID: E86006

**Analysis Requested:** (check all that apply)

Total Coliform/E. coli  Total Coliform/Fecal  Enterococci  Coliphage  HPC  Other: \_\_\_\_\_

**Public Water System (PWS) Name:** City of Pembroke Pines PWS I.D. 

4	0	6	1	0	8	3
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PWS Address: 7960 Johnson Street City: Pembroke Pines FL 33024

PWS or PWS Owner's Phone #: (754) 260-4509 Fax #: (954) 986-5025

Collector: Jason Cardenas Collector's Phone #: (954) 582-4300/850-557-7147/

**Type of Supply:** (check only one)

Community Water System  Non-Transient Non-community Water System  Transient Non-community Water System  
 Limited Use System  Bottled Water  Private Well  Swimming Pool  Other: \_\_\_\_\_

**Reason for Sampling:** (check all that apply)

Distribution Routine  Distribution Repeat  Raw (triggered or assessment)  Raw (triggered or assessment) additional  Well Survey  
 Clearance  Replacement (also check type of sample being replaced)  Boil Water Notice  Other: \_\_\_\_\_

**Sample Collection Date:** 10/16/18

To be completed by collector of sample						To be completed by lab				
Sample #	Sample Point City of Pembroke Pines Monthly Bacteria City of Pembroke Pines, FL	Sample Collection Time	Sample Type	Disinfectant Residual (mg/L)	pH	Analysis Method(s): Total Coliform/E.Coli (PA) by Colilert in Water (SM9223B)				
						Non- Coliform	Total Coliform	Fecal E.Coli, Enterococci Coliphage3	Data Qualifier4	Lab Sample #
101618-01	(SP ID 1) 2040 NW 74th Avenue	11:45	D	/ 3.3	8.76		Absent	Absent	U	18J0492-01
101618-02	(SP ID 2) 7610 Taft Street	12:05	D	/ 3.2	8.70		Absent	Absent	U	18J0492-02
101618-03	(SP ID 3) 7741 Johnson Street	12:30	D	/ 3.4	8.73		Absent	Absent	U	18J0492-03
101618-04	(SP ID 4) 120 NW 73rd Avenue	13:10	D	/ 3.4	8.73		Absent	Absent	U	18J0492-04
101618-05	(SP ID 5) 7021 SW 9th Street	13:40	D	/ 2.7	8.78		Absent	Absent	U	18J0492-05
101618-06	(SP ID 11) 1530 SW 85th Avenue	14:00	D	/ 3.1	8.70		Absent	Absent	U	18J0492-06
Average of disinfectant residuals for distribution routine & repeat Samples.5 Free chlorine or <u>Total Chlorine</u> (circle one)						/ 3.2				
Disinfectant Residual Analysis Method: <input checked="" type="checkbox"/> DPD Colorimetric <input type="checkbox"/> Other: _____						Unless otherwise noted, all tests are performed in accordance with NELAC standards, and the results relate only to the samples.  Date and time PWS notified by lab of positive results: _____ Date and time DEP/DOH notified by lab of positive results: _____ Date Report issued: <u>19-Oct-2018 9:46</u> Lab Signature: <u>Enrique Ochoa</u> Title: <u>(CSM) Customer Service Manager</u>				
Person performing disinfectant analysis is (see instructions on reverse): <input checked="" type="checkbox"/> A certified operator (# <u>DWB# 21736</u> ) <input type="checkbox"/> Supervised by certified operator (# _____) <input type="checkbox"/> Employed by a certified lab <input type="checkbox"/> Employed by DEP or DOH <input type="checkbox"/> Authorized representative of supplier of water										

Juquitta Drieth  
 Jacobs/CH2M-City of Pembroke Pines WT  
 7960 Johnson Street  
 Pembroke Pines FL 33024

<input type="checkbox"/> Satisfactory <input type="checkbox"/> Incomplete Collection Information <input type="checkbox"/> Repeat Samples Required <input type="checkbox"/> Replacement Samples Required	DEP/DOH USE ONLY
Date Reviewed by DEP/DOH: _____	
DEP/DOH Reviewing Official: _____	

\* For Sample Types see Instructions item 1.16.  
 \* For Analysis Methods see Instructions item 11.6.  
 \* Please circle appropriate selection.  
 \* Defined in Florida Administrative Code Rule 62-160, Table 1.  
 \* Complete for community & non-transient non-community systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.

# DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORTING FORMAT

(02-550.730 Reporting Format Effective 01/19/95, Revised 02/2013)

Florida-Spectrum Environmental Services, Inc.  
1460 W. McNab Road, Fort Lauderdale, FL 33309 Tel# (954) 978-6400  
Certification No. E86006

Lab Receipt Date & Time: <u>17-Oct-2018 16:10</u>
Analysis Date & Time: <u>17-Oct-2018 17:00</u>
<b>Sample Acceptance Criteria:</b>
Sample Preservation: <input checked="" type="checkbox"/> On Ice <input type="checkbox"/> Not On Ice <input checked="" type="checkbox"/> 4.40 °C
Disinfectant Check: <input checked="" type="checkbox"/> Not Detected <input type="checkbox"/> _____ mg/L
This sample does not meet the following NELAC requirements:

Report Number: 18J0537      Sub-Contract Lab ID: E86006

**Analysis Requested:** (check all that apply)

Total Coliform/E. coli    Total Coliform/Fecal    Enterococci    Coliphage    HPC    Other: \_\_\_\_\_

**Public Water System (PWS) Name:** City of Pembroke Pines      PWS I.D. 

4	0	6	1	0	8	3
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PWS Address: 7960 Johnson Street      City: Pembroke Pines      FL      33024

PWS or PWS Owner's Phone #: (754) 260-4509      Fax #: (954) 986-5025

Collector: Jason Cardenas      Collector's Phone #: (954) 582-4300/850-557-7147

**Type of Supply:** (check only one)

Community Water System    Non-Transient Non-community Water System    Transient Non-community Water System  
 Limited Use System    Bottled Water    Private Well    Swimming Pool    Other: \_\_\_\_\_

**Reason for Sampling:** (check all that apply)

Distribution Routine    Distribution Repeat    Raw (triggered or assessment)    Raw (triggered or assessment) additional    Well Survey  
 Clearance    Replacement (also check type of sample being replaced)    Boil Water Notice    Other: \_\_\_\_\_

**Sample Collection Date:** 10/17/18

To be completed by collector of sample						To be completed by lab				
Sample #	Sample Point City of Pembroke Pines Monthly Bacteria City of Pembroke Pines, FL	Sample Collection Time	Sample Type	Disinfectant Residual (mg/L)	pH	Analysis Method(s)2: Total Coliform/E.Coli (PA) by Colilert in Water (SM9223B)				
						Non-Coliform	Total Coliform	Fecal E.Coli, Enterococci or Coliphage3	Data Qualifier4	Lab Sample #
101718-01	(SP ID 10) 199 N. University Drive	7:45	D	/3.2	8.59		Absent	Absent	U	18J0537-01
101718-02	(SP ID 9) 8131 Johnson Street	8:10	D	/3.9	8.84		Absent	Absent	U	18J0537-02
101718-03	(SP ID 8) 8130 Taft Street	8:30	D	/3.6	8.86		Absent	Absent	U	18J0537-03
101718-04	(SP ID 7) 2402 N. University Drive	8:50	D	/3.2	8.71		Absent	Absent	U	18J0537-04
101718-05	(SP ID 68) 2060 NW 88th Terrace	9:20	D	/3.5	8.82		Absent	Absent	U	18J0537-05
101817-06	(SP ID 12) 1621 N. Douglas Road	9:40	D	/3.7	8.93		Absent	Absent	U	18J0537-06
101718-07	(SP ID 13) 8880 Johnson Street	10:00	D	/3.7	8.94		Absent	Absent	U	18J0537-07

**Average of disinfectant residuals for distribution routine & repeat Samples.5** Free chlorine or Total chlorine (circle one)      /3.5

**Disinfectant Residual Analysis Method:**  
 DPD Colorimetric    Other: \_\_\_\_\_  
**Person performing disinfectant analysis is (see instructions on reverse):**  
 A certified operator (# DWB# 21736)  
 Supervised by certified operator (# \_\_\_\_\_)  
 Employed by a certified lab    Employed by DEP or DOH  
 Authorized representative of supplier of water

Unless otherwise noted, all tests are performed in accordance with NELAC standards, and the results relate only to the samples.

Date and time PWS notified by lab of positive results: \_\_\_\_\_  
Date and time DEP/DOH notified by lab of positive results: \_\_\_\_\_  
Date Report Issued: 23-Oct-2018/10:08  
**Lab Signature:** Enrique Ochoa  
**Title:** (CSM) Customer Service Manager

Juquitta Drieth  
Jacobs/CH2M-City of Pembroke Pines W/1  
7960 Johnson Street  
Pembroke Pines      FL      33024

<input type="checkbox"/> Satisfactory <input type="checkbox"/> Incomplete Collection Information <input type="checkbox"/> Repeat Samples Required <input type="checkbox"/> Replacement Samples Required	<b>DEP/DOH USE ONLY</b> Date Reviewed by DEP/DOH: _____ DEP/DOH Reviewing Official: _____
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1 For Sample Types see Instructions Item 1.6.  
2 For Analysis Methods see Instructions Item 1.6.  
3 Please circle appropriate selection.  
4 Defined in Florida Administrative Code Rule 62-160, Table 1.  
5 Complete for community & non-transient non-community systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.

# DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORTING FORMAT

(32-550.730 Reporting Format Effective 09/1995, Revised 02/2010)

**Florida-Spectrum Environmental Services, Inc.**  
 1460 W. McNab Road, Fort Lauderdale, FL 33309 Tel# (954) 978-6400  
 Certification No. E86006

Lab Receipt Date & Time: <u>17-Oct-2018 16:10</u>
Analysis Date & Time: <u>17-Oct-2018 17:00</u>
<b>Sample Acceptance Criteria:</b>
Sample Preservation: <input checked="" type="checkbox"/> On Ice <input type="checkbox"/> Not On Ice <input checked="" type="checkbox"/> 4.40 °C
Disinfectant Check: <input checked="" type="checkbox"/> Not Detected <input type="checkbox"/> _____ mg/L
This sample does not meet the following NELAC requirements:

Report Number: 18J0537      Sub-Contract Lab ID: E86006

**Analysis Requested:** (check all that apply)

Total Coliform/E. coli    Total Coliform/Fecal    Enterococci    Coliphage    HPC    Other: \_\_\_\_\_

**Public Water System (PWS) Name:** City of Pembroke Pines      **PWS I.D.**   4 0 6 1 0 8 3

**PWS Address:** 7960 Johnson Street      **City:** Pembroke Pines      **FL**      **33024**

**PWS or PWS Owner's Phone #:** (754) 260-4509      **Fax #:** (954) 986-5025

**Collector:** Jason Cardenas      **Collector's Phone #:** (954) 582-4300/850-557-71477

**Type of Supply:** (check only one)

Community Water System    Non-Transient Non-community Water System    Transient Non-community Water System  
 Limited Use System    Bottled Water    Private Well    Swimming Pool    Other: \_\_\_\_\_

**Reason for Sampling:** (check all that apply)

Distribution Routine    Distribution Repeat    Raw (triggered or assessment)    Raw (triggered or assessment) additional    Well Survey  
 Clearance    Replacement (also check type of sample being replaced)    Boil Water Notice    Other: \_\_\_\_\_

**Sample Collection Date:** 10/17/18

To be completed by collector of sample						To be completed by lab				
Sample #	Sample Point City of Pembroke Pines Monthly Bacteria City of Pembroke Pines, FL	Sample Collection Time	Sample Type	Disinfectant Residual (mg/L)	pH	Analysis Method(s)2: Total Coliform/E.Coli (PA) by Colliert in Water (SM9223B)				
						Non-Coliform	Total Coliform	Fecal E.Coli, Enterococci or Coliphage3	Data Qualifier4	Lab Sample #
101718-08	(SP ID 14) 120 N. Douglas Road	10:30	D	/ 3.7	8.92		Absent	Absent	U	18J0537-08
101718-09	(SP ID 15) 900 Hollybrook Drive	10:52	D	/ 3.2	8.74		Absent	Absent	U	18J0537-09
101718-10	(SP ID 20) 10001 SW 14th Street	11:15	D	/ 3.1	8.62		Absent	Absent	U	18J0537-10
101718-11	(SP ID 19) 10101 Pines Blvd.	11:40	D	/ 3.6	8.90		Absent	Absent	U	18J0537-11
101718-12	(SP ID 18) 10000 Johnson Street	12:00	D	/ 3.8	9.02		Absent	Absent	U	18J0537-12
101718-13	(SP ID 17) 1981 NW 100th Way	12:15	D	/ 3.5	8.88		Absent	Absent	U	18J0537-13
101718-14	(SP ID 16) 10120 Sheridan Street	12:30	D	/ 3.4	8.78		Absent	Absent	U	18J0537-14

**Average of disinfectant residuals for distribution routine & repeat Samples.5** Free chlorine or Total chlorine (circle one)      / 3.5

**Disinfectant Residual Analysis Method:**  
 DPD Colorimetric    Other: \_\_\_\_\_  
**Person performing disinfectant analysis is (see instructions on reverse):**  
 A certified operator (# DWB# 21736)  
 Supervised by certified operator (# \_\_\_\_\_)  
 Employed by a certified lab    Employed by DEP or DOH  
 Authorized representative of supplier of water

Unless otherwise noted, all tests are performed in accordance with NELAC standards, and the results relate only to the samples.

Date and time PWS notified by lab of positive results: \_\_\_\_\_  
 Date and time DEP/DOH notified by lab of positive results: \_\_\_\_\_  
 Date Report Issued: 23-Oct-2018 10:08  
**Lab Signature:** Enrique Ochoa  
**Title:** (CSM) Customer Service Manager

Juquitta Drieth  
 Jacobs/CH2M-City of Pembroke Pines WT  
 7960 Johnson Street  
 Pembroke Pines      FL      33024

Satisfactory      **DEP/DOH USE ONLY**  
 Incomplete Collection Information  
 Repeat Samples Required  
 Replacement Samples Required  
 Date Reviewed by DEP/DOH: \_\_\_\_\_  
 DEP/DOH Reviewing Official: \_\_\_\_\_

1 For Sample Types see instructions item 1.16.  
 2 For Analysis Methods see instructions item 6.  
 3 Please circle appropriate selection.  
 4 Defined in Florida Administrative Code Rule 62-160, Table 1.  
 5 Complete for community & non-transient non-community systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.

# DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORTING FORMAT

(82-350.730 Reporting Format Effective 01/18/95, Revised 02/2010)

**Florida-Spectrum Environmental Services, Inc.**  
1460 W. McNab Road, Fort Lauderdale, FL 33309 Tel# (954) 978-6400  
Certification No. E86006

Report Number: 18J0598 Sub-Contract Lab ID: E86006

**Analysis Requested: (check all that apply)**

Total Coliform/*E. coli*    Total Coliform/Fecal    Enterococci    Coliphage    HPC    Other: \_\_\_\_\_

**Public Water System (PWS) Name:** City of Pembroke Pines

**PWS I.D.**

4	0	6	1	0	8	3
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**PWS Address:** 7960 Johnson Street

**City:** Pembroke Pines **FL** 33024

**PWS or PWS Owner's Phone #:** (754) 260-4509

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

**Collector:** Jason Cardenas

**Collector's Phone #:** (954) 582-4300/850-557-7147/

**Type of Supply: (check only one)**

Community Water System    Non-Transient Non-community Water System    Transient Non-community Water System  
 Limited Use System    Bottled Water    Private Well    Swimming Pool    Other: \_\_\_\_\_

**Reason for Sampling: (check all that apply)**

Distribution Routine    Distribution Repeat    Raw (triggered or assessment)    Raw (triggered or assessment) additional    Well Survey  
 Clearance    Replacement (also check type of sample being replaced)    Boil Water Notice    Other: \_\_\_\_\_

**Sample Collection Date:** 10/18/18

To be completed by collector of sample						To be completed by lab				
Sample #	Sample Point City of Pembroke Pines Monthly Bacteria City of Pembroke Pines, FL	Sample Collection Time	Sample Type	Disinfectant Residual (mg/L)	pH	Analysis Method(s): Total Coliform/ <i>E. Coli</i> (PA) by Colilert in Water (SM9223B)				
						Non-Coliform	Total Coliform	Fecal <i>E. Coli</i> , Enterococci or Coliphage <sup>3</sup>	Data Qualifier <sup>4</sup>	Lab Sample #
101818-01	(SP ID 22) 11141 NW 22nd Street	8:20	D	1.34	8.48		Absent	Absent	U	18J0598-01
101818-02	(SP ID 58) 19370 SW 16th Street	9:30	D	1.19	8.49		Absent	Absent	U	18J0598-02
101818-03	(SP ID 53) 18539 SW 12th Street	9:47	D	1.26	8.52		Absent	Absent	U	18J0598-03
101818-04	(SP ID 57) 420 NW 197th Avenue	10:10	D	1.28	8.72		Absent	Absent	U	18J0598-04
101818-05	(SP ID 56) 1263 NW 195th Avenue	10:30	D	1.28	8.80		Absent	Absent	U	18J0598-05
101818-06	(SP ID 55) 19478 NW 24th Place	10:50	D	1.18	8.40		Absent	Absent	U	18J0598-06
101818-07	(SP ID 54) 6351 SW 195th Avenue	12:55	D	1.24	8.58		Absent	Absent	U	18J0598-07

**Average of disinfectant residuals for distribution routine & repeat Samples.<sup>5</sup>** Free chlorine or Total chlorine (circle one)      1.24

**Disinfectant Residual Analysis Method:**  
 DPD Colorimetric    Other: \_\_\_\_\_  
**Person performing disinfectant analysis is (see instructions on reverse):**  
 A certified operator (# DWB#21736)  
 Supervised by certified operator (# \_\_\_\_\_)  
 Employed by a certified lab    Employed by DEP or DOH  
 Authorized representative of supplier of water

Unless otherwise noted, all tests are performed in accordance with NELAC standards, and the results relate only to the samples.

Date and time PWS notified by lab of positive results: \_\_\_\_\_  
Date and time DEP/DOH notified by lab of positive results: \_\_\_\_\_  
Date Report Issued: 23-Oct-2018 10:56  
**Lab Signature:** Enrique Ochoa  
**Title:** (CSM) Customer Service Manager

Juquitta Drieth  
Jacobs/CH2M-City of Pembroke Pines WT  
7960 Johnson Street  
Pembroke Pines FL 33024

Satisfactory      **DEP/DOH USE ONLY**  
 Incomplete Collection Information  
 Repeat Samples Required  
 Replacement Samples Required  
Date Reviewed by DEP/DOH: \_\_\_\_\_  
DEP/DOH Reviewing Official: \_\_\_\_\_

<sup>1</sup> For Sample Types see Instructions item 1.16.  
<sup>2</sup> For Analysis Methods see Instructions item 11.4.  
<sup>3</sup> Please circle appropriate selection.  
<sup>4</sup> Defined in Florida Administrative Code Rule 62-160, Table 1.  
<sup>5</sup> Complete for community & non-transient non-community systems serving populations up to and including 4,000. Do not include raw or plank samples in the average.

**DRINKING WATER MICROBIAL SAMPLE COLLECTION  
& LABORATORY REPORTING FORMAT**

(62-550.730 Reporting Format Effective 01/1995, Revised 02/2010)

**Florida-Spectrum Environmental Services, Inc.**  
1460 W. McNab Road, Fort Lauderdale, FL 33309 Tel# (954) 978-6400  
Certification No. E36006

Lab Receipt Date & Time: <u>18-Oct-2018 16:45</u>
Analysis Date & Time: <u>18-Oct-2018 17:15</u>
<b>Sample Acceptance Criteria:</b>
Sample Preservation: <input checked="" type="checkbox"/> On Ice <input type="checkbox"/> Not On Ice <input checked="" type="checkbox"/> <u>3.40</u> °C
Disinfectant Check: <input checked="" type="checkbox"/> Not Detected <input type="checkbox"/> _____ mg/L
This sample does not meet the following NELAC requirements:

Report Number: 18J0598      Sub-Contract Lab ID: E88006

**Analysis Requested:** (check all that apply)  
 Total Coliform/E. coli    Total Coliform/Fecal    Enterococci    Coliphage    HPC    Other: \_\_\_\_\_

**Public Water System (PWS) Name:** City of Pembroke Pines      PWS I.D. 

4	0	6	1	0	8	3
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PWS Address: 7960 Johnson Street      City: Pembroke Pines      FL      33024

PWS or PWS Owner's Phone #: (754) 260-4509      Fax #: (954) 986-5025

Collector: Jason Cardenas      Collector's Phone #: (954) 582-4300/850-557-71477

**Type of Supply:** (check only one)  
 Community Water System    Non-Transient Non-community Water System    Transient Non-community Water System  
 Limited Use System    Bottled Water    Private Well    Swimming Pool    Other: \_\_\_\_\_

**Reason for Sampling:** (check all that apply)  
 Distribution Routine    Distribution Repeat    Raw (triggered or assessment)    Raw (triggered or assessment) additional    Well Survey  
 Clearance    Replacement (also check type of sample being replaced)    Boil Water Notice    Other: \_\_\_\_\_

Sample Collection Date: 10/18/18

To be completed by collector of sample						To be completed by lab				
Sample #	Sample Point City of Pembroke Pines Monthly Bacteria City of Pembroke Pines, FL	Sample Collection Time	Sample Type	Disinfectant Residual (mg/L)	pH	Analysis Method(s)2: Total Coliform/E.Coli (PA) by ColiAlert in Water (SM9223B)				
						Non-Coliform	Total Coliform	Fecal, E.Coli, Enterococci/Coliphage3	Data Qualifier4	Lab Sample #
101818-08	(SP ID 59) 5000 SW 207th Terrace	13:25	D	/ 1.8	8.68		Absent	Absent	U	18J0598-08
101818-09	(SP ID 63) 21250 Sheridan Street	14:10	D	/ 2.3	8.77		Absent	Absent	U	18J0598-09
101818-10	(SP ID 64) 21800 NW 8th Place	13:55	D	/ 2.3	8.73		Absent	Absent	U	18J0598-10

Average of disinfectant residuals for distribution routine & repeat Samples.5   Free chlorine or Total chlorine (circle one)      / 2.4

**Disinfectant Residual Analysis Method:**  
 DPD Colorimetric    Other: \_\_\_\_\_  
**Person performing disinfectant analysis is (see instructions on reverse):**  
 A certified operator (# DWB#21736)  
 Supervised by certified operator (# \_\_\_\_\_)  
 Employed by a certified lab    Employed by DEP or DOH  
 Authorized representative of supplier of water

Unless otherwise noted, all tests are performed in accordance with NELAC standards, and the results relate only to the samples.

Date and time PWS notified by lab of positive results: \_\_\_\_\_  
 Date and time DEP/DOH notified by lab of positive results: \_\_\_\_\_  
 Date Report Issued: 23-Oct-2018 10:55  
 Lab Signature: Enrique Ochoa  
 Title: (CSM) Customer Service Manager

Juquitta Drieth  
 Jacobs/CH2M-City of Pembroke Pines WT  
 7960 Johnson Street  
 Pembroke Pines      FL      33024

Satisfactory      DEP/DOH USE ONLY  
 Incomplete Collection Information  
 Repeat Samples Required  
 Replacement Samples Required  
 Date Reviewed by DEP/DOH: \_\_\_\_\_  
 DEP/DOH Reviewing Official: \_\_\_\_\_

1 For Sample Types see Instructions item I 16.  
 2 For Analysis Methods see Instructions item II 6.  
 3 Please circle appropriate selection.  
 4 Defined in Florida Administrative Code Rule 62-160, Table 1.  
 5 Complete for community & non-transient non-community systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.

# DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORTING FORMAT

(62-350.730 Reporting Format Effective 01/19/95, Revised 02/2010)

**Florida-Spectrum Environmental Services, Inc.**  
 1460 W. McNab Road, Fort Lauderdale, FL 33309 Tel# (954) 978-6400  
 Certification No. E86006

Lab Receipt Date & Time: <u>19-Oct-2018 16:35</u>
Analysis Date & Time: <u>19-Oct-2018 17:30</u>
<b>Sample Acceptance Criteria:</b>
Sample Preservation: <input checked="" type="checkbox"/> On Ice <input type="checkbox"/> Not On Ice <input checked="" type="checkbox"/> <u>2.80</u> °C
Disinfectant Check: <input checked="" type="checkbox"/> Not Detected <input type="checkbox"/> _____ mg/L
This sample does not meet the following NELAC requirements:

Report Number: 18J0631      Sub-Contract Lab ID: E86006

**Analysis Requested:** (check all that apply)

Total Coliform/E. coli    Total Coliform/Fecal    Enterococci    Coliphage    HPC    Other: \_\_\_\_\_

**Public Water System (PWS) Name:** City of Pembroke Pines      **PWS I.D.**

4	0	6	1	0	8	3
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**PWS Address:** 7960 Johnson Street      City: Pembroke Pines      FL      33024

**PWS or PWS Owner's Phone #:** (754) 260-4509      Fax #: (954) 986-5025

**Collector:** Juan Cardenas      Collector's Phone #: (954) 582-4300/850-557-7147/

**Type of Supply:** (check only one)

Community Water System    Non-Transient Non-community Water System    Transient Non-community Water System  
 Limited Use System    Bottled Water    Private Well    Swimming Pool    Other: \_\_\_\_\_

**Reason for Sampling:** (check all that apply)

Distribution Routine    Distribution Repeat    Raw (triggered or assessment)    Raw (triggered or assessment) additional    Well Survey  
 Clearance    Replacement (also check type of sample being replaced)    Boil Water Notice    Other: \_\_\_\_\_

**Sample Collection Date:** 10/19/18

To be completed by collector of sample						To be completed by lab				
Sample #	Sample Point City of Pembroke Pines Monthly Bacteria City of Pembroke Pines, FL	Sample Collection Time	Sample Type	Disinfectant Residual (mg/L)	pH	Analysis Method(s): Total Coliform/E. Coli (PA) by Colilert in Water (SM9223B)				
						Non-Coliform	Total Coliform	Fecal E. Coli, Enterococci or Coliphage3	Data Qualifier4	Lab Sample #
101918-04	Well #9	14:20	R	/ 0.0	7.50		Absent	Absent	U	18J0631-01
101918-05	Well #10	14:22	R	/ 0.0	7.51		Absent	Absent	U	18J0631-02
101918-06	Well #6	14:25	R	/ 0.0	7.65		Absent	Absent	U	18J0631-03
101918-07	Well #1	14:55	R	/ 0.0	7.43		Absent	Absent	U	18J0631-04
101918-08	Well #5	15:09	R	/ 0.0	7.35		Absent	Absent	U	18J0631-05
101918-09	Well #4	15:12	R	/ 0.0	7.36		Absent	Absent	U	18J0631-06
101918-10	Well #2	15:20	R	/ 0.0	7.41		Absent	Absent	U	18J0631-07

**Average of disinfectant residuals for distribution routine & repeat Samples.5**  Free chlorine   or   Total chlorine (circle one)      / 0.0

**Disinfectant Residual Analysis Method:**  
 DPD Colorimetric    Other: \_\_\_\_\_  
**Person performing disinfectant analysis is (see instructions on reverse):**  
 A certified operator (# 21736)  
 Supervised by certified operator (# \_\_\_\_\_)  
 Employed by a certified lab    Employed by DEP or DOH  
 Authorized representative of supplier of water

Unless otherwise noted, all tests are performed in accordance with NELAC standards, and the results relate only to the samples.

Date and time PWS notified by lab of positive results: \_\_\_\_\_  
 Date and time DEP/DOH notified by lab of positive results: \_\_\_\_\_  
 Date Report Issued: 24-Oct-2018 10:37  
**Lab Signature:** Enrique Ochoa  
**Title:** (CSM) Customer Service Manager

Juquitta Drieth  
 Jacobs/CH2M-City of Pembroke Pines WT  
 7960 Johnson Street  
 Pembroke Pines      FL      33024

<input type="checkbox"/> Satisfactory <input type="checkbox"/> Incomplete Collection Information <input type="checkbox"/> Repeat Samples Required <input type="checkbox"/> Replacement Samples Required	<b>DEP/DOH USE ONLY</b> Date Reviewed by DEP/DOH: _____ DEP/DOH Reviewing Official: _____
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\* For Sample Types see Instructions item 1.16.  
 \* For Analysis Methods see Instructions item # 6.  
 \* Please circle appropriate selection.  
 \* Defined in Florida Administrative Code Rule 62-160, Table 1.  
 \* Complete for community & non-transient non-community systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.

**DRINKING WATER MICROBIAL SAMPLE COLLECTION  
& LABORATORY REPORTING FORMAT**

62-350.730 Reporting Format Effective 01/19/95, Revised 02/2010

**Florida-Spectrum Environmental Services, Inc.**  
 1460 W. McNab Road, Fort Lauderdale, FL 33309 Tel# (954) 978-6400  
 Certification No. E86006

Lab Receipt Date & Time: <u>19-Oct-2018 16:35</u>
Analysis Date & Time: <u>19-Oct-2018 17:30</u>
Sample Acceptance Criteria: Sample Preservation: <input checked="" type="checkbox"/> On Ice <input type="checkbox"/> Not On Ice <input checked="" type="checkbox"/> 2.80 °C Disinfectant Check: <input checked="" type="checkbox"/> Not Detected <input type="checkbox"/> _____ mg/L This sample does not meet the following NELAC requirements:

Report Number: 18J0631      Sub-Contract Lab ID: E86006

**Analysis Requested:** (check all that apply)

Total Coliform/E. coli    Total Coliform/Fecal    Enterococci    Coliphage    HPC    Other: \_\_\_\_\_

**Public Water System (PWS) Name:** City of Pembroke Pines      **PWS I.D.**

4	0	6	1	0	8	3
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**PWS Address:** 7960 Johnson Street      **City:** Pembroke Pines      **FL**      **33024**

**PWS or PWS Owner's Phone #:** (754) 260-4509      **Fax #:** (954) 986-5025

**Collector:** Juan Cardenas      **Collector's Phone #:** (954) 582-4300/850-557-7147/

**Type of Supply:** (check only one)

Community Water System    Non-Transient Non-community Water System    Transient Non-community Water System  
 Limited Use System    Bottled Water    Private Well    Swimming Pool    Other: \_\_\_\_\_

**Reason for Sampling:** (check all that apply)

Distribution Routine    Distribution Repeat    Raw (triggered or assessment)    Raw (triggered or assessment) additional    Well Survey  
 Clearance    Replacement (also check type of sample being replaced)    Boil Water Notice    Other: \_\_\_\_\_

**Sample Collection Date:** 10/19/18

To be completed by collector of sample						To be completed by lab					
Sample #	Sample Point City of Pembroke Pines Monthly Bacteria City of Pembroke Pines, FL	Sample Collection Time	Sample Type	Disinfectant Residual (mg/L)	pH	Analysis Method(s)2: Total Coliform/E.Coli (PA) by Colifert in Water (SM9223B)					
						Non-Coliform	Total Coliform	Fecal E.Coli/Enterococci/Coliphage3	Data Qualifier4	Lab Sample #	
101918-11	Well #3	15:22	R	10.0	7.50		Absent	Absent	U	18J0631-08	
Average of disinfectant residuals for distribution routine & repeat samples.5				Free chlorine	or Total chlorine (circle one)	10.0	Unless otherwise noted, all tests are performed in accordance with NELAC standards, and the results relate only to the samples.  Date and time PWS notified by lab of positive results: _____ Date and time DEP/DOH notified by lab of positive results: _____ Date Report Issued: <u>24-Oct-2018 10:37</u> <b>Lab Signature:</b> <u>Enrique Ochoa</u> <b>Title:</b> <u>(CSM) Customer Service Manager</u>				
<b>Disinfectant Residual Analysis Method:</b> <input checked="" type="checkbox"/> DPD Colorimetric <input type="checkbox"/> Other: _____ <b>Person performing disinfectant analysis is (see instructions on reverse):</b> <input checked="" type="checkbox"/> A certified operator (# <u>21736</u> ) <input type="checkbox"/> Supervised by certified operator (# _____) <input type="checkbox"/> Employed by a certified lab <input type="checkbox"/> Employed by DEP or DOH <input type="checkbox"/> Authorized representative of supplier of water											

**Juquitta Drieth**  
 Jacobs/CH2M-City of Pembroke Pines WT  
 7960 Johnson Street  
 Pembroke Pines      FL      33024

<input type="checkbox"/> Satisfactory <input type="checkbox"/> Incomplete Collection Information <input type="checkbox"/> Repeat Samples Required <input type="checkbox"/> Replacement Samples Required Date Reviewed by DEP/DOH: _____ DEP/DOH Reviewing Official: _____	<b>DEP/DOH USE ONLY</b>
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1 For Sample Types see instructions item 1.16.  
 2 For Analysis Methods see instructions item 6.  
 3 Please circle appropriate selection.  
 4 Defined in Florida Administrative Code Rule 62-160, Table 1.  
 5 Complete for community & non-transient non-community systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.

# DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORTING FORMAT

(62-550.730 Reporting Format Effective 01/1/95, Revised 02/2016)

**Florida-Spectrum Environmental Services, Inc.**  
 1460 W. McNab Road, Fort Lauderdale, FL 33309 Tel# (954) 978-6400  
 Certification No. E86006

Lab Receipt Date & Time: <u>19-Oct-2018 16:35</u>
Analysis Date & Time: <u>19-Oct-2018 17:30</u>
<b>Sample Acceptance Criteria:</b>
Sample Preservation: <input checked="" type="checkbox"/> On Ice <input type="checkbox"/> Not On Ice <input checked="" type="checkbox"/> 2.80 °C
Disinfectant Check: <input checked="" type="checkbox"/> Not Detected <input type="checkbox"/> _____ mg/L
This sample does not meet the following NELAC requirements:

Report Number: 18J0632 Sub-Contract Lab ID: E86006

**Analysis Requested:** (check all that apply)

Total Coliform/E. coli  Total Coliform/Fecal  Enterococci  Coliphage  HPC  Other: \_\_\_\_\_

**Public Water System (PWS) Name:** City of Pembroke Pines

**PWS I.D.**

4	0	6	1	0	8	3
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**PWS Address:** 7960 Johnson Street

**City:** Pembroke Pines **FL** 33024

**PWS or PWS Owner's Phone #:** (754) 260-4509

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

**Collector:** Juan Cardenas

**Collector's Phone #:** (954) 582-4300/850-557-7147/

**Type of Supply:** (check only one)

Community Water System  Non-Transient Non-community Water System  Transient Non-community Water System  
 Limited Use System  Bottled Water  Private Well  Swimming Pool  Other: \_\_\_\_\_

**Reason for Sampling:** (check all that apply)

Distribution Routine  Distribution Repeat  Raw (triggered or assessment)  Raw (triggered or assessment) additional  Well Survey  
 Clearance  Replacement (also check type of sample being replaced)  Boil Water Notice  Other: \_\_\_\_\_

**Sample Collection Date:** 10/19/18

To be completed by collector of sample						To be completed by lab				
Sample #	Sample Point City of Pembroke Pines Monthly Bacteria City of Pembroke Pines, FL	Sample Collection Time	Sample Type	Disinfectant Residual (mg/L)	pH	Analysis Method(s): Total Coliform/E.Coli (PA) by Colilert in Water (SM9223B)				
						Non-Coliform	Total Coliform	Fecal (E.Coli, Enterococci, Coliphage)3	Data Qualifier4	Lab Sample #
101918-01	(SP ID 65) 21651 NW 7th Street	12:30	D	/ 2.3	8.56		Absent	Absent	U	18J0632-01
101918-02	(SP ID 62) 20701 Pembroke Road	12:55	D	/ 2.1	8.72		Absent	Absent	U	18J0632-02
101918-03	(SP ID 61) 20501 SW 1st Street	13:10	D	/ 2.2	8.69		Absent	Absent	U	18J0632-03

Average of disinfectant residuals for distribution routine & repeat samples.5 Free chlorine or Total chlorine (circle one)

/ 2.2

Unless otherwise noted, all tests are performed in accordance with NELAC standards, and the results relate only to the samples.

**Disinfectant Residual Analysis Method:**

DPD Colorimetric  Other: \_\_\_\_\_

**Person performing disinfectant analysis is (see instructions on reverse):**

A certified operator (# 21736)  
 Supervised by certified operator (# \_\_\_\_\_)  
 Employed by a certified lab  Employed by DEP or DOH  
 Authorized representative of supplier of water

Date and time PWS notified by lab of positive results: \_\_\_\_\_

Date and time DEP/DOH notified by lab of positive results: \_\_\_\_\_

Date Report Issued: 24-Oct-2018 11:00

Lab Signature: Enrique Ochoa

Title: (CSM) Customer Service Manager

Juquitta Drieth  
 Jacobs/CH2M-City of Pembroke Pines WT  
 7960 Johnson Street  
 Pembroke Pines FL 33024

<input type="checkbox"/> Satisfactory <input type="checkbox"/> Incomplete Collection Information <input type="checkbox"/> Repeat Samples Required <input type="checkbox"/> Replacement Samples Required	<b>DEP/DOH USE ONLY</b> Date Reviewed by DEP/DOH: _____ DEP/DOH Reviewing Official: _____
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\* For Sample Types see Instructions item 1.1a.  
 \* For Analysis Methods see Instructions item 11.6.  
 \* Please circle appropriate selection.

\* Defined in Florida Administrative Code Rule 62-160, Table 1.

\* Complete for community & non-transient non-community systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.



**Florida Department of Environmental Protection Southeast District (WB)**

3301 Gun Club Road, MSC7210-1 West Palm Beach, FL 33406

**WATER UTILITY:** City of Pembroke Pines - PWS ID 4061083      **MONTH:** November      **YEAR:** 2018

Note: Please complete this form monthly and attach one copy to the monthly water plant operation report to be submitted to the FDEP not later than the 10<sup>th</sup> of the following month.

**MONTHLY BACTERIOLOGICAL SAMPLES ANALYZED FROM COMMUNITY WATER SYSTEMS**

Minimum Number of Samples Required			Number of Samples Analyzed			Number of Unsatisfactory Samples		
Well	Plant	Distribution	Well	Plant	Distribution	Well	Plant	Distribution
8	0	120						
1. Collected by Utility, Analyzed by State Cert. Lab			8	0	129	0	0	1
2. Collected by Utility Analyzed by Plant Lab			0	0	0	0	0	0
3. Total -Add Lines (1 +2)			<b>8</b>	<b>0</b>	<b>129</b>	<b>0</b>	<b>0</b>	<b>1</b>

\*Note: Do not include results on main clearance.

# DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORTING FORMAT

(02-350,739 Reporting Format Effective 01/1/95, Revised 02/2/10)

**Florida-Spectrum Environmental Services, Inc.**  
1460 W. McNab Road, Fort Lauderdale, FL 33309 Tel# (954) 978-6400  
Certification No. E86006

Lab Receipt Date & Time: <u>01-Nov-2018 17:00</u>
Analysis Date & Time: <u>01-Nov-2018 17:30</u>
<b>Sample Acceptance Criteria:</b>
Sample Preservation: <input checked="" type="checkbox"/> On Ice <input type="checkbox"/> Not On Ice <input checked="" type="checkbox"/> 7.80 °C
Disinfectant Check: <input checked="" type="checkbox"/> Not Detected <input type="checkbox"/> _____ mg/L
This sample does not meet the following NELAC requirements:

Report Number: 18K0037 Sub-Contract Lab ID: E86006

**Analysis Requested:** (check all that apply)

Total Coliform/E. coli  Total Coliform/Fecal  Enterococci  Coliphage  HPC  Other: \_\_\_\_\_

**Public Water System (PWS) Name:** City of Pembroke Pines **PWS I.D.**

4	0	6	1	0	8	3
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**PWS Address:** 7960 Johnson Street **City:** Pembroke Pines **FL** 33024

**PWS or PWS Owner's Phone #:** (754) 260-4509 **Fax #:** (954) 986-5025

**Collector:** Jason Cardenas **Collector's Phone #:** (954) 582-4300/850-557-7147/

**Type of Supply:** (check only one)

Community Water System  Non-Transient Non-community Water System  Transient Non-community Water System  
 Limited Use System  Bottled Water  Private Well  Swimming Pool  Other: \_\_\_\_\_

**Reason for Sampling:** (check all that apply)

Distribution Routine  Distribution Repeat  Raw (triggered or assessment)  Raw (triggered or assessment) additional  Well Survey  
 Clearance  Replacement (also check type of sample being replaced)  Boil Water Notice  Other: \_\_\_\_\_

**Sample Collection Date:** 11/1/18

To be completed by collector of sample						To be completed by lab				
Sample #	Sample Point City of Pembroke Pines Monthly Bacteria City of Pembroke Pines, FL	Sample Collection Time	Sample Type	Disinfectant Residual (mg/L)	pH	Analysis Method(s)2: Total Coliform/E.Coli (PA) by Colilert in Water (SM9223B)				
						Non-Coliform	Total Coliform	Fecal, E.Coli, Enterococci, Coliphage3	Data Qualifier4	Lab Sample #
110118-01	(SP ID 1) 2040 NW 74th Avenue	8:50	D	/ 4.0	8.59		Absent	Absent	U	18K0037-01
110118-02	(SP ID 2) 7610 Taft Street	9:10	D	/ 3.9	8.78		Absent	Absent	U	18K0037-02
110118-03	(SP ID 3) 7741 Johnson Street	14:10	D	/ 3.9	8.73		Absent	Absent	U	18K0037-03

**Average of disinfectant residuals for distribution routine & repeat samples.5** Free chlorine or Total chlorine (circle one) / 3.9

**Disinfectant Residual Analysis Method:**  
 DPD Colorimetric  Other: \_\_\_\_\_  
**Person performing disinfectant analysis is (see instructions on reverse):**  
 A certified operator (# 21736)  
 Supervised by certified operator (# \_\_\_\_\_)  
 Employed by a certified lab  Employed by DEP or DOH  
 Authorized representative of supplier of water

Unless otherwise noted, all tests are performed in accordance with NELAC standards, and the results relate only to the samples.

Date and time PWS notified by lab of positive results: \_\_\_\_\_  
Date and time DEP/DOH notified by lab of positive results: \_\_\_\_\_  
Date Report issued: 06-Nov-2018 9:38  
**Lab Signature:** Enrique Ochoa  
**Title:** (CSM) Customer Service Manager

Juquitta Drieth  
Jacobs/CH2M-City of Pembroke Pines WT  
7960 Johnson Street  
Pembroke Pines FL 33024

Satisfactory DEP/DOH USE ONLY  
 Incomplete Collection Information  
 Repeat Samples Required  
 Replacement Samples Required

Date Reviewed by DEP/DOH: \_\_\_\_\_  
DEP/DOH Reviewing Official: \_\_\_\_\_

1 For Sample Types see instructions item 1.6.  
2 For Analysis Methods see instructions item 11.6.  
3 Please circle appropriate selection.  
4 Defined in Florida Administrative Code Rule 62-160, Table 1.  
5 Complete for community & non-transient non-community systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.

# DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORTING FORMAT

(62-550.730 Reporting Format Effective 01/19/95, Revised 02/20/10)

**Florida-Spectrum Environmental Services, Inc.**  
 1460 W. McNab Road, Fort Lauderdale, FL 33309 Tel# (954) 978-6400  
 Certification No. E86006

Report Number: 18K0284 Sub-Contract Lab ID: E86006

Lab Receipt Date & Time: <u>08-Nov-2018 17:30</u>
Analysis Date & Time: <u>08-Nov-2018 18:10</u>
<b>Sample Acceptance Criteria:</b>
Sample Preservation: <input checked="" type="checkbox"/> On Ice <input type="checkbox"/> Not On Ice <input checked="" type="checkbox"/> <u>9.80</u> °C
Disinfectant Check: <input checked="" type="checkbox"/> Not Detected <input type="checkbox"/> _____ mg/L
This sample does not meet the following NELAC requirements:

**Analysis Requested:** (check all that apply)

Total Coliform/E. coli  Total Coliform/Fecal  Enterococci  Coliphage  HPC  Other: \_\_\_\_\_

**Public Water System (PWS) Name:** City of Pembroke Pines

**PWS I.D.**

4	0	6	1	0	8	3
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**PWS Address:** 7960 Johnson Street

**City:** Pembroke Pines **FL** 33024

**PWS or PWS Owner's Phone #:** (754) 260-4509

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

**Collector:** Jason Cardenas

**Collector's Phone #:** (954) 582-4300/850-557-7147

**Type of Supply:** (check only one)

Community Water System  Non-Transient Non-community Water System  Transient Non-community Water System  
 Limited Use System  Bottled Water  Private Well  Swimming Pool  Other: \_\_\_\_\_

**Reason for Sampling:** (check all that apply)

Distribution Routine  Distribution Repeat  Raw (triggered or assessment)  Raw (triggered or assessment) additional  Well Survey  
 Clearance  Replacement (also check type of sample being replaced)  Boil Water Notice  Other: \_\_\_\_\_

**Sample Collection Date:** 11/8/18

To be completed by collector of sample						To be completed by lab				
Sample #	Sample Point City of Pembroke Pines Monthly Bacteria City of Pembroke Pines, FL	Sample Collection Time	Sample Type	Disinfectant Residual (mg/L)	pH	Analysis Method(s)2: Total Coliform/E. Coli (PA) by Colilert in Water (SM9223B)				
						Non-Coliform	Total Coliform	Fecal: E. Coli, Enterococci or Coliphage3	Data Qualifier4	Lab Sample #
110818-01	(SP ID 4) 120 NW 73rd Avenue	11:50	D	/ 3.9	8.54		Absent	Absent	U	18K0284-01
110818-02	(SP ID 5) 7021 SW 9th Street	12:20	D	/ 3.7	8.66		Present	Absent		18K0284-02
110818-03	(SP ID 11) 1530 SW 85th Avenue	12:40	D	/ 3.8	8.86		Absent	Absent	U	18K0284-03
110818-04	(SP ID 10) 199 N. University Drive	13:00	D	/ 3.8	8.87		Absent	Absent	U	18K0284-04
110818-05	(SP ID 9) 8131 Johnson Street	13:20	D	/ 4.1	8.90		Absent	Absent	U	18K0284-05
110818-06	(SP ID 8) 8130 Taft Street	13:35	D	/ 3.9	8.94		Absent	Absent	U	18K0284-06
110818-07	(SP ID 7) 2402 N. University Drive	13:55	D	/ 3.8	8.89		Absent	Absent	U	18K0284-07

**Average of disinfectant residuals for distribution routine & repeat Samples.5** Free chlorine or Total chlorine (circle one) / 3.9

**Disinfectant Residual Analysis Method:**  
 DPD Colorimetric  Other: \_\_\_\_\_  
**Person performing disinfectant analysis is (see instructions on reverse):**  
 A certified operator (# DWB#21736)  
 Supervised by certified operator (# \_\_\_\_\_)  
 Employed by a certified lab  Employed by DEP or DOH  
 Authorized representative of supplier of water

Unless otherwise noted, all tests are performed in accordance with NELAC standards, and the results relate only to the samples.

Date and time PWS notified by lab of positive results: Mon 11/12/2018 11:42 AM  
 Date and time DEP/DOH notified by lab of positive results: \_\_\_\_\_  
 Date Report issued: 13-Nov-2018 10:09  
**Lab Signature:** Enrique Ochoa  
**Title:** (CSM) Customer Service Manager

**Juquitta Drieth**  
 Jacobs/CH2M-City of Pembroke Pines WT  
 7960 Johnson Street  
 Pembroke Pines FL 33024

Satisfactory DEP/DOH USE ONLY  
 Incomplete Collection Information  
 Repeat Samples Required  
 Replacement Samples Required  
 Date Reviewed by DEP/DOH: \_\_\_\_\_  
 DEP/DOH Reviewing Official: \_\_\_\_\_

1 For Sample Types see Instructions Item 1.16.  
 2 For Analysis Methods see Instructions Item 11.6  
 3 Please circle appropriate selection  
 4 Defined in Florida Administrative Code Rule 62-160, Table 1.  
 5 Complete for community & non-transient non-community systems serving populations up to and including 3,900. Do not include raw or plant samples in the average.

# DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORTING FORMAT

(02-550,730 Reporting Format Effective 01/1/93, Revised 02/2010)

**Florida-Spectrum Environmental Services, Inc.**  
 1460 W. McNab Road, Fort Lauderdale, FL 33309 Tel# (954) 978-6400  
 Certification No. E86006

Lab Receipt Date & Time: 08-Nov-2018 17:30

Analysis Date & Time: 08-Nov-2018 18:10

**Sample Acceptance Criteria:**

Sample Preservation:  On Ice  Not On Ice  9.80 °C  
 Disinfectant Check:  Not Detected  \_\_\_\_\_ mg/L  
 This sample does not meet the following NELAC requirements:

Report Number: 18K0284 Sub-Contract Lab ID: E86006

**Analysis Requested:** (check all that apply)

Total Coliform/*E. coli*  Total Coliform/Fecal  Enterococci  Coliphage  HPC  Other: \_\_\_\_\_

**Public Water System (PWS) Name:** City of Pembroke Pines

**PWS I.D.**

4	0	6	1	0	8	3
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**PWS Address:** 7960 Johnson Street

**City:** Pembroke Pines **FL** 33024

**PWS or PWS Owner's Phone #:** (754) 260-4509

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

**Collector:** Jason Cardenas

**Collector's Phone #:** (954) 582-4300/850-557-7147

**Type of Supply:** (check only one)

Community Water System  Non-Transient Non-community Water System  Transient Non-community Water System  
 Limited Use System  Bottled Water  Private Well  Swimming Pool  Other: \_\_\_\_\_

**Reason for Sampling:** (check all that apply)

Distribution Routine  Distribution Repeat  Raw (triggered or assessment)  Raw (triggered or assessment) additional  Well Survey  
 Clearance  Replacement (also check type of sample being replaced)  Boil Water Notice  Other: \_\_\_\_\_

**Sample Collection Date:** 11/8/18

To be completed by collector of sample						To be completed by lab				
Sample #	Sample Point City of Pembroke Pines Monthly Bacteria City of Pembroke Pines, FL	Sample Collection Time	Sample Type	Disinfectant Residual (mg/L)	pH	Analysis Method(s)2: Total Coliform/ <i>E. Coli</i> (PA) by Colilert in Water (SM9223B)				
						Non-Coliform	Total Coliform	Fecal <i>E. Coli</i> , Enterococci or Coliphage3	Data Qualifier4	Lab Sample #
110818-08	(SP ID 68) 2060 NW 88th Terrace	14:15	D	/ 3.9	8.89		Absent	Absent	U	18K0284-08
110818-09	(SP ID 12) 1621 N. Douglas Road	14:30	D	/ 4.0	8.89		Absent	Absent	U	18K0284-09
110818-10	(SP ID 13) 8880 Johnson Street	14:50	D	/ 4.0	8.88		Absent	Absent	U	18K0284-10
110818-11	(SP ID 14) 120 N. Douglas Road	15:00	D	/ 3.9	8.83		Absent	Absent	U	18K0284-11
110818-12	(SP ID 15) 900 Hollybrook Drive	15:25	D	/ 3.8	8.87		Absent	Absent	U	18K0284-12
110818-13	(SP ID 20) 10001 SW 14th Street	15:45	D	/ 3.6	8.80		Absent	Absent	U	18K0284-13
110818-14	(SP ID 19) 10101 Pines Blvd.	16:00	D	/ 4.0	8.86		Absent	Absent	U	18K0284-14

**Average of disinfectant residuals for distribution routine & repeat Samples.5** Free chlorine or Total chlorine (circle one) / 3.9

**Disinfectant Residual Analysis Method:**

DPD Colorimetric  Other: \_\_\_\_\_  
**Person performing disinfectant analysis is (see instructions on reverse):**  
 A certified operator (# DWB#21736)  
 Supervised by certified operator (# \_\_\_\_\_)  
 Employed by a certified lab  Employed by DEP or DOH  
 Authorized representative of supplier of water

Unless otherwise noted, all tests are performed in accordance with NELAC standards, and the results relate only to the samples.

Date and time PWS notified by lab of positive results: Mon 11/12/2018 11:42 AM

Date and time DEP/DOH notified by lab of positive results: \_\_\_\_\_

Date Report Issued: 13-Nov-2018 10:09

**Lab Signature:** Enrique Ochoa

**Title:** (CSM) Customer Service Manager

Juquitta Drieth  
 Jacobs/CH2M-City of Pembroke Pines WT  
 7960 Johnson Street  
 Pembroke Pines FL 33024

Satisfactory DEP/DOH USE ONLY  
 Incomplete Collection Information  
 Repeat Samples Required  
 Replacement Samples Required

Date Reviewed by DEP/DOH: \_\_\_\_\_

DEP/DOH Reviewing Official: \_\_\_\_\_

1 For Sample Types see Instructions Item 1.10.

2 For Analysis Methods see Instructions Item 2.6.

3 Please circle appropriate selection.

4 Defined in Florida Administrative Code Rule 62-160, Table 1.

5 Complete for community & non-transient non-community systems serving populations up to and including 4,999. Do not include raw water samples in the average.

# DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORTING FORMAT

(02-550.730 Reporting Format Effective 01/1995, Revised 02/2010)

**Florida-Spectrum Environmental Services, Inc.**  
1460 W. McNab Road, Fort Lauderdale, FL 33309 Tel# (954) 978-6400  
Certification No. E86006

Lab Receipt Date & Time: 09-Nov-2018 17:10

Analysis Date & Time: 09-Nov-2018 17:50

**Sample Acceptance Criteria:**

Sample Preservation:  On Ice  Not On Ice  2.00 °C  
Disinfectant Check:  Not Detected  \_\_\_\_\_ mg/L  
This sample does not meet the following NELAC requirements:

Report Number: 18K0339 Sub-Contract Lab ID: E86006

**Analysis Requested:** (check all that apply)

Total Coliform/E. coli  Total Coliform/Fecal  Enterococci  Coliphage  HPC  Other: \_\_\_\_\_

**Public Water System (PWS) Name:** City of Pembroke Pines

**PWS I.D.**

4	0	6	1	0	8	3
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**PWS Address:** 7960 Johnson Street

**City:** Pembroke Pines **FL** 33024

**PWS or PWS Owner's Phone #:** (754) 260-4509

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

**Collector:** Jason Cardenas

**Collector's Phone #:** (954) 582-4300/850-557-7147/

**Type of Supply:** (check only one)

Community Water System  Non-Transient Non-community Water System  Transient Non-community Water System  
 Limited Use System  Bottled Water  Private Well  Swimming Pool  Other: \_\_\_\_\_

**Reason for Sampling:** (check all that apply)

Distribution Routine  Distribution Repeat  Raw (triggered or assessment)  Raw (triggered or assessment) additional  Well Survey  
 Clearance  Replacement (also check type of sample being replaced)  Boil Water Notice  Other: \_\_\_\_\_

**Sample Collection Date:** 11/9/18

To be completed by collector of sample						To be completed by lab				
Sample #	Sample Point City of Pembroke Pines Monthly Bacteria City of Pembroke Pines, FL	Sample Collection Time	Sample Type	Disinfectant Residual (mg/L)	pH	Analysis Method(s)2: Total Coliform/E.Coli (PA) by Colilert in Water (SMS223B)				
						Non-Coliform	Total Coliform	Fecal E.Coli, Enterococci, or Coliphage3	Data Qualifier4	Lab Sample #
110918-01	(SP ID 18) 10000 Johnson Street	11:20	D	/3.9	8.6		Absent	Absent	U	18K0339-01
110918-02	(SP ID 17) 1981 NW 100th Way	11:40	D	/3.8	8.77		Absent	Absent	U	18K0339-02
110918-03	(SP ID 16) 10120 Sheridan Street	11:55	D	/3.9	8.96		Absent	Absent	U	18K0339-03
110918-04	(SP ID 22) 11141 NW 22nd Street	12:10	D	/3.7	8.93		Absent	Absent	U	18K0339-04
110918-05	(SP ID 21) 1751 N. Hiatus Road	12:25	D	/3.6	8.89		Absent	Absent	U	18K0339-05
110918-06	(SP ID 23) 10755 NW 10th Street	12:55	D	/3.9	8.98		Absent	Absent	U	18K0339-06
110918-07	(SP ID 24) 200 S. Hiatus Road	13:15	D	/3.8	8.87		Absent	Absent	U	18K0339-07

**Average of disinfectant residuals for distribution routine & repeat Samples.5** Free chlorine or Total chlorine (circle one) /3.7

**Disinfectant Residual Analysis Method:**  
 DPD Colorimetric  Other: \_\_\_\_\_  
**Person performing disinfectant analysis is (see instructions on reverse):**  
 A certified operator (# DWB#21736)  
 Supervised by certified operator (# \_\_\_\_\_)  
 Employed by a certified lab  Employed by DEP or DOH  
 Authorized representative of supplier of water

Unless otherwise noted, all tests are performed in accordance with NELAC standards, and the results relate only to the samples.

Date and time PWS notified by lab of positive results: \_\_\_\_\_  
Date and time DEP/DOH notified by lab of positive results: \_\_\_\_\_  
Date Report Issued: 13-Nov-2018 9:52  
**Lab Signature:** Enrique Ochoa  
**Title:** (CSM) Customer Service Manager

Juquitta Drieth  
Jacobs/CH2M-City of Pembroke Pines WT  
7960 Johnson Street  
Pembroke Pines FL 33024

Satisfactory DEP/DOH USE ONLY  
 Incomplete Collection Information  
 Repeat Samples Required  
 Replacement Samples Required  
Date Reviewed by DEP/DOH: \_\_\_\_\_  
DEP/DOH Reviewing Official: \_\_\_\_\_

1 For Sample Types see Instructions item 1.16.  
2 For Analysis Methods see Instructions item 2.6.  
3 Please circle appropriate reduction.  
4 Defined in Florida Administrative Code Rule 62.160, Table 1.  
5 Complete for community & non-transient non-community systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.

**DRINKING WATER MICROBIAL SAMPLE COLLECTION  
& LABORATORY REPORTING FORMAT**

(62-550.730 Reporting Format Effective 01/19/95, Revised 02/2018)

**Florida-Spectrum Environmental Services, Inc.**  
1460 W. McNab Road, Fort Lauderdale, FL 33309 Tel# (954) 978-6400  
Certification No. E86006

Report Number: 18K0339 Sub-Contract Lab ID: E86006

**Analysis Requested:** (check all that apply)

Total Coliform/E. coli  Total Coliform/Fecal  Enterococci  Coliphage  HPC  Other: \_\_\_\_\_

**Public Water System (PWS) Name:** City of Pembroke Pines

**PWS I.D.**

4	0	6	1	0	8	3
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**PWS Address:** 7960 Johnson Street

**City:** Pembroke Pines **FL** 33024

**PWS or PWS Owner's Phone #:** (754) 260-4509

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

**Collector:** Jason Cardenas

**Collector's Phone #:** (954) 582-4300/850-557-7147

**Type of Supply:** (check only one)

Community Water System  Non-Transient Non-community Water System  Transient Non-community Water System  
 Limited Use System  Bottled Water  Private Well  Swimming Pool  Other: \_\_\_\_\_

**Reason for Sampling:** (check all that apply)

Distribution Routine  Distribution Repeat  Raw (triggered or assessment)  Raw (triggered or assessment) additional  Well Survey  
 Clearance  Replacement (also check type of sample being replaced)  Boil Water Notice  Other: \_\_\_\_\_

**Sample Collection Date:** 11/9/18

To be completed by collector of sample						To be completed by lab				
Sample #	Sample Point City of Pembroke Pines Monthly Bacteria City of Pembroke Pines, FL	Sample Collection Time	Sample Type	Disinfectant Residual (mg/L)	pH	Analysis Method(s)2: Total Coliform/E. Coli (PA) by Colilert in Water (SM9223B)				
						Non-Coliform	Total Coliform	Fecal: E. Coli, Enterococci or Coliphage3	Data Qualifier4	Lab Sample #
110918-08	(SP ID 25) 11131 SW 13th Street	13:30	D	/ 3.1	8.83		Absent	Absent	U	18K0339-08
110918-09	(SP ID 30) 12399 Pembroke Road	13:45	D	/ 3.6	8.83		Absent	Absent	U	18K0339-09
110918-10	(SP ID 29) 241 SW 122nd Terrace	13:50	D	/ 3.8	8.92		Absent	Absent	U	18K0339-10

**Average of disinfectant residuals for distribution routine & repeat Samples.5** Free chlorine or Total chlorine (circle one)

/ 3.7

Unless otherwise noted, all tests are performed in accordance with NELAC standards, and the results relate only to the samples.

**Disinfectant Residual Analysis Method:**

DPD Colorimetric  Other: \_\_\_\_\_

**Person performing disinfectant analysis is (see instructions on reverse):**

A certified operator (# DWS#21736)  
 Supervised by certified operator (# \_\_\_\_\_)  
 Employed by a certified lab  Employed by DEP or DOH  
 Authorized representative of supplier of water

Date and time PWS notified by lab of positive results: \_\_\_\_\_

Date and time DEP/DOH notified by lab of positive results: \_\_\_\_\_

Date Report Issued: 13-Nov-2018 9:52

**Lab Signature:** Enrique Ochoa

**Title:** (CSM) Customer Service Manager

Juquitta Drieth  
Jacobs/CH2M-City of Pembroke Pines WT  
7960 Johnson Street  
Pembroke Pines FL 33024

Satisfactory DEP/DOH USE ONLY  
 Incomplete Collection Information  
 Repeat Samples Required  
 Replacement Samples Required  
Date Reviewed by DEP/DOH: \_\_\_\_\_  
DEP/DOH Reviewing Official: \_\_\_\_\_

<sup>1</sup> For Sample Types see Instructions item I 16.

<sup>2</sup> For Analysis Methods see Instructions item II 6.

<sup>3</sup> Please circle appropriate selection.

<sup>4</sup> Defined in Florida Administrative Code Rule 62.160, Table 1.

<sup>5</sup> Complete for community & non-transient non-community systems serving populations up to and including 4,900. Do not include raw or plant complex in the average.

# DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORTING FORMAT

(62-558.730 Reporting Format Effective 07/1995, Revised 02/2010)

**Florida-Spectrum Environmental Services, Inc.**  
 1460 W. McNab Road, Fort Lauderdale, FL 33309 Tel# (954) 978-6400  
 Certification No. E86006

Lab Receipt Date & Time: 10-Nov-2018 14:05

Analysis Date & Time: 10-Nov-2018 15:10

**Sample Acceptance Criteria:**

Sample Preservation:  On Ice  Not On Ice  11.00 °C  
 Disinfectant Check:  Not Detected  \_\_\_\_\_ mg/L  
 This sample does not meet the following NELAC requirements:

Report Number: 18K0352 Sub-Contract Lab ID: E86006

**Analysis Requested: (check all that apply)**

Total Coliform/E. coli  Total Coliform/Fecal  Enterococci  Coliphage  HPC  Other: \_\_\_\_\_

**Public Water System (PWS) Name:** City of Pembroke Pines

**PWS I.D.**

4	0	6	1	0	8	3
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PWS Address: 7960 Johnson Street

City: Pembroke Pines FL 33024

PWS or PWS Owner's Phone #: (754) 260-4509

Fax #: (954) 986-5025

**Collector:** Kevin Stone

Collector's Phone #: (954) 582-4300/850-557-7147

**Type of Supply: (check only one)**

Community Water System  Non-Transient Non-community Water System  Transient Non-community Water System  
 Limited Use System  Bottled Water  Private Well  Swimming Pool  Other: \_\_\_\_\_

**Reason for Sampling: (check all that apply)**

Distribution Routine  Distribution Repeat  Raw (triggered or assessment)  Raw (triggered or assessment) additional  Well Survey  
 Clearance  Replacement (also check type of sample being replaced)  Boil Water Notice  Other: \_\_\_\_\_

**Sample Collection Date:** 11/10/18

To be completed by collector of sample					To be completed by lab					
Sample #	Sample Point City of Pembroke Pines-Resample City of Pembroke Pines, FL	Sample Collection Time	Sample Type	Disinfectant Residual (mg/L)	pH	Analysis Method(s)2: Total Coliform/E.Coli (PA) by Colilert in Water (SM9223B)				
						Non-Coliform	Total Coliform	Fecal, E. Coli, Enterococci or Coliphage3	Data Qualifier4	Lab Sample #
111018-01	7021 SW 9th Street (SP ID 05)	12:58	C	13.8	8.94		Absent	Absent	U	18K0352-01
111018-02	7031 SW 9th Street (Upstream)	13:08	C	13.9	8.95		Absent	Absent	U	18K0352-02
111018-03	7011 SW 9th Street (Downstream)	13:21	C	13.8	8.90		Absent	Absent	U	18K0352-03

**Average of disinfectant residuals for distribution routine & repeat Samples.5** Free chlorine or Total chlorine (circle one) 13.8

Unless otherwise noted, all tests are performed in accordance with NELAC standards, and the results relate only to the samples.

**Disinfectant Residual Analysis Method:**  
 DPD Colorimetric  Other: \_\_\_\_\_  
**Person performing disinfectant analysis is (see instructions on reverse):**  
 A certified operator (# DWB#23804)  
 Supervised by certified operator (# \_\_\_\_\_)  
 Employed by a certified lab  Employed by DEP or DOH  
 Authorized representative of supplier of water

Date and time PWS notified by lab of positive results: \_\_\_\_\_  
 Date and time DEP/DOH notified by lab of positive results: \_\_\_\_\_  
 Date Report Issued: 13-Nov-2018 10:26  
**Lab Signature:** Enrique Ochoa  
**Title:** (CSM) Customer Service Manager

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

Satisfactory DEP/DOH USE ONLY  
 Incomplete Collection Information  
 Repeat Samples Required  
 Replacement Samples Required  
 Date Reviewed by DEP/DOH: \_\_\_\_\_  
 DEP/DOH Reviewing Official: \_\_\_\_\_

1 For Sample Types see Instructions item 1.16.  
 2 For Analysis Methods see Instructions item 11.6.  
 3 Please circle appropriate selection.  
 4 Defined in Florida Administrative Code Rule 62-160, Table 1.  
 5 Complete for community & non-transient non-community systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.

# DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORTING FORMAT

(82-550.730 Reporting Format Effective 01/1995, Revised 02/2010)

**Florida-Spectrum Environmental Services, Inc.**  
 1460 W. McNab Road, Fort Lauderdale, FL 33309 Tel# (954) 978-6400  
 Certification No. E86006

Lab Receipt Date & Time: 12-Nov-2018 16:52

Analysis Date & Time: 12-Nov-2018 18:00

**Sample Acceptance Criteria:**

Sample Preservation:  On Ice  Not On Ice  6.20 °C  
 Disinfectant Check:  Not Detected  \_\_\_\_\_ mg/L  
 This sample does not meet the following NELAC requirements:

Report Number: 18K0384 Sub-Contract Lab ID: E86006

**Analysis Requested:** (check all that apply)

Total Coliform/E. coli  Total Coliform/Fecal  Enterococci  Coliphage  HPC  Other: \_\_\_\_\_

**Public Water System (PWS) Name:** City of Pembroke Pines

**PWS I.D.**

4	0	6	1	0	8	3
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**PWS Address:** 7960 Johnson Street

**City:** Pembroke Pines **FL** 33024

**PWS or PWS Owner's Phone #:** (754) 260-4509

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

**Collector:** Jason Cardenas

**Collector's Phone #:** (954) 582-4300/850-557-7147

**Type of Supply:** (check only one)

Community Water System  Non-Transient Non-community Water System  Transient Non-community Water System  
 Limited Use System  Bottled Water  Private Well  Swimming Pool  Other: \_\_\_\_\_

**Reason for Sampling:** (check all that apply)

Distribution Routine  Distribution Repeat  Raw (triggered or assessment)  Raw (triggered or assessment) additional  Well Survey  
 Clearance  Replacement (also check type of sample being replaced)  Boil Water Notice  Other: \_\_\_\_\_

**Sample Collection Date:** 11/12/18

To be completed by collector of sample						To be completed by lab				
Sample #	Sample Point City of Pembroke Pines Monthly Bacteria City of Pembroke Pines, FL	Sample Collection Time	Sample Type	Disinfectant Residual (mg/L)	pH	Analysis Method(s)2: Total Coliform/E. Coli (PA) by Colilert in Water (SM9223B)				
						Non-Coliform	Total Coliform	Fecal E. Coli, Enterococci or Coliphage3	Data Qualifier4	Lab Sample #
111218-01	(SP ID 28) 1050 NW 123rd Avenue	10:45	D	/ 3.25	8.11		Absent	Absent	U	18K0384-01
111218-02	(SP ID 26) 2110 NW 120th Terrace	11:00	D	/ 2.9	8.79		Absent	Absent	U	18K0384-02
111218-03	(SP ID 34) 1601 SW 128th Terrace	11:25	D	/ 3.42	8.8		Absent	Absent	U	18K0384-03
111218-04	(SP ID 33) 750 SW 136th Avenue	11:48	D	/ 3.6	8.73		Absent	Absent	U	18K0384-04
111218-05	(SP ID 67) 788 NW 135th Terrace	12:10	D	/ 3.6	8.71		Absent	Absent	U	18K0384-05
111218-06	(SP ID 31) 13702 NW 20th Street	12:40	D	/ 3.6	8.83		Absent	Absent	U	18K0384-06
111218-07	(SP ID 32) 13771 NW 16th Street	13:00	D	/ 3.4	8.81		Absent	Absent	U	18K0384-07

**Average of disinfectant residuals for distribution routine & repeat Samples.5** Free chlorine or Total chlorine (circle one) / 3.4

**Disinfectant Residual Analysis Method:**  
 DPD Colorimetric  Other: \_\_\_\_\_  
**Person performing disinfectant analysis is (see instructions on reverse):**  
 A certified operator (# DWB# 21736)  
 Supervised by certified operator (# \_\_\_\_\_)  
 Employed by a certified lab  Employed by DEP or DOH  
 Authorized representative of supplier of water

Unless otherwise noted, all tests are performed in accordance with NELAC standards, and the results relate only to the samples.

Date and time PWS notified by lab of positive results: \_\_\_\_\_  
 Date and time DEP/DOH notified by lab of positive results: \_\_\_\_\_  
 Date Report Issued: 14-Nov-2018 10:28  
**Lab Signature:** Enrique Ochoa  
**Title:** (CSM) Customer Service Manager

Juquitta Drieth  
 Jacobs/CH2M-City of Pembroke Pines WT  
 7960 Johnson Street  
 Pembroke Pines FL 33024

Satisfactory DEP/DOH USE ONLY  
 Incomplete Collection Information  
 Repeat Samples Required  
 Replacement Samples Required  
 Date Reviewed by DEP/DOH: \_\_\_\_\_  
 DEP/DOH Reviewing Official: \_\_\_\_\_

\* For Sample Types see instructions item 1.16  
 \* For Analysis Methods see instructions item 11.6  
 \* Please circle appropriate selection.  
 \* Defined in Florida Administrative Code Rule 62-160, Table 1.  
 \* Complete for community & non-transient non-community systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.

# DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORTING FORMAT

(02-550.730 Reporting Format Effective 01/1995, Revised 02/2010)

**Florida-Spectrum Environmental Services, Inc.**  
1460 W. McNab Road, Fort Lauderdale, FL 33309 Tel# (954) 978-6400  
Certification No. E86006

Lab Receipt Date & Time: 12-Nov-2018 16:52

Analysis Date & Time: 12-Nov-2018 18:00

**Sample Acceptance Criteria:**

Sample Preservation:  On Ice  Not On Ice  6.20 °C  
Disinfectant Check:  Not Detected  \_\_\_\_\_ mg/L  
This sample does not meet the following NELAC requirements:

Report Number: 18K0384 Sub-Contract Lab ID: E86006

**Analysis Requested:** (check all that apply)

Total Coliform/*E. coli*  Total Coliform/Fecal  Enterococci  Coliphage  HPC  Other: \_\_\_\_\_

Public Water System (PWS) Name: City of Pembroke Pines

PWS I.D. 

4	0	6	1	0	8	3
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PWS Address: 7960 Johnson Street

City: Pembroke Pines FL 33024

PWS or PWS Owner's Phone #: (754) 260-4509

Fax #: (954) 986-5025

Collector: Jason Cardenas

Collector's Phone #: (954) 582-4300/850-557-7147/

**Type of Supply:** (check only one)

Community Water System  Non-Transient Non-community Water System  Transient Non-community Water System  
 Limited Use System  Bottled Water  Private Well  Swimming Pool  Other: \_\_\_\_\_

**Reason for Sampling:** (check all that apply)

Distribution Routine  Distribution Repeat  Raw (triggered or assessment)  Raw (triggered or assessment) additional  Well Survey  
 Clearance  Replacement (also check type of sample being replaced)  Boil Water Notice  Other: \_\_\_\_\_

Sample Collection Date: 11/12/18

To be completed by collector of sample						To be completed by lab				
Sample #	Sample Point City of Pembroke Pines Monthly Bacteria City of Pembroke Pines, FL	Sample Collection Time	Sample Type	Disinfectant Residual (mg/L)	pH	Analysis Method(s)2: Total Coliform/ <i>E. Coli</i> (PA) by Colilert in Water (SM9223B)				
						Non-Coliform	Total Coliform	Fecal <i>E. Coli</i> , Enterococci or Coliphage3	Data Qualifier4	Lab Sample #
111218-08	(SP ID 36) 2250 NW 145th Avenue	13:15	D	/ 3.3	8.81		Absent	Absent	U	18K0384-08
111218-09	(SP ID 37) 1142 NW 141st Avenue	13:35	D	/ 3.5	8.78		Absent	Absent	U	18K0384-09
111218-10	(SP ID 38) 14300 SW 8th Street	13:52	D	/ 3.5	8.76		Absent	Absent	U	18K0384-10

Average of disinfectant residuals for distribution routine & repeat Samples.5 Free chlorine or Total chlorine? (circle one) / 3.4

Unless otherwise noted, all tests are performed in accordance with NELAC standards, and the results relate only to the samples.

**Disinfectant Residual Analysis Method:**

DPD Colorimetric  Other: \_\_\_\_\_  
Person performing disinfectant analysis is (see instructions on reverse):  
 A certified operator (# DWB# 21736 )  
 Supervised by certified operator (# \_\_\_\_\_ )  
 Employed by a certified lab  Employed by DEP or DOH  
 Authorized representative of supplier of water

Date and time PWS notified by lab of positive results: \_\_\_\_\_  
Date and time DEP/DOH notified by lab of positive results: \_\_\_\_\_  
Date Report Issued: 14-Nov-2018 10:28  
Lab Signature: Enrique Ochoa  
Title: (CSM) Customer Service Manager

Juquitta Drieth  
Jacobs/CH2M-City of Pembroke Pines WT  
7960 Johnson Street  
Pembroke Pines FL 33024

Satisfactory DEP/DOH USE ONLY  
 Incomplete Collection Information  
 Repeat Samples Required  
 Replacement Samples Required  
Date Reviewed by DEP/DOH: \_\_\_\_\_  
DEP/DOH Reviewing Official: \_\_\_\_\_

1 For Sample Types see instructions item 1.16.  
2 For Analysis Methods see instructions item 11.6  
3 Please circle appropriate selection.  
4 Defined in Florida Administrative Code Rule 62-160, Table 1.  
5 Complete for community & non-transient non-community systems serving populations up to and including 4,960. Do not include raw or plant samples in the average.

**DRINKING WATER MICROBIAL SAMPLE COLLECTION  
& LABORATORY REPORTING FORMAT**

(02-550.730 Reporting Format Effective 01/19/05, Revised 02/2010)

**Florida-Spectrum Environmental Services, Inc.**  
1460 W. McNab Road, Fort Lauderdale, FL 33309 Tel# (954) 978-6400  
Certification No. E86006

Lab Receipt Date & Time: 13-Nov-2018 16:40

Analysis Date & Time: 13-Nov-2018 18:30

**Sample Acceptance Criteria:**

Sample Preservation:  On Ice  Not On Ice  9.80 °C  
Disinfectant Check:  Not Detected  \_\_\_\_\_ mg/L  
This sample does not meet the following NELAC requirements:

Report Number: 18K0430 Sub-Contract Lab ID: E86006

**Analysis Requested: (check all that apply)**

Total Coliform/E. coli  Total Coliform/Fecal  Enterococci  Coliphage  HPC  Other: \_\_\_\_\_

**Public Water System (PWS) Name:** City of Pembroke Pines

**PWS I.D.**

4	0	6	1	0	8	3
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PWS Address: 7960 Johnson Street

City: Pembroke Pines FL 33024

PWS or PWS Owner's Phone #: (754) 260-4509

Fax #: (954) 986-8025

**Collector:** Jason Cardenas

Collector's Phone #: (954) 582-4300/850-557-7147

**Type of Supply: (check only one)**

Community Water System  Non-Transient Non-community Water System  Transient Non-community Water System  
 Limited Use System  Bottled Water  Private Well  Swimming Pool  Other: \_\_\_\_\_

**Reason for Sampling: (check all that apply)**

Distribution Routine  Distribution Repeat  Raw (triggered or assessment)  Raw (triggered or assessment) additional  Well Survey  
 Clearance  Replacement (also check type of sample being replaced)  Boil Water Notice  Other: \_\_\_\_\_

**Sample Collection Date:** 11/13/18

To be completed by collector of sample						To be completed by lab				
Sample #	Sample Point City of Pembroke Pines Monthly Bacteria City of Pembroke Pines, FL	Sample Collection Time	Sample Type	Disinfectant Residual (mg/L)	pH	Analysis Method(s): Total Coliform/E.Coli (PA) by Colilert in Water (SM9223B)				
						Non-Coliform	Total Coliform	Fecal E.Coli, Enterococci, Coliphage3	Data Qualifier4	Lab Sample #
111318-01	(SP ID 40) 300 SW 147th Avenue	13:45	D	/ 3.16	8.62		Absent	Absent	U	18K0430-01
111318-02	(SP ID 43) 1234 SW 159th Lane	7:40	D	/ 2.89	8.28		Absent	Absent	U	18K0430-02
111318-03	(SP ID 42) 69 NW 161st Avenue	8:00	D	/ 3.40	8.55		Absent	Absent	U	18K0430-03
111318-04	(SP ID 39) 15714 NW 24th Street	8:25	D	/ 3.27	8.66		Absent	Absent	U	18K0430-04
111318-05	(SP ID 41) 16028 NW 21st Street	8:40	D	/ 3.18	8.64		Absent	Absent	U	18K0430-05
11318-06	(SP ID 21) 1751 N. Hiatus Road	9:10	D	/ 3.41	8.67		Absent	Absent	U	18K0430-06
111318-07	(SP ID 23) 10755 NW 10th Street	9:25	D	/ 3.80	8.77		Absent	Absent	U	18K0430-07

**Average of disinfectant residuals for distribution routine & repeat samples.** Free chlorine or Total chlorine (circle one) / 3.26

**Disinfectant Residual Analysis Method:**  
 DPD Colorimetric  Other: \_\_\_\_\_  
**Person performing disinfectant analysis is (see instructions on reverse):**  
 A certified operator (# DWB#21736)  
 Supervised by certified operator (# \_\_\_\_\_)  
 Employed by a certified lab  Employed by DEP or DOH  
 Authorized representative of supplier of water

Unless otherwise noted, all tests are performed in accordance with NELAC standards, and the results relate only to the samples.

Date and time PWS notified by lab of positive results: \_\_\_\_\_  
Date and time DEP/DOH notified by lab of positive results: \_\_\_\_\_  
Date Report Issued: 19-Nov-2018 7:01  
**Lab Signature:** Enrique Ochoa  
**Title:** (CSM) Customer Service Manager

Juquitta Drieth  
Jacobs/CH2M-City of Pembroke Pines WT  
7960 Johnson Street  
Pembroke Pines FL 33024

Satisfactory DEP/DOH USE ONLY  
 Incomplete Collection Information  
 Repeat Samples Required  
 Replacement Samples Required  
Date Reviewed by DEP/DOH: \_\_\_\_\_  
DEP/DOH Reviewing Official: \_\_\_\_\_

1 For Sample Types see Instructions item I.6.  
2 For Analysis Methods see Instructions item II.6.  
3 Please circle appropriate selection.  
4 Defined in Florida Administrative Code Rule 62-160, Table I.  
5 Complete for community & non-transient non-community systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.

# DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORTING FORMAT

(62-350.730 Reporting Format Effective 01/1995, Revised 02/2010)

**Florida-Spectrum Environmental Services, Inc.**  
 1460 W. McNab Road, Fort Lauderdale, FL 33309 Tel# (954) 978-6400  
 Certification No. E86006

Lab Receipt Date & Time: <u>13-Nov-2018 16:40</u>
Analysis Date & Time: <u>13-Nov-2018 18:30</u>
<b>Sample Acceptance Criteria:</b>
Sample Preservation: <input checked="" type="checkbox"/> On Ice <input type="checkbox"/> Not On Ice <input checked="" type="checkbox"/> 9.80 °C
Disinfectant Check: <input checked="" type="checkbox"/> Not Detected <input type="checkbox"/> _____ mg/L
This sample does not meet the following NELAC requirements:

Report Number: 18K0430      Sub-Contract Lab ID: E86006

**Analysis Requested:** (check all that apply)  
 Total Coliform/E. coli    Total Coliform/Fecal    Enterococci    Coliphage    HPC    Other: \_\_\_\_\_

**Public Water System (PWS) Name:** City of Pembroke Pines      PWS I.D. 

4	0	6	1	0	8	3
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PWS Address: 7960 Johnson Street      City: Pembroke Pines      FL      33024

PWS or PWS Owner's Phone #: (754) 260-4509      Fax #: (954) 966-5025

Collector: Jason Cardenas      Collector's Phone #: (954) 582-4300/850-557-7147/

**Type of Supply:** (check only one)  
 Community Water System    Non-Transient Non-community Water System    Transient Non-community Water System  
 Limited Use System    Bottled Water    Private Well    Swimming Pool    Other: \_\_\_\_\_

**Reason for Sampling:** (check all that apply)  
 Distribution Routine    Distribution Repeat    Raw (triggered or assessment)    Raw (triggered or assessment) additional    Well Survey  
 Clearance    Replacement (also check type of sample being replaced)    Boil Water Notice    Other: \_\_\_\_\_

**Sample Collection Date:** 11/13/18

To be completed by collector of sample						To be completed by lab				
Sample #	Sample Point City of Pembroke Pines Monthly Bacteria City of Pembroke Pines, FL	Sample Collection Time	Sample Type	Disinfectant Residual (mg/L)	pH	Analysis Method(s): Total Coliform/E.Coli (PA) by Colliert in Water (SM9223B)				
						Non-Coliform	Total Coliform	Fecal E.Coli, Enterococci or Coliphage <sup>3</sup>	Data Qualifier <sup>4</sup>	Lab Sample #
111318-08	(SP ID 24) 200 S. Hiatus Road	9:45	D	/ 3.60	8.77		Absent	Absent	U	18K0430-08
111318-09	(SP ID 25) 11131 SW 13th Street	11:40	D	/ 2.90	8.40		Absent	Absent	U	18K0430-09
111318-10	(SP ID 30) 12399 Pembroke Road	12:00	D	/ 3.50	8.76		Absent	Absent	U	18K0430-10
111318-11	(SP ID 29) 241 SW 122nd Terrace	12:20	D	/ 3.50	8.62		Absent	Absent	U	18K0430-11
111318-13	(SP ID 28) 1050 NW 123rd Avenue	12:45	D	/ 3.0	8.64		Absent	Absent	U	18K0430-12
111318-13	(SP ID 26) 2110 NW 120th Terrace	13:09	D	/ 2.8	8.66		Absent	Absent	U	18K0430-13
111318-14	(SP ID 34) 1601 SW 128th Terrace	13:25	D	/ 3.2	8.60		Absent	Absent	U	18K0430-14

Average of disinfectant residuals for distribution routine & repeat Samples.<sup>5</sup> Free chlorine or Total chlorine (circle one)      / 3.26

**Disinfectant Residual Analysis Method:**  
 DPD Colorimetric    Other: \_\_\_\_\_  
**Person performing disinfectant analysis is (see instructions on reverse):**  
 A certified operator (# DWB#21736)  
 Supervised by certified operator (# \_\_\_\_\_)  
 Employed by a certified lab    Employed by DEP or DOH  
 Authorized representative of supplier of water

Unless otherwise noted, all tests are performed in accordance with NELAC standards, and the results relate only to the samples.

Date and time PWS notified by lab of positive results: \_\_\_\_\_  
 Date and time DEP/DOH notified by lab of positive results: \_\_\_\_\_  
 Date Report Issued: 19-Nov-2018 11:51  
**Lab Signature:** Enrique Ochoa  
**Title:** (CSM) Customer Service Manager

Juquitta Drieth  
 Jacobs/CH2M-City of Pembroke Pines W/1  
 7960 Johnson Street  
 Pembroke Pines      FL      33024

Satisfactory      DEP/DOH USE ONLY  
 Incomplete Collection Information  
 Repeat Samples Required  
 Replacement Samples Required  
 Date Reviewed by DEP/DOH: \_\_\_\_\_  
 DEP/DOH Reviewing Official: \_\_\_\_\_

<sup>1</sup> For Sample Types see Instructions item I.16.  
<sup>2</sup> For Analysis Methods see Instructions item II.6.  
<sup>3</sup> Please circle appropriate selection.  
<sup>4</sup> Defined in Florida Administrative Code Rule 62-160, Table 1  
<sup>5</sup> Complete for community & non-transient non-community systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.

**DRINKING WATER MICROBIAL SAMPLE COLLECTION  
& LABORATORY REPORTING FORMAT**

(52-550.730 Reporting Format Effective 8/1/1995, Revised 02/2010)

**Florida-Spectrum Environmental Services, Inc.**  
1460 W. McNab Road, Fort Lauderdale, FL 33309 Tel# (954) 978-6400  
Certification No. E86006

Lab Receipt Date & Time: <u>14-Nov-2018 16:20</u>
Analysis Date & Time: <u>14-Nov-2018 17:15</u>
<b>Sample Acceptance Criteria:</b> Sample Preservation: <input checked="" type="checkbox"/> On Ice <input type="checkbox"/> Not On Ice <input checked="" type="checkbox"/> 5.80 °C Disinfectant Check: <input checked="" type="checkbox"/> Not Detected <input type="checkbox"/> _____ mg/L This sample does not meet the following NELAC requirements:

Report Number: 18K0478      Sub-Contract Lab ID: E86006

**Analysis Requested:** (check all that apply)

Total Coliform/E. coli    Total Coliform/Fecal    Enterococci    Coliphage    HPC    Other: \_\_\_\_\_

**Public Water System (PWS) Name:** City of Pembroke Pines      **PWS I.D.**

4	0	6	1	0	8	3
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**PWS Address:** 7960 Johnson Street      City: Pembroke Pines      FL      33024

**PWS or PWS Owner's Phone #:** (754) 260-4509      Fax #: (954) 986-5025

**Collector:** Jason Cardenas      Collector's Phone #: (954) 582-4300/850-557-7147

**Type of Supply:** (check only one)

Community Water System    Non-Transient Non-community Water System    Transient Non-community Water System  
 Limited Use System    Bottled Water    Private Well    Swimming Pool    Other: \_\_\_\_\_

**Reason for Sampling:** (check all that apply)

Distribution Routine    Distribution Repeat    Raw (triggered or assessment)    Raw (triggered or assessment) additional    Well Survey  
 Clearance    Replacement (also check type of sample being replaced)    Boil Water Notice    Other: \_\_\_\_\_

**Sample Collection Date:** 11/14/18

To be completed by collector of sample						To be completed by lab				
Sample #	Sample Point City of Pembroke Pines Monthly Bacteria City of Pembroke Pines, FL	Sample Collection Time	Sample Type	Disinfectant Residual (mg/L)	pH	Analysis Method(s)2: Total Coliform/E.Coli (PA) by Colifert in Water (SM9223B)				
						Non-Coliform	Total Coliform	Fecal, E.Coli, Enterococci or Coliphage3	Data Qualifier4	Lab Sample #
111418-01	(SP ID 33) 750 SW 136th Avenue	7:50	D	/ 3.60	8.60		Absent	Absent	U	18K0478-01
111418-02	(SP ID 67) 788 NW 135th Terrace	8:10	D	/ 3.60	8.74		Absent	Absent	U	18K0478-02
111418-03	(SP ID 31) 13702 NW 20th Street	8:35	D	/ 3.40	8.74		Absent	Absent	U	18K0478-03
111418-04	(SP ID 32) 13771 NW 16th Street	8:50	D	/ 3.60	8.86		Absent	Absent	U	18K0478-04
111418-05	(SP ID 36) 2250 NW 145th Avenue	9:30	D	/ 3.30	8.76		Absent	Absent	U	18K0478-05
111418-06	(SP ID 37) 1142 NW 141st Avenue	9:50	D	/ 3.40	8.87		Absent	Absent	U	18K0478-06
111418-07	(SP ID 38) 14300 SW 8th Street	10:20	D	/ 3.50	8.87		Absent	Absent	U	18K0478-07

**Average of disinfectant residuals for distribution routine & repeat Samples.5** Free chlorine or Total chlorine (circle one)      / 3.39

**Disinfectant Residual Analysis Method:**  
 DPD Colorimetric    Other: \_\_\_\_\_  
**Person performing disinfectant analysis is (see instructions on reverse):**  
 A certified operator (# DWB#21736)  
 Supervised by certified operator (# \_\_\_\_\_)  
 Employed by a certified lab    Employed by DEP or DOH  
 Authorized representative of supplier of water

Unless otherwise noted, all tests are performed in accordance with NELAC standards, and the results relate only to the samples.

Date and time PWS notified by lab of positive results: \_\_\_\_\_  
Date and time DEP/DOH notified by lab of positive results: \_\_\_\_\_  
Date Report Issued: 19-Nov-2018 10:56  
**Lab Signature:** Enrique Ochoa  
**Title:** (CSM) Customer Service Manager

**Juquitta Drieth**  
Jacobs/CH2M-City of Pembroke Pines WT  
7960 Johnson Street  
Pembroke Pines      FL      33024

Satisfactory      **DEP/DOH USE ONLY**  
 Incomplete Collection Information  
 Repeat Samples Required  
 Replacement Samples Required  
Date Reviewed by DEP/DOH: \_\_\_\_\_  
DEP/DOH Reviewing Official: \_\_\_\_\_

1 For Sample Types see Instructions Item 1.1a.  
2 For Analysis Methods see Instructions Item 11.6.  
3 Please circle appropriate selection.  
4 Defined as Florida Administrative Code Rule 62-160, Table 1.  
5 Complete for community & non-transient non-community systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.

**DRINKING WATER MICROBIAL SAMPLE COLLECTION  
& LABORATORY REPORTING FORMAT**

(52-350.730 Reporting Format Effective 01/1995, Revised 02/2010)

**Florida-Spectrum Environmental Services, Inc.**  
1460 W. McNab Road, Fort Lauderdale, FL 33309 Tel# (954) 978-6400  
Certification No. E86006

Lab Receipt Date & Time: <u>14-Nov-2018 16:20</u>
Analysis Date & Time: <u>14-Nov-2018 17:15</u>
<b>Sample Acceptance Criteria:</b> Sample Preservation: <input checked="" type="checkbox"/> On Ice <input type="checkbox"/> Not On Ice <input checked="" type="checkbox"/> 5.80 °C Disinfectant Check: <input checked="" type="checkbox"/> Not Detected <input type="checkbox"/> _____ mg/L This sample does not meet the following NELAC requirements:

Report Number: 18K0478      Sub-Contract Lab ID: E86006

**Analysis Requested:** (check all that apply)

Total Coliform/E. coli    Total Coliform/Fecal    Enterococci    Coliphage    HPC    Other: \_\_\_\_\_

**Public Water System (PWS) Name:** City of Pembroke Pines      **PWS I.D.**

4	0	6	1	0	8	3
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**PWS Address:** 7960 Johnson Street      **City:** Pembroke Pines      **FL**      **33024**

**PWS or PWS Owner's Phone #:** (754) 260-4509      **Fax #:** (954) 986-5025

**Collector:** Jason Cardenas      **Collector's Phone #:** (954) 582-4300/850-557-7147/

**Type of Supply:** (check only one)

Community Water System    Non-Transient Non-community Water System    Transient Non-community Water System  
 Limited Use System    Bottled Water    Private Well    Swimming Pool    Other: \_\_\_\_\_

**Reason for Sampling:** (check all that apply)

Distribution Routine    Distribution Repeat    Raw (triggered or assessment)    Raw (triggered or assessment) additional    Well Survey  
 Clearance    Replacement (also check type of sample being replaced)    Boil Water Notice    Other: \_\_\_\_\_

**Sample Collection Date:** 11/14/18

To be completed by collector of sample						To be completed by lab				
Sample #	Sample Point City of Pembroke Pines Monthly Bacteria City of Pembroke Pines, FL	Sample Collection Time	Sample Type	Disinfectant Residual (mg/L)	pH	Analysis Method(s)2: Total Coliform/E.Coli (PA) by Colilert in Water (SM9223B)				
						Non-Coliform	Total Coliform	Fecal (E.Coli, Enterococci or Coliphage)3	Data Qualifier4	Lab Sample #
111418-08	(SP ID 40) 300 SW 147th Avenue	13:45	D	/ 3.16	8.62		Absent	Absent	U	18K0478-08
111418-09	(SP ID 43) 1234 SW 159th Lane	7:40	D	/ 2.89	8.28		Absent	Absent	U	18K0478-09
111418-10	(SP ID 42) 69 NW 161st Avenue	8:00	D	/ 3.40	8.55		Absent	Absent	U	18K0478-10
111418-11	(SP ID 39) 15714 NW 24th Street	8:25	D	/ 3.27	8.66		Absent	Absent	U	18K0478-11
111418-12	(SP ID 41) 16028 NW 21st Street	8:40	D	/ 3.18	8.64		Absent	Absent	U	18K0478-12
111418-13	(SP ID 44) 6749 Segovia Circle West	9:10	D	/ 3.41	8.67		Absent	Absent	U	18K0478-13
111418-14	(SP ID 45) 2300 NW 172nd Avenue	9:25	D	/ 3.80	8.77		Absent	Absent	U	18K0478-14

**Average of disinfectant residuals for distribution routine & repeat Samples.5** Free chlorine or Total chlorine (circle one)      / 3.39

**Disinfectant Residual Analysis Method:**  
 DPD Colorimetric    Other: \_\_\_\_\_  
**Person performing disinfectant analysis is (see instructions on reverse):**  
 A certified operator (# DWB#21736)  
 Supervised by certified operator (# \_\_\_\_\_)  
 Employed by a certified lab    Employed by DEP or DOH  
 Authorized representative of supplier of water

Unless otherwise noted, all tests are performed in accordance with NELAC standards, and the results relate only to the samples.

Date and time PWS notified by lab of positive results: \_\_\_\_\_  
Date and time DEP/DOH notified by lab of positive results: \_\_\_\_\_  
Date Report Issued: 19-Nov-2018 10:16  
**Lab Signature:** Enrique Ochoa  
**Title:** (CSM) Customer Service Manager

Juquitta Drieth  
Jacobs/CH2M-City of Pembroke Pines WT  
7960 Johnson Street  
Pembroke Pines      FL      33024

Satisfactory      **DEP/DOH USE ONLY**  
 Incomplete Collection Information  
 Repeat Samples Required  
 Replacement Samples Required  
Date Reviewed by DEP/DOH: \_\_\_\_\_  
DEP/DOH Reviewing Official: \_\_\_\_\_

1 For Sample Types see Instructions item I.6.  
2 For Analysis Methods see Instructions item II.6.  
3 Please circle appropriate selection.  
4 Defined in Florida Administrative Code Rule 62-160, Table 1.  
5 Complete for community & non-transient non-community systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.

**DRINKING WATER MICROBIAL SAMPLE COLLECTION  
& LABORATORY REPORTING FORMAT**

(02-550.730 Reporting Format Effective 01/1/95, Revised 02/2010)

Florida-Spectrum Environmental Services, Inc.  
1460 W. McNab Road, Fort Lauderdale, FL 33309 Tel# (954) 978-6400  
Certification No. E86006

Lab Receipt Date & Time: <u>15-Nov-2018 16:50</u>
Analysis Date & Time: <u>15-Nov-2018 17:30</u>
<b>Sample Acceptance Criteria:</b> Sample Preservation: <input checked="" type="checkbox"/> On Ice <input type="checkbox"/> Not On Ice <input checked="" type="checkbox"/> 8.60 °C Disinfectant Check: <input checked="" type="checkbox"/> Not Detected <input type="checkbox"/> _____ mg/L This sample does not meet the following NELAC requirements:

Report Number: 18K0531 Sub-Contract Lab ID: E86006

**Analysis Requested:** (check all that apply)

Total Coliform/E. coli  Total Coliform/Fecal  Enterococci  Coliphage  HPC  Other: \_\_\_\_\_

**Public Water System (PWS) Name:** City of Pembroke Pines **PWS I.D.**

4	0	6	1	0	8	3
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**PWS Address:** 7960 Johnson Street **City:** Pembroke Pines **FL** 33024

**PWS or PWS Owner's Phone #:** (754) 260-4509 **Fax #:** (954) 986-5025

**Collector:** Jason Cardenas **Collector's Phone #:** (954) 582-4300/850-557-7147/

**Type of Supply:** (check only one)

Community Water System  Non-Transient Non-community Water System  Transient Non-community Water System  
 Limited Use System  Bottled Water  Private Well  Swimming Pool  Other: \_\_\_\_\_

**Reason for Sampling:** (check all that apply)

Distribution Routine  Distribution Repeat  Raw (triggered or assessment)  Raw (triggered or assessment) additional  Well Survey  
 Clearance  Replacement (also check type of sample being replaced)  Boil Water Notice  Other: \_\_\_\_\_

**Sample Collection Date:** 11/15/18

To be completed by collector of sample						To be completed by lab				
Sample #	Sample Point City of Pembroke Pines Monthly Bacteria City of Pembroke Pines, FL	Sample Collection Time	Sample Type	Disin- fectant Residual (mg/L)	pH	Analysis Method(s)2: Total Coliform/E.Coli (PA) by Colilert in Water (SM9223B)				
						Non- Coliform	Total Coliform	Fecal <u>E.Coli</u> , Enterococci or Coliphage3	Data Qualifier4	Lab Sample #
111518-01	(SP ID 46) 2098 NW 171st Terrace	12:35	D	/ 2.79	8.41		Absent	Absent	U	18K0531-01
111518-02	(SP ID 47) 17100 Pines Blvd.	12:57	D	/ 3.53	8.76		Absent	Absent	U	18K0531-02
111518-03	(SP ID 48) 17059 SW 16th Street	13:20	D	/ 3.22	8.91		Absent	Absent	U	18K0531-03
111518-04	(SP ID 27) 450 SW 182nd Way	13:40	D	/ 3.27	8.88		Absent	Absent	U	18K0531-04
111518-05	(SP ID 49) 17817 NW 15th Street	13:55	D	/ 2.72	8.72		Absent	Absent	U	18K0531-05

Average of disinfectant residuals for distribution routine & repeat Samples.5 Free chlorine or Total chlorine (circle one) / 3.11

**Disinfectant Residual Analysis Method:**

DPD Colorimetric  Other: \_\_\_\_\_

**Person performing disinfectant analysis is (see instructions on reverse):**

A certified operator (# DWB#21736)

Supervised by certified operator (# \_\_\_\_\_)

Employed by a certified lab  Employed by DEP or DOH

Authorized representative of supplier of water

Unless otherwise noted, all tests are performed in accordance with NELAC standards, and the results relate only to the samples.

Date and time PWS notified by lab of positive results: \_\_\_\_\_

Date and time DEP/DOH notified by lab of positive results: \_\_\_\_\_

Date Report Issued: 19-Nov-2018 16:14

**Lab Signature:** Enrique Ochoa

**Title:** (CSM) Customer Service Manager

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

Satisfactory DEP/DOH USE ONLY  
 Incomplete Collection Information  
 Repeat Samples Required  
 Replacement Samples Required

Date Reviewed by DEP/DOH: \_\_\_\_\_  
DEP/DOH Reviewing Official: \_\_\_\_\_

1 For Sample Types see instructions item 1.16.  
2 For Analysis Methods see instructions item 11.6.  
3 Please circle appropriate selection.  
4 Defined in Florida Administrative Code Rule 62-160, Table 1.  
5 Complete for community & non-transient non-community systems serving populations up to and including 4,900. Do not include raw or plant samples in this average.

**DRINKING WATER MICROBIAL SAMPLE COLLECTION  
& LABORATORY REPORTING FORMAT**

(62-55D-730 Reporting Format Effective 01/1995, Revised 02/2010)

Florida-Spectrum Environmental Services, Inc.  
1460 W. McNab Road, Fort Lauderdale, FL 33309 Tel# (954) 978-6400  
Certification No. E86006

Lab Receipt Date & Time: 16-Nov-2018 16:55
Analysis Date & Time: 16-Nov-2018 17:50
Sample Acceptance Criteria: Sample Preservation: <input checked="" type="checkbox"/> On Ice <input type="checkbox"/> Not On Ice <input checked="" type="checkbox"/> 0.20 °C Disinfectant Check: <input checked="" type="checkbox"/> Not Detected <input type="checkbox"/> _____ mg/L This sample does not meet the following NELAC requirements:

Report Number: 18K0595 Sub-Contract Lab ID: E86006

Analysis Requested: (check all that apply)

Total Coliform/E. coli  Total Coliform/Fecal  Enterococci  Coliphage  HPC  Other: \_\_\_\_\_

Public Water System (PWS) Name: City of Pembroke Pines PWS I.D. 

4	0	6	1	0	8	3
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PWS Address: 7960 Johnson Street City: Pembroke Pines FL 33024

PWS or PWS Owner's Phone #: (754) 260-4509 Fax #: (954) 986-5025

Collector: Jason Cardenas Collector's Phone #: (954) 582-4300/850-557-7147/

Type of Supply: (check only one)

Community Water System  Non-Transient Non-community Water System  Transient Non-community Water System  
 Limited Use System  Bottled Water  Private Well  Swimming Pool  Other: \_\_\_\_\_

Reason for Sampling: (check all that apply)

Distribution Routine  Distribution Repeat  Raw (triggered or assessment)  Raw (triggered or assessment) additional  Well Survey  
 Clearance  Replacement (also check type of sample being replaced)  Boil Water Notice  Other: \_\_\_\_\_

Sample Collection Date: 11/16/18

To be completed by collector of sample						To be completed by lab				
Sample #	Sample Point City of Pembroke Pines Monthly Bacteria City of Pembroke Pines, FL	Sample Collection Time	Sample Type	Disinfectant Residual (mg/L)	pH	Analysis Method(s)2: Total Coliform/E.Coli (PA) by Colilert in Water (SM9223B)				
						Non-Coliform	Total Coliform	Fecal E.Coli or Coliphage3	Data Qualifier4	Lab Sample #
111618-01	(SP ID 51) 2473 NW 184th Terrace	9:28	D	/ 2.25	7.91		Absent	Absent	U	18K0595-01
111618-02	(SP ID 52) 18411 Pines Blvd.	9:50	D	/ 3.45	8.76		Absent	Absent	U	18K0595-02
111618-03	(SP ID 58) 19370 SW 16th Street	10:10	D	/ 1.94	8.75		Absent	Absent	U	18K0595-03
111618-04	(SP ID 53) 18539 SW 12th Street	10:25	D	/ 2.91	8.88		Absent	Absent	U	18K0595-04
111618-05	(SP ID 57) 420 NW 197th Avenue	10:55	D	/ 3.19	8.72		Absent	Absent	U	18K0595-05
111618-06	(SP ID 56) 1263 NW 195th Avenue	11:15	D	/ 3.22	9.02		Absent	Absent	U	18K0595-06
111618-07	(SP ID 55) 19478 NW 24th Place	11:35	D	/ 1.69	8.67		Absent	Absent	U	18K0595-07

Average of disinfectant residuals for distribution routine & repeat Samples.5 Free chlorine or Total chlorine (circle one) / 2.58

Disinfectant Residual Analysis Method:  
 DPD Colorimetric  Other: \_\_\_\_\_  
Person performing disinfectant analysis is (see instructions on reverse):  
 A certified operator (# DWB#21736)  
 Supervised by certified operator (# \_\_\_\_\_)  
 Employed by a certified lab  Employed by DEP or DOH  
 Authorized representative of supplier of water

Unless otherwise noted, all tests are performed in accordance with NELAC standards, and the results relate only to the samples.

Date and time PWS notified by lab of positive results: \_\_\_\_\_  
Date and time DEP/DOH notified by lab of positive results: \_\_\_\_\_  
Date Report Issued: 19-Nov-2018 16:25  
Lab Signature: Enrique Ochoa  
Title: (CSM) Customer Service Manager

Juquitta Drieth  
Jacobs/CH2M-City of Pembroke Pines WT  
7960 Johnson Street  
Pembroke Pines FL 33024

Satisfactory DEP/DOH USE ONLY  
 Incomplete Collection Information  
 Repeat Samples Required  
 Replacement Samples Required  
Date Reviewed by DEP/DOH: \_\_\_\_\_  
DEP/DOH Reviewing Official: \_\_\_\_\_

1 For Sample Types see Instructions item 1.6.  
2 For Analysis Methods see Instructions item 11.6  
3 Please circle appropriate selection.  
4 Defined in Florida Administrative Code Rule 62-160, Table 1.  
5 Complete for community & non-transient non-community systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.

# DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORTING FORMAT

(62-550.730 Reporting Format Effective 01/19/95, Revised 02/2010)

**Florida-Spectrum Environmental Services, Inc.**  
 1460 W. McNab Road, Fort Lauderdale, FL 33309 Tel# (954) 978-6400  
 Certification No. E86006

Lab Receipt Date & Time: <u>16-Nov-2018 16:55</u>
Analysis Date & Time: <u>16-Nov-2018 17:50</u>
<b>Sample Acceptance Criteria:</b> Sample Preservation: <input checked="" type="checkbox"/> On Ice <input type="checkbox"/> Not On Ice <input checked="" type="checkbox"/> 0.20 °C Disinfectant Check: <input checked="" type="checkbox"/> Not Detected <input type="checkbox"/> _____ mg/L This sample does not meet the following NELAC requirements:

Report Number: 18K0595      Sub-Contract Lab ID: E86006

**Analysis Requested:** (check all that apply)

Total Coliform/E. coli    Total Coliform/Fecal    Enterococci    Coliphage    HPC    Other: \_\_\_\_\_

**Public Water System (PWS) Name:** City of Pembroke Pines      **PWS I.D.**

4	0	6	1	0	8	3
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**PWS Address:** 7960 Johnson Street      **City:** Pembroke Pines      **FL**      **33024**

**PWS or PWS Owner's Phone #:** (754) 260-4509      **Fax #:** (954) 986-5025

**Collector:** Jason Cardenas      **Collector's Phone #:** (954) 582-4300/850-557-7147

**Type of Supply:** (check only one)

Community Water System    Non-Transient Non-community Water System    Transient Non-community Water System  
 Limited Use System    Bottled Water    Private Well    Swimming Pool    Other: \_\_\_\_\_

**Reason for Sampling:** (check all that apply)

Distribution Routine    Distribution Repeat    Raw (triggered or assessment)    Raw (triggered or assessment) additional    Well Survey  
 Clearance    Replacement (also check type of sample being replaced)    Boil Water Notice    Other: \_\_\_\_\_

**Sample Collection Date:** 11/16/18

To be completed by collector of sample						To be completed by lab				
Sample #	Sample Point City of Pembroke Pines Monthly Bacteria City of Pembroke Pines, FL	Sample Collection Time	Sample Type	Disinfectant Residual (mg/L)	pH	Analysis Method(s)2: Total Coliform/E.Coli (PA) by Colliert in Water (SM9223B)				
						Non-Coliform	Total Coliform	Fecal (E.Coli), Enterococci or Coliphage3	Data Qualifier4	Lab Sample #
111618-08	(SP ID 54) 6351 SW 195th Avenue	11:50	D	/ 2.65	8.89		Absent	Absent	U	18K0595-08
111618-09	(SP ID 59) 5000 SW 207th Terrace	12:15	D	/ 1.88	8.72		Absent	Absent	U	18K0595-09

**Average of disinfectant residuals for distribution routine & repeat samples.5** Free chlorine or Total chlorine (circle one)      / 2.58

**Disinfectant Residual Analysis Method:**  
 DPD Colorimetric    Other: \_\_\_\_\_  
**Person performing disinfectant analysis is (see instructions on reverse):**  
 A certified operator (# DWB#21736)  
 Supervised by certified operator (# \_\_\_\_\_)  
 Employed by a certified lab    Employed by DEP or DOH  
 Authorized representative of supplier of water

Unless otherwise noted, all tests are performed in accordance with NELAC standards, and the results relate only to the samples.

Date and time PWS notified by lab of positive results: \_\_\_\_\_  
 Date and time DEP/DOH notified by lab of positive results: \_\_\_\_\_  
 Date Report Issued: 19-Nov-2018 16:25  
**Lab Signature:** Enrique Ochoa  
**Title:** (CSM) Customer Service Manager

**Juquitta Drieth**  
 Jacobs/CH2M-City of Pembroke Pines WT  
 7960 Johnson Street  
 Pembroke Pines      FL      33024

Satisfactory      **DEP/DOH USE ONLY**  
 Incomplete Collection Information  
 Repeat Samples Required  
 Replacement Samples Required  
 Date Reviewed by DEP/DOH: \_\_\_\_\_  
 DEP/DOH Reviewing Official: \_\_\_\_\_

1 For Sample Types see Instructions item 1.6.  
 2 For Analysis Methods see Instructions item 2.6.  
 3 Please circle appropriate selection.  
 4 Defined in Florida Administrative Code Rule 62-160, Table 1.  
 5 Complete for community & non-transient non-community systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.

# DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORTING FORMAT

(62-550.730 Reporting Format Effective 01/19/95, Revised 02/2010)

**Florida-Spectrum Environmental Services, Inc.**  
 1460 W. McNab Road, Fort Lauderdale, FL 33309 Tel# (954) 978-6400  
 Certification No. E86006

Lab Receipt Date & Time: <u>19-Nov-2018 17:00</u>
Analysis Date & Time: <u>19-Nov-2018 17:30</u>
<b>Sample Acceptance Criteria:</b> Sample Preservation: <input checked="" type="checkbox"/> On Ice <input type="checkbox"/> Not On Ice <input checked="" type="checkbox"/> <u>11.80</u> °C Disinfectant Check: <input checked="" type="checkbox"/> Not Detected <input type="checkbox"/> _____ mg/L This sample does not meet the following NELAC requirements:

Report Number: 18K0629 Sub-Contract Lab ID: E86006

**Analysis Requested:** (check all that apply)

Total Coliform/E. coli  Total Coliform/Fecal  Enterococci  Coliphage  HPC  Other: \_\_\_\_\_

**Public Water System (PWS) Name:** City of Pembroke Pines **PWS I.D.**

4	0	6	1	0	8	3
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**PWS Address:** 7960 Johnson Street **City:** Pembroke Pines **FL** 33024

**PWS or PWS Owner's Phone #:** (754) 260-4509 **Fax #:** (954) 986-5025

**Collector:** Jason Cardenas **Collector's Phone #:** (954) 582-4300/850-557-7147

**Type of Supply:** (check only one)

Community Water System  Non-Transient Non-community Water System  Transient Non-community Water System  
 Limited Use System  Bottled Water  Private Well  Swimming Pool  Other: \_\_\_\_\_

**Reason for Sampling:** (check all that apply)

Distribution Routine  Distribution Repeat  Raw (triggered or assessment)  Raw (triggered or assessment) additional  Well Survey  
 Clearance  Replacement (also check type of sample being replaced)  Boil Water Notice  Other: \_\_\_\_\_

**Sample Collection Date:** 11/19/18

To be completed by collector of sample						To be completed by lab				
Sample #	Sample Point City of Pembroke Pines Monthly Bacteria City of Pembroke Pines, FL	Sample Collection Time	Sample Type	Disinfectant Residual (mg/L)	pH	Analysis Method(s)2: Total Coliform/E.Coli (PA) by Colilert in Water (SM9223B)				
						Non-Coliform	Total Coliform	Fecal E. Coli, Enterococci or Coliphage3	Data Qualifier4	Lab Sample #
111918-01	(SP ID 63) 21250 Sheridan Street	9:40	D	/ 2.13	8.41		Absent	Absent	U	18K0629-01
111918-02	(SP ID 65) 21651 NW 7th Street	10:05	D	/ 1.45	8.48		Absent	Absent	U	18K0629-02
111918-03	(SP ID 62) 20701 Pembroke Road	10:25	D	/ 2.15	8.58		Absent	Absent	U	18K0629-03
111918-04	(SP ID 61) 20501 SW 1st Street	10:45	D	/ 3.07	8.72		Absent	Absent	U	18K0629-04
111918-05	(SP ID 60) 20620 NW 5th Street	11:05	D	/ 2.65	8.69		Absent	Absent	U	18K0629-05
111918-06	(SP ID 1) 2040 NW 74th Avenue	11:50	D	/ 4.11	8.77		Absent	Absent	U	18K0629-06
111918-07	(SP ID 2) 7610 Taft Street	12:05	D	/ 4.20	8.99		Absent	Absent	U	18K0629-07

**Average of disinfectant residuals for distribution routine & repeat Samples.5** Free chlorine or Total chlorine (circle one) / 3.03

**Disinfectant Residual Analysis Method:**  
 DPD Colorimetric  Other: \_\_\_\_\_  
**Person performing disinfectant analysis is (see instructions on reverse):**  
 A certified operator (# DWB#21736)  
 Supervised by certified operator (# \_\_\_\_\_)  
 Employed by a certified lab  Employed by DEP or DOH  
 Authorized representative of supplier of water

Unless otherwise noted, all tests are performed in accordance with NELAC standards, and the results relate only to the samples.

Date and time PWS notified by lab of positive results: \_\_\_\_\_  
 Date and time DEP/DOH notified by lab of positive results: \_\_\_\_\_  
 Date Report Issued: 23-Nov-2018 11:27  
**Lab Signature:** Enrique Ochoa  
**Title:** (CSM) Customer Service Manager

**Juqúitta Drieth**  
 Jacobs/CH2M-City of Pembroke Pines WT  
 7960 Johnson Street  
 Pembroke Pines FL 33024

Satisfactory DEP/DOH USE ONLY  
 Incomplete Collection Information  
 Repeat Samples Required  
 Replacement Samples Required  
 Date Reviewed by DEP/DOH: \_\_\_\_\_  
 DEP/DOH Reviewing Official: \_\_\_\_\_

1 For Sample Types see Instructions Item 1.1a.  
 2 For Analysis Methods see Instructions Item 11.6.  
 3 Please circle appropriate selection.  
 4 Defined in Florida Administrative Code Rule 62-160, Table 1.  
 5 Complete for community & non-transient non-community systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.

# DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORTING FORMAT

(52-550.730 Reporting Format Effective 01/1995, Revised 02/2010)

**Florida-Spectrum Environmental Services, Inc.**  
 1460 W. McNab Road, Fort Lauderdale, FL 33309 Tel# (954) 978-6400  
 Certification No. E86006

Lab Receipt Date & Time: <u>19-Nov-2018 17:00</u>
Analysis Date & Time: <u>19-Nov-2018 17:30</u>
<b>Sample Acceptance Criteria:</b> Sample Preservation: <input checked="" type="checkbox"/> On Ice <input type="checkbox"/> Not On Ice <input checked="" type="checkbox"/> 11.80 °C Disinfectant Check: <input checked="" type="checkbox"/> Not Detected <input type="checkbox"/> _____ mg/L This sample does not meet the following NELAC requirements: _____

Report Number: 18K0629      Sub-Contract Lab ID: E86006

**Analysis Requested:** (check all that apply)

Total Coliform/E. coli    Total Coliform/Fecal    Enterococci    Coliphage    HPC    Other: \_\_\_\_\_

**Public Water System (PWS) Name:** City of Pembroke Pines      PWS I.D. 

4	0	6	1	0	8	3
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PWS Address: 7960 Johnson Street      City: Pembroke Pines      FL      33024

PWS or PWS Owner's Phone #: (754) 260-4509      Fax #: (954) 986-5025

Collector: Jason Cardenas      Collector's Phone #: (954) 582-4300/850-557-7147

**Type of Supply:** (check only one)

Community Water System    Non-Transient Non-community Water System    Transient Non-community Water System  
 Limited Use System    Bottled Water    Private Well    Swimming Pool    Other: \_\_\_\_\_

**Reason for Sampling:** (check all that apply)

Distribution Routine    Distribution Repeat    Raw (triggered or assessment)    Raw (triggered or assessment) additional    Well Survey  
 Clearance    Replacement (also check type of sample being replaced)    Boil Water Notice    Other: \_\_\_\_\_

Sample Collection Date: 11/19/18

To be completed by collector of sample						To be completed by lab				
Sample #	Sample Point City of Pembroke Pines Monthly Bacteria City of Pembroke Pines, FL	Sample Collection Time	Sample Type	Disinfectant Residual (mg/L)	pH	Analysis Method(s)2: Total Coliform/E. Coli (PA) by Colilert in Water (SM9223B)				
						Non-Coliform	Total Coliform	Fecal <u>E. Coli</u> , Enterococci or Coliphage3	Data Qualifier4	Lab Sample #
111918-08	(SP ID 3) 7741 Johnson Street	12:25	D	1.48	8.99		Absent	Absent	U	18K0629-08

**Average of disinfectant residuals for distribution routine & repeat Samples.5** Free chlorine or (Total chlorine) (circle one) / 3.03

**Disinfectant Residual Analysis Method:**  
 DPD Colorimetric    Other: \_\_\_\_\_  
**Person performing disinfectant analysis is (see instructions on reverse):**  
 A certified operator (# DWB#21736)  
 Supervised by certified operator (# \_\_\_\_\_)  
 Employed by a certified lab    Employed by DEP or DOH  
 Authorized representative of supplier of water

Unless otherwise noted, all tests are performed in accordance with NELAC standards, and the results relate only to the samples.

Date and time PWS notified by lab of positive results: \_\_\_\_\_  
 Date and time DEP/DOH notified by lab of positive results: \_\_\_\_\_  
 Date Report Issued: 23-Nov-2018 11:22  
**Lab Signature:** Enrique Ochoa  
**Title:** (CSM) Customer Service Manager

Juquitta Drieth  
 Jacobs/CH2M-City of Pembroke Pines W1  
 7960 Johnson Street  
 Pembroke Pines      FL      33024

<input type="checkbox"/> Satisfactory <input type="checkbox"/> Incomplete Collection Information <input type="checkbox"/> Repeat Samples Required <input type="checkbox"/> Replacement Samples Required	<b>DEP/DOH USE ONLY</b>  Date Reviewed by DEP/DOH: _____ DEP/DOH Reviewing Official: _____
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1 For Sample Types see instructions item I.16.  
 2 For Analysis Methods see instructions item II.6.  
 3 Please circle appropriate selection.  
 4 Defined in Florida Administrative Code Rule 62-160, Table 1.  
 5 Complete for community & non-transient non-community systems serving populations up to and including 4,000. Do not include raw or plant samples in the average.

**DRINKING WATER MICROBIAL SAMPLE COLLECTION  
& LABORATORY REPORTING FORMAT**

(62-550.730 Reporting Format Effective 01/1995, Revised 02/2010)

**Florida-Spectrum Environmental Services, Inc.**  
1460 W. McNab Road, Fort Lauderdale, FL 33309 Tel# (954) 978-6400  
Certification No. E86006

Lab Receipt Date & Time: <u>20-Nov-2018 16:10</u>
Analysis Date & Time: <u>20-Nov-2018 17:35</u>
<b>Sample Acceptance Criteria:</b> Sample Preservation: <input checked="" type="checkbox"/> On Ice <input type="checkbox"/> Not On Ice <input checked="" type="checkbox"/> 2.40 °C Disinfectant Check: <input checked="" type="checkbox"/> Not Detected <input type="checkbox"/> _____ mg/L This sample does not meet the following NELAC requirements:

Report Number: 18K0702 Sub-Contract Lab ID: E86006

**Analysis Requested:** (check all that apply)  
 Total Coliform/E. coli  Total Coliform/Fecal  Enterococci  Coliphage  HPC  Other: \_\_\_\_\_

**Public Water System (PWS) Name:** City of Pembroke Pines **PWS I.D.**

4	0	6	1	0	8	3
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**PWS Address:** 7960 Johnson Street **City:** Pembroke Pines **FL** 33024

**PWS or PWS Owner's Phone #:** (754) 260-4509 **Fax #:** (954) 986-5025

**Collector:** Jason Cardenas **Collector's Phone #:** (954) 582-4300/850-557-7147f

**Type of Supply:** (check only one)  
 Community Water System  Non-Transient Non-community Water System  Transient Non-community Water System  
 Limited Use System  Bottled Water  Private Well  Swimming Pool  Other: \_\_\_\_\_

**Reason for Sampling:** (check all that apply)  
 Distribution Routine  Distribution Repeat  Raw (triggered or assessment)  Raw (triggered or assessment) additional  Well Survey  
 Clearance  Replacement (also check type of sample being replaced)  Boil Water Notice  Other: \_\_\_\_\_

**Sample Collection Date:** 11/20/18

To be completed by collector of sample						To be completed by lab				
Sample #	Sample Point City of Pembroke Pines Monthly Bacteria City of Pembroke Pines, FL	Sample Collection Time	Sample Type	Disinfectant Residual (mg/L)	pH	Analysis Method(s)2: Total Coliform/E.Coli (PA) by Colliert in Water (SM9223B)				
						Non-Coliform	Total Coliform	Fecal, E. Coli, Enterococci or Coliphage3	Data Qualifier4	Lab Sample #
112018-01	(SP ID 5) 7021 SW 9th Street	6:30	D	/4.02	8.45		Absent	Absent	U	18K0702-01
112018-02	(SP ID 11) 1530 SW 85th Avenue	6:55	D	/3.91	8.93		Absent	Absent	U	18K0702-02
112018-03	(SP ID 10) 199 N. University Drive	7:15	D	/3.67	8.89		Absent	Absent	U	18K0702-03
112018-04	(SP ID 9) 8131 Johnson Street	7:50	D	/4.13	8.92		Absent	Absent	U	18K0702-04
112018-05	(SP ID 8) 8130 Taft Street	8:05	D	/4.05	8.89		Absent	Absent	U	18K0702-05
112018-06	(SP ID 7) 2402 N. University Drive	8:25	D	/3.88	8.93		Absent	Absent	U	18K0702-06
112018-07	(SP ID 68) 2060 NW 88th Terrace	8:50	D	/3.89	8.95		Absent	Absent	U	18K0702-07

**Average of disinfectant residuals for distribution routine & repeat Samples.5** Free chlorine or Total chlorine (circle one) /3.89

**Disinfectant Residual Analysis Method:**  
 DPD Colorimetric  Other: \_\_\_\_\_  
**Person performing disinfectant analysis is (see instructions on reverse):**  
 A certified operator (# DWB#21736)  
 Supervised by certified operator (# \_\_\_\_\_)  
 Employed by a certified lab  Employed by DEP or DOH  
 Authorized representative of supplier of water

Unless otherwise noted, all tests are performed in accordance with NELAC standards, and the results relate only to the samples.

Date and time PWS notified by lab of positive results: \_\_\_\_\_  
Date and time DEP/DOH notified by lab of positive results: \_\_\_\_\_  
Date Report Issued: 23-Nov-2018 16:58  
**Lab Signature:** Enrique Ochoa  
**Title:** (CSM) Customer Service Manager

**Juquitta Drieth**  
Jacobs/CH2M-City of Pembroke Pines WT  
7960 Johnson Street  
Pembroke Pines FL 33024

Satisfactory DEP/DOH USE ONLY  
 Incomplete Collection Information  
 Repeat Samples Required  
 Replacement Samples Required  
Date Reviewed by DEP/DOH: \_\_\_\_\_  
DEP/DOH Reviewing Official: \_\_\_\_\_

1 For Sample Types see Instructions item 1.16  
2 For Analysis Methods see Instructions item 11.6  
3 Please circle appropriate selection.  
4 Defined in Florida Administrative Code Rule 62-160, Table 1.  
5 Complete for community & non-transient non-community systems serving populations up to and including 4,991. Do not include raw or plant samples on the average.

# DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORTING FORMAT

(62-550.730 Reporting Format Effective 01/1995, Revised 02/2010)

**Florida-Spectrum Environmental Services, Inc.**  
 1460 W. McNab Road, Fort Lauderdale, FL 33309 Tel# (954) 978-6400  
 Certification No. E86006

Lab Receipt Date & Time: <u>20-Nov-2018 16:10</u>
Analysis Date & Time: <u>20-Nov-2018 17:35</u>
<b>Sample Acceptance Criteria:</b>
Sample Preservation: <input checked="" type="checkbox"/> On Ice <input type="checkbox"/> Not On Ice <input checked="" type="checkbox"/> 2.40 °C
Disinfectant Check: <input checked="" type="checkbox"/> Not Detected <input type="checkbox"/> _____ mg/L
This sample does not meet the following NELAC requirements:

Report Number: 18K0702 Sub-Contract Lab ID: E86006

**Analysis Requested:** (check all that apply)  
 Total Coliform/*E. coli*  Total Coliform/Fecal  Enterococci  Coliphage  HPC  Other: \_\_\_\_\_

**Public Water System (PWS) Name:** City of Pembroke Pines **PWS I.D.**

4	0	6	1	0	8	3
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**PWS Address:** 7960 Johnson Street **City:** Pembroke Pines **FL** 33024  
**PWS or PWS Owner's Phone #:** (754) 260-4509 **Fax #:** (954) 986-5025  
**Collector:** Jason Cardenas **Collector's Phone #:** (954) 582-4300/850-557-7147/

**Type of Supply:** (check only one)  
 Community Water System  Non-Transient Non-community Water System  Transient Non-community Water System  
 Limited Use System  Bottled Water  Private Well  Swimming Pool  Other: \_\_\_\_\_

**Reason for Sampling:** (check all that apply)  
 Distribution Routine  Distribution Repeat  Raw (triggered or assessment)  Raw (triggered or assessment) additional  Well Survey  
 Clearance  Replacement (also check type of sample being replaced)  Boil Water Notice  Other: \_\_\_\_\_

**Sample Collection Date:** 11/20/18

To be completed by collector of sample						To be completed by lab				
Sample #	Sample Point City of Pembroke Pines Monthly Bacteria City of Pembroke Pines, FL	Sample Collection Time	Sample Type	Disinfectant Residual (mg/L)	pH	Analysis Method(s)2: Total Coliform/ <i>E. Coli</i> (PA) by Collitert in Water (SM9223B)				
						Non-Coliform	Total Coliform	Fecal, <i>E. Coli</i> , Enterococci or Coliphage3	Data Qualifier4	Lab Sample #
112018-08	(SP ID 12) 1621 N. Douglas Road	9:10	D	/ 3.98	8.89		Absent	Absent	U	18K0702-08
112018-09	(SP ID 13) 8880 Johnson Street	9:26	D	/ 3.96	8.88		Absent	Absent	U	18K0702-09
112018-10	(SP ID 14) 120 N. Douglas Road	9:46	D	/ 3.86	8.90		Absent	Absent	U	18K0702-10
112018-11	(SP ID 15) 900 Hollybrook Drive	10:06	D	/ 3.83	8.87		Absent	Absent	U	18K0702-11
112018-12	(SP ID 20) 10001 SW 14th Street	10:25	D	/ 3.77	8.84		Absent	Absent	U	18K0702-12
112018-13	(SP ID 19) 10101 Pines Blvd.	10:45	D	/ 3.89	8.84		Absent	Absent	U	18K0702-13
112018-14	(SP ID 18) 10000 Johnson Street	11:00	D	/ 4.0	8.91		Absent	Absent	U	18K0702-14

**Average of disinfectant residuals for distribution routine & repeat Samples.5** Free chlorine or Total chlorine (circle one) / 3.89

**Disinfectant Residual Analysis Method:**  
 DPD Colorimetric  Other: \_\_\_\_\_  
**Person performing disinfectant analysis is (see instructions on reverse):**  
 A certified operator (# DWB#21736)  
 Supervised by certified operator (# \_\_\_\_\_)  
 Employed by a certified lab  Employed by DEP or DOH  
 Authorized representative of supplier of water

Unless otherwise noted, all tests are performed in accordance with NELAC standards, and the results relate only to the samples.

Date and time PWS notified by lab of positive results: \_\_\_\_\_  
 Date and time DEP/DOH notified by lab of positive results: \_\_\_\_\_  
 Date Report Issued: 23-Nov-2018 10:58  
**Lab Signature:** Enrique Ochoa  
**Title:** (CSM) Customer Service Manager

Juquitta Drieth  
 Jacobs/CH2M-City of Pembroke Pines WT  
 7960 Johnson Street  
 Pembroke Pines FL 33024

Satisfactory DEP/DOH USE ONLY  
 Incomplete Collection Information  
 Repeat Samples Required  
 Replacement Samples Required  
 Date Reviewed by DEP/DOH: \_\_\_\_\_  
 DEP/DOH Reviewing Official: \_\_\_\_\_

1 For Sample Types see Instructions item I.10.  
 2 For Analysis Methods see Instructions item II.6.  
 3 Please circle appropriate selection.  
 4 Defined in Florida Administrative Code Rule 62-160, Table 1.  
 5 Complete for community & non-transient non-community systems serving populations up to and including 4,999. Do not include raw or plant samples in the average.

# DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORTING FORMAT

(62-550.730 Reporting Format Effective 01/1985, Rev/Issd 02/29/90)

**Florida-Spectrum Environmental Services, Inc.**  
 1460 W. McNab Road, Fort Lauderdale, FL 33309 Tel# (954) 978-6400  
 Certification No. E86006

Lab Receipt Date & Time: <u>20-Nov-2018 16:10</u>
Analysis Date & Time: <u>20-Nov-2018 17:35</u>
<b>Sample Acceptance Criteria:</b> Sample Preservation: <input checked="" type="checkbox"/> On Ice <input type="checkbox"/> Not On Ice <input checked="" type="checkbox"/> <u>2.40</u> °C Disinfectant Check: <input checked="" type="checkbox"/> Not Detected <input type="checkbox"/> _____ mg/L This sample does not meet the following NELAC requirements:

Report Number: 18K0702 Sub-Contract Lab ID: E86006

**Analysis Requested:** (check all that apply)

Total Coliform/E. coli  Total Coliform/Fecal  Enterococci  Coliphage  HPC  Other: \_\_\_\_\_

**Public Water System (PWS) Name:** City of Pembroke Pines

**PWS I.D.**

4	0	6	1	0	8	3
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**PWS Address:** 7960 Johnson Street

**City:** Pembroke Pines **FL** 33024

**PWS or PWS Owner's Phone #:** (754) 260-4509

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

**Collector:** Jason Cardenas

**Collector's Phone #:** (954) 582-4300/850-557-7147/

**Type of Supply:** (check only one)

Community Water System  Non-Transient Non-community Water System  Transient Non-community Water System  
 Limited Use System  Bottled Water  Private Well  Swimming Pool  Other: \_\_\_\_\_

**Reason for Sampling:** (check all that apply)

Distribution Routine  Distribution Repeat  Raw (triggered or assessment)  Raw (triggered or assessment) additional  Well Survey  
 Clearance  Replacement (also check type of sample being replaced)  Boil Water Notice  Other: \_\_\_\_\_

**Sample Collection Date:** 11/20/18

To be completed by collector of sample						To be completed by lab				
Sample #	Sample Point City of Pembroke Pines Monthly Bacteria City of Pembroke Pines, FL	Sample Collection Time	Sample Type	Disinfectant Residual (mg/L)	pH	Analysis Method(s)2: Total Coliform/E.Coli (PA) by Colilert in Water (SM9223B)				
						Non-Coliform	Total Coliform	Fecal E. Coli, Enterococci or Coliphage3	Data Qualifier4	Lab Sample #
112018-15	(SP ID 17) 1981 NW 100th Way	11:20	D	/ 3.86	8.91		Absent	Absent	U	18K0702-15
112018-16	(SP ID 16) 10120 Sheridan Street	11:35	D	/ 3.85	8.94		Absent	Absent	U	18K0702-16
112018-17	(SP ID 22) 11141 NW 22nd Street	11:49	D	/ 3.64	8.96		Absent	Absent	U	18K0702-17

**Average of disinfectant residuals for distribution routine & repeat Samples.5** Free chlorine or (Total chlorine) (circle one) / 3.89

**Disinfectant Residual Analysis Method:**  
 DPD Colorimetric  Other: \_\_\_\_\_  
**Person performing disinfectant analysis is (see instructions on reverse):**  
 A certified operator (# DWB#21736)  
 Supervised by certified operator (# \_\_\_\_\_)  
 Employed by a certified lab  Employed by DEP or DOH  
 Authorized representative of supplier of water

Unless otherwise noted, all tests are performed in accordance with NELAC standards, and the results relate only to the samples.

Date and time PWS notified by lab of positive results: \_\_\_\_\_  
 Date and time DEP/DOH notified by lab of positive results: \_\_\_\_\_  
 Date Report Issued: 23-Nov-2018 10:58/  
**Lab Signature:** Enrique Ochoa  
**Title:** (CSM) Customer Service Manager

Juquitta Drieth  
 Jacobs/CH2M-City of Pembroke Pines WT  
 7960 Johnson Street  
 Pembroke Pines FL 33024

Satisfactory DEP/DOH USE ONLY  
 Incomplete Collection Information  
 Repeat Samples Required  
 Replacement Samples Required  
 Date Reviewed by DEP/DOH: \_\_\_\_\_  
 DEP/DOH Reviewing Official: \_\_\_\_\_

<sup>1</sup> For Sample Types see Instructions item 1.16.  
<sup>2</sup> For Analysis Methods see Instructions item 11.6.  
<sup>3</sup> Please circle appropriate selection.  
<sup>4</sup> Defined in Florida Administrative Code Rule 62-160, Table 1.  
<sup>5</sup> Complete for community & non-transient non-community systems serving populations up to and including 4,000. Do not include raw or plant samples in the average.

# DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORTING FORMAT

(62-550.730 Reporting Format Effective 01/1995, Revised 02/2010)

**Florida-Spectrum Environmental Services, Inc.**  
1460 W. McNab Road, Fort Lauderdale, FL 33309 Tel# (954) 978-6400  
Certification No. E86006

Lab Receipt Date & Time: <u>20-Nov-2018 16:10</u>
Analysis Date & Time: <u>20-Nov-2018 17:35</u>
<b>Sample Acceptance Criteria:</b> Sample Preservation: <input checked="" type="checkbox"/> On Ice <input type="checkbox"/> Not On Ice <input checked="" type="checkbox"/> <u>2.40</u> °C Disinfectant Check: <input checked="" type="checkbox"/> Not Detected <input type="checkbox"/> _____ mg/L This sample does not meet the following NELAC requirements:

Report Number: 18K0705 Sub-Contract Lab ID: E86006

**Analysis Requested:** (check all that apply)

Total Coliform/*E. coli*  Total Coliform/Fecal  Enterococci  Coliphage  HPC  Other: \_\_\_\_\_

**Public Water System (PWS) Name:** City of Pembroke Pines

**PWS I.D.**

4	0	6	1	0	8	3
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**PWS Address:** 7960 Johnson Street

**City:** Pembroke Pines **FL** 33024

**PWS or PWS Owner's Phone #:** (754) 260-4509

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

**Collector:** Jason Cardenas

**Collector's Phone #:** (954) 582-4300/850-557-7147/

**Type of Supply:** (check only one)

Community Water System  Non-Transient Non-community Water System  Transient Non-community Water System  
 Limited Use System  Bottled Water  Private Well  Swimming Pool  Other: \_\_\_\_\_

**Reason for Sampling:** (check all that apply)

Distribution Routine  Distribution Repeat  Raw (triggered or assessment)  Raw (triggered or assessment) additional  Well Survey  
 Clearance  Replacement (also check type of sample being replaced)  Boil Water Notice  Other: \_\_\_\_\_

**Sample Collection Date:** 11/20/18

To be completed by collector of sample						To be completed by lab				
Sample #	Sample Point City of Pembroke Pines Monthly Bacteria City of Pembroke Pines, FL	Sample Collection Time	Sample Type	Disinfectant Residual (mg/L)	pH	Analysis Method(s): Total Coliform/ <i>E. coli</i> (PA) by Colilert in Water (SM9223B)				
						Non-Coliform	Total Coliform	Fecal <i>E. coli</i> , Enterococci or Coliphage <sup>3</sup>	Data Qualifier <sup>4</sup>	Lab Sample #
112018-18	Well #9	12:24	R	/ 0.0	7.74		Absent	Absent	U	18K0705-01
112018-19	Well #6	12:30	R	/ 0.0	7.52		Absent	Absent	U	18K0705-02
112018-20	Well #10	12:36	R	/ 0.0	7.46		Absent	Absent	U	18K0705-03
112018-21	Well #1	12:52	R	/ 0.0	7.35		Absent	Absent	U	18K0705-04
112018-22	Well #5	13:00	R	/ 0.0	7.35		Absent	Absent	U	18K0705-05
112018-23	Well #4	13:10	R	/ 0.0	7.36		Absent	Absent	U	18K0705-06
112018-24	Well #3	13:15	R	/ 0.0	7.32		Absent	Absent	U	18K0705-07

Average of disinfectant residuals for distribution routine & repeat samples: Free chlorine or Total chlorine (circle one) / 0.0

**Disinfectant Residual Analysis Method:**

DPD Colorimetric  Other: \_\_\_\_\_

**Person performing disinfectant analysis is (see instructions on reverse):**

A certified operator (# DWB#21736)  
 Supervised by certified operator (# \_\_\_\_\_)  
 Employed by a certified lab  Employed by DEP or DOH  
 Authorized representative of supplier of water

Unless otherwise noted, all tests are performed in accordance with NELAC standards, and the results relate only to the samples.

Date and time PWS notified by lab of positive results: \_\_\_\_\_

Date and time DEP/DOH notified by lab of positive results: \_\_\_\_\_

Date Report Issued: 23-Nov-2018 10:47

Lab Signature: Enrique Ochoa

Title: (CSM) Customer Service Manager

Juquitta Drieth  
Jacobs/CH2M-City of Pembroke Pines WT  
7960 Johnson Street  
Pembroke Pines FL 33024

Satisfactory DEP/DOH USE ONLY  
 Incomplete Collection Information  
 Repeat Samples Required  
 Replacement Samples Required  
Date Reviewed by DEP/DOH: \_\_\_\_\_  
DEP/DOH Reviewing Official: \_\_\_\_\_

<sup>1</sup> For Sample Types see Instructions item 1.16.

<sup>2</sup> For Analysis Methods see Instructions item II.6.

<sup>3</sup> Please circle appropriate selection.

<sup>4</sup> Defined in Florida Administrative Code Rule 62-160, Table 1.

<sup>5</sup> Composite for community & non-transient non-community systems serving populations up to and including 1,900. Do not include raw or plate samples in the average.

# DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORTING FORMAT

(62-559.730 Reporting Format Effective 01/1995, Revised 02/2010)

**Florida-Spectrum Environmental Services, Inc.**  
 1460 W. McNab Road, Fort Lauderdale, FL 33309 Tel# (954) 978-6400  
 Certification No. E86006

Lab Receipt Date & Time: <u>20-Nov-2018 16:10</u>
Analysis Date & Time: <u>20-Nov-2018 17:35</u>
<b>Sample Acceptance Criteria:</b>
Sample Preservation: <input checked="" type="checkbox"/> On Ice <input type="checkbox"/> Not On Ice <input checked="" type="checkbox"/> <u>2.40</u> °C
Disinfectant Check: <input checked="" type="checkbox"/> Not Detected <input type="checkbox"/> _____ mg/L
This sample does not meet the following NELAC requirements:

Report Number: 18K0705 Sub-Contract Lab ID: E86006

**Analysis Requested:** (check all that apply)

Total Coliform/E. coli  Total Coliform/Fecal  Enterococci  Coliphage  HPC  Other: \_\_\_\_\_

**Public Water System (PWS) Name:** City of Pembroke Pines

**PWS I.D.**

4	0	6	1	0	8	3
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**PWS Address:** 7960 Johnson Street

**City:** Pembroke Pines **FL** 33024

**PWS or PWS Owner's Phone #:** (754) 260-4509

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

**Collector:** Jason Cardenas

**Collector's Phone #:** (954) 582-4300/850-557-7147/

**Type of Supply:** (check only one)

Community Water System  Non-Transient Non-community Water System  Transient Non-community Water System  
 Limited Use System  Bottled Water  Private Well  Swimming Pool  Other: \_\_\_\_\_

**Reason for Sampling:** (check all that apply)

Distribution Routine  Distribution Repeat  Raw (triggered or assessment)  Raw (triggered or assessment) additional  Well Survey  
 Clearance  Replacement (also check type of sample being replaced)  Boil Water Notice  Other: \_\_\_\_\_

**Sample Collection Date:** 11/20/18

To be completed by collector of sample						To be completed by lab				
Sample #	Sample Point City of Pembroke Pines Monthly Bacteria City of Pembroke Pines, FL	Sample Collection Time	Sample Type	Disinfectant Residual (mg/L)	pH	Analysis Method(s): Total Coliform/E. Coli (PA) by Colligert in Water (SM9223B)				
						Non-Coliform	Total Coliform	Fecal E. Coli, Enterobacteria Coliphage3	Data Qualifier4	Lab Sample #
112018-25	Well #2	13:20	R	10.0	7.36		Absent	Absent	U	18K0705-08
Average of disinfectant residuals for distribution routine & repeat Samples.5 Free chlorine or Total chlorine (circle one)						Unless otherwise noted, all tests are performed in accordance with NELAC standards, and the results relate only to the samples.				
<b>Disinfectant Residual Analysis Method:</b> <input checked="" type="checkbox"/> DPD Colorimetric <input type="checkbox"/> Other: _____ <b>Person performing disinfectant analysis is (see instructions on reverse):</b> <input checked="" type="checkbox"/> A certified operator (# <u>DWB#21736</u> ) <input type="checkbox"/> Supervised by certified operator (# _____) <input type="checkbox"/> Employed by a certified lab <input type="checkbox"/> Employed by DEP or DOH <input type="checkbox"/> Authorized representative of supplier of water						Date and time PWS notified by lab of positive results: _____ Date and time DEP/DOH notified by lab of positive results: _____ Date Report Issued: <u>23-Nov-2018 10:47</u> <b>Lab Signature:</b> <u>Enrique Ochoa</u> <b>Title:</b> <u>(CSM) Customer Service Manager</u>				

Juquitta Drieth  
 Jacobs/CH2M-City of Pembroke Pines WT  
 7960 Johnson Street  
 Pembroke Pines FL 33024

**DEP/DOH USE ONLY**

Satisfactory  
 Incomplete Collection Information  
 Repeat Samples Required  
 Replacement Samples Required

Date Reviewed by DEP/DOH: \_\_\_\_\_  
 DEP/DOH Reviewing Official: \_\_\_\_\_

1 For Sample Types see Instructions item 1.14.  
 2 For Analysis Methods see Instructions item 11.6  
 3 Please circle appropriate selection.  
 4 Defined in Florida Administrative Code Rule 62-160, Table 1.  
 5 Complete for community & non-transient non-community systems serving populations up to and including 4,500. Do not include raw or plant samples in the average.

# DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORTING FORMAT

(62-556.730 Reporting Format Effective 01/19/95, Revised 02/20/10)

**Florida-Spectrum Environmental Services, Inc.**  
 1460 W. McNab Road, Fort Lauderdale, FL 33309 Tel# (954) 978-6400  
 Certification No. E86006

Lab Receipt Date & Time: <u>21-Nov-2018 16:30</u>
Analysis Date & Time: <u>21-Nov-2018 17:05</u>
<b>Sample Acceptance Criteria:</b>
Sample Preservation: <input checked="" type="checkbox"/> On Ice <input type="checkbox"/> Not On Ice <input checked="" type="checkbox"/> 1.20 °C
Disinfectant Check: <input checked="" type="checkbox"/> Not Detected <input type="checkbox"/> _____ mg/L
This sample does not meet the following NELAC requirements:

Report Number: 18K0752      Sub-Contract Lab ID: E86006

**Analysis Requested:** (check all that apply)

Total Coliform/E. coli    Total Coliform/Fecal    Enterococci    Coliphage    HPC    Other: \_\_\_\_\_

**Public Water System (PWS) Name:** City of Pembroke Pines

**PWS I.D.**

4	0	6	1	0	8	3
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PWS Address: 7960 Johnson Street

City: Pembroke Pines      FL      33024

PWS or PWS Owner's Phone #: (754) 260-4509

Fax #: (954) 986-5025

**Collector:** Jason Cardenas

Collector's Phone #: (954) 582-4300/850-557-7147

**Type of Supply:** (check only one)

Community Water System    Non-Transient Non-community Water System    Transient Non-community Water System  
 Limited Use System    Bottled Water    Private Well    Swimming Pool    Other: \_\_\_\_\_

**Reason for Sampling:** (check all that apply)

Distribution Routine    Distribution Repeat    Raw (triggered or assessment)    Raw (triggered or assessment) additional    Well Survey  
 Clearance    Replacement (also check type of sample being replaced)    Boil Water Notice    Other: \_\_\_\_\_

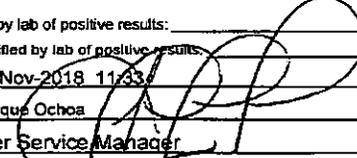
**Sample Collection Date:** 11/21/18

To be completed by collector of sample						To be completed by lab				
Sample #	Sample Point City of Pembroke Pines Monthly Bacteria City of Pembroke Pines, FL	Sample Collection Time	Sample Type	Disinfectant Residual (mg/L)	pH	Analysis Method(s)2: Total Coliform/E.Coli (PA) by Colilert in Water (SM9223B)				
						Non-Coliform	Total Coliform	Fecal, E.Coli, Enterococci or Coliphage3	Data Qualifier4	Lab Sample #
112118-01	(SP ID 4) 120 NW 73rd Avenue	6:22	D	13.78	8.71		Absent	Absent	U	18K0752-01
112118-02	(SP ID 44) 6749 Segovia Circle West	6:55	D	12.08	8.54		Absent	Absent	U	18K0752-02
112118-03	(SP ID 45) 2300 NW 172nd Avenue	7:36	D	13.58	8.82		Absent	Absent	U	18K0752-03
112118-04	(SP ID 46) 2098 NW 171st Terrace	7:50	D	13.06	8.77		Absent	Absent	U	18K0752-04
112118-05	(SP ID 48) 17059 SW 16th Street	8:10	D	12.72	8.72		Absent	Absent	U	18K0752-05
112118-06	(SP ID 27) 450 SW 182nd Way	8:30	D	13.25	8.83		Absent	Absent	U	18K0752-06
112118-07	(SP ID 49) 17817 NW 15th Street	8:45	D	13.27	8.81		Absent	Absent	U	18K0752-07

**Average of disinfectant residuals for distribution routine & repeat Samples.5**    Free chlorine   or   Total chlorine (circle one)      12.72

**Disinfectant Residual Analysis Method:**  
 DPD Colorimetric    Other: \_\_\_\_\_  
**Person performing disinfectant analysis is (see instructions on reverse):**  
 A certified operator (# DWB# 21736)  
 Supervised by certified operator (# \_\_\_\_\_)  
 Employed by a certified lab    Employed by DEP or DOH  
 Authorized representative of supplier of water

Unless otherwise noted, all tests are performed in accordance with NELAC standards, and the results relate only to the samples.

Date and time PWS notified by lab of positive results: \_\_\_\_\_  
 Date and time DEP/DOH notified by lab of positive results: \_\_\_\_\_  
 Date Report Issued: 23-Nov-2018 11:33  
**Lab Signature:** Enrique Ochoa   
**Title:** (CSM) Customer Service Manager

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

Satisfactory      **DEP/DOH USE ONLY**  
 Incomplete Collection Information  
 Repeat Samples Required  
 Replacement Samples Required  
 Date Reviewed by DEP/DOH: \_\_\_\_\_  
 DEP/DOH Reviewing Official: \_\_\_\_\_

\* For Sample Types see instructions item 1.16  
 \* For Analysis Methods see instructions item 3.6  
 \* Please circle appropriate selection.  
 \* Defined in Florida Administrative Code Rule 62-160, Table 1  
 \* Complete for community & non-transient non-community systems serving populations up to and including 4,990. Do not include raw or plant samples in the average.

# DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORTING FORMAT

(62-550.730 Reporting Format Effective 01/1995, Revised 02/2010)

**Florida-Spectrum Environmental Services, Inc.**  
1460 W. McNab Road, Fort Lauderdale, FL 33309 Tel# (954) 978-6400  
Certification No. E86006

Lab Receipt Date & Time: <u>21-Nov-2018 16:30</u>
Analysis Date & Time: <u>21-Nov-2018 17:05</u>
Sample Acceptance Criteria: Sample Preservation: <input checked="" type="checkbox"/> On Ice <input type="checkbox"/> Not On Ice <input checked="" type="checkbox"/> 1.20 °C Disinfectant Check: <input checked="" type="checkbox"/> Not Detected <input type="checkbox"/> _____ mg/L This sample does not meet the following NELAC requirements:

Report Number: 18K0752 Sub-Contract Lab ID: E86006

**Analysis Requested:** (check all that apply)

Total Coliform/E. coli  Total Coliform/Fecal  Enterococci  Coliphage  HPC  Other: \_\_\_\_\_

**Public Water System (PWS) Name:** City of Pembroke Pines

**PWS I.D.**

4	0	6	1	0	8	3
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**PWS Address:** 7960 Johnson Street

**City:** Pembroke Pines **FL** 33024

**PWS or PWS Owner's Phone #:** (754) 260-4509

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

**Collector:** Jason Cardenas

**Collector's Phone #:** (954) 582-4300/850-557-7147/

**Type of Supply:** (check only one)

Community Water System  Non-Transient Non-community Water System  Transient Non-community Water System  
 Limited Use System  Bottled Water  Private Well  Swimming Pool  Other: \_\_\_\_\_

**Reason for Sampling:** (check all that apply)

Distribution Routine  Distribution Repeat  Raw (triggered or assessment)  Raw (triggered or assessment) additional  Well Survey  
 Clearance  Replacement (also check type of sample being replaced)  Boil Water Notice  Other: \_\_\_\_\_

**Sample Collection Date:** 11/21/18

To be completed by collector of sample						To be completed by lab				
Sample #	Sample Point City of Pembroke Pines Monthly Bacteria City of Pembroke Pines, FL	Sample Collection Time	Sample Type	Disinfectant Residual (mg/L)	pH	Analysis Method(s)2: Total Coliform/E.Coli (PA) by Colilert in Water (SM9223B)				
						Non-Coliform	Total Coliform	Fecal, E.Coli/Enterococci/Coliphage3	Data Qualifier4	Lab Sample #
112118-08	(SP ID 51) 2473 NW 184th Terrace	9:05	D	/2.31	8.66		Absent	Absent	U	18K0752-08
112118-09	(SP ID 52) 18411 Pines Blvd.	9:20	D	/3.51	8.88		Absent	Absent	U	18K0752-09
112118-10	(SP ID 58) 19370 SW 16th Street	9:50	D	/1.77	8.60		Absent	Absent	U	18K0752-10
112118-11	(SP ID 53) 18539 SW 12th Street	10:10	D	/3.20	8.76		Absent	Absent	U	18K0752-11
112118-12	(SP ID 57) 420 NW 197th Avenue	10:27	D	/3.18	8.79		Absent	Absent	U	18K0752-12
112118-13	(SP ID 56) 1263 NW 195th Avenue	10:50	D	/3.36	8.88		Absent	Absent	U	18K0752-13
112118-14	(SP ID 55) 19478 NW 24th Place	11:10	D	/2.39	8.70		Absent	Absent	U	18K0752-14

**Average of disinfectant residuals for distribution routine & repeat Samples.5** Free chlorine or (Total chlorine) (circle one)

/ 2.72

Unless otherwise noted, all tests are performed in accordance with NELAC standards, and the results relate only to the samples.

**Disinfectant Residual Analysis Method:**

DPD Colorimetric  Other: \_\_\_\_\_

**Person performing disinfectant analysis is (see instructions on reverse):**

A certified operator (# DWB# 21736)  
 Supervised by certified operator (# \_\_\_\_\_)  
 Employed by a certified lab  Employed by DEP or DOH  
 Authorized representative of supplier of water

Date and time PWS notified by lab of positive results: \_\_\_\_\_

Date and time DEP/DOH notified by lab of positive results: \_\_\_\_\_

Date Report Issued: 23-Nov-2018 17:33

Lab Signature: Enrique Ochoa

Title: (CSM) Customer Service Manager

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

<input type="checkbox"/> Satisfactory	<b>DEP/DOH USE ONLY</b>
<input type="checkbox"/> Incomplete Collection Information	
<input type="checkbox"/> Repeat Samples Required	
<input type="checkbox"/> Replacement Samples Required	
Date Reviewed by DEP/DOH: _____	
DEP/DOH Reviewing Official: _____	

<sup>1</sup> For Sample Types see Instructions Item 1.10.

<sup>2</sup> For Analysis Methods see Instructions Item 11.4.

<sup>3</sup> Please circle appropriate selection.

<sup>4</sup> Defined in Florida Administrative Code Rule 62-160, Table 1.

<sup>5</sup> Complete for community & non-transient non-community systems serving populations up to and including 4,990. Do not include raw or plant samples in the average.

**DRINKING WATER MICROBIAL SAMPLE COLLECTION  
& LABORATORY REPORTING FORMAT**

(62-550.730 Reporting Format Effective 01/1/95, Revised 02/2010)

**Florida-Spectrum Environmental Services, Inc.**  
1460 W. McNab Road, Fort Lauderdale, FL 33309 Tel# (954) 978-6400  
Certification No. E86006

Lab Receipt Date & Time: <u>21-Nov-2018 16:30</u>
Analysis Date & Time: <u>21-Nov-2018 17:05</u>
Sample Acceptance Criteria: Sample Preservation: <input checked="" type="checkbox"/> On Ice <input type="checkbox"/> Not On Ice <input checked="" type="checkbox"/> <u>1.20</u> °C Disinfectant Check: <input checked="" type="checkbox"/> Not Detected <input type="checkbox"/> _____ mg/L This sample does not meet the following NELAC requirements:

Report Number: 18K0752 Sub-Contract Lab ID: E86006

**Analysis Requested:** (check all that apply)

Total Coliform/E. coli  Total Coliform/Fecal  Enterococci  Coliphage  HPC  Other: \_\_\_\_\_

Public Water System (PWS) Name: City of Pembroke Pines PWS I.D. 

4	0	6	1	0	8	3
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PWS Address: 7960 Johnson Street City: Pembroke Pines FL 33024

PWS or PWS Owner's Phone #: (754) 260-4509 Fax #: (954) 986-5025

Collector: Jason Cardenas Collector's Phone #: (954) 582-4300/850-557-71477

**Type of Supply:** (check only one)

Community Water System  Non-Transient Non-community Water System  Transient Non-community Water System  
 Limited Use System  Bottled Water  Private Well  Swimming Pool  Other: \_\_\_\_\_

**Reason for Sampling:** (check all that apply)

Distribution Routine  Distribution Repeat  Raw (triggered or assessment)  Raw (triggered or assessment) additional  Well Survey  
 Clearance  Replacement (also check type of sample being replaced)  Boil Water Notice  Other: \_\_\_\_\_

Sample Collection Date: 11/21/18

To be completed by collector of sample						To be completed by lab				
Sample #	Sample Point City of Pembroke Pines Monthly Bacteria City of Pembroke Pines, FL	Sample Collection Time	Sample Type	Disinfectant Residual (mg/L)	pH	Analysis Method(s)2: Total Coliform/E.Coli (PA) by Colilert in Water (SM9223B)				
						Non-Coliform	Total Coliform	Fecal/E.Coli/Enterococci or Coliphage3	Data Qualifier4	Lab Sample #
112118-15	(SP ID 54) 6351 SW 195th Avenue	11:25	D	/ 2.74	8.75		Absent	Absent	U	18K0752-15
112118-16	(SP ID 59) 5000 SW 207th Terrace	11:35	D	/ 1.82	8.65		Absent	Absent	U	18K0752-16
112118-17	(SP ID 63) 21250 Sheridan Street	12:10	D	/ 1.54	8.60		Absent	Absent	U	18K0752-17
112118-18	(SP ID 65) 21651 NW 7th Street	12:25	D	/ 1.50	8.68		Absent	Absent	U	18K0752-18
112118-19	(SP ID 62) 20701 Pembroke Road	13:20	D	/ 1.53	8.59		Absent	Absent	U	18K0752-19
112118-20	(SP ID 61) 20501 SW 1st Street	13:35	D	/ 2.69	8.67		Absent	Absent	U	18K0752-20
112118-21	(SP ID 60) 20620 NW 5th Street	13:50	D	/ 2.93	8.71		Absent	Absent	U	18K0752-21

Average of disinfectant residuals for distribution routine & repeat Samples.5 Free chlorine or Total chlorine (circle one) / 2.72

**Disinfectant Residual Analysis Method:**  
 DPD Colorimetric  Other: \_\_\_\_\_  
**Person performing disinfectant analysis is (see instructions on reverse):**  
 A certified operator (# DWB# 21736)  
 Supervised by certified operator (# \_\_\_\_\_)  
 Employed by a certified lab  Employed by DEP or DOH  
 Authorized representative of supplier of water

Unless otherwise noted, all tests are performed in accordance with NELAC standards, and the results relate only to the samples.

Date and time PWS notified by lab of positive results: \_\_\_\_\_  
Date and time DEP/DOH notified by lab of positive results: \_\_\_\_\_  
Date Report Issued: 23-Nov-2018 11:36  
Lab Signature: Enrique Ochoa  
Title: (CSM) Customer Service Manager

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

Satisfactory DEP/DOH USE ONLY  
 Incomplete Collection Information  
 Repeat Samples Required  
 Replacement Samples Required  
Date Reviewed by DEP/DOH: \_\_\_\_\_  
DEP/DOH Reviewing Official: \_\_\_\_\_

1 For Sample Types see Instructions item 1.16.  
2 For Analysis Methods see Instructions item 11.6.  
3 Please circle appropriate selection.  
4 Defined in Florida Administrative Code (Rule 62-160, Table 1).  
5 Complete for community & non-transient non-community systems serving populations up to and including 4,991. Do not include raw or plant samples in the average.

**DRINKING WATER MICROBIAL SAMPLE COLLECTION  
& LABORATORY REPORTING FORMAT**

(62-550.730 Reporting Format Effective 01/1995, Revised 02/2010)

**Florida-Spectrum Environmental Services, Inc.**  
1460 W. McNab Road, Fort Lauderdale, FL 33309 Tel# (954) 978-6400  
Certification No. E86006

Lab Receipt Date & Time: <u>21-Nov-2018 16:30</u>
Analysis Date & Time: <u>21-Nov-2018 17:05</u>
<b>Sample Acceptance Criteria:</b> Sample Preservation: <input checked="" type="checkbox"/> On Ice <input type="checkbox"/> Not On Ice <input checked="" type="checkbox"/> 1.20 °C Disinfectant Check: <input checked="" type="checkbox"/> Not Detected <input type="checkbox"/> _____ mg/L This sample does not meet the following NELAC requirements:

Report Number: 18K0752 Sub-Contract Lab ID: E86006

**Analysis Requested:** (check all that apply)

Total Coliform/E. coli  Total Coliform/Fecal  Enterococci  Coliphage  HPC  Other: \_\_\_\_\_

**Public Water System (PWS) Name:** City of Pembroke Pines **PWS I.D.**

4	0	6	1	0	8	3
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**PWS Address:** 7960 Johnson Street **City:** Pembroke Pines **FL** 33024

**PWS or PWS Owner's Phone #:** (754) 260-4509 **Fax #:** (954) 986-5025

**Collector:** Jason Cardenas **Collector's Phone #:** (954) 582-4300/850-557-7147/

**Type of Supply:** (check only one)

Community Water System  Non-Transient Non-community Water System  Transient Non-community Water System  
 Limited Use System  Bottled Water  Private Well  Swimming Pool  Other: \_\_\_\_\_

**Reason for Sampling:** (check all that apply)

Distribution Routine  Distribution Repeat  Raw (triggered or assessment)  Raw (triggered or assessment) additional  Well Survey  
 Clearance  Replacement (also check type of sample being replaced)  Boil Water Notice  Other: \_\_\_\_\_

**Sample Collection Date:** 11/21/18

To be completed by collector of sample						To be completed by lab				
Sample #	Sample Point City of Pembroke Pines Monthly Bacteria City of Pembroke Pines, FL	Sample Collection Time	Sample Type	Disinfectant Residual (mg/L)	pH	Analysis Method(s)2: Total Coliform/E.Coli (PA) by Colilert in Water (SM9223B)				
						Non-Coliform	Total Coliform	Fecal, E.Coli, Enterococci or Coliphage3	Data Qualifier4	Lab Sample #
112118-22	(SP ID 35) 13198 NW 23rd Street	14:35	D	13.6	8.81		Absent	Absent	U	18K0752-22

**Average of disinfectant residuals for distribution routine & repeat Samples.5** Free chlorine or Total chlorine (circle one) / 2.72

**Disinfectant Residual Analysis Method:**  
 DPD Colorimetric  Other: \_\_\_\_\_  
**Person performing disinfectant analysis is (see instructions on reverse):**  
 A certified operator (# DWB# 21736)  
 Supervised by certified operator (# \_\_\_\_\_)  
 Employed by a certified lab  Employed by DEP or DOH  
 Authorized representative of supplier of water

Unless otherwise noted, all tests are performed in accordance with NELAC standards, and the results relate only to the samples.

Date and time PWS notified by lab of positive results: \_\_\_\_\_  
Date and time DEP/DOH notified by lab of positive results: \_\_\_\_\_  
Date Report Issued: 23-Nov-2018 17:33  
**Lab Signature:** Enrique Ochoa  
**Title:** (CSM) Customer Service Manager

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

Satisfactory DEP/DOH USE ONLY  
 Incomplete Collection Information  
 Repeat Samples Required  
 Replacement Samples Required  
Date Reviewed by DEP/DOH: \_\_\_\_\_  
DEP/DOH Reviewing Official: \_\_\_\_\_

1 For Sample Types see Instructions Item 1.16.  
2 For Analysis Methods see Instructions Item 11.6.  
3 Please circle appropriate selection.  
4 Defined in Florida Administrative Code Rule 62-160, Table 1.  
5 Complete for community & non-transient non-community systems serving populations up to and including 4,999. Do not include new or plant samples in the average.



**Florida Department of Environmental Protection Southeast District (WB)**

3301 Gun Club Road, MSC7210-1 West Palm Beach, FL 33406

**WATER UTILITY:** City of Pembroke Pines - PWSID 4061083      **MONTH:** December      **YEAR:** 2018

Note: Please complete this form monthly and attach one copy to the monthly water plant operation report to be submitted to the FDEP not later than the 10<sup>th</sup> of the following month.

**MONTHLY BACTERIOLOGICAL SAMPLES ANALYZED FROM COMMUNITY WATER SYSTEMS**

Minimum Number of Samples Required			Number of Samples Analyzed			Number of Unsatisfactory Samples		
Well	Plant	Distribution	Well	Plant	Distribution	Well	Plant	Distribution
8	0	120						
1. Collected by Utility, Analyzed by State Cert. Lab			8	0	129	0	0	1
2. Collected by Utility Analyzed by Plant Lab			0	0	0	0	0	0
3. Total -Add Lines (1 +2)			<b>8</b>	<b>0</b>	<b>129</b>	<b>0</b>	<b>0</b>	<b>1</b>

\*Note: Do not include results on main clearance.

# DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORTING FORMAT

#2-550 730 Reporting Format Effective 01/19/05, Revised 02/2010

**Florida-Spectrum Environmental Services, Inc.**  
 1460 W. McNab Road, Fort Lauderdale, FL 33309 Tel# (954) 978-6400  
 Certification No. E86006

Lab Receipt Date & Time: <u>03-Dec-2018 17:00</u>
Analysis Date & Time: <u>03-Dec-2018 18:30</u>
<b>Sample Acceptance Criteria:</b>
Sample Preservation: <input checked="" type="checkbox"/> On Ice <input type="checkbox"/> Not On Ice <input checked="" type="checkbox"/> 4.80 °C
Disinfectant Check: <input checked="" type="checkbox"/> Not Detected <input type="checkbox"/> _____ mg/L
This sample does not meet the following NELAC requirements:

Report Number: 18L0042      Sub-Contract Lab ID: E86006

**Analysis Requested:** (check all that apply)

Total Coliform/E. coli    Total Coliform/Fecal    Enterococci    Coliphage    HPC    Other: \_\_\_\_\_

**Public Water System (PWS) Name:** City of Pembroke Pines      **PWS I.D.**

4	0	6	1	0	8	3
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**PWS Address:** 7960 Johnson Street      **City:** Pembroke Pines      **FL**      **33024**

**PWS or PWS Owner's Phone #:** (754) 260-4509      **Fax #:** (954) 986-5025

**Collector:** Jason Cardenas      **Collector's Phone #:** (954) 582-4300/850-557-7147

**Type of Supply:** (check only one)

Community Water System    Non-Transient Non-community Water System    Transient Non-community Water System  
 Limited Use System    Bottled Water    Private Well    Swimming Pool    Other: \_\_\_\_\_

**Reason for Sampling:** (check all that apply)

Distribution Routine    Distribution Repeat    Raw (triggered or assessment)    Raw (triggered or assessment) additional    Well Survey  
 Clearance    Replacement (also check type of sample being replaced)    Boil Water Notice    Other: \_\_\_\_\_

**Sample Collection Date:** 12/3/18

To be completed by collector of sample						To be completed by lab				
Sample #	Sample Point City of Pembroke Pines Monthly Bacteria City of Pembroke Pines, FL	Sample Collection Time	Sample Type	Disin- fectant Residual (mg/L)	pH	Analysis Method(s): Total Coliform/E. Coli (PA) by Colilert in Water (SM9223B)				
						Non- Coliform	Total Coliform	Fecal, E. Coli, Enterococci or Coliphage3	Data Qualifier4	Lab Sample #
120318-01	(SP ID 1) 2040 NW 74th Avenue	7:40	D	7.388	8.41		Absent	Absent	U	18L0042-01
120318-02	(SP ID 2) 7610 Taft Street	8:00	D	7.405	8.87		Absent	Absent	U	18L0042-02
120318-03	(SP ID 3) 7741 Johnson Street	8:15	D	7.419	8.91		Absent	Absent	U	18L0042-03
120318-04	(SP ID 4) 120 NW 73rd Avenue	8:30	D	7.395	8.95		Absent	Absent	U	18L0042-04
120318-05	(SP ID 5) 7021 SW 9th Street	8:55	D	7.373	9.0		Absent	Absent	U	18L0042-05
120318-06	(SP ID 11) 1530 SW 85th Avenue	9:10	D	7.367	8.97		Absent	Absent	U	18L0042-06
120318-07	(SP ID 10) 199 N University Drive	9:30	D	7.328	8.95		Absent	Absent	U	18L0042-07

**Average of disinfectant residuals for distribution routine & repeat Samples.5** Free chlorine or Total chlorine (circle one)      7.385

**Disinfectant Residual Analysis Method:**  
 DPD Colorimetric    Other: \_\_\_\_\_  
**Person performing disinfectant analysis is (see instructions on reverse):**  
 A certified operator (# DWB#21736)  
 Supervised by certified operator (# \_\_\_\_\_)  
 Employed by a certified lab    Employed by DEP or DOH  
 Authorized representative of supplier of water

Unless otherwise noted, all tests are performed in accordance with NELAC standards, and the results relate only to the samples.

Date and time PWS notified by lab of positive results: \_\_\_\_\_  
 Date and time DEP/DOH notified by lab of positive results: \_\_\_\_\_  
 Date Report Issued: 05-Dec-2018 13:52  
**Lab Signature:** Enrique Ochoa  
**Title:** (CSM) Customer Service Manager

Juquitta Drieth  
 Jacobs/CH2M-City of Pembroke Pines W1  
 7960 Johnson Street  
 Pembroke Pines      FL      33024

Satisfactory      **DEP/DOH USE ONLY**  
 Incomplete Collection Information  
 Repeat Samples Required  
 Replacement Samples Required  
 Date Reviewed by DEP/DOH: \_\_\_\_\_  
 DEP/DOH Reviewing Official: \_\_\_\_\_

For Sample Types or Instructions see 1.1  
 For Analytical Methods see Instructions item 2.1  
 Please circle appropriate selection  
 \*Federal or Florida State laboratories only Risk 02 - for Labels  
 Copyright for components & use of trademarks and community of water using populations up to and including 10,000 persons includes use of point samples in the average

# DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORTING FORMAT

(62-550-730 Reporting Format Effective 01/1995, Revised 02/2010)

**Florida-Spectrum Environmental Services, Inc.**  
 1460 W. McNab Road, Fort Lauderdale, FL 33309 Tel# (954) 978-6400  
 Certification No. E86006

Lab Receipt Date & Time: <u>03-Dec-2018 17:00</u>
Analysis Date & Time: <u>03-Dec-2018 18:30</u>
<b>Sample Acceptance Criteria:</b> Sample Preservation: <input checked="" type="checkbox"/> On Ice <input type="checkbox"/> Not On Ice <input checked="" type="checkbox"/> 4.80 °C Disinfectant Check: <input checked="" type="checkbox"/> Not Detected <input type="checkbox"/> _____ mg/L This sample does not meet the following NELAC requirements: _____

Report Number: 18L0042      Sub-Contract Lab ID: E86006

**Analysis Requested:** (check all that apply)

Total Coliform/E. coli    Total Coliform/Fecal    Enterococci    Coliphage    HPC    Other: \_\_\_\_\_

**Public Water System (PWS) Name:** City of Pembroke Pines      **PWS I.D.**

4	0	6	1	0	8	3
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**PWS Address:** 7960 Johnson Street      **City:** Pembroke Pines      **FL**      **33024**

**PWS or PWS Owner's Phone #:** (754) 260-4509      **Fax #:** (954) 986-5025

**Collector:** Jason Cardenas      **Collector's Phone #:** (954) 582-4300/850-557-7147/

**Type of Supply:** (check only one)

Community Water System    Non-Transient Non-community Water System    Transient Non-community Water System  
 Limited Use System    Bottled Water    Private Well    Swimming Pool    Other: \_\_\_\_\_

**Reason for Sampling:** (check all that apply)

Distribution Routine    Distribution Repeat    Raw (triggered or assessment)    Raw (triggered or assessment) additional    Well Survey  
 Clearance    Replacement (also check type of sample being replaced)    Boil Water Notice    Other: \_\_\_\_\_

**Sample Collection Date:** 12/3/18

To be completed by collector of sample						To be completed by lab				
Sample #	Sample Point City of Pembroke Pines Monthly Bacteria City of Pembroke Pines, FL	Sample Collection Time	Sample Type	Disinfectant Residual (mg/L)	pH	Analysis Method(s)2: Total Coliform/E Coli (PA) by Colilert in Water (SM9223B)				
						Non-Coliform	Total Coliform	Fecal, E Coli, Enterococci or Coliphage3	Data Qualifier4	Lab Sample #
120318-08	(SP ID 9) 8131 Johnson Street	9:50	D	1.39	9.06		Absent	Absent	U	18L0042-08
120318-09	(SP ID 8) 8130 Taft Street	10:26	D	1.394	9.02		Absent	Absent	U	18L0042-09
120318-10	(SP ID 7) 2402 N University Drive	10:45	D	1.366	8.94		Absent	Absent	U	18L0042-10
120318-11	(SP ID 68) 2060 NW 88th Terrace	11:05	D	1.382	8.99		Absent	Absent	U	18L0042-11
120318-12	(SP ID 12) 1621 N Douglas Road	11:20	D	1.395	9.03		Absent	Absent	U	18L0042-12
123018-13	(SP ID 13) 8880 Johnson Street	11:35	D	1.391	9.01		Absent	Absent	U	18L0042-13
120318-14	(SP ID 14) 120 N Douglas Road	11:50	D	1.391	8.98		Absent	Absent	U	18L0042-14

**Average of disinfectant residuals for distribution routine & repeat Samples.5** Free chlorine or Total chlorine (circle one)  
 / 3.85

**Disinfectant Residual Analysis Method:**  
 DPD Colorimetric    Other: \_\_\_\_\_  
**Person performing disinfectant analysis is (see instructions on reverse):**  
 A certified operator (# DWB#21736)  
 Supervised by certified operator (# \_\_\_\_\_)  
 Employed by a certified lab    Employed by DEP or DOH  
 Authorized representative of supplier of water

Unless otherwise noted, all tests are performed in accordance with NELAC standards, and the results relate only to the samples.

Date and time PWS notified by lab of positive results: \_\_\_\_\_  
 Date and time DEP/DOH notified by lab of positive results: \_\_\_\_\_  
 Date Report Issued: 05-Dec-2018 13:52  
**Lab Signature:** Enrique Ochoa  
**Title:** (CSM) Customer Service Manager

Juquitta Drieth  
 Jacobs/CH2M-City of Pembroke Pines W1  
 7960 Johnson Street  
 Pembroke Pines      FL      33024

<input type="checkbox"/> Satisfactory <input type="checkbox"/> Incomplete Collection Information <input type="checkbox"/> Repeat Samples Required <input type="checkbox"/> Replacement Samples Required	<b>DEP/DOH USE ONLY</b>  Date Reviewed by DEP/DOH: _____ DEP/DOH Reviewing Official: _____
--	---

1. Sample types see instructions item 1b.  
 2. Analysis Methods see instructions item 3b.  
 3. Please circle appropriate section.  
 4. Based on Florida Administrative Code Rule 62-550.730, Table 1.  
 5. Complete for community & non-transient non-community water systems preparing to go into distribution. For other samples, this section is not applicable.

**DRINKING WATER MICROBIAL SAMPLE COLLECTION  
& LABORATORY REPORTING FORMAT**

(62-550.730 Reporting Format Effective 01/1995, Revised 02/2010)

**Florida-Spectrum Environmental Services, Inc.**  
1460 W. McNab Road, Fort Lauderdale, FL 33309 Tel# (954) 978-6400  
Certification No. E36006

Lab Receipt Date & Time: 04-Dec-2018 16:40

Analysis Date & Time: 04-Dec-2018 17:25

**Sample Acceptance Criteria:**

Sample Preservation:  On Ice  Not On Ice  1.00 °C  
Disinfectant Check:  Not Detected  \_\_\_\_\_ mg/L  
This sample does not meet the following NELAC requirements:

Report Number: 18L0065 Sub-Contract Lab ID: E86006

**Analysis Requested:** (check all that apply)

Total Coliform/E. coli  Total Coliform/Fecal  Enterococci  Coliphage  HPC  Other: \_\_\_\_\_

**Public Water System (PWS) Name:** City of Pembroke Pines **PWS I.D.**

4	0	6	1	0	8	3
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**PWS Address:** 7960 Johnson Street **City:** Pembroke Pines **FL** 33024

**PWS or PWS Owner's Phone #:** (754) 260-4509 **Fax #:** (954) 986-5025

**Collector:** Jason Cardenas **Collector's Phone #:** (954) 582-4300/850-557-7147/

**Type of Supply:** (check only one)

Community Water System  Non-Transient Non-community Water System  Transient Non-community Water System  
 Limited Use System  Bottled Water  Private Well  Swimming Pool  Other: \_\_\_\_\_

**Reason for Sampling:** (check all that apply)

Distribution Routine  Distribution Repeat  Raw (triggered or assessment)  Raw (triggered or assessment) additional  Well Survey  
 Clearance  Replacement (also check type of sample being replaced)  Boil Water Notice  Other: \_\_\_\_\_

**Sample Collection Date:** 12/4/18

To be completed by collector of sample						To be completed by lab				
Sample #	Sample Point City of Pembroke Pines Monthly Bacteria City of Pembroke Pines, FL	Sample Collection Time	Sample Type	Disinfectant Residual (mg/L)	pH	Analysis Method(s) 2: Total Coliform/E. Coli (PA) by Colilert in Water (SM9223B)				
						Non-Coliform	Total Coliform	Fecal E. Coli/Enterococci/Coliphage3	Data Qualifier4	Lab Sample #
120418-01	(SP ID 15) 900 Hollybrook Drive	8:20	D	3.56	8.54		Absent	Absent	U	18L0065-01
120418-02	(SP ID 20) 10001 SW 14th Street	8:40	D	3.15	8.79		Absent	Absent	U	18L0065-02
120418-03	(SP ID 19) 10101 Pines Blvd.	9:00	D	3.94	8.95		Absent	Absent	U	18L0065-03
120418-04	(SP ID 18) 10000 Johnson Street	9:15	D	4.04	9.09		Absent	Absent	U	18L0065-04
120418-05	(SP ID 17) 1981 NW 100th Way	9:30	D	3.80	9.11		Absent	Absent	U	18L0065-05
120418-06	(SP ID 16) 10120 Sheridan Street	9:50	D	3.65	9.10		Absent	Absent	U	18L0065-06
120418-07	(SP ID 22) 11141 NW 22nd Street	10:10	D	3.43	9.10		Absent	Absent	U	18L0065-07

**Average of disinfectant residuals for distribution routine & repeat Samples:** Free chlorine  Total chlorine  (circle one) 3.58

**Disinfectant Residual Analysis Method:**  
 DPD Colorimetric  Other: \_\_\_\_\_  
**Person performing disinfectant analysis is (see instructions on reverse):**  
 A certified operator (DWB# 21736)  
 Supervised by certified operator (# \_\_\_\_\_)  
 Employed by a certified lab  Employed by DEP or DOH  
 Authorized representative of supplier of water

Unless otherwise noted, all tests are performed in accordance with NELAC standards, and the results relate only to the samples.

Date and time PWS notified by lab of positive results: \_\_\_\_\_  
Date and time DEP/DOH notified by lab of positive results: \_\_\_\_\_  
Date Report issued: 10-Dec-2018 12:33  
**Lab Signature:** Enrique Ochoa  
**Title:** (CSM) Customer Service Manager

Juquitta Drieth  
Jacobs/CH2M-City of Pembroke Pines WT  
7960 Johnson Street  
Pembroke Pines FL 33024

Satisfactory DEP/DOH USE ONLY  
 Incomplete Collection Information  
 Repeat Samples Required  
 Replacement Samples Required  
Date Reviewed by DEP/DOH: \_\_\_\_\_  
DEP/DOH Reviewing Official: \_\_\_\_\_

# DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORTING FORMAT

(62-559.730 Reporting Format Effective 01/1995, Revised 02/2010)

**Florida-Spectrum Environmental Services, Inc.**  
 1460 W. McSab Road, Fort Lauderdale, FL 33309 Tel# (954) 978-6400  
 Certification No. E86006

Lab Receipt Date & Time: <u>04-Dec-2018 16:40</u>
Analysis Date & Time: <u>04-Dec-2018 17:25</u>
<b>Sample Acceptance Criteria:</b> Sample Preservation: <input checked="" type="checkbox"/> On Ice <input type="checkbox"/> Not On Ice <input checked="" type="checkbox"/> 1.00 °C Disinfectant Check: <input checked="" type="checkbox"/> Not Detected <input type="checkbox"/> _____ mg/L This sample does not meet the following NELAC requirements: _____

Report Number: 18L0065      Sub-Contract Lab ID E86006

**Analysis Requested:** (check all that apply)  
 Total Coliform/E. coli    Total Coliform/Fecal    Enterococci    Coliphage    HPC    Other: \_\_\_\_\_

**Public Water System (PWS) Name:** City of Pembroke Pines      **PWS I.D.:**

4	0	6	1	0	8	3
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**PWS Address:** 7960 Johnson Street      **City:** Pembroke Pines      **FL**      **33024**

**PWS or PWS Owner's Phone #:** (754) 260-4509      **Fax #:** (954) 986-5025

**Collector:** Jason Cardenas      **Collector's Phone #:** (954) 582-4300/850-557-7147/

**Type of Supply:** (check only one)  
 Community Water System    Non-Transient Non-community Water System    Transient Non-community Water System  
 Limited Use System    Bottled Water    Private Well    Swimming Pool    Other: \_\_\_\_\_

**Reason for Sampling:** (check all that apply)  
 Distribution Routine    Distribution Repeat    Raw (triggered or assessment)    Raw (triggered or assessment) additional    Well Survey  
 Clearance    Replacement (also check type of sample being replaced)    Boil Water Notice    Other: \_\_\_\_\_

**Sample Collection Date:** 12/4/18

To be completed by collector of sample						To be completed by lab				
Sample #	Sample Point City of Pembroke Pines Monthly Bacteria City of Pembroke Pines, FL	Sample Collection Time	Sanitic Type	Disin- fectant Residual (mg/L)	pH	Analysis Method(s)2 Total Coliform/E. Coli (PA) by Collitert in Water (SM9223B)				
						Non- Coliform	Total Coliform	Fecal (E. Coli, Enterococci or Coliphage)3	Data Qualifier4	Lab Sample #
120418-08	(SP ID 21) 1751 N. Hiatus Road	10:25	D	73.44	9.12		Absent	Absent	U	18L0065-08
120418-09	(SP ID 23) 10755 NW 10th Street	10:39	D	73.97	9.08		Absent	Absent	U	18L0065-09
120418-10	(SP ID 24) 200 S. Hiatus Road	11:20	D	73.71	9.15		Absent	Absent	U	18L0065-10
120418-11	(SP ID 25) 11131 SW 13th Street	11:35	D	73.22	8.98		Absent	Absent	U	18L0065-11
120418-12	(SP ID 30) 12399 Pembroke Road	11:58	D	73.38	9.01		Absent	Absent	U	18L0065-12
120418-13	(SP ID 29) 241 SW 122nd Terrace	12:12	D	73.65	9.01		Absent	Absent	U	18L0065-13
120418-14	(SP ID 28) 1050 NW 123rd Avenue	12:30	D	73.15	9.02		Absent	Absent	U	18L0065-14

**Average of disinfectant residuals for distribution routine & repeat Samples.5** Free chlorine or Total chlorine (circle one)      73.58

**Disinfectant Residual Analysis Method:**  
 DPD Colorimetric    Other: \_\_\_\_\_  
**Person performing disinfectant analysis is (see instructions on reverse):**  
 A certified operator (# DWB# 21736)  
 Supervised by certified operator (# \_\_\_\_\_)  
 Employed by a certified lab    Employed by DEP or DOH  
 Authorized representative of supplier of water

Unless otherwise noted, all tests are performed in accordance with NELAC standards, and the results relate only to the samples.

Date and time PWS notified by lab of positive results: \_\_\_\_\_  
 Date and time DEP/DOH notified by lab of positive results: \_\_\_\_\_  
 Date Report Issued: 10-Dec-2018 12:33  
**Lab Signature:** Enrique Ochoa  
**Title:** (CSM) Customer Service Manager

Juquitta Drieth  
 Jacobs/CH2M-City of Pembroke Pines WT  
 7960 Johnson Street  
 Pembroke Pines      FL      33024

<input type="checkbox"/> Satisfactory <input type="checkbox"/> Incomplete Collection Information <input type="checkbox"/> Repeat Samples Required <input type="checkbox"/> Replacement Samples Required	<b>DEP/DOH USE ONLY</b>  Date Reviewed by DEP/DOH: _____ DEP/DOH Reviewing Official: _____
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For Sample Types see Instructions Item 1.0.  
 For Analysis Methods see Instructions Item 2.0.  
 Please check appropriate selection.  
 District or Florida Subregional Office: (954) 330-1000  
 A complete list of community & non-community water suppliers with their jurisdictional boundaries is available on the Florida Department of Environmental Protection's website at: www.dep.state.fl.us/water/communities.htm

**DRINKING WATER MICROBIAL SAMPLE COLLECTION  
& LABORATORY REPORTING FORMAT**

162-550.730 Reporting Format Effective 01/1995, Revised 02/2016

**Florida-Spectrum Environmental Services, Inc.**  
1460 W. McNab Road, Fort Lauderdale, FL 33309 Tel# (954) 978-6400  
Certification No. E86006

Lab Receipt Date & Time: 05-Dec-2018 16:30

Analysis Date & Time: 05-Dec-2018 18:05

**Sample Acceptance Criteria:**

Sample Preservation:  On Ice  Not On Ice  7.40 °C  
Disinfectant Check:  Not Detected  \_\_\_\_\_ mg/L  
This sample does not meet the following NELAC requirements:

Report Number: 18L0134 Sub-Contract Lab ID E86006

**Analysis Requested:** (check all that apply)

Total Coliform/E. coli  Total Coliform/Fecal  Enterococci  Coliphage  HPC  Other: \_\_\_\_\_

**Public Water System (PWS) Name:** City of Pembroke Pines

**PWS I.D.**

4	0	6	1	0	8	3
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**PWS Address:** 7960 Johnson Street

**City:** Pembroke Pines **FL** 33024

**PWS or PWS Owner's Phone #:** (754) 260-4509

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

**Collector:** Jason Cardenas

**Collector's Phone #:** (954) 582-4300/850-557-7147/

**Type of Supply:** (check only one)

Community Water System  Non-Transient Non-community Water System  Transient Non-community Water System  
 Limited Use System  Bottled Water  Private Well  Swimming Pool  Other: \_\_\_\_\_

**Reason for Sampling:** (check all that apply)

Distribution Routine  Distribution Repeat  Raw (triggered or assessment)  Raw (triggered or assessment) additional  Well Survey  
 Clearance  Replacement (also check type of sample being replaced)  Boil Water Notice  Other: \_\_\_\_\_

**Sample Collection Date:** 12/5/18

To be completed by collector of sample						To be completed by lab				
Sample #	Sample Point City of Pembroke Pines Monthly Bacteria City of Pembroke Pines, FL	Sample Collection Time	Sample Type	Disinfectant Residual (mg/L)	pH	Analysis Method(s): Total Coliform/E.Coli (PA) by Colilert in Water (SM9223B)				
						Non-Coliform	Total Coliform	Fecal Enterococci/Coliphage3	E. Coli	Data Qualifier4
120518-01	(SP ID 26) 2110 NW 120th Terrace	8:30	D	12.75	8.41		Absent	Absent	U	18L0134-01
120518-02	(SP ID 34) 1601 SW 128th Terrace	8:52	D	13.69	8.72		Absent	Absent	U	18L0134-02
120518-03	(SP ID 33) 750 SW 136th Avenue	9:15	D	13.68	8.94		Absent	Absent	U	18L0134-03
120518-04	(SP ID 67) 788 NW 135th Terrace	9:35	D	13.86	8.97		Absent	Absent	U	18L0134-04
120518-05	(SP ID 31) 13702 NW 20th Street	10:00	D	13.69	8.99		Absent	Absent	U	18L0134-05
120518-06	(SP ID 32) 13771 NW 16th Street	10:15	D	13.65	8.98		Absent	Absent	U	18L0134-06
120518-07	(SP ID 36) 2250 NW 145th Avenue	10:36	D	13.54	9.0		Absent	Absent	U	18L0134-07

**Average of disinfectant residuals for distribution routine & repeat Samples.5** Free chlorine or Total chlorine (circle one) 13.55

Unless otherwise noted, all tests are performed in accordance with NELAC standards, and the results relate only to the samples.

**Disinfectant Residual Analysis Method:**

DPD Colorimetric  Other \_\_\_\_\_

**Person performing disinfectant analysis is (see instructions on reverse):**

A certified operator (# DWB# 21736)  
 Supervised by certified operator (# \_\_\_\_\_)  
 Employed by a certified lab  Employed by DEP or DOH  
 Authorized representative of supplier of water

Date and time PWS notified by lab of positive results \_\_\_\_\_

Date and time DEP/DOH notified by lab of positive results \_\_\_\_\_

Date Report Issued: 07-Dec-2018 11:52

**Lab Signature:** Enrique Ochoa

**Title:** (CSM) Customer Service Manager

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

Satisfactory DEP/DOH USE ONLY

Incomplete Collection Information

Repeat Samples Required

Replacement Samples Required

Date Reviewed by DEP/DOH: \_\_\_\_\_

DEP/DOH Reviewing Official: \_\_\_\_\_

For Sample Types see Instructions on Form 110.  
For Analysis Methods see Instructions on Form 110.  
Please check appropriate station.  
Defined as Florida Administrative Code Rule 62.100, Table 1.  
1. Complete for community & non-transient non-community water systems using percolation up to and including 2.4 ft. The other methods apply to samples by the system.

**DRINKING WATER MICROBIAL SAMPLE COLLECTION  
& LABORATORY REPORTING FORMAT**

162-550.730 Reporting Format Effective 01/19/95, Revised 02/2010

**Florida-Spectrum Environmental Services, Inc.**  
1460 W. McNab Road, Fort Lauderdale, FL 33309 Tel# (954) 978-6400  
Certification No. E86006

Lab Receipt Date & Time: <u>05-Dec-2018 16:30</u>
Analysis Date & Time: <u>05-Dec-2018 18:05</u>
<b>Sample Acceptance Criteria:</b> Sample Preservation: <input checked="" type="checkbox"/> On Ice <input type="checkbox"/> Not On Ice <input checked="" type="checkbox"/> 7.40 °C Disinfectant Check: <input checked="" type="checkbox"/> Not Detected <input type="checkbox"/> _____ mg/L This sample does not meet the following NELAC requirements:

Report Number: 18L0134 Sub-Contract Lab ID: E86006

**Analysis Requested:** (check all that apply)  
 Total Coliform/E. coli  Total Coliform/Fecal  Enterococci  Coliphage  HPC  Other \_\_\_\_\_

**Public Water System (PWS) Name:** City of Pembroke Pines **PWS I.D.**

4	0	6	1	0	8	3
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**PWS Address:** 7960 Johnson Street **City:** Pembroke Pines **FL** 33024

**PWS or PWS Owner's Phone #:** (754) 260-4509 **Fax #:** (954) 986-5025

**Collector:** Jason Cardenas **Collector's Phone #:** (954) 582-4300/850-557-7147

**Type of Supply:** (check only one)  
 Community Water System  Non-Transient Non-community Water System  Transient Non-community Water System  
 Limited Use System  Bottled Water  Private Well  Swimming Pool  Other: \_\_\_\_\_

**Reason for Sampling:** (check all that apply)  
 Distribution Routine  Distribution Repeat  Raw (triggered or assessment)  Raw (triggered or assessment) additional  Well Survey  
 Clearance  Replacement (also check type of sample being replaced)  Boil Water Notice  Other: \_\_\_\_\_

**Sample Collection Date:** 12/5/18

To be completed by collector of sample						To be completed by lab				
Sample #	Sample Point City of Pembroke Pines Monthly Bacteria City of Pembroke Pines, FL	Sample Collection Time	Sample Type	Disin- fectant Residual (mg/L)	pH	Analysis Method(s)2: Total Coliform/E.Coli (PA) by Colifert in Water (SM9223B)				
						Non- Coliform	Total Coliform	Fecal Enterococci or Coliphage3	Data Qualifier4	Lab Sample #
120518-08	(SP ID 37) 1142 NW 141st Avenue	10.55	D	3.65	8.97		Absent	Absent	U	18L0134-08
120518-09	(SP ID 38) 14300 SW 8th Street	11.15	D	3.64	8.98		Absent	Absent	U	18L0134-09
120518-10	(SP ID 40) 300 SW 147th Avenue	12.00	D	3.60	8.98		Absent	Absent	U	18L0134-10
120518-11	(SP ID 43) 1234 SW 159th Lane	12.25	D	3.20	8.98		Absent	Absent	U	18L0134-11
120518-12	(SP ID 42) 69 NW 161st Avenue	12.45	D	3.70	9.04		Absent	Absent	U	18L0134-12
120518-13	(SP ID 39) 15714 NW 24th Street	13.05	D	3.62	8.99		Absent	Absent	U	18L0134-13
120518-14	(SP ID 41) 16028 NW 21st Street	13.20	D	3.39	9.02		Absent	Absent	U	18L0134-14

**Average of disinfectant residuals for distribution routine & repeat Samples.5** Free chlorine or Total chlorine (circle one) 3.55

**Disinfectant Residual Analysis Method:**  
 DPD Colorimetric  Other \_\_\_\_\_  
**Person performing disinfectant analysis is (see instructions on reverse):**  
 A certified operator (# DWB# 21736)  
 Supervised by certified operator (# \_\_\_\_\_)  
 Employed by a certified lab  Employed by DEP or DOH  
 Authorized representative of supplier of water

Unless otherwise noted, all tests are performed in accordance with NELAC standards, and the results relate only to the samples.

Date and time PWS notified by lab of positive results: \_\_\_\_\_  
Date and time DEP/DOH notified by lab of positive results: \_\_\_\_\_  
Date Report Issued: 07-Dec-2018/11:52  
**Lab Signature:** Enrique Ochoa  
**Title:** (CSM) Customer Service Manager

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

Satisfactory DEP/DOH USE ONLY  
 Incomplete Collection Information  
 Repeat Samples Required  
 Replacement Samples Required  
Date Reviewed by DEP/DOH: \_\_\_\_\_  
DEP/DOH Reviewing Official: \_\_\_\_\_

For Sample Types see instructions on the back.  
For Analysis Methods see instructions on the back.  
Please circle appropriate selection.  
24-hour Florida Administrative Code Rule 62D-09.001.  
Complexes, communities & non-transient non-community systems serving populations up to and including 1,000. Do not include in your sample collection.

**DRINKING WATER MICROBIAL SAMPLE COLLECTION  
& LABORATORY REPORTING FORMAT**

162-550 730 Reporting Format Effective 01/1995, Revised 02/2010

**Florida-Spectrum Environmental Services, Inc.**  
1460 W. McNab Road, Fort Lauderdale, FL 33309 Tel# (954) 978-6400  
Certification No. E86006

Lab Receipt Date & Time: <u>10-Dec-2018 16:30</u>
Analysis Date & Time: <u>10-Dec-2018 17:15</u>
<b>Sample Acceptance Criteria:</b> Sample Preservation: <input checked="" type="checkbox"/> On Ice <input type="checkbox"/> Not On Ice <input checked="" type="checkbox"/> 2.00 °C Disinfectant Check: <input checked="" type="checkbox"/> Not Detected <input type="checkbox"/> _____ mg/L This sample does not meet the following NELAC requirements:

Report Number: 18L0260 Sub-Contract Lab ID: E86006

**Analysis Requested:** (check all that apply)  
 Total Coliform/E. coli  Total Coliform/Fecal  Enterococci  Coliphage  HPC  Other: \_\_\_\_\_

**Public Water System (PWS) Name:** City of Pembroke Pines **PWS I.D.**

4	0	6	1	0	8	3
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**PWS Address:** 7960 Johnson Street **City:** Pembroke Pines **FL** 33024

**PWS or PWS Owner's Phone #:** (754) 260-4509 **Fax #:** (954) 986-5025

**Collector:** Jason Cardenas **Collector's Phone #:** (850)-557-7147

**Type of Supply:** (check only one)  
 Community Water System  Non-Transient Non-community Water System  Transient Non-community Water System  
 Limited Use System  Bottled Water  Private Well  Swimming Pool  Other: \_\_\_\_\_

**Reason for Sampling:** (check all that apply)  
 Distribution Routine  Distribution Repeat  Raw (triggered or assessment)  Raw (triggered or assessment) additional  Well Survey  
 Clearance  Replacement (also check type of sample being replaced)  Boil Water Notice  Other: \_\_\_\_\_

**Sample Collection Date:** 12/10/18

Sample #	Sample Point City of Pembroke Pines Monthly Bacteria City of Pembroke Pines, FL	Sample Collection Time	Sample Type	Disin- fectant Residual (mg/L)	pH	To be completed by lab				
						Analysis Method(s): Total Coliform/E. Coli (PA) by Colliert in Water (SM9223B)				
						Non- Coliform	Total Coliform	Fecal (E. Coli, Enterococci or Coliphage)3	Data Qualifier4	Lab Sample #
121018-01	{SP ID 21} 1751 N. Hiatus Road	9:10	D	3.93	8.90		Absent	Absent	U	18L0260-01
121018-02	{SP ID 23} 10755 NW 10th Street	9:35	D	4.16	8.88		Present	Absent		18L0260-02
101218-03	{SP ID 24} 200 S. Hiatus Road	10:20	D	4.05	8.91		Absent	Absent	U	18L0260-03
101218-04	{SP ID 25} 11131 SW 13th Street	10:40	D	2.71	8.69		Absent	Absent	U	18L0260-04
101218-05	{SP ID 30} 12399 Pembroke Road	11:00	D	3.81	8.95		Absent	Absent	U	18L0260-05
101218-06	{SP ID 29} 241 SW 122nd Terrace	11:25	D	3.98	8.99		Absent	Absent	U	18L0260-06
121018-07	{SP ID 28} 1050 NW 123rd Avenue	11:50	D	3.97	9.03		Absent	Absent	U	18L0260-07

**Average of disinfectant residuals for distribution routine & repeat Samples.5** Free chlorine or Total chlorine (circle one) 3.76

**Disinfectant Residual Analysis Method:**  
 DPD Colorimetric  Other: \_\_\_\_\_  
**Person performing disinfectant analysis is (see instructions on reverse):**  
 A certified operator (# DWB# 21736)  
 Supervised by certified operator (# \_\_\_\_\_)  
 Employed by a certified lab  Employed by DEP or DOH  
 Authorized representative of supplier of water

Unless otherwise noted, all tests are performed in accordance with NELAC standards, and the results relate only to the samples.  
Date and time PWS notified by lab of positive results: Wed 12/12/2018 9:27 AM  
Date and time DEP/DOH notified by lab of positive results: \_\_\_\_\_  
Date Report Issued: 13-Dec-2018 13:08  
**Lab Signature:** Enrique Ochoa  
**Title:** (CSM) Customer Service Manager

**Juquitta Drieth**  
Jacobs/CH2M-City of Pembroke Pines WT  
7960 Johnson Street  
Pembroke Pines FL 33024

<input type="checkbox"/> Satisfactory	<b>DEP/DOH USE ONLY</b>
<input type="checkbox"/> Incomplete Collection Information	
<input type="checkbox"/> Repeat Samples Required	
<input type="checkbox"/> Replacement Samples Required	
Date Reviewed by DEP/DOH: _____	
DEP/DOH Reviewing Official: _____	

1. Sample Types are listed above only for information purposes. For Analytical Methods see instructions on the back of this form. Please circle appropriate selection. 2. Report to Florida Administrative Code, Rule 62.160, Table 1. 3. Complete for comments & non-compliance comments. 4. Sample size 100 population up to and including 2,000. Do not include in sample size for the purpose of this report.

**DRINKING WATER MICROBIAL SAMPLE COLLECTION  
& LABORATORY REPORTING FORMAT**

(62-550.730 Reporting Format Effective 01/1995, Revised 02/2010)

**Florida-Spectrum Environmental Services, Inc.**  
1460 W. McNah Road, Fort Lauderdale, FL 33309 Tel# (954) 978-6400  
Certification No. E86006

Lab Receipt Date & Time: <u>10-Dec-2018 16:30</u>
Analysis Date & Time: <u>10-Dec-2018 17:15</u>
<b>Sample Acceptance Criteria:</b> Sample Preservation: <input checked="" type="checkbox"/> On Ice <input type="checkbox"/> Not On Ice <input checked="" type="checkbox"/> 2.00 °C Disinfectant Check: <input checked="" type="checkbox"/> Not Detected <input type="checkbox"/> _____ mg/L This sample does not meet the following NELAC requirements:

Report Number: 18L0260 Sub-Contract Lab ID: E86006

**Analysis Requested:** (check all that apply)  
 Total Coliform/E. coli  Total Coliform/Fecal  Enterococci  Coliphage  HPC  Other: \_\_\_\_\_

**Public Water System (PWS) Name:** City of Pembroke Pines **PWS I.D.** 4 | 0 | 6 | 1 | 0 | 8 | 3

**PWS Address:** 7960 Johnson Street **City:** Pembroke Pines **FL** 33024

**PWS or PWS Owner's Phone #:** (754) 260-4509 **Fax #:** (954) 986-5025

**Collector:** Jason Cardenas **Collector's Phone #:** (850)-557-7147

**Type of Supply:** (check only one)  
 Community Water System  Non-Transient Non-community Water System  Transient Non-community Water System  
 Limited Use System  Bottled Water  Private Well  Swimming Pool  Other: \_\_\_\_\_

**Reason for Sampling:** (check all that apply)  
 Distribution Routine  Distribution Repeat  Raw (triggered or assessment)  Raw (triggered or assessment) additional  Well Survey  
 Clearance  Replacement (also check type of sample being replaced)  Boil Water Notice  Other: \_\_\_\_\_

**Sample Collection Date:** 12/10/18

To be completed by collector of sample						To be completed by lab				
Sample #	Sample Point City of Pembroke Pines Monthly Bacteria City of Pembroke Pines, FL	Sample Collection Time	Sample Type	Disin- fectant Residual (mg/L)	pH	Analysis Method(s)2: Total Coliform/E. Coli (PA) by Collert in Water (SM9223B)				
						Non- Coliform	Total Coliform	Fecal (E. Coli, Enterococci or Coliphage)3	Data Qualifier4	Lab Sample #
121018-08	(SP ID 26) 2110 NW 120th Terrace	12:10	D	13.03	8.90		Absent	Absent	U	18L0260-08
121018-09	(SP ID 34) 1601 SW 128th Terrace	12:35	D	13.76	9.01		Absent	Absent	U	18L0260-09
121018-10	(SP ID 33) 750 SW 136th Avenue	13:00	D	13.88	9.00		Absent	Absent	U	18L0260-10
121018-11	(SP ID 67) 788 NW 135th Terrace	13:20	D	13.92	9.03		Absent	Absent	U	18L0260-11
121018-12	(SP ID 31) 13702 NW 20th Street	13:42	D	13.85	9.03		Absent	Absent	U	18L0260-12
121018-13	(SP ID 32) 13771 NW 16th Street	14:00	D	13.86	9.07		Absent	Absent	U	18L0260-13
121018-14	(SP ID 36) 2250 NW 145th Avenue	14:15	D	13.70	8.99		Absent	Absent	U	18L0260-14

**Average of disinfectant residuals for distribution routine & repeat Samples.5** Free chlorine or Total chlorine (circle one) 13.76

**Disinfectant Residual Analysis Method:**  
 DPD Colorimetric  Other: \_\_\_\_\_  
**Person performing disinfectant analysis is (see instructions on reverse):**  
 A certified operator (# DWB# 21736)  
 Supervised by certified operator (# \_\_\_\_\_)  
 Employed by a certified lab  Employed by DEP or DOH  
 Authorized representative of supplier of water

Unless otherwise noted, all tests are performed in accordance with NELAC standards, and the results relate only to the samples.  
Date and time PWS notified by lab of positive results: Wed 12/12/2018 9:27 AM  
Date and time DEP/DOH notified by lab of positive results: \_\_\_\_\_  
Date Report Issued: 13-Dec-2018 13:03  
**Lab Signature:** Enrique Ochoa  
**Title:** (CSM) Customer Service Manager

Juquitta Drieth  
Jacobs/CH2M-City of Pembroke Pines W1  
7960 Johnson Street  
Pembroke Pines FL 33024

Satisfactory DEP/DOH USE ONLY  
 Incomplete Collection Information  
 Repeat Samples Required  
 Replacement Samples Required  
Date Reviewed by DEP/DOH: \_\_\_\_\_  
DEP/DOH Reviewing Official: \_\_\_\_\_

**DRINKING WATER MICROBIAL SAMPLE COLLECTION  
& LABORATORY REPORTING FORMAT**

162-550-730 Reporting Format Effective 01/1995, Revised 02/2010

**Florida-Spectrum Environmental Services, Inc.**  
1460 W. McNab Road, Fort Lauderdale, FL 33309 Tel# (954) 978-6400  
Certification No. E86005

Lab Receipt Date & Time: <u>11-Dec-2018 16:10</u>
Analysis Date & Time: <u>11-Dec-2018 16:30</u>
Sample Acceptance Criteria: Sample Preservation: <input checked="" type="checkbox"/> On Ice <input type="checkbox"/> Not On Ice <input checked="" type="checkbox"/> 4.00 °C Disinfectant Check: <input checked="" type="checkbox"/> Not Detected <input type="checkbox"/> _____ mg/L This sample does not meet the following NELAC requirements:

Report Number: 18L0309 Sub-Contract Lab ID: E86006

**Analysis Requested:** (check all that apply)

Total Coliform/E. coli  Total Coliform/Fecal  Enterococci  Coliphage  HPC  Other: \_\_\_\_\_

**Public Water System (PWS) Name:** City of Pembroke Pines **PWS I.D.**

4	0	6	1	0	8	3
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**PWS Address:** 7960 Johnson Street **City:** Pembroke Pines **FL** 33024

**PWS or PWS Owner's Phone #:** (754) 260-4509 **Fax #:** (954) 986-5025

**Collector:** Jason Cardenas **Collector's Phone #:** (850)-557-7147

**Type of Supply:** (check only one)

Community Water System  Non-Transient Non-community Water System  Transient Non-community Water System  
 Limited Use System  Bottled Water  Private Well  Swimming Pool  Other: \_\_\_\_\_

**Reason for Sampling:** (check all that apply)

Distribution Routine  Distribution Repeat  Raw (triggered or assessment)  Raw (triggered or assessment) additional  Well Survey  
 Clearance  Replacement (also check type of sample being replaced)  Boil Water Notice  Other: \_\_\_\_\_

**Sample Collection Date:** 12/11/18

To be completed by collector of sample						To be completed by lab				
Sample #	Sample Point City of Pembroke Pines Monthly Bacteria City of Pembroke Pines, FL	Sample Collection Time	Sample Type	Disin- fectant Residual (mg/L)	pH	Analysis Method(s) <sup>2</sup> Total Coliform/E. Coli (PA) by Colilert in Water (SM9223B)				
						Non- Coliform	Total Coliform	Fecal, E. Coli, Enterococci or Coliphage <sup>3</sup>	Data Qualifier <sup>4</sup>	Lab Sample #
121118-01	(SP ID 37) 1142 NW 141st Avenue	8 50	D	13.89	8.69		Absent	Absent	U	18L0309-01
121118-02	(SP ID 38) 14300 SW 8th Street	9 10	D	13.89	8.78		Absent	Absent	U	18L0309-02
121118-03	(SP ID 40) 300 SW 147th Avenue	9 35	D	13.96	8.97		Absent	Absent	U	18L0309-03
121118-04	(SP ID 43) 1234 SW 159th Lane	10 05	D	13.64	8.98		Absent	Absent	U	18L0309-04
121118-05	(SP ID 42) 69 NW 161st Avenue	10 45	D	13.88	8.96		Absent	Absent	U	18L0309-05
121118-6	(SP ID 39) 15714 NW 24th Street	11 10	D	13.74	8.98		Absent	Absent	U	18L0309-06
121118-07	(SP ID 41) 16028 NW 21st Street	11 25	D	13.67	9.03		Absent	Absent	U	18L0309-07

**Average of disinfectant residuals for distribution routine & repeat Samples.<sup>5</sup>** Free chlorine or Total chlorine (circle one) 13.78

**Disinfectant Residual Analysis Method:**  
 DPD Colorimetric  Other: \_\_\_\_\_  
**Person performing disinfectant analysis is (see instructions on reverse):**  
 A certified operator (# DWB#21736)  
 Supervised by certified operator (# \_\_\_\_\_)  
 Employed by a certified lab  Employed by DEP or DOH  
 Authorized representative of supplier of water

Unless otherwise noted, all tests are performed in accordance with NELAC standards, and the results relate only to the samples.

Date and time PWS notified by lab of positive results: \_\_\_\_\_  
Date and time DEP/DOH notified by lab of positive results: \_\_\_\_\_  
Date Report Issued: 14-Dec-2018 9:41  
**Lab Signature:** Enrique Ochoa  
**Title:** (CSM) Customer Service Manager

Juquitta Drieth  
Jacobs/CH2M-City of Pembroke Pines W/T  
7960 Johnson Street  
Pembroke Pines FL 33024

Satisfactory DEP/DOH USE ONLY  
 Incomplete Collection Information  
 Repeat Samples Required  
 Replacement Samples Required  
Date Reviewed by DEP/DOH: \_\_\_\_\_  
DEP/DOH Reviewing Official: \_\_\_\_\_

For Sample Types see instructions on page 11.  
For Analysis Methods see instructions on page 12.  
Please check appropriate selection.  
Footnote 1: Enteric Microorganisms (coliforms, fecal coliforms, fecal streptococci, enterococci, and coliphage).  
Footnote 2: Total coliforms and fecal coliforms.  
Footnote 3: Enteric Microorganisms (coliforms, fecal coliforms, fecal streptococci, enterococci, and coliphage).  
Footnote 4: Total coliforms and fecal coliforms.  
Footnote 5: Total chlorine and free chlorine.

# DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORTING FORMAT

162-350 730 Reporting Format Effective 01/1995, Revised 02/2010

**Florida-Spectrum Environmental Services, Inc.**  
 1460 W. McNab Road, Fort Lauderdale, FL 33309 Tel# (954) 978-6400  
 Certification No. E86006

Lab Receipt Date & Time: <u>11-Dec-2018 16:10</u>
Analysis Date & Time: <u>11-Dec-2018 16:30</u>
<b>Sample Acceptance Criteria:</b>
Sample Preservation: <input checked="" type="checkbox"/> On Ice <input type="checkbox"/> Not On Ice <input checked="" type="checkbox"/> <u>4.00</u> °C
Disinfectant Check: <input checked="" type="checkbox"/> Not Detected <input type="checkbox"/> _____ mg/L
This sample does not meet the following NELAC requirements:

Report Number: 18L0309 Sub-Contract Lab ID: E86006

**Analysis Requested:** (check all that apply)

Total Coliform/E coli  Total Coliform/Fecal  Enterococci  Coliphage  HPC  Other: \_\_\_\_\_

**Public Water System (PWS) Name:** City of Pembroke Pines

**PWS I.D.**

4	0	6	1	0	8	3
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**PWS Address:** 7960 Johnson Street

**City:** Pembroke Pines **FL** 33024

**PWS or PWS Owner's Phone #:** (754) 260-4509

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

**Collector:** Jason Cardenas

**Collector's Phone #:** (850)-557-7147

**Type of Supply:** (check only one)

Community Water System  Non-Transient Non-community Water System  Transient Non-community Water System  
 Limited Use System  Bottled Water  Private Well  Swimming Pool  Other: \_\_\_\_\_

**Reason for Sampling:** (check all that apply)

Distribution Routine  Distribution Repeat  Raw (triggered or assessment)  Raw (triggered or assessment) additional  Well Survey  
 Clearance  Replacement (also check type of sample being replaced)  Boil Water Notice  Other: \_\_\_\_\_

**Sample Collection Date:** 12/11/18

To be completed by collector of sample						To be completed by lab				
Sample #	Sample Point City of Pembroke Pines Monthly Bacteria City of Pembroke Pines, FL	Sample Collection Time	Sample Type	Disinfectant Residual (mg/L)	pH	Analysis Method(s)2: Total Coliform/E Coli (PA) by Colilert in Water (SM9223B)				
						Non-Coliform	Total Coliform	Fecal, E. Coli, Enterococci or Coliphage3	Data Qualifier4	Lab Sample #
121118-08	(SP ID 44) 6749 Segovia Circle West	11:45	D	7.54	9.00		Absent	Absent	U	18L0309-08

**Average of disinfectant residuals for distribution routine & repeat Samples.5** Free chlorine or Total chlorine (circle one) 7.78

**Disinfectant Residual Analysis Method:**  
 DPD Colorimetric  Other: \_\_\_\_\_

**Person performing disinfectant analysis is (see instructions on reverse):**  
 A certified operator (# DWB#21736)  
 Supervised by certified operator (# \_\_\_\_\_)  
 Employed by a certified lab  Employed by DEP or DOH  
 Authorized representative of supplier of water

Unless otherwise noted, all tests are performed in accordance with NELAC standards, and the results relate only to the samples.

Date and time PWS notified by lab of positive results: \_\_\_\_\_  
 Date and time DEP/DOH notified by lab of positive results: \_\_\_\_\_  
 Date Report Issued: 14-Dec-2018 9:41  
**Lab Signature:** Enrique Ochoa  
**Title:** (CSM) Customer Service Manager

Juquitta Drieth  
 Jacobs/CH2M-City of Pembroke Pines W1  
 7960 Johnson Street  
 Pembroke Pines FL 33024

Satisfactory DEP/DOH USE ONLY  
 Incomplete Collection Information  
 Repeat Samples Required  
 Replacement Samples Required

Date Reviewed by DEP/DOH: \_\_\_\_\_  
 DEP/DOH Reviewing Official: \_\_\_\_\_

For Sample Types see Instructions on page 13.  
 For Analysis Methods see Instructions on page 14.  
 Please check appropriate selection.  
 Defined in Florida Administrative Code, Title 62D, Part 1, Rule 62D-1.001  
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**DRINKING WATER MICROBIAL SAMPLE COLLECTION  
& LABORATORY REPORTING FORMAT**

(02-550-730 Reporting Format Effective 01/1995, Revised 02/2018)

**Florida-Spectrum Environmental Services, Inc.**  
1460 W. McNab Road, Fort Lauderdale, FL 33309 Tel# (954) 978-6400  
Certification No. E86006

Lab Receipt Date & Time: <u>12-Dec-2018 17:45</u>
Analysis Date & Time: <u>12-Dec-2018 18:05</u>
<b>Sample Acceptance Criteria:</b> Sample Preservation: <input checked="" type="checkbox"/> On Ice <input type="checkbox"/> Not On Ice <input checked="" type="checkbox"/> <u>11.80</u> °C Disinfectant Check: <input checked="" type="checkbox"/> Not Detected <input type="checkbox"/> _____ mg/L This sample does not meet the following NELAC requirements:

Report Number: 18L0383 Sub-Contract Lab ID: E86006

**Analysis Requested:** (check all that apply)

Total Coliform/E. coli  Total Coliform/Fecal  Enterococci  Coliphage  HPC  Other: \_\_\_\_\_

**Public Water System (PWS) Name:** City of Pembroke Pines

**PWS I.D.**

4	0	6	1	0	8	3
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**PWS Address:** 7960 Johnson Street

**City:** Pembroke Pines **FL** 33024

**PWS or PWS Owner's Phone #:** (754) 260-4509

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

**Collector:** Jason Cardenas

**Collector's Phone #:** (850)-557-7147

**Type of Supply:** (check only one)

Community Water System  Non-Transient Non-community Water System  Transient Non-community Water System  
 Limited Use System  Bottled Water  Private Well  Swimming Pool  Other: \_\_\_\_\_

**Reason for Sampling:** (check all that apply)

Distribution Routine  Distribution Repeat  Raw (triggered or assessment)  Raw (triggered or assessment) additional  Well Survey  
 Clearance  Replacement (also check type of sample being replaced)  Boil Water Notice  Other: \_\_\_\_\_

**Sample Collection Date:** 12/12/18

Sample #	Sample Point City of Pembroke Pines Monthly Bacteria City of Pembroke Pines, FL	Sample Collection Time	Sample Type	Disinfectant Residual (mg/L)	pH	To be completed by lab				
						Analysis Method(s) <sup>2</sup> Total Coliform/E.Coli (PA) by Colilert in Water (SM9223B)				
						Non-Coliform	Total Coliform	Fecal Enterococci or Coliphage <sup>3</sup>	E.Coli	Data Qualifier <sup>4</sup>
121218-01	(SP ID 45) 2300 NW 172nd Avenue	8:35	D	3.01	8.53		Absent	Absent	U	18L0383-01
121218-02	(SP ID 46) 2098 NW 171st Terrace	9:05	D	3.45	8.90		Absent	Absent	U	18L0383-02
121218-03	(SP ID 47) 17100 Pines Blvd.	9:25	D	3.47	8.90		Absent	Absent	U	18L0383-03
121218-04	(SP ID 48) 17059 SW 16th Street	9:52	D	3.64	8.92		Absent	Absent	U	18L0383-04
121218-05	(SP ID 27) 450 SW 182nd Way	10:15	D	3.19	8.90		Absent	Absent	U	18L0383-05
121218-06	(SP ID 49) 17817 NW 15th Street	10:30	D	2.89	8.82		Absent	Absent	U	18L0383-06
121218-07	(SP ID 51) 2473 NW 184th Terrace	10:50	D	2.34	8.82		Absent	Absent	U	18L0383-07

**Average of disinfectant residuals for distribution routine & repeat Samples.<sup>5</sup>** Free chlorine or Total chlorine (circle one) 3.14

**Disinfectant Residual Analysis Method:**  
 DPD Colorimetric  Other: \_\_\_\_\_  
**Person performing disinfectant analysis is (see instructions on reverse):**  
 A certified operator (# DWB#21736)  
 Supervised by certified operator (# \_\_\_\_\_)  
 Employed by a certified lab  Employed by DEP or DOH  
 Authorized representative of supplier of water

Unless otherwise noted, all tests are performed in accordance with NELAC standards, and the results relate only to the samples.

Date and time PWS notified by lab of positive results: \_\_\_\_\_  
Date and time DEP/DOH notified by lab of positive results: \_\_\_\_\_  
Date Report Issued: 14-Dec-2018 9:51  
**Lab Signature:** Enrique Ochoa  
**Title:** (CSM) Customer Service Manager

Juquitta Drieth  
Jacobs/CH2M-City of Pembroke Pines W1  
7960 Johnson Street  
Pembroke Pines FL 33024

Satisfactory DEP/DOH USE ONLY  
 Incomplete Collection Information  
 Repeat Samples Required  
 Replacement Samples Required  
Date Reviewed by DEP/DOH: \_\_\_\_\_  
DEP/DOH Reviewing Official: \_\_\_\_\_

**DRINKING WATER MICROBIAL SAMPLE COLLECTION  
& LABORATORY REPORTING FORMAT**

162-558 /30 Reporting Format Effective 01/1995, Revised 02/2010

**Florida-Spectrum Environmental Services, Inc.**  
1460 W. McNab Road, Fort Lauderdale, FL 33309 Tel# (954) 978-6400  
Certification No. E86006

Lab Receipt Date & Time: 12-Dec-2018 17:45

Analysis Date & Time: 12-Dec-2018 18:05

**Sample Acceptance Criteria:**

Sample Preservation:  On Ice  Not On Ice  11.80 °C  
Disinfectant Check:  Not Detected  \_\_\_\_\_ mg/L  
This sample does not meet the following NELAC requirements:

Report Number: 18L0383 Sub-Contract Lab ID: E86006

**Analysis Requested:** (check all that apply)

Total Coliform/E. coli  Total Coliform/Fecal  Enterococci  Coliphage  HPC  Other: \_\_\_\_\_

**Public Water System (PWS) Name:** City of Pembroke Pines

**PWS I.D.**

4	0	6	1	0	8	3
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**PWS Address:** 7960 Johnson Street

**City:** Pembroke Pines **FL** 33024

**PWS or PWS Owner's Phone #** (754) 260-4509

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

**Collector:** Jason Cardenas

**Collector's Phone #:** (850)-557-7147

**Type of Supply:** (check only one)

Community Water System  Non-Transient Non-community Water System  Transient Non-community Water System  
 Limited Use System  Bottled Water  Private Well  Swimming Pool  Other: \_\_\_\_\_

**Reason for Sampling:** (check all that apply)

Distribution Routine  Distribution Repeat  Raw (triggered or assessment)  Raw (triggered or assessment) additional  Well Survey  
 Clearance  Replacement (also check type of sample being replaced)  Boil Water Notice  Other: \_\_\_\_\_

**Sample Collection Date:** 12/12/18

To be completed by collector of sample						To be completed by lab				
Sample #	Sample Point City of Pembroke Pines Monthly Bacteria City of Pembroke Pines, FL	Sample Collection Time	Sample Type	Disinfectant Residual (mg/L)	pH	Analysis Method(s)2 Total Coliform/E. Coli (PA) by ColMort in Water (SM9223B)				
						Non- Coliform	Total Coliform	Fecal Enterococci or Coliphage3	E. Coli	Data Qualifier4
121218-08	(SP ID 52) 18411 Pines Blvd	11:10	D	1.79	8.95		Absent	Absent	U	18L0383-08
121218-09	(SP ID 58) 19370 SW 16th Street	12:30	D	2.09	8.80		Absent	Absent	U	18L0383-09
121218-10	(SP ID 53) 18539 SW 12th Street	12:45	D	3.22	8.89		Absent	Absent	U	18L0383-10
121218-11	(SP ID 57) 420 NW 197th Avenue	13:00	D	2.95	8.94		Absent	Absent	U	18L0383-11
121218-12	(SP ID 56) 1263 NW 195th Avenue	13:20	D	3.46	8.92		Absent	Absent	U	18L0383-12
121218-13	(SP ID 55) 19478 NW 24th Place	13:35	D	2.48	8.86		Absent	Absent	U	18L0383-13
121218-14	(SP ID 54) 6351 SW 195th Avenue	13:55	D	3.02	8.84		Absent	Absent	U	18L0383-14

**Average of disinfectant residuals for distribution routine & repeat Samples.5** Free chlorine or Total chlorine (circle one)

1.14

Unless otherwise noted, all tests are performed in accordance with NELAC standards, and the results relate only to the samples.

**Disinfectant Residual Analysis Method:**

DPD Colorimetric  Other: \_\_\_\_\_

**Person performing disinfectant analysis is (see instructions on reverse):**

A certified operator (# DWB#21735)  
 Supervised by certified operator (# \_\_\_\_\_)  
 Employed by a certified lab  Employed by DEP or DOH  
 Authorized representative of supplier of water

Date and time PWS notified by lab of positive results: \_\_\_\_\_

Date and time DEP/DOH notified by lab of positive results: \_\_\_\_\_

Date Report Issued: 14-Dec-2018 6:51

**Lab Signature:** Enrique Ochoa

**Title:** (CSM) Customer Service Manager

Juquitta Drieth  
Jacobs/CH2M-City of Pembroke Pines WT  
7960 Johnson Street  
Pembroke Pines FL 33024

Satisfactory DEP/DOH USE ONLY  
 Incomplete Collection Information  
 Repeat Samples Required  
 Replacement Samples Required  
Date Reviewed by DEP/DOH: \_\_\_\_\_  
DEP/DOH Reviewing Official: \_\_\_\_\_

For Sample Types see Instructions on Reverse  
For Analysis Methods see Instructions on Reverse  
Please contact appropriate authority if:  
1. Error on Florida Department of Health (DOH) Form  
2. Sample collection & analysis from community water system is regulated under the SDWA. Do not include in sample submission to this lab.

# DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORTING FORMAT

(02-550.730 Reporting Format Effective 01/19/05, Revised 02/20/10)

**Florida-Spectrum Environmental Services, Inc.**  
 1460 W. McNab Road, Fort Lauderdale, FL 33309 Tel# (954) 978-6400  
 Certification No. EB6006

Lab Receipt Date & Time: <u>12-Dec-2018 17:45</u>
Analysis Date & Time: <u>12-Dec-2018 18:05</u>
<b>Sample Acceptance Criteria:</b> Sample Preservation: <input checked="" type="checkbox"/> On Ice <input type="checkbox"/> Not On Ice <input checked="" type="checkbox"/> 11.80 °C Disinfectant Check: <input checked="" type="checkbox"/> Not Detected <input type="checkbox"/> _____ mg/L This sample does not meet the following NELAC requirements: _____

Report Number: 18L0384 Sub-Contract Lab ID: EB6006

**Analysis Requested:** (check all that apply)

Total Coliform/E. coli  Total Coliform/Fecal  Enterococci  Coliphage  HPC  Other: \_\_\_\_\_

**Public Water System (PWS) Name:** City of Pembroke Pines **PWS I.D.**

4	0	6	1	0	8	3
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**PWS Address:** 7960 Johnson Street **City:** Pembroke Pines **FL** 33024

**PWS or PWS Owner's Phone #:** (754) 260-4509 **Fax #:** (954) 966-9025

**Collector:** Jason Cardenas **Collector's Phone #:** (850)-557-7147

**Type of Supply:** (check only one)

Community Water System  Non-Transient Non-community Water System  Transient Non-community Water System  
 Limited Use System  Bottled Water  Private Well  Swimming Pool  Other: \_\_\_\_\_

**Reason for Sampling:** (check all that apply)

Distribution Routine  Distribution Repeat  Raw (triggered or assessment)  Raw (triggered or assessment) additional  Well Survey  
 Clearance  Replacement (also check type of sample being replaced)  Boil Water Notice  Other: \_\_\_\_\_

**Sample Collection Date:** 12/12/18

To be completed by collector of sample						To be completed by lab				
Sample #	Sample Point City of Pembroke Pines Monthly Bacteria City of Pembroke Pines, FL	Sample Collection Time	Sample Type	Disinfectant Residual (mg/L)	pH	Analysis Method(s)2: Total Coliform/E. Coli (PA) by Coliform in Water (SM9223B)				
						Non-Coliform	Total Coliform	Fecal (E. Coli) Enterococci or Coliphage3	Data Qualifier4	Lab Sample #
121218-15	(SP ID 23) 10755 NW 10th St. (Repeat)	15:00	C	14.1	8.96		Absent	Absent	U	18L0384-01
121218-16	10750 NW 10th Street Downstream	15:10	C	13.87	9.03		Absent	Absent	U	18L0384-02
121218-17	10760 NW 10th Street Upstream	15:20	C	14.1	9.09		Absent	Absent	U	18L0384-03

**Average of disinfectant residuals for distribution routine & repeat Samples.5** Free chlorine or Total chlorine (circle one) 14.02

**Disinfectant Residual Analysis Method:**  
 DPD Colorimetric  Other: \_\_\_\_\_  
**Person performing disinfectant analysis is (see instructions on reverse):**  
 A certified operator (# DWC# 21736)  
 Supervised by certified operator (# \_\_\_\_\_)  
 Employed by a certified lab  Employed by DEP or DOH  
 Authorized representative of supplier of water

Unless otherwise noted, all tests are performed in accordance with NELAC standards, and the results relate only to the samples.

Date and time PWS notified by lab of positive results: \_\_\_\_\_  
 Date and time DEP/DOH notified by lab of positive results: \_\_\_\_\_  
 Date Report issued: 18-Dec-2018 12:27  
**Lab Signature:** Enrique Ochoa  
**Title:** (CSM) Customer Service Manager

Juquitta Drieth  
 Jacobs/CH2M-City of Pembroke Pines WI  
 7960 Johnson Street  
 Pembroke Pines FL 33024

<input type="checkbox"/> Satisfactory <input type="checkbox"/> Incomplete Collection Information <input type="checkbox"/> Repeat Samples Required <input type="checkbox"/> Replacement Samples Required Date Reviewed by DEP/DOH: _____ DEP/DOH Reviewing Official: _____	<b>DEP/DOH USE ONLY</b>
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1 For Sample Types see Instructions item 1.10.  
 2 For Analysis Methods see Instructions item 1.11.  
 3 Please circle appropriate selection.  
 4 Defined in Florida Administrative Code Rule 62-160, Table 1.  
 5 Complete for community & non-transient non-community systems serving populations up to and including 4,000. Do not include raw or plant samples in the average.

# DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORTING FORMAT

(62-550 730 Reporting Format Effective 01/1995, Revised 02/2016)

**Florida-Spectrum Environmental Services, Inc.**  
 1460 W. McNab Road, Fort Lauderdale, FL 33309 Tel# (954) 978-6400  
 Certification No. E86006

Lab Receipt Date & Time: <u>12-Dec-2018 17:45</u>
Analysis Date & Time: <u>12-Dec-2018 18:05</u>
<b>Sample Acceptance Criteria:</b>
Sample Preservation: <input checked="" type="checkbox"/> On Ice <input type="checkbox"/> Not On Ice <input checked="" type="checkbox"/> 11.80 °C
Disinfectant Check: <input checked="" type="checkbox"/> Not Detected <input type="checkbox"/> _____ mg/L
This sample does not meet the following NELAC requirements:

Report Number: 18L0385      Sub-Contract Lab ID E86006

**Analysis Requested:** (check all that apply)

Total Coliform/E. coli    Total Coliform/Fecal    Enterococci    Coliphage    HPC    Other: \_\_\_\_\_

**Public Water System (PWS) Name:** City of Pembroke Pines

**PWS I.D.**   4 | 0 | 6 | 1 | 0 | 8 | 3

**PWS Address:** 7960 Johnson Street

**City:** Pembroke Pines      **FL**      **33024**

**PWS or PWS Owner's Phone #:** (754) 260-4509

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

**Collector:** Jason Cardenas/Kevin Stone

**Collector's Phone #:** (850)-557-7147

**Type of Supply:** (check only one)

Community Water System    Non-Transient Non-community Water System    Transient Non-community Water System  
 Limited Use System    Bottled Water    Private Well    Swimming Pool    Other: \_\_\_\_\_

**Reason for Sampling:** (check all that apply)

Distribution Routine    Distribution Repeat    Raw (triggered or assessment)    Raw (triggered or assessment) additional    Well Survey  
 Clearance    Replacement (also check type of sample being replaced)    Boil Water Notice    Other: \_\_\_\_\_

**Sample Collection Date:** 12/12/18

To be completed by collector of sample						To be completed by lab				
Sample #	Sample Point City of Pembroke Pines Monthly Bacteria City of Pembroke Pines, FL	Sample Collection Time	Sample Type	Disinfectant Residual (mg/L)	pH	Analysis Method(s)2 Total Coliform/E.Coli (PA) by Colilert in Water (SM9223B)				
						Non- Coliform	Total Coliform	Fecal <u>E. Coli</u> , Enterococci or Coliphage3	Data Qualifier4	Lab Sample #
121218-19	Well #9	15:05	R	7.00	7.63		Absent	Absent	U	18L0385-01
121218-20	Well #10	16:14	R	7.00	7.53		Absent	Absent	U	18L0385-02
121218-21	Well #6	16:15	R	7.00	7.57		Absent	Absent	U	18L0385-03
121218-22	Well #3	15:05	R	7.00	7.33		Absent	Absent	U	18L0385-04
121218-23	Well #4	15:17	R	7.00	7.36		Absent	Absent	U	18L0385-05
121218-24	Well #2	15:31	R	7.00	7.37		Absent	Absent	U	18L0385-06
121218-25	Well #5	15:45	R	7.00	7.13		Absent	Absent	U	18L0385-07

**Average of disinfectant residual for distribution routine & repeat Samples.5** Free chlorine    Total chlorine (circle one)      7.00

**Disinfectant Residual Analysis Method:**

DPD Colorimetric    Other: \_\_\_\_\_

**Person performing disinfectant analysis is (see instructions on reverse):**

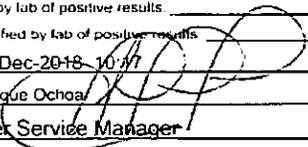
A certified operator (# DWB# 21736 DWA#23804)  
 Supervised by certified operator (# \_\_\_\_\_)  
 Employed by a certified lab    Employed by DEP or DOH  
 Authorized representative of supplier of water

Unless otherwise noted, all tests are performed in accordance with NELAC standards, and the results relate only to the samples.

Date and time PWS notified by lab of positive results: \_\_\_\_\_

Date and time DEP/DOH notified by lab of positive results: \_\_\_\_\_

Date Report Issued: 14-Dec-2018 10:47

**Lab Signature:** Enrique Ochoa 

**Title:** (CSM) Customer Service Manager

Juquitta Drieth  
 Jacobs/CH2M-City of Pembroke Pines WT  
 7960 Johnson Street  
 Pembroke Pines      FL      33024

Satisfactory      **DEP/DOH USE ONLY**  
 Incomplete Collection Information  
 Repeat Samples Required  
 Replacement Samples Required  
 Date Reviewed by DEP/DOH: \_\_\_\_\_  
 DEP/DOH Reviewing Official: \_\_\_\_\_

1. See Sample Types and Instructions sheet (1/18)  
 2. See Analysis Methods and Instructions sheet (1/18)  
 3. Please use a appropriate water filter  
 4. Refer to Florida Administrative Code Rule 62.100, Table 1  
 5. Composite for communities with a non-transient non-community water supply population of 10,000 or more. Composite for other communities with a population of 10,000 or more.

**DRINKING WATER MICROBIAL SAMPLE COLLECTION  
& LABORATORY REPORTING FORMAT**

(62-550.730 Reporting Format Effective 01/1995, Revised 02/2010)

**Florida-Spectrum Environmental Services, Inc.**  
1460 W. McNab Road, Fort Lauderdale, FL 33309 Tel# (954) 978-6400  
Certification No. E86006

Lab Receipt Date & Time: <u>13-Dec-2018 16:15</u>
Analysis Date & Time: <u>13-Dec-2018 17:30</u>
<b>Sample Acceptance Criteria:</b> Sample Preservation: <input checked="" type="checkbox"/> On Ice <input type="checkbox"/> Not On Ice <input checked="" type="checkbox"/> 1.80 °C Disinfectant Check: <input checked="" type="checkbox"/> Not Detected <input type="checkbox"/> _____ mg/L This sample does not meet the following NELAC requirements:

Report Number: 18L0413 Sub-Contract Lab ID E86006

**Analysis Requested:** (check all that apply)  
 Total Coliform/E. coli  Total Coliform/Fecal  Enterococci  Coliphage  HPC  Other: \_\_\_\_\_

**Public Water System (PWS) Name:** City of Pembroke Pines **PWS I.D.**

4	0	6	1	0	8	3
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**PWS Address:** 7960 Johnson Street **City:** Pembroke Pines **FL** 33024  
**PWS or PWS Owner's Phone #:** (754) 260-4509 **Fax #:** (954) 986-5025  
**Collector:** Jason Cardenas **Collector's Phone #:** (850)-557-7147

**Type of Supply:** (check only one)  
 Community Water System  Non-Transient Non-community Water System  Transient Non-community Water System  
 Limited Use System  Bottled Water  Private Well  Swimming Pool  Other: \_\_\_\_\_

**Reason for Sampling:** (check all that apply)  
 Distribution Routine  Distribution Repeat  Raw (triggered or assessment)  Raw (triggered or assessment) additional  Well Survey  
 Clearance  Replacement (also check type of sample being replaced)  Boil Water Notice  Other: \_\_\_\_\_

**Sample Collection Date:** 12/13/18

To be completed by collector of sample						To be completed by lab				
Sample #	Sample Point City of Pembroke Pines Monthly Bacteria [none]	Sample Collection Time	Sample Type	Disin- fectant Residual (mg/L)	pH	Analysis Method(s): Total Coliform/E. Coli (PA) by Colliert in Water (SM9223B)				
						Non- Coliform	Total Coliform	Fecal Enterococci Coliphage3	E. Coli	Data Qualifier4
121318-01	(SP ID 59) 5000 SW 207th Terrace	10:30	D	1.95	8.42		Absent	Absent	U	18L0413-01
121318-02	(SP ID 63) 21250 Shendan Street	10:55	D	2.49	8.55		Absent	Absent	U	18L0413-02
121318-03	(SP ID 62) 20701 Pembroke Road	12:20	D	2.64	8.93		Absent	Absent	U	18L0413-03
121318-04	(SP ID 61) 20501 SW 1st Street	12:35	D	3.51	9.02		Absent	Absent	U	18L0413-04

**Average of disinfectant residuals for distribution routine & repeat Samples.5** Free chlorine or Total chlorine (circle one) / 2.65

**Disinfectant Residual Analysis Method:**  
 DPD Colorimetric  Other \_\_\_\_\_  
**Person performing disinfectant analysis is (see instructions on reverse):**  
 A certified operator (# DWB# 21736)  
 Supervised by certified operator (# \_\_\_\_\_)  
 Employed by a certified lab  Employed by DEP or DOH  
 Authorized representative of supplier of water

Unless otherwise noted, all tests are performed in accordance with NELAC standards, and the results relate only to the samples.  
Date and time PWS notified by lab of positive results: \_\_\_\_\_  
Date and time DEP/DOH notified by lab of positive results: \_\_\_\_\_  
Date Report Issued: 18-Dec-2018-11/24  
**Lab Signature:** Enrique Ochoa  
**Title:** (CSM) Customer Service Manager

**Michael Cepeda**  
Jacobs/CH2M-City of Pembroke Pines WT  
7960 Johnson Street  
Pembroke Pines FL 33024

Satisfactory DEP/DOH USE ONLY  
 Incomplete Collection Information  
 Repeat Samples Required  
 Replacement Samples Required  
Date Reviewed by DEP/DOH: \_\_\_\_\_  
DEP/DOH Reviewing Official: \_\_\_\_\_

For Sample Types see Instructions Item 1.10.  
For Analysis Methods see Instructions Item 11.6.  
Please check appropriate selection.  
Defined in Florida Administrative Code Rule 62.001, Table 1.  
Complete for comments & non-compliance notifications systems serving populations up to and including 2000. Do not include raw water plant samples or the average.

# DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORTING FORMAT

162-530 730 Reporting Format Effective 01/1995, Revised 02/2010

**Florida-Spectrum Environmental Services, Inc.**  
 1460 W. McNab Road, Fort Lauderdale, FL 33309 Tel# (954) 978-6400  
 Certification No. E86006

Lab Receipt Date & Time: <u>14-Dec-2018 16:05</u>
Analysis Date & Time: <u>14-Dec-2018 17:30</u>
<b>Sample Acceptance Criteria:</b> Sample Preservation: <input checked="" type="checkbox"/> On Ice <input type="checkbox"/> Not On Ice <input checked="" type="checkbox"/> <u>2.20</u> °C Disinfectant Check: <input checked="" type="checkbox"/> Not Detected <input type="checkbox"/> _____ mg/L This sample does not meet the following NELAC requirements: _____

Report Number: 18L0472 Sub-Contract Lab ID: E86006

**Analysis Requested:** (check all that apply)  
 Total Coliform/E. coli  Total Coliform/Fecal  Enterococci  Coliphage  HPC  Other: \_\_\_\_\_

**Public Water System (PWS) Name:** City of Pembroke Pines **PWS I.D.**

4	0	6	1	0	8	3
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**PWS Address:** 7960 Johnson Street **City:** Pembroke Pines **FL** 33024

**PWS or PWS Owner's Phone #:** (754) 260-4509 **Fax #:** (954) 966-5025

**Collector:** Jason Cardenas **Collector's Phone #:** (850)-557-7147

**Type of Supply:** (check only one)  
 Community Water System  Non-Transient Non-community Water System  Transient Non-community Water System  
 Limited Use System  Bottled Water  Private Well  Swimming Pool  Other: \_\_\_\_\_

**Reason for Sampling:** (check all that apply)  
 Distribution Routine  Distribution Repeat  Raw (triggered or assessment)  Raw (triggered or assessment) additional  Well Survey  
 Clearance  Replacement (also check type of sample being replaced)  Boil Water Notice  Other: \_\_\_\_\_

**Sample Collection Date:** 12/14/18

To be completed by collector of sample						To be completed by lab				
Sample #	Sample Point City of Pembroke Pines Monthly Bacteria [none]	Sample Collection Time	Sample Type	Disinfectant Residual (mg/L)	pH	Analysis Method(s)2: Total Coliform/E. Coli (PA) by Colliert in Water (SM9223B)				
						Non-Coliform	Total Coliform	Fecal, E. Coli, Enterococci or Coliphage3	Data Qualifier4	Lab Sample #
121418-01	(SP ID 60) 20620 NW 5th Street	10:10	D	/ 3.51	9.11		Absent	Absent	U	18L0472-01
121418-02	(SP ID 65) 21651 NW 7th Steet	9:50	D	/ 1.90	8.74		Absent	Absent	U	18L0472-02

**Average of disinfectant residuals for distribution routine & repeat Samples.5** Free chlorine or Total chlorine (circle one) / 2.70

**Disinfectant Residual Analysis Method:**  
 DPD Colorimetric  Other: \_\_\_\_\_  
**Person performing disinfectant analysis is (see instructions on reverse):**  
 A certified operator (# DWB#21736)  
 Supervised by certified operator (# \_\_\_\_\_)  
 Employed by a certified lab  Employed by DEP or DOH  
 Authorized representative of supplier of water

Unless otherwise noted, all tests are performed in accordance with NELAC standards, and the results relate only to the samples.

Date and time PWS notified by lab of positive results: \_\_\_\_\_  
 Date and time DEP/DOH notified by lab of positive results: \_\_\_\_\_  
 Date Report Issued: 18-Dec-2018 11:33  
**Lab Signature:** Enrique Ochoa  
**Title:** (CSM) Customer Service Manager

**Michael Cepeda**  
 Jacobs/CH2M-City of Pembroke Pines W1  
 7960 Johnson Street  
 Pembroke Pines FL 33024

Satisfactory DEP/DOH USE ONLY  
 Incomplete Collection Information  
 Repeat Samples Required  
 Replacement Samples Required  
 Date Reviewed by DEP/DOH: \_\_\_\_\_  
 DEP/DOH Reviewing Official: \_\_\_\_\_

1. See Sample Types see Instructions item 1.0  
 2. See Analysis Methods see Instructions item 3.0  
 3. Please include appropriate sub item  
 4. Defined in Florida Administrative Code, Rule 62-260.1460-1  
 5. Complete for community & non-transient non-community systems serving populations up to and including 4,000. Do not include raw or plant samples in the average.

# DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORTING FORMAT

(62-550.730 Reporting Format Effective 01/1/99, Revised 02/2010)

**Florida-Spectrum Environmental Services, Inc.**  
1460 W. McNab Road, Fort Lauderdale, FL 33309 Tel# (954) 978-6400  
Certification No. E86006

Lab Receipt Date & Time: 17-Dec-2018 16:10

Analysis Date & Time: 17-Dec-2018 17:00

**Sample Acceptance Criteria:**

Sample Preservation:  On Ice  Not On Ice  3.40 °C  
Disinfectant Check:  Not Detected  \_\_\_\_\_ mg/L  
This sample does not meet the following NELAC requirements:

Report Number: 18L0500 Sub-Contract Lab ID: E86006

**Analysis Requested:** (check all that apply)

Total Coliform/E. coli  Total Coliform/Fecal  Enterococci  Coliphage  HPC  Other: \_\_\_\_\_

**Public Water System (PWS) Name:** City of Pembroke Pines

**PWS I.D.**

4	0	6	1	0	8	3
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**PWS Address:** 7960 Johnson Street

**City:** Pembroke Pines **FL** 33024

**PWS or PWS Owner's Phone #:** (786) 320-1996

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

**Collector:** Jason Cardenas

**Collector's Phone #:** (850)-557-7147

**Type of Supply:** (check only one)

Community Water System  Non-Transient Non-community Water System  Transient Non-community Water System  
 Limited Use System  Bottled Water  Private Well  Swimming Pool  Other: \_\_\_\_\_

**Reason for Sampling:** (check all that apply)

Distribution Routine  Distribution Repeat  Raw (triggered or assessment)  Raw (triggered or assessment) additional  Well Survey  
 Clearance  Replacement (also check type of sample being replaced)  Boil Water Notice  Other: \_\_\_\_\_

**Sample Collection Date:** 12/17/18

To be completed by collector of sample						To be completed by lab				
Sample #	Sample Point City of Pembroke Pines Monthly Bacteria [none]	Sample Collection Time	Sample Type	Disin- fectant Residual (mg/L)	pH	Analysis Method(s)2: Total Coliform/E. Coli (PA) by Colliert in Water (SM9223B)				
						Non- Coliform	Total Coliform	Fecal, E. Coli, Enterococci or Coliphage3	Data Qualifier4	Lab Sample #
121718-01	(SP ID 1) 2040 NW 74th Avenue	6:50	D	/ 4.11	8.45		Absent	Absent	U	18L0500-01
121718-02	(SP ID 2) 7610 Taft Street	7:10	D	/ 4.27	8.82		Absent	Absent	U	18L0500-02
121718-03	(SP ID 3) 7741 Johnson Street	7:30	D	/ 4.50	8.89		Absent	Absent	U	18L0500-03
121718-04	(SP ID 4) 120 NW 73rd Avenue	8:00	D	/ 4.11	8.50		Absent	Absent	U	18L0500-04
121718-05	(SP ID 5) 7021 SW 9th Street	8:20	D	/ 3.89	9.03		Absent	Absent	U	18L0500-05
121718-06	(SP ID 11) 1530 SW 85th Avenue	8:40	D	/ 3.92	9.06		Absent	Absent	U	18L0500-06
121718-07	(SP ID 10) 199 N. University Drive	9:00	D	/ 3.22	8.97		Absent	Absent	U	18L0500-07

**Average of disinfectant residuals for distribution routine & repeat Samples.5** Free chlorine or Total chlorine (circle one)

/ 4.19

Unless otherwise noted, all tests are performed in accordance with NELAC standards, and the results relate only to the samples.

**Disinfectant Residual Analysis Method:**

DPD Colorimetric  Other \_\_\_\_\_  
**Person performing disinfectant analysis is (see instructions on reverse):**  
 A certified operator (# DWB# 21736)  
 Supervised by certified operator (# \_\_\_\_\_)  
 Employed by a certified lab  Employed by DEP or DOH  
 Authorized representative of supplier of water

Date and time PWS notified by lab of positive results: \_\_\_\_\_

Date and time DEP/DOH notified by lab of positive results: \_\_\_\_\_

Date Report Issued: 20-Dec-2018 10:58

**Lab Signature:** Enrique Ochoa

**Title:** (CSM) Customer Service Manager

**Michael Cepeda**  
Jacobs/CH2M-City of Pembroke Pines WTP  
7960 Johnson Street  
Pembroke Pines FL 33024

Satisfactory DEP/DOH USE ONLY  
 Incomplete Collection Information  
 Repeat Samples Required  
 Replacement Samples Required  
Date Reviewed by DEP/DOH: \_\_\_\_\_  
DEP/DOH Reviewing Official: \_\_\_\_\_

For Sample Types see Instructions on Rev. 1/1/99  
For Analysis Methods see Instructions on Rev. 2/1/10  
Please circle appropriate selection  
Revised by Florida Administrative Code, 62-550.730, 12/1/10  
\*Complete all comments & make appropriate corrections to this report by the date indicated on the report. Do not include this report in the final report.

# DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORTING FORMAT

(62-550.730 Reporting Format Effective 01/1995, Revised 02/2010)

**Florida-Spectrum Environmental Services, Inc.**  
 1460 W. McNab Road, Fort Lauderdale, FL 33309 Tel# (954) 978-6400  
 Certification No. EB6006

Lab Receipt Date & Time: <u>17-Dec-2018 16:10</u>
Analysis Date & Time: <u>17-Dec-2018 17:00</u>
<b>Sample Acceptance Criteria:</b>
Sample Preservation: <input checked="" type="checkbox"/> On Ice <input type="checkbox"/> Not On Ice <input checked="" type="checkbox"/> <u>3.40</u> °C
Disinfectant Check: <input checked="" type="checkbox"/> Not Detected <input type="checkbox"/> _____ mg/L
This sample does not meet the following NELAC requirements:

Report Number: 18L0500 Sub-Contract Lab ID: E86006

**Analysis Requested:** (check all that apply)  
 Total Coliform/E. coli  Total Coliform/Fecal  Enterococci  Coliphage  HPC  Other: \_\_\_\_\_

**Public Water System (PWS) Name:** City of Pembroke Pines **PWS I.D.**

4	0	6	1	0	8	3
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**PWS Address:** 7960 Johnson Street **City:** Pembroke Pines **FL** 33024

**PWS or PWS Owner's Phone #:** (786) 320-1996 **Fax #:** (954) 986-5025

**Collector:** Jason Cardenas **Collector's Phone #:** (850)-557-7147

**Type of Supply:** (check only one)  
 Community Water System  Non-Transient Non-community Water System  Transient Non-community Water System  
 Limited Use System  Bottled Water  Private Well  Swimming Pool  Other: \_\_\_\_\_

**Reason for Sampling:** (check all that apply)  
 Distribution Routine  Distribution Repeat  Raw (triggered or assessment)  Raw (triggered or assessment) additional  Well Survey  
 Clearance  Replacement (also check type of sample being replaced)  Boil Water Notice  Other: \_\_\_\_\_

**Sample Collection Date:** 12/17/18

To be completed by collector of sample						To be completed by lab				
Sample #	Sample Point City of Pembroke Pines Monthly Bacteria [none]	Sample Collection Time	Sample Type	Disinfectant Residual (mg/L)	pH	Analysis Method(s)2: Total Coliform/E. Coli (PA) by Colifert in Water (SM9223B)				
						Non-Coliform	Total Coliform	Fecal (E. Coli, Enterococci or Coliphage)3	Data Qualifier4	Lab Sample #
121718-08	(SP ID 9) 8131 Johnson Street	9:15	D	14.59	9.11		Absent	Absent	U	18L0500-08
121718-09	(SP ID 8) 8130 Taft Street	9:40	D	14.33	9.04		Absent	Absent	U	18L0500-09
121718-10	(SP ID 7) 2402 N University Drive	9:55	D	13.98	9.02		Absent	Absent	U	18L0500-10
121718-11	(SP ID 68) 2060 NW 88th Terrace	10:10	D	14.32	8.99		Absent	Absent	U	18L0500-11
121718-12	(SP ID 12) 1621 N. Douglas Road	10:25	D	14.47	9.02		Absent	Absent	U	18L0500-12
121718-13	(SP ID 13) 8880 Johnson Street	10:40	D	14.53	9.07		Absent	Absent	U	18L0500-13
121718-14	(SP ID 14) 120 N. Douglas Road	11:05	D	14.46	9.08		Absent	Absent	U	18L0500-14

**Average of disinfectant residuals for distribution routine & repeat Samples.5** Free chlorine or Total chlorine (circle one) 14.19

**Disinfectant Residual Analysis Method:**  
 DPD Colorimetric  Other: \_\_\_\_\_  
**Person performing disinfectant analysis is (see instructions on reverse):**  
 A certified operator (# DWB# 21736)  
 Supervised by certified operator (# \_\_\_\_\_)  
 Employed by a certified lab  Employed by DEP or DOH  
 Authorized representative of supplier of water

Unless otherwise noted, all tests are performed in accordance with NELAC standards, and the results relate only to the samples.

Date and time PWS notified by lab of positive results: \_\_\_\_\_  
 Date and time DEP/DOH notified by lab of positive results: \_\_\_\_\_  
 Date Report Issued: 20-Dec-2018 10:58  
**Lab Signature:** Enrique Ochoa  
**Title:** (CSM) Customer Service Manager

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

Satisfactory DEP/DOH USE ONLY  
 Incomplete Collection Information  
 Repeat Samples Required  
 Replacement Samples Required  
 Date Reviewed by DEP/DOH: \_\_\_\_\_  
 DEP/DOH Reviewing Official: \_\_\_\_\_

For Sample Types see instructions item 11)  
 For Analysis Methods see instructions item 11)  
 1. Please circle appropriate selection.  
 2. Defined as Florida Administrative Code Rule 62.160, Table 1  
 3. Complete for community & non-transient non-community systems serving populations up to and including 1,000. Do not include raw or plant samples in the average.

**DRINKING WATER MICROBIAL SAMPLE COLLECTION  
& LABORATORY REPORTING FORMAT**

#2-550.730 Reporting Format Effective 01/1995, Revised 02/2010

Florida-Spectrum Environmental Services, Inc.  
1460 W. McNab Road, Fort Lauderdale, FL 33309 Tel# (954) 978-6400  
Certification No. E86006

Lab Receipt Date & Time: 17-Dec-2018 16:10

Analysis Date & Time: 17-Dec-2018 17:00

**Sample Acceptance Criteria:**

Sample Preservation:  On Ice  Not On Ice  3.4 °C  
Disinfectant Check:  Not Detected  \_\_\_\_\_ mg/L  
This sample does not meet the following NELAC requirements:

Report Number: 18L0502 Sub-Contract Lab ID: E86006

**Analysis Requested:** (check all that apply)

Total Coliform/E. coli  Total Coliform/Fecal  Enterococci  Coliphage  HPC  Other: \_\_\_\_\_

Public Water System (PWS) Name: City of Pembroke Pines

PWS I.D. 

4	0	6	1	0	8	3
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PWS Address: 7960 Johnson Street

City: Pembroke Pines FL 33024

PWS or PWS Owner's Phone #: (321) 288-0037/754-260-4509

Fax #: (954) 986-5025

Collector: Jason Cardenas

Collector's Phone #: (850) 557-7147

**Type of Supply:** (check only one)

Community Water System  Non-Transient Non-community Water System  Transient Non-community Water System  
 Limited Use System  Bottled Water  Private Well  Swimming Pool  Other: \_\_\_\_\_

**Reason for Sampling:** (check all that apply)

Distribution Routine  Distribution Repeat  Raw (triggered or assessment)  Raw (triggered or assessment) additional  Well Survey  
 Clearance  Replacement (also check type of sample being replaced)  Boil Water Notice  Other: \_\_\_\_\_

Sample Collection Date: 12/17/18

To be completed by collector of sample						To be completed by lab				
Sample #	Sample Point Well #1 City of Pembroke Pines	Sample Collection Time	Sample Type	Disin- fectant Residual (mg/L)	pH	Analysis Method(s)2: Total Coliform/E. Coli (PA) by Colilert in Water (SM9223B)				
						Non- Coliform	Total Coliform	Fecal (E. Coli, Enterococci or Coliphage)3	Data Qualifier4	Lab Sample #
121718-16	Well #1	12 25	R	1.00	7.59		Absent	Absent	U	18L0502-01

Average of disinfectant residuals for distribution routine & repeat Samples.5  Free chlorine  Total chlorine (circle one) \_\_\_\_\_ / 0.0

**Disinfectant Residual Analysis Method:**  
 DPD Colorimetric  Other: \_\_\_\_\_  
**Person performing disinfectant analysis is (see instructions on reverse):**  
 A certified operator (# DWB# 21736)  
 Supervised by certified operator (# \_\_\_\_\_)  
 Employed by a certified lab  Employed by DEP or DOH  
 Authorized representative of supplier of water

Unless otherwise noted, all tests are performed in accordance with NELAC standards, and the results relate only to the samples.

Date and time PWS notified by lab of positive results: \_\_\_\_\_  
Date and time DEP/DOH notified by lab of positive results: \_\_\_\_\_  
Date Report Issued: 20-Dec-2018 18:00  
Lab Signature: Enrique Ochoa  
Title: (CSM) Customer Service Manager

Ron Abel  
Jacobs/CH2M-City of Pembroke Pines W1  
7960 Johnson Street  
Pembroke Pines FL 33024

Satisfactory DEP/DOH USE ONLY  
 Incomplete Collection Information  
 Repeat Samples Required  
 Replacement Samples Required  
Date Reviewed by DEP/DOH: \_\_\_\_\_  
DEP/DOH Reviewing Official: \_\_\_\_\_

For Sample Types see Instructions - Item 110.  
For Analysis Methods see Instructions - Item 110.  
Please circle appropriate selection.  
Revised to Florida Administrative Code Rule 62.160, Table 2  
Complete for community & non-transient non-community systems serving populations up to and including 4,000. Do not include raw or plant samples in the average.

**DRINKING WATER MICROBIAL SAMPLE COLLECTION  
& LABORATORY REPORTING FORMAT**

(62-550.730 Reporting Format Effective 01/1995, Revised 02/2010)

**Florida-Spectrum Environmental Services, Inc.**  
1460 W. McNab Road, Fort Lauderdale, FL 33309 Tel# (954) 978-6400  
Certification No. E86006

Lab Receipt Date & Time: <u>18-Dec-2018 16:10</u>
Analysis Date & Time: <u>18-Dec-2018 16:55</u>
<b>Sample Acceptance Criteria:</b> Sample Preservation: <input checked="" type="checkbox"/> On Ice <input type="checkbox"/> Not On Ice <input checked="" type="checkbox"/> 4.00 °C Disinfectant Check: <input checked="" type="checkbox"/> Not Detected <input type="checkbox"/> _____ mg/L This sample does not meet the following NELAC requirements:

Report Number: 18L0555 Sub-Contract Lab ID: E86006

**Analysis Requested:** (check all that apply)

Total Coliform/E. coli  Total Coliform/Fecal  Enterococci  Coliphage  HPC  Other: \_\_\_\_\_

**Public Water System (PWS) Name:** City of Pembroke Pines **PWS I.D.**

4	0	6	1	0	8	3
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**PWS Address:** 7960 Johnson Street **City:** Pembroke Pines **FL** 33024

**PWS or PWS Owner's Phone #** (786) 320-1996 **Fax #:** (954) 985-5025

**Collector:** Jason Cardenas **Collector's Phone #:** (850)-557-7147 /954-582-4300

**Type of Supply:** (check only one)

Community Water System  Non-Transient Non-community Water System  Transient Non-community Water System  
 Limited Use System  Bottled Water  Private Well  Swimming Pool  Other: \_\_\_\_\_

**Reason for Sampling:** (check all that apply)

Distribution Routine  Distribution Repeat  Raw (triggered or assessment)  Raw (triggered or assessment) additional  Well Survey  
 Clearance  Replacement (also check type of sample being replaced)  Boil Water Notice  Other: \_\_\_\_\_

**Sample Collection Date:** 12/18/18

To be completed by collector of sample						To be completed by lab				
Sample #	Sample Point City of Pembroke Pines Monthly Bacteria (none)	Sample Collection Time	Sample Type	Disin- fectant Residual (mg/L)	pH	Analysis Method(s)2: Total Coliform/E.Coli (PA) by ColMert in Water (SM9223B)				
						Non- Coliform	Total Coliform	Fecal (E.Coli), Enterococci or Coliphage3	Data Qualifier4	Lab Sample #
121818-01	(SP ID 15) 900 Hollybrook Drive	6:50	D	14.04	8.51		Absent	Absent	U	18L0555-01
121818-02	(SP ID 20) 10001 SW 14th Street	7:10	D	14.04	8.74		Absent	Absent	U	18L0555-02
121818-03	(SP ID 19) 10101 Pines Blvd	7:35	D	14.19	8.96		Absent	Absent	U	18L0555-03
121818-04	(SP ID 18) 10000 Johnson Street	7:55	D	14.21	9.01		Absent	Absent	U	18L0555-04
121818-05	(SP ID 17) 1981 NW 100th Way	8:10	D	13.76	8.93		Absent	Absent	U	18L0555-05
121818-06	(SP ID 16) 10120 Sheridan Street	8:25	D	14.13	8.98		Absent	Absent	U	18L0555-06
121818-07	(SP ID 22) 11141 NW 21st Street	8:50	D	14.06	9.02		Absent	Absent	U	18L0555-07

**Average of disinfectant residuals for distribution routine & repeat Samples.5** Free chlorine or Total chlorine (circle one) 13.55

**Disinfectant Residual Analysis Method:**  
 DPD Colorimetric  Other: \_\_\_\_\_  
**Person performing disinfectant analysis is (see instructions on reverse):**  
 A certified operator (# 21736)  
 Supervised by certified operator (# \_\_\_\_\_)  
 Employed by a certified lab  Employed by DEP or DOH  
 Authorized representative of supplier of water

Unless otherwise noted, all tests are performed in accordance with NELAC standards, and the results relate only to the samples.

Date and time PWS notified by lab of positive results: \_\_\_\_\_  
Date and time DEP/DOH notified by lab of positive results: \_\_\_\_\_  
Date Report Issued: 21-Dec-2018 16:11  
**Lab Signature:** Enrique Ochoa  
**Title:** (CSM) Customer Service Manager

**Michael Cepeda**  
Jacobs/CH2M-City of Pembroke Pines WT  
7960 Johnson Street  
Pembroke Pines FL 33024

**DEP/DOH USE ONLY**  
 Satisfactory  
 Incomplete Collection Information  
 Repeat Samples Required  
 Replacement Samples Required  
Date Reviewed by DEP/DOH: \_\_\_\_\_  
DEP/DOH Reviewing Official: \_\_\_\_\_

For Sample Types see Instructions on Form 1.0  
For Analysis Methods see Instructions on Form 11.0  
Please circle appropriate selection.  
Defined in Florida Administrative Code Rule 62.160, LAC 62.160  
Complete for community & non-transient non-community systems serving populations of 10 and including LPOB. Do not include raw or plant samples in the average.

**DRINKING WATER MICROBIAL SAMPLE COLLECTION  
& LABORATORY REPORTING FORMAT**

162-550.730 Reporting Format Effective 01/1995, Revised 02/2010

**Florida-Spectrum Environmental Services, Inc.**  
1460 W. McNab Road, Fort Lauderdale, FL 33309 Tel# (954) 978-6400  
Certification No. E86006

Lab Receipt Date & Time: <u>18-Dec-2018 16:10</u>
Analysis Date & Time: <u>18-Dec-2018 16:55</u>
<b>Sample Acceptance Criteria:</b> Sample Preservation: <input checked="" type="checkbox"/> On Ice <input type="checkbox"/> Not On Ice <input checked="" type="checkbox"/> 4.00 °C Disinfectant Check: <input checked="" type="checkbox"/> Not Detected <input type="checkbox"/> _____ mg/L This sample does not meet the following NELAC requirements:

Report Number: 18L0555      Sub-Contract Lab ID: E86006

**Analysis Requested:** (check all that apply)

Total Coliform/E. coli    Total Coliform/Fecal    Enterococci    Coliphage    HPC    Other: \_\_\_\_\_

**Public Water System (PWS) Name:** City of Pembroke Pines      **PWS I.D.**

4	0	6	1	0	8	3
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**PWS Address:** 7960 Johnson Street      **City:** Pembroke Pines      **FL**      **33024**

**PWS or PWS Owner's Phone #:** (786) 320-1996      **Fax #:** (954) 986-5025

**Collector:** Jason Cardenas      **Collector's Phone #:** (850)-557-7147/954-582-4300

**Type of Supply:** (check only one)

Community Water System    Non-Transient Non-community Water System    Transient Non-community Water System  
 Limited Use System    Bottled Water    Private Well    Swimming Pool    Other: \_\_\_\_\_

**Reason for Sampling:** (check all that apply)

Distribution Routine    Distribution Repeat    Raw (triggered or assessment)    Raw (triggered or assessment) additional    Well Survey  
 Clearance    Replacement (also check type of sample being replaced)    Boil Water Notice    Other: \_\_\_\_\_

**Sample Collection Date:** 12/18/18

To be completed by collector of sample						To be completed by lab				
Sample #	Sample Point City of Pembroke Pines Monthly Bacteria [none]	Sample Collection Time	Sample Type	Disin- fectant Residual (mg/L)	pH	Analysis Method(s)2: Total Coliform/E. Coli (PA) by Colilert in Water (SM9223B)				
						Non- Coliform	Total Coliform	Fecal <i>E. Coli</i> , Enterococci or Coliphage3	Data Qualifier4	Lab Sample #
121818-08	(SP ID 44) 6749 Segovia Circle West	9:30	D	1.281	8.91		Absent	Absent	U	18L0555-08
121818-09	(SP ID 45) 2300 NW 172nd Avenue	9:50	D	1.343	8.90		Absent	Absent	U	18L0555-09
121818-10	(SP ID 46) 2098 NW 171st Terrace	10:15	D	1.332	8.91		Absent	Absent	U	18L0555-10
121818-11	(SP ID 47) 17100 Pines Blvd.	10:35	D	1.140	8.79		Absent	Absent	U	18L0555-11
121818-12	(SP ID 48) 17059 SW 15th Street	10:49	D	1.357	8.86		Absent	Absent	U	18L0555-12
121818-13	(SP ID 27) 450 SW 182nd Way	11:10	D	1.347	8.93		Absent	Absent	U	18L0555-13
121818-14	(SP ID 49) 17817 NW 15th Street	11:30	D	1.329	8.95		Absent	Absent	U	18L0555-14

**Average of disinfectant residuals for distribution routine & repeat Samples.5** Free chlorine or Total chlorine (circle one)      1.355

**Disinfectant Residual Analysis Method:**  
 DPD Colorimetric    Other \_\_\_\_\_  
**Person performing disinfectant analysis is (see instructions on reverse):**  
 A certified operator (# 21736)  
 Supervised by certified operator (# \_\_\_\_\_)  
 Employed by a certified lab    Employed by DEP or DOH  
 Authorized representative of supplier of water

Unless otherwise noted, all tests are performed in accordance with NELAC standards, and the results relate only to the samples.

Date and time PWS notified by lab of positive results: \_\_\_\_\_  
Date and time DEP/DOH notified by lab of positive results: \_\_\_\_\_  
Date Report issued: 21-Dec-2018 13:11  
**Lab Signature:** Enrique Ochoa  
**Title:** (CSM) Customer Service Manager

**Michael Cepeda**  
Jacobs/CH2M-City of Pembroke Pines WT  
7960 Johnson Street  
Pembroke Pines      FL      33024

<input type="checkbox"/> Satisfactory	<b>DEP/DOH USE ONLY</b>
<input type="checkbox"/> Incomplete Collection Information	
<input type="checkbox"/> Repeat Samples Required	
<input type="checkbox"/> Replacement Samples Required	
Date Reviewed by DEP/DOH: _____	
DEP/DOH Reviewing Official: _____	

1. See Sample Types section in Instructions item 1.4.  
2. For Analysis Methods see Instructions item 1.6.  
3. Please circle appropriate selection.  
4. Defined in Florida Administrative Code Rule 62.160, Table 1.  
5. Complete comments & non-transient non-community systems serving population up to and including 1000. Do not use for tap or plant samples in this category.

# DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORTING FORMAT

#2-550.730 Reporting Format Effective 01/1995, Revised 02/2010

**Florida-Spectrum Environmental Services, Inc.**  
1469 W. McNab Road, Fort Lauderdale, FL 33309 Tel# (954) 978-6400  
Certification No. E86006

Lab Receipt Date & Time: <u>19-Dec-2018 17:40</u>
Analysis Date & Time: <u>19-Dec-2018 18:00</u>
<b>Sample Acceptance Criteria:</b>
Sample Preservation: <input checked="" type="checkbox"/> On Ice <input type="checkbox"/> Not On Ice <input checked="" type="checkbox"/> 4.00 °C
Disinfectant Check: <input checked="" type="checkbox"/> Not Detected <input type="checkbox"/> _____ mg/L
This sample does not meet the following NELAC requirements:

Report Number: 18L0618      Sub-Contract Lab ID: E86006

**Analysis Requested:** (check all that apply)  
 Total Coliform/E. coli    Total Coliform/Fecal    Enterococci    Coliphage    HPC    Other: \_\_\_\_\_

**Public Water System (PWS) Name:** City of Pembroke Pines      **PWS I.D.**

4	0	6	1	0	8	3
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**PWS Address:** 7960 Johnson Street      **City:** Pembroke Pines      **FL**      **33024**

**PWS or PWS Owner's Phone #:** (754) 260-4509      **Fax #:** (954) 986-5025

**Collector:** Jason Cardenas      **Collector's Phone #:** (850)-557-7147

**Type of Supply:** (check only one)  
 Community Water System    Non-Transient Non-community Water System    Transient Non-community Water System  
 Limited Use System    Bottled Water    Private Well    Swimming Pool    Other: \_\_\_\_\_

**Reason for Sampling:** (check all that apply)  
 Distribution Routine    Distribution Repeat    Raw (triggered or assessment)    Raw (triggered or assessment) additional    Well Survey  
 Clearance    Replacement (also check type of sample being replaced)    Boil Water Notice    Other: \_\_\_\_\_

**Sample Collection Date:** 12/19/18

To be completed by collector of sample						To be completed by lab				
Sample #	Sample Point City of Pembroke Pines Monthly Bacteria [none]	Sample Collection Time	Sample Type	Disinfectant Residual (mg/L)	pH	Analysis Method(s)2: Total Coliform/E. Coli (PA) by Colliert in Water (SM9223B)				
						Non-Coliform	Total Coliform	Fecal E. Coli/Enterococci or Coliphage3	Data Qualifier4	Lab Sample #
121918-01	(SP ID 51) 2473 NW 184th Terrace	7:20	D	/ 2.96	8.40		Absent	Absent	U	18L0618-01
121918-02	(SP ID 52) 18411 Pines Blvd	7:45	D	/ 3.70	8.65		Absent	Absent	U	18L0618-02
121918-03	(SP ID 58) 19370 SW 16th Street	8:10	D	/ 2.56	8.74		Absent	Absent	U	18L0618-03
121918-04	(SP ID 53) 18539 SW 12th Street	8:40	D	/ 3.44	8.76		Absent	Absent	U	18L0618-04
121918-05	(SP ID 57) 420 NW 197th Avenue	9:45	D	/ 3.62	8.89		Absent	Absent	U	18L0618-05
121918-06	(SP ID 56) 1263 NW 195th Avenue	10:05	D	/ 3.69	8.92		Absent	Absent	U	18L0618-06
121918-07	(SP ID 55) 19478 NW 24th Place	10:25	D	/ 2.74	8.84		Absent	Absent	U	18L0618-07

**Average of disinfectant residuals for distribution routine & repeat Samples.5** Free chlorine or Total chlorine (circle one)      / 3.11

**Disinfectant Residual Analysis Method:**  
 DPD Colorimetric    Other: \_\_\_\_\_  
**Person performing disinfectant analysis is (see instructions on reverse):**  
 A certified operator (# 21736)  
 Supervised by certified operator (# \_\_\_\_\_)  
 Employed by a certified lab    Employed by DEP or DOH  
 Authorized representative of supplier of water

Unless otherwise noted, all tests are performed in accordance with NELAC standards, and the results relate only to the samples.

Date and time PWS notified by lab of positive results: \_\_\_\_\_  
 Date and time DEP/DOH notified by lab of positive results: \_\_\_\_\_  
 Date Report Issued: 24-Dec-2018 13:53  
**Lab Signature:** Enrique Ochoa  
**Title:** (CSM) Customer Service Manager

**Michael Cepeda**  
Jacobs/CH2M-City of Pembroke Pines WTP  
7960 Johnson Street  
Pembroke Pines      FL      33024

Satisfactory      **DEP/DOH USE ONLY**  
 Incomplete Collection Information  
 Repeat Samples Required  
 Replacement Samples Required  
 Date Reviewed by DEP/DOH: \_\_\_\_\_  
 DEP/DOH Reviewing Official: \_\_\_\_\_

1 For Sample Types see instructions item 1.10.  
 2 For Analysis Methods see instructions item 1.9.  
 3 Please use appropriate selection.  
 4 Defined in Florida Administrative Code Rule 62-104, Table 1.  
 5 Complete for community & non-transient non-community systems serving populations greater than including 4,000. Do not include raw or plant samples in the average.

# DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORTING FORMAT

(02-550.730 Reporting Format Effective 01/1995, Revised 02/2010)

**Florida-Spectrum Environmental Services, Inc.**  
1460 W. McNab Road, Fort Lauderdale, FL 33309 Tel# (954) 978-6400  
Certification No. E86006

Lab Receipt Date & Time: <u>19-Dec-2018 17:40</u>
Analysis Date & Time: <u>19-Dec-2018 18:00</u>
<b>Sample Acceptance Criteria:</b>
Sample Preservation: <input checked="" type="checkbox"/> On Ice <input type="checkbox"/> Not On Ice <input checked="" type="checkbox"/> <u>4.00</u> °C
Disinfectant Check: <input checked="" type="checkbox"/> Not Detected <input type="checkbox"/> _____ mg/L
This sample does not meet the following NELAC requirements:

Report Number: 18L0618      Sub-Contract Lab ID: E86006

**Analysis Requested: (check all that apply)**

Total Coliform/E. coli    Total Coliform/Fecal    Enterococci    Coliphage    HPC    Other: \_\_\_\_\_

**Public Water System (PWS) Name:** City of Pembroke Pines

**PWS I.D.**

4	0	6	1	0	8	3
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**PWS Address:** 7960 Johnson Street

**City:** Pembroke Pines      **FL**      33024

**PWS or PWS Owner's Phone #** (754) 260-4509

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

**Collector:** Jason Cardenas

**Collector's Phone #:** (850) 557-7147

**Type of Supply: (check only one)**

Community Water System    Non-Transient Non-community Water System    Transient Non-community Water System  
 Limited Use System    Bottled Water    Private Well    Swimming Pool    Other: \_\_\_\_\_

**Reason for Sampling: (check all that apply)**

Distribution Routine    Distribution Repeat    Raw (triggered or assessment)    Raw (triggered or assessment) additional    Well Survey  
 Clearance    Replacement (also check type of sample being replaced)    Boil Water Notice    Other: \_\_\_\_\_

**Sample Collection Date:** 12/19/18

To be completed by collector of sample						To be completed by lab				
Sample #	Sample Point City of Pembroke Pines Monthly Bacteria [none]	Sample Collection Time	Sample Type	Disin- fectant Residual (mg/L)	pH	Analysis Method(s): Total Coliform/E.Coli (PA) by Colilert in Water (SM9223B)				
						Non- Coliform	Total Coliform	Fecal E.Coli, Enterococci, Coliphage3	Data Qualifier4	Lab Sample #
121918-08	(SP ID 54) 6351 SW 195th Avenue	11:20	D	/ 3.16	8.88		Absent	Absent	U	18L0618-08
121918-09	(SP ID 59) 5000 SW 207th Terrace	11:42	D	/ 2.30	8.82		Absent	Absent	U	18L0618-09
121918-10	(SP ID 63) 21250 Sheridan Street	12:20	D	/ 2.93	8.82		Absent	Absent	U	18L0618-10

**Average of disinfectant residuals for distribution routine & repeat Samples.5** Free chlorine or Total chlorine (circle one)

/ 3.11

Unless otherwise noted, all tests are performed in accordance with NELAC standards, and the results relate only to the samples.

**Disinfectant Residual Analysis Method:**

DPD Colorimetric    Other: \_\_\_\_\_

**Person performing disinfectant analysis is (see instructions on reverse):**

A certified operator (# 21736)  
 Supervised by certified operator (# \_\_\_\_\_)  
 Employed by a certified lab    Employed by DEP or DOH  
 Authorized representative of supplier of water

Date and time PWS notified by lab of positive results: \_\_\_\_\_

Date and time DEP/DOH notified by lab of positive results: \_\_\_\_\_

Date Report issued: 24-Dec-2018 18:59

**Lab Signature:** Enrique Ochoa

**Title:** (CSM) Customer Service Manager

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

<input type="checkbox"/> Satisfactory <input type="checkbox"/> Incomplete Collection Information <input type="checkbox"/> Repeat Samples Required <input type="checkbox"/> Replacement Samples Required	<b>DEP/DOH USE ONLY</b>  Date Reviewed by DEP/DOH: _____ DEP/DOH Reviewing Official: _____
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1. For Sample Type see instructions item 1.10.  
2. For Analysis Methods see instructions item 11.0.  
3. Please circle appropriate solution.  
4. Defined in Florida Administrative Code Rule 62.100, Table 1.  
5. Complete for community & non-transient non-community systems serving populations up to and including 4,000. Do not include raw of plant samples in the average.

# DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORTING FORMAT

(62-550-730 Reporting Format Effective 01/1995, Revised 02/2010)

**Florida-Spectrum Environmental Services, Inc.**  
 1460 W. McNab Road, Fort Lauderdale, FL 33309 Tel# (954) 978-6400  
 Certification No. E86006

Lab Receipt Date & Time: <u>20-Dec-2018 16:45</u>
Analysis Date & Time: <u>20-Dec-2018 18:00</u>
<b>Sample Acceptance Criteria:</b> Sample Preservation: <input checked="" type="checkbox"/> On Ice <input type="checkbox"/> Not On Ice <input checked="" type="checkbox"/> 1.20 °C Disinfectant Check: <input checked="" type="checkbox"/> Not Detected <input type="checkbox"/> _____ mg/L This sample does not meet the following NELAC requirements: _____

Report Number: 18L0647      Sub-Contract Lab ID E86006

**Analysis Requested:** (check all that apply)  
 Total Coliform/E. coli    Total Coliform/Fecal    Enterococci    Coliphage    HPC    Other: \_\_\_\_\_

**Public Water System (PWS) Name:** City of Pembroke Pines      **PWS I.D.**

4	0	6	1	0	8	3
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**PWS Address:** 7960 Johnson Street      **City:** Pembroke Pines      **FL**      33024

**PWS or PWS Owner's Phone #:** (786) 320-1996      **Fax #:** (954) 986-5025

**Collector:** Jason Cardenas      **Collector's Phone #:** (850)-557-7147

**Type of Supply:** (check only one)  
 Community Water System    Non-Transient Non-community Water System    Transient Non-community Water System  
 Limited Use System    Bottled Water    Private Well    Swimming Pool    Other: \_\_\_\_\_

**Reason for Sampling:** (check all that apply)  
 Distribution Routine    Distribution Repeat    Raw (triggered or assessment)    Raw (triggered or assessment) additional    Well Survey  
 Clearance    Replacement (also check type of sample being replaced)    Boil Water Notice    Other: \_\_\_\_\_

**Sample Collection Date:** 12/20/18

To be completed by collector of sample						To be completed by lab				
Sample #	Sample Point City of Pembroke Pines Monthly Bacteria Pembroke Pines	Sample Collection Time	Sample Type	Disinfectant Residual (mg/L)	pH	Analysis Method(s)2: Total Coliform/E.Coli (PA) by Colilert in Water (SM9223B)				
						Non-Coliform	Total Coliform	Fecal Enterococci or Coliphage3	E. Coli	Data Qualifier4
122018-01	(SP ID 50) 20620 NW 5th Street	8:34	D	/ 3.16	8.73		Absent	Absent	U	18L0647-01
122018-02	(SP ID 65) 21651 NW 7th Street	9:15	D	/ 1.88	8.72		Absent	Absent	U	18L0647-02
122018-03	(SP ID 62) 20701 Pembroke Road	9:30	D	/ 2.39	8.83		Absent	Absent	U	18L0647-03
122018-04	(SP ID 61) 20501 SW 1st Street	10:05	D	/ 3.08	8.78		Absent	Absent	U	18L0647-04

**Average of disinfectant residuals for distribution routine & repeat Samples.5**    Free chlorine   or   Total chlorine (circle one)    / 2.63

**Disinfectant Residual Analysis Method:**  
 DPD Colorimetric    Other: \_\_\_\_\_  
**Person performing disinfectant analysis is (see instructions on reverse):**  
 A certified operator (# 21736)  
 Supervised by certified operator (# \_\_\_\_\_)  
 Employed by a certified lab    Employed by DEP or DOH  
 Authorized representative of supplier of water

Unless otherwise noted, all tests are performed in accordance with NELAC standards, and the results relate only to the samples.

Date and time PWS notified by lab of positive results: \_\_\_\_\_  
 Date and time DEP/DOH notified by lab of positive results: \_\_\_\_\_  
 Date Report issued: 24-Dec-2018 15:24  
**Lab Signature:** Enrique Ochoa  
**Title:** (CSM) Customer Service Manager

**Michael Cepeda**  
 Jacobs/CH2M-City of Pembroke Pines W1  
 7960 Johnson Street  
 Pembroke Pines      FL      33024

Satisfactory      **DEP/DOH USE ONLY**  
 Incomplete Collection Information  
 Repeat Samples Required  
 Replacement Samples Required  
 Date Reviewed by DEP/DOH: \_\_\_\_\_  
 DEP/DOH Reviewing Official: \_\_\_\_\_

1. See Sample Types and Instructions form 110.  
 2. See Analysis Methods and Instructions form 116.  
 Please use the appropriate selection.  
 Defined in Florida Administrative Code Rule 62.160, Table 1.  
 Complete for community & non-transient non-community systems serving populations up to and including 2,000. Do not include raw or plant samples in the average.