



AQUA PURE WATER & SEWAGE SERVICE, INC.

10865 East State Road 40 • Silver Springs, Florida 34488-2349

(352) 625-2822
FAX (352) 625-6638

Cedar Key Water

On May 17, 2018 we completed the report for the above referenced water system, identification number 2380178. You should maintain this original report for future reference and proof of compliance. This sample was analyzed under our submission number 181451 for the following parameters (or parameter groups): Disinfection Byproducts, Trihalomethanes Disinfection Byproducts, Haloacetic Acids

The results of the analyses were:

- Satisfactory** (below allowable Maximum Contaminant Levels, or equivalent standard, for all regulated parameters).
- Satisfactory.** However, the parameters listed below exceeded 50% of the allowable Maximum Contaminant Level, equivalent standard, or regulatory detection limit. Additional testing may be required, please contact your governing agency or project engineer for instructions.

- Unsatisfactory** for the parameters listed below (exceeded allowable Maximum Contaminant Level or equivalent standard) and may represent a health risk to your consumers. Please contact your governing agency or project engineer immediately.

Comments: _____

In accordance with your request and applicable regulations we have sent a copy of this report to the following agencies or individuals (copies will not be provided to non-regulatory individuals without your express consent and request):

- | | |
|---|--|
| <input type="checkbox"/> DEP Central District | <input type="checkbox"/> DOH Marion County |
| <input type="checkbox"/> DEP Southwest District | <input type="checkbox"/> DOH Lake County |
| <input type="checkbox"/> DEP Northeast District | <input type="checkbox"/> DOH Sumter County |
| <input type="checkbox"/> DEP _____ | <input type="checkbox"/> DOH _____ |
| <input type="checkbox"/> Other _____ | <input checked="" type="checkbox"/> Not Applicable |

Thank you for allowing us to meet your analytical and compliance needs. We appreciate your business and value the relationships we cultivate with our clients. Please contact us if you have any questions.



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Florida Department of Environmental Protection Safe Drinking Water Program Laboratory Report

Page 2 of 4; Chain of Custody serves as Page 4 of this report

LABORATORY CERTIFICATION INFORMATION

Laboratory Name: Aqua Pure Water & Sewage Service, Inc. Florida DOH Certification #: E83265 Certification Expiration Date: 6/30/2018
Address: 10865 E. State Road 40 Silver Springs FL 34488-2349 Phone #: (352) 625-2822

ANALYSIS INFORMATION

PWS ID: **2380178** System Name: **Cedar Key Water** Sample Number: Not Provided

Sample Location: Gulf & Hodges

Laboratory Assigned Submission Number: 181451

Date Sample(s) Received: 4/25/18

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

Disinfection Byproducts, Trihalomethanes

Disinfection Byproducts, Haloacetic Acids

Subcontracted Laboratory DOH Certification Number(s): E82574 E84589 E82001 E82535 AEL

Analyte Sheet(s) Attached

CERTIFICATION

I, Lisa K. Saupp, Charles B. Saupp, or Michael Morse, Technical Director, do HEREBY CERTIFY that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).

Certainty & validity of the reported data are based upon method specific calibration and QA / QC acceptance criteria (available upon request).

The results presented herein relate only to the samples submitted. If you have questions regarding this report please call Lisa Saupp at (352) 625-2822.

Signature: 

Date: May 17, 2018

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

Sample Collection & Analysis Satisfactory: Yes No

_____ Replacement Sample or Report Requested (circle or highlight group(s) above)

Person Notified: _____ Date Notified: _____

DEP / DOH Reviewing Official: _____



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Florida Department of Environmental Protection Safe Drinking Water Program Laboratory Report

System Name: Cedar Key Water

PWS ID: 2380178

Submission Number: 181451

Disinfectant Residual (mg/L): 0.95

DISINFECTION BYPRODUCTS

62-550.310(3)

Prep Date: 5/4/18

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier ¹	Analytical Method	Lab MDL	Regulatory MRL	Analysis Date	Analysis Time	DOH Lab Cert #
2450	Monochloroacetic Acid	N/A	µg/L	1.11		EPA552.2	0.89	2.0	5/5/18		E82574
2451	Dichloroacetic Acid	N/A	µg/L	8.36		EPA552.2	0.89	1.0	5/5/18		E82574
2452	Trichloroacetic Acid	N/A	µg/L	5.08		EPA552.2	0.67	1.0	5/5/18		E82574
2453	Monobromoacetic Acid	N/A	µg/L	0.52	I	EPA552.2	0.52	1.0	5/5/18		E82574
2454	Dibromoacetic Acid	N/A	µg/L	1.29		EPA552.2	0.73	1.0	5/5/18		E82574
2456	Total Haloacetic Acids (HAA5)	60	µg/L	16.36		EPA552.2	0.52	---	5/5/18		E82574

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier ¹	Analytical Method	Lab MDL	Regulatory MRL	Analysis Date	Analysis Time	DOH Lab Cert #
2941	Chloroform	N/A	µg/L	21.34		EPA524.2	0.39	1.0	5/4/18		E82535
2942	Bromoform	N/A	µg/L	0.26	U	EPA524.2	0.26	1.0	5/4/18		E82535
2943	Bromodichloromethane	N/A	µg/L	14.72		EPA524.2	0.14	1.0	5/4/18		E82535
2944	Dibromochloromethane	N/A	µg/L	8.73		EPA524.2	0.32	1.0	5/4/18		E82535
2950	Total Trihalomethanes (TTHM)	80	µg/L	44.79		EPA524.2	0.14	---	5/4/18		E82535

¹Defined in Florida Administrative Code Rule 62-160, Table 1

U - The compound was analyzed, but not detected; < laboratory method detection limit.

I - The reported value is ≥ laboratory method detection limit but < laboratory practical quantitation limit.



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DRINKING WATER CHAIN OF CUSTODY

Date Received / Time Received
APR 25 18 4:11:06

Client: Cedar Key Water & Sewer

Submission Number: 181451

Report to: (Name and Mailing Address) On file

Parameter(s) Requested **Sample Number**

Inorganic Contaminants

NO₃ NO₂ F
 CN
 All Metals Sb As Ba Be Cd Cr
 Pb Hg Ni Se Na Tl

Asbestos

Secondary Contaminants

Cl SO₄ TDS F Color
 Odor
 Foaming Agents
 All Metals Al Cu Fe Mn Ag Zn

Disinfection Byproducts

Total THM (All 4) THM Partial: 181451A
 HAA (All 5) HAA Partial: _____
 Other: _____

Radionuclides

Gross Alpha Ra²²⁶ Ra²²⁸ U
 Other: _____

Volatile Organic Contaminants

All 21
 Partial: _____

Synthetic Organic Contaminants

All Except Dioxin
 Partial: _____

Miscellaneous

Turbidity Alkalinity Conductivity
 Total Sulfide
 Dissolved Metals (Field filtered)
 o-PO₄ (Field filtered)
 Dissolved Oxygen
 Other: _____
 Other: _____
 Other: _____
 Other: _____
 Other: _____

Copy to: DEP Central DEP Southwest DEP Northeast

DEP Other: _____ DOH Marion County

DOH Other: _____ Info only DEP format not required

PO Number: _____

Contact Name: Jamie McCain

Contact Phone: 352-949-0603

System Name: Cedar Key Water

System ID Number: 2380178

Sample Location: Gulf + Hodger

Sampler Name: Jamie McCain

Date Sample Collected: 4/24/2018

Time Sample Collected: 2:10 pm

Field Test Results (if applicable) Cl₂ Residual: .95

Temp: _____ pH: _____ DO: _____

Other: _____

Sample Custody

Relinquished Signature: [Signature]

Date: 4/25/18 Time: 11:05 am Condition: _____

Relinquished Signature: _____

Date: _____ Time: _____ Condition: _____

Relinquished Signature: _____

Date: _____ Time: _____ Condition: _____

Laboratory Use Only

Received By: [Signature] Special

Sample Temp. at Time of Receipt: 3.8 °C On Ice Not on Ice

Paid Check or Receipt Number and Initials: _____

Comments: _____

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

PUBLIC WATER SYSTEM INFORMATION (to be completed by sampler - please type or print legibly)

System Name: Cedar Key Water PWS I.D. #: 2380178

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

Address: P.O. Box 309

City: Cedar Key ZIP Code: 32625

Phone # 352-949-0603 Fax #: _____ E-Mail Address: _____

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: _____ Sample Date: 4/24/2018 Sample Time: 2:10 AM PM (Circle One)

Sample Location (be specific): Gulf & Hodges Av Location Code: _____

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): 1.95 mg/L Field pH: _____

Sample Type (Check Only One) Reason(s) for Sample (Check all that apply)

- Distribution Routine Compliance with 62-550 Replacement (of Invalidated Sample)
- Entry Point (to Distribution) Confirmation of MCL Exceedance* Special (not for compliance with 62-550)
- Plant Tap (not for compliance with 62-550) Composite of Multiple Sites** Clearance (permitting)
- Raw (at well or intake) Other: _____

Max Residence Time Sampling Procedure Used or Other Comments: _____

Ave Residence Time _____

Near First Customer _____

*See 62-550.500(6) for requirements and restrictions. And 62-550.512(3) for nitrate or nitrite exceedances. **See 62-550.550(4) for requirements and attach a results page for each site.

SAMPLER CERTIFICATION

I, James McCain (Print Name) Supt (Print Title), do HEREBY CERTIFY

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

Signature: James McCain Date: 4/24/2018

Certified Operator #: _____ Phone #: 352-949-0603 Sampler's Fax #: _____

Sampler's E-mail: JAMES@CKwater.org

181491



AQUA PURE WATER & SEWAGE SERVICE, INC.

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Cedar Key Water & Sewer

On May 17, 2018 we completed the report for the above referenced water system, identification number 2380178. You should maintain this original report for future reference and proof of compliance. This sample was analyzed under our submission number 181452 for the following parameters (or parameter groups): Disinfection Byproducts, Trihalomethanes Disinfection Byproducts, Haloacetic Acids

The results of the analyses were:

- Satisfactory** (below allowable Maximum Contaminant Levels, or equivalent standard, for all regulated parameters).
- Satisfactory.** However, the parameters listed below exceeded 50% of the allowable Maximum Contaminant Level, equivalent standard, or regulatory detection limit. Additional testing may be required, please contact your governing agency or project engineer for instructions.

- Unsatisfactory** for the parameters listed below (exceeded allowable Maximum Contaminant Level or equivalent standard) and may represent a health risk to your consumers. Please contact your governing agency or project engineer immediately.

Comments: _____

In accordance with your request and applicable regulations we have sent a copy of this report to the following agencies or individuals (copies will not be provided to non-regulatory individuals without your express consent and request):

- | | |
|---|--|
| <input type="checkbox"/> DEP Central District | <input type="checkbox"/> DOH Marion County |
| <input type="checkbox"/> DEP Southwest District | <input type="checkbox"/> DOH Lake County |
| <input type="checkbox"/> DEP Northeast District | <input type="checkbox"/> DOH Sumter County |
| <input type="checkbox"/> DEP _____ | <input type="checkbox"/> DOH _____ |
| <input type="checkbox"/> Other _____ | <input checked="" type="checkbox"/> Not Applicable |

Thank you for allowing us to meet your analytical and compliance needs. We appreciate your business and value the relationships we cultivate with our clients. Please contact us if you have any questions.



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Florida Department of Environmental Protection Safe Drinking Water Program Laboratory Report

Page 2 of 4; Chain of Custody serves as Page 4 of this report

LABORATORY CERTIFICATION INFORMATION

Laboratory Name: Aqua Pure Water & Sewage Service, Inc. Florida DOH Certification #: E83265 Certification Expiration Date: 6/30/2018
Address: 10865 E. State Road 40 Silver Springs FL 34488-2349 Phone #: (352) 625-2822

ANALYSIS INFORMATION

PWS ID: 2380178 System Name: Cedar Key Water & Sewer Sample Number: Not Provided
Sample Location: Hodgson & Jerningan Av
Laboratory Assigned Submission Number: 181452 Date Sample(s) Received: 4/25/18

Group(s) Analyzed & Results attached for compliance with Chapter 62-550, F.A.C.:
Disinfection Byproducts, Trihalomethanes
Disinfection Byproducts, Haloacetic Acids

Subcontracted Laboratory DOH Certification Number(s): E82574 E84589 E82001 E82535 AEL Analyte Sheet(s) Attached

CERTIFICATION

I, Lisa K. Saupp, Charles B. Saupp, or Michael Morse, Technical Director, do HEREBY CERTIFY that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).

Certainty & validity of the reported data are based upon method specific calibration and QA / QC acceptance criteria (available upon request).
The results presented herein relate only to the samples submitted. If you have questions regarding this report please call Lisa Saupp at (352) 625-2822.

Signature: 

Date: May 17, 2018

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

Sample Collection & Analysis Satisfactory: Yes No

_____ Replacement Sample or Report Requested (circle or highlight group(s) above)

Person Notified: _____ Date Notified: _____

DEP / DOH Reviewing Official: _____



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Florida Department of Environmental Protection Safe Drinking Water Program Laboratory Report

System Name: Cedar Key Water & Sewer

PWS ID: 2380178

Submission Number: 181452

Disinfectant Residual (mg/L): 0.30

DISINFECTION BYPRODUCTS

62-550.310(3)

Prep Date: 5/4/18

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier ¹	Analytical Method	Lab MDL	Regulatory MRL	Analysis Date	Analysis Time	DOH Lab Cert #
2450	Monochloroacetic Acid	N/A	µg/L	0.90	I	EPA552.2	0.89	2.0	5/5/18		E82574
2451	Dichloroacetic Acid	N/A	µg/L	10.67		EPA552.2	0.89	1.0	5/5/18		E82574
2452	Trichloroacetic Acid	N/A	µg/L	9.43		EPA552.2	0.67	1.0	5/5/18		E82574
2453	Monobromoacetic Acid	N/A	µg/L	0.53	I	EPA552.2	0.52	1.0	5/5/18		E82574
2454	Dibromoacetic Acid	N/A	µg/L	0.90	I	EPA552.2	0.73	1.0	5/5/18		E82574
2456	Total Haloacetic Acids (HAA5)	60	µg/L	22.43		EPA552.2	0.52	---	5/5/18		E82574

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier ¹	Analytical Method	Lab MDL	Regulatory MRL	Analysis Date	Analysis Time	DOH Lab Cert #
2941	Chloroform	N/A	µg/L	41.17		EPA524.2	0.39	1.0	5/3/18		E82535
2942	Bromoform	N/A	µg/L	0.26	U	EPA524.2	0.26	1.0	5/3/18		E82535
2943	Bromodichloromethane	N/A	µg/L	22.96		EPA524.2	0.14	1.0	5/3/18		E82535
2944	Dibromochloromethane	N/A	µg/L	12.09		EPA524.2	0.32	1.0	5/3/18		E82535
2950	Total Trihalomethanes (TTHM)	80	µg/L	76.22		EPA524.2	0.14	---	5/3/18		E82535

¹Defined in Florida Administrative Code Rule 62-160, Table 1

U - The compound was analyzed, but not detected; < laboratory method detection limit.

I - The reported value is ≥ laboratory method detection limit but < laboratory practical quantitation limit.



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DRINKING WATER CHAIN OF CUSTODY

Date Received / Time Received
4/25/18 4:30 PM

Client: Cedar Key

Report to: (Name and Mailing Address) On file

Copy to: DEP Central DEP Southwest DEP Northeast
 DEP Other: _____ DOH Marion County
 DOH Other: _____ Info only DEP format not required

PO Number: _____

Contact Name: James Mc Cain

Contact Phone: 352-949-0603

System Name: Cedar Key Water Sewer

System ID Number: 2380178

Sample Location: Hodgson + Jorjunga AV

Sampler Name: James Mc Cain

Date Sample Collected: 4/24/2018

Time Sample Collected: 12:00 pm

Field Test Results (if applicable) Cl₂ Residual: .30

Temp: _____ pH: _____ DO: _____

Other: _____

Sample Custody

Relinquished Signature: [Signature]

Date: 4/25/18 Time: 11:05 a Condition: _____

Relinquished Signature: _____

Date: _____ Time: _____ Condition: _____

Relinquished Signature: _____

Date: _____ Time: _____ Condition: _____

Laboratory Use Only

Received By: [Signature] Special

Sample Temp. at Time of Receipt: 3.8 °C On Ice Not on Ice

Paid Check or Receipt Number and Initials: _____

Comments: _____

Submission Number: 181452

Parameter(s) Requested

Inorganic Contaminants

NO₃ NO₂ F _____

CN _____

All Metals Sb As Ba Be Cd Cr _____

Pb Hg Ni Se Na Tl _____

Asbestos _____

Secondary Contaminants

Cl SO₄ TDS F Color _____

Odor _____

Foaming Agents _____

All Metals Al Cu Fe Mn Ag Zn _____

Disinfection Byproducts

Total THM (All 4) THM Partial: _____ 181452A

HAA (All 5) HAA Partial: _____

Other: _____

Radionuclides

Gross Alpha Ra²²⁶ Ra²²⁸ U _____

Other: _____

Volatile Organic Contaminants

All 21 _____

Partial: _____

Synthetic Organic Contaminants

All Except Dioxin _____

Partial: _____

Miscellaneous

Turbidity Alkalinity Conductivity _____

Total Sulfide _____

Dissolved Metals (Field filtered) _____

o-PO₄ (Field filtered) _____

Dissolved Oxygen _____

Other: _____

Other: _____

Other: _____

Other: _____

Other: _____

Other: _____

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

101452

PUBLIC WATER SYSTEM INFORMATION (to be completed by sampler - please type or print legibly)

System Name: Cedar Key Water & Sewer Dist PWS I.D. #: 2350178
 System Type (check one): Community Nontransient Noncommunity Transient Noncommunity
 Address: P.O. Box 309
 City: Cedar Key ZIP Code: 32625
 Phone # 352-949-0603 Fax #: _____ E-Mail Address: _____

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: _____ Sample Date: 4/24/2018 Sample Time: 12:00 AM PM (Circle One)
 Sample Location (be specific): Hodgson & Jennings Av Location Code: _____
 Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): 30 mg/L Field pH: _____
 Sample Type (Check Only One) Reason(s) for Sample (Check all that apply):
 Distribution Routine Compliance with 62-550 Replacement (of Invalidated Sample)
 Entry Point (to Distribution) Confirmation of MCL Exceedance* Special (not for compliance with 62-550)
 Plant Tap (not for compliance with 62-550) Composite of Multiple Sites** Clearance (permitting)
 Raw (at well or intake) Other: _____
 Max Residence Time
 Ave Residence Time
 Near First Customer
 Sampling Procedure Used or Other Comments: _____

*See 62-550.500(6) for requirements and restrictions. And 62-550.512(3) for nitrate or nitrite exceedances.
 **See 62-550.550(4) for requirements and attach a results page for each site.

SAMPLER CERTIFICATION

I, JAMES McCain (Print Name) Supt (Print Title), do HEREBY CERTIFY

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

Signature: James McCain Date: 4/24/2018
 Certified Operator #: 5184 Phone #: 352-949-0603 Sampler's Fax #: _____
 Sampler's E-mail: James@ckwater.org