

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: ELLISVILLE Columbia Co WTP PWS I.D. #: 212 4413
System Type (check one): ☐ Community ☐ Nontransient Noncommunity ☒ Transient Noncommunity
Address: 2379 STE Gile Martin RD
City: _____ ZIP Code: 32059
Phone #: _____ Fax #: _____ E-Mail Address: _____

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: G2412592001 Sample Date: 12-12-24 Sample Time: 0900 AM PM (Circle One)
Sample Location (be specific): Palm Garden WWT Location Code: _____

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): 0.54 mg/L Field pH: 7.2

Sample Type (Check Only One)

- ☐ Distribution
☐ Entry Point (to Distribution)
☐ Plant Tap (not for compliance with 62-550)
☐ Raw (at well or intake)
☐ Max Residence Time
☐ Ave Residence Time
☐ Near First Customer

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

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

Sampling Procedure Used or Other Comments:

THM³ - NAA⁵

*See 62-550.500(6) for requirements and restrictions.
And 62-550.512(3) for nitrate or nitrite exceedances.

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

SAMPLER CERTIFICATION

I, Michael Jones, _____, do HEREBY CERTIFY
(Print Name) (Print Title)

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

Signature: Michael Jones Date: 12-12-24
Certified Operator #: 21662 Phone #: 727-848-8292 Sampler's Fax #: _____
Sampler's E-mail: _____

Florida Department of Environmental Protection
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LABORATORY CERTIFICATION INFORMATION (to be completed by lab -- please type or print legibly)

Lab Name: Advanced Environmental Laboratories, Inc. Florida DOH Certification #: E82001 Certification Expiration Date: 06/30/2025

ATTACH CURRENT DOH ANALYTE SHEET*

Address: 4965 SW 41st Blvd, Gainesville, FL 32608

Phone #: (352) 377-2349

Were any analyses subcontracted ☒ Yes ☐ No If yes, please provide DOH certification number(s): E84589

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 12/12/2024

PWS ID: (From Page 1): 2124413 Sample Number (From Page 1): G2412592001 Lab Assigned Report # Or Job ID: G2412592

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

Inorganics

- ☐ All except Asbestos
☐ Partial
☐ Nitrate
☐ Nitrite
☐ Asbestos

Synthetic Organics

- ☐ All 30
☐ All Except Dioxin
☐ Partial
☐ Dioxin Only

Volatile Organics

- ☐ All 21
☐ Partial

Disinfection Byproducts

- ☒ Trihalomethanes
☒ Haloacetic Acids
☐ Chlorite
☐ Bromate

Radionuclides

- ☐ Single Sample
☐ Qtrly Composite*

Secondaries

- ☐ All 14
☐ Partial

LAB CERTIFICATION

I, Chris Tompkins, Project Manager, do HEREBY CERTIFY
(Print Name) (Print Title)

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

Signature:  Date: 12/30/2024

- * Failure to provide a valid and current Florida DOH lab certification number and a current Analyte Sheet for the attached analysis results will result in rejection of the report, possible enforcement against the public water system for failure to sample, and may result in notification of the DOH Bureau of Laboratory Services.
** Please provide radiological sample dates & locations for each quarter.

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

NON-DETECTS ARE TO BE REPORTED AS THE MDL WITH "U" QUALIFIER. (Non-detects reported as "BDL" or with a "<" are not acceptable.)

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

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

Person Notified: _____ Date Notified: _____ DEP/DOH Reviewing Official: _____

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

DISINFECTION BYPRODUCTS
62-550.310(3)

Report Number / Job ID: G2412592001

Disinfectant Residual (mg/L): 0.54

PWS ID (From Page 1): 212 4413

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Regulatory MRL**	Analysis Date	Analysis Time	DOH Lab Certification #
2450	Monochloroacetic Acid	N/A	ug/L	0.98	U	EPA 552.2	0.98	2	12/20/2024	21:43	E84589
2451	Dichloroacetic Acid	N/A	ug/L	1.96		EPA 552.2	0.42	1	12/20/2024	21:43	E84589
2452	Trichloroacetic Acid	N/A	ug/L	1.14		EPA 552.2	0.94	1	12/20/2024	21:43	E84589
2453	Monobromoacetic Acid	N/A	ug/L	0.41	U	EPA 552.2	0.41	1	12/20/2024	21:43	E84589
2454	Dibromoacetic Acid	N/A	ug/L	0.74	U	EPA 552.2	0.74	1	12/20/2024	21:43	E84589
2456	Total Haloacetic Acids (HAA5)	60	ug/L	3.10		EPA 552.2	0.98	---	12/20/2024	21:43	E84589

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Regulatory MRL**	Analysis Date	Analysis Time	DOH Lab Certification #
2941	Chloroform	N/A	ug/L	2.23		EPA 524.2	0.32	1	12/18/2024	10:43	E84589
2942	Bromoform	N/A	ug/L	0.44	U	EPA 524.2	0.44	1	12/18/2024	10:43	E84589
2943	Bromodichloromethane	N/A	ug/L	0.82	I	EPA 524.2	0.42	1	12/18/2024	10:43	E84589
2944	Dibromochloromethane	N/A	ug/L	0.37	U	EPA 524.2	0.37	1	12/18/2024	10:43	E84589
2950	Total Trihalomethanes (TTHM)	80	ug/L	3.05		EPA 524.2	0.44	---	12/18/2024	10:43	E84589

** Laboratories are required to adhere to the minimum reporting level (MRL) requirements of 40 CFR 141.131(b)(2)(iv).

*** Applicable to monitoring as prescribed in 40 CFR 141.132.(b)(2)(i)(B) and (b)(2)(ii).

**** Laboratories that use EPA Methods 317.0 Revision 2.0, 326.0 or 321.8 must meet a 1.0 µg/L MRL for bromate.

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



* G 2 4 1 2 5 9 2 *

- ☐ Altamonte Springs: 528 S. Northlake Blvd. Ste. 1016 • Altamonte Springs, FL 32701 • 407 937 1594 • Fax 407 937 1597
- ☒ Gainesville: 6815 SW Archer Road • Gainesville, FL 32608 • 352 377 2349 • Fax 352 395 6639
- ☐ Jacksonville: 6601 Southpoint Pkwy • Jacksonville, FL 32216 • 904 363 9350 • Fax 904 363 9354
- ☐ Miramar: 10200 USA Today Way • Miramar, FL 33025 • 954 889 2288 • Fax 954 889 2281
- ☒ Tallahassee: 1288 Cedar Center Drive • Tallahassee, FL 32301 • 850 219 6274 • Fax 850 219 6275
- ☒ Tampa: 9610 Princess Palm Ave • Tampa, FL 33619 • 813 630 9616 • Fax 813 630 4327

Client Name: USWATER SERVICES		Project Name: <i>ELIJA's Columbia Co WTP</i>		BOTTLE SIZE & TYPE												LABORATORY I.D. NUMBER			
Address: 4939 Cross Bayou Blvd		P.O. Number or Project Number: <i>PWS 212 4413</i>		ANALYSIS REQUIRED															
New Port Richey, FL 34652		Project Location:		TTHM, HAA5															
Phone: 727-848-8292		REMARKS SPECIAL INSTRUCTIONS <i>Cl₂ - 0.54 PH - 7.2</i>																	
FAX:																			
Contact: Melisa																			
Samp'd By:																			
Turnaround Time: <input checked="" type="checkbox"/> STANDARD <input type="checkbox"/> RJSH																			
Page _____ of _____																			
SAMPLE ID	SAMPLE DESCRIPTION	Grab Comp	SAMPLING		MATRIX	NO COUNT	PRESER VATION												
			DATE	TIME															
1	<i>Palm Gardens WWTTP</i>	<i>G</i>	<i>12-12-24</i>	<i>0910</i>	<i>W</i>	<i>6</i>		<i>X</i>											
2																			
3																			
4																			
5																			
6																			
7																			
8																			
9																			
10																			

Matrix Code: WW = wastewater SW = surface water GW = ground water DW = drinking water O = oil A = air SO = soil SL = sludge Preservation Code: I = ice H = (HCl) S = (H₂SO₄) N = (HNO₃) T = (Sodium Thiosulfate)

Received on Ice: ☐ Yes ☐ No ☐ Temp taken from sample ☐ Temp from blank

☐ Where required: pH checked Temperature when received *7* °C (in degrees Celsius)

Form revised 06/15/2010

Device used for measuring Temp by unique identifier (circle IR temp gun used): J 9A G LT-1 LT-2 T 10A A 3A M 1A

	Relinquished by	Date	Time	Received by:	Date	Time
1	<i>M JONES</i>	<i>12-12-24</i>		<i>[Signature]</i>	<i>12/12/24</i>	<i>0955</i>
2						
3						
4						

FOR DRINKING WATER USE (When PWS Information not otherwise supplied)	
PWS ID	_____
Contact Person	_____ Phone _____
Supplier of Water	_____
Site Address	_____



Advanced Environmental Laboratories, Inc.
4965 SW 41st Bl Gainesville, FL 32608
Payments: P.O. Box 551580 Jacksonville, FL 32255-1580
Phone: (352) 377-2349
Fax: (352) 395-6639

FINAL

Workorder: ELLISVILLE COLUMBIA CO WTP (G2412592)

December 30, 2024

Rick Tisdale
Two Fold Water Engineering, Inc.
P.O. Box 767
Melrose, FL 32666

RE: Workorder: G2412592 ELLISVILLE COLUMBIA CO WTP

Dear Rick Tisdale:

Enclosed are the analytical results for sample(s) received by the laboratory on Thursday December 12, 2024. Results reported herein conform to the most current NELAC standards, where applicable, unless otherwise narrated in the body of the report. The analytical results for the samples contained in this report were submitted for analysis as outlined by the Chain of Custody and results pertain only to these samples.

If you have any questions concerning this report, please feel free to contact me.

Sincerely,

Chris Tompkins, Project Manager
CTompkins@aellab.com

Certificate of Analysis

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without the written consent of Advanced Environmental Laboratories, Inc.



NELAP Accredited E82001



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Payments: P.O. Box 551580 Jacksonville, FL 32255-1580
Phone: (352) 377-2349
Fax: (352) 395-6639

FINAL

Workorder: ELLISVILLE COLUMBIA CO WTP (G2412592)

Sample Summary

Lab ID	Sample ID	Matrix	Method	Date Collected	Date Received	Analytes Reported	Basis
G2412592001	PALMGARDENS	DW	EPA 524.2	12/12/2024 09:00	12/12/2024 09:55	5	NA
G2412592001	PALMGARDENS	DW	EPA 552.2	12/12/2024 09:00	12/12/2024 09:55	6	NA

Certificate of Analysis

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FINAL

Workorder: ELLISVILLE COLUMBIA CO WTP (G2412592)

QC Results Qualifiers

Parameter Qualifiers

- U The compound was analyzed for but not detected.
- I The reported value is between the laboratory method detection limit and the laboratory practical quantitation limit.

Lab Qualifiers

- T DOH Certification #E84589 (FL NELAC) AEL-Tampa





MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

See Page 4 for instructions

I. General Information for the Month/Year of: December 2024

A. Public Water System (PWS) Information

PWS Name: Columbia County BOCC - Ellisville		PWS Identification Number: 2124413	
PWS Type: Community <input checked="" type="checkbox"/> NonTransitent <input type="checkbox"/>		NonCommunity <input type="checkbox"/> Consecutive	
Number of Service Connections at End of Month: 35		Total Population Served at End of Month: 75	
PWS Owner: Columbia Co BOCC			
Contact Person: Steve Roberts		Contact Person's Title: Columbia Co BOCC	
Contact Person's Mailing Address: PO Box 1529		City: Lake City	State: FL Zip Code: 32055
Contact Person's Telephone Number: 386-758-3357		Contact Person's Fax Number:	
Contact Person's Email Address: sroberts@columbiacountyfla.com			

B. Water Treatment Plant Information

Plant Name: Columbia Co Water System - Ellisville		Plant Telephone Number:		
Plant Address: Wire Road		City: Lake City	State: FL Zip Code:	
Type of water treated by Plant: <input checked="" type="checkbox"/> Raw Ground <input type="checkbox"/> Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 320000				
Plant Category (per subsection 62-699.310(4), F.A.C.): IV		Plant Class (per subsection 62-699.310(4), F.A.C.): C		
Licensed Operators:	Name:	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operators:	Michael Jones	C	21662	
Other Operators:	Oliver Shockley	C	13924	

II. Certification by Lead/Chief Operator

I the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part 1 of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standard referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rate, and (2) if applicable, appropriate treatment process performance records. Further more, I agree to provide these additional operations records to the PWS owner so that the PWS owner can retain them, together with copies of this report, at a convenient location for the last ten years.

<u>Michael Jones</u>	<u>1/2/2025</u>	<u>Michael Jones</u>	<u>C 21662</u>
Signature and Date		Printed or Typed Name	License Number

PWS Identification Number: 2124413	Plant Name: Columbia County BOCC - Ellisville
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IV. Summary of Use of Polymer Containing Acrylamide, Polymer Containing Epichlorohydrin, and Iron or Manganese Sequestrant for the Year: *

A. Is any polymer containing the monomer acrylamide used at the water treatment plant? ☒ No ☐ Yes, and the polymer dose and the acrylamide level in the polymer are as fol

Polymer Dose, ppm =	Acrylamide Level, %†
---------------------	----------------------

B. Is any polymer containing the monomer epichlorohydrin used at the water treatment plant? ☒ No ☐ Yes and the polymer dose and the epichlorohydrin level in the polymer are as follows:

Polymer Dose, ppm =	Epichlorohydrin Level, %† =
---------------------	-----------------------------

C. Is any iron or manganese sequestrant used at the water treatment plant? ☒ No ☐ Yes and the type of sequestrant, sequestrant dose, etc., are as follows:

Type of Sequestrant (polyphosphate or sodium silicate):
Sequestrant Dose, mg/L of phosphate as PO4 or mg/L of silicate as SiO2 =
If sodium silicate is used, the amount of added plus naturally occurring silicate, in mg/L as SiO2 =

**Complete and submit Part IV of this report only with the monthly operation report for December of each year and only for water treatment plants using polymer containing acrylamide, polymer containing epichlorohydrin, and/or an iron and manganese sequestrant.*
†Acrylamide and epichlorohydrin levels may be based on the polymer manufacturer's certification or on third-party certification.

III. Daily Data for the Month/Year of: December 2024																
Means of Achieving Four-Log Virus Inactivation/Removal *				Free Chlorine		Chlorine Dioxide		Ozone		Combined Chlorine (Chloramines)						
UltraViolet Radiation				Other (Discribe)												
Type of Disinfectant Residual Maintained in Distribution System:				Free Chlorine		X Combined Chlorine (Chloramines)		Chlorine Dioxide								
Day of the Month	Days Plant Staffed or visited by operator Place "X"	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation		
				CT Calculations						UV Dose						
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²				
1	X	24	112,000		2.50								0.52	* US Water Just began operations and that adjustments have been made, all residuals have returned to normal operating levels		
2	X	24	209,000		2.50								0.52			
3	X	24	127,000		2.44								0.54			
4	X	24	100,000		2.41								0.56			
5	X	24	129,000		2.30								0.55			
6	X	24	129,000		2.29								0.53			
7		24	112,280													
8	X	24	120,500		2.41								0.60			
9	X	24	120,500		2.46								0.55			
10	X	24	132,000		2.40								0.96			
11	X	24	20,800		2.10								0.61			
12	X	24	136,000		2.33								0.62			
13	X	24	129,000		2.34								0.68			
14		24	97,500													
15	X	24	97,500		2.40								0.60			
16	X	24	172,000		2.38								0.64			
17	X	24	269,000		2.73								0.61			
18	X	24	256,000		2.54								0.58			
19	X	24	238,000		2.12								0.55			
20	X	24	68,000		2.33								0.63			
21		24	61,300													
22	X	24	16,300		2.30								0.65			
23	X	24	97,000		1.04								0.51			
24	X	24	97,000		2.27								0.55			
25	X	24	101,000		2.39								0.51			
26	X	24	215,000		2.68								0.55			
27	X	24	229,000		2.38								0.65			
28		24	159,000													
29	X	24	159,000		2.86								0.61			
30	X	24	175,000		2.60								0.56			
31		24	175,000													
Total			4,259,680													
Average			137,409													
Maximum			269,000													