

3855 E. Silver Springs Blvd., Unit 107 Ocala, Florida 34470 (352) 355-2383

Lead and Copper Tap Sample Analysis and Result Ranking Reporting Format 62-550.730(4)(a)

Date Submitted to Lab: 08/29/23

Certified Laboratory Name: Aqua Pure Water & Sewage Service, LLC

DOH Certification Number: E83265

Laboratory Contact: Lisa K. Saupp, Laboratory Director

Phone Number: (352) 355-2383

Subcontractor's Name: Advanced Environmental Laboratories, Inc.

DOH Certification Number: E82574 E84589 E82001 E82535

Phone Number: (352) 377-2349

The attached sampling analytical results were submitted by the following public water system. Unless otherwise noted below each sample container contained one liter of solution (± 100 mL). All samples were, to the best of our knowledge, taken properly by the following system and analyzed in accordance with the requirements in subsection 62-550.550(1), F.A.C. Tap sampling dates were reported for each sample received.

Submission Number: 233957

Public Water System Name: City of Newberry

Public Water System I.D. Number: 2010207

The results presented herein relate only to the samples submitted. If you have questions regarding this report please call Lisa Saupp at (352) 355-2383.

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).

DQ = Data Qualifier

Signature Michael Morre

COMPLIANCE INFORMATION (to be completed by State)

Sample Collection Satisfactory:

Sample Analysis Satisfactory:

Resample Requested For:

Reason:

Person Notified to Resample:

Date Notified:

DEP / DOH Reviewing Official:



3855 E. Silver Springs Blvd., Unit 107 Ocala, Florida 34470 (352) 355-2383

SYSTEM NAME: City of Newberry

SYSTEM PWS ID #: 2010207

DATE: 09/19/23

Dear Customer,

Enclosed is the report for your recent Lead & Copper laboratory analyses, Submission # 233957 Please complete the information on the DEP page entitled "Certification of Lead and Copper Tap Sample Collection Methods" and forward it along with a copy of this report to your governing DEP agency.

() SATISFACTORY: 90th % ACTION LEVEL MET FOR LEAD.
() SATISFACTORY: 90th % ACTION LEVEL MET FOR COPPER.
() UNSATISFACTORY: 90th % ACTION LEVEL EXCEEDED FOR LEAD. Consult DEP for notification and recheck procedure.
() UNSATISFACTORY: 90th % ACTION LEVEL EXCEEDED FOR COPPER Consult DEP for notification and recheck procedure.

This page does not constitute a portion of the NELAC report. If you have any questions please call Lisa Saupp at the telephone number indicated above.

Thank you!

We appreciate your business!



3855 E. Silver Springs Blvd., Unit 107 Ocala, Florida 34470 (352) 355-2383

Certification of Lead and Copper Tap Sample Collection Methods

Complete this form and send packet to your governing DEP agency or ACPHU

Submission Number: 233957				
Water System Name: City of N	lewberry			Contact Person: Blanda Massimillo
System Type (Circle One):	CWS	or	NTNCWS	Telephone Number (<u>1961</u>) 116-4779
PWS Identification Number:	2010207			Mailing Address: 25440 West Newbury Rd. Newbury
Population Served: 2,72	20	*****	******	Fla. 32669.
plumbing system of each sam Each first draw san kitchen tap or bathroom sink to Each first draw san which water is typically drawn Each first draw san months of June, July, August, Each resident who instructed in the proper metho	apling site for at apple collected from a policy collected from a policy collected from a policy collected during le collected during le collected during le collecting le collection a collection de	least si om a si nking w om a no n. uring ar collect t ead and oling res a list of	x hours. ngle family reside rater source. on-residential bui n annual or trienn rap water sample: d copper sample: sults. Enclosed is	s a copy of the material distributed to residents
Name (Please Print): BRANC	lon mass	IMI	-110	
Title: SUPEKURSOR	of wa	ten	Dept	
Date: 9-27-23				



3855 E. Silver Springs Blvd., Unit 107 Ocala, Florida 34470 (352) 355-2383

Lead and Copper Tap Sample Analysis and Result Ranking Reporting Format 62-550.730(4)(a)

Public Water System Name: City of Newberry

Public Water System I.D. Number: 2010207

Submission Number: 233957

Parameter ID: Lead (1030) Detection Limit: 0.00050 mg/L

Analytical Method: SM3113B Analysis Date: 09/07/23

Rank (Lowest to Highest)	Laboratory Sample ID	Result (mg/L)	DQ	Tier #	Tap Sample Location	Date Sampled
1	233957	0.00050	U	NP	485 NW 257th St	08/29/23
2	233958	0.00050	U	NP	115 SW 254th St	08/29/23
3	233959	0.00050	U	NP	25528 SW 18th Ave	07/05/23
4	233962	0.00050	U	NP	425 SW 257th Terrace	07/06/23
5	233963	0.00050	U	NP	435 SW 258th St	07/04/23
6	233964	0.00050	U	NP	25611 SW 18th	07/04/23
7	233966	0.00050	U	NP	25544 SW 18th Ave	08/24/23
8	233967	0.00050	U	NP	25143 NW 2nd Av	08/22/23
9	233969	0.00050	U	NP	25611 SW 18th Av	08/24/23
10	233971	0.00050	U	NP	25429 SW 19th Ave	08/22/23
11	233972	0.00050	U	NP	215 NW 266th St	08/22/23
12	233974	0.00050	U	NP	25146 NW 4th Ave	08/22/23
13	233965	0.00053	- 1	NP	26409 NW 3rd Ave	08/22/23
14	233970	0.00053	1	NP	25725 SW 18th Av	08/22/23
15	233968	0.00059	1	NP	25616 SW 18th Ave	08/22/23
16	233961	0.00081	1	NP	25048 NW 7th Ave	07/04/23
17	233976	0.00089	1	NP	440 SW 257th Terr	08/22/23
18	233975	0.0019	1	NP	25138 NW 7th Ave	08/22/23
19	233960	0.0020	1	NP	615 SW 254 St	07/04/23
20	233973	0.0034		NP	25505 SW 18th Ave	08/22/23

⁹⁰th Percentile for Lead (mg/L) =

^{0.0019}

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

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



3855 E. Silver Springs Blvd., Unit 107 Ocala, Florida 34470 (352) 355-2383

Lead and Copper Tap Sample Analysis and Result Ranking Reporting Format 62-550.730(4)(a)

Public Water System Name: City of Newberry

Public Water System I.D. Number: 2010207

Submission Number: 233957

Parameter ID: Copper (1022)

Detection Limit: 0.020 mg/L

Analytical Method: SM3113B

Analysis Date(s): 09/11/23

Rank (Lowest to Highest)	Laboratory Sample ID	Result (mg/L)	Tier DQ #	Tap Sample Location	Date Sampled
1	233967	0.032	NP	25143 NW 2nd Av	08/22/23
2	233958	0.063	NP	115 SW 254th St	08/29/23
3	233972	0.067	NP	215 NW 266th St	08/22/23
4	233970	0.081	NP	25725 SW 18th Av	08/22/23
5	233976	0.081	NP	440 SW 257th Terr	08/22/23
6	233962	0.093	NP	425 SW 257th Terrace	07/06/23
7	233960	0.095	NP	615 SW 254 St	07/04/23
8	233975	0.11	NP	25138 NW 7th Ave	08/22/23
9	233974	0.12	NP	25146 NW 4th Ave	08/22/23
10	233961	0.14	NP	25048 NW 7th Ave	07/04/23
11	233965	0.14	NP	26409 NW 3rd Ave	08/22/23
12	233971	0.14	NP	25429 SW 19th Ave	08/22/23
13	233966	0.21	NP	25544 SW 18th Ave	08/24/23
14	233963	0.24	NP	435 SW 258th St	07/04/23
15	233969	0.31	NP	25611 SW 18th Av	08/24/23
16	233959	0.33	NP	25528 SW 18th Ave	07/05/23
17	233964	0.33	NP	25611 SW 18th	07/04/23
18	233957	0.40	NP	485 NW 257th St	08/29/23
19	233968	0.76	NP	25616 SW 18th Ave	08/22/23
20	233973	2.6	NP	25505 SW 18th Ave	08/22/23

90th Percentile for Copper (mg/L) =

0.40

Here I my

3855 E. Silver Springs Blvd., Unit 107 Ocala, Florida 34470 (352) 355-2383

To Be Completed By Laboratory Date Received / Time Received

AUG 29'23 AM10:57

LEAD and COPPER Sample Form & Certification of Training for Sample Collection

	To Be Completed By Public Wate	r System
client: City of Numberry	Plan ID #:	Tier #:
Report to: (Name and Mailing Address)	On File System Name: City of	
		stem Type: Community Non-Transient Non-Community
		lo Contact Phone: 352-316-4779
Inst	tructions for Sample Collector / Homeow	ner or Site Contact
If you have any questions please	e call: Bucky	Phone Number: 352 - 316 - 4779
morning BEFORE any water usage, alternations (no water usage morning BEFORE any water usage, alternation). Prior arrangements will be made with 2.) MINIMUM of 6 hours with no water usage the bottle. Do not use a tap that is attained at the bottle. Do not use a tap that is attained at the bottle. Do not use a tap that is attained at the bottle. Before turning on water. Gently open common the bottle.	age in this period). Due to this requirement we nately collect in the evening when you return for the Please Note the Following Important Information you to coordinate delivery or pickup of your subsage from the tap to be sampled is required. For the tacked to a water softener or point of use filter that the tap to be sample, DO NOT remoded water tap and fill bottle completely (to with	formation: sample once you have it collected. Please be sure you have met this condition before you r, if possible. nove the aerator. Place opened bottle below faucet
1000	To Be Completed By Sampler	r
Address: 400 NW 751 Water Last Used: Date 7/29/6 Sample Collected: Date 7/29/6 Sample Tap Location: KITCHEN B		a.m. of p.m (circle one)
ambie tab rocation. KITCHEM N B		a.m. or p.m. (circle one)
	ATH (circle one) Other (specify):	a.m. or p.m. (circle one)
have read the above instructions and ha	ATH (circle one) Other (specify):	
have read the above instructions and ha	ATH (circle one) Other (specify):_ ove collected my sample accordingly: Signature: To Be Completed By Laborator	rey wordgard
have read the above instructions and ha	ATH (circle one) Other (specify):_ ove collected my sample accordingly: Signature: To Be Completed By Laborator	rey wordgard
have read the above instructions and har rint Name: (1) recy (1/10) d	ATH (circle one) Other (specify):_ ove collected my sample accordingly: Signature: To Be Completed By Laborator 3 395 7 Submission Summary (if applicab)	Sample Volume < 900 mLs: Yes No
have read the above instructions and har rint Name: (1) recy (1/10) d	ATH (circle one) Other (specify):_ ove collected my sample accordingly: Signature: To Be Completed By Laborator 3 395 7 Submission Summary (if applicab Sample Number: 233957 to	Sample Volume < 900 mLs: Yes No



* _ 3855 E. Silver Springs Blvd., Unit 107 Ocala, Florida 34470 (352) 355-2383 **To Be Completed By Laboratory**Date Received / Time Received

AUG 29 '23 AM 10:57

LEAD and COPPER Sample Form & Certification of Training for Sample Collection

	To Be Complet	ed By Public W	ater System			
client: City of Numberry		Plan ID #:	-	Tier #:	Bottle #:	574073
Report to: (Name and Mailing Address)	On File System	Name: City		perry	Bottle W.	
Tiere to the time and maining reaction,	System ID #: 20102		System Type:		Non-Transient Non-Co	nmunity
	Sample Location:/					Jimmanity
	Contact Name: Bro					79
Inct	ructions for Sample Co				0 L 010 / 1	
	y) as	mector / nome			352-316-47	174
If you have any questions please	call: Bucky		Pno	ne Number:_	302 310 41	
required to determine the contribution of water. In order to comply with EPA requipapproved sampling plan and your home stagnant water conditions (no water usamorning BEFORE any water usage, alternal.) Prior arrangements will be made with 2.) MINIMUM of 6 hours with no water usage the bottle. Do not use a tap that is attental.	irements we will require or business was selected ge in this period). Due to nately collect in the evening Please Note the Folyou to coordinate deliversage from the tap to be sached to a water softene	your cooperation The sample is to this requirement on when you retuing limportant or pickup of your point of use or point of use	n. The sample lo be collected af t we suggest that urn from being of the Information: our sample once ed. Please be sufilter, if possible	cation has been ter an extended at you collect yo out. e you have it colure you have me	predetermined by a period of at least 6 ur sample first thing lected.	a State hours g in the
 Cold Water Kitchen or Bathroom fauc BEFORE turning on water. Gently open co 						ucet
1.) Tightly cap the bottle and complete the sults as soon as practical.	ne following information.	Thank you for yo	our cooperation			f these
and collecting and the collectin		npleted By Sam				
Address: 115 SW 254"	St. Newben	y FL 2	2669			
Vater Last Used: Date 1:45 am		/29/23	(a.m.) or	p.m. (circle	•	
ample Collected: Date 8/29/2	3and Time	8:00	(a.m.) or	p.m. (circle	e one)	
ample Tap Location: KITCHEN / BA	ATH (circle one)	Other (specif	·y):			
have read the above instructions and ha						
rint Name: Veronica M. K	adala	Signature:	Downe	200 abo	dala	
AC Mayora		leted By Labor	atory			
Received By: MW Sample #: 2	3395 <i>&</i> 			Sample Volume	<900 mLs: Yes	No
	/ Submission St	ımmary (if appl	icable)			
ubmission Number:	Sample Number:	to		Total Nu	mber of Samples:	
ample Number(s) of containers containing	g <900 mLs:					
omments:		Special P	aid Check / Re	ceipt # / Initials		
					10	RF Revision 1

AC

AQUA PURE WATER & SEWAGE SERVICE, LLC

3855 E. Silver Springs Blvd., Unit 107 Ocala, Florida 34470 (352) 355-2383

To Be Completed By Laboratory

Date Received / Time Received

AUG 29 '23 AM10:57

LEAD and COPPER Sample Form & Certification of Training for Sample Collection

			100n cool 2n	Anon.
To	o Be Completed By Publi	ic Water System		
Client: City of Newberry	Plan ID #:_		Tier #:	Bottle #:524073
Report to: (Name and Mailing Address)	System Name:			
System	ID#:_2010207	System Type	Community	Non-Transient Non-Community
Sample	Location: 25528 50	o isth Au	ح	
Contact	Name: BRANSON Me	MSS DINEULO (Contact Phone: 35	2-316-4779
Instructions	for Sample Collector / He	omeowner or Sit	te Contact	
If you have any questions please call: <u>B</u>	elly	Ph	one Number: <u>3</u>	32-316-4779
1.) Prior arrangements will be made with you to co2.) MINIMUM of 6 hours with no water usage from ill the bottle. Do not use a tap that is attached to a3.) Cold Water Kitchen or Bathroom faucet MUST be SEFORE turning on water. Gently open cold water to the prior of the series of the prior of the prio	we will require your cooperates was selected. The sample operiod). Due to this requirement in the evening when you se Note the Following Importante delivery or pickup the tap to be sampled is reasonable water softener or point of the used for this sample, DO tap and fill bottle completel	ation. The sample is to be collected ment we suggest to return from being ortant Information of your sample on use filter, if possibly (to within 1/2 in the last of the last	location has been pafter an extended phat you collect your gout. It is not you have it colles sure you have met tole. I erator. Place openech of top, without o	redetermined by a State eriod of at least 6 hours sample first thing in the cted. This condition before you d bottle below faucet verflowing).
 .) Tightly cap the bottle and complete the followin esults as soon as practical. 	g mormation. mank you is	or your cooperatio	n, you will be provid	ded with a copy of these
	To Be Completed By	Sampler		
ddress: 15528 SW 19			+	
ample Collected: Date 715 3			or p.m. (circle or	•
ample Tap Location: KITCHEN / BATH (circ	cle one) Other (sp	pecify):		
nave read the above instructions and have collecte	ed my sample accordingly:			
int Name: Jake Prous	Signati	ure:	\rightarrow	
	To Be Completed By La	boratory		
eceived By: 742 Sample #:233959	<u> </u>		Sample Volume <	900 mLs: Yes
	Submission Summary (if a	applicable)		
bmission Number: Sample N	lumber:	_to	Total Numl	per of Samples:
mple Number(s) of containers containing <900 mL	.5:		.11	
omments:	Special	Paid Check / F	Receipt # / Initials:	
		<u> </u>		LCRF Revision 1

3855 E. Silver Springs Blvd., Unit 107 Ocala, Florida 34470 (352) 355-2383

To Be Completed By Laboratory

Date Received / Time Received

AUG 29'23 AM10:57

LEAD and COPPER Sample Form & Certification of Training for Sample Collection

FLEASE RETORIN THIS SHEET WITH WATER SAIVIPLE. THANK TOU FOR TOUR COUPERATION.
To Be Completed By Public Water System
Client: Lity 64 Nuberry Plan ID #: Tier #: Bottle #:524073
Report to: (Name and Mailing Address) On File System Name:
System ID #: 2010207 System Type: XCommunity Non-Transient Non-Community
Sample Location: 615 5w 2645+
Contact Name: BRANJON WASSING Contact Phone: 352-316-4779
Instructions for Sample Collector / Homeowner or Site Contact
If you have any questions please call: Boewy Phone Number: 352-316-4779
required to determine the contribution of faucet fixtures and household pipes &/or solder to the levels of Lead or Copper in your drinking water. In order to comply with EPA requirements we will require your cooperation. The sample location has been predetermined by a State approved sampling plan and your home or business was selected. The sample is to be collected after an extended period of at least 6 hours stagnant water conditions (no water usage in this period). Due to this requirement we suggest that you collect your sample first thing in the morning BEFORE any water usage, alternately collect in the evening when you return from being out. Please Note the Following Important Information: 1.) Prior arrangements will be made with you to coordinate delivery or pickup of your sample once you have it collected. 2.) MINIMUM of 6 hours with no water usage from the tap to be sampled is required. Please be sure you have met this condition before you fill the bottle. Do not use a tap that is attached to a water softener or point of use filter, if possible. 3.) Cold Water Kitchen or Bathroom faucet MUST be used for this sample, DO NOT remove the aerator. Place opened bottle below faucet appears turning on water. Gently open cold water tap and fill bottle completely (to within 1/2 inch of top, without overflowing). 3.) Tightly cap the bottle and complete the following information. Thank you for your cooperation, you will be provided with a copy of these
esults as soon as practical.
To Be Completed By Sampler
Address: 615 SW 264 35 Water Last Used: Date 7-3-2023 and Time 2130 a.m. or p.m. (circle one) sample Collected: Date 7-4-2023 and Time 6715 a.m. or p.m. (circle one) ample Tap Location: KITCHEN / BATH (circle one) Other (specify): Selondary Structure have read the above instructions and have collected my sample accordingly:
rint Name: Boyant Stewart Signature:
To Be Completed By Laboratory Received By: The Sample #: 233960 Sample Volume <900 mLs: Yes No
Submission Summary (if applicable)
ubmission Number: Sample Number: to Total Number of Samples:
ample Number(s) of containers containing <900 mLs:
omments:Special Paid Check / Receipt # / Initials:
LCRF Revision 1

Ayes Pass

3855 E. Silver Springs Blvd., Unit 107 Ocala, Florida 34470 (352) 355-2383 To Be Completed By Laboratory

Date Received / Time Received

AUG 29'23 AM10:57

LEAD and COPPER Sample Form & Certification of Training for Sample Collection

	To Re Comple	eted By Public Wate		COOPERATION.
client: City of New Se	· ·	Plan ID #:	•	Bottle # <i>524o73</i>
Report to: (Name and Mailing Address)	On File Syster	m Name: 🗪 🕓	_	
, , , , , , , , , , , , , , , , , , , ,	System ID #: 2010	3.95	_	
		7 775	. —	munity Non-Transient Non-Community
		5048 nw		
				none: <u>352-316-4774</u>
	tructions for Sample	Collector / Homeow		
If you have any questions please	e call: Boerry		Phone Nur	mber: <u>352- 316 - 4779</u>
Samples for Lead and Copper testing ar required to determine the contribution water. In order to comply with EPA requapproved sampling plan and your home stagnant water conditions (no water use morning BEFORE any water usage, alter	of faucet fixtures and har uirements we will requing or business was selected age in this period). Due nately collect in the eve	ousehold pipes &/or so re your cooperation. The ed. The sample is to be to this requirement we	older to the levels of e sample location h collected after an e suggest that you co from being out.	FLead or Copper in your drinking las been predetermined by a State extended period of at least 6 hours
1.) Prior arrangements will be made wit				ve it collected.
2.) MINIMUM of 6 hours with no water fill the bottle. Do not use a tap that is at	tached to a water softe	ner or point of use filte	r, if possible.	
 3.) Cold Water Kitchen or Bathroom faugle BEFORE turning on water. Gently open of 4.) Tightly cap the bottle and complete the esults as soon as practical. 	cold water tap and fill be	ottle completely (to wit	hin 1/2 inch of top,	without overflowing).
No.	To Be C	ompleted By Sample	r	
nddress: 25048 N.W.	Thave	Newberry F.	132669	
Vater Last Used: Date 7-4-2	3 and Time _	2	(a.m.) or p.m.	(circle one)
ample Collected: Date 7-4-2	3 and Time _	8	(a.m). or p.m.	(circle one)
ample Tap Location: KITCHEN / B		Other (specify):_		
have read the above instructions and h	ave collected my sample	e accordingly:	1 , 1,	<i>→</i>
rint Name: Juanita	Nat 50n	Signature:	Juanita	Wasan
	To Be Cor	npleted By Laborato	ry	
Received By: 747 Sample #: 2	233961		Sample	Volume <900 mLs: Yes No
	Submission	Summary (if applical	ole)	
ubmission Number:	Sample Number:	to		Fotal Number of Samples:
ample Number(s) of containers containi	ng <900 mLs:			
omments:		Special Paid	Check / Receipt # ,	/ Initials:
				LCRF Revision 1

3855 E. Silver Springs Blvd., Unit 107 Ocala, Florida 34470 (352) 355-2383

To Be Completed By Laboratory

Date Received / Time Received

AUG 29'23 AM10:57

LEAD and COPPER Sample Form & Certification of Training for Sample Collection

TELASE RETORIA	THE STREET WITH WATERS	MANTEL. ITANK	10010X 100X COOLENAIN	
	To Be Completed	By Public Water	System	
Client: Ctty of newbo	PRY P	lan ID #:	Tier #:	Bottle #: 52407 5
Report to: (Name and Mailing Address)	On File System Nan	ne: Obly 01	Pnewberry	
	System ID #: 201020	1 Syst	em Type: Community Non-T	ransient Non-Community
	Sample Location: 425	5w 257+	teaque	
	Contact Name: Beard	MESSAM NO	±110 Contact Phone: 952-8	316-4774
Ins	tructions for Sample Colle	ctor / Homeown	er or Site Contact	
If you have any questions please	e call: Berry		Phone Number: 35Z	- 316-4779
required to determine the contribution water. In order to comply with EPA requapproved sampling plan and your homestagnant water conditions (no water us morning BEFORE any water usage, alter	uirements we will require you e or business was selected. Th age in this period). Due to thi	ur cooperation. The ne sample is to be c is requirement we s when you return fr	e sample location has been prede collected after an extended period suggest that you collect your sam rom being out.	termined by a State I of at least 6 hours
1.) Prior arrangements will be made wit	h you to coordinate delivery	or pickup of your s	ample once you have it collected	
2.) MINIMUM of 6 hours with no water fill the bottle. Do not use a tap that is at 3.) Cold Water Kitchen or Bathroom fau BEFORE turning on water. Gently open 64.) Tightly cap the bottle and complete	ttached to a water softener o cet MUST be used for this sai cold water tap and fill bottle	r point of use filter mple, DO NOT rem completely (to with	, if possible. ove the aerator. Place opened bo nin 1/2 inch of top, without overf	ttle below faucet owing).
esults as soon as practical.	T. 6. 6	l. i. d. D. G d		
Address: 425 SW 25	: A	leted By Sampler Newbern		
Vater Last Used: Date 7 5 2	3and Time4	:00	a.m. or (p.m.) (circle one)	
ample Collected: Date 7/6/23	8 and Time 8	: 33	(circle one)	
ample Tap Location: KHCHEN / I	BATH (circle one)	Other (specify):_		
have read the above instructions and h				
rint Name: Erin Woolley		Signature: <u>U</u>	woolleg-	
	To Be Comple	ted By Laborator		
Received By: 7000 Sample #:	233962		Sample Volume <900	mLs: Yes No
	Submission Sum	nmary (if applicab	ole)	
ubmission Number:	Sample Number;	to	Total Number	of Samples:
ample Number(s) of containers contain	ing <900 mLs:			
omments:		Special Paid	Check / Receipt # / Initials:	
				LCRF Revision 1

3855 E. Silver Springs Blvd., Unit 107 Ocala, Florida 34470 (352) 355-2383

To Be Completed By Laboratory

Date Received / Time Received

AUG 29 '23 AH10:57

PLEASE RETURN THIS SHEET WITH V	VATER SAMPLE. THANK YOU FOR YOUR COOPERATION.
To Be Com	pleted By Public Water System
Client: CDty of newberry	Plan ID #: Bottle #: <u>524073</u>
Report to: (Name and Mailing Address) On File Sys	tem Name:
System ID #: 20	System Type: X Community Non-Transient Non-Community
Sample Location:	435 Sw 258th
Contact Name: 8	anden massemeno Contact Phone: 352-316-4779
Instructions for Samp	le Collector / Homeowner or Site Contact
If you have any questions please call: ಇಲ್ಲ್ನ	Phone Number: 352-316-4779
required to determine the contribution of faucet fixtures and water. In order to comply with EPA requirements we will recapproved sampling plan and your home or business was selestagnant water conditions (no water usage in this period). Do morning BEFORE any water usage, alternately collect in the expension of the second s	m your home or business according to EPA requirements. These samples are d household pipes &/or solder to the levels of Lead or Copper in your drinking quire your cooperation. The sample location has been predetermined by a State ected. The sample is to be collected after an extended period of at least 6 hours ue to this requirement we suggest that you collect your sample first thing in the evening when you return from being out.
	delivery or pickup of your sample once you have it collected.
MINIMUM of 6 hours with no water usage from the tap to ill the bottle. Do not use a tap that is attached to a water so	o be sampled is required. Please be sure you have met this condition before you ftener or point of use filter, if possible.
BEFORE turning on water. Gently open cold water tap and fil	r this sample, DO NOT remove the aerator. Place opened bottle below faucet II bottle completely (to within 1/2 inch of top, without overflowing). It is ation. Thank you for your cooperation, you will be provided with a copy of these
	e Completed By Sampler
Address: 435 SW 25811 51	8
Vater Last Used: Date 14/23 and Time ample Collected: Date 14/23 and Time	a.m. or p.m. (circle one)
ample Tap Location: KITCHEN / BATH (circle one)	Other (specify):
have read the above instructions and have collected my sam	nple accordingly:
rint Name: 1 6 734 3 4	Signature:
	Completed By Laboratory
Received By:Sample #:233963	Sample Volume <900 mLs: Yes
Submissi	ion Summary (if applicable)
ubmission Number: Sample Number:_	toto Total Number of Samples:
ample Number(s) of containers containing <900 mLs:	
omments:	Special Paid Check / Receipt # / Initials:
	LCRF Revision 1

' 3855 E. Silver Springs Blvd., Unit 107 Ocala, Florida 34470 (352) 355-2383

To Be Completed By Laboratory

Date Received / Time Received

AUG 29 "23 AM10:57

FLEASE RETURN T	TIS SHEET WITH WATE	K SAIVIPLE. TH	ANK YOU FO	OR YOUR COOPE	RATION.
0.1	To Be Complete	ed By Public Wa	ater System		
client: City of Newberry		Plan ID #:	_	Tier #:	Bottle #: 5240 73
Report to: (Name and Mailing Address)	On File System I	lame: Ctty	of new	berry	
	System ID #: 2010 2	07	System Type:	Community	Non-Transient Non-Community
	Sample Location: 250				_ J
	Contact Name: BKA	eleam rudu	empllo c	Contact Phone:_ <i>9</i> 5	52-316-4779
Instr	uctions for Sample Co	llector / Home	owner or Sit	e Contact	
If you have any questions please	call:		Pho	one Number:	
Samples for Lead and Copper testing are required to determine the contribution of water. In order to comply with EPA requisipproved sampling plan and your home catagnant water conditions (no water usagmenting BEFORE any water usage, alternations)	of faucet fixtures and hou rements we will require y or business was selected. ge in this period). Due to	sehold pipes &/o your cooperation The sample is to this requirement ng when you retu	or solder to the . The sample I be collected a we suggest the Irn from being	e levels of Lead or ocation has been after an extended nat you collect you gout.	Copper in your drinking predetermined by a State period of at least 6 hours
1.) Prior arrangements will be made with					ected.
2.) MINIMUM of 6 hours with no water us ill the bottle. Do not use a tap that is atta	sage from the tap to be s	ampled is require	ed. Please be s	sure you have met	
3.) Cold Water Kitchen or Bathroom fauce BEFORE turning on water. Gently open co4.) Tightly cap the bottle and complete th esults as soon as practical.	ld water tap and fill bott	le completely (to	within 1/2 ind	ch of top, without	overflowing).
	To Be Con	pleted By Sam	pler		
ddress: 15611 18	TH Jake				
vater Last Used: Date	$\frac{123}{2}$ and Time $\frac{1}{2}$	6	a.m. o	r p.m. (circle o	-
ample Collected: Date	23 and Time	135	a.m. , c	or p.m. (circle	one)
ample Tap Location: KITCHEN / BA	.TH (circle one)	Other (specify	y):		· · · · · · · · · · · · · · · · · · ·
have read the above instructions and hav			-		
rint Name:		Signature:_			
	To Be Comp	leted By Labora	atory		
eceived By: 12 Sample #: 23	3964			Sample Volume <	<900 mLs: Yes No
	Submission Su	ımmary (if appli	icable)		
bmission Number:	Sample Number:	to		Total Nun	nber of Samples:
mple Number(s) of containers containing	g <900 mLs:				
omments:					
					LCRF Revision 1

3855 E. Silver Springs Blvd., Unit 107 Ocala, Florida 34470 (352) 355-2383

To Be Completed By Laboratory Date Received / Time Received

AUG 29'23 AM10:57

PLEASE RETURN TH	HIS SHEET WITH WATER SAM			RATION.
	To Be Completed By	Public Water Syste	m	رور . در مصور الایام در مصور
Client: CITY of members	Plan	ID #:	Tier #:	Bottle #: <u>524073</u>
Report to: (Name and Mailing Address)	On File System Name:	Carry of	New berry	X
Report to. (Name and Maims 1. 22. 2007)	System ID #: 2010207		pe: Community	Non-Transient Non-Community
	Sample Location:Contact Name:		Contact Phone:_	852-316-4779
lund	ructions for Sample Collect	or / Homeowner or	Site Contact	
			Phone Number:	362-316-4779
If you have any questions please	- Carr			
Samples for Lead and Copper testing ar required to determine the contribution water. In order to comply with EPA requapproved sampling plan and your homestagnant water conditions (no water us morning BEFORE any water usage, alter 1.) Prior arrangements will be made with 2.) MINIMUM of 6 hours with no water fill the bottle. Do not use a tap that is a 3.) Cold Water Kitchen or Bathroom factories.	uirements we will require your or business was selected. The age in this period). Due to this mately collect in the evening we have to coordinate delivery or usage from the tap to be sample tached to a water softener or uset MUST be used for this sample content and fill bottle of	cooperation. The same sample is to be collect requirement we suggestion you return from the same point of use filter, if pupile, DO NOT remove completely (to within 1	ple location has been ted after an extending that you collect to being out. In once you have it is a be sure you have it is ossible. It a carator. Place o /2 inch of top, with	en predetermined by a State ed period of at least 6 hours your sample first thing in the collected. met this condition before you pened bottle below faucet out overflowing).
BEFORE turning on water. Gently open 4.) Tightly cap the bottle and complete	the following information. Tha	ink you for your coope	eration, you will be	provided with a copy of these
results as soon as practical.		eted By Sampler		
	3rd Ann Newborn	Fi 3Hola	า	
Address: 26409 NW	3.0 How NewDeck	1		rcle one)
Water Last Used: Date 8/2//2	$\frac{3}{2}$ and Time $\frac{9.76}{2}$) <u>a.r</u>		
Sample Collected: Date 8/22/2	3 and Time $5!3$	(a.	m. or p.m. (c	ircle one)
Sample Tap Location. KITCHEN /	BATH (circle one)	Other (specify):		
I have read the above instructions and	have collected my sample acco	ordingly:		
Print Name:		Signature:		
		ted By Laboratory		
Received By: 744 Sample #:_	233965		Sample Vol	ume <900 mLs: Yes
	Submission Sun	nmary (if applicable		
Submission Number:	Sample Number:	to	Tota	al Number of Samples:
Sample Number(s) of containers containers	aining <900 mLs:			
	ſ	Special Paid C	heck / Receipt # / Ir	itials:
Comments:				LCRF Revision

Agus Pene

AQUA PURE WATER & SEWAGE SERVICE, LLC

3855 E. Silver Springs Blvd., Unit 107 Ocala, Florida 34470 (352) 355-2383 To Be Completed By Laboratory

AUG 29 '23 AM10:57

LEAD and COPPER Sample Form & Certification of Training for Sample Collection

	To Be Completed B	y Public Water Sy	stem		
Client: Cry of newber	<u>Pla</u>	an ID #:	Tier #:	Bos	ttle #: <u>52407</u>
Report to: (Name and Mailing Address)	On File System Nam	e: CETY OF	newberry	1	
	System ID #: 2010 20	2 System	Type: Commi	unity Non-Transien	t Non-Community
	Sample Location:				
21	Contact Name: Brando	masseme n	NO Contact Pho	one: <u>352-316-</u>	4779
Inst	tructions for Sample Collec	ctor / Homeowner	or Site Contact		
If you have any questions please	e call: Buerry		Phone Num	ber: <u>352-318</u>	- 4779
required to determine the contribution water. In order to comply with EPA requapproved sampling plan and your home stagnant water conditions (no water usamorning BEFORE any water usage, alter 1.) Prior arrangements will be made wit 2.) MINIMUM of 6 hours with no water fill the bottle. Do not use a tap that is at 3.) Cold Water Kitchen or Bathroom fau	uirements we will require your or business was selected. The age in this period). Due to this nately collect in the evening w Please Note the Follow h you to coordinate delivery o usage from the tap to be same tached to a water softener or	r cooperation. The sa e sample is to be coll s requirement we sug when you return fron ing Important Inform or pickup of your sam pled is required. Plea point of use filter, if	ample location hat ected after an exi gest that you colon being out. mation: uple once you have possible.	s been predeterming tended period of at lect your sample fire the collected. The conditions we met this conditions are the conditions.	ned by a State least 6 hours st thing in the on before you
BEFORE turning on water. Gently open o	cold water tap and fill bottle c	ompletely (to within	1/2 inch of top, v	vithout overflowing	
	the following information. Tha	ank you for your coo	peration, you will	be provided with a	copy of these
		ank you for your coop eted By Sampler	peration, you will	be provided with a	copy of these
esults as soon as practical.	To Be Comple		oeration, you will	be provided with a	copy of these
results as soon as practical. Address: 25544 Water Last Used: Date $8/23/2$	To Be Completed 18 4	eted By Sampler AVE.		be provided with a	copy of these
results as soon as practical. Address: 25544 Water Last Used: Date $8/23/2$	To Be Completed 18 4	eted By Sampler AVE.	m. or p.m		copy of these
Address: 25544 Water Last Used: Date $8/23/2$ Sample Collected: Date	To Be Comple	eted By Sampler AVE.	m. or p.m	(circle one)	copy of these
Address: 25544 Water Last Used: Date $8/23/2$ Sample Collected: Date $8/24/2$ Sample Tap Location KITCHEN / E	To Be Completed 18 18 18 18 18 18 18 18 18 18 18 18 18	eted By Sampler AVE. a. Other (specify):	m. or p.m	(circle one)	copy of these
Address: 25544 Water Last Used: Date 8/23/2 Sample Collected: Date KITCHEN / E have read the above instructions and h	To Be Completed 18 18 18 18 18 18 18 18 18 18 18 18 18	eted By Sampler AVE. a. Other (specify):	m. or p.m	(circle one)	copy of these
Address: 25544 Water Last Used: Date 8/23/2 Sample Collected: Date KITCHEN / E have read the above instructions and h	To Be Completed 18 19 18 19 18 19 18 19 18 19 18 19 18 19 18 18 18 18 18 18 18 18 18 18 18 18 18	eted By Sampler AVE. a. Other (specify): ordingly:	m. or p.m	(circle one)	copy of these
Address: 25544 Water Last Used: Date 8/23/2 Sample Collected: Date 8/24/ Sample Tap Location KITCHEN / Enhancement of the above instructions and herint Name:	To Be Completed according to Be Completed To B	eted By Sampler AVE. a. Other (specify): ordingly: Signature:	m. or p.m.	(circle one)	Yes No
Address: 25544 Water Last Used: Date 8/23/2 Sample Collected: Date 8/24/ Sample Tap Location KITCHEN / E have read the above instructions and h Print Name: 27/	To Be Completed and Time 7 and Time 7 BATH (circle one) ave collected my sample according 6 To Be Completed 333466	eted By Sampler AVE. a. Other (specify): ordingly: Signature:	m. or p.m.	(circle one)	
Address: 25544 Water Last Used: Date 8/23/2 Sample Collected: Date 8/24/ Sample Tap Location KITCHEN / E have read the above instructions and h Print Name: 27/20 Sample #: 2	To Be Completed and Time 7 and Time 7 BATH (circle one) ave collected my sample according 6 To Be Completed 7 Submission Summission Summis	other (specify): Signature: red By Laboratory mary (if applicable	m. or p.m.	(circle one) (circle one) /olume <900 mLs:	Yes No
Address: 25544 Water Last Used: Date 8/23/2 Sample Collected: Date KITCHEN / E have read the above instructions and h	and Time	other (specify): Signature: red By Laboratory mary (if applicable	m. or p.m.	(circle one) (circle one) /olume <900 mLs:	Yes No

Agua Pure

3855 E. Silver Springs Blvd., Unit 107 Ocala, Florida 34470 (352) 355-2383 To Be Completed By Laboratory

Date Received / Time Received

AUG 29 '23 AM10:57

LEAD and COPPER Sample Form & Certification of Training for Sample Collection

		" ···	
	To Be Completed By Pub	lic Water System	
Client: CTRHY OF Newberry	Plan ID #:	: Tier #:	Bottle #: <u>52</u> 4074
Report to: (Name and Mailing Address)	On File System Name:	my of newbear	щ
	System ID #: 2010207	_ System Type: Comm	E
	Sample Location:		
	Contact Name: Brandon		
	uctions for Sample Collector / F	lomeowner or Site Contac	t
If you have any questions please of	call: Breily	Phone Num	nber: 352-316-4779
approved sampling plan and your home of stagnant water conditions (no water usage morning BEFORE any water usage, alternall.) Prior arrangements will be made with y 2.) MINIMUM of 6 hours with no water usage. MINIMUM of 6 hours with no water usage. Solution of the bottle. Do not use a tap that is attacted at a stage of the bottle and complete the results as soon as practical.	e in this period). Due to this require itely collect in the evening when yo Please Note the Following Impyou to coordinate delivery or pickulage from the tap to be sampled is reched to a water softener or point of MUST be used for this sample, DCd water tap and fill bottle complete.	ement we suggest that you colou return from being out. ortant Information: p of your sample once you have equired. Please be sure you he of use filter, if possible. NOT remove the aerator. Placely (to within 1/2 inch of top, v	ve it collected. ave met this condition before you ce opened bottle below faucet without overflowing).
	To Be Completed By	/ Sampler	
Address: 25143 nw 2nd av			
Nater Last Used: Date 8-21-23	and Time _ \$? 3 0	a.m. or (p.m.)	(circle one)
Sample Collected: Date 8-22-23	3 and Time 7. 25	or p.m. و (£. آه	(circle one)
Sample Tap Location: KITCHEN / BAT	TH (circle one) Other (s	specify):	
have read the above instructions and have	e collected my sample accordingly:		
rint Name: CANCE CIANY	Signa	ture:	Chun
	To Be Completed By L		
Received By: Sample #: 25		•	olume <900 mLs: Yes No
	Submission Summary (if	applicable)	
ubmission Number:	Sample Number:	to To	otal Number of Samples:
ample Number(s) of containers containing	<900 mLs:		
omments:	Special	Paid Check / Receipt # /	Initials:

don Pri

*. 3855 E. Silver Springs Blvd., Unit 107 Ocala, Florida 34470 (352) 355-2383

To Be Completed By Laboratory

Date Received / Time Received

AUG 29'23 AM10:57

LEAD and COPPER Sample Form & Certification of Training for Sample Collection

FLEASE RETORINT	To Be Comple	eted By Public Wate		COOPERATION.	
Client: CDty of newborn	·	Plan ID #:	Tier#:	Bottle #: <i>5</i> 2	4074
Report to: (Name and Mailing Address)		n Name: Ctay c	-		
report to (name and maning not ess)	_	•		munity Non-Transient Non-Com	munity
	Sample Location: 25			, L	
				hone: 352 - 816 - 4779	
Inst	ructions for Sample (Collector / Homeov	ner or Site Conta	ct	
If you have any questions please	call: Buerry		Phone Nu	mber: 352-316-477	7
water. In order to comply with EPA requapproved sampling plan and your home stagnant water conditions (no water usamorning BEFORE any water usage, alternal.) Prior arrangements will be made with 2.) MINIMUM of 6 hours with no water usage. Sill the bottle. Do not use a tap that is at all the bottle. Do not use a fap that is at all EFORE turning on water. Gently open call.) Tightly cap the bottle and complete the sults as soon as practical.	or business was selected ge in this period). Due to nately collect in the even Please Note the Formation you to coordinate delinguage from the tap to be cached to a water softer set MUST be used for the old water tap and fill bo	d. The sample is to be to this requirement we ning when you return ollowing Important Invery or pickup of your esampled is required ther or point of use filt is sample, DO NOT resttle completely (to we	e collected after an ele suggest that you confrom being out. Information: I sample once you have please be sure you er, if possible. I move the aerator. Please the sure you ethin 1/2 inch of top,	extended period of at least 6 hoollect your sample first thing in ave it collected. have met this condition before lace opened bottle below fauce, without overflowing).	ours n the e you eet
esuris as soon as practical.	To Be Co	ompleted By Sampl	er		
Address: 25616 5w 18+	n ave				
Water Last Used: Date 8 21 2	023 and Time _	W.	a.m. or p.m.) (circle one)	
ample Collected: Date 812212	のと3_and Time_	6:30	(a.m.) or p.m.	(circle one)	
ample Tap Location: KITCHEN / B					
have read the above instructions and ha	ve collected my sample	e accordingly:			
rint Name: Vonne G	een	Signature:	y		
		pleted By Laborate	ory		
Received By: 74 W Sample #: 23	3968		Sample	Volume <900 mLs: Yes	e No
	/ Submission	Summary (if applica	ble)		
ubmission Number:	Sample Number:	to		Total Number of Samples:	
ample Number(s) of containers containi	ng <900 mLs:				
omments:		Special Paid	Check / Receipt #	/ Initials:	
The state of the s				1000	Revision 1

April Pin

3855 E. Silver Springs Blvd., Unit 107 Ocala, Florida 34470 (352) 355-2383 To Be Completed By Laboratory

Date Received / Time Received

ALIG 29 23 AM 10:57

LEAD and COPPER Sample Form & Certification of Training for Sample Collection

PLEASE RETORIVETT	To Be Completed By P				
	•			Bottle #: 5	240742
Client: Cray of newberry		D#:	Tier #:		
Report to: (Name and Mailing Address)	On File System Name:	•	newberry		
	System ID #: 2010207	System	m Type: Community	y Non-Transient Non-Co.	mmunity
	Sample Location: 25611 5	iw 18th 1	4V		
	Contact Name: Bannelen	MASSEM	Contact Phone		
Instr	uctions for Sample Collector	r / Homeowne	r or Site Contact		
If you have any questions please	call: Buenry		_ Phone Numbe	r: 352-316-47	79
required to determine the contribution of water. In order to comply with EPA required to ampling plan and your home of stagnant water conditions (no water usagmorning BEFORE any water usage, altern 1.) Prior arrangements will be made with 2.) MINIMUM of 6 hours with no water usage fill the bottle. Do not use a tap that is att 3.) Cold Water Kitchen or Bathroom fauc BEFORE turning on water. Gently open contribution of the bottle and complete the results as soon as practical.	rements we will require your co or business was selected. The sa ge in this period). Due to this red ately collect in the evening whe Please Note the Following you to coordinate delivery or posage from the tap to be sampled ached to a water softener or poset MUST be used for this sampled add water tap and fill bottle com	ample is to be conquirement we sumple is to be conquirement we sum you return from the sickup of your said is required. Playing of use filter, e, DO NOT remonpletely (to withing you for your control of the signal	sample location has beliected after an extenuggest that you collectom being out. rmation: mple once you have it ease be sure you have if possible. ove the aerator. Place to in 1/2 inch of top, with	deen predetermined by a deed period of at least 6 t your sample first thing t collected. The met this condition before the predetermined bottle below fathout overflowing).	hours g in the
Address: 25611 5w 18th A	HV		-		
e4 7	23 and Time $8:50$	٥	a.m. o p.m. (c	ircle one)	
Sample Collected: Date 9 -	-23 and Time 7.10	>	a.m. or p.m. (c	circle one)	
Sample Tap Location: KITCHEN / B	ATH (circle one) Ot	ther (specify):	<u> </u>		
have read the above instructions and ha			NX.		
Print Name: LOU KAST		Signature:	Kast		
	To Be Completed	By Laborator	y		
Received By: W Sample #: 23	3169		Sample Vol	lume <900 mLs:	s Avo
	/ Submission Summa	•			
Submission Number:	Sample Number:	to	Tota	al Number of Samples:_	
Sample Number(s) of containers containi	ng <900 mLs:				
Comments:	Π.		Check / Receipt # / In		
1					CRF Revision 1



'3855 E. Silver Springs Blvd., Unit 107 Ocala, Florida 34470 (352) 355-2383 To Be Completed By Laboratory

Date Received / Time Received

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LEAD and COPPER Sample Form & Certification of Training for Sample Collection

	To Be Complete	d By Public Wa	ter System			
Client: Caty of newberry		Plan ID #:	··	Tier #:	Bottle #:_5	24074
Report to: (Name and Mailing Address)	On File System N	ame: etty	of new	bezzy		
Report to. (Name and Maning Manes)	System ID #: 20\020				Non-Transient Non-Co	nmunity
	Sample Location: 257	25 500 18	th AV			
	Contact Name: Rann			ontact Phone: 35	12-316-4779	
Inst	ructions for Sample Col	llector / Homed	owner or Site	Contact		
If you have any questions please	call: Buerry		Pho	ne Number: <u> 3</u>	152-316-47	774
required to determine the contribution of water. In order to comply with EPA required approved sampling plan and your home stagnant water conditions (no water usa morning BEFORE any water usage, alternative). Prior arrangements will be made with 2.) MINIMUM of 6 hours with no water usage fill the bottle. Do not use a tap that is att 3.) Cold Water Kitchen or Bathroom fauce BEFORE turning on water. Gently open c 4.) Tightly cap the bottle and complete the results as soon as practical.	irements we will require y or business was selected. ge in this period). Due to nately collect in the evening Please Note the Follows as age from the tap to be stached to a water softened tet MUST be used for this old water tap and fill bott	rour cooperation. The sample is to this requirement me when you return the owing Important ry or pickup of your pickup of your point of use the sample, DO NOT le completely (to	The sample lobe collected a we suggest the reform being tinformation: our sample onced. Please be stilter, if possibly remove the activities within 1/2 incomes.	ter an extended at you collect you out. The you have it coll ure you have met e. The rator. Place open h of top, without	predetermined by a period of at least 6 or sample first thing ected. this condition before the below fare overflowing).	hours in the ore you ucet
results as soon as practical.	To Be Con	npleted By Sam	pler			
Address: 257255001840 Water Last Used: Date $8/21/3$ Sample Collected: Date $8/22/3$ Sample Tap Location: KITCHEN / (B	C. C.	7 : 30 3 : 32 Other (specif		r (p.m.) (circle or p.m. (circle	,	22 5
I have read the above instructions and have Print Name: Kate Hill			Kali	Sm. He	20	
	To Be Comp	oleted By Labor	atory			
Received By: WW Sample #: 2	33970			Sample Volume	<900 mLs: Yes	PNO
	/ Submission S	ummary (if app	licable)			
Submission Number:	Sample Number:	to		Total Nu	mber of Samples:_	
Sample Number(s) of containers contain	ing <900 mLs:					
Comments:		Special	Paid Check/I	Receipt # / Initials		
V						CRF Revision 3

3855 E. Silver Springs Blvd., Unit 107 Ocala, Florida 34470 (352) 355-2383

To Be Completed By Laboratory Date Received / Time Received

ALIC 29 23 AM 10:57

LEAD and COPPER Sample Form & Certification of Training for Sample Collection

	To Be Completed By	Public Water Sy	stem	**
Client: Caty of newberry	Plar	n ID #:	Tier #: E	Bottle #: <u>524074</u>
Report to: (Name and Mailing Address)	On File System Name	CETY OF		
	System ID #: 2010207	Systen	n Type: Community Non-Transi	ent Non-Community
	Sample Location: 2542	9 300 19	in ave	
	Contact Name: Beaule	in massim	Contact Phone: 352-316	-4779
Inst	ructions for Sample Collect	tor / Homeowner	r or Site Contact	
If you have any questions please	call: Buelly		_ Phone Number: <u>352-3i</u>	6-4774
required to determine the contribution water. In order to comply with EPA required to determine the contribution water. In order to comply with EPA required sampling plan and your home stagnant water conditions (no water us morning BEFORE any water usage, alter 1.) Prior arrangements will be made with 2.) MINIMUM of 6 hours with no water fill the bottle. Do not use a tap that is at 3.) Cold Water Kitchen or Bathroom fau BEFORE turning on water. Gently open 64.) Tightly cap the bottle and complete results as soon as practical.	uirements we will require your or business was selected. The age in this period). Due to this nately collect in the evening we Please Note the Followinh you to coordinate delivery or usage from the tap to be sample tached to a water softener or used for this same cold water tap and fill bottle contributions.	recooperation. The session is sample is to be colorequirement we sughen you return from selection in the selection in the selection in the selection is required. Please point of use filter, apple, DO NOT remonant in the selection in the selecti	llected after an extended period of aggest that you collect your sample in being out. mation: mation: mation: mation: passe be sure you have it collected. passe be sure you have met this conditions if possible. we the aerator. Place opened bottle n 1/2 inch of top, without overflow	at least 6 hours first thing in the dition before you be below faucet
results as soon as practical.	To Be Comple	eted By Sampler		
Address: 25429 Sw iath	AUC			
	Z (/23 and Time	:55	a.m. or p.m (circle one)	
Sample Collected: Date8/Z	2/23 and TimeS	7:15	a.m. or p.m. (circle one)	
Sample Tap Location: KITCHEN	BATH (circle one)	Other (specify):		
I have read the above instructions and I		ordingly: ($Q_{\bullet}Q_{0}$	0
Print Name: Strong	2(\	Signature:	Soft gul	
	To Be Complet	ted By Laborator	у	
Received By: Sample #:	33971		Sample Volume <900 ml	LS: Yes
	Submission Sum	mary (if applicab	le)	
Submission Number:	Sample Number:	to	Total Number of	Samples:
Sample Number(s) of containers contai	ning <900 mLs:			
Comments:		Special Paid	Check / Receipt # / Initials:	
				LCRF Revision



3855 E. Silver Springs Blvd., Unit 107 Ocala, Florida 34470 (352) 355-2383

To Be Completed By Laboratory

Date Received / Time Received

AUG 29 '23 AM10:57

PLEASE RETURN TH	IIS SHEET WITH WATE	R SAMPLE. THAN	K YOU FOR	YOUR COOPERATION	•
	To Be Complete	ed By Public Wate	System		
Client: Othy of newberry		Plan ID #:	T	ier #:	Bottle #: <u>5240</u> 7
Report to: (Name and Mailing Address)	On File System N	lame: Cry of	news	eary	
	System ID #: 20020	Sy:	stem Type:	Community Non-Train	nsient Non-Community
	Sample Location: 215	nw 2664	n 54		
	Contact Name: Beev	Jon MASSIEV	ntello Cor	ntact Phone: 35Z-3i	6-4779
Insti	ructions for Sample Co	llector / Homeow			
If you have any questions please	call: Buerry		Phor	ne Number: <u> 35೭ - 3</u>	316-4779
Samples for Lead and Copper testing are required to determine the contribution of water. In order to comply with EPA requiapproved sampling plan and your home stagnant water conditions (no water usamorning BEFORE any water usage, altern	of faucet fixtures and hou irements we will require or business was selected. ge in this period). Due to nately collect in the eveni	isehold pipes &/or s your cooperation. Th . The sample is to be this requirement wo ng when you return	older to the lane sample loo collected afte suggest that from being c	evels of Lead or Copper cation has been predete ter an extended period o t you collect your sampl	in your drinking rmined by a State of at least 6 hours
	Please Note the Fol			a you have it collected	
1.) Prior arrangements will be made with					ndition before you
2.) MINIMUM of 6 hours with no water util the bottle. Do not use a tap that is att					nation before you
3.) Cold Water Kitchen or Bathroom fauc					le below faucet
BEFORE turning on water. Gently open c	old water tap and fill bot	tle completely (to w	ithin 1/2 inch	of top, without overflo	wing).
4.) Tightly cap the bottle and complete the	ne following information.	Thank you for your	cooperation	, you will be provided w	ith a copy of these
results as soon as practical.	To Be Cor	mpleted By Sampl	er		
at E a salition					
Address: 215 nw 266tn	27	10:00		P)	
Water Last Used: Date Salah	23 and Time		a.m. or	(p.m. (circle one)	
Sample Collected: Date	$7/23$ and Time $_$	7:00	_ (a.m.)	p.m. (circle one)	
Sample Tap Location: KITCHEN / B	SATH (circle one)	Other (specify):			7
I have read the above instructions and ha	ave collected my sample	accordingly:	010	0 01	>
Print Name: <u>G/L/10/0</u> EE	heriolge	_ Signature:	Hen	da J Che	ude
	To Be Com	pleted By Laborat	ory	J	
Received By: MV Sample #:	23 3972			Sample Volume <900 m	nLs: Yes No
	Submission S	Summary (if applic	able)		
Submission Number:	_ Sample Number:	to _		Total Number o	f Samples:
Sample Number(s) of containers contain	ing <900 mLs:				
Comments:	3			eceipt # / Initials:	11 to 12
					LCRF Revision

3855 E. Silver Springs Blvd., Unit 107 Ocala, Florida 34470 (352) 355-2383

To Be Completed By Laboratory

Date Received / Time Received

AUG 29 '23 AM10:57

PLEASE RETURN THIS	SHEET WITH WATER SAMPLE.		R COUPERATION.
	To Be Completed By Public	Water System	
Client: CTLY of newbearly	Plan ID #:	Tier #:	Bottle #: <u>52407</u> 4
Report to: (Name and Mailing Address)	On File System Name:	1 of newbe	PRY
S	ystem ID #: 20\02e7	System Type: Cò	mmunity Non-Transient Non-Community
S	ample Location: 25505 500	18th Ave	
	Contact Name: BRINGS MP	SSEM: \$110 Contact	Phone: 352-316-4774
Instruc	tions for Sample Collector / Ho	meowner or Site Cont	act
If you have any questions please ca	11: Buerry MASSEMELLO	Phone N	umber: 352-316-4779
Samples for Lead and Copper testing are be required to determine the contribution of f water. In order to comply with EPA required approved sampling plan and your home or stagnant water conditions (no water usage morning BEFORE any water usage, alternate	aucet fixtures and household pipes ments we will require your coopera business was selected. The sample i in this period). Due to this requirem	&/or solder to the levels tion. The sample location is to be collected after are the we suggest that you return from being out.	of Lead or Copper in your drinking In has been predetermined by a State In extended period of at least 6 hours
1.) Prior arrangements will be made with yo	ou to coordinate delivery or pickup o	of your sample once you	have it collected.
2.) MINIMUM of 6 hours with no water usa, fill the bottle. Do not use a tap that is attack	hed to a water softener or point of t	use filter, if possible.	
3.) Cold Water Kitchen or Bathroom faucet BEFORE turning on water. Gently open cold	MUST be used for this sample, DO Newster tap and fill bottle completely	NOT remove the aerator. (to within 1/2 inch of to	Place opened bottle below faucet op, without overflowing).
4.) Tightly cap the bottle and complete the			
results as soon as practical.	To Do Commisted Dr. (Samular	
e and	To Be Completed By S	sampler	
2.2	Auc		
Water Last Used: Date 🔀 - 🎉 23	and Time	(a.m.) or p.i	m. (circle one)
Sample Collected: Date 5-22-33	and Time	or p.	.m. (circle one)
Sample Tap Location: KITCHEN BAT	H) (circle one) Other (sp	pecify):	
I have read the above instructions and have	collected my sample accordingly:	2	
Print Name: Julia Strubbe	Signat	ure: July Al	abbo
	To Be Completed By La	boratory	
Received By: MM Sample #: 233	973_	Sam	ple Volume <900 mLs: Yes
	Submission Summary (if	applicable)	
Submission Number:	Sample Number:	to =	Total Number of Samples:
Sample Number(s) of containers containing	<900 mLs:		
Comments:	Special	Paid Check / Receip	ot # / Initials:
			LCRF Revision 1

3855 E. Silver Springs Blvd., Unit 107 Ocala, Florida 34470 (352) 355-2383

To Be Completed By Laboratory

Date Received / Time Received

AUG 29 '23 AM10:57

PLEASE RETURN TH	HIS SHEET WITH WATER			YOUR CO	OPERATION.		
	To Be Completed	By Public Water	r System				1074
lient: CITY of new beary		Plan ID #:	-	Tier #:		Bottle #: <u>52</u>	0/1
Report to: (Name and Mailing Address)	On File System Na	me: <u>2010 207</u>	Ct	ty 05	? Weindoe	in the same	
	System ID #: <u>201020</u>	7 Sy:	stem Type:	Commun	nity Non-Tran	sient Non-Comm	unity
	Sample Location: 251						
	Contact Name: BRANG	la massi	with Co	ntact Phor	ne: 35Z- 316	6 - 4779	
Inst	tructions for Sample Col	lector / Homeow	vner or Site	Contact			
If you have any questions please					oer:		
Samples for Lead and Copper testing ar required to determine the contribution water. In order to comply with EPA requapproved sampling plan and your homestagnant water conditions (no water us morning BEFORE any water usage, alter 1.) Prior arrangements will be made with 2.) MINIMUM of 6 hours with no water fill the bottle. Do not use a tap that is a 3.) Cold Water Kitchen or Bathroom fat BEFORE turning on water. Gently open 4.) Tightly cap the bottle and complete	uirements we will require ye or business was selected. sage in this period). Due to rnately collect in the evening Please Note the Folloth you to coordinate delive a usage from the tap to be settached to a water softene ucet MUST be used for this esold water tap and fill bott	rour cooperation. The sample is to be this requirement was when you return towing Important I bery or pickup of you sampled is required a ror point of use fill sample, DO NOT rettle completely (to vertice the completely (to vertice completely).	The sample I e collected a ve suggest the from being information ir sample on d. Please be leter, if possible emove the a within 1/2 in	ocation has after an ext act you coll cout. ce you hav sure you ha ale. erator. Pla ch of top, v	e it collected. ave met this co- ce opened bott without overflo	rmined by a S of at least 6 ho e first thing in ndition before the below fauc- wing).	etate ours on the e you
results as soon as practical.		npleted By Samp					
a disast a sa talah) Aug	inpicted by camp					
Address: 25196 nw 44	023 and Time	30 am	€ m	or p.m.	(circle one)		
Water Last Used: Date 9 22 2 Sample Collected: Date 9 22 2) h 2 3	: DD am	- ()	•	(circle one)		
					•		
Sample Tap Location: KITCHEN /			//:				
I have read the above instructions and			nio ll	Ra			
Print Name: JWS Stone			11 00	0 ·			
		pleted By Labora	atory		V-1 <000 :	mLs: Yes	e No
Received By: Sample #:	-7 -00 -04			Sample	Volume <900 i	III.3. [] 163	
Received By: Sample #:							l li
	Submission	Summary (if appl				. f.C1	
Submission Number:	Submission Sample Number:	to			Total Number	of Samples:	
	Submission Sample Number:	to			Total Number		

3855 E. Silver Springs Blvd., Unit 107 Ocala, Florida 34470 (352) 355-2383

To Be Completed By Laboratory

Date Received / Time Received

AUG 29 '28 AM10:57

LEAD and COPPER Sample Form & Certification of Training for Sample Collection

DIEACE PETITON THIS SHEET WITH WATER SAMPLE THANK YOU FOR VOLIR COOPERATION

PLEASE RETURN THIS	SHEET WITH WATER SAWIPLE. THA	NATOUR COOPERATION.
	To Be Completed By Public Wat	er System
Client: Czty of newberry	Plan ID #:	Tier #: Bottle #: <u>524074</u>
Report to: (Name and Mailing Address)	On File System Name: Cxiq e	of newberry
	System ID #: 2010207 S	System Type: Community Non-Transient Non-Community
	Sample Location:	
	Contact Name: Brunelon massey	with Contact Phone: 352-316-4779
Instru	ctions for Sample Collector / Homeo	wner or Site Contact
If you have any questions please ca	all: Buerry MASS: EMDILO	Phone Number: <u>352 - 316 - 4779</u>
required to determine the contribution of water. In order to comply with EPA require approved sampling plan and your home or	faucet fixtures and household pipes &/or ments we will require your cooperation. business was selected. The sample is to b in this period). Due to this requirement w	ss according to EPA requirements. These samples are solder to the levels of Lead or Copper in your drinking. The sample location has been predetermined by a State of collected after an extended period of at least 6 hours we suggest that you collect your sample first thing in the or from being out.
	Please Note the Following Important	Information:
1.) Prior arrangements will be made with y	ou to coordinate delivery or pickup of yo	ur sample once you have it collected.
MINIMUM of 6 hours with no water usa fill the bottle. Do not use a tap that is attac		d. Please be sure you have met this condition before you lter, if possible.
	-	emove the aerator. Place opened bottle below faucet within 1/2 inch of top, without overflowing).
4.) Tightly cap the bottle and complete the results as soon as practical.	following information. Thank you for you	ır cooperation, you will be provided with a copy of these
esuits as soon as practical.	To Be Completed By Samp	pler
Address: 25138 nw 7th Al	ic	
Water Last Used: Date 9/3 8 pu		or p.m. (circle one)
Sample Collected: Date 5103 An		a.m. or p.m. (circle one)
Sample Tap Location: (ITCHEN / BAT	'H (circle one) Other (specify	r):
have read the above instructions and have	e collected my sample accordingly:	1/4
Print Name: Oth Tryar	Signature:	ig Mi
	To Be Completed By Labora	itory
Received By: 23 Sample #: 23	3975	Sample Volume <900 mLs: Yes No
	Submission Summary (if appli	cable)
ubmission Number:	Sample Number:to	Total Number of Samples:
ample Number(s) of containers containing	<900 mLs:	
Comments:	Special	old Check / Receipt # / Initials:

3855 E. Silver Springs Blvd., Unit 107 Ocala, Florida 34470 (352) 355-2383

To Be Completed By Laboratory

Date Received / Time Received AUG 29 '23 AM10:57

LEAD and COPPER Sample Form & Certification of Training for Sample Collection

	To Be Completed By Public Water System
lient: CITY OF Newborks	To Be Completed by Public Value 5,500000000000000000000000000000000000
eport to: (Name and Mailing Address)	On File System Name:
eport to. (Name and Maning Case Case)	System ID #: 2010207 System Type: Community Non-Transient Non-Community
	Sample Location: 440 5w 257th
	Contact Name: Contact Phone:
Ins	tructions for Sample Collector / Homeowner or Site Contact
f you have any questions pleas	e call: Buency mAssimulio Phone Number: 352-316-4779
required to determine the contribution water. In order to comply with EPA recapproved sampling plan and your home stagnant water conditions (no water usmorning BEFORE any water usage, altern.) Prior arrangements will be made well.) MINIMUM of 6 hours with no wateful the bottle. Do not use a tap that is	The being collected from your home or business according to EPA requirements. These samples are a of faucet fixtures and household pipes &/or solder to the levels of Lead or Copper in your drinking uirements we will require your cooperation. The sample location has been predetermined by a State or business was selected. The sample is to be collected after an extended period of at least 6 hours (are in this period). Due to this requirement we suggest that you collect your sample first thing in the remarkely collect in the evening when you return from being out. Please Note the Following Important Information: It you to coordinate delivery or pickup of your sample once you have it collected. It usage from the tap to be sampled is required. Please be sure you have met this condition before you attached to a water softener or point of use filter, if possible. Set the MUST be used for this sample, DO NOT remove the aerator. Place opened bottle below faucet at the part of fill bottle completely (to within 1/2 inch of top, without overflowing).
BEFORE turning on water. Gently oper 4.) Tightly cap the bottle and complete results as soon as practical.	the following information. Thank you for your cooperation, you will be provided with a copy of these
BEFORE turning on water. Gently oper 4.) Tightly cap the bottle and complete results as soon as practical.	To Be Completed By Sampler
BEFORE turning on water. Gently oper 4.) Tightly cap the bottle and complete results as soon as practical. Address: 440 5 257 4	To Be Completed By Sampler
BEFORE turning on water. Gently oper 4.) Tightly cap the bottle and complete results as soon as practical. Address: $440.5 = 25.7\%$ Water Last Used: Date $2.2.2$	To Be Completed By Sampler and Time 9:49 and Time 9:49 a.m. or 6.m (circle one)
BEFORE turning on water. Gently oper 4.) Tightly cap the bottle and complete results as soon as practical. Address: 440 5 257 4	To Be Completed By Sampler and Time 9:45 and Time 7:17
BEFORE turning on water. Gently oper 4.) Tightly cap the bottle and complete results as soon as practical. Address: 440 5 257 4 Water Last Used: Date 8-22-2 Sample Collected: Date 8-22-2	To Be Completed By Sampler and Time and Time and Time and Time To Batth (circle one) Other (specify):
BEFORE turning on water. Gently oper 4.) Tightly cap the bottle and complete results as soon as practical. Address: 440 5 257 4 Water Last Used: Date 8-22-2 Sample Collected: Date 8-22-2	To Be Completed By Sampler and Time and Time and Time and Time To Batth (circle one) Other (specify):
BEFORE turning on water. Gently oper 4.) Tightly cap the bottle and complete results as soon as practical. Address: 440 5 257 4 Water Last Used: Date 8 2 2 2 3 Sample Collected: Date 8 2 2 2 2 I have read the above instructions and	and Time 7:17 a.m. or p.m. (circle one) BATH (circle one) Other (specify): Have collected my sample accordingly: Signature: Signature:
BEFORE turning on water. Gently oper 4.) Tightly cap the bottle and complete results as soon as practical. Address: 440 5 257 4 Water Last Used: Date 8-22-2 Sample Collected: Date 8-22-2 I have read the above instructions and Print Name: Chicken 1	To Be Completed By Sampler and Time and Time To Bath (circle one) Other (specify): Signature: To Be Completed By Laboratory
BEFORE turning on water. Gently oper 4.) Tightly cap the bottle and complete results as soon as practical. Address: 440 5 257 4 Water Last Used: Date 8 2 2 2 3 Sample Collected: Date 8 2 2 2 2 I have read the above instructions and	To Be Completed By Sampler and Time 9:49 a.m. or om (circle one) and Time 7:17 a.m. or p.m. (circle one) BATH (circle one) Other (specify): To Be Completed By Laboratory Sample Volume <900 mLs: Yes
BEFORE turning on water. Gently oper 4.) Tightly cap the bottle and complete results as soon as practical. Address: 440 5 257 4 Water Last Used: Date 8-22-2 Sample Collected: Date 8-22-2 I have read the above instructions and Print Name: Christian Sample #:_	and Time 7:17 BATH (circle one) Other (specify): To Be Completed By Laboratory Sample Volume <900 mLs: Yes [Yes []
BEFORE turning on water. Gently oper 4.) Tightly cap the bottle and complete results as soon as practical. Address: 440 5 251 4 Water Last Used: Date 8 2 2 2 3 Sample Collected: Date 8 2 2 2 3 Sample Tap Location: KITCHEN 1 I have read the above instructions and Print Name: Sample #: Received By: 222 Sample #: Submission Number:	To Be Completed By Sampler and Time 3.17 a.m. or p.m. (circle one) BATH (circle one) Other (specify): To Be Completed By Laboratory To Be Completed By Laboratory Sample Volume <900 mLs: Yes Submission Summary (if applicable) Sample Number:
BEFORE turning on water. Gently oper 4.) Tightly cap the bottle and complete results as soon as practical. Address: 440 5 251 4 Water Last Used: Date 8 2 2 2 3 Sample Collected: Date 8 2 2 2 3 Sample Tap Location: KITCHEN 1 I have read the above instructions and Print Name: Sample #: Received By: 222 Sample #: Submission Number:	To Be Completed By Sampler and Time 9:49 a.m. or om (circle one) and Time 7:17 a.m. or p.m. (circle one) BATH (circle one) Other (specify): To Be Completed By Laboratory Sample Volume <900 mLs: Yes

Drinking Water Total Coliform / E. coli Sample Collection & Laboratory Report Form

Page 1 of 1

Date Received and Analyzed / Time Received

3855 E. Silver Springs Blvd., Unit 107 Ocala, Florida 34470 (352) 355-2383

Laboratory Certification Number E83265						
This Side To Be Completed By Client / Sample Collector				This Side For Laboratory Use Only		
System Name: CITY OF Newbould PWS ID: 2010207				Received By: Special TC ICE		
System Phone: 35% 472-2161 System Address: 25440 10 Nowberry 20				On Ice Not On Ice 7 . 6 °C		
System County: ALM-Chura Client: Ctty of newberry				Paid Check or Receipt Number and Initials:		
Collector: Barandon massimitio Collector Phone: 352-316-4779						
Type of Supply: (check only one)				Disinfectant Check: Not Detectedmg/L Comments:		
Non-Transient Non-community Water System Transient Non-community Water System						
Limited Use System Other:				Analysis Method: SM9223B (Colilert) Time(s) Analyzed:		
Reason for Sampling: (check all that apply) Distribution Routine Distribution Repeat						
Raw (triggered or assessment) Raw (triggered or assessment) additional Well Survey				L Notified Lemailed		
Clearance Boil Water Notice FDACS finished product (ice) Other:Other:				PWS Notified by Lab of Positive Results:		
Sample Collection Date(s): \$ 18-23 \$ 14-23 PO Number				Date: Time:		
Sample Collection Date(s): 8 18 23 \$ 14-23 PO Number: RP 9-20-23, per Brandon M.				Person Notified:		
Comments:				DEP/DOH Notified by Lab of E. coli Positive Results: Date:Time:		
				Notified By:		
					70 too tal on and the year year star star star the 100 thin this see that the	
Sample Sample Point (Location or Specific Address) Number RP 7-20-23	Sample Collection Time	Sample Type ¹	Disinfectant Residual (mg/L)	Laboratory Sample Number	Total Coliform E. coli	DQ^2
# 2 320 5 in 269th st 9-18-23	2:45 PM	0	:41	Report / Submission Number:	A A	
# 2 320 500 269th 3+ 9-19-23	9.45 AM	D	, 5i	M23928G	AA	
					71-1/1	
⟨ Free chlorine]Total chlorine Average	of disinfectant residuals			Unless otherwise noted, all tests per standards. Results relate only to the	formed in accordance with NE	ELAC
isinfectant Residual Analysis Method: DPD Colorimetric Other:		0!		A)	annipod Soomitted.	
rson performing disinfectant analysis is: A certified operator (# 24598 Supervised by a certified operator (Y - Received imp	Data Qualifiers (checked if ap roperly preserved; presence of chlori-		
		_)		ond holding time or with insufficient		
				aining less than method specified san		
2 : Data Qualifier (defined in Florida Administrative Code Rule 62-160, Table 1) supplete for community and nontransient noncommunity systems serving populations up to and including 4 900			Other:			
) not include raw or plant samples in the average.			Marken	17/100m	9-21-23	,
Report to: (Name and Mailing Address)			Technical Director		7-2/-23 Date	
				DEP/DOH Use Only		
	·		Satisfactory		Samples Required	
		☐ Incomplete Collection Information ☐ Replacement Samples Required				
Date Reviewed by DEP/DOH:						
DEP/DOH Reviewing Official						
		(62-550	1.730 Keporting Format	Effective 01/1995, Revised 02/2010)	CRFTC Revis	ion 1