

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: R. C. WILLIS WTP (CITY OF PALATKA) PWS I.D. #: 2544260
System Type (check one): Community Nontransient Noncommunity Transient Noncommunity
Address: 320 NORTH MOODY RD
City: PALATKA ZIP Code: 32177
Phone #: (386)329-0144 Fax #: _____ E-Mail Address: MREGISTER@PALATKA-FL.GOV

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: 670-81310-1 Sample Date: 02/23/26 Sample Time: 07:00
Sample Location (be specific): PAL - 1 Location Code: _____
Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): _____ mg/L Field pH: _____

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

Reasons for Sample (Check all that apply)

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

Sampling Procedure Used or Other Comments: _____

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

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

SAMPLER CERTIFICATION

I, SHAWN BRUNEAU, superintendent, do HEREBY CERTIFY
(Print Name) (Print Title)

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

Signature: SHAWN BRUNEAU Date: _____
Certified Operator #: 0029081 Phone #: 386-329-0144 Sampler's Fax #: _____
Sampler's E-mail: SBRUNEAU@PALATKA-FL.GOV

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

LABORATORY CERTIFICATION INFORMATION (to be completed by lab - please type or print legibly)

Lab Name: Eurofins Orlando Florida DOH Certification #: E83018 Certification Expiration Date: 06/30/26

ATTACH CURRENT DOH ANALYTE SHEET*

Address: 481 Newburyport Avenue, Altamonte Springs, FL, 32701 Phone #: (407)339-5984

Were any analyses subcontracted? Yes No If yes, please provide DOH certification number(s) _____

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB*

ANALYSIS INFORMATION (to be completed by lab)

Date Sample(s) Received: 02/24/26

PWS ID (From Page 1): 2544260 Sample Number (From Page 1): 670-81310-1 Lab Assigned Report # or Job ID: 670-81310-1

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

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

LAB CERTIFICATION

I, Kathryn Nordmark, Senior 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: 02/26/26

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

** Please provide radiological sample dates & locations for each quarter.

**CONFIRMATION & NOTIFICATION IS REQUIRED WITHIN 24 HRS FOR NITRATE OR NITRITE MCL EXCEEDANCES
NON-DETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" QUALIFIER. (Non-detects reported as "BDL" or with a "<" are not acceptable.)**

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

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

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

Florida Department of Environmental Protection

Safe Drinking Water Program Laboratory Reporting Format

INORGANIC CONTAMINANTS
62-550.310(1)

Report Number / Job ID: 670-81310-1
PWS ID (From Page 1): 2544260

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Certification #
1030	Lead	0.015	mg/L	0.00024	U	200.8	0.00024	02/25/26	14:05	E83018

* Results must be reported with appropriate qualifiers in accordance with Florida Administrative Code Rule 62-160, Table 1. Results qualified with A, F, H, N, O, T, Z, ?, *, are unacceptable for compliance with 62-550. Results qualified with a J, Q, R, or Y must be accompanied by written justification and will be evaluated on a case by case basis. To avoid a monitoring violation, unacceptable results must be replaced with acceptable results from samples collected during the same monitoring period.

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

SECONDARY CONTAMINANTS
62-550.320

Report Number / Job ID: 670-81310-1
PWS ID (From Page 1): 2544260

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Certification #
1022	Copper	1	mg/L	0.00064	U	200.8	0.00064	02/25/26	14:05	E83018

* Results must be reported with appropriate qualifiers in accordance with Florida Administrative Code Rule 62-160, Table 1. Results qualified with A, F, H, N, O, T, Z, ?, *, are unacceptable for compliance with 62-550. Results qualified with a J, Q, R, or Y must be accompanied by written justification and will be evaluated on a case by case basis. To avoid a monitoring violation, unacceptable results must be replaced with acceptable results from samples collected during the same monitoring period.

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

System Name: R. C. WILLIS WTP (CITY OF PALATKA) PWS I.D. #: 2544260
System Type (check one): Community Nontransient Noncommunity Transient Noncommunity
Address: 320 NORTH MOODY RD
City: PALATKA ZIP Code: 32177
Phone #: (386)329-0144 Fax #: _____ E-Mail Address: MREGISTER@PALATKA-FL.GOV

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: 670-81310-2 Sample Date: 02/23/26 Sample Time: 07:15
Sample Location (be specific): PAL - 2 Location Code: _____
Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): _____ mg/L Field pH: _____

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

Reasons for Sample (Check all that apply)

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

Sampling Procedure Used or Other Comments: _____

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

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

SAMPLER CERTIFICATION

I, SHAWN BRUNEAU, superintendent, do HEREBY CERTIFY
(Print Name) (Print Title)

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

Signature: SHAWN BRUNEAU Date: 2/18/26
Certified Operator #: 0029081 Phone #: 386-329-0144 Sampler's Fax #: _____
Sampler's E-mail: SBRUNEAU@PALATKA-FL.GOV

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

LABORATORY CERTIFICATION INFORMATION (to be completed by lab - please type or print legibly)

Lab Name: Eurofins Orlando Florida DOH Certification #: E83018 Certification Expiration Date: 06/30/26

ATTACH CURRENT DOH ANALYTE SHEET*

Address: 481 Newburyport Avenue, Altamonte Springs, FL, 32701 Phone #: (407)339-5984

Were any analyses subcontracted? Yes No If yes, please provide DOH certification number(s) _____

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB*

ANALYSIS INFORMATION (to be completed by lab)

Date Sample(s) Received: 02/24/26

PWS ID (From Page 1): 2544260 Sample Number (From Page 1): 670-81310-2 Lab Assigned Report # or Job ID: 670-81310-1

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

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

LAB CERTIFICATION

I, Kathryn Nordmark, Senior 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: 02/26/26

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** Please provide radiological sample dates & locations for each quarter.

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

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

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

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

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

INORGANIC CONTAMINANTS
62-550.310(1)

Report Number / Job ID: 670-81310-1
PWS ID (From Page 1): 2544260

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Certification #
1030	Lead	0.015	mg/L	0.00024	U	200.8	0.00024	02/25/26	14:07	E83018

* Results must be reported with appropriate qualifiers in accordance with Florida Administrative Code Rule 62-160, Table 1. Results qualified with A, F, H, N, O, T, Z, ?, *, are unacceptable for compliance with 62-550. Results qualified with a J, Q, R, or Y must be accompanied by written justification and will be evaluated on a case by case basis. To avoid a monitoring violation, unacceptable results must be replaced with acceptable results from samples collected during the same monitoring period.

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

SECONDARY CONTAMINANTS
62-550.320

Report Number / Job ID: 670-81310-1

PWS ID (From Page 1): 2544260

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Certification #
1022	Copper	1	mg/L	0.00065	I	200.8	0.00064	02/25/26	14:07	E83018

* Results must be reported with appropriate qualifiers in accordance with Florida Administrative Code Rule 62-160, Table 1. Results qualified with A, F, H, N, O, T, Z, ?, *, are unacceptable for compliance with 62-550. Results qualified with a J, Q, R, or Y must be accompanied by written justification and will be evaluated on a case by case basis. To avoid a monitoring violation, unacceptable results must be replaced with acceptable results from samples collected during the same monitoring period.

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

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

System Name: R. C. WILLIS WTP (CITY OF PALATKA) PWS I.D. #: 2544260
System Type (check one): Community Nontransient Noncommunity Transient Noncommunity
Address: 320 NORTH MOODY RD
City: PALATKA ZIP Code: 32177
Phone #: (386)329-0144 Fax #: _____ E-Mail Address: MREGISTER@PALATKA-FL.GOV

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: 670-81310-3 Sample Date: 02/23/26 Sample Time: 07:40
Sample Location (be specific): PAL - 3 Location Code: _____
Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): _____ mg/L Field pH: _____

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

Reasons for Sample (Check all that apply)

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

Sampling Procedure Used or Other Comments: _____

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

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

SAMPLER CERTIFICATION

I, SHAWN BRUNEAU, superintendent, do HEREBY CERTIFY
(Print Name) (Print Title)

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

Signature: SHAWN BRUNEAU Date: 2/18/26
Certified Operator #: 0029081 Phone #: 386-329-0144 Sampler's Fax #: _____
Sampler's E-mail: SBRUNEAU@PALATKA-FL.GOV

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

LABORATORY CERTIFICATION INFORMATION (to be completed by lab - please type or print legibly)

Lab Name: Eurofins Orlando Florida DOH Certification #: E83018 Certification Expiration Date: 06/30/26

ATTACH CURRENT DOH ANALYTE SHEET*

Address: 481 Newburyport Avenue, Altamonte Springs, FL, 32701 Phone #: (407)339-5984

Were any analyses subcontracted? Yes No If yes, please provide DOH certification number(s) _____

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB*

ANALYSIS INFORMATION (to be completed by lab)

Date Sample(s) Received: 02/24/26

PWS ID (From Page 1): 2544260 Sample Number (From Page 1): 670-81310-3 Lab Assigned Report # or Job ID: 670-81310-1

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

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

LAB CERTIFICATION

I, Kathryn Nordmark, Senior Project Manager, do HEREBY CERTIFY
(Print Name) (Print Title)

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Signature:  Date: 02/26/26

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** Please provide radiological sample dates & locations for each quarter.

**CONFIRMATION & NOTIFICATION IS REQUIRED WITHIN 24 HRS FOR NITRATE OR NITRITE MCL EXCEEDANCES
NON-DETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" QUALIFIER. (Non-detects reported as "BDL" or with a "<" are not acceptable.)**

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

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

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

Florida Department of Environmental Protection

Safe Drinking Water Program Laboratory Reporting Format

INORGANIC CONTAMINANTS
62-550.310(1)

Report Number / Job ID: 670-81310-1
PWS ID (From Page 1): 2544260

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Certification #
1030	Lead	0.015	mg/L	0.00024	U	200.8	0.00024	02/25/26	14:30	E83018

* Results must be reported with appropriate qualifiers in accordance with Florida Administrative Code Rule 62-160, Table 1. Results qualified with A, F, H, N, O, T, Z, ?, *, are unacceptable for compliance with 62-550. Results qualified with a J, Q, R, or Y must be accompanied by written justification and will be evaluated on a case by case basis. To avoid a monitoring violation, unacceptable results must be replaced with acceptable results from samples collected during the same monitoring period.

Florida Department of Environmental Protection

Safe Drinking Water Program Laboratory Reporting Format

SECONDARY CONTAMINANTS
62-550.320

Report Number / Job ID: 670-81310-1
PWS ID (From Page 1): 2544260

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Certification #
1022	Copper	1	mg/L	0.00070	I	200.8	0.00064	02/25/26	14:30	E83018

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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: R. C. WILLIS WTP (CITY OF PALATKA) PWS I.D. #: 2544260
System Type (check one): Community Nontransient Noncommunity Transient Noncommunity
Address: 320 NORTH MOODY RD
City: PALATKA ZIP Code: 32177
Phone #: (386)329-0144 Fax #: _____ E-Mail Address: MREGISTER@PALATKA-FL.GOV

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: 670-81310-4 Sample Date: 02/23/26 Sample Time: 08:30
Sample Location (be specific): PAL - 5 Location Code: _____
Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): _____ mg/L Field pH: _____

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

Reasons for Sample (Check all that apply)

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

Sampling Procedure Used or Other Comments: _____

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

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

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Address: 481 Newburyport Avenue, Altamonte Springs, FL, 32701 Phone #: (407)339-5984

Were any analyses subcontracted? Yes No If yes, please provide DOH certification number(s) _____

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB*

ANALYSIS INFORMATION (to be completed by lab)

Date Sample(s) Received: 02/24/26

PWS ID (From Page 1): 2544260 Sample Number (From Page 1): 670-81310-4 Lab Assigned Report # or Job ID: 670-81310-1

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

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

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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

INORGANIC CONTAMINANTS
62-550.310(1)

Report Number / Job ID: 670-81310-1
PWS ID (From Page 1): 2544260

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Certification #
1030	Lead	0.015	mg/L	0.00024	U	200.8	0.00024	02/25/26	14:32	E83018

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SECONDARY CONTAMINANTS
62-550.320

Report Number / Job ID: 670-81310-1

PWS ID (From Page 1): 2544260

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Certification #
1022	Copper	1	mg/L	0.00064	U	200.8	0.00064	02/25/26	14:32	E83018

* Results must be reported with appropriate qualifiers in accordance with Florida Administrative Code Rule 62-160, Table 1. Results qualified with A, F, H, N, O, T, Z, ?, *, are unacceptable for compliance with 62-550. Results qualified with a J, Q, R, or Y must be accompanied by written justification and will be evaluated on a case by case basis. To avoid a monitoring violation, unacceptable results must be replaced with acceptable results from samples collected during the same monitoring period.

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

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

System Name: R. C. WILLIS WTP (CITY OF PALATKA) PWS I.D. #: 2544260
System Type (check one): Community Nontransient Noncommunity Transient Noncommunity
Address: 320 NORTH MOODY RD
City: PALATKA ZIP Code: 32177
Phone #: (386)329-0144 Fax #: _____ E-Mail Address: MREGISTER@PALATKA-FL.GOV

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: 670-81310-5 Sample Date: 02/23/26 Sample Time: 08:15
Sample Location (be specific): PAL - 6 Location Code: _____
Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): _____ mg/L Field pH: _____

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

Reasons for Sample (Check all that apply)

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

Sampling Procedure Used or Other Comments: _____

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

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

SAMPLER CERTIFICATION

I, SHAWN BRUNEAU, superintendent, do HEREBY CERTIFY
(Print Name) (Print Title)

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

Signature: SHAWN BRUNEAU Date: 2/18/26
Certified Operator #: 0029081 Phone #: 386-329-0144 Sampler's Fax #: _____
Sampler's E-mail: SBRUNEAU@PALATKA-FL.GOV

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

LABORATORY CERTIFICATION INFORMATION (to be completed by lab - please type or print legibly)

Lab Name: Eurofins Orlando Florida DOH Certification #: E83018 Certification Expiration Date: 06/30/26

ATTACH CURRENT DOH ANALYTE SHEET*

Address: 481 Newburyport Avenue, Altamonte Springs, FL, 32701 Phone #: (407)339-5984

Were any analyses subcontracted? Yes No If yes, please provide DOH certification number(s) _____

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB*

ANALYSIS INFORMATION (to be completed by lab)

Date Sample(s) Received: 02/24/26

PWS ID (From Page 1): 2544260 Sample Number (From Page 1): 670-81310-5 Lab Assigned Report # or Job ID: 670-81310-1

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

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

LAB CERTIFICATION

I, Kathryn Nordmark, Senior 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: 02/26/26

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

** Please provide radiological sample dates & locations for each quarter.

**CONFIRMATION & NOTIFICATION IS REQUIRED WITHIN 24 HRS FOR NITRATE OR NITRITE MCL EXCEEDANCES
NON-DETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" QUALIFIER. (Non-detects reported as "BDL" or with a "<" are not acceptable.)**

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

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

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

Florida Department of Environmental Protection

Safe Drinking Water Program Laboratory Reporting Format

INORGANIC CONTAMINANTS
62-550.310(1)

Report Number / Job ID: 670-81310-1
PWS ID (From Page 1): 2544260

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Certification #
1030	Lead	0.015	mg/L	0.00024	U	200.8	0.00024	02/25/26	14:39	E83018

* Results must be reported with appropriate qualifiers in accordance with Florida Administrative Code Rule 62-160, Table 1. Results qualified with A, F, H, N, O, T, Z, ?, *, are unacceptable for compliance with 62-550. Results qualified with a J, Q, R, or Y must be accompanied by written justification and will be evaluated on a case by case basis. To avoid a monitoring violation, unacceptable results must be replaced with acceptable results from samples collected during the same monitoring period.

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

SECONDARY CONTAMINANTS
62-550.320

Report Number / Job ID: 670-81310-1
PWS ID (From Page 1): 2544260

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Certification #
1022	Copper	1	mg/L	0.00064	U	200.8	0.00064	02/25/26	14:39	E83018

* Results must be reported with appropriate qualifiers in accordance with Florida Administrative Code Rule 62-160, Table 1. Results qualified with A, F, H, N, O, T, Z, ?, *, are unacceptable for compliance with 62-550. Results qualified with a J, Q, R, or Y must be accompanied by written justification and will be evaluated on a case by case basis. To avoid a monitoring violation, unacceptable results must be replaced with acceptable results from samples collected during the same monitoring period.

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

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

System Name: R. C. WILLIS WTP (CITY OF PALATKA) PWS I.D. #: 2544260
System Type (check one): Community Nontransient Noncommunity Transient Noncommunity
Address: 320 NORTH MOODY RD
City: PALATKA ZIP Code: 32177
Phone #: (386)329-0144 Fax #: _____ E-Mail Address: MREGISTER@PALATKA-FL.GOV

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: 670-81310-6 Sample Date: 02/23/26 Sample Time: 07:55
Sample Location (be specific): PAL - 7 Location Code: _____
Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): _____ mg/L Field pH: _____

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

Reasons for Sample (Check all that apply)

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

Sampling Procedure Used or Other Comments: _____

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

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

SAMPLER CERTIFICATION

I, SHAWN BRUNEAU, superintendent, do HEREBY CERTIFY
(Print Name) (Print Title)

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

Signature: SHAWN BRUNEAU Date: 2/18/26
Certified Operator #: 0029081 Phone #: 386-329-0144 Sampler's Fax #: _____
Sampler's E-mail: SBRUNEAU@PALATKA-FL.GOV

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

LABORATORY CERTIFICATION INFORMATION (to be completed by lab - please type or print legibly)

Lab Name: Eurofins Orlando Florida DOH Certification #: E83018 Certification Expiration Date: 06/30/26

ATTACH CURRENT DOH ANALYTE SHEET*

Address: 481 Newburyport Avenue, Altamonte Springs, FL, 32701 Phone #: (407)339-5984

Were any analyses subcontracted? Yes No If yes, please provide DOH certification number(s) _____

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB*

ANALYSIS INFORMATION (to be completed by lab)

Date Sample(s) Received: 02/24/26

PWS ID (From Page 1): 2544260 Sample Number (From Page 1): 670-81310-6 Lab Assigned Report # or Job ID: 670-81310-1

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

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

LAB CERTIFICATION

I, Kathryn Nordmark, Senior 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: 02/26/26

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

** Please provide radiological sample dates & locations for each quarter.

**CONFIRMATION & NOTIFICATION IS REQUIRED WITHIN 24 HRS FOR NITRATE OR NITRITE MCL EXCEEDANCES
NON-DETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" QUALIFIER. (Non-detects reported as "BDL" or with a "<" are not acceptable.)**

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

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

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

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

INORGANIC CONTAMINANTS
62-550.310(1)

Report Number / Job ID: 670-81310-1
PWS ID (From Page 1): 2544260

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Certification #
1030	Lead	0.015	mg/L	0.00024	U	200.8	0.00024	02/25/26	14:41	E83018

* Results must be reported with appropriate qualifiers in accordance with Florida Administrative Code Rule 62-160, Table 1. Results qualified with A, F, H, N, O, T, Z, ?, *, are unacceptable for compliance with 62-550. Results qualified with a J, Q, R, or Y must be accompanied by written justification and will be evaluated on a case by case basis. To avoid a monitoring violation, unacceptable results must be replaced with acceptable results from samples collected during the same monitoring period.

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

SECONDARY CONTAMINANTS
62-550.320

Report Number / Job ID: 670-81310-1
PWS ID (From Page 1): 2544260

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Certification #
1022	Copper	1	mg/L	0.00079	I	200.8	0.00064	02/25/26	14:41	E83018

* Results must be reported with appropriate qualifiers in accordance with Florida Administrative Code Rule 62-160, Table 1. Results qualified with A, F, H, N, O, T, Z, ?, *, are unacceptable for compliance with 62-550. Results qualified with a J, Q, R, or Y must be accompanied by written justification and will be evaluated on a case by case basis. To avoid a monitoring violation, unacceptable results must be replaced with acceptable results from samples collected during the same monitoring period.

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

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

System Name: R. C. WILLIS WTP (CITY OF PALATKA) PWS I.D. #: 2544260
System Type (check one): Community Nontransient Noncommunity Transient Noncommunity
Address: 320 NORTH MOODY RD
City: PALATKA ZIP Code: 32177
Phone #: (386)329-0144 Fax #: _____ E-Mail Address: MREGISTER@PALATKA-FL.GOV

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: 670-81310-7 Sample Date: 02/23/26 Sample Time: 08:45
Sample Location (be specific): PAL - 8 Location Code: _____
Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): _____ mg/L Field pH: _____

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

Reasons for Sample (Check all that apply)

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

Sampling Procedure Used or Other Comments: _____

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

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

SAMPLER CERTIFICATION

I, SHAWN BRUNEAU, superintendent, do HEREBY CERTIFY
(Print Name) (Print Title)

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

Signature: SHAWN BRUNEAU Date: 2/18/26
Certified Operator #: 0029081 Phone #: 386-329-0144 Sampler's Fax #: _____
Sampler's E-mail: SBRUNEAU@PALATKA-FL.GOV

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

LABORATORY CERTIFICATION INFORMATION (to be completed by lab - please type or print legibly)

Lab Name: Eurofins Orlando Florida DOH Certification #: E83018 Certification Expiration Date: 06/30/26

ATTACH CURRENT DOH ANALYTE SHEET*

Address: 481 Newburyport Avenue, Altamonte Springs, FL, 32701 Phone #: (407)339-5984

Were any analyses subcontracted? Yes No If yes, please provide DOH certification number(s) _____

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB*

ANALYSIS INFORMATION (to be completed by lab)

Date Sample(s) Received: 02/24/26

PWS ID (From Page 1): 2544260 Sample Number (From Page 1): 670-81310-7 Lab Assigned Report # or Job ID: 670-81310-1

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

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

LAB CERTIFICATION

I, Kathryn Nordmark, Senior 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: 02/26/26

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** Please provide radiological sample dates & locations for each quarter.

**CONFIRMATION & NOTIFICATION IS REQUIRED WITHIN 24 HRS FOR NITRATE OR NITRITE MCL EXCEEDANCES
NON-DETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" QUALIFIER. (Non-detects reported as "BDL" or with a "<" are not acceptable.)**

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

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

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

Florida Department of Environmental Protection

Safe Drinking Water Program Laboratory Reporting Format

INORGANIC CONTAMINANTS
62-550.310(1)

Report Number / Job ID: 670-81310-1
PWS ID (From Page 1): 2544260

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Certification #
1030	Lead	0.015	mg/L	0.00024	U	200.8	0.00024	02/25/26	14:47	E83018

* Results must be reported with appropriate qualifiers in accordance with Florida Administrative Code Rule 62-160, Table 1. Results qualified with A, F, H, N, O, T, Z, ?, *, are unacceptable for compliance with 62-550. Results qualified with a J, Q, R, or Y must be accompanied by written justification and will be evaluated on a case by case basis. To avoid a monitoring violation, unacceptable results must be replaced with acceptable results from samples collected during the same monitoring period.

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

SECONDARY CONTAMINANTS
62-550.320

Report Number / Job ID: 670-81310-1
PWS ID (From Page 1): 2544260

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Certification #
1022	Copper	1	mg/L	0.00064	U	200.8	0.00064	02/25/26	14:47	E83018

* Results must be reported with appropriate qualifiers in accordance with Florida Administrative Code Rule 62-160, Table 1. Results qualified with A, F, H, N, O, T, Z, ?, *, are unacceptable for compliance with 62-550. Results qualified with a J, Q, R, or Y must be accompanied by written justification and will be evaluated on a case by case basis. To avoid a monitoring violation, unacceptable results must be replaced with acceptable results from samples collected during the same monitoring period.

