Date/Project Description/Address:

Monthly Invoice for Drinking Water Sampling, Compliance and Analysis

Invoice#: 2025-05 | Sent: 06-03-2025

Routine Items for MAY - 2025

ITEM DESCRIPTION	QTY.	UNIT COST	TOTAL COST
Collect 6 Rounitine Bact Samples	1	$206.00	$206.00
Collect THM Samples	1	$206.00	$206.00
Compliance report prep and submission of Bact's	1	$63.00	$63.00
Compliance report prep and submission of DBPs	1	$63.00	$63.00
Compliance report prep and submission of MOR	1	$63.00	$63.00
Monthly Admin Fee - 15% of Annual Total Estimated Routine Tasks	1	$53.00	$53.00
		Total	$654.00

Contract Lab Services

Lab Project			TOTAL COST
35953029 - Bacts			$79.68
35956467 - THMs			$194.40
		Total	$274.08

As-Needed Tasks

ITEM DESCRIPTION			TOTAL COST
		Total	$0.00

REMIT TO:

City of Clearwater

Public Utilities - Water Production

1650 North Arcturas Avenue

Clearwater, FL 33765

TOTAL AMOUNT DUE **$928.08**

TOWN OF BELLEAIR
INC. 1925

901 PONCE DE LEON BOULEVARD
BELLEAIR, FLORIDA 33756-1096
PHONE (727) 588-3769
WWW.TOWNOFBELLEAIR.COM

June 1, 2025

Florida Department of Environmental Protection
Southwest District
13051 N. Telecom Parkway
Temple Terrace, FL 33637-0926

RE: Town of Belleair – I.D. #6520135
Subpart H MOR

Enclosed is the May 2025 Subpart H MOR for the Town of Belleair.

Samples were collected by authorized representatives from the City of Clearwater's Public Utilities Laboratory in accordance with the Town's sampling plans and were reviewed / prepared for submittal by licensed operators.

Sincerely,

Patricio (PJ) Tovar Jr.
Public Utilities Assistant Manager - City of Clearwater
Potable Water Production
Office: 727-444-8841
Cell: 727-316-0049

On behalf of,

Ryan Womack
Public Works Superintendent – Town of Belleair
Town of Belleair, FL
Cell: 727-804-1895
Office: 727-588-3769 x402

MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT RECEIVE PURCHASED FINISHED WATER FROM A SUBPART H SYSTEM

See Page 2 for Instructions.

	May 2025			
System Name: Town of Belleair			PWS Identification Number: 6520135	
System Type: **X Community**	☐ Non-Transient Non-Community	☐ Transient Non-Community		
Number of Service Connections at End of Month: 1,587			Total Population Served at End of Month: 5,299	
System Owner: Town of Belleair				
Contact Person: Fred Hemerick			Contact Person's Title: Water & Wastewater Collections Manager	
Contact Person's Mailing Address: 1650 N. Arcturas Ave		City: Clearwater	State: FL	Zip Code: 33765
Contact Person's E-Mail Address: Fred.Hemerick@myclearwater.com			Contact Person's Telephone Number: 727-562-4960	

I, the undersigned lead/chief operator or authorized representative of this consecutive system, certify that the information provided in this report is true and accurate to the best of my knowledge and belief.

Signature and Date	Patricio Tovar JR.	DW A-0028388
	Printed or Typed Name	License Number or Title

II. Daily Distribution System Disinfectant Residual Data for the Month/Year of: March 2025

Type of Disinfectant Residual Maintained in Distribution System: Free Chlorine **X Combined Chlorine (Chloramines)**

Day of the Month	a = No. of Sites Where Disinfectant Residual Was Measured	b = No. of Sites Where Disinfectant Residual Not Measured but HPC Measured	c = No. of Sites Where Disinfectant Residual Not Detected and HPC Not Measured	d = No. of Sites Where Disinfectant Residual Not Detected and HPC > 500/mL	e = No. of Sites Where Disinfectant Residual Not Measured and HPC > 500/mL	Day of the Month	a = No. of Sites Where Disinfectant Residual Was Measured	b = No. of Sites Where Disinfectant Residual Not Measured but HPC Measured	c = No. of Sites Where Disinfectant Residual Not Detected and HPC Not Measured	d = No. of Sites Where Disinfectant Residual Not Detected and HPC > 500/mL	e = No. of Sites Where Disinfectant Residual Not Measured and HPC > 500/mL
1	0	0	0	0	0	17	0	0	0	0	0
2	0	0	0	0	0	18	0	0	0	0	0
3	0	0	0	0	0	19	0	0	0	0	0
4	0	0	0	0	0	20	0	0	0	0	0
5	5	0	0	0	0	21	0	0	0	0	0
6	0	0	0	0	0	22	0	0	0	0	0
7	0	0	0	0	0	23	0	0	0	0	0
8	0	0	0	0	0	24	0	0	0	0	0
9	0	0	0	0	0	25	0	0	0	0	0
10	0	0	0	0	0	26	0	0	0	0	0
11	0	0	0	0	0	27	0	0	0	0	0
12	0	0	0	0	0	28	0	0	0	0	0
13	0	0	0	0	0	29	0	0	0	0	0
14	0	0	0	0	0	30	0	0	0	0	0
15	0	0	0	0	0	31	0	0	0	0	0
16	0	0	0	0	0	Total	6	0	0	0	0

V = percentage of samples in which disinfectant residual is undetectable = (c+d+e)/(a+b) x 100 = 0 %

For previous month, V = 0%

MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT RECEIVE PURCHASED FINISHED WATER ORIGINATING FROM A SUBPART H SYSTEM

INSTRUCTIONS: This form shall be completed and submitted by consecutive systems that receive purchased finished water originating from a subpart H system. WITHIN TEN DAYS AFTER THE END OF EACH MONTH, complete this form and submit it to the appropriate Department of Environmental Protection District Office or appropriate Approved County Health Department. All information provided on this form shall be typed or printed in ink.

The following specific instructions are for the table in Part II of this Form.

Residual disinfectant measurements shall be taken in the distribution system at the same sites where, and at the same times when, total coliform samples are taken. Additional residual disinfectant measurements and/or heterotrophic plate count (HPC) measurements may be taken in the distribution system at other sites and/or at other times. For each day that residual disinfectant measurements and/or HPC measurements are taken in the distribution system, enter the following information: (a) the total number of sites where the disinfectant residual was measured; (b) the total number of sites where the disinfectant residual was not measured but HPC was measured; (c) the total number of sites where the disinfectant residual was measured but not detected and HPC was not measured; (d) the total number of sites where the disinfectant residual was measured but not detected and HPC was greater than 500/mL; and (e) the total number of sites where the disinfectant residual was not measured and HPC was greater than 500/mL. Compute and enter the totals for a, b, c, d, and e for the month. Compute and enter V for the month. In addition, enter V for the previous month.

TOWN OF BELLEAIR INC. 1925

901 PONCE DE LEON BOULEVARD
BELLEAIR, FLORIDA 33756-1096
PHONE (727) 588-3769
WWW.TOWNOFBELLEAIR.COM

June 1,2025

Florida Department of Environmental Protection
Southwest District
13051 N. Telecom Parkway
Temple Terrace, FL 33637-0926

RE: Town of Belleair – I.D. #6520135
Quarterly Stage two DBPs

Enclosed are the Quarterly DBP results for the 2nd quarter of 2025 for the Town of Belleair, for your review.

The DBP levels are both below the Maximum Contaminant Level (MCL).

Note: The City of Clearwater is assisting the Town of Belleair with the sampling of potable water. Based on the information provided, we have entered the relevant data. Our research indicates that the Town of Belleair may have previously conducted THM sampling on an annual basis. Moving forward, under the agreement between the City of Clearwater (COC) and the Town of Belleair (TOB), we will conduct quarterly water samples. We will ensure that the quarterly sampling results are recorded on Form 62-550.822 and will maintain this practice going forward.

If you require any further information, please feel free to contact me at 727-444-8841.

Regards,

Patricio (PJ) Tovar Jr.
Water Production Assistant Manager, Public Utilities COC

Attachments
Pc: Fred Hemerick, Water Production Manager COC
Ryan Womack Public Works Superintendent TOB

STAGE 2 TOTAL TRIHALOMETHANES (TTHM) AND HALOACETIC ACIDS FIVE (HAA5) EXAMPLE REPORTING FORMAT

Subpart H systems serving 500 or more persons and ground water systems serving 10,000 or more persons shall complete applicable pages of this format and submit them to the Department within 10 days after the end of any quarter in which TTHM/HAA5 monitoring is required. Systems on routine or reduced quarterly TTHM/HAA5 monitoring shall complete pages 1, 2, and 3 of this format. (Add additional rows to the tables on pages 2 and 3 as necessary.) Systems on reduced annual TTHM/HAA5 monitoring shall complete pages 1 and 4 of this format. Additionally, Subpart H systems seeking to qualify for, or remain on, reduced quarterly or annual TTHM/HAA5 monitoring shall complete page 5 of this format. (Add additional rows to the table on page 5 as necessary.)

D/DBPR = Disinfectant and Disinfection Byproducts Rule; LRAA = locational running annual average; MCL = maximum contaminant level; OE = operational evaluation; RAA = running annual average; TOC = total organic carbon.

QUARTERLY MONITORING PERIOD*: 2nd Quarter 2025

*Indicate the quarterly monitoring period by months and year (e.g., April-June 2012).

SYSTEM INFORMATION

PWS ID Number: 6520135

PWS Name: Town of Belleair

Source Water Type and Population Size Category:

- ☑ Ground Water:
  - ☐ 10,000 – 99,999
  - ☐ 100,000 – 499,999
  - ☐ ≥ 500,000
- ☐ Subpart H:
  - ☐ 500 – 3,300
  - ☑ 3,301 – 9,999
  - ☐ 10,000 – 49,999
  - ☐ 50,000 – 249,999
  - ☐ 250,000 – 999,999
  - ☐ 1,000,000 – 4,999,999
  - ☐ ≥ 5,000,000

Monitoring Mode*: Routine Monitoring ☑ Reduced Monitoring ☐

Monitoring Frequency*: Quarterly ☑ Annually ☐

Total Number Of Distribution System Monitoring Locations*: 2

Contact Person: Patricio (PJ) Tovar Jr.

Phone Number: 727-444-8841

E-Mail Address (optional): Patricio.Tovar@myclearwater.com

Fax Number (optional):

* See 40 CFR 141.621 and 141.623 for more details.

QUARTERLY MONITORING PERIOD: 1st Quarter 2025 PWS ID Number: 6520135

TTHM COMPLIANCE SUMMARY FOR SYSTEMS MONITORING QUARTERLY

Monitoring Location*	DOH Lab Certification No.	This Quarter				Previous Quarter	2 Quarters Ago	3 Quarters Ago	TTHM LRAA** (µg/L)	TTHM OE Value*** (µg/L)
		No. of TTHM Samples Taken	Date Each TTHM Sample Taken (mo/da/yr)	TTHM Sample Result (µg/L)	TTHM Locational Quarterly Average (µg/L) A	TTHM Locational Quarterly Average (µg/L) B	TTHM Locational Quarterly Average (µg/L) C	TTHM Locational Quarterly Average (µg/L) D	(A+B+C+D)/4	(2A+B+C)/4
Sunset Bay Dr.	E83079	1	05/19/2025	39.5	39.5	29.5			17.25	27.125
Bayview Dr. at Sarasota Rd	E83079	1	05/19/2025	42.7	42.7	30.6			18.325000000000003	29
									0	0
									0	0
									0	0
									0	0
									0	0
									0	0
									0	0
									0	0
									0	0
									0	0

Does the TTHM LRAA at any monitoring location violate the TTHM MCL of 80 µg/L? (YES/NO)	Yes ☐ No ☑
Does the TTHM OE value at any monitoring location exceed 80 µg/L? (YES/NO)****	Yes ☐ No ☑
If you are on reduced quarterly monitoring, does the TTHM LRAA exceed 40 µg/L at any monitoring location?	Yes ☐ No ☐ N/A ☑

* Location names or numbers should correspond to those in your Stage 2 D/DBPR compliance monitoring plan required under 40 CFR 141.622.

** Calculate and enter the LRAA beginning at the end of the fourth quarter of Stage 2 monitoring and at the end of each subsequent quarter. Also, if the LRAA calculated based on fewer than four quarters of data would cause the MCL to be exceeded regardless of the monitoring results of subsequent quarters, calculate and enter the LRAA (using zero for the results of subsequent quarters).

*** Calculate the OE value beginning at the end of the third quarter of Stage 2 monitoring and at the end of each subsequent quarter. Enter the OE value if it exceeds 80 µg/L.

**** If any TTHM OE value at any location exceeds 80 µg/L, conduct an OE and submit an OE report in accordance with 40 CFR 141.626.

***** If any TTHM LRAA at any location exceeds 40 µg/L, resume routine quarterly monitoring under 40 CFR 141.621.

QUARTERLY MONITORING PERIOD: 1st Quarter 2025 PWS ID Number: 6520135

HAA5 COMPLIANCE SUMMARY FOR SYSTEMS MONITORING QUARTERLY

Monitoring Location*	DOH Lab Certification No.	This Quarter: No. of HAA5 Samples Taken	This Quarter: Date Each HAA5 Sample Taken (mo/da/yr)	This Quarter: HAA5 Sample Result (µg/L)	This Quarter: HAA5 Locational Quarterly Average (µg/L) A	Previous Quarter: HAA5 Locational Quarterly Average (µg/L) B	2 Quarters Ago: HAA5 Locational Quarterly Average (µg/L) C	3 Quarters Ago: HAA5 Locational Quarterly Average (µg/L) D	HAA5 LRAA** (µg/L) (A+B+C+D)/4	HAA5 OE Value*** (µg/L) (2A+B+C)/4
Sunset Bay Dr.	E83079	1	05/19/2025	22.4	22.4	18.0			10.1	15.7
Bayview Dr. at Sarasota Rd	E83079	1	05/19/2025	22.9	22.9	17.9			10.2	15.924999999999999
									0	0
									0	0
									0	0
									0	0
									0	0
									0	0
									0	0
									0	0
									0	0

Does the HAA5 LRAA at any monitoring location violate the HAA5 MCL of 60 µg/L?	Yes ☐	No ☑
Does the HAA5 OE value at any monitoring location exceed 60 µg/L?	Yes ☐	No ☑
If you are on reduced quarterly monitoring, does the HAA5 LRAA exceed 30 µg/L at any monitoring location?	Yes ☐ No ☐	N/A ☑

* Location names or numbers should correspond to those in your Stage 2 D/DBPR compliance monitoring plan required under 40 CFR 141.622.

** Calculate and enter the LRAA beginning at the end of the fourth quarter of Stage 2 monitoring and at the end of each subsequent quarter. Also, if the LRAA calculated based on fewer than four quarters of data would cause the MCL to be exceeded regardless of the monitoring results of subsequent quarters, calculate and enter the LRAA (using zero for the results of subsequent quarters).

*** Calculate the OE value beginning at the end of the third quarter of Stage 2 monitoring and at the end of each subsequent quarter. Enter the OE value if it exceeds 60 µg/L.

**** If any HAA5 OE value at any location exceeds 60 µg/L, you must conduct an OE and submit an OE report in accordance with 40 CFR 141.626.

***** If any HAA5 LRAA at any location exceeds 30 µg/L, you must resume routine quarterly monitoring under 40 CFR 141.621.

QUARTERLY MONITORING PERIOD:

PWS ID Number:

TTHM/HAA5 COMPLIANCE SUMMARY FOR SYSTEMS MONITORING ANNUALLY					
Monitoring Location*	**DOH Lab Certification No.**	**TTHM**		**HAA5**	
		Date TTHM Sample Taken (mo/da/yr)	TTHM Result** (µg/L)	Date HAA5 Sample Taken (mo/da/yr)	HAA5 Result** (µg/L)
		Does any sample result at any location exceed 60 µg/L for TTHM? (YES/NO)***	Yes ☐ No ☐	Does any sample result at any location exceed 45 µg/L for HAA5? (YES/NO)***	Yes ☐ No ☐

* Location names or numbers should correspond to those in your Stage 2 D/DBPR compliance monitoring plan required under 40 CFR 141.622.

** If no TTHM sample exceeds the TTHM MCL of 80 µg/L and no HAA5 sample exceeds the HAA5 MCL of 60 µg/L, the sample result for each monitoring location is considered the LRAA for that monitoring location.

*** If any sample result at any location exceeds either 60 µg/L for TTHM or 45 µg/L for HAA5, you must resume routine quarterly monitoring under 40 CFR 141.621.

PWS ID Number:

QUARTERLY MONITORING PERIOD:

SOURCE WATER TOC COMPLIANCE SUMMARY FOR SUBPART H SYSTEMS SEEKING TO QUALIFY FOR, OR REMAIN ON, REDUCED TTHM/HAA5 MONITORING*

Treatment Plant**	DOH Lab Certification No.	This Quarter						Previous Quarter	2 Quarters Ago	3 Quarters Ago	Source Water TOC RAA (mg/L)
		Month	No. of Source Water TOC Samples Taken Each Month	Date Each Source Water TOC Sample Taken (mo/da/yr)	Source Water TOC Sample Result (mg/L)	Source Water TOC Monthly Average (mg/L)	Source Water TOC Quarterly Average of Monthly Averages (mg/L)	Source Water TOC Quarterly Average (mg/L)	Source Water TOC Quarterly Average (mg/L)	Source Water TOC Quarterly Average (mg/L)	
							A	B	C	D	(A+B+C+D)/4
											0
											0

Does any source water TOC RAA at any listed treatment plant exceed 4.0 mg/L? Yes ☐ No ☐

* Subpart H wholesale systems that treat surface water, including ground water determined by the Department to be under the direct influence of surface water, and that qualify for reduced TTHM/HAA5 monitoring based on the source water TOC RAAs at their treatment plants should provide their source water TOC compliance information to their consecutive systems. Subpart H consecutive systems should obtain source water TOC compliance information from their wholesale systems that treat surface water.

** List each treatment plant treating surface water, including ground water determined by the Department to be under the direct influence of surface water, and delivering some or all of that treated surface water to the system completing and submitting this format.

*** If any source water TOC RAA at any listed treatment plant exceeds 4.0 mg/L, the system completing and submitting this format does not qualify for reduced TTHM/HAA5 monitoring (nor does any other system receiving some or all of its water from that plant).

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: Town of Belleair WTP PWS I.D. #: 6520135

System Type (check one): [X] Community [ ] Non-transient Non-community [ ] Transient Non-community

Address: 901 Ponce De Leon Blvd.

City: Clearwater, FL ZIP Code: 33756

Phone # 7275883769 Fax #: E-Mail Address:

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: 35956467001 Sample Date: 5/19/2025 Sample Time: 12:07 AM (PM) (Circle One)

Sample Location (be specific): Sunset Bay Dr. Location Code:

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): 2.8 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)
- [X] Max Residence Time
- [ ] Ave Residence Time
- [ ] Near First Customer

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

- [X] Routine Compliance with 62-550
- [ ] Confirmation of MCL Exceedance*
- [ ] Confirmation 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, Patricio Tovar JR (Print Name), Asst. Water Production Manager (Print Title), do HEREBY CERTIFY that the above public water system and sample collection information is complete and correct.

Signature: Date: 5/30/25

Certified Operator #: 0028388 Phone #: 727-444-8841 Sampler's Fax #:

Sampler's E-mail: Patricio.Tovar@myclearwater.com

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: Pace Analytical Services, LLC Florida DOH Certification #: E83079 Certification Expiration Date: 6/30/2025

ATTACH CURRENT DOH ANALYTE SHEET*

Address: 8 East Tower Circle, Ormond Beach, FL 32174 Phone # (386) 672-5668

Were any analyses subcontracted? ☐ Yes ☒ No If yes, please provide DOH certification numbers(s): _____

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB*

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 5/19/2025

PWS ID (From Page1): 6520135 Sample Number (From Page1): 35956467001 Lab Assigned Report # or Job ID: 35956467001

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

Inorganics	Synthetic Organics	Volatile Organics	Disinfection Byproducts	Radionuclides	Secondaries
☐ All Except Asbestos	☐ All 30	☐ All 21	☒ Trihalomethanes	☐ Single Sample	☐ All 14
☐ Partial	☐ All Except Dioxin	☐ Partial	☒ Haloacetic Acids	☐ Qtrly Composite**	☐ Partial
☐ Nitrate	☐ Partial		☐ Chlorite		
☐ Nitrite	☐ Dioxin Only		☐ Bromate		
☐ Asbestos					

LAB CERTIFICATION

I, Chelsea Gagne (Print Name), Project Manager (Print Title), do HEREBY CERTIFY

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

Signature: _____ Date: 05/29/2025

* 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 failture 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

DISINFECTION BYPRODUCTS
62-550.310(3)

Report Number / Job ID: 35956467001
Disinfect Residual (mg/L): 2.8
PWS ID (From Page 1): 6520135

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Regulatory MRL**	Analysis Date	Analysis Time	DOH Lab Certification #
1009	Chlorite	1000	ug/L					20***			
1011	Bromate	10	ug/L					5.0 or 1.0****			

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Regulatory MRL**	Analysis Date	Analysis Time	DOH Lab Certification #
2450	Monochloroacetic Acid	N/A	ug/L	0.90	U	EPA 552.3	0.90	2.0	05/28/2025	13:24	E83079
2451	Dichloroacetic Acid	N/A	ug/L	11.8		EPA 552.3	0.39	1.0	05/28/2025	13:24	E83079
2452	Trichloroacetic Acid	N/A	ug/L	8.7		EPA 552.3	0.40	1.0	05/28/2025	13:24	E83079
2453	Monobromoacetic Acid	N/A	ug/L	0.46	U	EPA 552.3	0.46	1.0	05/28/2025	13:24	E83079
2454	Dibromoacetic Acid	N/A	ug/L	1.9		EPA 552.3	0.43	1.0	05/28/2025	13:24	E83079
2456	Total Haloacetic Acids (HAA5)	60	ug/L	22.4		EPA 552.3	0.90	---	05/28/2025	13:24	E83079

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Regulatory MRL**	Analysis Date	Analysis Time	DOH Lab Certification #
2941	Chloroform	N/A	ug/L	28.3		EPA 524.2	0.75	1.0	05/25/2025	00:41	E83079
2942	Bromoform	N/A	ug/L	1.3		EPA 524.2	0.48	1.0	05/25/2025	00:41	E83079
2943	Bromodichloromethane	N/A	ug/L	6.8		EPA 524.2	0.50	1.0	05/25/2025	00:41	E83079
2944	Dibromochloromethane	N/A	ug/L	3.1		EPA 524.2	0.47	1.0	05/25/2025	00:41	E83079
2950	Total Trihalomethanes (TTHM)	80	ug/L	39.5		EPA 524.2	0.75	---	05/25/2025	00:41	E83079

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

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

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

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

*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: Town of Belleair WTP PWS I.D. #: 6520135

System Type (check one): [X] Community [ ] Non-transient Non-community [ ] Transient Non-community

Address: 901 Ponce De Leon Blvd.

City: Clearwater, FL ZIP Code: 33756

Phone # 7275883769 Fax #: E-Mail Address:

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: 35956467002 Sample Date: 5/19/2025 Sample Time: 12:29 AM (PM) (Circle One)

Sample Location (be specific): Bayview Dr. & Sarasota Rd. Location Code:

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): 1.6 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)
- [X] Max Residence Time
- [ ] Ave Residence Time
- [ ] Near First Customer

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

- [X] Routine Compliance with 62-550
- [ ] Confirmation of MCL Exceedance*
- [ ] Confirmation 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, PATRICIO TOVAR JR (Print Name), ASST WATER PRODUCTION MANAGER (Print Title), do HEREBY CERTIFY that the above public water system and sample collection information is complete and correct.

Signature: Date: 5/30/25

Certified Operator #: 0028388 Phone #: 727.444.8841 Sampler's Fax #:

Sampler's E-mail: PATRICIO.TOVAR@MYCLEARWATER.COM

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: Pace Analytical Services, LLC Florida DOH Certification #: E83079 Certification Expiration Date: 6/30/2025

ATTACH CURRENT DOH ANALYTE SHEET*

Address: 8 East Tower Circle, Ormond Beach, FL 32174 Phone # (386) 672-5668

Were any analyses subcontracted? ☐ Yes ☒ No If yes, please provide DOH certification numbers(s): _____

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB*

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 5/19/2025

PWS ID (From Page1): 6520135 Sample Number (From Page1): 35956467002 Lab Assigned Report # or Job ID: 35956467002

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

Inorganics	Synthetic Organics	Volatile Organics	Disinfection Byproducts	Radionuclides	Secondaries
☐ All Except Asbestos	☐ All 30	☐ All 21	☒ Trihalomethanes	☐ Single Sample	☐ All 14
☐ Partial	☐ All Except Dioxin	☐ Partial	☒ Haloacetic Acids	☐ Qtrly Composite**	☐ Partial
☐ Nitrate	☐ Partial		☐ Chlorite		
☐ Nitrite	☐ Dioxin Only		☐ Bromate		
☐ Asbestos					

LAB CERTIFICATION

I, Chelsea Gagne (Print Name), Project Manager (Print Title), do HEREBY CERTIFY

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

Signature: _____ Date: 05/29/2025

* 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 failture 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

DISINFECTION BYPRODUCTS
62-550.310(3)

Report Number / Job ID: 35956467002
Disinfect Residual (mg/L): 1.6
PWS ID (From Page 1): 6520135

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Regulatory MRL**	Analysis Date	Analysis Time	DOH Lab Certification #
1009	Chlorite	1000	ug/L					20***			
1011	Bromate	10	ug/L					5.0 or 1.0****			

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Regulatory MRL**	Analysis Date	Analysis Time	DOH Lab Certification #
2450	Monochloroacetic Acid	N/A	ug/L	0.90	U	EPA 552.3	0.90	2.0	05/28/2025	14:37	E83079
2451	Dichloroacetic Acid	N/A	ug/L	12.5		EPA 552.3	0.39	1.0	05/28/2025	14:37	E83079
2452	Trichloroacetic Acid	N/A	ug/L	8.4		EPA 552.3	0.40	1.0	05/28/2025	14:37	E83079
2453	Monobromoacetic Acid	N/A	ug/L	0.46	U	EPA 552.3	0.46	1.0	05/28/2025	14:37	E83079
2454	Dibromoacetic Acid	N/A	ug/L	2.0		EPA 552.3	0.43	1.0	05/28/2025	14:37	E83079
2456	Total Haloacetic Acids (HAA5)	60	ug/L	22.9		EPA 552.3	0.90	---	05/28/2025	14:37	E83079

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Regulatory MRL**	Analysis Date	Analysis Time	DOH Lab Certification #
2941	Chloroform	N/A	ug/L	30.4		EPA 524.2	0.75	1.0	05/25/2025	01:04	E83079
2942	Bromoform	N/A	ug/L	1.5		EPA 524.2	0.48	1.0	05/25/2025	01:04	E83079
2943	Bromodichloromethane	N/A	ug/L	7.4		EPA 524.2	0.50	1.0	05/25/2025	01:04	E83079
2944	Dibromochloromethane	N/A	ug/L	3.4		EPA 524.2	0.47	1.0	05/25/2025	01:04	E83079
2950	Total Trihalomethanes (TTHM)	80	ug/L	42.7		EPA 524.2	0.75	---	05/25/2025	01:04	E83079

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

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

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

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

*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.

Pace Analytical Services, LLC
110 South Bayview Blvd.
Oldsmar , FL 34677
(813)881-9401

May 29, 2025

Fred Hemerick
City of Clearwater Water Department
1650 N. Arcturas Ave.
Clearwater, FL 33765

RE: Project: Town of Belleair Stage II DBPs
Pace Project No.: 35956467

Dear Fred Hemerick:

Enclosed are the analytical results for sample(s) received by the laboratory on May 19, 2025. The results relate only to the samples included in this report. Results reported herein conform to the applicable TNI/NELAC Standards and the laboratory's Quality Manual, where applicable, unless otherwise noted in the body of the report.

The test results provided in this final report were generated by each of the following laboratories within the Pace Network:

- Pace Analytical Services - Ormond Beach

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

Sincerely,

Chelsea Gagne
chelsea.gagne@pacelabs.com
813-855-1844
Project Manager

Enclosures

cc: Bryant Blair, City of Clearwater Water Department
Nathaniel Bowne, City of Clearwater Water Department
Emily Davis, City of Clearwater Water Department
Michael Flanigan, City of Clearwater Public Utilities
Christina Goodrich, City of Clearwater
Doniela Prifti, City of Clearwater
Travis Teuber, City of Clearwater
Patricio Tovar, City of Clearwater Water Department

Pace Analytical Services, LLC
110 South Bayview Blvd.
Oldsmar , FL 34677
(813)881-9401

CERTIFICATIONS

Project: Town of Belleair Stage II DBPs
Pace Project No.: 35956467

Pace Analytical Services Ormond Beach
8 East Tower Circle, Ormond Beach, FL 32174
Alaska DEC- CS/UST/LUST
Alabama Certification #: 41320
California Certification# 3096
Colorado Certification: FL NELAC Reciprocity
Connecticut Certification #: PH-0216
Delaware Certification: FL NELAC Reciprocity
DoD-ANAB #:ADE-3199
Florida Certification #: E83079
Georgia Certification #: 955
Guam Certification: FL NELAC Reciprocity
Hawaii Certification: FL NELAC Reciprocity
Illinois Certification #: 200068
Indiana Certification: FL NELAC Reciprocity
Kansas Certification #: E-10383
Kentucky Certification #: 90050
Louisiana Certification #: FL NELAC Reciprocity
Louisiana Environmental Certificate #: 05007
Maine Certification #: FL01264
Maryland Certification: #346
Massachusetts Certification #: M-FL1264
Michigan Certification #: 9911
Mississippi Certification: FL NELAC Reciprocity
Missouri Certification #: 236
Montana Certification #: Cert 0074
Nebraska Certification: NE-OS-28-14
Nevada Certification: FL NELAC Reciprocity
New Hampshire Certification #: 2958
New Jersey Certification #: FL022
New York Certification #: 11608
North Carolina Environmental Certificate #: 667
North Carolina Certification #: 12710
North Dakota Certification #: R-216
Ohio DEP 87780
Oklahoma Certification #: D9947
Pennsylvania Certification #: 68-00547
Puerto Rico Certification #: FL01264
South Carolina Certification: #96042001
Tennessee Certification #: TN02974
Texas Certification: FL NELAC Reciprocity
US Virgin Islands Certification: FL NELAC Reciprocity
Utah FL NELAC Reciprocity
Utah
Virginia Environmental Certification #: 460165
West Virginia Certification #: 9962C
Wisconsin Certification #: 399079670
Wyoming (EPA Region 8): FL NELAC Reciprocity

Pace Analytical Services, LLC
110 South Bayview Blvd.
Oldsmar , FL 34677
(813)881-9401

SAMPLE SUMMARY

Project: Town of Belleair Stage II DBPs
Pace Project No.: 35956467

Lab ID	Sample ID	Matrix	Date Collected	Date Received
35956467001	**Sunset Bay Dr.**	Drinking Water	05/19/25 12:07	05/19/25 13:14
35956467002	**Bayview Dr. & Sarasota Rd.**	Drinking Water	05/19/25 12:29	05/19/25 13:14

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SAMPLE ANALYTE COUNT

Project: Town of Belleair Stage II DBPs
Pace Project No.: 35956467

Lab ID	Sample ID	Method	Analysts	Analytes Reported	Laboratory
35956467001	**Sunset Bay Dr.**	EPA 552.3	SCL	7	PASI-O
		EPA 524.2	AST	8	PASI-O
35956467002	**Bayview Dr. & Sarasota Rd.**	EPA 552.3	SCL	7	PASI-O
		EPA 524.2	AST	8	PASI-O

PASI-O = Pace Analytical Services - Ormond Beach

Pace Analytical Services, LLC
110 South Bayview Blvd.
Oldsmar , FL 34677
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ANALYTICAL RESULTS

Project: Town of Belleair Stage II DBPs
Pace Project No.: 35956467

Sample: Sunset Bay Dr. **Lab ID: 35956467001** Collected: 05/19/25 12:07 Received: 05/19/25 13:14 Matrix: Drinking Water

Parameters	Results	Units	PQL	MDL	DF	Prepared	Analyzed	CAS No.	Qual
552.3 Haloacetic Acids	Analytical Method: EPA 552.3 Preparation Method: EPA 552.3 Pace Analytical Services - Ormond Beach								
Dibromoacetic Acid	**1.9**	ug/L	1.0	0.43	1	05/27/25 17:31	05/28/25 13:24	631-64-1	
Dichloroacetic Acid	**11.8**	ug/L	1.0	0.39	1	05/27/25 17:31	05/28/25 13:24	79-43-6	
Haloacetic Acids (Total)	**22.4**	ug/L	1.0	0.90	1	05/27/25 17:31	05/28/25 13:24		
Monobromoacetic Acid	**0.46 U**	ug/L	1.0	0.46	1	05/27/25 17:31	05/28/25 13:24	79-08-3	
Monochloroacetic Acid	**0.90 U**	ug/L	1.0	0.90	1	05/27/25 17:31	05/28/25 13:24	79-11-8	
Trichloroacetic Acid	**8.7**	ug/L	1.0	0.40	1	05/27/25 17:31	05/28/25 13:24	76-03-9	
Surrogates									
2,3-Dibromopropanoic Acid (S)	74	%	70-130		1	05/27/25 17:31	05/28/25 13:24	600-05-5	
524.2 THM	Analytical Method: EPA 524.2 Pace Analytical Services - Ormond Beach								
Bromodichloromethane	**6.8**	ug/L	1.0	0.50	1		05/25/25 00:41	75-27-4	
Bromoform	**1.3**	ug/L	1.0	0.48	1		05/25/25 00:41	75-25-2	
Chloroform	**28.3**	ug/L	1.0	0.75	1		05/25/25 00:41	67-66-3	
Dibromochloromethane	**3.1**	ug/L	1.0	0.47	1		05/25/25 00:41	124-48-1	
Total Trihalomethanes (Calc.)	**39.5**	ug/L	1.0	0.75	1		05/25/25 00:41		
Surrogates									
4-Bromofluorobenzene (S)	103	%	70-130		1		05/25/25 00:41	460-00-4	
Toluene-d8 (S)	99	%	70-130		1		05/25/25 00:41	2037-26-5	
1,2-Dichlorobenzene-d4 (S)	100	%	70-130		1		05/25/25 00:41	2199-69-1	

Sample: Bayview Dr. & Sarasota Rd. **Lab ID: 35956467002** Collected: 05/19/25 12:29 Received: 05/19/25 13:14 Matrix: Drinking Water

Parameters	Results	Units	PQL	MDL	DF	Prepared	Analyzed	CAS No.	Qual
552.3 Haloacetic Acids	Analytical Method: EPA 552.3 Preparation Method: EPA 552.3 Pace Analytical Services - Ormond Beach								
Dibromoacetic Acid	**2.0**	ug/L	1.0	0.43	1	05/27/25 17:31	05/28/25 14:37	631-64-1	
Dichloroacetic Acid	**12.5**	ug/L	1.0	0.39	1	05/27/25 17:31	05/28/25 14:37	79-43-6	
Haloacetic Acids (Total)	**22.9**	ug/L	1.0	0.90	1	05/27/25 17:31	05/28/25 14:37		
Monobromoacetic Acid	**0.46 U**	ug/L	1.0	0.46	1	05/27/25 17:31	05/28/25 14:37	79-08-3	
Monochloroacetic Acid	**0.90 U**	ug/L	1.0	0.90	1	05/27/25 17:31	05/28/25 14:37	79-11-8	
Trichloroacetic Acid	**8.4**	ug/L	1.0	0.40	1	05/27/25 17:31	05/28/25 14:37	76-03-9	
Surrogates									
2,3-Dibromopropanoic Acid (S)	87	%	70-130		1	05/27/25 17:31	05/28/25 14:37	600-05-5	
524.2 THM	Analytical Method: EPA 524.2 Pace Analytical Services - Ormond Beach								
Bromodichloromethane	**7.4**	ug/L	1.0	0.50	1		05/25/25 01:04	75-27-4	
Bromoform	**1.5**	ug/L	1.0	0.48	1		05/25/25 01:04	75-25-2	
Chloroform	**30.4**	ug/L	1.0	0.75	1		05/25/25 01:04	67-66-3	
Dibromochloromethane	**3.4**	ug/L	1.0	0.47	1		05/25/25 01:04	124-48-1	
Total Trihalomethanes (Calc.)	**42.7**	ug/L	1.0	0.75	1		05/25/25 01:04		

REPORT OF LABORATORY ANALYSIS

Pace Analytical Services, LLC
110 South Bayview Blvd.
Oldsmar , FL 34677
(813)881-9401

ANALYTICAL RESULTS

Project: Town of Belleair Stage II DBPs
Pace Project No.: 35956467

Sample: Bayview Dr. & Sarasota Rd. **Lab ID: 35956467002** Collected: 05/19/25 12:29 Received: 05/19/25 13:14 Matrix: Drinking Water

Parameters	Results	Units	PQL	MDL	DF	Prepared	Analyzed	CAS No.	Qual
524.2 THM	Analytical Method: EPA 524.2 Pace Analytical Services - Ormond Beach								
Surrogates									
4-Bromofluorobenzene (S)	102	%	70-130		1		05/25/25 01:04	460-00-4	
Toluene-d8 (S)	98	%	70-130		1		05/25/25 01:04	2037-26-5	
1,2-Dichlorobenzene-d4 (S)	99	%	70-130		1		05/25/25 01:04	2199-69-1	

REPORT OF LABORATORY ANALYSIS

Pace Analytical Services, LLC
110 South Bayview Blvd.
Oldsmar , FL 34677
(813)881-9401

QUALITY CONTROL DATA

Project: Town of Belleair Stage II DBPs
Pace Project No.: 35956467

QC Batch: 1101038
QC Batch Method: EPA 524.2
Analysis Method: EPA 524.2
Analysis Description: 524.2 THM MSV
Laboratory: Pace Analytical Services - Ormond Beach
Associated Lab Samples: 35956467001, 35956467002

METHOD BLANK: 6040335 Matrix: Water
Associated Lab Samples: 35956467001, 35956467002

Parameter	Units	Blank Result	Reporting Limit	MDL	Analyzed	Qualifiers
Bromodichloromethane	ug/L	0.50 U	1.0	0.50	05/24/25 23:29	
Bromoform	ug/L	0.48 U	1.0	0.48	05/24/25 23:29	
Chloroform	ug/L	0.75 U	1.0	0.75	05/24/25 23:29	
Dibromochloromethane	ug/L	0.47 U	1.0	0.47	05/24/25 23:29	
Total Trihalomethanes (Calc.)	ug/L	0.75 U	1.0	0.75	05/24/25 23:29	
1,2-Dichlorobenzene-d4 (S)	%	101	70-130		05/24/25 23:29	
4-Bromofluorobenzene (S)	%	103	70-130		05/24/25 23:29	
Toluene-d8 (S)	%	99	70-130		05/24/25 23:29	

LABORATORY CONTROL SAMPLE & LCSD: 6040336 6040337

Parameter	Units	Spike Conc.	LCS Result	LCSD Result	LCS % Rec	LCSD % Rec	% Rec Limits	RPD	Max RPD	Qualifiers
Bromodichloromethane	ug/L	40	41.1	41.3	103	103	70-130	1	20	
Bromoform	ug/L	40	49.7	48.3	124	121	70-130	3	20	
Chloroform	ug/L	40	42.2	41.9	106	105	70-130	1	20	
Dibromochloromethane	ug/L	40	46.3	44.9	116	112	70-130	3	20	
Total Trihalomethanes (Calc.)	ug/L	160	179	176	112	110	70-130	2	20	
1,2-Dichlorobenzene-d4 (S)	%				100	100	70-130			
4-Bromofluorobenzene (S)	%				103	101	70-130			
Toluene-d8 (S)	%				98	99	70-130			

Results presented on this page are in the units indicated by the "Units" column except where an alternate unit is presented to the right of the result.

REPORT OF LABORATORY ANALYSIS

Pace Analytical Services, LLC
110 South Bayview Blvd.
Oldsmar , FL 34677
(813)881-9401

QUALITY CONTROL DATA

Project: Town of Belleair Stage II DBPs
Pace Project No.: 35956467

QC Batch: 1101353
QC Batch Method: EPA 552.3
Analysis Method: EPA 552.3
Analysis Description: 5523 Haloacetic Acids
Laboratory: Pace Analytical Services - Ormond Beach
Associated Lab Samples: 35956467001, 35956467002

METHOD BLANK: 6041233 Matrix: Water
Associated Lab Samples: 35956467001, 35956467002

Parameter	Units	Blank Result	Reporting Limit	MDL	Analyzed	Qualifiers
Dibromoacetic Acid	ug/L	0.43 U	1.0	0.43	05/28/25 12:35	
Dichloroacetic Acid	ug/L	0.39 U	1.0	0.39	05/28/25 12:35	
Haloacetic Acids (Total)	ug/L	0.90 U	1.0	0.90	05/28/25 12:35	
Monobromoacetic Acid	ug/L	0.46 U	1.0	0.46	05/28/25 12:35	
Monochloroacetic Acid	ug/L	0.90 U	1.0	0.90	05/28/25 12:35	
Trichloroacetic Acid	ug/L	0.40 U	1.0	0.40	05/28/25 12:35	
2,3-Dibromopropanoic Acid (S)	%	84	70-130		05/28/25 12:35	

LABORATORY CONTROL SAMPLE: 6041234

Parameter	Units	Spike Conc.	LCS Result	LCS % Rec	% Rec Limits	Qualifiers
Dibromoacetic Acid	ug/L	10	10.2	102	70-130	
Dichloroacetic Acid	ug/L	10	10.5	105	70-130	
Haloacetic Acids (Total)	ug/L	50	50.7	101	70-130	
Monobromoacetic Acid	ug/L	10	9.7	97	70-130	
Monochloroacetic Acid	ug/L	10	10.5	105	70-130	
Trichloroacetic Acid	ug/L	10	9.9	99	70-130	
2,3-Dibromopropanoic Acid (S)	%			99	70-130	

MATRIX SPIKE & MATRIX SPIKE DUPLICATE: 6041235 6041236

Parameter	Units	35956467001 Result	MS Spike Conc.	MSD Spike Conc.	MS Result	MSD Result	MS % Rec	MSD % Rec	% Rec Limits	RPD	Max RPD	Qual
Dibromoacetic Acid	ug/L	1.9	10	10	11.4	11.2	95	93	70-130	2	30	
Dichloroacetic Acid	ug/L	11.8	10	10	22.9	22.9	110	111	70-130	0	30	
Haloacetic Acids (Total)	ug/L	22.4	50	50	72.5	72.1	100	99	70-130	0	30	
Monobromoacetic Acid	ug/L	0.46 U	10	10	9.0	8.8	90	88	70-130	3	30	
Monochloroacetic Acid	ug/L	0.90 U	10	10	11.4	11.5	114	115	70-130	1	30	
Trichloroacetic Acid	ug/L	8.7	10	10	17.7	17.7	90	90	70-130	0	30	
2,3-Dibromopropanoic Acid (S)	%						81	85	70-130		30	

Results presented on this page are in the units indicated by the "Units" column except where an alternate unit is presented to the right of the result.

REPORT OF LABORATORY ANALYSIS

Pace Analytical Services, LLC
110 South Bayview Blvd.
Oldsmar , FL 34677
(813)881-9401

QUALIFIERS

Project: Town of Belleair Stage II DBPs
Pace Project No.: 35956467

DEFINITIONS

DF - Dilution Factor, if reported, represents the factor applied to the reported data due to dilution of the sample aliquot.

ND - Not Detected at or above adjusted reporting limit.

TNTC - Too Numerous To Count

MDL - Adjusted Method Detection Limit.

PQL - Practical Quantitation Limit.

RL - Reporting Limit - The lowest concentration value that meets project requirements for quantitative data with known precision and bias for a specific analyte in a specific matrix.

S - Surrogate

1,2-Diphenylhydrazine decomposes to and cannot be separated from Azobenzene using Method 8270. The result for each analyte is a combined concentration.

Consistent with EPA guidelines, unrounded data are displayed and have been used to calculate % recovery and RPD values.

LCS(D) - Laboratory Control Sample (Duplicate)

MS(D) - Matrix Spike (Duplicate)

DUP - Sample Duplicate

RPD - Relative Percent Difference

NC - Not Calculable.

SG - Silica Gel - Clean-Up

U - Indicates the compound was analyzed for, but not detected.

N-Nitrosodiphenylamine decomposes and cannot be separated from Diphenylamine using Method 8270. The result reported for each analyte is a combined concentration.

Reported results are not rounded until the final step prior to reporting. Therefore, calculated parameters that are typically reported as "Total" may vary slightly from the sum of the reported component parameters.

Pace Analytical is TNI accredited. Contact your Pace PM for the current list of accredited analytes.

TNI - The NELAC Institute.

ANALYTE QUALIFIERS

U	Compound was analyzed for but not detected.

Pace Analytical Services, LLC
110 South Bayview Blvd.
Oldsmar , FL 34677
(813)881-9401

QUALITY CONTROL DATA CROSS REFERENCE TABLE

Project: Town of Belleair Stage II DBPs
Pace Project No.: 35956467

Lab ID	Sample ID	QC Batch Method	QC Batch	Analytical Method	Analytical Batch
35956467001	**Sunset Bay Dr.**	EPA 552.3	1101353	EPA 552.3	1101445
35956467002	**Bayview Dr. & Sarasota Rd.**	EPA 552.3	1101353	EPA 552.3	1101445
35956467001	**Sunset Bay Dr.**	EPA 524.2	1101038		
35956467002	**Bayview Dr. & Sarasota Rd.**	EPA 524.2	1101038		

Pace® Location Requested (City/State):
Pace Analytical Oldsmar
110 South Bayview Blvd., Oldsmar, FL 34677

CHAIN-OF-CUSTODY Analytical Request Document

Chain-of-Custody is a LEGAL DOCUMENT - Complete all relevant fields

LAB USE ONLY - Affix Workorder/Login Label Here

WO# : 35956467

35956467

Company Name:	City of Clearwater Water Department	Contact/Report To:	Fred Hemerick
Street Address:	1650 N. Arcturas Ave. Clearwater, FL 33765	Phone #:	(727)224-7993
		E-Mail:	fred.hemerick@myclearwater.com
		Cc E-Mail:	
Customer Project #:			
Project Name:	Town of Belleair Stage II DBPs	Invoice To:	
		Invoice E-Mail:	puaccounting@myclearwater.com
Site Collection Info/Facility ID (as applicable):		Purchase Order # (if applicable):	
		Quote #:	

Time Zone Collected: [ ] AK [ ] PT [ ] MT [ ] CT [ ] ET

County / State origin of sample(s): Florida

Data Deliverables:
[ ] Level II [ ] Level III [ ] Level IV
[ ] EQUIS
[ ] Other

Regulatory Program (DW, RCRA, etc.) as applicable: Reportable [ ] Yes [ ] No

Rush (Pre-approval required):
[ ] Same Day [ ] 1 Day [ ] 2 Day [ ] 3 Day [ ] Other _____

DW PWSID # or WW Permit # as applicable:

Date Results Requested:

Field Filtered (if applicable): [ ] Yes [ ] No

Analysis:

* Matrix Codes (Insert in Matrix box below): Drinking Water (DW), Ground Water (GW), Waste Water (WW), Product (P), Soil/Solid (SS), Oil (OL), Wipe (WP), Tissue (TS), Bioassay (B), Vapor (V), Surface Water (SW),Sediment (SED), Sludge (SL), Caulk (CK), Leachate (LL), Biosolid (BS), Other (OT)

Customer Sample ID	Matrix *	Comp / Grab	Composite Start Date	Composite Start Time	Collected or Composite End Date	Collected or Composite End Time	# Cont.	Res. Chlorine Results	Res. Chlorine Units	524.2 THM	552.3 Haloacetic Acids	Sample Comment
Sunset Bay Dr.	DW	G	5/19/25	12:07	—	—	4	2.8	mg/L	X	X	7.80 - pH
Bayview Dr. & Sarasota Rd.	DW	G	5/19/25	12:29	—	—	4	1.6	mg/L	X	X	7.76 - pH

Specify Container Size **

Identify Container Preservative Type***

Analysis Requested

** Container Size: (1) 1L, (2) 500mL, (3) 250mL, (4) 125mL, (5) 100mL, (6) 40mL vial, (7) EnCore, (8) TerraCore, (9) 90mL, (10) Other

*** Preservative Types: (1) None, (2) HNO3, (3) H2SO4, (4) HCl, (5) NaOH, (6) Zn Acetate, (7) NaHSO4, (8) Sod. Thiosulfate, (9) Ascorbic Acid, (10) MeOH, (11) Other

Lab Use Only

Proj. Mgr: Chelsea Gagne

AcctNum / Client ID:

Table #:

Profile / Template: 9089

Prelog / Bottle Ord. ID: EZ 3233153

Preservation non-conformance identified for sample.

Additional Instructions from Pace®:
PWS ID: 6520135

Collected By: (Printed Name) Daniela Duffy

Signature: Daniela Duffy

Customer Remarks / Special Conditions / Possible Hazards:

# Coolers:	Thermometer ID:	Correction Factor (°C):	Obs. Temp. (°C)	Corrected Temp. (°C)	On Ice:
1	T202	+0.2	13.6	13.8	Y

Relinquished by/Company: (Signature)	Date/Time:	Received by/Company: (Signature)	Date/Time:
Daniela Duffy / PW Laboratory	5/19/2025 13:14	pace	5/19/25 13:14

Tracking Number:

Delivered by: [ ] In-Person [ ] Courier [ ] FedEX [ ] UPS [ ] Other

Page: 1 of 1

Pace

Sample Condition Upon Receipt Form (SCUR)

WO# : 35956467

PM: CLG Due Date: 06/03/25
CLIENT: 37-CITCWD

Project #

Project Manager:

Client:

Date and Initials of person: 5/19/25
Examining contents: KK
Verifying pH: VA

Thermometer Used: T202 Date: 5/19/25 Time: 1314 Initials: KK

State of Origin: FL ☐ For WV projects, all containers verified to ≤6 °C

Cooler #1 Temp.°C	13.6 (Visual)	+0.2 (Correction Factor)	13.8 (Actual)	☑Samples collected sameday, on ice cooling has begun
Cooler #2 Temp.°C	(Visual)	(Correction Factor)	(Actual)	☐Samples collected sameday, on ice cooling has begun
Cooler #3 Temp.°C	(Visual)	(Correction Factor)	(Actual)	☐Samples collected sameday, on ice cooling has begun
Cooler #4 Temp.°C	(Visual)	(Correction Factor)	(Actual)	☐Samples collected sameday, on ice cooling has begun
Cooler #5 Temp.°C	(Visual)	(Correction Factor)	(Actual)	☐Samples collected sameday, on ice cooling has begun
Cooler #6 Temp.°C	(Visual)	(Correction Factor)	(Actual)	☐Samples collected sameday, on ice cooling has begun
Recheck for OOT °C	(Visual)	(Correction Factor)	(Actual)	Time: Initials:

Courier: ☐Fed Ex ☐UPS ☐USPS ☑Client ☐Commercial ☐Pace ☐Other:

Shipping Method: ☐Standard Overnight ☐First Overnight ☐Priority Overnight ☐Ground ☐International Priority ☐Other:

Tracking #

Custody Seal Present: ☐Yes ☑No **Seal properly placed and intact:** ☐Yes ☐No **Ice:** ☑Wet ☐Blue ☐Dry ☐None ☐Melted

Packing Material: ☐Bubble Wrap ☑Bubble Bags ☐None ☐Other:

Samples shorted to lab: ☐Yes ☑No (If yes, complete the following)
Shorted Date: **Shorted Time:**
Bottle Quantity / Type:

Chain of Custody:	**Present:** ☑Yes ☐No | **Filled Out:** ☑Yes ☐No ☐N/A | **Sampler Name:** ☑Yes ☐No ☐N/A			
	Relinquished To Pace: ☑Yes ☐No ☐N/A | **Sampling Date(s):** ☑Yes ☐No ☐N/A | **Sampling Time(s):** ☑Yes ☐No ☐N/A			
Samples Arrived within Hold Time.	☑Yes	☐No	☐N/A	Comments:
Rush Turnaround Requested on COC.	☐Yes	☑No	☐N/A	Comments:
Sufficient Volume.	☑Yes	☐No	☐N/A	Comments:
Correct Containers Used.	☑Yes	☐No	☐N/A	Comments:
Containers Intact.	☑Yes	☐No	☐N/A	Comments:
Sample Labels Match COC (Sample ID, Date/Time of Collection).	☑Yes	☐No	☐N/A	Comments:
All containers needing acid / base preservation have been checked.	☐Yes	☐No	☑N/A	**Preservation Information**
All containers needing preservation are found to be in compliance with EPA recommendation: Exceptions: Vials, Microbiology, O&G, PFAS	☐Yes	☐No	☑N/A	**Preservative:** **Date:** **Lot / Trace:** **Time:** **Amount added (mL):** **Initials:**
Headspace in Volatile Vials? (>6mm):	☐Yes	☑No	☐N/A	
Trip Blank Present:	☐Yes	☑No	☐N/A	

Comments / Resolutions (use back for additional comments):

Labeled by: VA **Reviewed by:** CW

TOWN OF BELLEAIR
INC. 1925

901 PONCE DE LEON BOULEVARD
BELLEAIR, FLORIDA 33756-1096
PHONE (727) 588-3769
WWW.TOWNOFBELLEAIR.COM

June 1, 2025

Florida Department of Environmental Protection
Southwest District
13051 N. Telecom Parkway
Temple Terrace, FL 33637-0926

RE: Town of Belleair – I.D. #6520135
Monthly Bacteriological Report

Enclosed is the May 2025 monthly bacteriological report for the Town of Belleair.

All Compliance Distribution System samples were A/A.

Samples were collected by authorized representatives from the City of Clearwater's Public Utilities Laboratory in accordance with the Town's sampling plans and were reviewed / prepared for submittal by licensed operators.

Sincerely,

Patricio (PJ) Tovar Jr.
Public Utilities Assistant Manager - City of Clearwater
Potable Water Production
Office: 727-444-8841
Cell: 727-316-0049

On behalf of,

Ryan Womack
Public Works Superintendent – Town of Belleair
Town of Belleair, FL
Cell: 727-804-1895
Office: 727-588-3769 x402

Pace Analytical Services, LLC
110 South Bayview Blvd.
Oldsmar , FL 34677
(813)881-9401

May 06, 2025

Fred Hemerick
City of Clearwater Water Department
1650 N. Arcturas Ave.
Clearwater, FL 33765

RE: Project: Town of Belleair
Pace Project No.: 35953029

Dear Fred Hemerick:

Enclosed are the analytical results for sample(s) received by the laboratory on May 05, 2025. The results relate only to the samples included in this report. Results reported herein conform to the applicable TNI/NELAC Standards and the laboratory's Quality Manual, where applicable, unless otherwise noted in the body of the report.

The test results provided in this final report were generated by each of the following laboratories within the Pace Network:

- Pace Analytical Services - Tampa

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

Sincerely,

Chelsea Gagne
chelsea.gagne@pacelabs.com
813-855-1844
Project Manager

Enclosures

cc: Bryant Blair, City of Clearwater Water Department
Nathaniel Bowne, City of Clearwater Water Department
Emily Davis, City of Clearwater Water Department
Michael Flanigan, City of Clearwater Public Utilities
Christina Goodrich, City of Clearwater
Doniela Prifti, City of Clearwater
Travis Teuber, City of Clearwater
Patricio Tovar, City of Clearwater Water Department

Pace Analytical Services, LLC
110 South Bayview Blvd.
Oldsmar , FL 34677
(813)881-9401

CERTIFICATIONS

Project: Town of Belleair
Pace Project No.: 35953029

Pace Analytical Services Tampa
110 South Bayview Blvd., Tampa, FL 34677 Florida Certification #:E84129

REPORT OF LABORATORY ANALYSIS

Pace Analytical Services, LLC
110 South Bayview Blvd.
Oldsmar , FL 34677
(813)881-9401

SAMPLE SUMMARY

Project: Town of Belleair
Pace Project No.: 35953029

Lab ID	Sample ID	Matrix	Date Collected	Date Received
35953029001	**C-1 Belleair Forest Dr**	Drinking Water	05/05/25 10:25	05/05/25 12:24
35953029002	**C-2 Sunset Bay Dr**	Drinking Water	05/05/25 10:40	05/05/25 12:24
35953029003	**C-3 Park Ave & Indian Rocks Rd**	Drinking Water	05/05/25 10:53	05/05/25 12:24
35953029004	**C-4 Hallett Park**	Drinking Water	05/05/25 11:08	05/05/25 12:24
35953029005	**C-5 Fairview Park**	Drinking Water	05/05/25 11:22	05/05/25 12:24
35953029006	**C-6 Belleview Island**	Drinking Water	05/05/25 11:40	05/05/25 12:24

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Oldsmar , FL 34677
(813)881-9401

SAMPLE ANALYTE COUNT

Project: Town of Belleair
Pace Project No.: 35953029

Lab ID	Sample ID	Method	Analysts	Analytes Reported	Laboratory
35953029001	**C-1 Belleair Forest Dr**	SM 9223B	HG1	2	PASI-Tp
35953029002	**C-2 Sunset Bay Dr**	SM 9223B	HG1	2	PASI-Tp
35953029003	**C-3 Park Ave & Indian Rocks Rd**	SM 9223B	HG1	2	PASI-Tp
35953029004	**C-4 Hallett Park**	SM 9223B	HG1	2	PASI-Tp
35953029005	**C-5 Fairview Park**	SM 9223B	HG1	2	PASI-Tp
35953029006	**C-6 Belleview Island**	SM 9223B	HG1	2	PASI-Tp

PASI-Tp = Pace Analytical Services - Tampa

Pace Analytical Services, LLC
110 South Bayview Blvd.
Oldsmar , FL 34677
(813)881-9401

SUMMARY OF DETECTION

Project: Town of Belleair
Pace Project No.: 35953029

Lab Sample ID / Method	Client Sample ID / Parameters	Result	Units	Report Limit	Analyzed	Qualifiers
35953029001	**C-1 Belleair Forest Dr**					
SM 9223B	Total Coliforms	Absent			05/06/25 10:43	
SM 9223B	E.coli	Absent			05/06/25 10:43	
35953029002	**C-2 Sunset Bay Dr**					
SM 9223B	Total Coliforms	Absent			05/06/25 10:43	
SM 9223B	E.coli	Absent			05/06/25 10:43	
35953029003	**C-3 Park Ave & Indian Rocks Rd**					
SM 9223B	Total Coliforms	Absent			05/06/25 10:43	
SM 9223B	E.coli	Absent			05/06/25 10:43	
35953029004	**C-4 Hallett Park**					
SM 9223B	Total Coliforms	Absent			05/06/25 10:43	
SM 9223B	E.coli	Absent			05/06/25 10:43	
35953029005	**C-5 Fairview Park**					
SM 9223B	Total Coliforms	Absent			05/06/25 10:43	
SM 9223B	E.coli	Absent			05/06/25 10:43	
35953029006	**C-6 Belleview Island**					
SM 9223B	Total Coliforms	Absent			05/06/25 10:43	
SM 9223B	E.coli	Absent			05/06/25 10:43	

Pace Analytical Services, LLC
110 South Bayview Blvd.
Oldsmar , FL 34677
(813)881-9401

ANALYTICAL RESULTS

Project: Town of Belleair
Pace Project No.: 35953029

Sample: C-1 Belleair Forest Dr **Lab ID: 35953029001** Collected: 05/05/25 10:25 Received: 05/05/25 12:24 Matrix: Drinking Water

Parameters	Results	Units	PQL	MDL	DF	Prepared	Analyzed	CAS No.	Qual
MBIO Total Coliform DW	Analytical Method: SM 9223B Preparation Method: SM 9223B Pace Analytical Services - Tampa								
Total Coliforms	**Absent**				1	05/05/25 15:37	05/06/25 10:43		
E.coli	**Absent**				1	05/05/25 15:37	05/06/25 10:43		

Sample: C-2 Sunset Bay Dr **Lab ID: 35953029002** Collected: 05/05/25 10:40 Received: 05/05/25 12:24 Matrix: Drinking Water

Parameters	Results	Units	PQL	MDL	DF	Prepared	Analyzed	CAS No.	Qual
MBIO Total Coliform DW	Analytical Method: SM 9223B Preparation Method: SM 9223B Pace Analytical Services - Tampa								
Total Coliforms	**Absent**				1	05/05/25 15:37	05/06/25 10:43		
E.coli	**Absent**				1	05/05/25 15:37	05/06/25 10:43		

Sample: C-3 Park Ave & Indian Rocks Rd **Lab ID: 35953029003** Collected: 05/05/25 10:53 Received: 05/05/25 12:24 Matrix: Drinking Water

Parameters	Results	Units	PQL	MDL	DF	Prepared	Analyzed	CAS No.	Qual
MBIO Total Coliform DW	Analytical Method: SM 9223B Preparation Method: SM 9223B Pace Analytical Services - Tampa								
Total Coliforms	**Absent**				1	05/05/25 15:37	05/06/25 10:43		
E.coli	**Absent**				1	05/05/25 15:37	05/06/25 10:43		

Sample: C-4 Hallett Park **Lab ID: 35953029004** Collected: 05/05/25 11:08 Received: 05/05/25 12:24 Matrix: Drinking Water

Parameters	Results	Units	PQL	MDL	DF	Prepared	Analyzed	CAS No.	Qual
MBIO Total Coliform DW	Analytical Method: SM 9223B Preparation Method: SM 9223B Pace Analytical Services - Tampa								
Total Coliforms	**Absent**				1	05/05/25 15:37	05/06/25 10:43		
E.coli	**Absent**				1	05/05/25 15:37	05/06/25 10:43		

Sample: C-5 Fairview Park **Lab ID: 35953029005** Collected: 05/05/25 11:22 Received: 05/05/25 12:24 Matrix: Drinking Water

Parameters	Results	Units	PQL	MDL	DF	Prepared	Analyzed	CAS No.	Qual
MBIO Total Coliform DW	Analytical Method: SM 9223B Preparation Method: SM 9223B Pace Analytical Services - Tampa								
Total Coliforms	**Absent**				1	05/05/25 15:37	05/06/25 10:43		

REPORT OF LABORATORY ANALYSIS

Pace Analytical Services, LLC
110 South Bayview Blvd.
Oldsmar , FL 34677
(813)881-9401

ANALYTICAL RESULTS

Project: Town of Belleair
Pace Project No.: 35953029

Sample: C-5 Fairview Park **Lab ID: 35953029005** Collected: 05/05/25 11:22 Received: 05/05/25 12:24 Matrix: Drinking Water

Parameters	Results	Units	PQL	MDL	DF	Prepared	Analyzed	CAS No.	Qual
MBIO Total Coliform DW	Analytical Method: SM 9223B Preparation Method: SM 9223B Pace Analytical Services - Tampa								
E.coli	**Absent**				1	05/05/25 15:37	05/06/25 10:43		

Sample: C-6 Belleview Island **Lab ID: 35953029006** Collected: 05/05/25 11:40 Received: 05/05/25 12:24 Matrix: Drinking Water

Parameters	Results	Units	PQL	MDL	DF	Prepared	Analyzed	CAS No.	Qual
MBIO Total Coliform DW	Analytical Method: SM 9223B Preparation Method: SM 9223B Pace Analytical Services - Tampa								
Total Coliforms	**Absent**				1	05/05/25 15:37	05/06/25 10:43		
E.coli	**Absent**				1	05/05/25 15:37	05/06/25 10:43		

REPORT OF LABORATORY ANALYSIS

Pace Analytical Services, LLC
110 South Bayview Blvd.
Oldsmar , FL 34677
(813)881-9401

QUALITY CONTROL DATA

Project: Town of Belleair
Pace Project No.: 35953029

QC Batch: 1096420 | Analysis Method: SM 9223B
QC Batch Method: SM 9223B | Analysis Description: TotColDW MBIO Total Coliform
Laboratory: Pace Analytical Services - Tampa
Associated Lab Samples: 35953029001, 35953029002, 35953029003, 35953029004, 35953029005, 35953029006

METHOD BLANK: 6013171 Matrix: Water
Associated Lab Samples: 35953029001, 35953029002, 35953029003, 35953029004, 35953029005, 35953029006

Parameter	Units	Blank Result	Reporting Limit	MDL	Analyzed	Qualifiers
E.coli		Absent			05/06/25 10:43	
Total Coliforms		Absent			05/06/25 10:43	

Results presented on this page are in the units indicated by the "Units" column except where an alternate unit is presented to the right of the result.

REPORT OF LABORATORY ANALYSIS

Pace Analytical Services, LLC
110 South Bayview Blvd.
Oldsmar , FL 34677
(813)881-9401

QUALIFIERS

Project: Town of Belleair
Pace Project No.: 35953029

DEFINITIONS

DF - Dilution Factor, if reported, represents the factor applied to the reported data due to dilution of the sample aliquot.

ND - Not Detected at or above adjusted reporting limit.

TNTC - Too Numerous To Count

MDL - Adjusted Method Detection Limit.

PQL - Practical Quantitation Limit.

RL - Reporting Limit - The lowest concentration value that meets project requirements for quantitative data with known precision and bias for a specific analyte in a specific matrix.

S - Surrogate

1,2-Diphenylhydrazine decomposes to and cannot be separated from Azobenzene using Method 8270. The result for each analyte is a combined concentration.

Consistent with EPA guidelines, unrounded data are displayed and have been used to calculate % recovery and RPD values.

LCS(D) - Laboratory Control Sample (Duplicate)

MS(D) - Matrix Spike (Duplicate)

DUP - Sample Duplicate

RPD - Relative Percent Difference

NC - Not Calculable.

SG - Silica Gel - Clean-Up

U - Indicates the compound was analyzed for, but not detected.

N-Nitrosodiphenylamine decomposes and cannot be separated from Diphenylamine using Method 8270. The result reported for each analyte is a combined concentration.

Reported results are not rounded until the final step prior to reporting. Therefore, calculated parameters that are typically reported as "Total" may vary slightly from the sum of the reported component parameters.

Pace Analytical is TNI accredited. Contact your Pace PM for the current list of accredited analytes.

TNI - The NELAC Institute.

ANALYTE QUALIFIERS

U	Compound was analyzed for but not detected.

Pace Analytical Services, LLC
110 South Bayview Blvd.
Oldsmar , FL 34677
(813)881-9401

QUALITY CONTROL DATA CROSS REFERENCE TABLE

Project: Town of Belleair
Pace Project No.: 35953029

Lab ID	Sample ID	QC Batch Method	QC Batch	Analytical Method	Analytical Batch
35953029001	**C-1 Belleair Forest Dr**	SM 9223B	1096420	SM 9223B	1096421
35953029002	**C-2 Sunset Bay Dr**	SM 9223B	1096420	SM 9223B	1096421
35953029003	**C-3 Park Ave & Indian Rocks Rd**	SM 9223B	1096420	SM 9223B	1096421
35953029004	**C-4 Hallett Park**	SM 9223B	1096420	SM 9223B	1096421
35953029005	**C-5 Fairview Park**	SM 9223B	1096420	SM 9223B	1096421
35953029006	**C-6 Belleview Island**	SM 9223B	1096420	SM 9223B	1096421

DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORTING FORMAT

Pace Analytical®
8 East Tower Circle • Ormond Beach, FL 32174
(386) 672-5668
DHRS Certification E83079

Lab Receipt Date & Time: 5/15/25 12:24
Analysis Date & Time: 5/15/25 1537
Sample Acceptance Criteria: T202
Sample Preservation: ☑ On Ice ☐ Not On Ice ☑ 10.6 °C
Disinfectant Check: ☑ Not Detected ☐ _____ mg/L
This sample does not meet the following NELAC requirements:

Report Number: 35953209 Sub-Contract Lab ID: Pace Oldsmar - E84129

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

Public Water System (PWS) Name: Town of Belleair **PWS I.D.** 6520135

PWS Address: 901 Ponce De Leon Blvd City: Belleair

PWS or PWS Owner's Phone #: Pri. 727-224-7993 Owner: 727-804-1895 Fax #: _____

Collector: Mirela Alcani Collector's Phone #: _____

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

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

Sample Collection Date: 5/5/2025

To be completed by collector of sample						To be completed by lab				
						Analysis Method(s)[ii]: **Total Coliform Analysis Method: SM9223B** **Fecal or E. coli Analysis Method: SM9223B**				
Sample #	Sample Point (Location or Specific Address)	Sample Collection Time	Sample Type[i]	Disinfectant Residual (mg/L)	pH	Non-Coliform	Total Coliform	Fecal, *E. coli*, Enterococci, or Coliphage[iii]	Data Qualifier[iv]	Lab Sample #
C-1	Belleair Forest Dr	10:25	D	1.80	7.63		A	A		35953209-1
C-2	Sunset Bay Dr	10:40	D	2.50	7.85		A	A		-2
C-3	Park Ave & Indian Rocks Rd	10:53	D	3.10	7.90		A	A		-3
C-4	Hallett Park	11:08	D	1.40	7.74		A	A		-4
C-5	Fairview Park	11:22	D	2.10	7.96		A	A		-5
C-6	Belleview Island	11:40	D	2.10	7.99		A	A		-6

Average of disinfectant residuals for distribution routine & repeat samples. 2.17
Free chlorine or Total chlorine (circle one) _____

Disinfectant Residual Analysis Method:
■ DPD Colorimetric ☐ Other: _____

Person performing disinfectant analysis is (see instructions on reverse):
☐ A certified operator (# _____)
☐ Supervised by certified operator (# _____)
☐ Employed by a certified lab ☐ Employed by DEP or DOH
■ Authorized representative of supplier of water

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

Date and time PWS notified by lab of positive results: _____
Date and time DEP/DOH notified by lab of positive results: _____
Date Report Issued: 5/6/25
Lab Signature: Leatha Shaffer
Title: Project ~~Manager~~ Coordinator

WO# : 35953029
35953029

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

[i] Indicate the sample type for each sample collected. Sample Type codes are: D = Distribution (routine compliance), C = Repeat/Check, R = Raw, N = Entry Point to Distribution, P = Plant Tap, S = Special (clearance, etc).
[ii] MF = SM9222B & D; MTF = 9221B & EC/MUG; MMO/MUG=SM9223B; HPC=SM9215B

Relinquished By: Mirela Alcani Date: 5/5/25 Time: 1224
Received By: CM pace Date: 5/5/25 Time: 12:24
Relinquished By: _____ Date: _____ Time: _____
Received By: _____ Date: _____ Time: _____

circle appropriate selection
"Defined in Florida Administrative Code Rule 62-160 Table I

Please

Pace

Sample Condition Upon Receipt Form (SCUR)

Project #
Project Manager:
Client:

WO# : 35953029
PM: CLG Due Date: 05/08/25
CLIENT: 37-CITCWD

Date and Initials of person: 515125
Examining contents: CW
Verifying pH: N/A

Thermometer Used: T202 Date: 515125 Time: 12:24 Initials: CW

State of Origin: FL ☐ For WV projects, all containers verified to ≤6 °C

Cooler #1 Temp.°C	10.4 (Visual)	+0.2 (Correction Factor)	10.6 (Actual)	☑Samples collected sameday, on ice cooling has begun
Cooler #2 Temp.°C	_____ (Visual)	_____ (Correction Factor)	_____ (Actual)	☐Samples collected sameday, on ice cooling has begun
Cooler #3 Temp.°C	_____ (Visual)	_____ (Correction Factor)	_____ (Actual)	☐Samples collected sameday, on ice cooling has begun
Cooler #4 Temp.°C	_____ (Visual)	_____ (Correction Factor)	_____ (Actual)	☐Samples collected sameday, on ice cooling has begun
Cooler #5 Temp.°C	_____ (Visual)	_____ (Correction Factor)	_____ (Actual)	☐Samples collected sameday, on ice cooling has begun
Cooler #6 Temp.°C	_____ (Visual)	_____ (Correction Factor)	_____ (Actual)	☐Samples collected sameday, on ice cooling has begun
Recheck for OOT °C	_____ (Visual)	_____ (Correction Factor)	_____ (Actual)	Time: _____ Initials: _____

Courier: ☐Fed Ex ☐UPS ☐USPS ☐Client ☐Commercial ☐Pace ☐Other: _____

Shipping Method: ☐Standard Overnight ☐First Overnight ☐Priority Overnight ☐Ground ☐International Priority ☐Other: _____

Tracking # _____

Custody Seal Present: ☐Yes ☑No **Seal properly placed and intact:** ☐Yes ☐No **Ice:** ☐Wet ☐Blue ☐Dry ☐None ☐Melted

Packing Material: ☐Bubble Wrap ☐Bubble Bags ☑None ☐Other:

Samples shorted to lab: ☑Yes ☐No (If yes, complete the following)
Shorted Date: 515125 **Shorted Time:** 12:24
Bottle Quantity / Type: 6

Chain of Custody:	**Present:** ☑Yes ☐No | **Filled Out:** ☑Yes ☐No ☐N/A | **Sampler Name:** ☑Yes ☐No ☐N/A			
	Relinquished To Pace: ☑Yes ☐No ☐N/A | **Sampling Date(s):** ☑Yes ☐No ☐N/A | **Sampling Time(s):** ☑Yes ☐No ☐N/A			
Samples Arrived within Hold Time.	☑Yes	☐No	☐N/A	Comments:
Rush Turnaround Requested on COC.	☐Yes	☑No	☐N/A	Comments:
Sufficient Volume.	☑Yes	☐No	☐N/A	Comments:
Correct Containers Used.	☑Yes	☐No	☐N/A	Comments:
Containers Intact.	☑Yes	☐No	☐N/A	Comments:
Sample Labels Match COC (Sample ID, Date/Time of Collection).	☑Yes	☐No	☐N/A	Comments:
All containers needing acid / base preservation have been checked.	☐Yes	☐No	☑N/A	Preservation Information: Preservative: _____ Date: _____
All containers needing preservation are found to be in compliance with EPA recommendation: Exceptions: Vials, Microbiology, O&G, PFAS	☐Yes	☐No	☑N/A	Lot / Trace: _____ Time: _____ Amount added (mL): _____ Initials: _____
Headspace in Volatile Vials? (>6mm):	☐Yes	☐No	☑N/A	
Trip Blank Present:	☐Yes	☐No	☑N/A	

Comments / Resolutions (use back for additional comments): _____

Labeled by: N/A **Reviewed by:** N/A

INVOICE

Pace Analytical Services, LLC 41-1821617
Pace Analytical National 62-0814289

Pace Analytical Services, LLC
110 South Bayview Blvd.
Oldsmar , FL 34677
Phone: (813)881-9401

Date:	05/29/2025
Invoice #:	**2535669741**
Customer PO#:	901972
Terms:	Net 30
Due Date:	06/28/2025
Total Due:	**$194.40**

Sold To:

Accounting
City of Clearwater Water Department
1650 N. Arcturas Ave.
Clearwater, FL 33755

Please Remit To:

Pace Analytical Services, LLC
P.O. Box 684056
Chicago, IL 60695-4056

Client Number/Client ID	*Purchase Order No*	*Pace Project Mgr*	*Terms***	*Page*
35-685034 / 37-CITCWD	901972	Chelsea Gagne	Net 30	1

Client Project: Town of Belleair Stage II DBPs
Client Name: City of Clearwater Water Department
Pace Project No: 35956467
Sample Received: 5/19/2025
Report Sent To: Fred Hemerick, City of Clearwater Water Department
Comments:

ANALYTICAL CHARGES

Quantity	Unit	Description	Method	Matrix	Price	Total
2	Ea	524.2 MSV THM	EPA 524.2	Drinking Water	$35.10	$70.20
2	Ea	552.3 Haloacetic Acids	EPA 552.3	Drinking Water	$62.10	$124.20
					Analytical Subtotal	$194.40

Total Number of Charges 4 **Total Invoice Amount** **$194.40**

If you have any questions, please contact Chelsea Gagne at Pace.
Phone: 813-855-1844 Email: chelsea.gagne@pacelabs.com

REC'D PUBLIC UTILITIES
MAY 30 AM 7:31

PUBLIC UTILITIES DEPARTMENT
42113 _____ -5 _____
42120 53 -5 30300
3219 _____ -5 _____
3279 _____ -5 _____
Appr by: _____
C-901972

A CREDIT CARD SURCHARGE OF UP TO 3% MAY BE ADDED TO ANY PAYMENTS MADE VIA CREDIT CARD.
****1.5% MONTHLY FINANCE CHARGE ASSESSED AFTER 30 DAYS OR TERMS OF CONTRACT.**
PLEASE REFERENCE THE INVOICE NUMBER ON ALL REMITTANCE ADVICE.

AN EQUAL OPPORTUNITY EMPLOYER

Please complete and return copy of invoice with your payment.

INVOICE TOTAL **$194.40**

Amount Paid: $ 194.40

Check No: _____

Customer No: 35-685034 Invoice No: 2535669741

Waterworth, Loree

From: Prifti, Doniela
Sent: Friday, May 30, 2025 7:24 AM
To: Waterworth, Loree
Cc: Public Utilities Accounting
Subject: Re: Town of Belleair Stage II DBPs (Pace Project # 35956467) (Invoice) - Pace Inv# 2535669741

Good morning Loree,

PACE Invoice # 2535669741 reviewed and approved.
Cost Center- 2053

Thank you,

Doniela Prifti
Compliance and Contract Manager
Public Utilities, City of Clearwater
Office: (727) 562-4995 x 3929
Cell: (727)330-0400
E-Mail: Doniela.Prifti@myclearwater.com

From: Waterworth, Loree <Loretta.Waterworth@MyClearwater.com>
Sent: Friday, May 30, 2025 7:20 AM
To: Prifti, Doniela <Doniela.Prifti@MyClearwater.com>
Cc: Public Utilities Accounting <PUAccounting@MyClearwater.com>
Subject: FW: Town of Belleair Stage II DBPs (Pace Project # 35956467) (Invoice) - Pace Inv# 2535669741

Hello Doniela,
Please approve and provide the coding for the attached Pace Inv# 2535669741.

Best Regards,
Loree Waterworth
Accounting Tech I
City of Clearwater Public Utilities
Cell (727) 404-2712

From: Paceport Email Notification <chelsea.gagne@pacelabs.com>
Sent: Thursday, May 29, 2025 5:00 PM
To: chelsea.gagne@pacelabs.com; Public Utilities Accounting <PUAccounting@MyClearwater.com>; Flanigan, Michael <michael.flanigan@MyClearwater.com>
Subject: Town of Belleair Stage II DBPs (Pace Project # 35956467) (Invoice)

Paceport Login

Pace Automated Email Notification

This email contains an invoice generated by Paceport's automated email service. The attached files have been authorized to be sent to you due to the completion of project Town of Belleair Stage II DBPs (Pace Project # 35956467) . Your Pace project manager has been CC'ed on this email so that you may request any further assistance.

INVOICE

Pace Analytical Services, LLC 41-1821617
Pace Analytical National 62-0814289

Pace Analytical Services, LLC
110 South Bayview Blvd.
Oldsmar , FL 34677
Phone: (813)881-9401

Date:	05/06/2025
Invoice #:	**2535666171**
Customer PO#:	901972
Terms:	Net 30
Due Date:	06/05/2025
Total Due:	**$79.68**

Sold To:

Accounting
City of Clearwater Water Department
1650 N. Arcturas Ave.
Clearwater, FL 33755

Please Remit To:

Pace Analytical Services, LLC
P.O. Box 684056
Chicago, IL 60695-4056

Client Number/Client ID	*Purchase Order No*	*Pace Project Mgr*	*Terms***	*Page*
35-685034 / 37-CITCWD	901972	Chelsea Gagne	Net 30	1

Client Project: Town of Belleair
Client Name: City of Clearwater Water Department
Pace Project No: 35953029
Sample Received: 5/5/2025
Report Sent To: Fred Hemerick, City of Clearwater Water Department
Comments:

ANALYTICAL CHARGES

Quantity	Unit	Description	Method	Matrix	Price	Total
6	Ea	Total Coliforms	SM 9223B	Drinking Water	$13.28	$79.68
					Analytical Subtotal	$79.68

Total Number of Charges 6 **Total Invoice Amount** **$79.68**

If you have any questions, please contact Chelsea Gagne at Pace.
Phone: 813-855-1844 Email: chelsea.gagne@pacelabs.com

REC'D PUBLIC UTILITIES
MAY 6 PM1:10

PUBLIC UTILITIES DEPARTMENT
42113 -5
42120 53 -5 30300
3219 -5
3279 -5
Appr by:
C-901972

A CREDIT CARD SURCHARGE OF UP TO 3% MAY BE ADDED TO ANY PAYMENTS MADE VIA CREDIT CARD.
****1.5% MONTHLY FINANCE CHARGE ASSESSED AFTER 30 DAYS OR TERMS OF CONTRACT.**
PLEASE REFERENCE THE INVOICE NUMBER ON ALL REMITTANCE ADVICE.

AN EQUAL OPPORTUNITY EMPLOYER

Please complete and return copy of invoice with your payment.

INVOICE TOTAL **$79.68**

Amount Paid: $ 79.68

Check No: _____

Customer No: 35-685034 Invoice No: 2535666171

Waterworth, Loree

From: Prifti, Doniela
Sent: Tuesday, May 6, 2025 1:59 PM
To: Waterworth, Loree
Cc: Public Utilities Accounting
Subject: Re: Town of Belleair (Pace Project # 35953029) (Invoice) - Pace Inv# 2535666171

Hello Loree,

PACE Invoice # 2535666171 reviewed and approved.
Cost Center - 2053

Thank you,

Doniela Prifti
Compliance and Contract Manager
Public Utilities, City of Clearwater
Office: (727) 562-4995 x 3929
Cell: (727)330-0400
E-Mail: Doniela.Prifti@myclearwater.com

From: Waterworth, Loree <Loretta.Waterworth@MyClearwater.com>
Sent: Tuesday, May 6, 2025 1:06 PM
To: Prifti, Doniela <Doniela.Prifti@MyClearwater.com>
Cc: Public Utilities Accounting <PUAccounting@MyClearwater.com>
Subject: FW: Town of Belleair (Pace Project # 35953029) (Invoice) - Pace Inv# 2535666171

Hello Doniela,
Please approve and provide the coding for the attached Pace Inv# 2535666171.

Best Regards,

Loree Waterworth

Accounting Tech I
City of Clearwater Public Utilities
Cell (727) 404-2712

From: Paceport Email Notification <chelsea.gagne@pacelabs.com>
Sent: Tuesday, May 6, 2025 12:50 PM
To: chelsea.gagne@pacelabs.com; Public Utilities Accounting <PUAccounting@MyClearwater.com>; Flanigan, Michael <michael.flanigan@MyClearwater.com>
Subject: Town of Belleair (Pace Project # 35953029) (Invoice)

Paceport Login

Pace Automated Email Notification

This email contains an invoice generated by Paceport's automated email service. The attached files have been authorized to be sent to you due to the completion of project Town of Belleair (Pace Project # 35953029) . Your Pace project manager has been CC'ed on this email so that you may request any further assistance.


Please consider the environment before printing this email