



PWS CERTIFICATION OF NOTIFICATION OF LEAD AND COPPER TAP SAMPLE RESULTS

INSTRUCTIONS: This form shall be completed and submitted by community or non-transient non-community water systems that take lead and copper tap samples in accordance with 40 CFR 141.86 (2009). Such systems shall, no later than 30 days after receiving each individual sample, provide notice of the individual tap results to the persons served by the water system at the specific sampling site(s) from which the sample(s) were taken, as required by 40 CFR 141.85(d) (2009). NO LATER THAN THREE MONTHS FOLLOWING THE END OF THE MONITORING, such systems shall also mail a sample copy of the consumers notification of tap results with this form, completed, to the appropriate Department of Environmental Protection District Office or Approved County Health Department. For systems that are on a reduced lead and copper monitoring period, the end of the lead and copper monitoring period is September 30th of the calendar year in which the sampling occurred. All information provided on this form shall be typed or printed in ink.

I. General Information		
Public Water System (PWS) Name: Greater Pine Island Water Association, Inc.		
PWS Identification Number: 5360322	PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community	
PWS Size: <input type="checkbox"/> Small <input checked="" type="checkbox"/> Medium <input type="checkbox"/> Large		
PWS Owner: Greater Pine Island Water Association, Inc.		
Contact Person: Mikes Maillakakis	Contact Person's Title: General Manager	
Contact Person's Mailing Address: 5281 Pine island Road		
City: Bokeelia	State: Florida	Zip Code: 33922
Contact Person's Telephone Number: 239-283-1071	Contact Person's Fax Number: N/A	
Contact Person's E-Mail Address: mikesm@pineislandwater.com		
Date of the end of the Lead and Copper Monitoring Period: August 6th, 2025		

II. Certification*

A. Certification by a Community Water System (CWS)

The CWS identified in Part I of this form had one or more lead and copper tap sample results for lead or for copper during the following monitoring period: 08/05/2025 to 08/06/2025

I am duly authorized to sign this form on behalf of the CWS. I certify that, no later than 30 days after the CWS received each individual lead and copper tap sample result during this monitoring period, the CWS notified each customer by mail, as required by 40 CFR 141.85(d) of the sample result.

Mikes Maillakakis 8/25/25
 Signature and Date Printed or Typed Name Title
 Mikes Maillakakis General Manager

B. Certification by a Non-Transient Non-Community Water System (or a Community Water System Serving a Facility Where the Population Served Is Prevented from Making Plumbing Improvements and Is Not Separately Charged for Water Consumption)

The PWS identified in Part I of this form had one or more lead and copper tap sample results for lead or for copper during the following monitoring period: _____

I am duly authorized to sign this form on behalf of the PWS. I certify that, no later than 30 days after the PWS received each individual lead and copper tap sample result during this monitoring period, the PWS provided notice to consumers at sample taps tested, as required by 40 CFR 141.85(d). If the system posted the sample results in a public place or common area in the building(s) where the samples were taken, then check the box below.

The PWS posted the sample results in a public place or common area in the building(s) where the samples were taken, as required by 40 CFR 141.85(d).

 Signature and Date Printed or Typed Name Title

* A community water system (CWS) shall complete the certification in Part II.A of this form unless the CWS is serving a facility (such as a prison or hospital) where the population served is prevented from making plumbing improvements and is not separately charged for water consumption, in which case the CWS may use the certification in Part II.B of this form. A non-transient non-community water system shall complete the certification in Part II.B of this form.

Public Drinking Water System
Laboratory Analysis Reporting Format
For Lead and Copper Tap Samples

CERTIFIED LABORATORY NAME: Sanders Laboratories, Inc.

HRS CERTIFICATION NUMBER: E84380

LABORATORY CONTACT:

PHONE NUMBER: 941-488-8103

Signature of Laboratory Official Reviewing Report: _____

Name (Print): _____

Date Signed: _____

TMA
TAMI Bright
8/19/25

The attached sampling analytical results were submitted by the following public water system. Each sample container contained one liter of solution (+/- 100 ml). All samples were to the best of our knowledge taken properly by the following system and analyzed in accordance with the requirements listed on page 26560 of the June 7, 1999 Federal Register. Tap sampling dates were reported for each sample received.

PUBLIC WATER SYSTEM NAME: _____

MAILING ADDRESS: _____

SYSTEM TYPE (CIRCLE ONE): _____ CWS OR NTNC _____

IDENTIFICATION NUMBER (PWS-ID) _____

POPULATION SERVED: _____

SIGNATURE OF AUTHORIZED PWS REPRESENTATIVE:

SIGNATURE: _____

NAME (PRINT): _____

DATE: _____

DER/ACPHU REVIEWING OFFICIAL:

DATA SUBMITTAL (CHECK ONE)

SATISFACTORY () UNSATISFACTORY () NOT PROPERLY IDENTIFIED ()

Lead and Copper Tap Sample Analysis and Result Ranking

Reporting Format 62-550.730(4)(a)

System Name: Greater Pine Island Water

Date Submitted to Lab: 08/06/25

PWS-ID:

Analysis Date: 8/14/25

Laboratory Name: Pace Analytical (via Sanders Laboratories) Lab Analysis method: EPA 200.8

Lab-ID: E83079

Lead or Copper (list one): Lead

Laboratory Contact Person: Tami Bright

Method Detection Limit: 0.00025 mg/L

Phone: 239-590-0337

90th Percentile Value: 0.0005

A	RANK	ID NO.	LOCATION	TIER	LAB SAMPLE ID	DATE SITE SAMPLED	LEAD (mg/L)	COPPER (mg/L)
	1		2644 West Point Ln, Matlacha		2508180-001	8/6/2025	U 0.00025	
	2		12192 Moon shell Dr; Matlacha Isles		2508180-003	8/6/2025	U 0.00025	
	3		11997 Princess Grace Dt; Cape Coral		2508180-004	8/6/2025	U 0.00025	
	4		12199 Star Shell Dr; Matlacha Isles		2508180-005	8/6/2025	U 0.00025	
	5		12256 Star Shell Dr; Matlacha Isles		2508180-006	8/6/2025	U 0.00025	
	6		5191 Mariana Dr; Bokeelia		2508180-007	8/6/2025	U 0.00025	
	7		5571 Thomas St; Bokeelia		2508180-008	8/6/2025	U 0.00025	
	8		5282 Genesee Pkwy; Bokeelia		2508180-009	8/6/2025	U 0.00025	
	9		10640 Habitat Trl; Bokeelia		2508180-011	8/6/2025	U 0.00025	
	10		5920 Marina Rd; Bokeelia		2508180-012	8/6/2025	U 0.00025	
	11		5337 Pine Creek Ln, Bokeelia		2508180-013	8/6/2025	U 0.00025	
	12		5840 Bonita Rd; Bokeelia		2508180-014	8/6/2025	U 0.00025	
	13		5952 Bonita Rd; Bokeelia		2508180-015	8/6/2025	U 0.00025	
	14		4730 Gulf Shore Rd; St James City		2508180-016	8/6/2025	U 0.00025	
	15		5253 Ridge Rd; St James City		2508180-017	8/6/2025	U 0.00025	
	16		3830 Snowbird Ln; St James City		2508180-018	8/6/2025	U 0.00025	
	17		4467 Lake Heather Cir; St James City		2508180-020	8/6/2025	U 0.00025	
	18		3457 Gasparilla St; St James City		2508180-022	8/6/2025	U 0.00025	
	19		14270 Windsong Ln; Bokeelia		2508180-023	8/6/2025	U 0.00025	
	20		7881 Barancus Ave; Bokeelia		2508180-024	8/6/2025	U 0.00025	

CERTIFICATION. The tap samples used for lead and copper analyses were submitted by the above PWS. Each sample container had one liter of solution (± 100 mL). All samples were taken properly by the above system and analyzed in accordance with the requirements in subsection 62-550.550(1), F.A.C. The sampling dates were reported for each sample received. I hereby certify that all data submitted are correct.

SIGNATURE OF AUTHORIZED LABORATORY REPRESENTATIVE: _____ *TMB*

NAME (Please Print): _____ Tami Bright _____

TITLE and DATE: _____ Office Manager _____ *8/19/25*

Lead and Copper Tap Sample Analysis and Result Ranking

Reporting Format 62-550.730(4)(a)

System Name: Greater Pine Island Water

Date Submitted to Lab: 08/06/25

PWS-ID:

Analysis Date: 8/14/25

Laboratory Name: Pace Analytical (via Sanders Laboratories) Lab Analysis method: EPA 200.8

Lab-ID: E83079

Lead or Copper (list one): Copper

Laboratory Contact Person: Tami Bright

Method Detection Limit: 0.00093 mg/L

Phone: 239-590-0337

90th Percentile Value: 0.0039

A	RANK	ID NO.	LOCATION	TIER	LAB SAMPLE ID	DATE SITE SAMPLED	LEAD (mg/L)	COPPER (mg/L)
	1		2644 West Point Ln; Matlacha		2508180-001	8/6/25		U 0.00093
	2		11997 Princess Grace		2508180-004	8/6/25		U 0.00093
	3		12199 Star Shell Dr; Matlacha Isles		2508180-005	8/6/25		U 0.00093
	4		12256 Star Shell Dr; Matlacha Isles		2508180-006	8/6/25		U 0.00093
	5		5571 Thomas St; Bokeelia		2508180-008	8/6/25		U 0.00093
	6		5282 Genesee Pkwy; Bokeelia		2508180-009	8/6/25		U 0.00093
	7		10640 Habitat Trl; Bokeelia		2508180-011	8/6/25		U 0.00093
	8		5920 Marina Rd; Bokeelia		2508180-012	8/6/25		U 0.00093
	9		4730 Gulf Shore Rd; St James City		2508180-016	8/6/25		U 0.00093
	10		5253 Ridge Rd; St James City		2508180-017	8/6/25		U 0.00093
	11		3830 Snowbird Ln; St James City		2508180-018	8/6/25		U 0.00093
	12		4467 Lake Heather Cir; St James City		2508180-020	8/6/25		U 0.00093
	13		14270 Windsong Ln; Bokeelia		2508180-023	8/6/25		U 0.00093
	14		7881 Barancus Ave; Bokeelia		2508180-024	8/6/25		U 0.00093
	15		7813 Grande Pine Rd; Bokeelia		2508180-027	8/6/25		U 0.00093
	16		14040 Clubhouse Dr; Bokeelia		2508180-028	8/6/25		U 0.00093
	17		76295 Estuary Ct; Bokeelia		2508180-029	8/6/25		U 0.00093
	18		3745 Mango St; St James City		2508180-032	8/6/25		U 0.00093
	19		2953 Bracci Dr; St James City		2508180-033	8/6/25		U 0.00093
	20		3026 York Rd; St James City		2508180-034	8/6/25		U 0.00093

CERTIFICATION. The tap samples used for lead and copper analyses were submitted by the above PWS. Each sample container had one liter of solution (± 100 mL). All samples were taken properly by the above system and analyzed in accordance with the requirements in subsection 62-550.550(1), F.A.C. The sampling dates were reported for each sample received. I hereby certify that all data submitted are correct.

SIGNATURE OF AUTHORIZED LABORATORY REPRESENTATIVE: _____ *TMB*

NAME (Please Print): Tami Bright

TITLE and DATE: Office Manager *8/19/25*

Lead and Copper Tap Sample Analysis and Result Ranking

Reporting Format 62-550.730(4)(a)

System Name: Greater Pine Island Water

Date Submitted to Lab: 08/06/25

PWS-ID:

Analysis Date: 8/14/25

Laboratory Name: Pace Analytical (via Sanders Laboratories) Lab Analysis method: EPA 200.8

Lab-ID: E83079

Lead or Copper (list one): Copper

Laboratory Contact Person: Tami Bright

Method Detection Limit: 0.00093 mg/L

Phone: 239-590-0337

90th Percentile Value: 0.0039

A	RANK	ID NO.	LOCATION	TIER	LAB SAMPLE ID	DATE SITE SAMPLED	LEAD (mg/L)	COPPER (mg/L)
	21		3446 5 th Ave; St James City		2508180-035	8/6/25		U 0.00093
	22		3264 Stabile Rd; St James City		2508180-038	8/6/25		U 0.00093
	23		4150 Lake Breeze Ln; St James City		2508180-039	8/6/25		U 0.00093
	24		3568 Clipper Ln; St James City		2508180-040	8/6/25		U 0.00093
	25		3638 Pinetree Dr; St James City		2508180-041	8/6/25		U 0.00093
	26		3836 San Carlos Dr; St James City		2508180-042	8/6/25		U 0.00093
	27		4181 Pine Tree Blvd; St James City		2508180-043	8/6/25		U 0.00093
	28		2560 Rose Ave; St James City		2508180-044	8/6/25		U 0.00093
	29		2540 Rose Ave; St James City		2508180-045	8/6/25		U 0.00093
	30		5952 Bonita Rd; Bokeelia		2508180-015	8/6/25		I 0.00094
	31		5191 Mariana Dr; Bokeelia		2508180-007	8/6/25		0.0011
	32		14300 Windsong Ln; Bokeelia		2508180-031	8/6/25		0.0011
	33		7321 Pomegranate Dr; Bokeelia		2508180-026	8/6/25		0.0012
	34		5391 Genesee Pkwy; Bokeelia		2508180-010	8/6/25		0.0013
	35		3457 Gasparilla St; St James City		2508180-022	8/6/25		0.0014
	36		11880 King James Ct; Cape Coral		2508180-002	8/6/25		0.0015
	37		2795 Sanibel Blvd; St James City		2508180-037	8/6/25		0.0015
	38		12192 Moon Shell Dr; Matlacha Isles		2508180-003	8/6/25		0.0016
	39		5337 Pine Creek Ln; Bokeelia		2508180-013	8/6/25		0.0029
	40		5840 Bonita Rd; Bokeelia		2508180-014	8/6/25		0.0032

CERTIFICATION. The tap samples used for lead and copper analyses were submitted by the above PWS. Each sample container had one liter of solution (± 100 mL). All samples were taken properly by the above system and analyzed in accordance with the requirements in subsection 62-550.550(1), F.A.C. The sampling dates were reported for each sample received. I hereby certify that all data submitted are correct.

SIGNATURE OF AUTHORIZED LABORATORY REPRESENTATIVE: _____ *TAB*

NAME (Please Print): Tami Bright

TITLE and DATE: Office Manager *8/19/25*

