

DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORTING FORMAT
(26850.730 Reporting Format Effective 01/19/95 Revised 02/2010)

INITIALS _____
 Lab Receipt Date & Time: 1-11-24 1615
 Analysis Date & Time: 1-11-24 1630
 Sample Acceptance Criteria:
 Sample Preservation: On Ice Not On Ice 2 °C
 Disinfectant Check: Not Detected _____ mg/L
 This sample does not meet the following NELAC requirements:



Tri-Tech Analytical Laboratories, Inc
 4403 Vineland Road, Suite B 12
 Orlando, Florida 32811
 DOH# E83294

Report Number: 2401380 Sub-Contract Lab ID:

County: Lake

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

Public Water System (PWS) Name: Colina Bay PWS I.D. 3384969
 PWS Address: 14734 Caravaggio Loop City: Montverde
 PWS or PWS Owner's Phone #: 352-787-2493 Fax #: 352-326-8756

Collector: mm Collector's Phone #: 352-787-2493

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: 1-11 2024 Day ___ of ___ day

Sample #	Sample Point (Location or Specific Address)	Sample Collection Time	Sample Type ¹	Disinfectant Residual (mg/L)	pH	Analysis Method(s):				
						Non-Coliform	Total Coliform	Fecal, E. coli, Enterococci, or Coliphage ²	Data Qualifier ⁴	Lab Sample #
1	Well	0658	R	0		A	A		1	
2	14938 Caravaggio Ln	0705	D	1.0		A	A		2	
3										
4										
5										
6										
7										

Average of disinfectant residuals for distribution routine & repeat samples.⁵
 Free chlorine= 1.0
 Disinfectant Residual Analysis Method:
 DPD Colorimetric Other: _____
 Person performing disinfectant analysis is (see instructions on reverse):
 A certified operator (# _____)
 Supervised by certified operator (# 0002241)
 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: 1-12-24
 Lab Signature: [Signature]
 Title: _____

General Utilities Corporation
 P.O. Box 491221
 715 W. Main Street
 Leesburg, FL 34749-1221

DEP/DOH USE ONLY
 Satisfactory
 Replacement Samples Required
 Incomplete Collection Information
 Repeat Samples Required
RECEIVED
 FEB 08 2024
 DEP Central District

For Sample Types see Instructions item I 16.
 For Analysis Methods see Instructions item II 6.
 Please circle appropriate selection.
 Defined in Florida Administrative Code Rule 62-160, Table 1.
 Complete for community & non-transient non-community systems serving populations up to and including 4,900. Do not include raw or plant sample.
 Date: **REVIEWED** DEP/DOH Reviewing Official:
 By Smicherko_J at 9:11 am, Feb 13, 2024