

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: COLINA BAY PWS I.D. #: 3354969  
System Type (check one):  Community  Nontransient Noncommunity  Transient Noncommunity  
Address: CARAVAGGIO LOOP  
City: MONTVERDE ZIP Code: 34756  
Phone #: (877)275-6374 Fax #: \_\_\_\_\_ E-Mail Address: NA

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: 497197DW1 Sample Date: 01/25/2022 Sample Time: 08:00 AM PM (Circle One)  
Sample Location (be specific): POE - CoB Location Code: POE - CoB

Disinfectant Residual (required when reporting 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
- Avg Residence Time
- Near First Customer

Reason(s) 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, DON HARRIS, OPERATOR, do HEREBY CERTIFY  
(Print Name) (Print Title)

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

Signature: [Signature] FOR DH Date: 1 Feb 2022  
Certified Operator #: 0002241 Phone #: 352-787-2493 Sampler's Fax: \_\_\_\_\_  
Sampler's E-Mail: \_\_\_\_\_

**REVIEWED**  
By Marcos Ruiz at 9:10 am, Feb 03, 2022

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

Lab Name: Flowers Chemical Laboratories, Inc.

Florida DOH Certification #: E83018

Certification Expiration Date: 6/30/2022

ATTACH CURRENT DOH ANALYTE SHEET\*

Address: P. O. Box 150597, Altamonte Springs, FL 32715-0597

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: 01/25/2022

PWS ID (From Page 1): 3354969

Sample Number (From Page 1): 497197DW1

Lab Assigned Report # or Job ID: 497197

Group(s) analyzed and 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 type="checkbox"/> Partial	<input type="checkbox"/> All Except Dioxin	<input type="checkbox"/> Partial	<input type="checkbox"/> Haloacetic Acids	<input type="checkbox"/> Qtrly Composite**	<input type="checkbox"/> Partial
<input checked="" type="checkbox"/> Nitrate	<input type="checkbox"/> Partial		<input type="checkbox"/> Chlorite		
<input checked="" type="checkbox"/> Nitrite	<input type="checkbox"/> Dioxin Only		<input type="checkbox"/> Bromate		
<input type="checkbox"/> Asbestos					

**LAB CERTIFICATION**

I, Jefferson S. Flowers, Technical Director, do HEREBY CERTIFY that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).

Signature:



Date: 01/27/2022

\* Failure to provide a valid and current Florida DOH certification number and a current Analyte Sheet for the attached analysis results will result in rejection of the report and 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 AND NOTIFICATION IS REQUIRED WITHIN 24 HRS FOR NITRATE 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: \_\_\_\_\_

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INORGANIC CONTAMINANTS  
62-550.310(1)

Report Number / Job ID: 497197DW1  
PWS ID (From Page 1): 3354969

<b>Contam ID</b>	<b>Contam Name</b>	<b>MCL</b>	<b>Units</b>	<b>Analysis Result</b>	<b>Qualifier</b>	<b>Analytical Method</b>	<b>Lab MDL</b>	<b>Analysis Date</b>	<b>Analysis Time</b>	<b>DOH Lab Cert #</b>
1040	Nitrate (as N)	10	mg/L	0.200	U	EPA300.0	0.200	01/26/22	12:45 PM	E83018
1041	Nitrite (as N)	1	mg/L	0.200	U	EPA300.0	0.200	01/26/22	12:45 PM	E83018