

LOB

DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORTING FORMAT

INITIALS DH

Lab Receipt Date & Time: 12-22-21 / 1645
Analysis Date & Time: 12-22-21 / 1702
Sample Acceptance Criteria:
Sample Preservation: On Ice Not On Ice 22°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

21 12
499
(ker)
(ker)
(ucker)

County: Lake

Report Number: 2112499 Sub-Contract Lab ID:

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.

3	3	5	4	9	6	9
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PWS Address: Caravaggio Loop City: Montverde

PWS or PWS Owner's Phone #: 352-787-2493 Fax #: 352-326-8756

Collector: Jim Harris 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: ** 22 Dec 2021 Day ___ of ___ day

Sample #	Sample Point (Location or Specific Address)	Sample Collection Time	Sample Type ¹	Disin- fectant Residual (mg/L)	pH	Analysis Method(s): 9222 BMF				
						Non- Coliform	Total Coliform	Fecal, E. coli, Enterococci, or Coliphage ³	Data Qualifier ⁴	Lab Sample #
1	Well	1200	R	0.0		A	A		1	
2	14512 Caravaggio Loop	1210	D	0.7		A	A		2	
3										
4	RECEIVED									
5	JAN 10 2022									
6	DEP Central District									
7										

Average of disinfectant residuals for distribution routine & repeat samples.⁵
Free chlorine= 0.7

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: 12-24-21
Lab Signature: _____
Title: _____

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

DEP/DOH USE ONLY
REVIEWED
 Replacement Samples Required
By William Gillett at 1:41 pm, Jan 10, 2022
 Repeat Samples Required

¹ For Sample Types see instructions item I 16.
² For Analysis Methods see instructions item II 6.
³ Please circle appropriate selection.
⁴ Defined in Florida Administrative Code Rule 62-160, Table 1.
⁵ Complete for community & non-transient non-community systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.

Date Reviewed by DEP/DOH: _____ DEP/DOH Reviewing Official: _____