

RECEIVED

MAY 12 2021

CoB

DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORTING FORMAT



INITIALS DH

Lab Receipt Date & Time: 4-14-21 1700

Analysis Date & Time: 4-14-21 1715

Sample Acceptance Criteria:

Sample Preservation:  On Ice  Not On Ice  °C

Disinfectant Check:  Not Detected  mg/L

This sample does not meet the following NELAC requirements:

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

Report Number: 21-01-374 Sub-Contract Lab ID:

County: Lake

Analysis Requested: (check all that apply)  
 Total Coliform/E. coli  Total Coliform/Fecal<sup>2</sup>  Enterococci  Coliphage  HPC  Other: \_\_\_\_\_

Public Water System (PWS) Name: Collina 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: \*\* 14 April 2021\*\* Day \_\_\_\_\_ of \_\_\_\_\_ day

Sample #	Sample Point (Location or Specific Address)	Sample Collection Time	Sample Type <sup>1</sup>	Disinfectant Residual (mg/L)	pH	Analysis Method(s):				
						9222 BMF				
						Non-Coliform	Total Coliform	Fecal, E. coli, Enterococci, or Coliphage <sup>3</sup>	Data Qualifier <sup>4</sup>	Lab Sample #
1	Well	0930	R	0.0		A	A			1
2	14808 Berromini HB	0940	D	0.4		A	A			2
3										
4										
5										
6										
7										

Average of disinfectant residuals for distribution routine & repeat samples.<sup>5</sup>  
 Free chlorine = 0.4

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: 4-15-21

Lab 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

**REVIEWED**

By Carolynn Turneur at 11:48 am, May 13, 2021

Date Reviewed by DEP/DOH: \_\_\_\_\_ DEP/DOH Reviewing Official: \_\_\_\_\_

<sup>1</sup> For Sample Types see Instructions item I 16.  
<sup>2</sup> For Analysis Methods see Instructions item II 6.  
<sup>3</sup> Please circle appropriate selection.  
<sup>4</sup> Defined in Florida Administrative Code Rule 62-160, Table 1.  
<sup>5</sup> 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.