

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

24 02
360
Sticker

INITIALS _____
 Lab Receipt Date & Time: 2-13-24 1615
 Analysis Date & Time: 2-13-24 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:

Report Number: 2402360 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.

3	3	5	4	9	6	9
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PWS Address: 17 Carravagio Dr City: Moltverbe

PWS or PWS Owner's Phone #: 352-787-2492 Fax #: 352-326-8756

Collector: [Signature] 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: ** 2-13 **2024 ** Day _____ of _____ day

To be completed by collector of sample						To be completed by lab				
Sample #	Sample Point (Location or Specific Address)	Sample Collection Time	Sample Type ¹	Disinfectant Residual (mg/L)	pH	Analysis Method(s): 9222 BMF				
						Non-Coliform	Total Coliform	Fecal, <i>E. coli</i> , Enterococci, or Coliphage ³	Data Qualifier ⁴	Lab Sample #
1	Well	0103	R	0			A	A		1
2	166810 Carravagio Dr	0215	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: 2-14-24
 Lab Signature: _____
 Title: _____

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

REVIEWED DEP/DOH USE ONLY
 By A. Cameron at 10:53 am, Mar 12, 2024

RECEIVED
 MAR 08 2024
 DEP Central District

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

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.