

COB

DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORT FORMAT

INITIALS DH

Lab Receipt Date & Time: 12-19-22 16:30

Analysis Date & Time: 12-19-22 16:45

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

22 12  
 4:00  
 Lab Sticker

Report Number: 2212410 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: Caravaggio loop City: montverde

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

Collector: Om Nails 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: \*\* 19 Dec 2022\*\* Day \_\_\_\_\_ of \_\_\_\_\_ day

Sample #	Sample Point (Location or Specific Address)	Sample Collection Time	Sample Type <sup>1</sup>	Disin- fectant Residual (mg/L)	pH	Analysis Method(s) <sup>2</sup>				
						9222 BMF	Non- Coliform	Total Coliform	Fecal, E. coli, Enterococci, or Coliphage <sup>3</sup>	Data Qualifier <sup>4</sup>
1	Well	0800	R	0.0			A	A		1
2	16512 Caravaggio Loop H.B.	0810	D	1.2			A	A		2
3										
4										
5										
6										
7										

Average of disinfectant residuals for distribution routine & repeat samples.<sup>5</sup>  
 Free chlorine= 1.2

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: 12-20-22  
 Lab Signature: \_\_\_\_\_  
 Title: \_\_\_\_\_

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

DEP/DOH USE ONLY

**RECEIVED**

JAN 11 2023

DEP Central District

Satisfactory  
 Replacement Samples Required  
 Incomplete Collection Information  
 Repeat Samples Required

**REVIEWED**  
 By Browning\_B at 5:22 pm, Jan 13, 2023

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.