

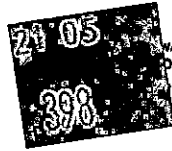
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COB

JUN 09 2021

DEP Central District

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



WATER MICROBIAL SAMPLE COLLECTION
LABORATORY REPORTING FORMAT
(Reporting Format Effective 01/17/05, Revised 02/2016)

INITIALS DH

Lab Receipt Date & Time: 5-13-21 1645

Analysis Date & Time: 5-13-21 1702

Sample Acceptance Criteria: 2

Sample Preservation: On Ice Not On Ice °C

Disinfectant Check: Not Detected mg/L

This sample does not meet the following NELAC requirements:

Report Number: 21-05-398 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. 3354969
PWS Address: Caravaggio Loop City: Montverde
PWS or PWS Owner's Phone #: 352-787-2493 Fax #: 352-326-8756

Collector: DM 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: ** 13 May 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): <u>9222 BMF</u>				
						Non- Coliform	Total Coliform	Fecal, E. coli, Enterococci, or Coliphage ³	Data Qualifier ⁴	Lab Sample #
1	Well	0800	R	0.0		A	A		1	
2	16524 Caravaggio loop HB	0810	D	0.6		A	A		2	
3										
4										
5										
6										
7										

Average of disinfectant residuals for distribution routine & repeat samples.⁵
Free chlorine = 0.6

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: 5-14-21

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

REVIEWED
By Carolynn Turneur at 4:26 pm, Jun 09, 2021

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

¹ For Sample Types see Instructions item I 1.6.
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.