

DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORTING FORMAT

- 6681 Southpoint Pkwy. • Jacksonville, FL 32216 • 904.363.9350 • Fax 904.363.9354 • E82574
- 4965 SW 41st Blvd • Gainesville, FL 32608 • 352.377.2349 • Fax 352.395.6639 • E82001
- 10200 USA Today Way • Miramar, FL 33025 • 954.889.2288 • Fax 954.889.2281 • E82535
- 9610 Princess Palm Ave. • Tampa, FL 33619 • 813.630.9616 • Fax 813.630.4327 • E84589
- 380 Northlake Blvd., Suite 1048 • Altamonte Springs, FL 32701 • 407.937.1594 • E53076
- 2639 N. Monroe St., Suite D, Tallahassee, FL 32303 • 850.219.6274 • Fax 850.219.6275 • E811095
- 13100 Westlinks Terrace, Unit 10, Fort Myers, FL 33913 • 239-674-8130 • Fax 239-674-8128 • E84492



Advanced Environmental Laboratories, Inc.



*** A 2 0 1 0 1 7 2 ***

Lab Receipt Date & Time: 12/2/2020 16:30
 Analysis Date & Time: 12/2/20 17:00
 Sample Acceptance Criteria:
 Sample Preservation: On Ice Not On Ice 4°C
 Disinfectant Check: Not Detected _____
 This Sample does not meet the following NELAC requirements: _____

Report Number: _____ 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.: 335 4969

PWS Address: Caravaggio Loop City: Montverde FL

PWS or PWS Owner's Phone #: 727-848-8292 Fax #: 727-848-7701

Collector: Trevor Howell Collector's Phone #: _____

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: 12-2-20

DN# AD-D045 Effective 01/95, Printable Revision 4/11/17

Sample #	Sample Point (Location or Specific Address)	Sample Collection Time (24 hr clock)	Sample Type	Disinfectant Residual (mg/L)	pH	Analysis Method(s) <u>42235</u>				
						Non-Coliform	Total Coliform	Fecal <i>E. coli</i> , Enterococci, or Coliphage	Data Qualifier*	Lab Sample #
CB1	Raw Well	730	R	0		A	A			1
CB2	16512 Caravaggio Loop	745	D	0.8		A	A			2

Average of disinfectant residuals for distribution routine & repeat samples: Free chlorine or Total chlorine (check one). 0.8

Disinfectant Residual Analysis Method:

- DPD Colorimetric Other: _____

Person performing disinfectant analysis is (Check one of below):

- A certified operator (# 017573)
 Supervised by certified operator (# _____)
 Employed by a certified lab Employed by DEP or DOH
 Authorized representative of supplier of water

(INSERT NAME AND MAILING ADDRESS OF PERSON TO RECEIVE REPORT)

US WATER
4939 Cross Bayou Blvd
New Port Richey, FL

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: _____

Lab Signature: [Signature]

Title: DN

Date & Time Report Issued: _____

Satisfactory DEP/DOH USE ONLY

REVIEWED
 By Ruiz_M at 9:30 am, Jan 11, 2021

DEP/DOH Reviewing Official: _____

1. Indicate the sample type for each sample collected. Sample type codes are: D = Distribution (routine compliance), C = Repeat/Check, R = Raw, N = Entry Point to Distribution, P = Plant Tap, S = Special (clearance, etc.).
 2. Lab certification number for the listed method is included at top with the laboratory address.
 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.
- Results Key: A = Coliforms are absent; P = Coliforms are present; C = confluent growth; TNTC = too numerous to count (62-550.730 Reporting Format).

Relinquish By: _____

Date: _____ Time: _____

Received By: [Signature]

Date: 12/2/2020 Time: 14:45