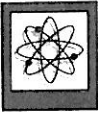


**DRINKING WATER BACTERIOLOGICAL SAMPLE COLLECTION AND LABORATORY REPORT**



FLDOH Lab Certification #E83018

481 Newburyport Ave., Altamonte Springs, FL 32701 407-339-5984  
 P.O. Box 15097, Altamonte Springs, FL 32715-0597 407-260-6110 fax

- Analysis Requested:**  
 Present / Absent Standard Coliform Test  
 HPC

System Name \_\_\_\_\_

System Address \_\_\_\_\_

City \_\_\_\_\_

System or Owner's Phone # \_\_\_\_\_

Collector \_\_\_\_\_

**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 only one)     Routine Compliance     Repeat     Replacement     Main Clearance     Well Survey     Other

**Sample Collection Date:** \_\_\_\_\_    **P = Coliforms Are Present    A = Coliforms Are Absent    TNTC = Too Numerous To Count**

Lab Receipt Date & Time: \_\_\_\_\_

Analysis Date & Time: \_\_\_\_\_

**Sample Acceptance Criteria:**  
 Sample Preservation     On Ice     Not On Ice     \_\_\_\_\_ °C  
 Disinfectant Check     Not Detected     \_\_\_\_\_ mg/L

PWS I.D. #

Fax # 407-327-6023

Collector's Phone # \_\_\_\_\_

To be completed by collector of sample						To be completed by lab				
Sample Number	Sample Point (Location or Specific Address)	Collection Time	Sample Type <sup>1</sup>	Disinfect Resid (mg/L)	pH	Total Coliform: <input type="checkbox"/> SM 9222B-MF or <input type="checkbox"/> COLITAG				
						Confirmation: Fecal Coliform or E. coli by COLITAG				
						Lab Sample Number	Non Coliform	Total Coliform	Fecal or E. coli	Q <sup>2</sup>

**Average of disinfectant residuals for routine and repeat samples.** (Complete for community and non-transient non-community systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.)

<sup>2</sup>Defined in Florida Administrative Code Rule 62-160, Table 1  
 All tests are performed in accordance with NELAC standards.

**Disinfectant Residual Analysis Method:**     DPD Colorimetric    Other: \_\_\_\_\_  
**Person performing analysis is**  
 A certified operator (# \_\_\_\_\_)     Employed by a certified lab  
 Supervised by a cert operator (# \_\_\_\_\_)     Employed by DEP or DOH

Date PWS notified by lab of positive results: \_\_\_\_\_  
 Date State notified by lab of positive results: \_\_\_\_\_

Lab Signature: \_\_\_\_\_

Laboratory Director or designee

*Name and Mailing Address of Person to Receive Report*

**DEP/DOH USE ONLY**

Satisfactory  
 Incomplete Collection Information  
 Repeat Samples Required  
 Replacement Samples Required

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