. د د	DRINKING WATER BA AND LABOR 62-550.7301		REPO	RTIN	G FORM		ION			
	Columbia County H 217 NE Fran Lake City, Flo 386-758	nklin Stree orida 3205	t	Г		pt Date & Ti	sh	lune	2470	ber.
	Lab ID #	00787			Lao Recei Analysis D	pt Date & Ti Date & Time:	me: <u>9</u> ,• <b>8/</b> •	1/10 2	3200	BAC.
	umber: Sub-Contract Lab ID:			_	Sample A	cceptance	Criteria:		•	
🛛 🔀 Total C	S Requested: (please check all that apply) Colifor/E. coli				Disinfectant	servation Check does not me	Not Dete	ected		mg/L
System	Name: COLUMBIA COUNTY-ELLISVILLE PL	UBLIC	Supp	רא_	PWS	5 I.D.				
System A	ddress: <u>135 NE HERNANDO AVEN</u> r Owner's Phone #: <u>386-758 - /004</u>	<u>ue</u>	(	City:	LAK	E <u>CIT</u>	Y <u>, F</u>	<u>L.3</u>	2055	5
	r Owner's Phone #: 386-758 - /004	5	F	=ax #: _	386	<u>- 755</u>	<u>- 29.</u>	<u>34</u>	0.110	<u> </u>
	r: RONNIE HUGHES		(	Collecto	or's Phone	#: <u>386</u>	<u>- 75</u>	2-1	<u>840</u>	
	•	n-communi Sv	ity Water vimming	Syster Pool	n					er System
Distribu <b>X</b> Clearar		ed or asses ple being re	sment) eplaced)	□Raw □Boil	v (triggered Water No	d or assessn tice     ⊡Othe	nent) add r	itional	□Well S	Survey
	Collection Date: <u>08/04//0</u>	and the first of the								watering the factor
		Collection and the second				- Allenance of 1	2.0 8.2 10 16 14	A AND A STORE		ilert, SM9223B
Sample Number	Sample Point (Location or Specific Address)	Collection	Sample Type'	Resd pri		<u> </u>	19R	8/4/10		
( <sup></sup> )				(mg/L	)	Non Coliform	Total Coliform	Fecal or E. coli	Data Qualifier <sup>2</sup>	Lab Sample Number
8	SAMPLE SPIGOT	6:30	r		-		A	A		103589
	10,000 GALLON TANK	AM								
	ELLISVILLE I-75/441									
9		1.25			_		A	1		103590
	SAMPLE SPIGOT	1:35			-		<u></u>	A		103310
	10,000 GALLON TANK	pm			_		-		<u> </u>	
	ELLISVILLE I-75/441	r								
Free ( Disinfect	of disinfectant residuals for routine and repeat sample: Chlorine ☐ Total Chlorine tant Residual Anatysis Method: Colorimetric ☐ Other:					otherwise noted, Is, and the resul	ts relate only	lo lhe sam	ples.	
A cert	Derforming analysis is (Please see instructions on rever ified operator (#)	se):		Date/1	 lime PWS n	otified by lab o	of positive r	esuits		
Emplo	vised by a cert operator (#	)		Date/1	time State n	otified by land o	of positive	esuts:		
	rized representative of supplier of water syed by <del>DEP/</del> DOH			Lab	Signature		OMA			
Name an	d Mailing Address of Person to Receive Report				report is		s no 5/10	5R		
🗆 Mail to	above address	7EG		🕅 Sati	isfactory	-			P/DOH U	JSE ONLY
$\sum_{i=1}^{j}$	HUGHES WELL DRILLING & PUMP SERVICE, LLC 12367 N. U.S. Hwy. 441	canze 1		Inco   Rep   Rep	omplete C beat Sam blacemen	Collection In ples Requi t Samples	red Require	d,		
1. D = Distrib S = Special	(clearance, etc.).	15 4 103 375	(	Date R	eviewed b	y <del>DEP/</del> DOH	1: <u>8/5</u>	5/13		
<ol> <li>Defined in 1</li> <li>Complete for</li> </ol>	Florida Administrative Code Rule 62-160, Table 1. or community & non-ransient non-community systems serving populations up to and including 4, i samples in the average.	<i>/</i> 0	, 107   f	DEP/D	OH Revie	wing Officia	1: <b>[</b> PL	<u> </u>		

		DRINKING WATER BAC AND LABOR 62-550.730 Rd		REPO	RTING	<b>FORMA</b>		ION			
_		Columbia County He 217 NE Frant Lake City, Flo	klin Street	t	nt						
\ 		386-758-		-		Lab Receipt	Date & Tir	ne' 7/	27/104	2-2260	BC
		Lab ID #2	22787			Analysis Da			olio c	- 3000	A
	Report Nu	mber: Sub-Contract Lab ID:				Sample Aco					
	Analysis Total C	Requested: (please check all that apply) colifor/E. coli				Sample Prese Disinfectant C This sample d	rvation k heck	On Ice Not Dete	ected		mg/L
	System I	Name: ColyMBIA COUNTY ELLISVILLE A	blic Su	1 <b>fPLY</b> :	WEL #2	L PWS I	.D.				
		ddress: 135 NE HERNANDO AVE		(	City:	LAKE	CITY,	FL.	. 32	055	
	System or	Owner's Phone #: 386 - 758 - 1005		(	Fax #: _	<u> 386 -</u>	<u>755 755 755 755 755 755 755 755 755 755</u>	- 29	34		
	Collecto	RONNIE HUGHES		(	Collecto	or's Phone #	384	<u> </u>	52-1	1840	
	Type of a	Supply: (check only one)									
		unity Water System	n-communi Sv			n				nity Wate	er System
	Distribu <b>X</b> Clearar	4 /	d or asses ble being re	sment) eplaced)	∏Rav ∏Boil	v (triggered o Water Notic	or assessm ceOthe	nent) add r	itional	UWell S	Survey
		Collection Date: <u>07/27//0</u>					Start in the last		Statute (1814), p. 116 (1976), and 119		93 - 100 B.C
	Eab use	TS be dompleted by collection	r of the of	81 <u>8</u> -23	<u> (2000)</u>		A DEVICE PRODUCE				
	Sample	Sample Point	Collection	Sample	Disinfe		Incubator	-			lilert, SM9223B
	Number	(Location or Specific Address)	Time	Type <sup>1</sup>	Res'd		Non	Total	Fecal or	Data	Lab Sample
	) 28	WELL HEAD # 2	6:30				Coliform	Coliform	E. coli A	Qualifier <sup>2</sup>	Number 103463
		ELLISVILLE - 1-75/44/	AM								
	29	WELL HEAD # 2	1:35	-				A	A		103464
		ELLISVILLE - T-75/44/	PM						-		
			2			Unless of	erwise noted	all tests are	performed	in accordan	ce with NELAC
	Disinfect	of disinfectant residuals for routine and repeat samples Chlorine Total Chlorine ant Residual Analysis Method: Colorimetric Other: erforming analysis is (Please see instructions on reverse					and the result	is relate onl	y to the sam		<b>L</b>
	□ A certi	fied operator (#) vised by a cert operator (#)	, )		Date/	time PWS not	ified by lab c	of positive	results		
	☐Emplo	yed by a certified lab	/		Date/	time State not	ified by land	f positive	results:		
		ized representative of supplier of water yed b <del>y DE</del> P/DOH			Lab	Signature		OM-		>	
						:	LA	<u>s</u> ma	5 <b>%</b> _		
	Name an	d Mailing Address of Person to Receive Report			Date	rep <mark>ort iss</mark>	ued: <u>?/</u> 2	18/10			
	🗆 Mail to	& PUMP SERVICE, LLC				isfactory		formati		P/DOH	USE ONLY
		12367 N. U.S. Hwy. 441	EL	$\mathcal{Y}$	🗌 Rep	omplete Co peat Sampl	les Requi	red			
`1		AKE CITY, FLORIDA 32055	tire		·	blacement	•		28/10		
	S = Special	ution (routine compliance), C = Repeat/Check, R = Raw, N = Entry Boint to District and the Plant (clearance.etc.). Torida Administrative Code Rule 62-160, Table 1.	t Tap.			eviewed by		¨ à			———
	<ol><li>Complete for</li></ol>	10nda Administrative Code Kule 62-160, 1able 1. r community & non-transient non-community systems serving populations up to and including 4.9 samples in the average.	00. Do not includ	۰ <b>ا</b>	DEP/D	OH Review	Ing Officia	צ:			

		DRINKING WATER BA AND LABOR 62-550.730 F		REPO	RTIN	G FORMA		ION			
_	1. 1. 1.	Columbia County H 217 NE Fran Lake City, Flo	ealth De klin Stree orida 3205	partme							
\ 		386-758	-1058			Lab Receipt	Date & Tir				
		Lab ID #	22787			Analysis Da	ite & Time:	<u>)</u>	27/100	<u>م دهر -</u>	- tor-
		nber: Sub-Contract Lab ID:				Sample Ac	•		_	_	116
	Total Co	Requested: (please check all that apply) blifor/E. coli				Sample Prese Disinfectant C This sample d	heck 🕅	🕯 Not Det	ected		mg/L ments:
	System N	ame: COLUMBIA COUNTY-ELLISVILLE PUB	<u>blic Su</u>	<u> </u>	₩E # ]	L PWS	I.D.				
	System Ad	dress: 135 NE HERNANDO AVE	NUE		City:	LAKE 386-	Сіту,	FL.	320	55	
	System or (	Owner's Phone #: <u>386 - 758 - 1005</u>									
	Collector	RONNIE HUGHES			Collecto	or's Phone #	38	<u>6 - 7</u>	<u>52-</u>	1840	<u> </u>
	Type of S	upply: (check only one)									
	Limited U	•	n-communi ∐Sv			n				nity Wate	er System
	Distributi		ed or asses ple being re	ssment) eplaced)	□Rav □Boil	/ (triggered o Water Notic	or assessm ce □Othe	nent) add r	itional	UWell S	Survey
	Sample C	Collection Date:27//0									
			e normanacer dellacter dates								
	Sample	Sample Point	Collection	Sample	Disiníe				lı Analysis M	Aethod: Col	ilert, SM9223B
	Number	(Localion or Specific Address)	Time	Type <sup>1</sup>	Res'd		Incubator Non	Total	Fecal or	Data	Lab Sample
ĸ	26	WELL HEAD #	6:25				Coliform	Coliform A	E. coli	Qualifier <sup>2</sup>	Number 103461
		ELLISVILLE - I-75/441	AM	1				_			
		/									
	27	WELL HEAD # 1	1:3D		-			A	A		103462
		ELLISVILLE - 1-75/44/	Pm	 	-	_					
			<u> </u>			Uniess oth	erwise noted.	all tests are	performed i	n accordan	e with NELAC
	Free Cl Disinfecta	ent Residual Analysis Method:				standards,	and the result	ulta: X=	amodilao	ples. <b>Ire ubseri</b> <b>ire proseri</b>	
	A certifi	erforming analysis is (Please see instructions on reversed operator (#)	se):		Date/	ime PWS not	ified by lab o	f positive	results:		
	Supervi	sed by a cert operator (#	)			ime State not	· •	•			
	Authoriz	zed representative of supplier of water ed b <del>y DE</del> P/DOH			Lab	Signature:	1-1	OM	v >		
	<b>H</b> Employ					:	LAG	, MG	r_		
	Name and	Mailing Address of Person to Receive Report			Date	report iss	ued: 7/	20/10			
	□ Mail to							•	DE	P/DOH U	JSE ONLY
)		Address of Person to Receive Report UCHES WELL DRILLING & PUMP SERVICE, LLC <sup>C Pickup</sup> 12367 N. U.S. Hwy. 441 AKE CITY, FLORIDA 32055		$\square$	🗂 Inco 🔲 Rep	sfactory omplete Co peat Sampl placement	les Requir	ed			
	<ol> <li>D = Distributi</li> <li>S = Special (cl</li> </ol>	on (routine compliance), $C = Repeat/Check$ , $R = Raw$ , $N = Entry Point to Distribution$ , $P = Plan (carance, etc.)$ .	 (Тар,	I	Date R	eviewed by	<del>DEP</del> /DOH	1:	128/10		
	<ol> <li>Defined in Flo</li> <li>Complete for a</li> </ol>	rida Administrative Code Rule 62-160, Table 1. community & non-transient non-community systems serving populations up to and including 4,5 amples in the average.	900. Do not includ	ie -	DEP/D	OH Review	ing Official	<b>ئىل</b> _: 	*()		

	DRINKING WATER BA AND LABOR 62-550.730 I		REPO	RTIN	G FORMA		ION			
	Columbia County H 217 NE Fran Lake City, Flo 386-758	nklin Stree prida 3205	t	Г				hele		And I
		50707			Lab Receipt Analysis Dat			<u>ncho</u> (	- 300	BAC
Report Nur	Lab ID # Sub-Contract Lab ID:				-			<u>NGIIO</u>		
Analysis	Requested: (please check all that apply) olifor/E. coli				Sample Acc Sample Prese Disinfectant C This sample d	rvation heck oes not mee	On Ice Not Det	Not O ected wing NEL/	n Ice	<b>7.2</b> ments:
System N	lame: COLUMBIA COUNTY-ELLISYILLE PU	<u>blic Si</u>	upply	WE # 2	EL PWSI	.D.				
System Ad	dress: 135 NE HERNANDO AVI	ENUE		<b>C</b> ite //	1 AHE	CITY		スク	NEE	
System or	Owner's Phone #: 386 - 758 - 7005			City: Fay #·	386	- 755	5-2	934	033	
Collector	RONNIE HUGHES									2
	upply: (check only one)			0011000			<b>~</b> _/		/0/-	
	nity Water System	n-communi Sv	ity Wate wimming	r Systei Pool	n				inity Wate	er System
Distribut	or Sampling: <sub>(check all that apply)</sub> ion Routine Distribution Repeat Raw (triggere ce Replacement (also check type of samp	ed or asses ple being re	sment) eplaced)	□Rav □Boil	v (triggered o Water Notic	orassessπ e ∐Othe	nent) add r	ditional	⊡Well S	Survey
	Collection Date: 07/26//0		_							
Lati Jaya					free and the second					
Sample	Sample Point	Collection	Sample	Disinfe		Incubalor		bli Analysis I	Method: Co	lilert, SM9223B
Number	(Location or Specific Address)	Time	Type <sup>1</sup>	Res'd		Non	Total	Fecal or	Data	Lab Sample
		r				Coliform	Coliform	1.	Qualifier <sup>2</sup>	Number
ai	WELL HEAD # 2	5:40					<u>A</u>	A		103428
	ELLISVILLE - I-75/44/	AM								
22	WELL HEAD # 2	1:10					A	A		103429
	ELLISYILLE - I-75/44/	PM								
Average of	of disinfectant residuals for routine and repeat samples	3.						•		ce with NELAC
Free Cl Disinfecta					standards,	and the resull <b>Rea</b>	ulte: A=	collignes	ples. Are absent are presen	
Person pe	erforming analysis is (Please see instructions on reversed operator (#	se):		Deta						
	led operator (#) ised by a cert operator (#) red by a certified lab	)			ime PWS noti ime State noti		•			
	ed by a centred tab zed representative of supplier of water red b <del>y DEP/</del> DOH				Signature	- 124	on	$\mathcal{V}^{>}$		
					: :		s M	GR		
Name and	Mailing Address of Person to Receive Report				report issu					
								DE	EP/DOH U	JSE ONLY
	& PUMP SERVICE, LLC				sfactory mplete Co	llection Ir	formati	On		
	12367 N. U.S. Hwy. 441			Rep	eat Sample	es Requii	red			
۲	LAKE CITY, FLORIDA 32055		1 1		lacement S	•		1		ļ
S = Special (c	ion (routine compliance), C = Repeat/Check, R = Raw, N = Entry Point to Distribution, P = Plan -learance, etc.). orida Administrative Code Rule 62-160, Table 1.	it Tap.			≎viewed by <sup>-</sup> ⊃H Reviowi		70~	<u></u> 7		
	orida Administrative Code Rule 62-160, Table 1. community & non-transient non-community systems serving populations up to and including 4.5	900. Do not includ	_   1	DEP/D	OH Reviewi	ng Officia	: 1	1		

Defined in Florida Administrative Code Rule 62-160, Table 1.
 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.

		DRINKING WATER BAC AND LABOR 62-550.730 R		REPO	RTIN	G FORM		ION			
_		Columbia County He 217 NE Franl Lake City, Flo	klin Stree	t	nt						- 1
١		386-758	-1058			Lab Receip	ot Date & Tir	ne: 7/	zcho e	-1510	BA
		Lab ID #	22787				ate & Time:		26/10		SAC 1
		nber: Sub-Contract Lab ID:	-				cceptance			•	C 2
		Requested: (please check all that apply) blifor/E. coli				Sample Pres	servation	On Ice Not Det		nice	∘C 
							does not mee	•		C requirer	
		ame: <u>Columbia County- Ellisville Pu</u>				_ PWS	L				
	System Ad	dress: 135 NE HERNANDO AVEN Owner's Phone #: 386-758-1005	UE		City:	LAKE	CITY,	FL.	320	55	
	System or	Owner's Phone #: 386-758 - 1005			Fax #: _	_38	<u>6 - 75</u>	<u>5 - 2</u>	<u>934</u>	•	
	Collector	RONNIE HUGHES		(	Collecto	or's Phone	#: <u>384</u>	<u>6 - 7</u> 5	52-1	840	
	Type of S	upply: (check only one)									
	Commu	nity Water System	n-communi ∏Sv	ity Wate wimming	r Syster Pool	n				nity Wate	er System
	Distribut	or Sampling: <sub>(check all that apply)</sub> on Routine Distribution Repeat DRaw (triggere e DReplacement (also check type of samp	ed or asses ble being re	sment) eplaced)	□Rav □Boil	v (triggered Water Not	l or assessπ lice ⊡Othe	nent) ado r	litional	UWell S	Survey
		ollection Date: 07 / 26 / 10									
		The completed by collector						Sala and		2 . 4 *2	
			T		Disinfe	at			li Analysis I	Method: Col	ilert, SM9223B
	Sample Number	Sample Point (Location or Specific Address)	Collection Time	Sample Type <sup>1</sup>	Res'd	рН	Incubator		1	T	
1.1.1	) <u>a</u>		F.25		(ing/L	,	Non Coliform	Total Coliform	Fecal or E. coli	Data Qualifier <sup>2</sup>	Lab Sample Number
		WELL HEAD # 1	5:35	•		_			A		103425
		ELLISVILLE - I-75/441	AM								
	20	WELL HEAD #1	1:05		-			A	A		103426
		ELLISVILLE - I-75/441	PM						·		
						_					
			3			Unless o	Iherwise noted,	all tests are	performed	in accordance	ce with NELAC
	Free Cl Disinfecta	nt Residual Analysis Method:				standard	s, and the resul	San San	y to the san		
	Person pe	erforming analysis is (Please see instructions on reverse ed operator (#)	se):		Date/	time PWS n	otified by lab o	of positive	results:		
		ed by a certified lab	)				otified by has a				
	Authori	ed by <del>DEP</del> /DOH			Lab	Signature	: Vil	ball	$\square$		
						:		s MG	$\sim$		
	Name and	Mailing Address of Person to Receive Report					sued: 7/2	1			
	Mall to a	WGHES WELL DRILLING Ickup	,	<u> </u>	XI Sat	isfactory			DE	P/DOH U	JSE ONLY
	Į į	& PUMP SERVICE, LLC			🗋 Inco	omplete C	ollection Ir		on		
	)	12367 N. U.S. Hwy. 441					ples Requi t Samples		d		
~ •		AKE CITY, FLORIDA 32055 on (routine compliance), C = Repeat/Check. R = Raw, N = Entry Point to Distribution. P = Plan	1 Tap				y <b>DEP</b> /DOF	· · /	1		
	S = Special (c 2. Defined in Flo	earance, etc.). rida Administrative Code Rule 62-160, Table 1.	-				wing Officia	- K			
	<ol><li>Complete for</li></ol>	community & non-transient non-community systems serving populations up to and including 4,9 imples in the average.	00. Do not includ	le	DEF/D				<u>+</u>		

See back for Instructions

			D		BACTERIC BORATOR	REPO	ORTIN	G FORM		ION			
$\langle$				Columbia Count 217 NE F Lake City 386-		ep <b>artm</b>	ent	Lab Receip	nt Date & Tinate & Time:		clice 8		RA7
	Report N	ımh	er:					•	ceptance (		4. <u>.</u>		
	Analysis	<b>s Re</b> Colif	e <b>quested:</b> (please check ) or/E. coli	all that apply)				Sample Pres Disinfectant (	ervation	On Ice Not Dete	ected		] <b>_\$_8</b> °C ] mg/L ments:
	System	Nar	me: <u>ColUMB/A Co</u>	UNTY-ELLISVIL	LE PUBLIC	: Supp	<b>W</b> # W	ELL Z PWS	I.D.				
	System A	ddre	ess: 135 NE	HERNANDO	AVEN	чЕ	City:	LAKE	CITY	FL	. 32	2055	5
	System o	r Ov	ess: <u>135 NE</u> vner's Phone #: <u>380</u>	-758-100	ร		Fax #:	380	o - 75	5 - 2	934		
	Collecto	or: _	RONNIE HUG										
	Type of	Sup	oply: (check only one)										
	∐Limitec <b>Reason</b> ∏Distribu	l Use <b>for</b> ution	y Water System e System Bottled Wa Sampling: (check all that Routine Distribution	apply)	<u> </u>	Swimmin	g Pool		Othe	IT			er System
		nce	Replaceme	ent (also check type of s	sample being i	replaced	l) 🗍 Boil	Water Noti	ice Othe	r			
		_			and Caracters						39. Y		
	an e a dh' de ' an			literine of a transformation of the second secon	in and the first the second								lilert, SM9223B
	Sample Number			nple Point Specific Address)	Collection Time	Sample Type <sup>1</sup>	e Disinfe Res'o		Incubator	# 3			
			(Location of	Specific Address)	Time	Туре	(mg/L		Non Collform	Total Coljform	Fecal or E. coll	Data Qualifier <sup>2</sup>	Lab Sample Number
~	<u> </u>		WELL HEP	ND #2	3:05	5				A	A		103409
			ELLISVILLE	- I-75/441	pr pr								
	4		WELL HEF		9:55	-				A	A	<u> </u>	103410
			ELLISVILLE -	I-75/44/	Pr	1							
	Free ( Disinfect	Chlor <b>tant</b> Color	Isinfectant residuals for ineTotal Chlorine Residual Analysis Methor imetricOther: prming analysis is (Pleas	od:		_			and the result	s relate only	to the sam		
	□A cert □Super	ified vised	operator (# by a cert operator (# by a certified lab		)				tified by lab c tified by∩ab c	•			
	Autho	rized	I representative of supplier of by DEP/DOH	water		_		Signature	: Kel	on	2	,	
	Name an	d M	lailing Address of Pers	son to Receive Repo	rt		Title Date		LAC sued: 7/2	1			
		ЫЦ. 8	AGHES WELL DRI PUMP SERVICE, 12367 N. U.S. Hwy.	LLC 441			Ma Sat ☐ Inco ☐ Rep	isfactory omplete Co peat Samp	ollection Ir les Requir Samples	nformation	on	 P/DOH U	USE ONLY
` <b>-</b> [	S = Special 2. Defined in 1	ution (r (cleara Florida	Administrative Code Rule 62-160, Table 1	Raw, N = Entry Point to Distribution, P			Date R	eviewed by	/ DEP / DOF	+: - h			
			nunity & non-transient non-community sys es in the average.	tems serving populations up to and inclu	ding 4.900. Do not inclu	ide					_		

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			DRINKING WATER BA AND LABOF 62-550.730		REPO	RTIN	G FORM		ION			
r	and the second se		Columbia County H 217 NE Fran Lake City, Flo	nklin Stree orida 3205	t	nt Г					<b>;</b>	e thele
ſ	orter as	an the	386-758	-1056			Lab Receip					
			Lab ID #				Analysis Da			<u>6/10</u>	- 30cp	- she
	Analysis Total C	<b>s Re</b> Colife	er: Sub-Contract Lab ID: equested: (please check all that apply) for/E. coli				Sample Ac Sample Pres Disinfectant ( This sample o	ervation Check	On Ice Not Del	ecled		<b>∠.o</b> oC mg/L nents:
	System I	Nar	ne: COLUMBIA COUNTY-ELLISVILLE PO	<u>ubli</u> c Su	IPPLY		L PWS	I.D.				
			ess: <u>135 NE Hern</u> ando Av					CITY	, FL	. 32	2055	5
			vner's Phone #: 386 - 758 - 1005									
	Collecto	r: _	RONNIE HUGHES		(	Collecto	r's Phone #	#:_ <b>38</b> (	<u>0 - 7</u>	52 -	1840	)
		-	oply: (check only one)									
		unity Use	y Water System	n-communi ⊡Sv			n				nity Wate	er System
		ition	Sampling: (check all that apply) Routine Distribution Repeat Raw (triggered Replacement (also check type of sam								□Well S	Survey
			lection Date: 07/25//0		,							
									Si stat		CANAL ROADS	
	Comple		Comula Daiat	Callection		Disinfe	я			li Analysis N	Nethod: Col	ilert, SM9223B
	Sample Number	Sample Point (Location or Specific Address)	Collection Time	Sample Type <sup>1</sup>	Res'd (mg/L		Incubator Non	# <b>3</b> Total	Fecal or	Data	Lab Sample	
Ĺ	$\sum_{i}$		WELL HEAD #	3:00				Coliform	Coliform	E. coli	Qualifier <sup>2</sup>	Number
			ELLISVILLE - I-75/441	PM					-			
				0.5								
	え		WELL HEAD # 1	9:50					A	A	<u> </u>	103408
			ELLISVILLE - I.75/441	Pm			<u>+</u>		<u> </u>			
			·									
	Average	 of d	lisinfectant residuals for routine and repeat samples	s <sup>3</sup> .				herwise noted,				ce with NELAC
	Disinfect	Chior t <mark>ant</mark> Color	· · · · · · · · · · · · · · · · · · ·	_			standards	, and the result	ulta: A. <del></del>	collorne i	ples. are aberint are procent	
	☐A certi	ified	operator (#) d by a cert operator (#	)		Date/1	ime PWS no	tified by lab o	f positive i	esults.		
	Emplo	yed	by a certified lab	/			ime State no		f positive i	results:		
			by SEP/DOH				Signature					
	Name an	d M	lailing Address of Person to Receive Report				report iss	ייייים ערsued:	22 110	<u>, , , , , , , , , , , , , , , , , , , </u>		
	🗆 Mail to	app	COMES WEEL DRIEDINGCKUP		<u> </u>	🗴 Sati	sfactory			DE	P/DOH L	JSE ONLY
		Ş	PUMP SERVICE, LLC				omplete Co eat Samp			On		Ì
$\overline{}$	)	۵	12367 N. U.S. Hwy. 441 AKE CITY, FLORIDA 32055				lacement			ď		
	1. D = Distribu S = Special	uion (r	routine compliance), C = Repeat/Check, R = Raw, N = Entry Point to Distribution, P = Plar	т Тар.		Date R	eviewed by	DEP/DOF	1: <u>&gt;/</u>			
	<ol> <li>Defined in F</li> <li>Complete for</li> </ol>	lorida r comm	nce, etc.). Administrative Code Rulc 62-160, Table 1. munity & non-transient non-community systems serving populations up to and including 4, cs in the average.	900. Do not include	•	<del>DEP/</del> D	OH Review	ing Officia	:_ <b></b>	< <u> </u>		

		DRINKING WATER B AND LABC 62-550.7		REPO	RTING	<b>G</b> FORM		<b>TION</b>			
(		Lake City, F 386-7	anklin Street Florida 3205 58-1058	t			pt Date & Ti Date & Time:		alis e		
			#22787			•				100	
	Analysis I Total Co	hber: Sub-Contract Lab ID: Requested: (please check all that apply) lifor/E. coli				Sample Pre		On Ice	ected		<b>7.8</b> °C mg/L
	System Na	ame: COLUMBIA COUNTY-ELLISVILLE A	PUBLIC SU	pply	WEI # 2	L PWs	6 I.D.				
		dress: <u>135 NE HERNANDO AVEN</u> Dwner's Phone #: <u>386 - 758 - / 005</u>					С 1 ТУ,	FL.	320	55	
	System or C	Dwner's Phone #: 386 - 758 - /005	5	F	ax #: _	386	<u>- 755</u>	- 293	54		
				0	Collecto	or's Phone	#: 380	<i>o-</i> 75	2-78	840	
	Commun	u <b>pply:</b> (check only one) hity Water System				n			n-commu	nity Wate	er System
	Reason fo	or <b>Sampling:</b> (check all that apply) on Routine Distribution Repeat Raw (trigge		sment)	□Rav			nent) add		Well S	Survey
		e Replacement (also check type of sa ollection Date: 07/22//0	imple being re	placed)	Boil	Water No	tice 🔲 Othe	er			
				Sec. 1					1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1		
									G		ilert, SM9223B
	Sample Number	Sample Point (Location or Specific Address)	Collection Time	Sample Type <sup>1</sup>	Disinfe Res'd	pН	Incubator	# 2			
; ; ;		·			(mg/L)	)	Non Coliform	Total Coliform	Fecal or E. coli	Dala Qualifier <sup>2</sup>	Lab Sample Number
	35	WELL HEAD # 2	6:00			_		P	A		103399
		ELLISYILLE - I-75/44/								<u> </u>	
	71	1:2	20 07/	22				<b>A</b> _	A		103400
	34	WELL HEAD # 2						A	<u> </u>	+	103400
		ELLISVILLE - I-75/44/	<i>(nq</i>								
	Free Ch Disinfecta	nt Residual Analysis Method:		L			otherwise noted, ds, and the resul	ts relate only	to the sam		
	A certifie	rforming analysis is (Please see instructions on rev ed operator (#) sed by a cert operator (#)	/erse): )		Date/	Lime PWS r	notified by lab on the second se	of positive r		123/102	
	Authoriz	ed by a certified lab red representative of supplier of water ed by <del>DEP</del> /DOH			Lab	Signatur	e:	ons			
	Name and	Mailing Address of Person to Receive Report				report is	<u>لم</u> sued: <u>7</u> /	<u>B MO</u> 23/10	<del>.</del>		
		& PUMP SERVICE, LLC	XE [		] Sati	isfactory				EP/DOH L	JSE ONLY
	)	12367 N. U.S. Hwy. 441 LAKE CITY, FLORIDA 32055	-		Rep	eat Sam <del>Jacemen</del>	ples Requi It Samples	reo Require	d,		
	S = Special (clo 2. Defined in Flor 3. Complete for c	on (routine compliance), C = Repeat/Check, R = Raw, N = Entry Point to Distribution, P = earance, etc.). rida Administrative Code Rule 62-160, Table 1. ommunity & non-transient non-community systems serving populations up to and includin mples in the average.		+			by DEP/DOI				

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	DRINKI			REPO	RTING	FORM		TION			
	Col	umbia County H 217 NE Fran Lake City, Flo 386-758	ealth De klin Stree rida 3205	partme t	nt L	ab Recei	pt Date & T				Gr.
		Lab ID #	22787		A	nalysis E	Date & Time	e: <u>&gt;/a</u>	2/10e	300p	
	lumber: Sub-C						cceptance		_	_	10.4
🗶 Totai	i <b>s Requested:</b> (please check all that ap Colifor/E. coli .:	ply)				isinfectant	servation Check does not me	Not Dete	ected		mg/L
System	Name: Columbia County- E	ILLISVILLE Put	BLIC SU	PPLY :	א <i>בוו</i> ד ו	PWS	6 I.D.				
System A	Address: 135 NE HERN	ANDO AVEN	ue	(	City:	AKE	CITY	FL.	320	55	
System of	or Owner's Phone #: 386-75			ł	=ax #:	300	<u>0- /3:</u> 70	<u> </u>	- <u>-</u>	0.10	
	or: <u>RONNIE HUGHES</u> Supply: (check only one)			(	Collector	's Phone	#: <b>38</b>	<u>w - /:</u>	<u> </u>	640	
Comn Limite	nunity Water System [ d Use SystemBottled Water [	]Non-Transient No ]Private Well	n-commun Sv					nsient Nor er			
Distrib XCleara										Well S	Survey
Sample	Collection Date: 07/22/	]0									
Lan one		an an Shiring the second s				R F	35-98-	Tot	20000		
0				0	Disinfec	:	I I		li Analysis I	Melhod: Col	ilert, SM9223B
Sample Number	Sample Point (Location or Specific A	ddress)	Collection Time	Sample Type <sup>1</sup>	Res'd (mg/L)	рН	Incubat Non	or # 2 Total	Fecal or	Dala	Lab Sample
: <b>`</b>							Coliform		E. coli	Qualifier <sup>2</sup>	Number
33	WELL HEAD #	1 .	5:55					P	A		103397
	ELLISVILLE - I.	·75/44/	AM			-				-	
			(BB 01	22			 		 		
34	WELL HEAD		1:15					A	A	-	103398
	ELLISVILLE - I-	15/44 <b> </b>	pm			+					
	_										
Average	e of disinfectant residuals for routine	and repeat samples	, <sup>3</sup> :	<u> </u>	+		otherwise noted				ce with NELAC
Disinfe	Chlorine Ctant Residual Analysis Method: Colorimetric Deforming analysis is (Please see in							nults: A =	coliforms		t
	rtified operator (#		se).		Date/ti	me PWS n	otified by lab	of positive	results:_7	12/1se	21,
	ervised by a cert operator (#		)		Date/ti	me State n	otified by lap	of positive	esults:		
Auth	orized representative of supplier of water loyed b <del>y DER/</del> DOH				Lab S	Signatur	e:{=	<u>ANI</u>	<u> </u>		
<u> </u>							L	<u>AB r</u>	16r_		
Name a	nd Mailing Address of Person to F	Receive Report			Date	report is	sued:	123/10			
☐ Mail t	<b>&amp; PUMP SERVICE, LLC</b> 12367 N. U.S. Hwy. 441 LAKE CITY, FLORIDA 32055		XE Inoc 557e		Rep Rep	eat Sam acemen	ollection ples Requ t Samples	iired Roquire	on d	P/DOH U	JSE ONLY
	ibution (routine compliance), C = Repeat/Check, R = Raw, N $\approx$ Es	ntry Point to Distribution, P = Plan	t Tap.				y <del>-DEP</del> /DC				
<ol> <li>Defined is</li> <li>Complete</li> </ol>	ial (clearance, etc.). n Florida Administrative Code Rule 62-160, Table 1. e for community & non-transient non-community systems serving : ant samples in the average.	populations up to and including 4,	900. Do not includ	4			wing Offici				

See back for instructions

			REPO	RTING	G FORMA		ION			
and the second se	Columbia County H 217 NE Fran Lake City, Flo	lealth De hklin Stree prida 3205	partme							
and Stall String	386-758	3-1058			Lab Receipt					<u>pr</u>
	Lab ID #	22787		·   ·	Analysis Da	te & Time:	7	21/100	3002	<u>bc</u>
	per: Sub-Contract Lab ID:				Sample Acc			_	_	ai
Total Coli	equested: (please check ail that apply) for/E. coli				Sample Prese Disinfectant C This sample d	heck 🕻	Not Det	ected		mg/L
System Na	me: COLUMBIA COUNTY-ELLISVILLE	PUBLI	<u>c Supi</u>	ן ג <u>י</u> גי <u></u>	IELL Z. PWS I	.D.				
System Addr	ess: 135 NE HERNANDO AVE wner's Phone #: 386 - 758 - 100	NUE		City:	LAKE	CIT	Y, F	FL, .	<u>3205</u>	55
System or Ov	Ner's Phone #:	<u> </u>		Fax #: _	r's Phone #	<u>- 73:</u> 790	- 70	-7 <u>57</u> -7 -	IPIIA	
	pply: (check only one)		(	Collecto	r's Phone #	:	<u> </u>	54-1		
Communit	y Water System	n-commun SN							nity Wate	er System
Distributior		ed or asses ple being re	sment) eplaced)	□Raw □Boil	/ (triggered o Water Notic	or assessm ce     ⊡Othe	ient) add r	litional	🗌 Well S	Survey
Sample Co	llection Date: <u>07/2///0</u>									
		and a second second		1			Tu	e Carlina		an a
Samala	Sample Baiat	Collection	Cample	Disinfe	ci			li Analysis N	Aethod: Col	ilert, SM92238
Sample Number	Sample Point (Location or Specific Address)	Time	Sample Type <sup>1</sup>	Res'd (mg/L)		Incubator Non	# J Total	Fecal or	Data	Lab Sample
$\gamma_{13}$	WELL HEAD # 2	6:35				Coliform	Coliform	E. coli	Qualifier <sup>2</sup>	Number
	ELLISVILLE - I-75/441	AM					,,			10 7 - 70
14	WELL HEAD #2	1:05					A	A		103359
	ELLISVILLE - I-75/44/	PM		<u> </u>		ļ				
					Unless oth	erwise noted,	all tests are	performed	in accordance	ce with NELAC
Free Chlo Disinfectant	t Residual Analysis Method:	S-:				and the result	s relate oni p <b>ita: A</b> =	y to the sam	pies <b>me absont</b>	
Person perf	orming analysis is (Please see instructions on rever	se):							ire présent	ſ
A certified	operator (#) ed by a cert operator (#	)			ime PWS noti	· ~	•			
	l by a certified lab d representative of supplier of water				ime State noti	VA			>	
	ь <del>у DEP</del> /DOH			1	Signature:					
Name and N	Aailing Address of Person to Receive Report				report issi	1	1	GR		
					sfactory			DE	P/DOH L	JSE ONLY
2 DUN	UMP SERVICE, LLC				sractory mplete Co	llection Ir	formati	on		
) 12	367 N. U.S. Hwy. 441			🗍 Rep	eat Sampl	es Requir	ed			
	CITY, FLORIDA 32055		_		lacement		· · · · · · · · · · · · · · · · · · ·	ふれら		
S = Special (clear 2. Defined in Florid	(routine compliance), C = Repeat/Check, R = Raw, N = Entry Point to Distribution, P = Plat ance, etc.), a Administrative Code Rule 62-160, Table 1. amunity & non-transient non-community systems serving populations up to and including 4,				eviewed by OH Reviewi		<u> </u>	<u>~~10</u> ~		

Complete for community a non-transient non-community systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.

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	DRINKING WATER BA AND LABO 62-550.730		REPO	RTINO	FORN		ECTI	ON			
	Columbia County H 217 NE Fra Lake City, Fl	nklin Stree orida 3205	t	Г							
and the second	S. W. Marson Marson Star 386-75	0-1050		1	ab Rece	ipt Date a	& ⊺im	e: <u>7/2</u>	1/10 C	1320	DAX -
	Lab ID a				Analysis (				1/10 C	<u>9000</u>	- FART
	mber: Sub-Contract Lab ID: <b>Requested:</b> (please check all that apply)				Sample A Sample Pre						6.2 °C
Total C	Colifor/E. coli			1	Disinfectan	t Check	- Ça	Not Dete	ected		mg/L
System	Name: COLUMBIA COUNTY-ELLISVILLE	Rublic S	DUPPLY	WE #1		S I.D.					
System A	ddress: 135 NE HERNANDO AVEI	NUE		City:	LAK	EC	<u>ידץ</u>	, F	<u>L. 3</u>	205	5
System or	Owner's Phone #: 386-758-/005		i	Fax #: _	380	<u>6 - 7</u>	55	- 29	<u>34</u>	-	
Collecto	RONNIE HUGHES		(	Collecto	r's Phone	e #: <u>3</u>	<u>86</u>	<u>-75</u>	2-1	840	
	Supply: (check only one)				n						er System
	Use System Bottled Water Private Well for Sampling: (check all that apply)		wimming	Pool			Jther_				
	tion Routine Distribution Repeat Raw (trigge									□Well S	Survey
	Collection Date: <u>07/2///0</u>										
		and the one was			2.444			. To d	e coltina		
				Disinfec	4   4	Tota	al Colifo	rm / E co	h Anaiysis I	Method Col	ilert, SM9223B
Sample Number	Sample Point (Localion or Specific Address)	Collection Time	Sample Type <sup>1</sup>	Res'd (mg/L)	pН		bator #	<u> </u>	Fecal or	Data	Lab Cam-la
· L			- -	(	_	Coli		Coliform	E. coli	Qualifier <sup>2</sup>	Lab Sample Number
<u>  </u>	WELL HEAD # 1	6:30	-					<u>A</u>	A	 	103356
	ELLISVILLE - I-75/44/	AM				┪┝─	-+				
12	WELL HEAD # 1	1:00						A	A		103357
	ELLISVILLE - I-75/441	PM									
		_				-					
					Unless	otherwise n	oted, all	I tests are	performed	in accordan	ce with NELAC
Disinfect	tant Residual Analysis Method:				standar	ds, and th <del>e</del>		nii. X÷	colloms	nples are absent are present	t
Person p	performing analysis is (Please see instructions on reve ified operator (#	rse):		Date/t	 ime PWS I	notified by	lah of i	nositive i	esults.		
	ified operator (#) vised by a cert operator (#) byed by a certified lab	)			ime State i	-	~	•			
Autho	rized representative of supplier of water				Signatur		Y-le	2NL		>	
	byed by <del>-DEP/</del> DOH						LAB	s M	GR		
Name an	d Mailing Address of Person to Receive Report				report is						
□ Mail to	HUGHES WELL DRILLING ickup			X Sati	sfactory					P/DOH U	JSE ONLY
1, in the second	& PUMP SERVICE, LLC			🗂 Inco	mplete	Collectio	on Inf	ormatio	on		
)	12367 N. U.S. Hwy. 441 LAKE CITY, FLORIDA 32055				eat Sam lacemer				d		
-1 D = Distrib	LAKE CITY, FLORIDA GLOGO ution (routine compliance), C = Repeat/Check, R = Raw, N = Entry Point to Distribution, P = Pl	ant Tap			eviewed						
S = Special 2. Defined in 1 3. Complete fi	ution (routine compliance). C = Repeate neck, R = Raw, N = Entry Fount to Distribution, F = Fi (clearance, etc.). Florida Administrative Code Rule 62-160, Table 1. or community & non-transient non-community systems serving populations up to and including isamples in the average.				OH Revie			<u> </u>			

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	DRINKING WATER BA AND LABOR 62-550.730 F		REPO	RTING	FORMA		ION			P
Analysis F A Total Co Other: System Na System or C Collector: Type of So	62-550.730 F Columbia County H 217 NE Fran Lake City, Flo 386-758 Lab ID # Neer: Sub-Contract Lab ID: Requested: (please check all that apply) lifor/E. coli	Reporting Format ealth Dep klin Stree orida 3205 -1058 22787 22787 BLIC Su	Effective 01 partment 5	/95. Revised nt L A S S C T City: Collector	ab Receipt Analysis Dat Gample Acco Isinfectant Cl his sample do PWS I -AKE 38co -	Date & Tirre: <b>ceptance</b> ( rvation ) heck ) oes not mee .D .D .T   	 Criteria: On Ice Not Dete to the follow FL . - 293 - 75	5/10 C Not Or acted wing NELA 320 34 2-/6		1:35 BC 
Limited U Reason fo	Jse System Bottled Water Private Well or Sampling: (check all that apply) on Routine Distribution Repeat Raw (triggere e Replacement (also check type of samp ollection Date: 07/15/10	S∿⊡ Sved or asses	wimming sment)	Pool	(triggered c	Othe	r		Well S	
	The completed by collect						AND SALES	n Marakan An		
			CARNO SPEC						lethod: Col	ilert, SM9223B
Sample Number	Sample Point (Location or Specific Address)	Collection Time	Sample Type <sup>1</sup>	Disinfect Res'd (mg/L)	рН	Incubator				
$\mathbf{r}$		<u> </u>		(ing/2)	+	Non Coliform	Total Coliform	Fecal or E. coli	Data Qualifier <sup>2</sup>	Lab Sample Number
13	WELL HEAD # 1	6:30		-			A	A _		103245
	ELLISVILLE - I-75/441	AM								
14	WELL HEAD # 1	1:00					A	A		103246
	ELLISVILLE - I-75/441	Pm								
Free Chi Disinfectar DPD Col Person per A certifie Supervis Employe	f disinfectant residuals for routine and repeat samples         lorine       Total Chlorine         nt Residual Analysis Method:         lorimetric       Other:         fforming analysis is (Please see Instructions on reversed operator (#))         sed by a cert operator (#)         ed representative of supplier of water         ed by#DEP/DOH		L	Date/ti		and the result	ts relate onl	y to the sam	ples.	ce with NELAC
							s mo	ę.		
Name and	Mailing Address of Person to Receive Report			Date	report issu	ued://	clio			
1. D = Distribution		0 23470		_ Inco _ Rep _ Rep	sfactory mplete Co eat Sample acement S viewed by-	es Requi Samples	red Require	on	P/DOH U	JSE ONLY
S = Special (cle 2, Defined in Flori 3. Complete for co	ida Administrative Code Rule 62-160, Table 1. ommunity & non-transient non-community systems serving populations up to and including 4.5 mples in the average.				H Reviewi		- K	A		

		DRINK	(ING WATER BA AND LABOF						ION			A			
	Total Colif	equested: (please check all that for/E. coli	olumbia County H 217 NE Fran Lake City, Flo 386-758 Lab ID # o-Contract Lab ID: apply)	nklin Stree brida 3205 3-1058 \$22787	partmen t 5	nt A 	ab Receipt nalysis Dat ample Acc ample Preser isinfectant Cr nis sample do	e & Time: eptance ( vation ) heck ) bes not mee	7/i Criteria: Xon Ice	<u>「   1 ú c</u> □ Not On Id ccled	<b>30℃</b>	1:35 2			
		me: COLUMBIA COUNTY									 -				
S	ystern Addro	ess: <u>135 NE HERN</u> wner's Phone #: <u>386- '</u>	ANDO AVENL	15	(	City:	<u>AKE (</u>	<u>-17                                    </u>	<u>-L. 3</u>	2033	<u> </u>				
			150-1005		f	ax #:	286-	755	- 473	<u>+</u>					
С	ollector:	RONNIE HUGHES			(	Collector	s Phone #:	384	-75	2-18	40				
) X	Communit	pply: (check only one) y Water System	Non-Transient No	on-commun	ity Water	System		Tran	sient Non	-communil	ty Wate	r System			
Ē	Limited Us	e System Bottled Water		S\	wimming	Pool		=			•	•			
X	Distributior	Sampling: (check all that apply) Routine Distribution Rep Replacement (a Ilection Date: 07/15	lso check type of sam	ed or asses ple being re	ssment) eplaced)	□Raw ( □Boil V	(triggered o Vater Notic	r assessn e    ⊡Othe	nent) addi r	itional [	]Well S 	urvey			
_	atives			or of		entin gentles		8 - 10 - 10 - 10 - 10 - 10 - 10 - 10 - 1	57794 - W.	1990 (1997) - 1	-				
		To be completed by collector of sector					Total Coliform / E. coli Analysis Method: Colilert, S								
	Sample	Sample Poi		Collection	Sample	Disinfect Res'd	рн	Incubalor	# 2_						
5	Number	(Location or Specifie	address)	Time	Type'	(mg/L)		Non Coliform	Total Coliform	Fecal or E. coli	Dala Qualifier <sup>2</sup>	Lab Sample Number			
Ĺ	11	WELL HEAD #	+ 2	6:35					A	A		103243			
		ELLISVILLE - I-	.75/441	AM											
	12	WELL HEAD	# 2	1:05					A	A		103244			
	•	ELLISYILLE - I		PM											
_															
1	Free Chlo Disinfectant	t Residual Analysis Method:			<u>}</u>			and the resul	ls relate only	performed in a to the sample of the same same same same same same same sam	es.	e with NELAC			
<b>'</b>		forming analysis is (Please see	instructions on rever	se):		Dela		End by lob c	f positivo r	oculic					
	Supervise	ed by a cert operator (#	/	)			ne PWS noti ne State noti		•						
	Authorize	l by a certified lab d representative of supplier of water					ignature:_		BM-	$\sim$					
	Employed	I by <del>-DEP</del> /DOH					-	- 1- <u>1</u> (A	B MU						
N	ame and N	Mailing Address of Person to	o Receive Report			-	eport issu		1						
_	□ Maił to a	UGHES WELL DRILLIN & PUMP SERVICE, LLO		76G			factory nplete Co		_	DEP	DOH U	ISE ONLY			
Ų		12367 N. U.S. Hwy. 441 AKE CITY, FLORIDA 320	55	!	게	_ Repe _ Repl	eat Sample acement S	es Requi Samples	red Require	d,					
	<ol> <li>D = Distribution   S = Special (clear</li> <li>Defined in Florid</li> <li>Complete for com</li> </ol>	(routine compliance), C = Repeat/Check, R = Raw, N	= Entry Point to Distribution, P = Plan		1		viewed by <del>∘</del> H Reviewi		14.	い <u>や</u>					

			REPO	RTING	FORMA		ION			
Analysis Total C	Columbia County H 217 NE Fran Lake City, Flo 386-758 Lab ID # mber: Sub-Contract Lab ID: Requested: (please check all that apply) colifor/E. coli	klin Stree prida 3205 -1058 22787	t 5		ab Receipt Analysis Da Sample Prese Disinfectant C his sample c	ite & Time: ceptance C ervation Check	Criteria: On Ice Not Dete	<u>ז (ופר</u> □ Not Or ected	<u>קוסס לי</u> ווכפ	S.2 °C mg/L
				-  -	•					
System N	Name: COLUMBIA COUNTYELLISVILLE	PUBLIC.	Suppl	<u>Y</u> #	2 PWS	I.D.				
System Ac	ddress: 135 NE HERNANDO AVEN Owner's Phone #: 386 - 758 - 1005	IUE		City:	LAKE 3860	CITY.	<u>FL.</u>	<u>3209</u> 321	55	
	r: <u>Ronnie HUGHES</u>								340	
				0016010			/ ~	/	×1 *	
Commu Limited	unity Water System  Non-Transient No Use System Bottled Water  Private Well for Sampling: (check all Ihat apply)	□Sv	vimming	Pool		Othe	r			
Clearan	tion Routine Distribution Repeat Raw (triggere ice Replacement (also check type of sam) Collection Date: 07/19/10	ed or asses ple being re	sment) eplaced)	∏Raw ∏Boil	(triggered Water Notic	or assessπ ce       Othe	rr	itional	UWell S	Survey
	Collection Date: <u>07/19/10</u>					教徒考试		প্ৰকাশন কৰে	ander fan de fan de General de fan	
1.000 1.0502	The me continuous by consult	and the first state of								ilert, SM9223B
Sample Number	Sample Point (Location or Specific Address)	Collection Time	Sample Type <sup>1</sup>	Disinfec Res'd (mg/L)	рН	Incubator				
				(ing/L)		Non Coliform	Total Coliform	Fecal or E. coli	Dala Qualifier <sup>2</sup>	Lab Sample Number
18	WELL HEAD # 2	7:55					A	A		103269
	ELLISVILLE - I-75/441	Am								
19	WELL HEAD # 2	2:10					A	A		103270
	ELLISVILLE - I-75/441	PM								
,										
Disinfect	of disinfectant residuals for routine and repeat samples Chlorine ☐ Total Chlorine ant Residual Analysis Method: Colorimetric ☐ Other: erforming analysis is (Please see instructions on reverse					and the result	is relate only	/ to the sam	ples.	ce with NELAC
□A certi	filed operator (#) vised by a cert operator (#	)			ime PWS nol	11	-			
Emplo	yed by a certified lab ized representative of supplier of water	/			ime State not	VA			>	
	yed by <del>DEP/D</del> OH			Lab : Title:	Signature:	LA	B MO	in.		
Name an	d Mailing Address of Person to Receive Report				report iss	T				
Mail to	above address Fax Customer Pickup HUGHES WELL DRILLING & PUMP SERVICE, LLC 12367 N. U.S. Hwy. 441 AKE CITY, FLORIDA 32065 LAKE CITY, FLORIDA 32065	t Tap,	4	Sati	sfactory mplete Co eat Samp lacement eviewed by	ollection Ir les Requii Samples	nformatio red Require	on d	P/DOH U	JSE ONLY
S = Special 2. Defined in F 3. Complete for	(clearance, etc.). Torida Administrative Code Rule 62-160, Table ]. r community & non-transient non-community systems serving populations up to and including 4, samples in the average.				DH Review		11.27			

	DRINKING WATER BA AND LABOR		REPO	RTING	G FORM		CTION					
Analysis R Total Coli Other: System Na System Addr System or O Collector: Type of Su Communit Limited Us Reason for	Ime: Columbia County-Ellisville Puress: 135 NE HERNANDO AVU wner's Phone #: 386 - 758 - 1005 Ronnie Hughes Ipply: (check only one) ty Water System se System Bottled Water Private Well r Sampling: (check all that apply)	hklin Stree orida 3205 3-1058 #22787 #BLIC S 5.NUE	t 55 	City: City: ax #: Collector Syster Pool	Analysis I Sample A Sample Pre Disinfectan This sample LLL PWS LAKE 38 or's Phone	Date & Tin Acceptance eservation t Check e does not r S I.D. S I.D. C / T G - 75 e #: 35	Not Define           neet the follo           Y, FL           55 - 2           36 - 7           36 - 7           ansient No           ther	9/(3 € □ Not O ected wing NEL/ . 3 2 . 3 2 	18440	er System		
Distributio		ed or asses	sment) eplaced)	∐Rav ∐Boil	v (triggere Water No	d or asses otice	sment) add ther	litional		Survey		
Sample Co	ollection Date: <u>07/19/10</u>											
	To be completed by solled	er of the state										
Sample	Sample Point	Collection	Sample	Disinfe			Total Coliform / E. coli Analysis Method: Colilert, SM9223B Incubator # 3					
Number	(Location or Specific Address)	Time	Type <sup>1</sup>	Res'd (mg/L		Nor	Total	Fecal or		Lab Sample		
16	WELL HEAD # 1	7:50				Colifo	rm Coliform	E. coli	Qualifier <sup>2</sup>	Number		
	ELLISVILLE - I-75/441	7:50 AM										
17	WELL HEAD # 1	2:05					A	A		10 32 68		
	ELLISVILLE - I-75/44/	PM	· -		_			·				
							-					
				ļ	Unless	otherwise not	ed all tests an	a performed	in accordan	ce with NELAC		
Free Chic Disinfectan DPD Colo Person per	t Residual Analysis Method: primetric Other: forming analysis is (Please see instructions on rever				standar	ds, and the re	sults relate on	ly to the sar	nples.			
Supervise	d operator (#) ed by a cert operator (#)	)				- 1	to of positive					
Authorize	d by a certified lab d representative of supplier of water				Signatur	K	OM		$\geq$			
Employed	з by D58/DOH				-		AB MG	1	<u> </u>			
Name and N	Mailing Add <b>ress o</b> f Person to Receive Report			Title Date	report is		7/20/10					
🗆 Mail to 🖬	UGHES WELL DRILLING ICK			Sat	isfactory			DI	EP/DOH (	JSE ONLY		
1	& PUMP SERVICE, LLC			🛄 Inco	omplete	Collection	n Informat	on				
)	12367 N. U.S. Hwy. 441	120/10				nples Rec		Ч				
	KE CITY, FLORIDA 32055						es Require	120/10				
S = Special (clear 2. Defined in Florid	da Administrative Code Rule 62-160, Table 1.	-				by <del>DEP</del> /D wing Offi				[		
	nmunity & non-transient non-community systems serving populations up to and including 4 ples in the average.	,900. Do not includ	ie 🗌									

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	KING WATER BACTERIOLO					NI [								
DHIN	AND LABORATORY RE													
										,	.1	Q.A		
~	Colum	bia County	/ Hoalti	h Dent			Lab Rec	eiot Dat	te & Tir		HIDE	2440 BC		
		17 N.E. Fra		-	•		Analysis	Data 8	Time	2/1-	loc 3	ss, BA		
THE		ake City, F					Sample		one.			_ <b>\_</b>		
		Lab ID #2		•			Sample P		ancet n S	ZOn Ice ⊡	Not on Ice	<b>6.8</b> ∘c		
							Disinfecta		6	Not Dete	ected	mg/L		
	Requested: (please check all that apply)						This same	ole does n	iot meet	the followi	na NELAC i	equirements:		
X Standa	ard Coliform Test					ĺ								
				_			,	— <u>—</u>						
	lame: <u>COLYMBIA COYNTY-EL</u>		UBLIC	SUPPL	WE y <u># 2</u>	LL ] P	PWS I.D.							
Mail Addre	ess: 135 NE HERNANDO	Ayenue		City	· L	AK.	E Cr	TY	FL.	320	555			
	Owner's Phone #: 386 - 758 -													
-											Run			
Collector	MUNNIE AUGRES			Coi	lector's H	-non	ne #:		1-		040			
Type of S	upply: (check only one)													
	••••	Non-Transient I	Non-com	nunity Wa	ater Syst	em		Tra	nsient l	Non-com	munity W	ater System		
		Private Well		Swimmi	-	CIII					manity w	•		
	•	Routine Compl			5	enla	cement					rvey 🗌 Other		
	Collection Date: <u>07/14/10</u>			nopour		opia	coment	• •						
							_	l		<u>s</u> * :				
	To be completed by collecto	r.or.sempe	r —	T	To be completed by lab									
			]	Disinfect						lethod:	Pr 7/1-1			
	Sample Point	Collection	Sample	Res'd	pН		N			Confirm	Data	Lab Carrala		
hber	(Location or Specific Address)	Time	Type <sup>1</sup>	(mg/L)			Non Coliform	Total Coliform	Total Coli.	Fecal/ E. coli	Data Qualifier <sup>2</sup>	Lab Sample Number		
						1.5		- in	Δ	Δ	1			
16	WELL HEAD # 2	8:10						A	A	A	1	103227		
	ELLISVILLE - I-75/44/	AM	}				1							
						-	ļ							
			1											
		2:15			_		T	A	A	A		10 20 0 17		
_17_	WELL HEAD #2	L. 1				- 12	ļ	Ħ	1			103228		
	ELLISVILLE - I-75/44	1 PM		1						1				
	22001122 210/41					-[]								
						4								
											[	ſ		
Average	f disinfectant residuals for routine and repe	et complee		<u> </u>		<u> </u>	1							
(Complete	for community and non-transient non-commu	nity systems serv		ions up								160, Table 1		
to and incl	uding 4,900. Do not include raw or plant samp	les in the average	e.)		All tests	are p	performed i	n accord	ance wi	th NELAC	standards.			
Disinfecta	nt Residual Analysis Method: 🗆 DPD Colori	metric Other:		Date	' PWS notif	fied b	y lab of po	sitive res	ults:					
Person pe	rforming analysis is:	Employed by a c		Date	State notif	fied b	by lab of po	sitive res	sults:	$\sim$				
		Employed by a C						10.	فراكم	$\geq$	>			
			· · · · ·	L			gnature:							
Name and I	Mailing Address of Person/Firm to Receive Re	sults:	7		Tit	tle: _		LAB	MG	4C				
			ł		0	<b>1</b> c.	tisfactory				D	EP/DOH USE Only		
1	HUGHES WELL DRILLING				L L	Nnc	complete C	ollection	Informa	ition				
<u>,</u> ∕ _	& PUMP SERVICE, LLC						peat Samp			ed				
	12367 N. U.S. Hwy. 441 LAKE CITY, FLORIDA 32055						Reviewed I	•	•	>/15/1	2			
FAX #	386 - 755 - 2934						Heviewed DOH Revie			pr-				
· _ ·			- -	Page 1 of 1	L					-				

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<sup>1</sup>DEP Sample Type Codes: D=Distribution (Routine Compliance); C=Repeat or Check; R=Raw; N=Entry to distribution; P=Plant Tap; S=Special (Clearance, etc.

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DRIN	KING WATER BACTER					N [					
	AND LABORATOR	RY REPORTING	FORM	AT							<b>0</b> .
HE	ALTH C	olumbia Count 217 N.E. Fra Lake City, F	anklin S	st.	•		b Receipt Da alysis Date & <b>mple Accep</b>			110 e	244, AL 3000 BC
		Lab ID #2	<u>22787</u>			Sa	mple Preservatio	on 👌		Not on Ice	פ <b> 4,6</b> °C mg/ר
X Standa	Requested: (please check all that a and Coliform Test			_		L	s sample does r	not meet	the followi		
System N	lame: <u>Columbla Coun</u> t	-y-ELLISVILLE A	ublic S	Supply	, #	PWS	i.D.				
	<sub>ess:</sub> <u>135 NE HERNAN</u>						CITY,			2055	
	r Owner's Phone #: 386 - 7						- 755-				
Collector	<u>: Ronnie Hughes</u>			_ Col	lector's F	hone #	386	- 75	2-18	840	
Comm Limited Reason for	Supply: (check only one) unity Water System d Use System D Bottled Water or Sampling: (check only one) Collection Date: <u>07/14/10</u>	Non-Transient  Private Well  Routine Compl		Swimmi	ng Pool	,	🗔 Otr	ner in Clear			
	To be completed by	coffector of sample					• • • • • • •	To		sted by la	
Soll.	Sample Point (Location or Specific Addre	ss) Collection Time	Sample Type¹	Disinfect Res'd (mg/L)	рН	Fe	<u>al Coliform Ani</u> cal or <u>E. coli</u> Ar lon Total iform Coliform	tal <u>ysis M</u> Confirm Total			
14	WELL HEAD # 1	8:05	-				A	A	A		103225
	ELLISVILLE - I-75/	441 AM									
15	WELL HEAD # 1	2:10					A	A	A		103226
	ELLISVILLE - I-75	/441 PM									
	<u></u>										
(Complete	t disinfectant residuals for routine a for community and non-transient non uding 4,900. Do not include raw or pla	-community systems serv		ions up	All tests a		ned in Florida / rmed in accord				
Person pe	nt Residual Analysis Method:	PD Colorimetric Other: ) Employed by a c XI Employed by-DE	ertified lab <del>P o</del> r DOH		State notif		o of positive res		2		
Name and I	Mailing Address of Person/Firm to Red	ceive Results:			Tit	le:	LAB	r	on_		
	HUGHES WELL DRILLIN & PUMP SERVICE, LLC 12367 N. U.S. Hwy. 441	>				Repeat Replac	elete Collection Samples Requerement Samples	uired s Require		0 0	EP/DOH USE Only
FAX #	AKE CITY, FLORIDA 320	55		age 1 of 1			ewed by <b>DEP</b> 7. Reviewing Off		PC-		

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<sup>1</sup>DEP Sample Type Codes: D=Distribution (Routine Compliance); C=Repeat or Check; R=Raw; N=Entry to distribution; P=Plant Tap; S=Special (Clearance, etc.

	AND LABOI 62-550.730	Reporting Format -										
and the second second	Columbia County H 217 NE Fran Lake City, Flo 386-758	nklin Street orida 3205	t	[	ab Receipt	Date & Tir	me: <u>/</u>	olio e	- 2941	<u>f</u>		
	Lab ID #	\$22787		Analysis Date & Time: フルロート ンパローク								
	mber: Sub-Contract Lab ID:			_   \$	ample Aco ample Prese	ceptance (	Criteria:		_	04		
🗙 Total Co	Requested: (please check all that apply) olifor/E. coli				ample Prese Disinfectant C This sample d	heck 🕻	Not Dete	ected		m		
System N	Iame: COLUMBIA COUNTY-ELLISYILLE F	BUBLIC S	UPPL	<b>₩</b>	PWS	.D.						
System Ad	dress 135 NE HERNANDD AVEN	UE			AKE	CITY	FL	. 32	055			
System or	dress: <u>135 NE HERNANDD AVEN</u> Owner's Phone #: <u>386 - 758 - 1005</u>		F	=ax #:	386-	755	- 29	34				
Collector	RONNIE HUGHES		(	Collector	's Phone #	380	6 - 7	52-/	1840			
	upply: (check only one)											
Commu	nity Water System  Non-Transient No	on-communi ⊡Sv			1				inity Wate			
teason f	or Sampling: (check all that apply)		•									
Distribut	ion Routine Distribution Repeat Raw (trigger ce Replacement (also check type of sam	ed or asses	sment)		(triggered (	or assessm	nent) add 'r	itional	□Well S	Survey		
<b>`</b>	Collection Date: <u>07/20//0</u>	pie being re	placed)				/i					
		and the second second		er saar a			A					
100 1 10 1 10 1 10 10 10 10 10 10 10 10			<u> </u>	2010-10404	2.0000000				vlethod: Coli			
Sample	Sample Point	Collection	Sample	Disinfec Res'd	pH	Incubator	·# ·					
Number	(Location or Specific Address)	Time	Туре	(mg/L)		Non Coliform	Totai Coliform	Fecal or E. coli	Data Qualifier <sup>2</sup>	Lab Sa Num		
53	WELL HEAD # 2	7:55	-				A	A		103		
	ELLISVILLE - I-75/44/	AM	- 						 			
54	WELL HEAD #2	2:/5	•				A	A		1033		
	ELLISVILLE - I-75/44/	PM										
					Unless oth	erwise noted.	all tests are	nerformed	in accordance	e with NFI		
		3										
Free Cl	ant Residual Analysis Method:	s <sup>3</sup> :				and the result	UN: AH	coldonna				
Free Cl Disinfecta	hlorine Total Chlorine ant Residual Analysis Method: olorimetric Olher: erforming analysis is (Please see instructions on revel				slandards,	and the result	1910): A #	coliforms coliforms	are proton			
Free Cl Disinfecta DPD C Person pe A certifi Supervi	hlorine ☐Total Chlorine ant Residual Analysis Method: olorimetric ☐Olher: erforming analysis is (Please see instructions on rever ied operator (#) ised by a cert operator (#)				slandards,	ified by lab o	positive r	coliforms coliforms esults:	are proton	• • •		
Free Cl DisInfecta DPD C Person pe A certifi Supervi Employ	hlorine ☐Total Chlorine ant Residual Analysis Method: olorimetric ☐Other:			Date/ti	slandards, me PWS not me State not	ified by lab c	positive r	coliforms coliforms esults:	are proton			
Free Cl DisInfecta DPD C Person pe A certifi Supervi Employ	hlorine ☐Total Chlorine ant Residual Analysis Method: olorimetric ☐Other:			Date/ti	me PWS not me State not	ified by lab c	of positive r	esults:	are proton			
Free Cl DisInfecta DPD C Person pe A certifi Supervi Employ	hlorine ☐Total Chlorine ant Residual Analysis Method: olorimetric ☐Other: erforming analysis is (Please see instructions on rever ied operator (#) ised by a certified lab zed representative of supplier of water red by <del>DE</del> P/DOH			Date/ti Lab S Title:	slandards, me PWS not me State not Signature:	ified by lab c	of positive r	esults:	are proton			
Free Cl Disinfecta DPD C Person pe A certifi Supervi Employ Authoria Employ	hlorine ☐Total Chlorine ant Residual Analysis Method: olorimetric ☐Other: erforming analysis is (Please see instructions on reveal ied operator (#) ised by a cert operator (#) red by a certified lab zed representative of supplier of water red by ⊕EP/DOH d Mailing Address of Person to Receive Report			Date/ti Lab S Title:	me PWS not me State not	ified by lab c	of positive r	esults: esults: collorme esults: collorme collor	are propert	• 		
Free Cl Disinfecta DPD C Person pe A certifi Supervi Employ Authori, Employ Mame and	hlorine Total Chlorine ant Residual Analysis Method: olorimetric Olher: erforming analysis is (Please see instructions on rever ised by a cert operator (#) ised by a cert operator (#) red by a certified lab zed representative of supplier of water red by SEP/DOH Mailing Address of Person to Receive Report Sector Pickup & PUMP SERVICE, LLC 12367 N LLS UN	se):	\ <b>\     [</b>	Date/ti Lab S Title: Date Satis	slandards, me PWS not me State not Signature:	ified by lab c ified	of positive r of positive r S M 21/10	esuits: gsuite GA DE DE	are proton	• 		
Free Cl Disinfecta DPD C Person pe A certifi Supervi Employ Authori, Employ	hlorine ☐Total Chlorine ant Residual Analysis Method: olorimetric ☐Other: erforming analysis is (Please see instructions on rever ied operator (#)) ised by a cert operator (#) red by a cert of supplier of water red by a certified lab zed representative of supplier of water red by DEP/DOH Mailing Address of Person to Receive Report TOGHES WELL DRILLING & PUMP SERVICE, LLC	se):	))  {	Date/ti Lab S Title: Date Satis Inco Rep Rep	standards, me PWS not me State not Signature: report iss sfactory mplete Co eat Sampl	ified by lab c ified by lab c ified by lab c ued: ued: illection In es Requi Samples	of positive r positive r <u>b</u> <u>b</u> <u>b</u> <u>b</u> <u>b</u> <u>b</u> <u>b</u> <u>c</u> <u>c</u> <u>c</u> <u>c</u> <u>c</u> <u>c</u> <u>c</u> <u>c</u> <u>c</u> <u>c</u>	esuits: gsuite GA DE DE	are propert	• 		

			REPO	RTING	G FORM		ЕСТ	ION				
	Columbia County H 217 NE Fran Lake City, Flo 386-758	ealth Dej klin Stree orida 3205 -1058	p <b>artme</b>	nt	Lab Rece			ne: <u> </u>	rofio c rofioe	244		
D- 11	Lab ID #				-			<u>`</u>	<u> </u>			
					Sample A Sample Pre Disinfectan This sampl	eservatior t Check	∘ 12 15	On Ice			<b>2.</b> ¶∘C mg/L ments:	
System Na	ame: COLUMBIA COUNTY-ELLISVILLE P4B	LIC <u>Sup</u>	2L7 3	\ELL ₿		S I.D.						
System Add	tress: 135 NE HERNANDO AVEL	<b>NUE</b>	(		LAK 3					55		
	Dwner's Phone #: 386-758-1005									010		
	<b>RONNIE HUGHES</b>		(	Collecto	r's Phone	e #:	384	0- /:	52-1	840		
	ity Water System	n-communi Sv	ity Water vimming	Syster Pool	n		Trans Other		n-commu	nity Wate	er System	
Distributio		ed or asses ple being re	sment) eplaced)	□Raw □Boil	/ (triggere Water No	d or ass otice 🔲	essm  Othei	ent) add 	itional	Well S	Survey	
Sample C	ollection Date:											
and a state of the		al the second						100				
0 mm h	Secola Deint	Callection	Comple	Disinfe	st	! ┝──	Total Coliform / E. coli Analysis Method. Colifert, SM9223B					
Sample Number	Sample Point (Location or Specific Address)	Collection Time	Sample Type <sup>1</sup>	Res'd (mg/L)		ł F	Incubator #         Incubator #           Non         Total         Fecal or         Data         Lab Sample					
		<b><i>П</i></b> ( <b>с</b> )					liform	Coliform	E. coli	Qualifier <sup>2</sup>	Number	
51	WELL HEAD # 1	7:50						A	A		103333	
	ELLISVILLE - 1-75/441	AM										
52	WELL HEAD # 1	2;/0						A	A		103334	
	ELLISVILLE - 1-75/44/	PM										
Free Ch Disinfectar	f disinfectant residuals for routine and repeat samples lorine Total Chlorine nt Residual Analysis Method: lorimetric Other: rforming analysis is (Please see instructions on rever						e result	s relate only	performed i to the sam collionne a	ples. Ir <b>s abient</b>		
A certifie	ed operator (# )	se):		Date/1	ime PWS r	notified by	y lab ol	f positive i	esults:			
Employe	sed by a cert operator (#	)		Date/1	ime State r	notified by	y alip ol	positive	esults:			
Authoriz	red representative of supplier of water ed by <del>SEP</del> /DOH			Lab	Signatur	e:	11	and	$\sim$	,		
<u> </u>	Mailing Address of Person to Receive Report				report is		LAL 7/2	1	GR			
☐ Mail to ∯	<b>A PUMP SERVICE, LLC</b> 12367 N. U.S. Hwy. 441 AKE CITY, FLORIDA 32055	E	$\leq$	A Sati	sfactory omplete beat Sam lacemer	Collecti	ion In equir	formation	Dn	P/DOH U	JSE ONLY	
<ol> <li>D = Distribution</li> <li>S = Special (classified on Floring 1)</li> <li>Defined in Floring 1)</li> </ol>	on (routine compliance), C = Repeat/Check, R = Raw, N = Entry Point to Distribution, P = Plan		1		eviewed l OH Revie			16.0	<u>u/10</u>			