

DRINKING WATER MICROBIAL SAMPLE COLLECTION
& LABORATORY REPORT FORMAT



812 SW Harvey Greene Dr., Madison, FL 32341 850-973-6878
P.O. Box 1200, Madison, FL 32341 850-973-6878 fax

FLDOH Lab Certification #E82405

Report Number: 133124 Subcontract Lab ID: _____

Analysis Requested: (check all that apply then circle appropriate selection below)

- Total Coliform/*E. coli* Total Coliform/Fecal Enterococci
 Coliphage HPC Other: _____

Lab Receipt Date & Time: 9/21/10 1000
Analysis Date & Time: 9/21/10 1005
Sample Acceptance Criteria:
Sample Preservation: On Ice Not On Ice 13.4 °C
Disinfectant Check: Not Detected _____ mg/L
This sample does not meet the following NELAC requirements:

Public Water System (PWS) Name: Columbia County Ellisville PWS I.D.#
PWS Address _____ City _____
PWS or PWS Owner's Phone # _____ Fax # _____
Collector: D. SUNDAL 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: 9/21 A = Absent, P = Present, C = Confluent Growth, TNTC = Too Numerous To Count

To be completed by collector of sample						To be completed by lab					
Sample Number	Sample Point (Location or Specific Address)	Collection Time	Sample Type	Disinfect Res'd (mg/L)	pH	Method <input checked="" type="checkbox"/> COLITAG <input type="checkbox"/> EPA1600	Non Coliform	Total Coliform	E. coli or Enterococci	Q+	Lab Sample#
1	Ground Storage	0630	D	2.2	7.8			A	A		133124

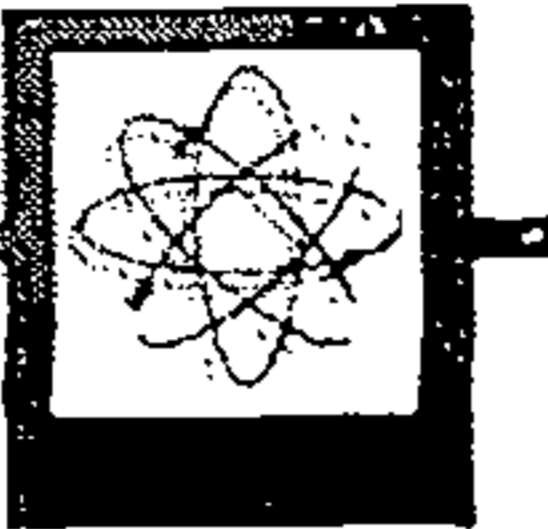
Average of disinfectant residuals for distribution routine and repeat samples:
*Complete for community and non-transient non-community systems serving populations up to and including 4,500. Do not include raw or plant samples in the average.
Free chlorine or Total chlorine (circle one).
Disinfectant Residual Analysis Method: DPD Colorimetric Other: _____
Person performing disinfectant analysis is: Employed by DEP or DOH
 A certified operator # 541329 Employed by a certified lab
 Supervised by cert operator # _____ Authorized representative of water supplier

Unless otherwise noted, all tests are performed in accordance with NELAC standards, and the results relate only to the samples.
Date & time PWS notified by lab of positive results: _____
Date & time DEP/DOH notified by lab of positive results: _____
Date Report issued: _____

Name and Mailing Address of Person to Receive Report
ICA
370 SE Craig Ave
Lake City, FL

Lab Signature: Robert Whight
Title: Laboratory Manager
DEP/DOH USE ONLY
 Satisfactory
 Incomplete Collection Information
 Repeat Samples Required
 Replacement Samples Required
Date Reviewed by DEP/DOH: _____
DEP/DOH Reviewing Official: _____

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812 SW Harvey Greene Dr., Madison, FL 32341 850-973-6878
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FLDOH Lab Certification #E82405

Report Number: 133125 Subcontract Lab ID: _____

Analysis Requested: (check all that apply then circle appropriate selection below)

- Total Coliform/*E. coli* Total Coliform/Fecal Enterococci
 Coliphage HPC Other: _____

Lab Receipt Date & Time: 9/21/10 1000
Analysis Date & Time: 9/21/10 1005
Sample Acceptance Criteria: _____
Sample Preservation: On Ice Not On Ice 13.4 °C
Disinfectant Check: Not Detected _____ mg/L
This sample does not meet the following NELAC requirements:

Public Water System (PWS) Name: Columbia County Ellisville PWS I.D.#

PWS Address _____ City _____

PWS or PWS Owner's Phone # _____ Fax # _____

Collector: D. SUNDAY 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: 9/21/10 A = Absent, P = Present, C = Confluent Growth, TNTC = Too Numerous To Count

To be completed by collector of sample						To be completed by lab					
Sample Number	Sample Point (Location or Specific Address)	Collection Time	Sample Type	Disinfect Res'd (mg/L)	pH	Method <input checked="" type="checkbox"/> COLITAG <input type="checkbox"/> EPA1600	Non Coliform	Total Coliform	E. coli or Enterococci	Q+	Lab Sample#
1	Ground Storage	0600	D	2.2	7.8			A	A		133125

Average of disinfectant residuals for distribution routine and repeat samples:
*Complete for community and non-transient non-community systems serving populations up to and including 4,500. Do not include raw or plant samples or the average.
Free chlorine or Total chlorine (circle one).
Disinfectant Residual Analysis Method: DPD Colorimetric Other: _____
Person performing disinfectant analysis: Employed by DEP or DOH
 A certified operator # 101829 Employed by a certified lab
 Supervised by cert operator # _____ Authorized representative of water supplier

Unless otherwise noted, all tests are performed in accordance with NELAC standards, and the results relate only to the samples.
Date & time PWS notified by lab of positive results: _____
Date & time DEP/DOH notified by lab of positive results: _____
Date Report issued: _____

Name and Mailing Address of Person to Receive Report
ICA
370 SE Craig Ave
Lake City, FL

Lab Signature: Robert M. Wright
Title: Laboratory Manager
DEP/DOH USE ONLY
 Satisfactory
 Incomplete Collection Information
 Repeat Samples Required
 Replacement Samples Required
Date Reviewed by DEP/DOH: _____
DEP/DOH Reviewing Official: _____