DRINKING WATER BACTERIOLOGICAL SAMPLE COLLECTION AND LABORATORY REPORTING FORMAT

62-550.730 Reporting Format - Effective 01/95, Revised 02/2010



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Columbia County Health Department 217 NE Franklin Street

HIE	386-	Florida 3205 758-1058 D #22787	5				ate & Tine;			237,	BOC		
Report Number: Sub-Contract Lab ID: nalysis Requested: (please check all that apply) 1 Total Colifor/E. coli 2 Other:					Sample Acceptance Criteria: Sample Preservation On Ice Not On Ice 3.2 °C Disinfectant Check Not Detected mg/L This sample does not meet the following NELAC equilibrates:								
System Na	ame: Ellis Ville Woter plan	T			PW	S I.I	D						
System Add	dress:			City:			100						
	Owner's Phone #:			Fax #:									
Collector:	JA Moody Jr			Collector's	s Phone	#: .	38L-	623	-64	07			
	upply: (check only one)												
Limited U	ity Water System Non-Transien Use System Bottled Water Private Well or Sampling: (check all that apply)		ty Water				☐Trans		n-commu	unity Wate	er System		
□ Distribution □ Clearance	on Routine Distribution Repeat Raw (trig	gered or asses sample being re							itional	□Well S	Survey		
Lab use	To be completed by col	laster of compl		-				Tob	o asmal	atad by la	la constitution		
Lan use	To be completed by con	lector or sample	8			1	Total Coli		-	eted by la Method: Col	ilert, SM9223B		
Sample Number	Sample Point (Location or Specific Address)	Collection Time	Sample Type ¹	Disinfect Res'd	рН		Incubator # 3						
	(Education of Specific Address)	4	Type'	(mg/L)			Non Coliform	Total Coliform	Fecal or E. coli	Data Qualifier ²	Lab Sample Number		
+1	1539 SE DeTober Pl	L 1130		1.5				A	A		104959		
1	SEOcTober FH=5	11 70		1.4				A	A		104960		
E	CORL 238 FH"Z	AM		1.5				A	· A		104961		
idulo													
Average of disinfectant residuals for routine and repeat samples ³ : Free Chlorine					Unless otherwise noted, all tests are performed in accordance with NELAC standards, and the results relate only to the samples. Results: A = coliforms are absent P = coliforms are present								
☐A certifice ☐Supervise ☐Employee ☐Authorize	ed operator (# OO I T by 9 sed by a cert operator (#) ed by a certified lab ted representative of supplier of water ed by DEP/DOH)		Date/tim		notifi	ed by lab o						
Name and	Mailing Address of Person to Receive Repo	rt		Title:_ Date r	eport is	ssu	ed: 10		61L				
	bove address			Repe	nplete at San acemer	Coll aple at S	ection Ir s Requir amples I	red Require	on d	EP/DOH U	JSE ONLY		
S = Special (cl 2. Defined in Flo 3. Complete for c	on (routine compliance), C = Repeat/Check, R = Raw, N = Entry Point to Distribution, B learance, etc.). rida Administrative Code Rule 62-160, Table 1. community & non-transient non-community systems serving populations up to and inclu- umples in the average.						g Official	m	2/13				

See back for instructions

DRINKING WATER BACTERIOLOGICAL SAMPLE COLLECTION AND LABORATORY REPORTING FORMAT

62-550 730 Reporting Format - Effective 01/95 Revised 02/2010



Columbia County Health Department 217 NE Franklin Street Lake City, Florida 32055

USF 386-758-1058 Lab Receipt Date & Time: 10 12 15 Analysis Date & Time: Lab ID #22787 Sub-Contract Lab ID: __ Sample Acceptance Criteria: Report Number: Analysis Requested: (please check all that apply) On Ice Not On Ice Sample Preservation 면 Total Colifor/E. coli Disinfectant Check Not Detected 0_ mg/L Other: This sample does not meet the following NELAC requirements: System Name: 6/1, (Wille MATE, plas PWS I.D. System Address: City: System or Owner's Phone #: Fax #: Collector's Phone #: 746 623-6407 Collector: J M. Mess V Type of Supply: (check only one) ☐Community Water System ☐Limited Use System ☐Bottled Water Non-Transient Non-community Water System ☐ Transient Non-community Water System ☐Private Well Other ☐Swimming Pool Reason for Sampling: (check all that apply) Distribution Routine Distribution Repeat Raw (triggered or assessment) Raw (triggered or assessment) additional Well Survey Replacement (also check type of sample being replaced) Boil Water Notice Other Sample Collection Date: 10/12 To be completed by collector of sample Lab use To be completed by lab Total Coliform / E. coli Analysis Method: Colilert, SM9223B Disinfect Sample Point Collection Sample Sample Incubator # 2_ Res'd pH Number (Location or Specific Address) Type (ma/L) Total Fecal or Data Lab Sample Coliform Coliform E. coli Qualifier Number 104787 1.0 10498 SE October Rd BE 14. FH 5 SEDETOBER Rd 1.0 104988 20, RZ 238 FH# Z A 104787 Unless otherwise noted, all tests are performed in accordance with NELAC Average of disinfectant residuals for routine and repeat samples³: standards, and the results relate only to the samples. ☐Free Chlorine ☐Total Chlorine Disinfectant Residual Analysis Method: Results: A = coliforms are absent □DPD Colorimetric □Other:

Name and Mailing Address of Person to Receive Report

Person performing analysis is (Please see instructions on reverse):

☐ Mail to above address	□ Fax	☐ Customer Pickup	

1. D = Distribution (routine compliance), C = Repeat/Check, R = Raw, N = Entry Point to Distribution, P = Plant Tap.

Authorized representative of supplier of water

Supervised by a cert operator (#____

☐ Employed by a certified lab

☐Employed by DEP/DOH

1. D = Distribution (routine compilarity). C = nepeatorises 1.

S = Special (clearance, etc.).

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

3. 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.

P = coliforms are present

Date/time PWS notified by lab of positive results:

Date/time State notified by Jab of positive results: Lab Signature:

Title: Date report issued: 10/13/13

Satisfactory

Incomplete Collection Information

Repeat Samples Required Replacement Samples Required

Date Reviewed by DEP/DOH: 10/13/10 **DEP/DOH Reviewing Official:**

DEP/DOH USE ONLY