

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
386-758-1058

Lab ID #22787

Report Number: \_\_\_\_\_ Sub-Contract Lab ID: \_\_\_\_\_

Analysis Requested: (please check all that apply)

Total Colifor/E. coli
Other: \_\_\_\_\_

Lab Receipt Date & Time: 10/11/10 @ 2:37 PM
Analysis Date & Time: 10/11/10 @ 3:07 PM

Sample Acceptance Criteria:

Sample Preservation: [X] On Ice [ ] Not On Ice [ ] 3.2 °C
Disinfectant Check: [X] Not Detected [ ] mg/L
This sample does not meet the following NELAP requirements:

System Name: Ellisville Water Plant PWS I.D. [ ] [ ] [ ] [ ] [ ] [ ] [ ]

System Address: \_\_\_\_\_ City: \_\_\_\_\_

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

Collector: J.A. Moody Jr Collector's Phone #: 386-623-6407

Type of Supply: (check only one)

[X] 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
[X] Clearance [ ] Replacement (also check type of sample being replaced) [ ] Boil Water Notice [ ] Other: \_\_\_\_\_

Sample Collection Date: 10/11/10

Table with columns: Lab use, Sample Number, Sample Point (Location or Specific Address), Collection Time, Sample Type, Disinfect Res'd (mg/L), pH, Total Coliform / E. coli Analysis Method, Incubator #, Non Coliform, Total Coliform, Fecal or E. coli, Data Qualifier, Lab Sample Number. Includes handwritten entries for three samples.

Average of disinfectant residuals for routine and repeat samples:
[ ] Free Chlorine [ ] Total Chlorine
Disinfectant Residual Analysis Method:
[ ] DPD Colorimetric [ ] Other:
Person performing analysis is (Please see instructions on reverse):
[ ] A certified operator (# 0017089)
[ ] Supervised by a cert operator (# )
[ ] Employed by a certified lab
[ ] Authorized representative of supplier of water
[ ] Employed by DEP/DOH

Unless otherwise noted, all tests are performed in accordance with NELAP standards, and the results relate only to the samples.
Results: A = coliforms are absent
P = coliforms are present

Name and Mailing Address of Person to Receive Report
[ ] Mail to above address [ ] Fax [ ] Customer Pickup

Date/time PWS notified by lab of positive results:
Date/time State notified by lab of positive results:
Lab Signature: [Signature]
Title: LAB MGR
Date report issued: 10/12/10

[X] Satisfactory
[ ] Incomplete Collection Information
[ ] Repeat Samples Required
[ ] Replacement Samples Required
Date Reviewed by DEP/DOH: 10/12/10
DEP/DOH Reviewing Official: [Signature]

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

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AND LABORATORY REPORTING FORMAT**

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217 NE Franklin Street  
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Lab ID #22787

Report Number: \_\_\_\_\_ Sub-Contract Lab ID: \_\_\_\_\_

**Analysis Requested:** (please check all that apply)

- Total Colifor/E. coli  
 Other: \_\_\_\_\_

**KSF**

Lab Receipt Date & Time: 10/12/10 1:11p  
 Analysis Date & Time: 10/12/10 3:00p **PC**

**Sample Acceptance Criteria:**  
 Sample Preservation  On Ice  Not On Ice  9.6 °C  
 Disinfectant Check  Not Detected  \_\_\_\_\_ mg/L  
 This sample does not meet the following NELAC requirements:

System Name: Ellisville Water plant PWS I.D.

System Address: \_\_\_\_\_ City: \_\_\_\_\_  
 System or Owner's Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_  
 Collector: J. M. Moody Collector's Phone #: 746 623-6407

- 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: 10/12/10

Lab use	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 Res'd (mg/L)	pH	Total Coliform / E. coli Analysis Method: Colilert, SM9223B				
#2A		1539 SE October Rd.	10:00		1.0		Incubator # <u>2</u>				
							Non Coliform	Total Coliform	Fecal or E. coli	Data Qualifier <sup>2</sup>	Lab Sample Number
#2B		FH#5 SE October Rd	10:20		1.0			A	A		104987 104987 DE not
#2C		20.Rd 238 FH#2	10:30		1.0			A	A		104987

**Average of disinfectant residuals for routine and repeat samples<sup>3</sup>:**  
 Free Chlorine  Total Chlorine  
**Disinfectant Residual Analysis Method:**  
 DPD Colorimetric  Other: \_\_\_\_\_  
**Person performing analysis is (Please see instructions on reverse):**  
 A certified operator (# 0019059)  
 Supervised by a cert operator (# \_\_\_\_\_)  
 Employed by a certified lab  
 Authorized representative of supplier of water  
 Employed by DEP/DOH

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**

Date/time PWS notified by lab of positive results: \_\_\_\_\_  
 Date/time State notified by lab of positive results: \_\_\_\_\_  
 Lab Signature: [Signature]  
 Title: LAB MGR  
 Date report issued: 10/13/10

Name and Mailing Address of Person to Receive Report

Mail to above address  Fax  Customer Pickup

**DEP/DOH USE ONLY**

Satisfactory  
 Incomplete Collection Information  
 Repeat Samples Required  
 Replacement Samples Required

Date Reviewed by DEP/DOH: 10/13/10  
 DEP/DOH Reviewing Official: [Signature]

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