

# 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: 8/4/10 2:47p *BS*  
Analysis Date & Time: 8/4/10 3:00p *BS*  
**Sample Acceptance Criteria:**  
Sample Preservation  On Ice  Not On Ice  11.2 °C  
Disinfectant Check  Not Detected  \_\_\_\_\_ mg/L  
This sample does not meet the following NELAC requirements: \_\_\_\_\_

System Name: COLUMBIA COUNTY-ELLISVILLE PUBLIC SUPPLY PWS I.D.

System Address: 135 NE HERNANDO AVENUE City: LAKE CITY, FL. 32055

System or Owner's Phone #: 386-758-1005 Fax #: 386-755-2934

Collector: RONNIE HUGHES Collector's Phone #: 386-752-1840

**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: 08/04/10

Sample Number	Sample Point (Location or Specific Address)	Collection Time	Sample Type <sup>1</sup>	Disinfect Res'd (mg/L)	pH
8	SAMPLE SPIGOT 10,000 GALLON TANK ELLISVILLE I-75/441	6:30 AM			
9	SAMPLE SPIGOT 10,000 GALLON TANK ELLISVILLE I-75/441	1:35 pm			

Total Coliform / E. coli Analysis Method: Coliert, SM9223B				
Incubator # <u>31</u> <i>BS</i> <u>8/4/10</u>				
Non Coliform	Total Coliform	Fecal or E. coli	Data Qualifier <sup>2</sup>	Lab Sample Number
	A	A		103589
	A	A		103590

**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 (# \_\_\_\_\_)  
 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: *RONNIE HUGHES*

Title: LAB MGR

Date report issued: 8/5/10

Name and Mailing Address of Person to Receive Report

- Mail to above address  Fax  Customer Pickup

**HUGHES WELL DRILLING  
& PUMP SERVICE, LLC**  
12367 N. U.S. Hwy. 441  
LAKE CITY, FLORIDA 32055

FAXED

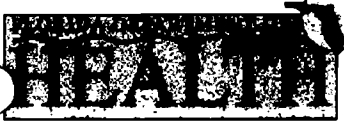
PIPELINE CONSTRUCTION  
8/27/10 2:47p  
REF US # 103395-103407

1. D = Distribution System Compliance, DEP/DOH 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.

Satisfactory DEP/DOH USE ONLY  
 Incomplete Collection Information  
 Repeat Samples Required  
 Replacement Samples Required  
Date Reviewed by DEP/DOH: 8/5/10  
DEP/DOH Reviewing Official: *BS*

# 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: 7/27/10 e 226p *BC*  
 Analysis Date & Time: 7/27/10 e 300p *BC*  
**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: COLUMBIA COUNTY ELLISVILLE PUBLIC SUPPLY WELL #2 PWS I.D.

System Address: 135 NE HERNANDO AVENUE City: LAKE CITY, FL. 32055

System or Owner's Phone #: 386-758-1005 Fax #: 386-755-2934

Collector: RONNIE HUGHES Collector's Phone #: 386-752-1840

**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: 07/27/10

Lab use	To be completed by collector of _____						Total Coliform / E. coli Analysis Method: Coliert, SM9223B				
Sample Number	Sample Point (Location or Specific Address)	Collection Time	Sample Type	Disinfect Res'd (mg/L)	pH	Incubator #	Non Coliform	Total Coliform	Fecal or E. coli	Data Qualifier <sup>2</sup>	Lab Sample Number
28	WELL HEAD # 2 ELLISVILLE - I-75/441	6:30 AM				2		A	A		103463
29	WELL HEAD # 2 ELLISVILLE - I-75/441	1:35 PM						A	A		103464

Unless otherwise noted, all tests are performed in accordance with NELAC standards, and the results relate only to the samples  
**Results: A = conforms present  
 P = conforms present**

**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 (# \_\_\_\_\_)  
 Supervised by a cert operator (# \_\_\_\_\_)  
 Employed by a certified lab  
 Authorized representative of supplier of water  
 Employed by DEP/DOH

Date/time PWS notified by lab of positive results: \_\_\_\_\_  
 Date/time State notified by lab of positive results: \_\_\_\_\_  
**Lab Signature:** Ronnie Hughes  
**Title:** LAB MGR  
**Date report issued:** 7/28/10

Name and Mailing Address of Person to Receive Report

Mail to \_\_\_\_\_  Pickup  
**HUGHES WELL DRILLING & PUMP SERVICE, LLC**  
 12367 N. U.S. Hwy. 441  
 LAKE CITY, FLORIDA 32055  
**FAXED** 7/28/10 e 417p

**DEP/DOH USE ONLY**  
 Satisfactory  
 Incomplete Collection Information  
 Repeat Samples Required  
 Replacement Samples Required  
**Date Reviewed by DEP/DOH:** 7/28/10  
**DEP/DOH Reviewing Official:** BC

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

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  
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: 7/27/10 220p *BM*  
Analysis Date & Time: 7/20/10 300p *BM*

**Sample Acceptance Criteria:**

Sample Preservation  On Ice  Not On Ice  11.6 °C

Disinfectant Check  Not Detected  \_\_\_\_\_ mg/L

This sample does not meet the following NELAC requirements:

System Name: COLUMBIA COUNTY-ELLISVILLE PUBLIC SUPPLY #1 WELL PWS I.D.

System Address: 135 NE HERNANDO AVENUE City: LAKE CITY, FL. 32055

System or Owner's Phone #: 386-758-1005 Fax #: 386-755-2934

Collector: RONNIE HUGHES Collector's Phone #: 386-752-1840

**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: 07/27/10

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: Coliurt, SM9223B				
						Incubator # <u>2</u>				
						Non Coliform	Total Coliform	Fecal or E. coli	Data Qualifier <sup>2</sup>	Lab Sample Number
26	WELL HEAD # 1	6:25				A	A			103461
	ELLISVILLE - I-75/441	AM								
27	WELL HEAD # 1	1:30				A	A			103462
	ELLISVILLE - I-75/441	PM								

**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 (# \_\_\_\_\_)  
 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  
R = coliforms are present

Date/time PWS notified by lab of positive results: \_\_\_\_\_

Date/time State notified by lab of positive results: \_\_\_\_\_

Lab Signature: *R. Hughes*

Title: LAS MGR

Date report issued: 7/20/10

**Name and Mailing Address of Person to Receive Report**

- Mail to above address  Fax  Customer Pickup

**HUGHES WELL DRILLING  
& PUMP SERVICE, LLC**  
12367 N. U.S. Hwy. 441  
LAKE CITY, FLORIDA 32055

FAXED

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.

**DEP/DOH USE ONLY**

- Satisfactory  
 Incomplete Collection Information  
 Repeat Samples Required  
 Replacement Samples Required

Date Reviewed by DEP/DOH: 7/28/10

DEP/DOH Reviewing Official: *BM*

# 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

Lab Receipt Date & Time: 7/26/10 @ 1:50p  
Analysis Date & Time: 7/26/10 @ 3:00

### Sample Acceptance Criteria:

Sample Preservation  On Ice  Not On Ice  72°C  
Disinfectant Check  Not Detected  \_\_\_\_\_ mg/L  
This sample does not meet the following NELAC requirements:

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

### Analysis Requested:

 (please check all that apply)

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

System Name: COLUMBIA COUNTY-ELLISVILLE PUBLIC SUPPLY #2 WELL PWS I.D.

System Address: 135 NE HERNANDO AVENUE City: LAKE CITY, FL. 32055

System or Owner's Phone #: 386-758-1005 Fax #: 386-755-2934

Collector: RONNIE HUGHES Collector's Phone #: 386-752-1840

### 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: 07/26/10

Sample Number	Sample Point (Location or Specific Address)	Collection Time	Sample Type <sup>1</sup>	Disinfect Res'd (mg/L)	pH
21	WELL HEAD # 2 ELLISVILLE - I-75/441	5:40 AM			
22	WELL HEAD # 2 ELLISVILLE - I-75/441	1:10 PM			

Total Coliform / E. coli Analysis Method: Colilert, SM9223B				
Incubator # <u>3</u>				
Non Coliform	Total Coliform	Fecal or E. coli	Data Qualifier <sup>2</sup>	Lab Sample Number
	A	A		103428
	A	A		103429

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 (# \_\_\_\_\_)  
 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: 7/27/10

Name and Mailing Address of Person to Receive Report

Mail to address on back of report

**HUGHES WELL DRILLING & PUMP SERVICE, LLC**  
12367 N. U.S. Hwy. 441  
LAKE CITY, FLORIDA 32055

DEP/DOH USE ONLY

Satisfactory  
 Incomplete Collection Information  
 Repeat Samples Required  
 Replacement Samples Required

Date Reviewed by DEP/DOH: 7/27/10  
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.

**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

Lab Receipt Date & Time: 7/26/10 2:15p *BC*  
Analysis Date & Time: 7/26/10 2:30p *BC*

**Sample Acceptance Criteria:**  
Sample Preservation  On Ice  Not On Ice  6.2 °C  
Disinfectant Check  Not Detected  \_\_\_\_\_ mg/L  
This sample does not meet the following NELAC requirements:

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

**Analysis Requested:** (please check all that apply)  
 Total Coliform/E. coli  
 Other: \_\_\_\_\_

System Name: COLUMBIA COUNTY-ELLISVILLE PUBLIC SUPPLY WELL #1 PWS I.D.

System Address: 135 NE HERNANDO AVENUE City: LAKE CITY, FL. 32055

System or Owner's Phone #: 386-758-1005 Fax #: 386-755-2934

Collector: RONNIE HUGHES Collector's Phone #: 386-752-1840

**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: 07/26/10

Sample Number	Sample Point (Location or Specific Address)	Collection Time	Sample Type <sup>1</sup>	Disinfect Res'd (mg/L)	pH
<u>19</u>	<u>WELL HEAD # 1</u>	<u>5:35</u>			
	<u>ELLISVILLE - I-75/441</u>	<u>AM</u>			
<u>20</u>	<u>WELL HEAD # 1</u>	<u>1:05</u>			
	<u>ELLISVILLE - I-75/441</u>	<u>PM</u>			

Total Coliform / E. coli Analysis Method: Coliert, SM9223B				
Incubator # <u>3</u>				
Non Coliform	Total Coliform	Fecal or E. coli	Data Qualifier <sup>2</sup>	Lab Sample Number
	<u>A</u>	<u>A</u>		<u>103425</u>
	<u>A</u>	<u>A</u>		<u>103426</u>

**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 (# \_\_\_\_\_)  
 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

*(Signature)*  
P = Compliance Report

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: 7/27/10

Name and Mailing Address of Person to Receive Report

Mail to \_\_\_\_\_  Fax \_\_\_\_\_  Pickup  
**HUGHES WELL DRILLING  
& PUMP SERVICE, LLC**  
12367 N. U.S. Hwy. 441  
LAKE CITY, FLORIDA 32055

**DEP/DOH USE ONLY**  
 Satisfactory  
 Incomplete Collection Information  
 Repeat Samples Required  
 Replacement Samples Required  
Date Reviewed by DEP/DOH: 7/27/10  
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.

# 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

Lab Receipt Date & Time: 7/26/10 8:00a *RM*  
 Analysis Date & Time: 7/26/10 3:00p *RM*  
**Sample Acceptance Criteria:**  
 Sample Preservation  On Ice  Not On Ice  5.8 °C  
 Disinfectant Check  Not Detected  \_\_\_\_\_ mg/L  
 This sample does not meet the following NELAC requirements:

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

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

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

**System Name:** COLUMBIA COUNTY-ELLISVILLE PUBLIC SUPPLY # 2 **WELL** PWS I.D.

**System Address:** 135 NE HERNANDO AVENUE **City:** LAKE CITY, FL. 32055

**System or Owner's Phone #:** 386-758-1005 **Fax #:** 386-755-2934

**Collector:** RONNIE HUGHES **Collector's Phone #:** 386-752-1840

**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:** 07/25/10

Sample Number	Sample Point (Location or Specific Address)	Collection Time	Sample Type <sup>1</sup>	Disinfect Res'd (mg/L)	pH
3	WELL HEAD # 2 ELLISVILLE - I-75/441	3:05 PM			
4	WELL HEAD # 2 ELLISVILLE - I-75/441	9:55 PM			

Total Coliform / E. coli Analysis Method: Coliort, SM9223B				
Incubator # <u>3</u>				
Non Coliform	Total Coliform	Fecal or E. coli	Data Qualifier <sup>2</sup>	Lab Sample Number
	A	A		103409
	A	A		103410

**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 (# \_\_\_\_\_)  
 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:** 7/27/10

**Name and Mailing Address of Person to Receive Report**  
 Mail to address on file  Home pickup  
**HUGHES WELL DRILLING & PUMP SERVICE, LLC**  
 12367 N. U.S. Hwy. 441  
 LAKE CITY, FLORIDA 32055

**DEP/DOH USE ONLY**

Satisfactory  
 Incomplete Collection Information  
 Repeat Samples Required  
 Replacement Samples Required  
**Date Reviewed by DEP/DOH:** 7/27/10  
**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.

# DRINKING WATER BACTERIOLOGICAL SAMPLE COLLECTION AND LABORATORY REPORTING FORMAT

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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: 7/26/10 8:01a

Analysis Date & Time: 7/26/10 3:00

**Sample Acceptance Criteria:**

Sample Preservation  On Ice  Not On Ice  6.0 °C

Disinfectant Check  Not Detected  \_\_\_\_\_ mg/L

This sample does not meet the following NELAC requirements:

System Name: COLUMBIA COUNTY-ELLISVILLE PUBLIC SUPPLY WELL #1 PWS I.D.

System Address: 135 NE HERNANDO AVENUE City: LAKE CITY, FL. 32055

System or Owner's Phone #: 386-758-1005 Fax #: 386-755-2934

Collector: RONNIE HUGHES Collector's Phone #: 386-752-1840

**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: 07/25/10

Sample Number	Sample Point (Location or Specific Address)	Collection Time	Sample Type <sup>1</sup>	Disinfect Res'd (mg/L)	pH
1	WELL HEAD # 1	3:00			
	ELLISVILLE - I-75/441	PM			
2	WELL HEAD # 1	9:50			
	ELLISVILLE - I-75/441	PM			

Total Coliform / E. coli Analysis Method: Colilert, SM9223B				
Incubator # <u>3</u>				
Non Coliform	Total Coliform	Fecal or E. coli	Data Qualifier <sup>2</sup>	Lab Sample Number
	A	A		103407
	A	A		103408

**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 (# \_\_\_\_\_)  
 Supervised by a cert operator (# \_\_\_\_\_)  
 Employed by a certified lab  
 Authorized representative of supplier of water  
 Employed by CCP/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: 7/26/10

Name and Mailing Address of Person to Receive Report

Mail to above address  Deliver to pickup

**HUGHES WELL DRILLING & PUMP SERVICE, LLC**  
 12367 N. U.S. Hwy. 441  
 LAKE CITY, FLORIDA 32055

**DEP/DOH USE ONLY**

Satisfactory  
 Incomplete Collection Information  
 Repeat Samples Required  
 Replacement Samples Required

Date Reviewed by DEP/DOH: 7/26/10

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.

# 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 Coliform/E. coli  
 Other: \_\_\_\_\_

Lab Receipt Date & Time: 7/22/10 @ 201g *BM*  
Analysis Date & Time: 7/22/10 @ 300g *BM*

**Sample Acceptance Criteria:**  
Sample Preservation  On Ice  Not On Ice  7.8 °C  
Disinfectant Check  Not Detected  \_\_\_\_\_ mg/L  
This sample does not meet the following NELAC requirements:

System Name: COLUMBIA COUNTY-ELLISVILLE PUBLIC SUPPLY WELL #2 PWS I.D.

System Address: 135 NE HERNANDO AVENUE City: LAKE CITY, FL. 32055

System or Owner's Phone #: 386-758-1005 Fax #: 386-755-2934

Collector: RONNIE HUGHES Collector's Phone #: 386-752-1840

**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: 07/22/10

Sample Number	Sample Point (Location or Specific Address)	Collection Time	Sample Type <sup>1</sup>	Disinfect Res'd (mg/L)	pH
35	WELL HEAD # 2	6:00			
	ELLISVILLE - I-75/441	AM			
		<del>07/22</del>			
36	WELL HEAD # 2	1:20			
	ELLISVILLE - I-75/441	PM			

Total Coliform / E. coli Analysis Method: Colifert, SM9223B				
Incubator # <u>2</u>				
Non Coliform	Total Coliform	Fecal or E. coli	Data Qualifier <sup>2</sup>	Lab Sample Number
	P	A		103399
	A	A		103400

**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 (# \_\_\_\_\_)  
 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: 7/23/10 @ 329g

Date/time State notified by lab of positive results: \_\_\_\_\_

Lab Signature: *[Signature]*

Title: LAB MGR

Date report issued: 7/23/10

Name and Mailing Address of Person to Receive Report

Mail to above address  Fax  Customer pickup

**HUGHES WELL DRILLING & PUMP SERVICE, LLC**  
12367 N. U.S. Hwy. 441  
LAKE CITY, FLORIDA 32055

FAXED  
7/23/10 @ 335g  
*BM*

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.

DEP/DOH USE ONLY

Satisfactory  
 Incomplete Collection Information  
 Repeat Samples Required  
 Replacement Samples Required

Date Reviewed by DEP/DOH: 7/23/10  
DEP/DOH Reviewing Official: *[Signature]*



**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: 7/22/10 2:01p  
Analysis Date & Time: 7/22/10 3:00p

**Sample Acceptance Criteria:**

- Sample Preservation  On Ice  Not On Ice  10.8 °C  
Disinfectant Check  Not Detected  \_\_\_\_\_ mg/L  
This sample does not meet the following NELAC requirements:

System Name: COLUMBIA COUNTY-ELLISVILLE PUBLIC SUPPLY #1 WELL PWS I.D.

System Address: 135 NE HERNANDO AVENUE City: LAKE CITY, FL. 32055

System or Owner's Phone #: 386-758-1005 Fax #: 386-755-2934

Collector: RONNIE HUGHES Collector's Phone #: 386-752-1840

**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: 07/22/10

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	Incubator # <u>2</u>	Non Coliform	Total Coliform	Fecal or E. coli	Data Qualifier <sup>2</sup>	Lab Sample Number
33	WELL HEAD # 1	5:55							P	A		103397
	ELLISVILLE - I-75/441	AM										
34	WELL HEAD # 1	1:15							A	A		103398
	ELLISVILLE - I-75/441	pm										

**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 (# \_\_\_\_\_)  
 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: 7/22/10 3:29p

Date/time State notified by lab of positive results: \_\_\_\_\_

Lab Signature: [Signature]

Title: LAB MGR

Date report issued: 7/23/10

**Name and Mailing Address of Person to Receive Report**

Mail to \_\_\_\_\_ Pickup  
**HUGHES WELL DRILLING & PUMP SERVICE, LLC**  
12367 N. U.S. Hwy. 441  
LAKE CITY, FLORIDA 32055

**FAXED**  
7/23/10 3:59p

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.

DEP/DOH USE ONLY

Satisfactory  
 Incomplete Collection Information  
 Repeat Samples Required  
 Replacement Samples Required

Date Reviewed by DEP/DOH: 7/23/10  
DEP/DOH Reviewing Official: [Signature]

# 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: 7/21/10 @ 132p *BM*  
Analysis Date & Time: 7/21/10 @ 300c *BS*

**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: COLUMBIA COUNTY-ELLISVILLE PUBLIC SUPPLY #2 PWS I.D. *WELL*

System Address: 135 NE HERNANDO AVENUE City: LAKE CITY, FL. 32055

System or Owner's Phone #: 386-758-1005 Fax #: 386-755-2934

Collector: RONNIE HUGHES Collector's Phone #: 386-752-1840

**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: 07/21/10

Sample Number	Sample Point (Location or Specific Address)	Collection Time	Sample Type <sup>1</sup>	Disinfect Res'd (mg/L)	pH
13	WELL HEAD # 2	6:35			
	ELLISVILLE - I-75/441	AM			
14	WELL HEAD # 2	1:05			
	ELLISVILLE - I-75/441	PM			

Total Coliform / E. coli Analysis Method: Colilert, SM9223B				
Incubator # <u>3</u>				
Non Coliform	Total Coliform	Fecal or E. coli	Data Qualifier <sup>2</sup>	Lab Sample Number
	A	A		103358
	A	A		103359

**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 (# \_\_\_\_\_)  
 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

Name and Mailing Address of Person to Receive Report

Mail to above address  Driver Pickup

**HUGHES WELL DRILLING & PUMP SERVICE, LLC**  
12367 N. U.S. Hwy. 441  
LAKE CITY, FLORIDA 32055

DEP/DOH USE ONLY

Satisfactory  
 Incomplete Collection Information  
 Repeat Samples Required  
 Replacement Samples Required

Date Reviewed by DEP/DOH: 7/22/10  
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.

# 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 Coliform/E. coli  
 Other: \_\_\_\_\_

Lab Receipt Date & Time: 7/21/10 c 132p BA  
Analysis Date & Time: 7/21/10 e 300p BA

**Sample Acceptance Criteria:**  
Sample Preservation  On Ice  Not On Ice  6.2 °C  
Disinfectant Check  Not Detected  \_\_\_\_\_ mg/L  
This sample does not meet the following NELAC requirements:

System Name: COLUMBIA COUNTY-ELLISVILLE PUBLIC SUPPLY WELL #1 PWS I.D.

System Address: 135 NE HERNANDO AVENUE City: LAKE CITY, FL. 32055

System or Owner's Phone #: 386-758-1005 Fax #: 386-755-2934

Collector: RONNIE HUGHES Collector's Phone #: 386-752-1840

**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: 07/21/10

Sample Number	Sample Point (Location or Specific Address)	Collection Time	Sample Type <sup>1</sup>	Disinfect Res'd (mg/L)	pH
11	WELL HEAD # 1	6:30			
	ELLISVILLE - I-75/441	AM			
12	WELL HEAD # 1	1:00			
	ELLISVILLE - I-75/441	PM			

Total Coliform / E. coli Analysis Method Coliert, SM9223B				
Incubator # <u>3</u>				
Non Coliform	Total Coliform	Fecal or E. coli	Data Qualifier <sup>2</sup>	Lab Sample Number
	A	A		103356
	A	A		103357

**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 (# \_\_\_\_\_)  
 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: 7/22/10

Name and Mailing Address of Person to Receive Report

Mail to HUGHES WELL DRILLING & PUMP SERVICE, LLC Customer Pickup  
12367 N. U.S. Hwy. 441  
LAKE CITY, FLORIDA 32055

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.

DEP/DOH USE ONLY

Satisfactory  
 Incomplete Collection Information  
 Repeat Samples Required  
 Replacement Samples Required

Date Reviewed by DEP/DOH: 7/22/10  
DEP/DOH Reviewing Official: [Signature]

# DRINKING WATER BACTERIOLOGICAL SAMPLE COLLECTION AND LABORATORY REPORTING FORMAT

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

A

Columbia County Health Department  
217 NE Franklin Street  
Lake City, Florida 32055  
386-758-1058

Lab ID #22787

Lab Receipt Date & Time: 7/15/10 1:35  
 Analysis Date & Time: 7/15/10 3:00 BC  
**Sample Acceptance Criteria:**  
 Sample Preservation  On Ice  Not On Ice  21 °C  
 Disinfectant Check  Not Detected  \_\_\_\_\_ mg/L  
 This sample does not meet the following NELAC requirements:

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

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

Total Coliform/E. coli

Other: \_\_\_\_\_

System Name: COLUMBIA COUNTY ELLISVILLE PUBLIC SUPPLY #1 WELL PWS I.D.

System Address: 135 NE HERNANDO AVENUE City: LAKE CITY, FL. 32055

System or Owner's Phone #: 386-758-1005 Fax #: 386-755-2934

Collector: RONNIE HUGHES Collector's Phone #: 386-752-1840

**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: 07/15/10

Sample Number	Sample Point (Location or Specific Address)	Collection Time	Sample Type <sup>1</sup>	Disinfect Res'd (mg/L)	pH
13	WELL HEAD # 1	6:30			
	ELLISVILLE - I-75/441	AM			
14	WELL HEAD # 1	1:00			
	ELLISVILLE - I-75/441	PM			

Total Coliform / E. coli Analysis Method: Colilert, SM9223B				
Incubator # <u>2</u>				
Non Coliform	Total Coliform	Fecal or E. coli	Data Qualifier <sup>2</sup>	Lab Sample Number
	A	A		103245
	A	A		103246

**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 (# \_\_\_\_\_)  
 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.

Date/time PWS notified by lab of positive results: \_\_\_\_\_

Date/time State notified by lab of positive results: \_\_\_\_\_

Lab Signature: [Signature]

Title: CAS MGR

Date report issued: 7/16/10

Name and Mailing Address of Person to Receive Report

- Mail to above address  Fax  Customer Pickup

**HUGHES WELL DRILLING  
& PUMP SERVICE, LLC**  
12367 N. U.S. Hwy. 441  
LAKE CITY, FLORIDA 32055

**FAXED**  
7/16/10 2:34p  
BC

1. D = Distribution (raw or treated), P = Repeat (Distribution, Plant Tap, or 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.

DEP/DOH USE ONLY

- Satisfactory  
 Incomplete Collection Information  
 Repeat Samples Required  
 Replacement Samples Required

Date Reviewed by DEP/DOH: 7/16/10

DEP/DOH Reviewing Official: BC

**DRINKING WATER BACTERIOLOGICAL SAMPLE COLLECTION  
AND LABORATORY REPORTING FORMAT**

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

A



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: 7/15/10 1:35  
Analysis Date & Time: 7/15/10 c 3000 BK

**Sample Acceptance Criteria:**

- Sample Preservation  On Ice  Not On Ice  21 °C  
Disinfectant Check  Not Detected  \_\_\_\_\_ mg/L  
This sample does not meet the following NELAC requirements:

System Name: COLUMBIA COUNTY-ELLISVILLE PUBLIC SUPPLY WELL #2 PWS I.D.

System Address: 135 NE HERNANDO AVENUE City: LAKE CITY, FL. 32055

System or Owner's Phone #: 386-758-1005 Fax #: 386-755-2934

Collector: RONNIE HUGHES Collector's Phone #: 386-752-1840

**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: 07/15/10

Sample Number	Sample Point (Location or Specific Address)	Collection Time	Sample Type <sup>1</sup>	Disinfect Res'd (mg/L)	pH
11	WELL HEAD # 2	6:35			
	ELLISVILLE - I-75/441	AM			
12	WELL HEAD # 2	1:05			
	ELLISVILLE - I-75/441	PM			

Total Coliform / E. coli Analysis Method: Coli-ert, SM9223B				
Incubator # <u>2</u>				
Non Coliform	Total Coliform	Fecal or E. coli	Data Qualifier <sup>2</sup>	Lab Sample Number
	A	A		103243
	A	A		103244

**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 (# \_\_\_\_\_)  
 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 present  
F = fecal 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: 7/16/10

**Name and Mailing Address of Person to Receive Report**

Mail to address  Fax  Customer Pickup

**HUGHES WELL DRILLING & PUMP SERVICE, LLC**  
12367 N. U.S. Hwy. 441  
LAKE CITY, FLORIDA 32055

**FAXED**  
7/16/10 3:46

**DEP/DOH USE ONLY**

Satisfactory  
 Incomplete Collection Information  
 Repeat Samples Required  
 Replacement Samples Required

Date Reviewed by DEP/DOH: 7/16/10  
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.

# 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

Lab Receipt Date & Time: 7/19/10 240p *AC*  
Analysis Date & Time: 7/19/10 300p *BC*

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

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

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

**Sample Acceptance Criteria:**

- Sample Preservation  On Ice  Not On Ice  5.2 °C  
Disinfectant Check  Not Detected  \_\_\_\_\_ mg/L

This sample does not meet the following NELAC requirements:

System Name: COLUMBIA COUNTY ELLISVILLE PUBLIC SUPPLY #2 **WELL** PWS I.D.

System Address: 135 NE HERNANDO AVENUE City: LAKE CITY, FL. 32055

System or Owner's Phone #: 386-758-1005 Fax #: 386-755-2934

Collector: RONNIE HUGHES Collector's Phone #: 386-752-1840

**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: 07/19/10

Lab Use	Sample Number	Sample Point (Location or Specific Address)	Collection Time	Sample Type <sup>1</sup>	Disinfect Res'd (mg/L)	pH
	18	WELL HEAD # 2 ELLISVILLE - I-75/441	7:55 AM			
	19	WELL HEAD # 2 ELLISVILLE - I-75/441	2:10 PM			

Total Coliform / E. coli Analysis Method: Colilert, SM9223B				
Incubator # <u>3</u>				
Non Coliform	Total Coliform	Fecal or E. coli	Data Qualifier <sup>2</sup>	Lab Sample Number
	A	A		103269
	A	A		103270

**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 (# \_\_\_\_\_)  
 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: 7/20/10

**Name and Mailing Address of Person to Receive Report**

Mail to above address  Fax  Customer Pickup

**HUGHES WELL DRILLING  
& PUMP SERVICE, LLC**  
12367 N. U.S. Hwy. 441  
LAKE CITY, FLORIDA 32055

FAXED  
7/20/10 4:19p  
*BC*

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.

DEP/DOH USE ONLY

Satisfactory  
 Incomplete Collection Information  
 Repeat Samples Required  
 Replacement Samples Required

Date Reviewed by DEP/DOH: 7/20/10  
DEP/DOH Reviewing Official: *[Signature]*

**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: 7/19/10 @ 2:40p *AC*  
Analysis Date & Time: 7/19/10 @ 2:00p *AC*  
**Sample Acceptance Criteria:**  
Sample Preservation  On Ice  Not On Ice  6.8 °C  
Disinfectant Check  Not Detected  \_\_\_\_\_ mg/L  
This sample does not meet the following NELAC requirements: \_\_\_\_\_

System Name: COLUMBIA COUNTY-ELLISVILLE PUBLIC SUPPLY #1 WELL PWS I.D.

System Address: 135 NE HERNANDO AVENUE City: LAKE CITY, FL. 32055

System or Owner's Phone #: 386-758-1005 Fax #: 386-755-2934

Collector: RONNIE HUGHES Collector's Phone #: 386-752-1840

**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: 07/19/10

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	Incubator # <u>3</u>	Non Coliform	Total Coliform	Fecal or E. coli	Data Qualifier <sup>2</sup>	Lab Sample Number
16	WELL HEAD # 1	7:50							A	A		103267
	ELLISVILLE - I-75/441	<del>7:50</del> AM										
17	WELL HEAD # 1	2:05							A	A		103268
	ELLISVILLE - I-75/441	<del>2:05</del> PM										

**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 (# \_\_\_\_\_)  
 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.  
**Lab Signature:** *[Signature]*  
**Title:** LAB MGR  
**Date report issued:** 7/20/10

Name and Mailing Address of Person to Receive Report  
 Mail to **HUGHES WELL DRILLING & PUMP SERVICE, LLC**  
12367 N. U.S. Hwy. 441  
LAKE CITY, FLORIDA 32055  
**FAXED** *418 7/20/10*

**DEP/DOH USE ONLY**  
 Satisfactory  
 Incomplete Collection Information  
 Repeat Samples Required  
 Replacement Samples Required  
**Date Reviewed by DEP/DOH:** 7/20/10  
**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.

# DRINKING WATER BACTERIOLOGICAL SAMPLE COLLECTION AND LABORATORY REPORTING FORMAT



**Columbia County Health Dept.**  
 217 N.E. Franklin St.  
 Lake City, FL 32055  
 Lab ID #22787

Lab Receipt Date & Time: 7/14/10 @ 2:44p *BS*  
 Analysis Date & Time: 7/14/10 @ 3:00p *BS*  
**Sample Acceptance Criteria:**  
 Sample Preservation  On Ice  Not on Ice  6.8 °C  
 Disinfectant Check  Not Detected  \_\_\_ mg/L  
 This sample does not meet the following NELAC requirements:

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

- Standard Coliform Test
- HPC
- Other: \_\_\_\_\_

System Name: COLUMBIA COUNTY-ELLISVILLE PUBLIC SUPPLY #2 **WELL** PWS I.D.

Mail Address: 135 NE HERNANDO AVENUE City: LAKE CITY, FL. 32055  
 System or Owner's Phone #: 386-758-1005 Fax #: 386-755-2934  
 Collector: RONNIE HUGHES Collector's Phone #: 386-752-1840

**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:** 07/14/10

*INCUB #3*

To be completed by collector of sample						To be completed by lab					
Coll. Number	Sample Point (Location or Specific Address)	Collection Time	Sample Type <sup>1</sup>	Disinfect Res'd (mg/L)	pH	Total Coliform Analysis Method: <u>SM9222B</u> <u>SM9223B</u>					
						Fecal or E. coli Analysis Method: <u>FC 71410</u>					
						Non Coliform	Total Coliform	Confirm Total Coli.	Confirm Fecal/E. coli	Data Qualifier <sup>2</sup>	Lab Sample Number
16	WELL HEAD # 2 ELLISVILLE - I-75/441	8:10 AM				A	A	A		103227	
17	WELL HEAD # 2 ELLISVILLE - I-75/441	2:15 PM				A	A	A		103228	

**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: *[Signature]*  
 Title: LAB MGR

Name and Mailing Address of Person/Firm to Receive Results:  
**HUGHES WELL DRILLING & PUMP SERVICE, LLC**  
 12367 N. U.S. Hwy. 441  
 LAKE CITY, FLORIDA 32055  
 FAX # 386-755-2934

DEP/DOH USE Only

Satisfactory  
 Incomplete Collection Information  
 Repeat Samples Required  
 Replacement Samples Required

Date Reviewed by DEP/DOH: 7/15/10  
 DEP/DOH Reviewing Official: *[Signature]*

<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.)



**DRINKING WATER BACTERIOLOGICAL SAMPLE COLLECTION AND LABORATORY REPORTING FORMAT**



**Columbia County Health Dept.**  
 217 N.E. Franklin St.  
 Lake City, FL 32055  
 Lab ID #22787

Lab Receipt Date & Time: 7/14/10 2:44p *PC*  
 Analysis Date & Time: 7/14/10 3:02p *PC*  
**Sample Acceptance Criteria:**  
 Sample Preservation  On Ice  Not on Ice  4.6 °C  
 Disinfectant Check  Not Detected       mg/L  
 This sample does not meet the following NELAC requirements:

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

- Standard Coliform Test
- HPC
- Other: \_\_\_\_\_

System Name: COLUMBIA COUNTY-ELLISVILLE PUBLIC SUPPLY #1 *WELL* PWS I.D. 

--	--	--	--	--	--	--	--	--	--

Mail Address: 135 NE HERNANDO AVENUE City: LAKE CITY, FL. 32055  
 System or Owner's Phone #: 386-758-1005 Fax #: 386-755-2934  
 Collector: RONNIE HUGHES Collector's Phone #: 386-752-1840

**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:** 07/14/10

*INCUB #3*

To be completed by collector of sample						To be completed by lab					
Coll. Number	Sample Point (Location or Specific Address)	Collection Time	Sample Type <sup>1</sup>	Disinfect Res'd (mg/L)	pH	Total Coliform Analysis Method: <u>SM9222B</u> <u>SM9223B</u>		Fecal or E. coli Analysis Method: <u>BR 7/1/10</u>			
						Non Coliform	Total Coliform	Confirm Total Coli.	Confirm Fecal/ E. coli	Data Qualifier <sup>2</sup>	Lab Sample Number
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									

**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>1</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: *Ronnie Hughes*  
 Title: LAB MGR

Name and Mailing Address of Person/Firm to Receive Results:  
**HUGHES WELL DRILLING & PUMP SERVICE, LLC**  
 12367 N. U.S. Hwy. 441  
 LAKE CITY, FLORIDA 32055  
 FAX # 386-755-2934

DEP/DOH USE Only

Satisfactory  
 Incomplete Collection Information  
 Repeat Samples Required  
 Replacement Samples Required

Date Reviewed by DEP/DOH: 7/15/10  
 DEP/DOH Reviewing Official: *PC*

<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.)

**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 Coliform/E. coli  
 Other: \_\_\_\_\_

Lab Receipt Date & Time: 7/20/10 e 2:44 *BR*

Analysis Date & Time: 7/20/10 e 3:02 *BR*

**Sample Acceptance Criteria:**

Sample Preservation  On Ice  Not On Ice  9.4 °C

Disinfectant Check  Not Detected  \_\_\_\_\_ mg/L

This sample does not meet the following NELAC requirements:

System Name: COLUMBIA COUNTY-ELLISVILLE PUBLIC SUPPLY #2 PWS I.D.

System Address: 135 NE HERNANDO AVENUE

City: LAKE CITY, FL. 32055

System or Owner's Phone #: 386-758-1005

Fax #: 386-755-2934

Collector: RONNIE HUGHES

Collector's Phone #: 386-752-1840

**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: 07/20/10

Sample Number	Sample Point (Location or Specific Address)	Collection Time	Sample Type	Disinfect Res'd (mg/L)	pH
53	WELL HEAD # 2 ELLISVILLE - I-75/44	7:55 AM			
54	WELL HEAD # 2 ELLISVILLE - I-75/44	2:15 PM			

Total Coliform / E. coli Analysis Method: Colilert, SM9223B				
Incubator #				
Non Coliform	Total Coliform	Fecal of E. coli	Data Qualifier <sup>2</sup>	Lab Sample Number
	A	A		103335
	A	A		103336

**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 (# \_\_\_\_\_)  
 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: *P. [Signature]*

Title: LAB MGR

Date report issued: 7/21/10

**Name and Mailing Address of Person to Receive Report**

Mail to this address  Fax  Customer Pickup

**HUGHES WELL DRILLING & PUMP SERVICE, LLC**  
12367 N. U.S. Hwy. 441  
LAKE CITY, FLORIDA 32055

**FAXED**  
7/21/10 e 4:22  
*BR*

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.

DEP/DOH USE ONLY

Satisfactory  
 Incomplete Collection Information  
 Repeat Samples Required  
 Replacement Samples Required

Date Reviewed by DEP/DOH: 7/21/10  
DEP/DOH Reviewing Official: *BR*

**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

Lab Receipt Date & Time: 7/20/10 c 244p *BA*  
 Analysis Date & Time: 7/20/10 e 340p *BA*  
**Sample Acceptance Criteria:**  
 Sample Preservation  On Ice  Not On Ice  7.8 °C  
 Disinfectant Check  Not Detected  \_\_\_\_\_ mg/L  
 This sample does not meet the following NELAC requirements:

Report Number: \_\_\_\_\_ Sub-Contract Lab ID: \_\_\_\_\_  
**Analysis Requested:** (please check all that apply)  
 Total Colifor/E. coli  
 Other: \_\_\_\_\_

System Name: COLUMBIA COUNTY-ELLISVILLE PUBLIC SUPPLY **WELL #1** PWS I.D.          
 System Address: 135 NE HERNANDO AVENUE City: LAKE CITY, FL. 32055  
 System or Owner's Phone #: 386-758-1005 Fax #: 386-755-2934  
 Collector: RONNIE HUGHES Collector's Phone #: 386-752-1840

**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: 07/20/10

Sample Number	Sample Point (Location or Specific Address)	Collection Time	Sample Type <sup>1</sup>	Disinfect Res'd (mg/L)	pH
51	WELL HEAD # 1	7:50			
	ELLISVILLE - I-75/441	AM			
52	WELL HEAD # 1	2:10			
	ELLISVILLE - I-75/441	PM			

Total Coliform / E. coli Analysis Method Colilert, SM9223B				
Incubator # 1				
Non Coliform	Total Coliform	Fecal or E. coli	Data Qualifier <sup>2</sup>	Lab Sample Number
	A	A		103333
	A	A		103334

**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 (# \_\_\_\_\_)  
 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:** 7/21/10

Name and Mailing Address of Person to Receive Report  
 Mail to \_\_\_\_\_  Fax  Customer Pickup  
**HUGHES WELL DRILLING & PUMP SERVICE, LLC**  
 12367 N. U.S. Hwy. 441  
 LAKE CITY, FLORIDA 32055  
**FAXED** *7/21/10 c 427p*

**DEP/DOH USE ONLY**  
 Satisfactory  
 Incomplete Collection Information  
 Repeat Samples Required  
 Replacement Samples Required  
 Date Reviewed by DEP/DOH: 7/21/10  
 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.