



**DRINKING WATER BACTERIOLOGICAL SAMPLE COLLECTION AND LABORATORY REPORT**

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LAB CERT# 82031 Effective May 1, 2005

**CLIENT TO FILL IN SHADED AREA BELOW**

**FOR LAB USE ONLY**

Paid:  YES  NO Report Number: \_\_\_\_\_

Relinquished by: \_\_\_\_\_

Received by: \_\_\_\_\_

Lab Receipt Date & Time: \_\_\_\_\_

Analysis Date & Time: \_\_\_\_\_

**SAMPLE ACCEPTANCE CRITERIA:**

Sample Preservation:  On Ice  Not on Ice  \_\_\_ °C

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

**This sample does not meet the following NELAC requirements:**

\_\_\_\_\_

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

Potability  Plate Count  Other: \_\_\_\_\_

**Name:** \_\_\_\_\_ (system)

**Address:** \_\_\_\_\_ (system)

**City:** \_\_\_\_\_ **State:** \_\_\_ **ZIP:** \_\_\_\_\_ (system)

**Owner's Phone:** \_\_\_\_\_ (system)

**Collector:** \_\_\_\_\_

**Phone #:** \_\_\_\_\_ **Fax #:** \_\_\_\_\_

**PWS I.D.:** (Public Water System Only)

**Supply Type** (check one)

Community Water System  Limited Use System  Private Well

Non-Transient Non-Community Water System

Transient Non-Community Water System

Swimming Pool  Bottle Water  Other

**Sampling Reason:** (check only one)  Routine Compliance

Repeat  Replacement  Main Clearance

Well Survey  Raw (triggered or assessment)  Raw (triggered or assessment) Add.

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

↓ **To be completed by Lab** ↓

Sample Number	Sample Point (Location or Specific Address)	Collection Date	Collection Time	<input type="checkbox"/> Sample	Disinfect Res'd (mg/L)	pH	Total Coliform Analysis Method:			
							Fecal or E. coli Analysis Method:			
							Non Coliform	Total Coliform	Fecal or E. coli	Lab Sample Number

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. Free chlorine or Total chlorine (circle one).

Disinfectant Residual Analysis Method:  DPD Colorimetric  Other: \_\_\_\_\_

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

A certified operator (# \_\_\_\_\_)  Employed by certified lab

Supervised by a certified operator (# \_\_\_\_\_)  Employed by DEP or DOH

Authorized representative of supplier of water

Data Qualifier<sup>2</sup>: \_\_\_\_\_

<sup>2</sup>Defined in Florida Administrative Code Rule 62-160 Table 1

All tests are performed in accordance with NELAC standards.

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

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

Date Report Issued: \_\_\_\_\_

Lab Signature: \_\_\_\_\_

Title: \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**DEP/DOH USE ONLY**

Satisfactory

Incomplete Collection Information

Repeat Samples Required

Replacement Samples Required

Date Reviewed by DEP/DOH: \_\_\_\_\_

DEP/DOH Reviewing Official: \_\_\_\_\_

**\*\*\*ALL SAMPLES MUST BE STORED AND RECEIVED UNDER REFRIGERATED CONDITIONS\*\*\***

<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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