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| --- |
| Lab Receipt Date & Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Analysis Date & Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Sample Acceptance Criteria:**  Sample Preservation:  On Ice  Not On Ice  \_\_\_\_ °C  Disinfectant Check:  Not Detected  \_\_\_\_\_\_\_\_\_\_\_\_  This Sample does not meet the following NELAC requirements:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| Write Project # or Place Project Label Here  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**DRINKING WATER MICROBIAL SAMPLE COLLECTION**

**& LABORATORY REPORTING FORMAT**

6681 Southpoint Pkwy. • Jacksonville, FL 32216 • 904.363.9350 • Fax 904.363.9354 • **E82574**

4965 SW 41st Blvd • Gainesville, Fl 32608 • 352.377.2349 • Fax 352.395.6639 • **E82001**

10200 USA Today Way • Miramar, FL 33025 • 954.889.2288 • Fax 954.889.2281 • **E82535**

9610 Princess Palm Ave. • Tampa, FL 33619 • 813.630.9616 • Fax 813.630.4327 • **E84589**

380 Northlake Blvd., Suite 1048 • Altamonte Springs, FL 32701• 407.937.1594 •Fax 407.937.1597 • **E53076**

2639 N. Monroe St., Suite D • Tallahassee, FL 32301• 850.219.6274 • Fax 850.219.6275• **E811095**

13100 Westlinks Terrace, Suite 10 • Fort Myers, FL 33913 • 239.674.8130 •Fax 239.674.8128 • **E84492**



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

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

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

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

PWS Address:      City:

PWS or PWS Owner’s Phone #:      Fax #:

**Collector:**      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:**      DCN#: AD-D045 Effective 01/95, Electronic WEB Revision 02/27/2019

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| To be completed by collector of sample To be completed by lab |

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| Sample  # | Sample Point  (Location or Specific Address) | Sample Collection Time (24 hr clock) | Sample Type1 | Disin-  fectant  Residual  (mg/L) | pH |  | Analysis Method(s)2 | | | | |
| Non- Coliform | Total Coliform | Fecal, E. *coli,* Enterococci, or Coliphage3 | Data  Qualifier4 | Lab Sample # |
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| **Average of disinfectant residuals for distribution routine & repeat samples.5** Free chlorine or Total chlorine (check one). | | | |  | Unless otherwise noted, all tests are preformed in accordance with NELAC standards, and the results relate only to the samples.  Date and time PWS notified by lab of positive results: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date and time DEP/DOH notified by lab of positive results: \_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date Report Issued: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Lab Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Title:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | |
| **Disinfectant Residual Analysis Method:**  DPD Colorimetric Other:  **Person performing disinfectant analysis is (Check one of below):**  A certified operator (#      )  Supervised by certified operator (#       )  Employed by a certified lab  Employed by DEP or DOH  Authorized representative of supplier of water | | | | |
| [INSERT NAME AND MAILING ADDRESS OF PERSON TO RECEIVE REPORT] | | | | |  Satisfactory DEP/DOH USE ONLY   Incomplete Collection Information   Repeat Samples Required   Replacement Samples Required  Date Reviewed by DEP/DOH: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  DEP/DOH Reviewing Official: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | |
| 1. Indicate the sample type for each sample collected. Sample type codes are: D = Distribution (routine compliance), C = Repeat/Check, R = Raw, N = Entry Point to Distribution, P = Plant Tap, S = Special (clearance, etc.). 2. Lab certification number for the listed method is included at top with the laboratory address. 3. Please circle appropriate selection. 4. Defined in Florida Administrative Code Rule 62-160, Table 1. 5. 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.   Results Key: A = Coliforms are absent; P = Coliforms are present; C = confluent growth; TNTC = too numerous to count (62-550.730 Reporting Format. | | | | Relinquish By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date:       Time:  Received By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | |