

DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORTING FORMAT

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- 10200 USA Today Way • Miramar, FL 33025 • 954.889.2288 • Fax 954.889.2281 • E82535
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- 2639 N. Monroe St., Suite D, Tallahassee, FL 32301 • 850.219.6274 • Fax 850.219.6275 • E811095



Advanced Environmental Laboratories, Inc.

Lab Receipt Date & Time: 2/11/26 .. 0950
 Analysis Date & Time: 2-11-26 1341
 Sample Acceptance Criteria:
 Sample Preservation: On Ice Not On Ice 50°C
 Disinfectant Check: Not Detected _____
 This Sample does not meet the following NELAC requirements:

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: City of Green Cove PWS I.D.: FL-2100437
 PWS Address: 900 Bum ST Green Cove Springs FL 32043 City: Green Cove Springs
 PWS or PWS Owner's Phone #: 904 297-7012 email: Cwainwright@greencovesprings.com
 Collector's Phone #: _____ email: sschultz@greencovesprings.com

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: 2/11/26 DCN#: AD-D045 Effective 01/95, Electronic WEB Revision 11/19/2015

Sample #	Sample Point (Location or Specific Address)	Sample Collection Time (24 hr clock)	Sample Type ¹	Disinfectant Residual (mg/L)	pH	To be completed by lab				
						Non-Coliform	Total Coliform	Fecal <u>E. coli</u> , Enterococci, or Coliphage ³	Data Qualifier ⁴	Lab Sample #
<u>2</u>	<u>Lot 11</u>	<u>0700</u>					<u>A</u>	<u>A</u>		<u>001</u>

Average of disinfectant residuals for distribution routine & repeat samples.⁵ Free chlorine or Total chlorine (check one).

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

Unless otherwise noted, all tests are performed 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: 2-12-26
 Lab Signature: [Signature]
 Title: PM

(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: Richard Lio
 Date: 2-11-26 Time: 0950
 Received By: [Signature]
 Date: 2/11/26 Time: 0950