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 • E53076
☐ 2639 N. Monroe St., Suite D, Tallahassee, FL 32301• 850.219.6274 • Fax 850.219.6275• E811095

J2602017

Advanced Environmental Laboratories, Inc.

Lab Receipt Date & Time: _____

Analysis Date & Time: 2-11-26 1341

Sample Acceptance Criteria:

Sample Preservation: ☐ On Ice ☒ Not On Ice ☒ Filtered

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 Gum St GREEN COVE FL 32043 City: GREEN COVE Springs

PWS or PWS Owner's Phone #: 904-297-7012 ~~Fax~~ Email #: carainwright@greencovesprings.com

Collector: _____ Collector's Phone #: _____ emailisschultz@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: 2/10/29

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

To be completed by collector of sample						To be completed by lab				
						Analysis Method(s)[2] SM9223B				
Sample #	Sample Point (Location or Specific Address)	Sample Collection Time (24 hr clock)	Sample Type[1]	Disinfectant Residual (mg/L)	pH	Non-Coliform	Total Coliform	Fecal, *E. coli*, Enterococci, or Coliphage[3]	Data Qualifier[4]	Lab Sample #
1	Lot 11	1418					A	A		a1

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 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: 2-12-26

Lab Signature: _____

Title: PM

[INSERT NAME AND MAILING ADDRESS OF PERSON TO RECEIVE REPORT]

17608

DEP/DOH USE ONLY

☐ Satisfactory

☐ 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 2-10-26 Time: 3:21

Received By: _____

Date: 2/10/26 Time: 1521