

# DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORTING FORMAT

(62-550.730 Reporting Format Effective 01/1995, Revised 02/2010)

Plant Technicians Lab ID#: E83141 QA#: 870255  
 101 Satellite Court, Leesburg FL 34748  
 Office: 352-787-2944 Lab: 352-787-6112  
 Technical Manager: John Fredock

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:  
 \_\_\_\_\_

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) **Email:** \_\_\_\_\_

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

To be completed by collector of sample						To be completed by lab				
Sample #	Sample Point (Location or Specific Address)	Sample Collection Time	Sample Type <sup>1</sup>	Disinfectant Residual (mg/L)	pH	Analysis Method(s) <sup>2</sup> :				
						Non-Coliform	Total Coliform	Fecal, <i>E. coli</i> , Enterococci, or Coliphage <sup>3</sup>	Data Qualifier <sup>4</sup>	Lab Sample #

**Average of disinfectant residuals for distribution routine & repeat samples.<sup>5</sup>**

**Disinfectant Residual Analysis Method:** Free chlorine Total chlorine  
 DPD Colorimetric  Other: \_\_\_\_\_

**Person performing disinfectant analysis is (see instructions on reverse):**  
 A certified operator (# \_\_\_\_\_)  
 Supervised by certified operator (# \_\_\_\_\_)  
 Employed by a certified lab  Employed by DEP or DOH  
 Authorized representative of supplier of water

**A = Absent P = Present**

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: \_\_\_\_\_  
**Lab Signature:** \_\_\_\_\_  
**Title:** \_\_\_\_\_

\_\_\_\_\_

**DEP/DOH USE ONLY**

Satisfactory  
 Incomplete Collection Information  
 Repeat Samples Required  
 Replacement Samples Required

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

<sup>1</sup> For Sample Types see Instructions item I 16.  
<sup>2</sup> For Analysis Methods see Instructions item II 6.  
<sup>3</sup> Please circle appropriate selection.  
<sup>4</sup> Defined in Florida Administrative Code Rule 62-160, Table 1.  
<sup>5</sup> 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.