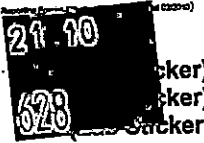


COB

DRinking WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORTING FORMAT



INITIALS PH
Lab Receipt Date & Time: 10-26-21 1620
Analysis Date & Time: 10-26-21 1630
Sample Acceptance Criteria:
Sample Preservation: [X] On Ice [] Not On Ice
Disinfectant Check: [X] Not Detected [] mg/L
This sample does not meet the following NELAC requirements:

Tri-Tech Analytical Laboratories, Inc
4403 Vineland Road, Suite B 12
Orlando, Florida 32811
DOH# E83294

Report Number: 21 10 628 Sub-Contract Lab ID:

County: Lake

Analysis Requested: (check all that apply)
[X] Total Coliform/E. coli [] Total Coliform/Fecal [] Enterococci [] Coliphage [] HPC [] Other:

Public Water System (PWS) Name: Colina Bay PWS I.D. 3 3 5 4 9 6 9

PWS Address: Caravaggio loop City: Montverde

PWS or PWS Owner's Phone #: 352-787-2493 Fax #: 352-326-8756

Collector: Jim Hain Collector's Phone #: 352-787-2493

Type of Supply: (check only one)
[X] 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)
[X] Distribution Routine [] Distribution Repeat [X] 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: ** 26 Oct 2021 Day ___ of ___ day

Table with columns: Sample #, Sample Point (Location or Specific Address), Sample Collection Time, Sample Type, Disinfectant Residual (mg/L), pH, Analysis Method(s): 9222 BMF, Non-Coliform, Total Coliform, Fecal, E. coli, Enterococci, or Coliphage, Data Qualifier, Lab Sample #

Average of disinfectant residuals for distribution routine & repeat samples. Free chlorine= 1.1
Disinfectant Residual Analysis Method:
[X] DPD Colorimetric [] Other:
Person performing disinfectant analysis is (see instructions on reverse):
[] A certified operator (#)
[X] Supervised by certified operator (# 0002241)
[] 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: 10-27-21
Lab Signature:
Title:

General Utilities Corporation
P.O. Box 491221
715 W. Main Street
Leesburg, FL 34749-1221

DEP/DOH USE ONLY
REVIEWED
ByCarolynn Turneur at 2:16 pm, Nov 08, 2021
Date Reviewed by DEP/DOH: DEP/DOH Reviewing Official:

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