

COB

DROPPING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORTING FORMAT

INITIALS DL
Lab Receipt Date & Time: 7-22-21 1600
Analysis Date & Time: 7-22-21 1215
Sample Acceptance Criteria:
Sample Preservation: On Ice Not On Ice 2 °C
Disinfectant Check: 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 07 527 Sub-Contract Lab ID:

County: Lake

Analysis Requested: (check all that apply)
 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
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PWS Address: Caravaggio Loop City: Montverde

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

Collector: DM Harris Collector's Phone #: 352-787-2493

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: ** 22 July 2021 Day _____ of _____ day

Sample #	Sample Point (Location or Specific Address)	Sample Collection Time	Sample Type ¹	Disinfectant Residual (mg/L)	pH	Analysis Method(s):				
						9222 BMF	Non-Coliform	Total Coliform	Fecal, E. coli, Enterococci, or Coliphage ²	Data Qualifier ⁴
1	Well	1300	R	0.0			A	A		1
2	14832 Borromini H.B.	130	D	0.6			A	A		2
3										
4										
5										
6										
7										

Average of disinfectant residuals for distribution routine & repeat samples.⁵
Free chlorine: 0.6

Disinfectant Residual Analysis Method:
 DPD Colorimetric Other: _____
Person performing disinfectant analysis is (see instructions on reverse):
 A certified operator (# _____)
 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: 7-23-21
Lab Signature: _____
Title: _____

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

DEP/DOH USE ONLY

REVIEWED
By Ruiz, M at 3:16 pm, Aug 09, 2021

Repeat Samples Required

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 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.