

# Florida Department of Environmental Protection Safe Drinking Water Program Laboratory Reporting Format

**PUBLIC WATER SYSTEM INFORMATION** (to be completed by sampler – please type or print legibly)System Name: COLINA BAY PWS I.D. #: 3354969System Type (check one):  Community  Nontransient Noncommunity  Transient NoncommunityAddress: 16734 CARAVAGGIO LOOPCity: MONTVERDE ZIP Code: 34756

Phone # \_\_\_\_\_ Fax #: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

**SAMPLE INFORMATION** (to be completed by sampler)Sample Number: 2104014-01 Sample Date: 03/25/2021 Sample Time: 08:30 AM PM (Circle One)Sample Location (be specific): POE-CoB Location Code: POE-CoB

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): \_\_\_\_\_ mg/L Field pH: \_\_\_\_\_

Sample Type (Check Only One) Reason(s) for Sample (Check all that apply) \_\_\_\_\_

- |   |   |
|---|---|
| <input type="checkbox"/> Distribution<br><input checked="" type="checkbox"/> Entry Point (to Distribution)<br><input type="checkbox"/> Plant Tap (not for compliance with 62-550)<br><input type="checkbox"/> Raw (at well or intake)<br><input type="checkbox"/> Max Residence Time<br><input type="checkbox"/> Ave Residence Time<br><input type="checkbox"/> Near First Customer | <input checked="" type="checkbox"/> Routine Compliance with 62-550<br><input type="checkbox"/> Confirmation of MCL Exceedance*<br><input type="checkbox"/> Composite of Multiple Sites**<br><input type="checkbox"/> Other: _____<br><input type="checkbox"/> Replacement (of Invalidated Sample)<br><input type="checkbox"/> Special (not for compliance with 62-550)<br><input type="checkbox"/> Clearance (permitting) |
|---|---|

Sampling Procedure Used or Other Comments: \_\_\_\_\_

\*See 62-550.500(6) for requirements and restrictions.  
And 62-550.512(3) for nitrate or nitrite exceedances.\*\*See 62-550.550(4) for requirements and  
attach a results page for each site.**SAMPLER CERTIFICATION**I, DONALD HARRIS, \_\_\_\_\_, do HEREBY CERTIFY  
(Print Name) (Print Title)

that the above public water system and sample collection information is complete and correct.

Signature: \_\_\_\_\_ FOR DH Date: 19 Apr 2021Certified Operator #: 0002241 Phone #: 352-787-2493 Sampler's Fax #: \_\_\_\_\_

Sampler's E-mail: \_\_\_\_\_

## Florida Department of Environmental Protection Safe Drinking Water Program Laboratory Reporting Format

**LABORATORY CERTIFICATION INFORMATION** (to be completed by lab -- please type or print legibly)

Lab Name: FLORIDA RADIOCHEMISTRY SERVICES Florida DOH Certification #: F83033 Certification Expiration Date: 6/30/21

ATTACH CURRENT DOH ANALYTE SHEET\*

Address: 5456 HOFFNER AVE., SUITE 201 ORLANDO, FL Phone #: 407-382-7733

Were any analyses subcontracted?  Yes  No If yes, please provide DOH certification number(s): \_\_\_\_\_

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB\*

**ANALYSIS INFORMATION** (to be completed by lab) Date Sample(s) Received: 4/6/21

PWS ID (From Page 1): 3354969 Sample Number (From Page 1): \_\_\_\_\_ Lab Assigned Report # or Job ID: 2104014-01

Group(s) Analyzed & Results attached for compliance with Chapter 62-550, F.A.C. (Check all that apply):

- |  |  |                                  |   |   |                                  |
|--|--|----------------------------------|---|---|----------------------------------|
| <u>Inorganics</u>                            | <u>Synthetic Organics</u>                  | <u>Volatile Organics</u>         | <u>Disinfection Byproducts</u>            | <u>Radionuclides</u>                              | <u>Secondaries</u>               |
| <input type="checkbox"/> All Except Asbestos | <input type="checkbox"/> All 30            | <input type="checkbox"/> All 21  | <input type="checkbox"/> Trihalomethanes  | <input checked="" type="checkbox"/> Single Sample | <input type="checkbox"/> All 14  |
| <input type="checkbox"/> Partial             | <input type="checkbox"/> All Except Dioxin | <input type="checkbox"/> Partial | <input type="checkbox"/> Haloacetic Acids | <input type="checkbox"/> Qtrly Composite**        | <input type="checkbox"/> Partial |
| <input type="checkbox"/> Nitrate             | <input type="checkbox"/> Partial           |                                  | <input type="checkbox"/> Chlorite         |   |                                  |
| <input type="checkbox"/> Nitrite             | <input type="checkbox"/> Dioxin Only       |                                  | <input type="checkbox"/> Bromate          |   |                                  |
| <input type="checkbox"/> Asbestos            |  |                                  |   |   |                                  |

### LAB CERTIFICATION

I, MIKE NAJADAW PRESIDENT, do HEREBY CERTIFY  
(Print Name) (Print Title)

that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).

Signature:  Date: 4/14/21

\* Failure to provide a valid and current Florida DOH lab certification number and a current Analyte Sheet for the attached analysis results will result in rejection of the report, possible enforcement against the public water system for failure to sample, and may result in notification of the DOH Bureau of Laboratory Services.  
\*\* Please provide radiological sample dates & locations for each quarter.

**CONFIRMATION & NOTIFICATION IS REQUIRED WITHIN 24 HRS FOR NITRATE OR NITRITE MCL EXCEEDANCES**  
NON-DETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" QUALIFIER. (Non-detects reported as "BDL" or with a "<" are not acceptable.)

**COMPLIANCE DETERMINATION** (to be completed by DEP or DOH -- attach notes as necessary)

Sample Collection & Analysis Satisfactory:  Yes  No \_\_\_\_\_ Replacement Sample or Report Requested (circle or highlight group(s) above)

Person Notified: \_\_\_\_\_ Date Notified: \_\_\_\_\_ DEP/DOH Reviewing Official: \_\_\_\_\_

**Florida Department of Environmental Protection  
Safe Drinking Water Program Laboratory Reporting Format**

RADIONUCLIDES  
62-550.310(6)

Report Number/Job ID: 2104014-01

Client Sample ID: POE-CoB

PWS ID (From Page 1): \_ 3354969

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	RDL	Analysis Error	Analysis Date	Analysis Time	DOH Lab Certification #
4000	Gross Alpha (Excl Uranium)	15**	pCi/L			900.0		3				E83033
4002	Gross Alpha (Incl Uranium)	***	pCi/L	1.4	U	900.0	1.4	3	1.1	04/07/21	9:45	E83033
4006	Combined Uranium ****	20	pCi/L			908.0		0.67				E83033
	(U-234, U-235 & U-238)	30	ug/L					1				E83033
4020	Radium-226	5	pCi/L			903.1		1				E83033
4030	Radium-228			1.0	U	Ra-05	1.0	1	0.6	04/13/21	10:36	E83033

\*\* if the results exceed 5 pCi/L, a measurement for radium-226 is required. Uranium is reported under Contam ID 4006

\*\*\* If the results exceed 5 pCi/L, a measurement for radium-226 is required. If the results exceed 15 pCi/L, a measurement for Combined U must be reported separately. The DEP/DOH will subtract the U value from the Gross Alpha ID 4002 to determine compliance with MCL for Gross Alpha (Excl. U) of 15 pCi. If the result for ID 4002 Gross Alpha (Including U) does not exceed 15 pCi/L, Combined Uranium need not be measured nor reported.

\*\*\*\* If using Uranium testing methods ASTM D5174 or EPA 200.8 only, then Analysis error need not be reported.

Reporting Format 62-550.730  
Effective January 1995. Revised February 2010

A U next to a result indicates analyte not detected at the MDL level