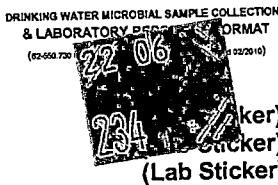


COB



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

Report Number: 2206234 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: Colina Bay PWS I.D. 3354969  
PWS Address: Caravaggio Loop City: Montverde

PWS or PWS Owner's Phone #: 352-787-2493 Fax #: 352-326-8756  
Collector: Jim 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: 8 June 2022\*\* Day     of     day

Sample #	Sample Point (Location or Specific Address)	Sample Collection Time	Sample Type <sup>1</sup>	Disin- fectant Residual (mg/L)	pH	Analysis Method(s): <b>9222 BMF</b>				
						Non- Coliform	Total Coliform	Fecal, E. coli, Enterococci, or Coliphage <sup>3</sup>	Data Qualifier <sup>4</sup>	Lab Sample #
1	Well	1215	R	0.0		A	A		1	
2	16512 Caravaggio Loop H.B	1230	D	0.6		A	A		2	
3										
4										
5										
6										
7										

Average of disinfectant residuals for distribution routine & repeat samples.<sup>5</sup>  
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: 6.9.22  
Lab Signature: \_\_\_\_\_  
Title: \_\_\_\_\_

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

DEP/DOH USE ONLY  
 Satisfactory  
 Replacement Samples Required  
 Incomplete Collection Information  
 Repeat Samples Required  
**REVIEWED**  
By Browning, B at 10:00 am, Jul 11, 2022  
**RECEIVED**  
Date Reviewed by DEP/DOH: \_\_\_\_\_ DEP/DOH Reviewing Official: \_\_\_\_\_  
JUL 06 2022

<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.