

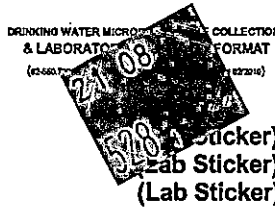
RECEIVED

CoB

SEP 10 2021

DEP Central District

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



INITIALS DH

Lab Receipt Date & Time: 8-24-21 1630

Analysis Date & Time: 8-24-21 1640

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:

Report Number: 21 08 528 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: Jim Harjo

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: ** 24 Aug 2021 Day _____ of _____ day

Sample #	Sample Point (Location or Specific Address)	Sample Collection Time	Sample Type ¹	Disin- fectant Residual (mg/L)	pH	Analysis Method(s):				
						Non- Coliform	Total Coliform	Fecal, <i>E. coli</i> , Enterococci, or Coliphage ³	Data Qualifier ⁴	Lab Sample #
1	Well	1200	R	0.0		A	A		1	
2	16623 Caravaggio loop HB	1210	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: 8-25-21

Lab Signature: [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 12:47 pm, Sep 16, 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 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.