

CoB

DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORT (FL 650 720 Reporting Format) 22-03 (Lab Sticker) 350 (Lab Sticker)

INITIALS DH
Lab Receipt Date & Time: 3/14/22 1700
Analysis Date & Time: 3/14/22 1715
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: 22-03 350 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. 3354969

PWS Address: Caravaggio loop City: Montverde

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

Collector: Jim Nouis 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: ** 14 Mar 2022 Day ___ of ___ day

Sample #	Sample Point (Location or Specific Address)	Sample Collection Time	Sample Type ¹	Disinfectant Residual (mg/L)	pH	Analysis Method(s):				
						Non-Coliform	Total Coliform	Fecal, E. coli, Enterococci, or Coliphage ³	Data Qualifier ⁴	Lab Sample #
1	Well	1400	R	0.0		A	A			1
2	16806 Caravaggio loop HB	1410	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

Unless otherwise noted, all tests are performed in accordance with NELAC standards, and the results relate only to the samples.

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

Date and time PWS notified by lab of positive results: _____

Date and time DEP/DOH notified by lab of positive results: _____

Date Report Issued: 3/15/22

Lab Signature: _____

Title: _____

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

DEP/DOH USE ONLY
REVIEWED
By William Gillett at 10:34 am, Apr 11, 2022

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.

Date Reviewed by DEP/DOH: _____ DEP/DOH Reviewing Official: _____