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162
(Lab Sticker)
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INITIALS
 Lab Receipt Date & Time: 8-7-23 12:5
 Analysis Date & Time: 8-7-23 1:00
 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: 2308162 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: 16836 Caravaggio Loop 34756 City: Montverde
 PWS or PWS Owner's Phone #: 352-787-2493 Fax #: 352-326-8756

Collector: Naffalis 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: ** 7 AUGS 2023 Day ___ of ___ day

To be completed by collector of sample						To be completed by lab				
Sample #	Sample Point (Location or Specific Address)	Sample Collection Time	Sample Type ¹	Disinfectant Residual (mg/L)	pH	Analysis Method(s) ² : 9222 BMF				
						Non-Coliform	Total Coliform	Fecal, E. coli, Enterococci, or Coliphage ³	Data Qualifier ⁴	Lab Sample #
1	16623 Caravaggio Loop HB	10:15	D	1.0			A	A		1
2	Well	10:16	R	0			A	A		2
3										
4										
5										
6										
7										

Average of disinfectant residuals for distribution routine & repeat samples.⁵
 Free chlorine= 1.0

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: 8-8-23
 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

REVIEWED (Collection Information) (Samples Required)
 By Addison Adkins at 10:42 am, Sep 12, 2023

RECEIVED
 SEP 08 2023
 DEP Central District

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 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.