BLABORATORY REPORTING SAMPLE COLUMN TRANSPORT OF THE STATE OF THE STAT													
alysis Date & Time: 8-(0.22) 630											<u>zo </u>		
Tri-Tech Ana	lytical Laboratories, inc	C Sample Preservation: Hon Ice Not On Ice											
4403 Vineland Road, Suite B 12 Orlando, Florida 32811 (Li					ab Sticker) Disinfectant Check: Not Detectedmg/L ab Sticker) This sample does not meet the following NELAC requirements:								
DOH# E8	3294		·′[
Repo	rt Number: 22 08 307			Со	unty:	<u> </u>	ike						
	s Requested: (check all that apply) oliform/E. coli	iphage [⊐нрс		Other:								
Public V	Vater System (PWS) Name:			PW	/S I.D.	3 3	5 4	9 4	9				
		city: Montrerde											
PWS or P	Fax #: 352-326-8756												
Collector: Collector's Phone #: 352-787-2493													
Type of Supply: (check only one) Dommunity Water System													
Reason for Sampling: (check all that apply) Distribution Routine													
Saı	nple Collection Date: **_	10 A) q	202	2	D	av	of	da	v			
	े । १२,८११ 🛰 भ गामकलकाम्बल्हरमञ्चलप्रकालमा		$\overline{}$			di 😌 a		CYCLE (
		Sample		Disin-			Analysis Me	ethod(s)2:	9222 BMI	=			
Sample #	Sample Point (Location or Specific Address)	Collection Time	Sample Type	fectant Residual	PH				Fecal, E. coli,	T			
		rime		(mg/L)			Non- Coliform	Total Coliform	Enterococci, or Coliphage ³	Data Qualifier ⁴	Lab Sample#		
1	لاكو ١/	1000	R	0.0				A	A		1		
2	11114 Court 118		i					A	A		7		
 	16614 Caravaggio Loop H.B	1009	1	٥.٦	<u> </u> 	-8-		<u> </u>	<u> </u>				
3										•			
4	RECEIVE)											
5	SEP 0.8 2022												
6													
7	DEP Central Distr	ict	<u>-</u>						- 				
لــــــــــــــــــــــــــــــــــــــ													
Average of disinfectant residuals for distribution routine & repeat samples. ⁵ Free chlorine=				0.7	Unles:	s other	wise noted	l all tests s	re performed in o	cordanae wi	S MELAC		
Disinfectant Residual Analysis Method:					Unless otherwise noted, all tests are performed in accordance with NELAC standards, and the results relate only to the samples.								
☑DPD Colonmetric ☐Other					Date and time PWS notified by lab of positive results:								
☐A certified operator (#)					Date and time DEP/DOH notified by lab of positive results Date Report Issued:								
⊠Supervised by certified operator (# 0002241					Lab Signature:								
□Employed by a certified lab □Employed by DEP or DOH													
☐Authorized representative of supplier of water					Title:								
Gar	eral Utilities Corno				_		DE	P/DOH USE	ONLY				
General Utilities Corporation P.O. Box 491221						☐Satisfactory							
	□R	☐ Replacement Samples Required ☐ Incomplete Collection Information											
							Required						
FCC	Leesburg, FL 34749-1221												
REVIEWED By Browning, B at 11:42 am, Sep 12, 2022 For Sample Types see Instructions from I 16. Date Provinging of the I 16.													
For Sample Typ For Analysis Ma Please circle are	Date Reviewed by DEP/DOH: DEP/DOH Reviewing Official:												

Piezes circle expropriate selection.

Defined in Florida Administrative Code Rule 62-160, Table 1.

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.