## **DRINKING WATER MICROBIAL SAMPLE COLLECTION**

	RY REPORTING FO				l ah	Possint Data	g Time						
						Lab Receipt Date & Time: Analysis Date & Time:							
Sanders Laboratories, Inc. 10090 Bavaria Rd 1050 Endeavor Ct San						imple Acceptance Criteria:							
	Ft. Myers, FL 33913	Nokomis,		5		Sample Preservation: On Ice Not On Ice°C							
	239-590-0337 ⊠ E85457	941-488 □ E8			Disir	ifectant Chec sample does	k: ∐No	t Dete	ected L	 ~ NEI	AC roat	mg/L	
			4300		11115	sample does	HOL IHE	et trie	IOIIOWIII	y INCL	LAC requ	inements.	
Report Number:	Sub-Contract I	Lab ID:			_								
Analysis Requested: (che	eck all that apply)												
☐Total Coliform/E. coli ☐	]HPC   Other:												
Public Water System (PV	VS) Name:					PWS I.D.							
PWS Address:						City:			State:		Zip:_		
PWS or PWS Owner's Phone													
						ector's Phone #:							
Type of Supply: (check or						<del>-</del>							
Community Water System Limited Use System	□Non-Transient Non-o	community V Well	Vater Sys wimming	stem 🔲T Pool 🔲	ransier Other:	nt Non-comm	unity Wa	ater S	ystem				
Reason for Sampling: (cl	neck all that apply)												
Distribution Routine													
Clearance Replaceme	` ,		• /		ater inc	otice 🔟Oth	er:						
Sample Collection Date:													
To	be completed by collector	or of sample	ı	T	ı	) A := -1	NA-1		e comple			014 0000	
				Disin-		Anal	ysis Met □ FC-I	:hod(s MLIG	s)²:    Sr 	01 922 Othe	23B ∐	SM 9222E	
Sample Sar	nple Point	Sample	Sample					WIOG	ب	Otric	,,		
	Specific Address)	Collection	Type <sup>1</sup>	Residual	pН	Non-	Tota		ecal, <i>E.</i>		Data	Lab	
		10		(mg/L)		Coliform		l ⊑r	nterococo		Qualifie		
								+'	Coliphag	je°		•	
						-							
Average of disinfectant res		outine & rep	eat				1	I					
samples. <sup>5</sup> Free chlorine or 7		s otherwise n											
Disinfectant Residual Anal					INI	NELAC standards, and the results relate only to the samples.							
	Other:					Date and time PWS notified by lab of positive results:							
Person performing disinfe				e):	Date and time DEP/DOH notified by lab of positive results:								
☐A certified operator (# _	Date R	Date Report Issued:											
Supervised by certified	Lab S	Signature:											
☐Employed by a certified		Lab Signature:											
Authorized representativ	e of supplier of water				litie:	Lab	<u>Manag</u>	er					
			1							DEP/	DOH U.S	E ONLY	
Name:					factory	0 II <i>(</i> ' ' ' ' '			'		_ 0.100		
						omplete Collection Information peat Samples Required							
						nt Samples R							
City State Zip:				Date Re	Date Reviewed by DEP/DOH:								
Email:				DEP/D0	OH Rev	iewing Officia	al:						

Fmail:

#

<sup>For Sample Types see Instructions item I 16.
For Analysis Methods see Instructions item II 6.
Flease circle appropriate selection.
Flease circle appropriate selection.
Flease circle appropriate selection.

Schmidt Florid</sup> 

## DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORTING FORMAT

## INSTRUCTIONS

The attached is an example of the reporting format specified in Rule 62-550.730, Florida Administrative Code (F.A.C.). This format is to be used by laboratories for reporting drinking water analyses to the appropriate Department of Environmental Protection (DEP) or Department of Health (DOH) office. For analysis results to be acceptable for compliance with Chapter 62-550, F.A.C., laboratories performing the analyses must be certified to perform drinking water analyses by the DOH and must report results in accordance with Chapter 62-160, F.A.C. Computer-generated or otherwise personalized reports will be accepted as long as they conform to this format.

I.	Fie	elds to be completed by the sample collect	or:
	1.	¥ ¥	Check the box next to the type of test being requested.
	2.	Public Water System (PWS)	Provide the full name of the public water system.
	3.	PWS I.D.	
	4.	PWS Address	
	5.	City	Indicate the city in which the PWS is located (if not in a city, indicate county).
	6.	PWS or Owner's Phone #	Provide the PWS or PWS owner's phone number in case there are positive results.
	7.	PWS or PWS Owner's Fax #	
	8.		Provide the sample collector's first and last name.
	9.	Collector's Phone #	
		Type of Supply	Check the box next to the type of PWS or source being tested.
	11	Reason for Sampling	Check the box next to the reason the samples are being collected.
	12	Sample Collection Date	Provide the date the samples are collected. If samples are collected on more than one
	12.	Sample Concention Date	day, provide the collection date for each sample.
	12	Sample #	
	13.	Sample #	
	14.	Sample Collection Time	Provide the time of collection for each cample collected.
	15.	Sample Conection Time	Provide the time of collection for each sample collected.  Indicate the sample type for each sample collected. Sample type codes are: D =
	10.	Sample Type	Distribution (routine compliance), C = Repeat/Check, R = Raw, N = Entry Point to
	17	D' ' C ( ( D ' ! L	Distribution, P = Plant Tap, S = Special (clearance, etc.).
	1/.	Disinfectant Residual	
	1.0	11	etc.).
	18.	pH	Not required for drinking water samples.
	19.	Average of Disinfectant Residuals	
	• •	5	community and non-transient non-community public water systems.
		Disinfectant Residual Analysis Method	
	21.	Person performing disinfectant analysis	
			applies to disinfectant analyses for type "D" and "C" samples at community and non-
			transient non-community public water systems.
	22.	Name and Mailing Address of Person to	
		Receive Report	
			receive the report.
II.	Fie	elds to be completed by the laboratory:	
	1.	Lab Name, Address, & Certification Number	This information may be stamped or permanently added to the format.
	2.	Lab Receipt Date & Time	
	3.	Analysis Date & Time	
	4.	Sample Preservation	Indicate whether or not the samples were on ice and the temperature of the samples.
	5.	Disinfectant Check	Indicate whether or not a disinfectant was detected and at what level. Circle free or total.
	5. 6.	Analysis Method(s)	Indicate analysis methodology and method citation used (e.g. "Colilert, SM9223B").
	0.	maryoto wichiou(s)	The laboratory must be certified by DOH for the method indicated for the results to be
	7	Non Coliform	accepted. Indicate the presence or absence of non-coliform bacteria. *
	8.	Total Collorm	Indicate the presence or absence of total coliform bacteria.*
	9.	recai Conform	Indicate the presence or absence of fecal coliform bacteria.*
	10.	E. coli	Indicate the presence or absence of <i>E. coli</i> bacteria.*
	11.	Enterococci	Indicate the presence or absence of enterococci bacteria.*
	12.	Coliphage	Indicate the presence or absence of coliphage. *
	13.	Data Qualifier	Provide a data qualifier if necessary. (See F.A.C. Rule 62-160.)
	14.	Lab Sample #	Provide a unique number for each sample.
	15.	Date and time PWS notified by lab of positive	
		results	In the event of positive results, indicate the date and time the lab notified the PWS.
	16.	Date and time DEP/DOH notified by lab of	
		positive results	In the event of fecal coliform, E. coli, enterococci, or coliphage positive results, indicate
			the date and time the lab notified the appropriate DEP or DOH Office.
	17.	Lab Signature	Signature of lab director or other authorized representative of the lab.
	18.	Title	Provide the title of the lab representative signing the report.

<sup>\*</sup> A = Bacteria/Coliphage Absent, P = Bacteria/Coliphage Present, C = Confluent Growth, TNTC = Too Numerous To Count