

DRINKING WATER BACTERIOLOGICAL SAMPLE FORM COLLECTION AND LABORATORY REPORTING FORMAT

62-550.730 Reporting Format - Effective 01/95, Revised 02/2014



Florida Department of Health in Columbia County

Courthouse Annex
135 NE Hernando Street
Mail: 217 NE Franklin Street
Lake City, Florida 32055
386-758-1058

Lab ID #22787

Lab Receipt Date & Time: 1/22/24 8:15A SM

Analysis Date & Time: 1/22/24 2:30p PB

Sample Acceptance Criteria:

Sample Preservation On Ice Not On Ice 15.8 °C

Disinfectant Check Not Detected _____ mg/L

This sample may not meet NELAC requirements.
Please see attached for further details.

Sub-Contract Lab ID: _____ Report Number: _____

Analysis Requested: (please check all that apply)
 Total Coliform/E. coli Other: _____

System Name: Ryan Foot

Mailing Address: 24494 65th Rd.

City & Zip: O'Brien Fl. 32071

Collector: Ryan Foot

PWS I.D.

System or Owner's Phone #: (386) 855-0439

Fax #: _____

Collector's Phone #: (386) 855-0439

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 _____

Lab use	To be completed by collector of sample						To be completed by lab							
	Sample Number	Sample Point (Well, Kitchen Sink, etc. Include address if different from mailing above)	Collection Date (m/d/yy)	Collection Time (am / pm 24hr)	Sample Type ¹	Disinfect Res'd (mg/L)	pH	Total Coliform / E. coli Analysis Method: SM9223B (Colliert-18) <input type="checkbox"/> Colisure						
	1	Well	1/22/24	7:45				Incubator # <u>6</u>						
							Total Coliform	E. coli	Data Qualifier ²	Lab Sample Number	A	A		290080

Average of disinfectant residuals for routine and repeat samples³: _____ mg/L

Free Chlorine Total Chlorine

Disinfectant Residual Analysis Method:

DPD Colorimetric Other: _____

Person performing analysis is (Please see instructions on reverse):

A certified operator (# _____)
 Supervised by a cert operator (# _____)
 Employed by a certified lab
 Authorized representative of supplier of water
 Employed by DEP/DOH

Unless otherwise noted, all tests are performed in accordance with NELAC standards.
Results only relate to samples tested.

Results: A = coliforms are absent
P = coliforms are present
N/R = not reportable

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

Date/time State notified by lab of positive results: _____

Lab Signature: PJ Blanchette

Title: EH Specialist I

Date report issued: 1/23/24

Name and Mailing Address of Person to Receive Report

Mail Fax Customer Pickup Email

Ross @ Portaserve, com

DEP/DOH USE ONLY

Satisfactory
 Incomplete Collection Information
 Repeat Samples Required⁴
 Replacement Samples Required⁴

Date Reviewed by DOH: 1/23/24

DOH Reviewing Official: P. Blanchette

1. D = Distribution (routine compliance), C = Repeat/Check, R = Raw, N = Entry Point to Distribution, P = Plant Tap, S = Special (clearance, etc.).
 2. Defined in Florida Administrative Code Rule 62-160, Table 1.
 3. 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.
 4. Required only if subject to government regulation

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Sample Collection Instructions

1. **Remove attachments from tap.** If possible, remove the aerator, hoses, or any other items from the faucet.
2. **Disinfect tap.** Clean faucet with bleach solution (10 parts water: 1 part bleach), let stand for 2 minutes, and run water for at least 3-5 minutes before sampling. Continue rinsing until the smell of chlorine is no longer present in the water.
3. **Label Sample Bottle.** Record sample information on the bottle with permanent ink. The information on the bottle must match that on the Sample Form.
4. **Open Sample Bottle.** Break the seal and uncap bottle. Avoid touching the rim of the bottle or the inside of the cap. Avoid exposing underside of cap to contamination. If necessary, place cap with top-side up onto a clean surface (i.e. paper towel).
5. **Collect Water Sample.** Do not rinse the white chemical from within the bottle. Fill the sample bottle to the area indicated in the illustration (Figure 1). *Note that the shaded area is above the 100 mL mark.* Samples less than 100 mL must be rejected.
6. **Cap Sample Bottle.** Tighten the cap. If the sample bottle leaks, the sample must be rejected.
7. **Keep Sample on ice.** Water samples must be kept *cool on ice*.

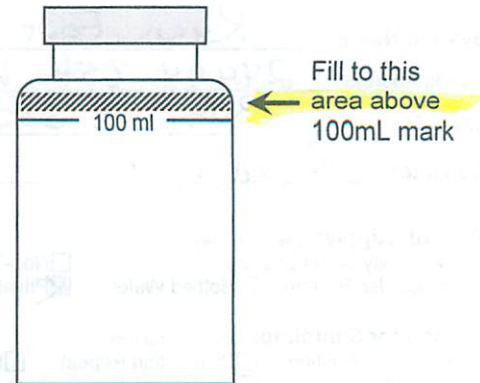


Figure 1

Sample Submission Policy

1. **Submission Hours.** For *drinking water samples*: Monday-Thursday [REDACTED]
For *ice samples*: Monday-Thursday [REDACTED]
Please note that holidays may cause schedule to change.
2. **Hold Time.** Samples must be analyzed within thirty hours (30 hrs) of collection.
3. **Water Sample Cooling.** Samples not on ice must be rejected. Do not freeze drinking water samples. Drinking water samples with visible ice must be rejected.
4. **Rejected Samples.** Replacement of a rejected sample is *not the responsibility* of the CCHD Lab. Any samples needing to be replaced or repeated require the purchase of another test at full cost.
5. **Sample Form.** Paperwork must be properly completed before a sample may be submitted. Incomplete paperwork may invalidate results and/or require a sample to be rejected.
6. **Sunshine Law & Freedom of Information Act Exemption.** It is the responsibility of the owner, or their agent, to notify the CCHD Lab when personal information is protected by law.
7. **Sample Container.** Samples *not* submitted in CCHD Lab-approved container must be rejected.
8. **Alternate Media.** Discolored samples may need an alternate media (Colisure) which requires a longer incubation time. Reporting may be delayed by 24 hours if used.