

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

Sub-Contract Lab ID: _____ Report Number: _____

Analysis Requested: (please check all that apply)

Total Coliform/E. coli Other: _____

System Name: Ryan Fout

Mailing Address: 24494 65th Rd.

City & Zip: OBrien, FL 32071

Collector: Ryan Fout

shs

Lab Receipt Date & Time: 1-27-25 9:25 AM

Analysis Date & Time: 1/27/25 4:30 PM

Sample Acceptance Criteria:

Sample Preservation On Ice Not On Ice 96 °C

Disinfectant Check Not Detected _____ mg/L

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

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	Disinfect Res'd (mg/L)	pH	Total Coliform / E. coli Analysis Method:			
							<input checked="" type="checkbox"/> SM9223B (Coli-18) <input type="checkbox"/> Colisure		Incubator # <u>6</u>	
							Total Coliform	E. coli	Data Qualifier ²	Lab Sample Number
	well	1/27/25	8:00				A	A		250120

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: Sally Ford

Title: EH Director

Date report issued: 1-28-25

Name and Mailing Address of Person to Receive Report

Mail Fax Customer Pickup Email

Tyler@Portaserve.com

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

DEP/DOH USE ONLY

Satisfactory

Incomplete Collection Information

Repeat Samples Required⁴

Replacement Samples Required⁴

Date Reviewed by DOH: 1-28-25

DOH Reviewing Official: [Signature]