DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORTING FORMAT

& LABORATORY REPORTING FORMAT (62-550.730 Reporting Format Effective 01/1995, Revised 02/2010)					Lab Receipt Date & Time: 4/37/25 1300						
Plant Technicians Lab ID#: E83141 QA#: 870255 I01 Satellite Court, Leesburg FL 34748 Office: 352-787-2944 Lab: 352-787-6112 Fax: 352-787-3196 Fechnical Manager: John Fredock				Analysis Date & Time:							
Report Number: Sub-Contract Lab ID:											
nalysis Requested: (check all that apply)	Enterococci	☐Coli				Other:					
Public Water System (PWS) Name: 100000	of As	totala			PV	WS I.D	3357	2000			
PWS Address:						ty:	20 200				
PWS or PWS Owner's Phone #:				ax #:							
Collector: Cody Ower					's P	hone #:					
Type of Supply: (cHeck only one) Community Water System □ Non-Transient Non-o Limited Use System □ Bottled Water □ Private \	community V	Vater Sys wimming	tem 🔲 T			n-commur		r System			
Reason for Sampling: (check all that apply) Distribution Routine Distribution Repeat Replacement (also check type of sam	aw (triggere	d or asse placed)	essment) Boil W	□Raw ater No	(trig	gered or a	issessme	ent) additional	□Well Sur	vey	
Sample Collection Date: 4-29 -25									er lab		
To be completed by collector	or of sample	Γ				Analysis N		o be completed b	y lab		
Sample Sample Point # (Location or Specific Address)	Sample Collection	Sample Type ¹	Disin- fectant Residual	pН	SM9222B						
(Eccanon of Opening Florings)	Time	1,000	(mg/L)		- 1	Non- Coliform	Total Coliform	Enterococci, or Coliphage ³	Data Qualifier ⁴	Lab Sample #	
1A 24531 CR 561	14:54	5	0.3			A	A		2504.	- 22//	
24 24513 Tortoselu	t9150		0.2			9	A			2217	
3A Tortose Ln #7	15:07	5	5.0			A	A			22/	
4A 13427 Maryland Ave	15:26	5	0.27			D	A			22	
5A 24523 mad: son St	16:04	5_	0.25	-		A	A			222	
6A 25009 CR 561	16:11	5	0,4			£)	A			222	
7A 25028 KWKWOVEL	16:25	S	05			A	A			222	
Average of disinfectant residuals for distribution ro samples. ⁵	utine & rep	eat						nt P=Pre			
Disinfectant Residual Analysis Method: Free ch	lorine [Total cf	lonne	NE	ELA	C standard	ds, and th	ests are performe ne results relate o			
DPD Colorimetric Other:	tauctions o	n rovere	e).	Date and time PWS notified by lab of positive results: Date and time DEP/DOH notified by lab of positive results:							
Person performing disinfectant analysis is (see instructions on reverse): A certified operator (#)					Date Report Issued:						
Supervised by certified operator (#)					1	0/1/			
Employed by a certified lab Employed by DE	P or DOH			Lab S	sign	nature:					
Authorized representative of supplier of water				Title:			4	NH	M		
				nplete C		ection Infor		DEP/I	DOH USE (YJNC	
	☐Receat Samples Required ☐Replacement Samples Required										
Date Re					eviewed by DEP/DOH:OH Reviewing Official:						

For Sample Types see Instructions item I 16.
For Analysis Methods see Instructions item II 6.
Please circle appropriate selection.
Please circle appropriate selection.
Please circle appropriate selection.
Complete for community & non-transient non-community systems serving populations up to and including 4.000. Do not include raw or plant samples in the average.

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DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORTING FORMAT

PWS or PWS Owner's Phone #:					PWS I.D. 3250000 City: Fax #: Collector's Phone #: Email: Transient Non-community Water System Other:						
☐Clearance ☐Replacement (also check type of s	sample being re	eplaced)	Boil W	ater No	otice 0	ther:	onty additional				
Sample Collection Date: 4-79-25											
To be completed by colle	ector of sample Sample		Disin-		To be completed by lab Analysis Method(s)²: SM9222B						
Sample Sample Point # (Location or Specific Address)	Collection	Sample Type ¹	fectant Residual (mg/L)	pН	Non		Fecal, E. coli, Enterococci, or Coliphage ³	Data Qualifier ⁴	Lab Sample #		
8A 13244 New York,	16137	-	0.55		A	A		2504	-222		
9/4 13413 Delawine	16:43	5	0.9		A	1			222		
10A 13251 Park AVE	10:37	S	1,0		1	1			272		
11A 25939 Mudison St.	16:31	2	0,6		1 4	17		-	222		
12A PGE	16:49	5	4.D			A			222		
verage of disinfectant residuals for distribution	routine & repe	eat			A	= Abse	ent P=Pre	esent			
Disinfectant Residual Analysis Method: Disinfectant Residual Analysis Method: Disinfectant Residual Analysis Method: Disinfectant Residual Analysis Method: Other: Person performing disinfectant analysis is (see A certified operator (# Supervised by certified operator (# Employed by a certified lab Employed by Authorized representative of supplier of water	instructions o)	Satis incon Repe	Date and Date R Lab S Title:	s otherwise ELAC stand and time PWS and time DEP/IL Report Issued Signature Collection In ples Requi at Samples	noted, all the fards, and the fards, and the fards by lab both notified by the farms of the farm	ests are performence he results relate of positive results: y lab of positive results: DEP/	ed in accord only to the s			

For Sample Types see Instructions item 1.16.
For Sample Types see

DRINKING WATER MICROBIAL SAMPLE COLLECTION

& LABORATORY REPORTING FORMAT						Pagaint Data	P Time:	9/30/25	13 2			
(62-550.730 Reporting Format Effective 01/1995, Revised 02/2010)					Lab Receipt Date & Time: 4/20/25 13 07 Analysis Date & Time: 4/20/25 13 27 1 3 27 4							
Plant Technicians Lab ID#: E83141 QA#: 870255 101 Satellite Court, Leesburg FL 34748					Analysis Date & Time: 4/34 / 13726 1334 A Sample Acceptance Criteria: Sample Preservation: Don Ice Not On Ice							
Office: 352-787-2944 Lab: 352-787-6112 Fax: 352-787-3196					Disinfectant Check: Not Detectedmg/L							
Technical Manager: John Fredock					This sample does not meet the following NELAC requirements:							
Report N	umber: Sub-Contract	Lab ID:								18		
☐Total (s Requested: (check all that apply) Coliform/E. coli											
Public \	Water System (PWS) Name: 10wn	of Asta	tula			PWS I.D.	335	0000				
	dress:	, ,										
™\VS or I	PWS Owner,'s Phone #:			F	ax #:							
ollect	or: Cody Ower				Collector	s Phone #: _	352-	787-294	4			
ype of	Supply: (check only one)				Email:							
X Comm	nunity Water System	community V Well S	Vater Sys wimming	tem 🔲		t Non-commu						
Reason	for Sampling: (check all that apply)											
□ Distrib	ution Routine Distribution Repeat Fance Replacement (also check type of sai	Raw (triggere mole being re	d or asse	essment) NBoil W	∐Raw /ater No	(triggered or tice	assessme er:	ent) additional	∐Well Sur	vey		
	Collection Date: 4-30-25	inpro being re	, p. docu)	Hoon .	rator 110			-				
Campic	To be completed by collect	for of sample					т	o be completed b	av lah			
	To be completed by collect	or or sample				Analysis	Method(s)		y lab			
Sample		Sample Collection	Sample	Disin- fectant	nu	SM9222B						
#	(Location or Specific Address)	Time	Type ¹	Residual	pН	Non-	Total	Fecal, E. coli,	Data	Lab		
				(mg/L)		Coliform	Coliform	Enterococci, or Coliphage ³	Qualifier ⁴	Sample		
13	24531 CR561	11:15	9	05		A	Δ		25010	175		
(D	0 1001 (11361	11.10	<u> </u>	00			1		2)04	1222		
ZB.	24513 Tortose Ln	11:22	5	0,3		A	A			222		
3B	Tortoise Ln #7	11:24	5	03		6	A			22		
4B	13427 Maryland Ave	11:35	5	0,35		4	A			22		
_	24523 madsin St	11:43	5	0.41		A	A			22		
		11:55		0.5		\wedge	1/1					
00	25009 CR561	(1.00	0	00		7	-			22		
17	25029 KWBWOOD	12:01	S	1.65		A	A			77.3		
	of disinfectant residuals for distribution re		eat	0.03	·	A =	Abse	nt P = Pre	sent	00		
samples								ests are performe				
Disinfed	tant Residual Analysis Method: Kree cl	nlorine	Total ch	lorine	NE	LAC standar	ds, and th	ne results relate o	nly to the s	amples.		
DPI	D Colorimetric Other:				Date an	d time PWS not	fied by lab	of positive results:		-1/		
Person performing disinfectant analysis is (see instructions on reverse):						Date and time DEP/DOH notified by lab of positive results:						
26.22	ertified operator (#)		Date R	eport Issued:	^	0/1		11/		
Supervised by certified operator (#) Employed by a certified lab							()1					
/	horized representative of supplier of water	EP OF DON			Lab S	ignature:_	1	0 n		/		
	Torizon representative of supplier of water				Title:		4_	X H	My	/		
				Пол	(ast -	- (/	DEP/	DOH USE	ONLY		
					factory nplete C	ollection Info	rmation					
Repe						eat Samples Required						
						lacement Samples Required						
		Reviewed by DEP/DOH:										

Example Types see Instructions item I 16, and lysts Methods see Instructions item II 6, and lysts Methods see Instructions item II 6, and lysts Methods see Instructions item II 6, and lysts Methods and instructions item II 6, and it is not all administrative Code Rule 62-160, Table I make to be obtained and including 4,960. Do not include raw or plant samples in the average, in the language of the community of non-transient non-community systems serving populations up to and including 4,960. Do not include raw or plant samples in the average.

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DRINKING WATER MICROBIAL SAMPLE COLLECTION

& LABORATORY REPORTING FORMAT (62-550.730 Reporting Format Effective 01/1995, Revised 02/2010)						Lab Receipt Date & Time: $\frac{\sqrt{3}}{2}$ 130								
Plant Technicians Lab ID#: E83141 QA#: 870255 101 Satellite Court, Leesburg FL 34748 Office: 352-787-2944 Lab: 352-787-6112 Fax: 352-787-3196 Technical Manager: John Fredock					Analysis Date & Time:									
Report Number: Sub-Contract Lab ID:														
☐Total (Coliform/E. coli	: (check all that apply) Total Coliform/Fecal					Other							
Public Water System (PWS) Name: JOWN Of Astatula						PWS I.D. <u>335,0000</u>								
		9 CR561												
		Phone #:				ax #: collector	s Phone	# 352	- 28	7-2949				
Type of	Supply: (che	- 0	n-community V	Vater Sys	tem □T	mail: ransient	Non-cor	nmunity W	ater S					
☐ Distrib	ution Routine ince Repla	g: (check all that apply) Distribution Repeat cement (also check type of second	Raw (triggere ample being re	d or asse placed)	essment) Desoil W	□Raw (/ater Not	(triggered	or assess Other:	sment)	additional	□Well Sur	vey		
Sample	Collection	To be completed by colle	star of sample						Tob	a assessated b	u lab			
Sample	Sample Point	Sample Collection	Sample	Disin- fectant	рН		To be completed by lab Analysis Method(s) ² : SM9222B							
#		ion or Specific Address)	Time	Type ¹	Residual (mg/L)	Pii	No Colif	n- Tot orm Colife	al Er	ecal, E. coli, nterococci, or Coliphage ³	Data Qualifier ⁴	Lab Sample		
8B	13244	New York	12:10	S	0.6		Y	1 A			2534	- 223		
98	13413	Delaure	12:15	S	1.1		F	A A				22		
10B	13251	Park Ave	12:20	5	1.1	ļi	F	7				72		
118	25939	Madison St	12:22	5	1.0		F	F)			27		
128	POE		12:24	3	3.1		F	P	+			r		
Average		nt residuals for distribution	routine & repo	eat						P = Pre				
Disinfec	tant Residual	Analysis Method: Free		Total ch		NE Date and	LAC star	ndards, an	d the r	are performe esults relate o	nly to the s			
Person performing disinfectant analysis is (see instructions on reverse):					Date and time DEP/DOH notified by lab of positive results: Date Report Issued:						1/1/2			
		tified lab. DEmployed by F)		l ain C		. 1	L'		0 (
Employed by a certified lab Employed by DEP or DOH Authorized representative of supplier of water					Lab Signature:									
					Satis			0		DEP/I	DOH USE (YJNC		
					☐Incor ☐Repe	npiete C at Samp	oles Requ	Informatio iired Required						

Date Reviewed by DEP/DOH. DEP/DOH Reviewing Official: