

# DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORTING FORMAT

(62-550.730 Reporting Format Effective 01/1995, Revised 02/2010)

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

Lab Receipt Date & Time: 4/30/25 13:22  
Analysis Date & Time: 4/30/25 13:12-13:18  
Sample Acceptance Criteria:  
Sample Preservation: ☒ On Ice ☐ Not On Ice ☐ 1.5 °C  
Disinfectant Check: ☒ Not Detected ☐ \_\_\_\_\_ mg/L  
This sample does not meet the following NELAC requirements:

Report Number: \_\_\_\_\_ Sub-Contract Lab ID: \_\_\_\_\_

Analysis Requested: (check all that apply)

☒ Total Coliform/E. coli ☐ Total Coliform/Fecal ☐ Enterococci ☐ Coliphage ☐ HPC ☐ Other: \_\_\_\_\_

Public Water System (PWS) Name: Town of Astoria PWS I.D. 3350000

PWS Address: \_\_\_\_\_ City: \_\_\_\_\_

PWS or PWS Owner's Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Collector: Cody Owen Collector's Phone #: \_\_\_\_\_

Type of Supply: (check only one) Email: \_\_\_\_\_

☒ 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: \_\_\_\_\_

Sample Collection Date: 4-24-25

To be completed by collector of sample						To be completed by lab				
Sample #	Sample Point (Location or Specific Address)	Sample Collection Time	Sample Type <sup>1</sup>	Disin- fectant Residual (mg/L)	pH	Analysis Method(s) <sup>2</sup> : SM9222B				
						Non- Coliform	Total Coliform	Fecal, E. coli, Enterococci, or Coliphage <sup>3</sup>	Data Qualifier <sup>4</sup>	Lab Sample #
1A	24531 CR 561	14:54	S	0.3		A	A		2574-2216	
2A	24513 Tortoise Ln	14:50.5	S	0.2		A	A			2217
3A	Tortoise Ln #7	15:07	S	0.2		A	A			2218
4A	13427 Maryland Ave	15:26	S	0.27		A	A			2219
5A	24523 madison st	16:04	S	0.25		A	A			2220
6A	25009 CR 561	16:11	S	0.4		A	A			2221
7A	25028 Kirkwood	16:25	S	0.5		A	A			2222

Average of disinfectant residuals for distribution routine & repeat samples.<sup>5</sup>

Disinfectant Residual Analysis Method: ☒ Free chlorine ☐ Total chlorine  
☒ DPD Colorimetric ☐ Other: \_\_\_\_\_

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

☐ A certified operator (# \_\_\_\_\_)  
☐ Supervised by certified operator (# \_\_\_\_\_)  
☒ Employed by a certified lab ☐ Employed by DEP or DOH  
☐ Authorized representative of supplier of water

A = Absent P = Present

Unless otherwise noted, all tests are performed in accordance with NELAC standards, and the results relate only to the samples.

Date and time PWS notified by lab of positive results: \_\_\_\_\_

Date and time DEP/DOH notified by lab of positive results: \_\_\_\_\_

Date Report Issued: 5/1/25

Lab Signature: [Signature]

Title: \_\_\_\_\_

DEP/DOH USE ONLY

☐ Satisfactory  
☐ Incomplete Collection Information  
☐ Repeat Samples Required  
☐ Replacement Samples Required

Date Reviewed by DEP/DOH: \_\_\_\_\_

DEP/DOH Reviewing Official: \_\_\_\_\_

<sup>1</sup> For Sample Types see Instructions item I 1.6.

<sup>2</sup> For Analysis Methods see Instructions item II 6.

<sup>3</sup> Please circle appropriate selection.

<sup>4</sup> Defined in Florida Administrative Code Rule 62-160, Table 1.

<sup>5</sup> Complete for community & non-transient non-community systems serving populations up to and including 4,999. Do not include raw or plant samples in the average.

# DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORTING FORMAT

(62-550.730 Reporting Format Effective 01/1995, Revised 02/2010)

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

Lab Receipt Date & Time: 4/30/25 13:22  
Analysis Date & Time: 4/30/25 13:19-13:25  
Sample Acceptance Criteria:  
Sample Preservation: ☒ On Ice ☐ Not On Ice ☐ 1.8 °C  
Disinfectant Check: ☐ Not Detected ☐ \_\_\_\_\_ mg/L  
This sample does not meet the following NELAC requirements:

Report Number: \_\_\_\_\_ Sub-Contract Lab ID: \_\_\_\_\_

## Analysis Requested: (check all that apply)

☐ Total Coliform/E. coli ☐ Total Coliform/Fecal ☐ Enterococci ☐ Coliphage ☐ HPC ☐ Other: \_\_\_\_\_

Public Water System (PWS) Name: Town of Ashland PWS I.D. 3350000

PWS Address: \_\_\_\_\_ City: \_\_\_\_\_

PWS or PWS Owner's Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Collector: \_\_\_\_\_ Collector's Phone #: \_\_\_\_\_

Type of Supply: (check only one) Email: \_\_\_\_\_

☒ 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: \_\_\_\_\_

Sample Collection Date: 4-29-25

To be completed by collector of sample						To be completed by lab				
Sample #	Sample Point (Location or Specific Address)	Sample Collection Time	Sample Type <sup>1</sup>	Disinfectant Residual (mg/L)	pH	Analysis Method(s) <sup>2</sup> : SM9222B				
						Non-Coliform	Total Coliform	Fecal, E. coli, Enterococci, or Coliphage <sup>3</sup>	Data Qualifier <sup>4</sup>	Lab Sample #
8A	13244 New York	16:37	S	0.55		A	A		2504-2223	
9A	13413 Delaware	16:43	S	0.9		A	A		2224	
10A	13251 Park Ave	16:37	S	1.0		A	A		2225	
11A	25939 Madison St.	16:31	S	0.6		A	A		2226	
12A	PSE	16:49	S	4.0		A	A		2227	

Average of disinfectant residuals for distribution routine & repeat samples.<sup>5</sup>

Disinfectant Residual Analysis Method: ☒ Free chlorine ☐ Total chlorine

☒ DPD Colorimetric ☐ Other: \_\_\_\_\_

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

☐ A certified operator (# \_\_\_\_\_)  
☐ Supervised by certified operator (# \_\_\_\_\_)  
☒ Employed by a certified lab ☐ Employed by DEP or DOH  
☐ Authorized representative of supplier of water

A = Absent P = Present

Unless otherwise noted, all tests are performed in accordance with NELAC standards, and the results relate only to the samples.

Date and time PWS notified by lab of positive results: \_\_\_\_\_

Date and time DEP/DOH notified by lab of positive results: \_\_\_\_\_

Date Report Issued: 5/1/25

Lab Signature: [Signature]

Title: [Signature]

DEP/DOH USE ONLY

☐ Satisfactory  
☐ Incomplete Collection Information  
☐ Repeat Samples Required  
☐ Replacement Samples Required

Date Reviewed by DEP/DOH: \_\_\_\_\_  
DEP/DOH Reviewing Official: \_\_\_\_\_

<sup>1</sup> For Sample Types see Instructions item I.16.  
<sup>2</sup> For Analysis Methods see Instructions item II.6.  
Please, check appropriate selection.

<sup>3</sup> Defined in Florida Administrative Code Rule 62-160, Table 1.

<sup>4</sup> Applicable 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.

# DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORTING FORMAT

(62-550.730 Reporting Format Effective 01/1995, Revised 02/2010)

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

Lab Receipt Date & Time: 6/30/25 13:07  
Analysis Date & Time: 6/30/25 13:26-1334  
Sample Acceptance Criteria:  
Sample Preservation: ☒ On Ice ☐ Not On Ice ☐ 1.8°C  
Disinfectant Check: ☒ Not Detected ☐ \_\_\_\_\_ mg/L  
This sample does not meet the following NELAC requirements:

Report Number: \_\_\_\_\_ Sub-Contract Lab ID: \_\_\_\_\_

## Analysis Requested: (check all that apply)

☐ Total Coliform/E. coli ☐ Total Coliform/Fecal ☐ Enterococci ☐ Coliphage ☐ HPC ☐ Other: \_\_\_\_\_

Public Water System (PWS) Name: Town of Astatula

PWS I.D. 3350000

PWS Address: \_\_\_\_\_ City: \_\_\_\_\_

PWS or PWS Owner's Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Collector: Cody Owen Collector's Phone #: 352-787-2944

Email: \_\_\_\_\_

## 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: \_\_\_\_\_

Sample Collection Date: 4-30-25

To be completed by collector of sample						To be completed by lab				
Sample #	Sample Point (Location or Specific Address)	Sample Collection Time	Sample Type <sup>1</sup>	Disinfectant Residual (mg/L)	pH	Analysis Method(s) <sup>2</sup> : SM9222B				
						Non-Coliform	Total Coliform	Fecal, E. coli, Enterococci, or Coliphage <sup>3</sup>	Data Qualifier <sup>4</sup>	Lab Sample #
1B	24531 CR 561	11:15	S	0.5		A	A		2504	2228
2B	24513 Tortoise Ln	11:22	S	0.3		A	A			2229
3B	Tortoise Ln # 7	11:24	S	0.3		A	A			2230
4B	13427 Maryland Ave	11:35	S	0.35		A	A			2231
5B	24523 Madison St	11:43	S	0.41		A	A			2232
6B	25009 CR 561	11:55	S	0.5		A	A			2233
7B	25028 Kinkwood	12:01	S	0.65		A	A			2234

Average of disinfectant residuals for distribution routine & repeat samples.<sup>5</sup>

Disinfectant Residual Analysis Method: ☒ Free chlorine ☐ Total chlorine

☒ DPD Colorimetric ☐ Other: \_\_\_\_\_

## Person performing disinfectant analysis is (see instructions on reverse):

☐ A certified operator (# \_\_\_\_\_)  
☐ Supervised by certified operator (# \_\_\_\_\_)  
☒ Employed by a certified lab ☐ Employed by DEP or DOH  
☐ Authorized representative of supplier of water

**A = Absent P = Present**  
Unless otherwise noted, all tests are performed in accordance with NELAC standards, and the results relate only to the samples.

Date and time PWS notified by lab of positive results: \_\_\_\_\_

Date and time DEP/DOH notified by lab of positive results: 5/1/25

Date Report Issued: \_\_\_\_\_

Lab Signature: [Signature]

Title: [Signature]

☐ Satisfactory  
☐ Incomplete Collection Information  
☐ Repeat Samples Required  
☐ Replacement Samples Required

DEP/DOH USE ONLY

Date Reviewed by DEP/DOH: \_\_\_\_\_  
DEP/DOH Reviewing Official: \_\_\_\_\_

<sup>1</sup> Sample Types see Instructions item I 16.

<sup>2</sup> Analysis Methods see Instructions item II 6.

<sup>3</sup> or other appropriate selection

<sup>4</sup> Florida Administrative Code Rule 62-160, Table 1

<sup>5</sup> Samples for community & non-transient non-community systems serving populations up to and including 4,999. Do not include raw or plant samples in the average.

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(62-550.730 Reporting Format Effective 01/1995, Revised 02/2010)

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101 Satellite Court, Leesburg FL 34748  
Office: 352-787-2944 Lab: 352-787-6112 Fax: 352-787-3196  
Technical Manager: John Fredock

Lab Receipt Date & Time: 4/30/25 1300  
Analysis Date & Time: 4/30/25 1735-1739  
Sample Acceptance Criteria:  
Sample Preservation: ☒ On Ice ☐ Not On Ice ☐ 1.8°C  
Disinfectant Check: ☐ Not Detected ☐ \_\_\_\_\_ mg/L  
This sample does not meet the following NELAC requirements:

Report Number: \_\_\_\_\_ Sub-Contract Lab ID: \_\_\_\_\_

## Analysis Requested: (check all that apply)

☐ Total Coliform/E. coli ☐ Total Coliform/Fecal ☐ Enterococci ☐ Coliphage ☐ HPC ☐ Other: \_\_\_\_\_

Public Water System (PWS) Name: Town of Astatula

PWS I.D. 3350000

PWS Address: 25009 CR 561

City: Astatula

PWS or PWS Owner's Phone #: \_\_\_\_\_

Fax #: \_\_\_\_\_

Collector: Cody Owen

Collector's Phone #: 352-787-2944

Email: \_\_\_\_\_

## 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: \_\_\_\_\_

Sample Collection Date: 4-30-25

To be completed by collector of sample

Sample #	Sample Point (Location or Specific Address)	Sample Collection Time	Sample Type <sup>1</sup>	Disin- fectant Residual (mg/L)	pH
8B	13244 New York	12:10	S	0.6	
9B	13413 Delaware	12:15	S	1.1	
10B	13251 Park Ave	12:20	S	1.1	
11B	25939 Madison St	12:22	S	1.0	
12B	POE	12:24	S	3.1	

To be completed by lab

Analysis Method(s) <sup>2</sup> : SM9222B				
Non- Coliform	Total Coliform	Fecal, E. coli, Enterococci, or Coliphage <sup>3</sup>	Data Qualifier <sup>4</sup>	Lab Sample #
A	A		25.4	2235
A	A			2236
A	A			2237
A	A			2238
A	A			2239

Average of disinfectant residuals for distribution routine & repeat samples.<sup>5</sup>

Disinfectant Residual Analysis Method: ☒ Free chlorine ☐ Total chlorine

☒ DPD Colorimetric ☐ Other: \_\_\_\_\_

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

☐ A certified operator (# \_\_\_\_\_)

☐ Supervised by certified operator (# \_\_\_\_\_)

☒ Employed by a certified lab ☐ Employed by DEP or DOH

☐ Authorized representative of supplier of water

A = Absent P = Present

Unless otherwise noted, all tests are performed in accordance with NELAC standards, and the results relate only to the samples.

Date and time PWS notified by lab of positive results: \_\_\_\_\_

Date and time DEP/DOH notified by lab of positive results: \_\_\_\_\_

Date Report Issued: \_\_\_\_\_

Lab Signature: [Signature]

Title: [Signature]

DEP/DOH USE ONLY

☐ Satisfactory  
☐ Incomplete Collection Information  
☐ Repeat Samples Required  
☐ Replacement Samples Required

Date Reviewed by DEP/DOH: \_\_\_\_\_

DEP/DOH Reviewing Official: \_\_\_\_\_

<sup>1</sup> For Sample Types see Instructions item I 1.6.

For Analysis Methods see Instructions item II 6.

Please circle appropriate selection.

<sup>3</sup> Defined in Florida Administrative Code Rule 62-160, Table 1.

<sup>5</sup> 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.