



research laboratories

DRINKING WATER BACTERIOLOGICAL SAMPLE COLLECTION AND LABORATORY REPORT

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LAB CERT# 82031

Effective May 1, 2005

FOR LAB USE ONLY

Paid: YES NO Report Number: _____

Relinquished by: _____

Received by: _____

Lab Receipt Date & Time: _____

Analysis Date & Time: _____

SAMPLE ACCEPTANCE CRITERIA:

Sample Preservation: On Ice Not on Ice ___ °C

Disinfectant Check: Not Detected ___ mg/L

This sample does not meet the following NELAC requirements:

CLIENT TO FILL IN SHADED AREA BELOW

Analysis Requested: (please check all that apply)
 Potability Plate Count Other: _____

Name: _____ (system)

Address: _____ (system)

City: _____ **State:** ___ **ZIP:** _____ (system)

Owner's Phone: _____ (system)

Collector: _____

Phone #: _____ **Fax #:** _____

PWS I.D.: (Public Water System Only)

Supply Type (check one)

Community Water System Limited Use System Private Well

Non-Transient Non-Community Water System

Transient Non-Community Water System

Swimming Pool Bottle Water Other

Sampling Reason: (check only one) Routine Compliance

Repeat Replacement Main Clearance

Well Survey Raw (triggered or assessment) Raw (triggered or assessment) Add.

Other: _____

↓ To be completed by Lab ↓

Sample Number	Sample Point (Location or Specific Address)	Collection Date	Collection Time	<input type="checkbox"/> Sample	Disinfect Res'd (mg/L)	pH	Total Coliform Analysis Method:			
							Non Coliform	Total Coliform	Fecal or E. coli	Lab Sample Number

Average of disinfectant residuals for routine and repeat samples. (Complete for community and non-transient non-community systems serving populations up to and including 4,900. Do not include raw or plant samples in the average. Free chlorine or Total chlorine (circle one).

Disinfectant Residual Analysis Method: DPD Colorimetric Other: _____

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

A certified operator (# _____) Employed by certified lab

Supervised by a certified operator (# _____) Employed by DEP or DOH

Authorized representative of supplier of water

DEP/DOH

Data Qualifier²: _____

²Defined in Florida Administrative Code Rule 62-160 Table 1

All tests are performed in accordance with NELAC standards.

Date PWS notified by lab of positive results: _____

Date State notified by lab of positive results: _____

Date Report Issued: _____

Lab Signature: _____

Title: _____

Name and Mailing Address of Person to Receive Report

DEP/DOH USE ONLY

Satisfactory

Incomplete Collection Information

Repeat Samples Required

Replacement Samples Required

Date Reviewed by DEP/DOH: _____

DEP/DOH Reviewing Official: _____

ALL SAMPLES MUST BE STORED AND RECEIVED UNDER REFRIGERATED CONDITIONS