

**DRINKING WATER MICROBIAL SAMPLE COLLECTION  
AND LABORATORY REPORTING FORMAT**

(62-550.730 Reporting Format - Effective 01/95, Revised 01/04)



FTS Analytical  
Cert# E84098  
5675 New Tampa Hwy  
Lakeland, FL 33815  
David Blount: 813-620-2000

Lab Receipt Date & Time: 01/31/2018 15:30  
 Analysis Date & Time: 01/31/2018 10:40  
**Sample Acceptance Criteria:**  
 Sample Preservation  On Ice  Not On Ice  2.8 °C  
 Disinfectant Check  Not Detected  \_\_\_\_\_ mg/L  
 This sample does not meet the following NELAC requirements: \_\_\_\_\_

Report Number: L8A0311 Sub-Contract Lab ID: \_\_\_\_\_

**Analysis Requested:** (please check all that apply)

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

**Public Water System (PWS) Name:** Hillcrest Est **PWS I.D.** 6510778

**PWS Address:** 39101 Heath Rd **City:** Zephyrhills

**PWS or PWS Owner's Phone #:** 863-661-5315 **Fax #:** 863-326-6122

**Collector:** S Blount **Collector's Phone #:** 863-324-3330

**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:** 01/30/2018

| To be completed by collector of sample |   |                        |                          |                              |    | To be completed by lab       |                |   |                             |              |
|--|---|------------------------|--------------------------|------------------------------|----|------------------------------|----------------|---|-----------------------------|--------------|
| Sample Number                          | Sample Point (Location or Specific Address) | Sample Collection Time | Sample Type <sup>1</sup> | Disinfectant Residual (mg/L) | pH | Analysis Method(s): SM 9223B |                |   |                             |              |
|  |   |                        |                          |                              |    | Non Coliform                 | Total Coliform | Fecal, <i>E. coli</i> , or Coliphage <sup>3</sup> | Data Qualifier <sup>4</sup> | Lab Sample # |
| 1                                      | Club House                                  | 3:30 pm                | D                        | 0.6                          |    | A                            | A              |   | L8A0311-01                  |              |
| 2                                      | bibb up Front                               | 3:40 pm                | D                        | 0.6                          |    | A                            | A              |   | L8A0311-02                  |              |

**Average of disinfectant residuals for routine and repeat samples.**  
 Check one:  Free Chlorine  Total Chlorine 0.60

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

**Disinfectant Residual Analysis Method:**  
 DPD Colorimetric  Other: \_\_\_\_\_  
**Person performing disinfectant analysis is:**  
 A certified operator (# 17376)  
 Supervised by a certified operator (# \_\_\_\_\_)  
 Employed by a certified lab  Employed by DEP or DOH  
 Authorized representative of supplier of water

Date and time PWS notified by lab of positive results: \_\_\_\_\_  
 Date and time DEP/DOH notified by lab of positive results: \_\_\_\_\_  
 Date Report Issued: 02/01/2018  
**Lab Signature:** *Nancy Robinson*  
**Title:** Project Manager

Blount Utilities -Winter Haven  
 David Blount  
 6039 Cypress Gardens Blvd. #146  
 Winter Haven, FL 33884

Satisfactory DEP/DOH USE ONLY  
 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.  
<sup>3</sup> Please circle appropriate selection.  
<sup>4</sup> Defined in Florida Administrative Code Rule 62-160, Table I.  
<sup>5</sup> 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.

**DRINKING WATER MICROBIAL SAMPLE COLLECTION AND LABORATORY REPORTING FORMAT**

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FTS Analytical  
 Cert# E84098  
 5675 New Tampa Hwy  
 Lakeland, FL 33815  
 David Blount: 813-620-2000

Lab Receipt Date & Time: 01/31/2018 10:05  
 Analysis Date & Time: 01/31/2018 10:40

**Sample Acceptance Criteria:**  
 Sample Preservation  On Ice  Not On Ice  2.8 °C  
 Disinfectant Check  Not Detected  \_\_\_\_\_ mg/L

This sample does not meet the following NELAC requirements:

Report Number: L8A0312 Sub-Contract Lab ID: \_\_\_\_\_

**Analysis Requested:** (please check all that apply)

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

**Public Water System (PWS) Name:** Hillcrest Est **PWS I.D.** 6510778  
**PWS Address:** 39101 Heath Rd **City:** Zephyrhills  
**PWS or PWS Owner's Phone #:** 863-661-5315 **Fax #:** 863-326-6122  
**Collector:** S Blount **Collector's Phone #:** 863-324-3330

**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:** 01/31/2018

| To be completed by collector of sample  |   |                        |                          |                              |      | To be completed by lab       |                |   |                             |              |
|---|---|------------------------|--------------------------|------------------------------|------|------------------------------|----------------|---|-----------------------------|--------------|
| Sample Number   | Sample Point (Location or Specific Address) | Sample Collection Time | Sample Type <sup>1</sup> | Disinfectant Residual (mg/L) | pH   | Analysis Method(s): SM 9223B |                |   |                             |              |
|   |   |                        |                          |                              |      | Non Coliform                 | Total Coliform | Fecal, E. coli, or Coliphage <sup>2</sup> | Data Qualifier <sup>4</sup> | Lab Sample # |
| 1   | Club House                                  | 6:10 am                | D                        | 0.5                          |      |                              | A              | A   |                             | L8A0312-01   |
| 2   | bibb up Front                               | 6:15 am                | D                        | 0.5                          |      |                              | A              | A   |                             | L8A0312-02   |
| <b>Average of disinfectant residuals for routine and repeat samples.</b>                  |   |                        |                          | 5                            | 0.50 |                              |                |   |                             |              |
| Check one: <input type="checkbox"/> Free Chlorine <input type="checkbox"/> Total Chlorine |   |                        |                          |                              |      |                              |                |   |                             |              |

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

**Disinfectant Residual Analysis Method:**  
 DPD Colorimetric  Other: \_\_\_\_\_

**Person performing disinfectant analysis is:**  
 A certified operator (# 17376)  
 Supervised by a certified operator (# \_\_\_\_\_)  
 Employed by a certified lab  Employed by DEP or DOH  
 Authorized representative of supplier of water

Date and time PWS notified by lab of positive results: \_\_\_\_\_  
 Date and time DEP/DOH notified by lab of positive results: \_\_\_\_\_  
 Date Report Issued: 02/01/2018  
**Lab Signature:** Ray Roberts  
**Title:** Project Manager

Blount Utilities -Winter Haven  
 David Blount  
 6039 Cypress Gardens Blvd. #146  
 Winter Haven, FL 33884

**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 1.16.  
<sup>2</sup> For Analysis Methods, see Instructions item D.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 and non-transient non-community systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.