

DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORTING FORMAT



(772) 465-8584
 2340 SW Poma Drive
 Palm City, FL 34990
 FDOH# E96080

Technique Requested

MF MMO-MUG
 Colilert

(407) 322-4686
 1155 St Johns Pkwy, Suite 1300
 Sanford, FL 32771
 FDOH# E83509

Lab Receipt Date & Time: _____

Received for Laboratory By: _____

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: _____

Report Number: _____ Sub-Contract Lab ID: _____

Analysis Requested: (please check all that apply)

- Total Coliform/E. coli Total Coliform/Fecal Other: _____

Public Water System (PWS) Name: _____ **PWS I.D.**

PWS Address: _____ City: _____

PWS or PWS Owner's Phone #: _____ Fax #: _____

Collector: _____ Collector's Phone #: _____

Relinquished By: _____ Received By: _____ Relinquished By: _____

Date/Time: _____ Date/Time: _____ Date/Time: _____

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: _____

To be completed by collector of sample					
Sample Number	Sample Point (Location or Specific Address)	Sample Collection Time	Sample Type ¹	Disinfectant Res'd (mg/L)	pH

LABORATORY CERTIFICATE OF ANALYSIS

Total Coliform Analysis Method: (MF)SM9222B (Colilert)SM9223B				
Fecal (MF)SM9221E E.coli (MF)EC+MUG (Colilert)SM9223B				
Non Coliform	Total Coliform	Fecal or E. coli	Data Qual ²	Lab Sample #

Lab Project Number at top of Form

Average of disinfectant residuals for distribution routine & repeat samples.³ Free chlorine or Total chlorine (circle one)

Disinfectant Residual Analysis Method: DPD Colorimetric Other: _____

Person performing disinfectant analysis is: (see form instructions)

A certified operator (# _____) Employed by a certified lab

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

Authorized representative of supplier of water

Key: P = Present A = Absent C = Confluent Growth
 TNTC = Too Numerous to Count Analyst: _____

Date and time PWS notified by lab of positive results: _____

Report authorized by: _____
 Technical Director or Designee

Date: _____

Unless otherwise noted, all test results contained within this report meet all applicable Method, Laboratory and TNI guidelines. Questions regarding this report should be directed to the report signatory at the phone number above.

Name and Mailing Address of Person to Receive Report



Satisfactory **DEP/DOH USE ONLY**

Incomplete Collection Information

Repeat Samples Required

Replacement Samples Required

Date Reviewed by DEP/DOH: _____

DEP/DOH Reviewing Official: _____