

DRINKING WATER BACTERIOLOGICAL SAMPLE FORM

COLLECTION AND LABORATORY REPORTING FORMAT

62-550.750 Reporting Format - Effective 01/95, Revised 02/2014



Florida Department of Health in Columbia County

Courthouse Annex
 135 NE Hernando Street
 Mail: 217 NE Franklin Street
 Lake City, Florida 32055
 386-758-1058

Lab ID #22787

Sub-Contract Lab ID: _____ Report Number: _____

Analysis Requested: (please check all that apply)

Total Coliform/E. coli Other: _____

Lab Receipt Date & Time: 10.6.20. 1230p *JF*
 Analysis Date & Time: 10/6/20 330p *SH*
Sample Acceptance Criteria:
 Sample Preservation On Ice Not On Ice 13.6 °C
 Disinfectant Check Not Detected _____ mg/L
 This sample may not meet NELAC requirements.
 Please see attached for further details.

System Name: Town of White Springs

PWS I.D.

2	2	4	1	2	6	4
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Mailing Address: 10363 Bridge Street

System or Owner's Phone #: (386) 397-2310

City & Zip: White Springs 32096

Fax #: (386) 397-1542

Collector: Ray Vaughn

Collector's Phone #: (386) 984-2558

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 _____

Lab use	To be completed by collector of sample						To be completed by lab				
Sample Number	Sample Point (Well, Kitchen Sink, etc. or specific address)	Collection Date	Collection Time am/pm 24hr	Sample Type ¹	Disinfect Res'd (mg/L)	pH	Total Coliform / E. coli Analysis Method <input checked="" type="checkbox"/> SM9223B (Colilert-18) <input type="checkbox"/> Colisure				
							Incubator #	Total Coliform	E. coli	Data Qualifier ²	Lab Sample Number
<u>26</u>	Library	10/5/20	6:15P	D	1.2	---	4	A	A		202912
<u>27</u>	16511 Jewett Street	10/5/20	6:30P	D	1.4	---		A	A		202913
<u>28</u>	Library	10/6/20	11:45A	D	1.3	---		A	A		202914
<u>29</u>	16511 Jewett Street	10/6/20	11:55A	D	1.2			A	A		202915

Average of disinfectant residuals for routine and repeat samples³: 1.3 mg/L

Free Chlorine Total Chlorine

Disinfectant Residual Analysis Method:
 DPD Colorimetric Other: _____

Person performing analysis is (Please see instructions on reverse):
 A certified operator (# _____)
 Supervised by a cert operator (# 0001806)
 Employed by a certified lab
 Authorized representative of supplier of water
 Employed by DEP/DOH

Unless otherwise noted, all tests are performed in accordance with NELAC standards.
 Results only relate to samples tested.

Results: A = coliforms are absent
 P = coliforms are present
 N/R = not reportable

Date/time PWS notified by lab of positive results: _____
 Date/time State notified by lab of positive results: _____

Lab Signature: [Signature]
Title: Lab Manager
Date report issued: 10/7/20

Name and Mailing Address of Person to Receive Report

Mail Fax Customer Pickup Email

rvaughn@whitespringsfl.us

DEP/DOH USE ONLY

Satisfactory
 Incomplete Collection Information
 Repeat Samples Required⁴
 Replacement Samples Required⁴

Date Reviewed by DOH: 10/7/20
 DOH Reviewing Official: [Signature]

1. D = Distribution (routine compliance), C = Repeat/Check, R = Raw, N = Entry Point to Distribution, P = Plant Tap, S = Special (clearance, etc.)
 2. Defined in Florida Administrative Code Rule 62-160, Table 1.
 3. 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.
 4. Required only if subject to government regulation.