

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



Lab Receipt Date & Time: 8/18/22 14:47  
 Analysis Date & Time: 8/18/22 @ 1:00  
 Sample Acceptance Criteria:  
 Sample Preservation:  On Ice  Not On Ice  0-4°C  
 Disinfectant Check:  Not Detected  \_\_\_\_\_ mg/L  
 This sample does not meet the following NELAC requirements:

Report Number: 35740538 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:** Samsula Academy **PWS I.D.:** 3641112  
**PWS Address:** 248 N Samsula Drive **City:** New Smyrna Beach, FL 32168

**PWS or PWS Owner's Phone #:** (386) 668-8911 **Fax #:** \_\_\_\_\_  
**Collector:** Zach Bodnar **Collector's Phone #:** 386 389 0600

**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:** 8/18/22

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>				
						Total Coliform Analysis Method:	SM9223B			
						Fecal or E. coli Analysis Method:	SM9223B			
						Non-Coliform	Total Coliform	Fecal, E. coli, Enterococci, or Coliphage <sup>3</sup>	Data Qualifier <sup>v</sup>	Lab Sample #
SA1	Well 1	1030	R	0.0		A	A			35740538001
SA2	Well 2	1035	R	0.0		A	A			002
SA3	Building 3	1045	D	2.0		A	A			003

**Average of disinfectant residuals for distribution routine & repeat samples.<sup>v</sup>** Free chlorine or Total chlorine (circle one) 2.0

**Disinfectant Residual Analysis Method:**  
 DPD Colorimetric  Other: \_\_\_\_\_  
**Person performing disinfectant analysis is (see instructions on reverse):**  
 A certified operator (# \_\_\_\_\_)  
 Supervised by certified operator (# A 3158)  
 Employed by a certified lab  Employed by DEP or DOH  
 Authorized representative of supplier of water

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:** Project Coordinator

**BIOMETRIC UTILITY**  
 PO BOX 740641  
 ORANGE CITY, FL 32774

**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> Indicate the sample type for each sample collected. Sample Type codes are: D = Distribution (routine compliance), C = Repeat/Check, R = Raw, N = Entry Point to Distribution, P = Plant Tap, S = Special (clearance, etc)  
<sup>2</sup> MF = SM9222B & D, MTF = 9221B & EC/MUG; MMO/MUG=SM92223B; HPC=SM9215B

Relinquished By: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_  
 Received By: [Signature] Date: 8/18/22 Time: 14:47  
 Relinquished By: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_  
 Received By: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

<sup>3</sup> Circle appropriate selection  
<sup>v</sup> Defined in Florida Administrative Code Rule 62-160 Table 1  
<sup>4</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.

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



Lab Receipt Date & Time: 4-5-22 1345  
 Analysis Date & Time: 4/5/22 @ 1521  
**Sample Acceptance Criteria:**  
 Sample Preservation:  On Ice  Not On Ice  21 °C  
 Disinfectant Check:  Not Detected  \_\_\_\_\_ mg/L  
 This sample does not meet the following NELAC requirements:

Report Number: 35707909 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:** Samsula Academy **PWS I.D.:** 3641112

**PWS Address:** 248 N Samsula Drive **City:** New Smyrna Beach, FL 32168

**PWS or PWS Owner's Phone #:** (386) 668-8911 **Fax #:** \_\_\_\_\_

**Collector:** Zach Bodnar **Collector's Phone #:** 386 589 0660

**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:** 4/5/22

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> :				
						Non- Coliform	Total Coliform	Fecal, <u>E. coli</u> , Enterococci, or Coliphage <sup>3</sup>	Data Qualifier <sup>4</sup>	Lab Sample #
SA1	Well 1	1230	R	0.0		A	A			35707909-001
SA2	Well 2	1235	R	0.0		A	A			002
SA3	Building 1-Outside Spigot	1245	D	1.0		A	A			003

**Average of disinfectant residuals for distribution routine & repeat samples.<sup>5</sup>** (Free chlorine or Total chlorine (circle one)) 1.0

**Disinfectant Residual Analysis Method:**  
 DPD Colorimetric  Other: \_\_\_\_\_  
**Person performing disinfectant analysis is (see instructions on reverse):**  
 A certified operator (# \_\_\_\_\_)  
 Supervised by certified operator (# A 3158)  
 Employed by a certified lab  Employed by DEP or DOH  
 Authorized representative of supplier of water

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:** Project Coordinator

**BIOMETRIC UTILITY**  
 PO BOX 740641  
 ORANGE CITY, FL 32774

**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> Indicate the sample type for each sample collected. Sample Type codes are: D = Distribution (routine compliance), C = Repeat/Check, R = Raw, N = Entry Point to Distribution, P = Plant Tap, S = Special (clearance, etc).  
<sup>2</sup> MF = SM9222B & D; MTF = 9221B & EC/MUG; MMO/MUG=SM92223B; HPC=SM9215B

Relinquished By: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_  
 Received By: ND / PWC Date: 4-5-22 Time: 1245  
 Relinquished By: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_  
 Received By: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_ Please

circle appropriate selection  
<sup>3</sup>As listed in Florida Administrative Code Rule 62-169 Table 1  
<sup>4</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.

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



Lab Receipt Date & Time: 11/2/22 1355  
 Analysis Date & Time: 11/2/22 @ 1445  
**Sample Acceptance Criteria:**  
 Sample Preservation:  On Ice  Not On Ice  2.3 °C  
 Disinfectant Check:  Not Detected  \_\_\_\_\_ mg/L  
 This sample does not meet the following NELAC requirements:

Report Number: 35689157 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:** Samsula Academy **PWS I.D.:** 3641112

PWS Address: 248 N Samsula Drive City: New Smyrna Beach, FL 32168

PWS or PWS Owner's Phone #: (386) 668-8911 Fax #: \_\_\_\_\_

**Collector:** Zach Bodnar Collector's Phone #: 386 589 0660

**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:** 1/12/22

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>1</sup> :				
						Non-Coliform	Total Coliform	Fecal, <u>E. coli</u> , Enterococci, or Coliphage <sup>11</sup>	Data Qualifier <sup>v</sup>	Lab Sample #
S1	Well 1	1005	R	0.0		A	A		35689157	7001
S2	Well 2	1010	R	0.0		A	A			-003
S3	Building 1-Outside Spigot	1020	D	1.2		A	A			-003

**Average of disinfectant residuals for distribution routine & repeat samples.<sup>v</sup>** Free chlorine or Total chlorine (circle one) 1.2

**Disinfectant Residual Analysis Method:**  
 DPD Colorimetric  Other: \_\_\_\_\_  
**Person performing disinfectant analysis is (see instructions on reverse):**  
 A certified operator (# \_\_\_\_\_)  
 Supervised by certified operator (# A 3758)  
 Employed by a certified lab  Employed by DEP or DOH  
 Authorized representative of supplier of water

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:** Project Coordinator

BIOMETRIC UTILITY  
 PO BOX 740641  
 ORANGE CITY, FL 32774

**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> Indicate the sample type for each sample collected. Sample Type codes are: D = Distribution (routine compliance), C = Repeat/Check, R = Raw, N = Entry Point to Distribution, P = Plant Tap, S = Special (clearance, etc.)  
<sup>11</sup> MF = SM9222B & D; MTF = 9221B & EC/MUG; MMO/MUG=SM92223B, HPC=SM9215B  
 Relinquished By: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_  
 Received By: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_  
 Relinquished By: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_  
 Received By: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_ Please

<sup>v</sup> Circle appropriate selection.  
<sup>11</sup> Defined in Florida Administrative Code Rule 62-160 Table 1.  
<sup>v</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.