

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

(62-550.730 Reporting Format Effective 01/1995, Revised 02/2010)

Lee County Environmental Laboratory  
60 Danley Drive #2, Fort Myers FL 33907  
P: (239) 533-8600 F: (239) 939-4850  
Certification No: E45049

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:  
\_\_\_\_\_

Report Number: B \_\_\_\_\_ Sub-Contract Lab ID: Not Applicable

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

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

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

**PWS Address:** \_\_\_\_\_ **City:** \_\_\_\_\_

PWS or PWS Owner's Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

**Collector:** \_\_\_\_\_ **Collector's Phone #:** \_\_\_\_\_

**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: Loan Requirement

**Sample Collection Date:** \_\_\_\_\_

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> :				
			D			<input type="checkbox"/> Total Coliform	<input type="checkbox"/> Fecal:			
						<input type="checkbox"/> SM9222B	<input type="checkbox"/> Colisure	<input type="checkbox"/> Colilert18		
						<input type="checkbox"/> E. Coli:				
						<input type="checkbox"/> EC+Mug	<input type="checkbox"/> Colisure	<input type="checkbox"/> Colilert18		
						Non-Coliform	Total Coliform	Fecal, <i>E. coli</i> <sup>3</sup>	Data Qualifier <sup>4</sup>	Lab Sample #

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

**Disinfectant Residual Analysis Method:**

DPD Colorimetric  Other: \_\_\_\_\_

**Person performing disinfectant analysis is (see instructions on reverse):**

- A certified operator (# \_\_\_\_\_)
- Supervised by certified operator (# \_\_\_\_\_)
- 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:** \_\_\_\_\_

**Title:**  For Rick Armstrong Laboratory Manager

[INSERT NAME AND MAILING ADDRESS 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: \_\_\_\_\_

<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 1.  
<sup>5</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.

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**INSTRUCTIONS**

The attached is an example of the reporting format specified in Rule 62-550.730, Florida Administrative Code (F.A.C.). This format is to be used by laboratories for reporting drinking water analyses to the appropriate Department of Environmental Protection (DEP) or Department of Health (DOH) office. For analysis results to be acceptable for compliance with Chapter 62-550, F.A.C., laboratories performing the analyses must be certified to perform drinking water analyses by the DOH and must report results in accordance with Chapter 62-160, F.A.C. Computer-generated or otherwise personalized reports will be accepted as long as they conform to this format.

**I. Fields to be completed by the sample collector:**

1. Analysis Requested..... Check the box next to the type of test being requested.
2. Public Water System (PWS)..... Provide the full name of the public water system.
3. PWS I.D..... Provide the 7-digit DEP PWS ID number.
4. PWS Address..... Indicate the PWS's mailing address.
5. City..... Indicate the city in which the PWS is located (if not in a city, indicate county).
6. PWS or Owner's Phone #..... Provide the PWS or PWS owner's phone number in case there are positive results.
7. PWS or PWS Owner's Fax #..... Provide the PWS or PWS owner's fax number.
8. Collector..... Provide the sample collector's first and last name.
9. Collector's Phone #..... Provide the sample collector's phone number.
10. Type of Supply..... Check the box next to the type of PWS or source being tested.
11. Reason for Sampling..... Check the box next to the reason the samples are being collected.
12. Sample Collection Date..... Provide the date the samples are collected. If samples are collected on more than one day, provide the collection date for each sample.
13. Sample #..... Provide a unique number for each sample.
14. Sample Point..... Provide the specific street address (or equivalent) for each sample collected.
15. Sample Collection Time..... Provide the time of collection for each sample collected.
16. Sample Type..... 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.).
17. Disinfectant Residual..... Indicate the disinfectant residual in mg/L (Chlorine, Chloramines, Chlorine Dioxide, etc.).
18. pH..... Not required for drinking water samples.
19. Average of Disinfectant Residuals..... Indicate the average of the disinfectant residuals for type "D" and "C" samples at community and non-transient non-community public water systems.
20. Disinfectant Residual Analysis Method..... Indicate the method used to determine disinfectant residual(s).
21. Person performing disinfectant analysis..... Indicate the qualifying status of the person performing disinfectant analyses. This only applies to disinfectant analyses for type "D" and "C" samples at community and non-transient non-community public water systems.
22. Name and Mailing Address of Person to Receive Report..... Provide the name and mailing address of the PWS owner or representative who will receive the report.

**II. Fields to be completed by the laboratory:**

1. Lab Name, Address, & Certification Number..... This information may be stamped or permanently added to the format.
2. Lab Receipt Date & Time..... Indicate the date and time samples were received in the lab.
3. Analysis Date & Time..... Indicate the date and time of analysis.
4. Sample Preservation..... Indicate whether or not the samples were on ice and the temperature of the samples.
5. Disinfectant Check..... Indicate whether or not a disinfectant was detected and at what level. Circle free or total.
6. Analysis Method(s)..... Indicate analysis methodology and method citation used (e.g. "Colilert, SM9223B"). The laboratory must be certified by DOH for the method indicated for the results to be accepted.
7. Non-Coliform..... Indicate the presence or absence of non-coliform bacteria. \*
8. Total Coliform..... Indicate the presence or absence of total coliform bacteria.\*
9. Fecal Coliform..... Indicate the presence or absence of fecal coliform bacteria.\*
10. *E. coli*..... Indicate the presence or absence of *E. coli* bacteria.\*
11. Enterococci..... Indicate the presence or absence of enterococci bacteria.\*
12. Coliphage..... Indicate the presence or absence of coliphage. \*
13. Data Qualifier..... Provide a data qualifier if necessary. (See F.A.C. Rule 62-160.)
14. Lab Sample #..... Provide a unique number for each sample.
15. Date and time PWS notified by lab of positive results..... In the event of positive results, indicate the date and time the lab notified the PWS.
16. Date and time DEP/DOH notified by lab of positive results..... In the event of fecal coliform, *E. coli*, enterococci, or coliphage positive results, indicate the date and time the lab notified the appropriate DEP or DOH Office.
17. Lab Signature..... Signature of lab director or other authorized representative of the lab.
18. Title..... Provide the title of the lab representative signing the report.

\* A = Bacteria/Coliphage Absent, P = Bacteria/Coliphage Present, C = Confluent Growth, TNTC = Too Numerous To Count