

DRINKING WATER MICROBIAL SAMPLE COLLECTION
& LABORATORY REPORT FORMAT
(62-350.730 Reporting Format Effective 01/95, Revised 02/2010)



812 SW Harvey Greene Dr., Madison, FL 32341 850-973-6878
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FLDOH Lab Certification #E82405

Report Number: 426244 Duval 1-2 Subcontract Lab ID: _____

Analysis Requested: (check all that apply then circle appropriate selection below)

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

Public Water System (PWS) Name: Pinetta School

PWS Address 135 N E Empress Tree Ave

PWS or PWS Owner's Phone # 850-973-5016

Collector: Johnny D. Webb

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: 1/27/20

A = Absent, P = Present, C = Confluent Growth, TNTC = Too Numerous To Count

Sample Number	Sample Point (Location or Specific Address)	Collection Time	Sample Type ¹	Disinfect Res'd (mg/L)	pH	To be completed by lab				
						Method: <input type="checkbox"/> SCLITAG <input checked="" type="checkbox"/> SM 9223B - Colilert	Non Coliform	Total Coliform	E. coli or Enterococci	Q*
1	Raw at Well	9:05A	R	0	7.4		A	A		Duval
2	Building #1 Kitchen	9:10A	D	0.9	7.2		A	A		12

Average of disinfectant residuals for distribution routine and repeat samples²:

¹Complete 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.

Free chlorine or Total chlorine (circle one).

Disinfectant Residual Analysis Method: DPD Colorimetric Other: _____
Person performing disinfectant analysis is: Employed by DEP or DOH
 A certified operator # C-0006883 Employed by a certified lab
 Supervised by cert operator # _____ Authorized representative of water supplier

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

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

Date & time DEP/DOH notified by lab of positive results: _____

Date Report issued: 1.28.20

Lab Signature: [Signature]

Title: Technical Director or Lab Designee

Name and Mailing Address of Person to Receive Report

District School Board of Madison County
210 N E Duval Ave
Madison, FL 32340

- DEP/DOH USE ONLY
- Satisfactory
 Incomplete Collection Information
 Repeat Samples Required
 Replacement Samples Required

Date Reviewed by DEP/DOH: _____

DEP/DOH Reviewing Official: _____