

DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORT FORMAT

102-550.730 Reporting Format Effective 01/95, Revised 02/20/03

FLOWERS
CHEMICAL
LABORATORIES
INCORPORATED

571 NW Mercantile Place
Suite 111, Port St. Lucie FL 34986
Phone: 772-343-8006 Fax: 772-343-8089
FLDOH Lab Certification #E86562

Report Number: 467847
Analysis Requested: Total Coliform/E. coli (Colilert-18)

Lab Receipt
Date & Time: 4/12 13 10

Analysis Date & Time: 4-12-24 5:05P
Sample Acceptance Criteria:

Sample Preservation: ☒ On Ice ☐ Not On Ice ☐ 29 °C
Disinfectant Check: ☒ Not Detected ☐ mg/L

This sample does not meet the following NELAC requirements:

Public Water System (PWS) Name: Village of Indian Town

PWS Address: 15851 Farm Rd

PWS I.D. # 4430667

City: Indian Town

PWS or PWS Owner's Phone # 772-597-2122

Fax # 772-597-5067

Collector: Robert + Jamie

Collector's Phone # 772-597-2122

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: 4-11-21

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

To be completed by collector of sample

To be completed by lab

Sample Number	Sample Point (Location or Specific Address)	Collection Time	Sample Type ¹	Disinfect Res'd (mg/L)	pH	SM9223B Colilert-18	Total Coliform	E. coli	Q+	Lab Sample#
1	14805 Andalusia Ct	4:40pm	D	1.3	7.2		A	A		DW1
2	14832 175th Ave	4:55pm	D	1.4	7.3		A	A		2
3	16128 Indianwood Cnr	5:10pm	D	1.6	7.3		A	A		3
4	16122 Five Wood Way	5:30pm	D	1.6	7.3		A	A		4
5	15914 Osceola St	5:50pm	D	1.4	7.2		A	A		5
6	15940 FAMEL Blvd	4:30pm	D	1.5	7.3		A	A		6
7	15013 American St	4:55pm	D	1.2	7.2		A	A		7
8	16261 Maple Ave	5:20pm	D	1.3	7.2		A	A		8

Average of disinfectant residuals for distribution routine and repeat samples:
* Complete for community and non-transient non-community systems serving populations up to including 14,999. 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 # 0008649 ☐ Employed by a certified lab
Supervised by cert operator # 0008649 ☐ Authorized representative of 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: 4-12-21

Lab Signature: [Signature]

Title: Technical Director or Lab Designee

☐ Satisfactory
☐ Incomplete Collection Information
☐ Repeat Samples Required
☐ Replacement Samples Required

DEP/DOH USE ONLY

Date Reviewed by DEP/DOH:

DEP/DOH Reviewing Official:

Name and Mailing Address of Person to Receive Report

Village of Indian Town
P.O. Box 398
Indian Town FL 34956

DEP Sample Type Codes: D = Distribution (Routine Compliance); C = Repeat or Check; R = Raw; N = Entry to Distribution; P = Plant Tap; S = Special (clearance, etc.)

Florida Administrative Code Rule 62-160, Table 1

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DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORT FORMAT

162-550.730 Reporting Format Effective 01/95, Revised 02/20/03

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571 NW Mercantile Place
Suite 111, Port St. Lucie FL 34986
Phone: 772-343-8006 Fax: 772-343-8089
FLDOH Lab Certification #E86562

Report Number: 467847
Analysis Requested: Total Coliform/E. coli (Colilert-18)

Lab Receipt

Date & Time: 4/12 1310

Analysis Date & Time: 4-22-15 018

Sample Acceptance Criteria:

Sample Preservation: ☒ On Ice ☐ Not On Ice 2.9 °C
Disinfectant Check: ☒ Not Detected ☐ _____ mg/L

This sample does not meet the following NELAC requirements:

Public Water System (PWS) Name: Village of Indian Town

PWS Address: 15851 Farm Rd

PWS I.D. # 4430667

City: Indian Town

PWS or PWS Owner's Phone # 772-597-2122

Fax # 772-597-5067

Collector: JAMIE

Collector's Phone # 772-597-2122

Type of Supply (check only one)

☒ Community Water System

☐ Limited Use System ☐ Bottled Water

☐ Non-Transient Non-community Water System

☐ Private Well

☐ Swimming Pool

☐ Transient Non-community Water System

☐ 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: 4-11-21

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

To be completed by collector of sample

To be completed by lab

Sample Number	Sample Point (Location or Specific Address)	Collection Time	Sample Type	Disinfect Res'd (mg/L)	pH	Total Coliform	E. coli	Q+	Lab Sample#
9	14942 172nd St	5:45pm	D	1.3	7.2	A	A		Dw 9
10	14952 Indian Ave	6:5pm	D	1.4	7.3	A	A		↓ 10

Average of disinfectant residuals for distribution routine and repeat samples:

1. Sample for community and non-transient non-community systems serving populations up to including

2. 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:

A certified operator # 012465 ☐ Employed by DEP or DOH

Supervised by cert operator # ☐ Employed by a certified lab

☐ Authorized representative of 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: 4-14-21

Lab Signature: _____

Title: Technical Director or Lab Designee

- ☐ Satisfactory
- ☐ Incomplete Collection Information
- ☐ Repeat Samples Required
- ☐ Replacement Samples Required

DEP/DOH USE ONLY

Date Reviewed by DEP/DOH: _____

DEP/DOH Reviewing Official: _____

Name and Mailing Address of Person to Receive Report

Village of Indian Town
P.O. Box 398
Indian Town FL 34956

DEP Sample Type Codes: D = Distribution (Routine Compliance); C = Repeat or Check; R = Raw; N = Entry to Distribution; P = Plant Tap; S = Special (clearance, etc.)

Adapted from Florida Administrative Code Rule 62-160, Table 1

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DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORT FORMAT

162-550.730 Reporting Format Effective 01/95, Revised 02/20/01

FLOWERS
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LABORATORIES
INCORPORATED

571 NW Mercantile Place
Suite 111, Port St. Lucie FL 34986
Phone: 772-343-8006 Fax: 772-343-8089
FLDOH Lab Certification #E86562

Report Number: 467849
Analysis Requested: Total Coliform/E. coli (Colilert-18)

Lab Receipt

Date & Time: 4/12 1310

Analysis Date & Time: 4-12-21 5:07P

Sample Acceptance Criteria:

Sample Preservation: ☒ On Ice ☐ Not On Ice 29 °C
Disinfectant Check: ☒ Not Detected ☐ mg/L

This sample does not meet the following NELAC requirements:

Public Water System (PWS) Name: Village of Indian Town
PWS Address: 15851 Farm Rd

PWS I.D. # 4430667

City: Indian Town

PWS or PWS Owner's Phone # 772-597-2122

Fax # 772-597-5067

Collector: Robert & Jamie

Collector's Phone # 772-597-2122

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: 4-12-21

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

To be completed by collector of sample

To be completed by lab

Sample Number	Sample Point (Location or Specific Address)	Collection Time	Sample Type ¹	Disinfect Res'd (mg/L)	pH	Total Coliform	E. coli	Q+	Lab Sample#
11	14805 Andalusia Ct	8:10am	D	1.2	7.2	A	A		Dw1
12	14832 175th Ave	8:25am	D	1.4	7.2	A	A		2
13	16128 Indianwood Cir	8:40am	D	1.6	7.3	A	A		3
14	16122 Five Wood Way	9:20am	D	1.6	7.3	A	A		4
15	15914 Osceola St	10:00am	D	1.4	7.2	A	A		5
16	15940 FAMEL Blvd	8:15am	D	1.5	7.2	A	A		6
17	15013 AMERICAN ST	8:30am	D	1.1	7.2	A	A		7
18	16261 MAPLE AVE	8:45am	D	1.3	7.2	A	A		8

Average of disinfectant residuals for distribution routine and repeat samples²:
¹ Complete for community and non-transient non-community systems serving populations up to 10,000.
² 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 # DEP822A ☐ Employed by a certified lab
Supervised by cert operator # DEP822A ☐ Authorized representative of 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: 4-14-21

Date & time DEP/DOH notified by lab of positive results: 4-14-21

Date Report Issued: 4-14-21

Lab Signature: [Signature]

Title: Technical Director or Lab Designee

Name and Mailing Address of Person to Receive Report

Village of Indian Town
P.O. Box 398
Indian Town FL 34956

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

Date Reviewed by DEP/DOH: 4-14-21

DEP/DOH Reviewing Official: [Signature]

DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORT FORMAT

162-550.730 Reporting Format Effective 01/95, Revised 02/2010

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571 NW Mercantile Place
Suite 111, Port St. Lucie FL 34986
Phone: 772-343-8006 Fax: 772-343-8089

FLDOH Lab Certification #E86562

Report Number: 467849

Analysis Requested: Total Coliform/E. coli (Colilert-18)

Lab Receipt

Date & Time: 4/12/13 10:50

Analysis Date & Time: 4/12/13 5:05P

Sample Acceptance Criteria:

Sample Preservation: ☒ On Ice ☐ Not On Ice ☐ 2.9 °C
Disinfectant Check: ☒ Not Detected ☐ _____ mg/L

This sample does not meet the following NELAC requirements:

Public Water System (PWS) Name: VILLAGE OF INDIANTOWN

PWS Address: 15851 Farm Rd

PWS or PWS Owner's Phone #: 772-597-2122

Collector: Jamie

Type of Supply (check only one)

☒ Community Water System

Limited Use System ☐ Bottled Water

☐ Non-Transient

Non-community Water System

☐ Private Well

☐ Swimming Pool

☐ Transient Non-community Water System

☐ 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: 4-12-21

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

To be completed by collector of sample

Sample Number	Sample Point (Location or Specific Address)	Collection Time	Sample Type ¹	Disinfect Res'd (mg/L)	pH
19	14942 172nd St	9:00am	D	1.5	7.3
20	14952 Indian Ave	10:00am	D	1.4	7.3

To be completed by lab

SM9223B Colilert-18			
Total Coliform	E. coli	Q+	Lab Sample#
A	A		Dw 9
A	A		↓ 10

Average of disinfectant residuals for distribution routine and repeat samples²:
¹ Complete for community and non-transient non-community systems serving populations up to including 14,999. 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 # 0000465 ☐ Employed by a certified lab

Supervised by cert operator # _____ ☐ Authorized representative of 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: 4-19-21

Lab Signature: _____

Title: Technical Director or Lab Designee

- ☐ Satisfactory
- ☐ Incomplete Collection Information
- ☐ Repeat Samples Required
- ☐ Replacement Samples Required

DEP/DOH USE ONLY

Date Reviewed by DEP/DOH: _____

DEP/DOH Reviewing Official: _____

Name and Mailing Address of Person to Receive Report

VILLAGE OF INDIANTOWN
P.O. Box 398
INDIANTOWN FL
34956