

	reporting Format Effective 01 95, Revise	(02.20:0)			MEPORIF	UKIVIA			
ä	FLOWERS CHEMICAL STATEMENT		ı		Lab Re Date &	ceint	4/1	2	1310
Suite	NW Mercantile Place 1111, Port St. Lucie FL 34986			ii.	Analysis I	Date & Time:	4	'-1	2-21 520
Phor	e: 772-343-8006 Fax: 772-343-8089					cceptance Crite	ria:		
FLD	OH Lab Certification #E86562				Sample Pro Disinfectan	eservation: On I	ce Not On	Ice 🗆	2.) ·c
	Report Number:	7847	_		This sample	e does not mark if	Serected []_		mg/L
Anal	ysis Requested: Total Coliform/E. coli (Co	10 1 1 olilert-18)	_		i i i i i i i i i i i i i i i i i i i	e does not meet th	e following NEI	-AC requ	irements:
PUBLIC	Water System (PWS) Name: Dulage 2	) + A PdI	ANE	NOS	PWS I.I	11 4	2 1		
. ,,,,,	ouress 13131 Ppem 12d		107			INdian	306	101	
PWS or	PWS Owner's Phone # 772-597-212	12		- "			1001	<u> </u>	
Collecto	or: Robert + James			Fax #_	112-30	77-506			
	Supply (check only one)				Collector's	Phone # 7	12-397	-21	22
Comr	aunit 14/-t a	insient Non-co	mmunity	Water Sys	tem [	Transient Non-			
Reason	for Sampling: (check all that apply)	/veii	Sw	imming Po	ol	Other		ater Sy	stem
Dist	ributionRoutine Distribution Report T								
Clea	ributionRoutine Distribution Repeat France Replacement (also check type of sai	caw (triggered	or asses	ssment)	Raw (trigger	ed or assessme	nt) additional	Пи	ell Survey
	rance Replacement (also check type of sail Collection Date: 4-11-21.			DOI WA	ret Motice	Other			
- Inpic		A =	Absent,	P = Prese	ent, C = Con	fluent Growth	TNTC - T		erous To Count
	To be completed by collecto Sample Point	r of sample	(A1, 1, 1)	130000	· · · · · · · · · · · · · · · · · · ·	eranavensus un es	TINTO = 10	o Num	erous To Count
Sample Number	Sample Point	Collection	Sample	Disinfect		SM9223B Coli	ne complete	d by lat	X.,
	(Location or Specific Address)	Time	Type 1	Res'd (mg/L)	pH	Total	T		List
1	14805 ANGA LUCIA CT	nina	7	12		Coliform	E. goli	Q'	Lab Sample#
2	winto worth.	7.7017	10	113	7.2	1	H.		DWI
2	19852 1.13TH AVE	4.55pm	D	1,4	73	A	The second		001
5	16/28 Indiportional CAR	5,10 pm	D	1.6	7.3	7/1	1/4		12
4			-			1	1		3
	16/22 TIVEWOOD WAY	Si Po Am		1.10	7.3		H		

ample	Collection Date: 4-11-2	A = A	hsent	D - D			TNTC = To	o Num	erous To C
Sample Number	To be completed by collecto Sample Point (Location or Specific Address)	Collection Time	Sample Type <sup>1</sup>	Disinfect Res'd (mg/L)	рН	SM9223B Colile	be complete ert-18	d by lat	
1	14805 ANDA LUCIA CT	4:40Pm	D	1.3	7.2	Coliform	E. coli	Q'	Lab Sample#
3	16128 Indipol Wood CAR	5/55pm	D	1.6	73	A	A		12
4	16/22 FIVEWOOD WAY	5:30 Am	D	1,6	73	A	#		2
	15914 OSCFOLA ST	5:50pm	C	1.4	7.2	A	A		5
2 .	15013 AMERICAN ST	4.55pm	D	1.2	7.2	A	4		6
erage of	disinfectant residuals for distribution routine and repea	520pm	D	1.3	7.2	A	A	$\neg \uparrow$	1,8
(A) Do not	community and non-transient non-community systems serving popular include raw or plant samples in the average.  Free chlorine or total chlorine (circle on the serving popular serving popular samples in the average.	e).			otherwise note	d, all tests are performulate relate only to the	med in accord	ance with	NELAC

Disinfectant Residual Analysis Method: DPD Colorimetric Gother:
Person performing disinfectant analysis is: Gemployed by DEP or DOH
A certified operator # CONSTANT GEMPLOYED GE

VILLAGE OF INDIAN FORON

INDIAN HOUN FI34956

P.O. BOX 398

Date & time PWS notified by lab of positive results:

DEP/DOH USE ONLY

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

Lab Signature:

Name and Mailing Address of Person to Receive Report

Title: Technical Director or Lab Designee

Satisfactory Incomplete Collection Information Repeat Samples Required

Replacement Samples Required DEP/DOH Reviewing Official:

Date Reviewed by DEP/DOH:

)EP Sample Type Codes: D = Distribution (Routine Compliance); C = Repeat or Check; R = Raw; N = Entry to Distribution; P = Plant Tap; S = Special (clearance, etc.) Page 1 of 1



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:

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

Lab Date	Receipt & Time:	Kh	4/11	<u>ل</u>	131	0
Sampl	rsis Date & Tole Acceptante e Preservation ectant Check:	ce Criteria:		_	-1500 9°c	05,
			llowing NELAC	require	mg/L ments:	

PVVS AC	Water System (PWS) Na ddress 15851 FAR	m Rd		Son	ANTO	20N		PWS I. Citv	D = 4	4	300	6	7
WS or F	PWS Owner's Phone # 27	2-597-2127				- "			7 -	IMA	TOWN		
Collecto	or: JAME					Fax#_		2-59		7	10 -00		
	Supply (check only one)						Co	llector's	Phone #_	/	12-597	1-2)	22
Limited Reason Dista	nunity Water System d Use System Bottled V for Sampling: (check all ributionRoutine DistributionRoutine Replacement (al	that apply)	vell		∐ Swi	mming Po	ol	_	Jourer		community W		
Clea	rance Replacement (al	so check type of sar	nple bei	ng rep	laced) 🗓	Boil Wa	iter No	tice	Other	ssme	nt) additiona	1 🗌 W	ell Survey
ample	1//			A = A	Absent	P = Proce			10 mars				
	To be co	impleted by collecto	r of sam	ple :		1 1000	54	- Cor	iffuent Gro	wth,	TNTC = To	oo Num	erous To Cou
Sample	Sample I	Point	Coll	ection	C	Disinfect	TO A LET LA		SM9223	To	be complete	d by lai	ing of the second
Number	(Location or Spec	cific Address)	T	ime	Sample Type <sup>1</sup>	Res'd (mg/L)	рН		Tot				T ( -t
9	14947 17200	.54	591	r	N		_ 3		Colife	orth	E. coli	Q <sup>4</sup>	Lab Sample#
10	149.50 Taxle	2 01 5	0,9	DAM	D	1:3	7.2		1	7	1		Dug
	THE INCH	N AVE	6.0	Pm	4	114	7,3		1	4	A		10
									+				
							_	_	-				
			++					700 7000					
			+	-				3, 7.1 (1, 7.1)					
			$\dashv$										
										1			
isinfectan erson peri A certifie	if disinfectant residuals for district community and non-transient non-community and non-transient non-community include raw or plant samples in the average of the community of the community of the community disinfectant analysis is a disperator #	al chlorine (circle or	Other:	including	-	Date & time	e PWS e DEP/	notified DOH not	by lab of pos	y to the	rmed in accorded samples. esults: ive results:		
						Lab Sigr							
ivam	ne and Mailing Address	of Person to Re	eceive	Repo	ort	Title: Te	echnic	al Direc	tor or Lab [	Desig	nee		
P.C.	AGE OF INDIAN 7. ROX 398 WIANTOWN FI	34951				Sat	tisfact omple peat S placer	ory ete Col Sample ment S	lection Info s Require amples Ro	orma	tion	EP/DO	H USE ONLY
		1100			- 1	DEP/DO	H Revi	ewing O	fficial:				



CFFARCAL	Lab Receipt 4/12 /3/0
571 NW Mercantile Place Suite 111, Port St. Lucie FL 34986	Analysis Date & Time: 4-12-21 5-03
Phone: 772-343-8006 Fax: 772-343-8089	Sample Acceptance Criteria:
FLDOH Lab Certification #E86562	Sample Preservation: On Ice On
Report Number: 467849  Analysis Requested: Total Coliform/E, coli (Colilert-18)	This sample does not meet the following NELAC requirements:
Public Water System (PWS) Name: WILAGE OF INDIA	10 Lown PWS I.D. 4430667
PWS or PWS Owner's Phone #	A.SIANIOUN
Collector: Robert & Jamie	Fax# <u>772-597-5067</u>
Type of Supply (check only one)	Collector's Phone # 772-597-2122
Limited Use System Bottled Water Private Well	Swimming Deal System
(check all that apply)	
DistributionRoutine Distribution Repeat Raw (triggered or ass	sessment) Raw (triggered or assessment) additional Well Survey
	Boil Water Notice Other
A = Absen	nt P = Procest O = =
To be completed by collector of sample	nt, P = Present, C = Confluent Growth, TNTC = Too Numerous To Count
Sample Sample Point Collection Sample Number (Location or Specific Address)	nple Res'd pH SM9223B Colilert-18
11 14805 ANDALVERA CA SIDM I	Colifgrm E. coli Q' Sample#
12 14832 175 I AUE 825m D	) 1.2 7.2 to Dw1
13 16128 Indian wood Car 8.40m D	11/2 72
14 16122 FIVEWOOD WAY 9:20Am D	1/1 23 4 4 3
15 15914 DSCEDIA St 10204 D	111 22
16 15940 FAMEL BIND 8:15AM D	1,4 7,2 4 5
11 15012 0 00	13 1.2
D Water Out of the D	1.1 7.2
Average of disinfectant residuals for distribution routine and repeat samples <sup>5</sup> :	1.3 7.2 4 1 8
Pree chlorine or Total chlorine (ercle one).	Unless otherwise noted, all tests are performed in accordance with NELAC
Disinfectant Residual Analysis Matheda Tropp	standards, and the results relate only to the samples.  Date & time PWS notified by lab of positive results:
A certified operator #	Date & time DEP/DOH notified by lab of positive results:
Supervised by cert operator # DONA UP Compliance of Supplier	Date Report Issued: 4-14-4
	Lab Signature:
Name and Mailing Address of Person to Receive Report	Title: Technical Director or Lab Designee
VILLAGE OF INDIANTOWN	☐ Satisfactory DEP/DOH USE ONLY
	Incomplete Collection Information
P.O. BOX 398	Line Repeat Samples Required
INDIANTOWN FI	Replacement Samples Required
34956	Date Reviewed by DEP/DOH: DEP/DOH Reviewing Official:
EP Sample Type Codes: D = Distribution (Routine Compliance): C = Report or Charles	



4/12/3/0 Lab Receipt Date & Time

571	NW Mercantile Place			Ī		30					1	
Suite	e 111, Port St. Lucie FL 3	34986					А	nalysis	Date & Time:	4	12	21 50
	ne: 772-343-8006 Fax:						S	ample	Acceptance Crite	ria:		
	OH Lab Certification #F86	3562					S	ample F isinfecta	Preservation: On ant Check: Not	Ice Not O	n Ice 👊 _	2.9.c
	Report Numb	per: 46.78	40	}					ple does not meet ti			
Anal	ysis Requested: Total C	oliform/E. coli (Co	olilert-	18)	_					io ioliowing M	ELAC requ	rements:
Public '	Water System (PWS) Na	ame: WILAGE T	FT	122	21/20	1.1.1						
	1343/ All	Th KC			r IV	WP		PWS I	INDI 7 4	300	06	7
PWS or I	PWS Owner's Phone #	72-597-2	122						37-5067	HOWK		
Collecto	or: Jamil	5				1 ax #.			's Phone #	2502	212	0
	Supply (check only one)						00	mector	s Phone #	2391	-212	
Limite	nunity Water System d Use System	Non-Tra	ansient Well	Non-co	mmunity Swi	Water Sys	stem		☐Transient Non- ☐Other	-community \	Water Sys	stem
Dist	ributionRoutine \( \subseteq \text{Distrib}	that apply)										
Clea	ributionRoutine 🔲 Distrib arance 🔲 Replacement (al	so check type -f	Raw (ti	iggered	or asses	ssment)	Rav	v (trigg	ered or assessme	ent) addition:	al 🗍 w	ell Survey
Sample	rance	)_ O I		g . op	10000)	BOIL AAS	iter No	otice [	Other			
		- 1.		A = 4	heent	D - D						
Samela	To be co	impleted by collecto	r of se	mple	ALCONO.			12.23		o be complet	ted by lan	sious 16 Coun
Sample Number	(Location or Spec	oint afic Address)	C	ollection Time	Sample Type <sup>1</sup>	Disinfect Res'd	рН	7.0	SM9223B Co	lilert-18	- Total	26.
6	1/16/12 100 1	2-1-	-			(mg/L)	P		Total Coliform	E. coli	Q <sup>4</sup>	Lab
77	19992 112	59	9	ROAM	D	45	7.3		A	A		Sample#
40	19932 INGIAN	SPNE	100	Oppn	D	1,4	7,3		A	A	-	Dw9
						1	110	8-		7/		10
											-	
			+									
			+									
								130				
								350				
							_	-				
Average of	f disinfectant residuals for distrib	ution routine and repe	at same	les <sup>5</sup> :				4 -				
- u(n) Do no	r community and non-transient non-community and non-transient non-community include raw or plant samples in the ever Free chlorine of Tot	dinty systems serving popul	ations up	to including	,	Unless	otherw	ise note	ed, all tests are perfe	ormed in accor	rdance with	NELAG
Disinfectar	t Residual Analysis Mathad:	777					مار مارد	uie ies	suits relate only to the	ne samples	Carroe Will	INELAC
erson per	rforming disinfectant analysis is ed operator # 2004/65	in i	OF DOL	-	-	Date & tim	e DEP	DOH n	d by lab of positive rotified by lab of pos	esults:		
Supervise	d by cert operator #	Employed by a	certifie entative	d lab of supplier		Date Repo	rt Issu	ed:	4-19	Z/		
						Lab Sigi	natura	. /				
Nam	ne and Mailing Address	of Person to R	eceiv	Pon	24		4		ector or Lab Desig			·
1	AGE OF Fred	1	1	Repo					ctor or Lab Desig		DEP/DOL	USE ONLY
Vill		ma later. 1.			- 1	I ☐ Sa	tisfac	tory			02.700	OSE ONLY
VIII	Ran 201	my town	٦			☐ Inc	omnl	ete Co	lection Infor	4:		1
VIII	B00398	AN TOWA	٦			☐ Inc	omple peat	ete Co Sampl	ollection Informaties Required			
VIII	BOX 395	FI	٥			☐ Inc	omple peat s place	ete Co Sampl ment	les Required Samples Requi			
VIII	BON 395	F1 34956	٦			☐ Inc ☐ Re ☐ Re Date Re	omple peat of place	ete Co Sampl ment :	les Required Samples Requi			