DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORTING FORMAT



3610 Park Central Blvd North Pompano Beach, FL 33064 (954) 582-4300 FDOH #: E86240

Lab Receipt Date & Tim	
Analysis Date & Time: ,	
Sam	ole Acceptance Criteria:
Sample Preservation:	On Ice Not On Ice 2. 4 °C
Disinfectant Check:	Not Detected mg/l
This sample does not me	et the following NELAC requirements:

eport Number: 35961618	Sub-Contract	Sub-Contract Lab ID:				2	***************************************															
nalysis Requested: (please check all that appl		I = 1 =	onci		1001	phage	□HPC	☐ Othe	r)													
Total Coliform/E. coli	rm/Fecal L	Enterod	A A		7 0011	ulage	become house and	guarante prosessoria	possession of Ton	Production Services and Community of the												
ublic Water System (PWS) Name: Sch	Inlet		Mad.	na_	phosphon voja 1127070	PWS I.D.																
WS Address: 9700 South A1A		***************************************	erener englicht von deutsche deutsche verweit zu der	22,703,000 10 ,000 1999 1999 12 12	igaga sanan aga ana n c	Fax #:	Melbour		NAZYY	popular de la comparación de l												
WS or PWS Owner's Phone #:			**************************************	MODELLA VIV. 1987, 1979, 1979	ne.	Collector's F	Phone #:		***************************************	www.sessamanala.e.a.c.c.c.c.c.c.e.e.e.e.e.e.e.e.e.e.e.												
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Community Water System Non-Transi	ent Non-commu	nity Wate	er System			Transient N	on-communit		en?													
A Limited Use System		Private			Swi	mming Pool	Other			**************************************												
asson for Sampling: (check all that apply)								15 1 611	1 (2000)													
Distribution Routine Distribution	the state of the s		iggered or as			Savourd	(triggered or ass		onal [Well Survey												
Clearance Replacement (also check	type of sample b	eing rep	laced)		Boil W	ater notice	L Other	* * ********************************	0.000	wayan												
emple Collection Date: V/11/77								- series i series A "	1811 PM 81	BALAS NACIO												
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Sample Sample Point	Collection	Sample	2			Non	Total	Fecalor	Data Qual ²	Lab Sample #												
Number (Location or Specific Address)	Time	type	(mg/L)	01-1		Coliform	Coliform	I N 3	150/A	1 A 1 A												
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verage of disinfectant residuals for distribution routh amples. ³ Free chlorine or Total chlorine (circle one)	18 & repeat			1.0			= Too Numero		men Gro	evitt.												
Samples The Charles of Management of the Charles of						Date & time PWS notified by lab of positive results:																
Disinfectant Residual Analysis Method: DPD Colorimetric Other:						Date & time DEP/DOH notified by lab of positive results:																
Person performing disinfectant analysis is: (see form instructions)						Date Report Issued: (a) 12/25																
A certified operator (# C-30140						Lab Signature: Prott																
Supervised by a cert operator (# Employed by DEP or DOH						Title: Upless otherwise noted, in fear results contained willbir this report meet all applicable McKod.																
Authorized representative of supplier of water	***************************************						roled, Wilest results o Il guldelines. Questio															
Name and Mailing Address of Person	to Receive Re	port	······································		garage and the same of the sam	signatory at the ph	one number above.			esa kananga terapa ada kapatan kanan 1956 at 1967 mete												
C&M Water Services Inc 8080 129th court Sebastian, Fl. 32958						Satisfactory	/ Collection In		/IDUH U	SE ONLY												
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theore the marghe type for each sample collected. Sample Type codes are: D = Olstrib Repeat/Ch.ck, R = Raz, R = Entry Point to Distribution. P = Plant Pap. S = Special IF = SKP222B & D: MTF = 9221B & EC.MLR; NIMO*MLR1=SM92223B; HPC=SM	d (efemance, ofe).					(O. 0	of cell	100	20 19												
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