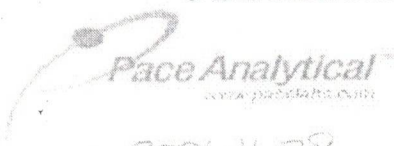


DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORTING FORMAT



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

Lab Receipt Date & Time: 6/11/25 1625
Analysis Date & Time: 6/11/25 1947
Sample Acceptance Criteria:
Sample Preservation: ☐ On Ice ☐ Not On Ice 5.2 °C
Disinfectant Check: ☒ Not Detected ☐ _____ mg/L
This sample does not meet the following NELAC requirements:

Report Number: 35961678 Sub-Contract Lab ID: _____

Analysis Requested: (please check all that apply)

☒ Total Coliform/E. coli ☐ Total Coliform/Fecal ☐ Enterococci ☐ Coliphage ☐ HPC ☐ Other: _____

Public Water System (PWS) Name: Seb Inlet - Marina

PWS Address: 9700 South A2A

PWS or PWS Owner's Phone #: _____

Collector: Rion Butler

Relinquished By: Rion Butler

Date/Time: 6/11/25

Received By: _____

Date/Time: _____

Relinquished By: _____

Date/Time: _____

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: 6/11/25

To be completed by collector of sample

Sample Number	Sample Point (Location or Specific Address)	Sample Collection Time	Sample type	Disinfectant Residual (mg/L)	pH
10	Well	9:25	R		
11	Bathroom Sink	9:28	D	1.0	

Average of disinfectant residuals for distribution routine & repeat samples: ³ Free chlorine or Total chlorine (circle one) 1.0

Disinfectant Residual Analysis Method: ☒ DPD Colorimetric ☐ Other: _____

Person performing disinfectant analysis is: (see form instructions)

☒ A certified operator (# C-30140) ☐ Employed by a certified lab
☐ Supervised by a cert operator (# _____) ☐ Employed by DEP or DOH
☐ Authorized representative of supplier of water

Name and Mailing Address of Person to Receive Report

C&M Water Services Inc
8080 129th court
Sebastian, FL 32958

LABORATORY CERTIFICATE OF ANALYSIS

Total Coliform Analysis Method: (MF)SM9222B (Coliform)SM9223B

Fecal (MF)SM9221E E.coli (MF)EC-MUG (Coliform)SM9223B

Non Coliform	Total Coliform	Fecal or E.coli	Data Qual ²	Lab Sample #
	1A	A		35961678-001
	1A	A		-002

Key: P = Present A = Absent C = Confluent Growth

TNTC = Too Numerous to Count

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

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

Date Report Issued: 6/12/25

Lab Signature: P. Pratt

Title: Reg. Coord

Unless otherwise noted, all test results contained within this report meet all applicable Method, Laboratory and TNI guidelines. Questions regarding this report should be directed to the report signatory at the phone number above.

☐ Satisfactory DEP/DOH USE ONLY

☐ Incomplete Collection Information

☐ Repeat Samples Required

☐ Replacement Samples Required

Date Reviewed by DEP/DOH: _____

DEP/DOH Reviewing Official: _____

Indicate the sample type for each sample collected. Sample Type codes are: D = Distribution routine compliance)

(*) = Repeat/Check, R = Raw, N = Entry Point to Distribution, P = Plant, Dup. S = Special (clearance, etc).

MF = SM9222B & DE-MTF = 9221B & EC-MUG; NIMO-MUG-SM9222B; HPC-SM9213B ii

² Please circle appropriate selection

³ Defined as Florida Administrative Code Rule 62-108 Table 1

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A. Pratt 6/11/25 14:20
A. Pratt 6/11/25 16:20
Att. M 6/11/25 16:25