

Florida Department of Environmental Protection Safe Drinking Water Program Laboratory Reporting Format

PUBLIC WATER SYSTEM INFORMATION (to be completed by sampler – please type or print legibly)

System Name: _____ **1** PWS I.D. #:

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3 System Type (check one): Community Nontransient Noncommunity Transient Noncommunity

Address: _____

City: _____ **4** ZIP Code: _____

Phone # _____ Fax #: _____ E-Mail Address: _____

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: _____ **5** Sample Date: _____ **6** Sample Time: _____ **7** AM PM (Circle One)

Sample Location (be specific): _____ **8** Location Code: _____

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): _____ **9** mg/L Field pH: _____

Sample Type (Check Only One)

Reason(s) for Sample (Check all that apply)

- | | | |
|---|--|---|
| <input type="checkbox"/> Distribution | <input type="checkbox"/> Routine Compliance with 62-550 | <input type="checkbox"/> Replacement (of Invalidated Sample) |
| <input type="checkbox"/> Entry Point (to Distribution) | <input type="checkbox"/> Confirmation of MCL Exceedance* 11 | <input type="checkbox"/> Special (not for compliance with 62-550) |
| <input type="checkbox"/> Plant Tap (not for compliance with 62-550) | <input type="checkbox"/> Composite of Multiple Sites** | <input type="checkbox"/> Clearance (permitting) |

Raw (at well or intake) Other: _____

Max Residence Time

Ave Residence Time

Near First Customer

Sampling Procedure Used or Other Comments:

*See 62-550.500(6) for requirements and restrictions.
And 62-550.512(3) for nitrate or nitrite exceedances.

**See 62-550.550(4) for requirements and
attach a results page for each site.

SAMPLER CERTIFICATION

I, _____, _____, do HEREBY CERTIFY
(Print Name) (Print Title)

that the above public water system and sample collection information is complete and correct.

13 Signature: _____ Date: _____

Certified Operator #: _____ Phone #: _____ Sampler's Fax #: _____

Sampler's E-mail: _____

PROCEDURE TO COMPLETE CHEMICAL ANALYSIS FORM

1. **System (PWS) Name:** The name of the water system.
2. **PWS ID Number** 629_____
3. **System Type:** check box next to your system classification
4. **Address:** The physical street address location of the water system, not the mailing address
City: The city that plant is located **ZipCode** **Phone #** of the water system **Fax and Email** if you have one
5. **Sample Number:** Number you put on the bottle or lab assigned
6. **Sample Date:** Date the sample was taken
7. **Sample Time:** Time sample was taken:

Date and time are important as some chemicals have specific time frames for their analyses. For example nitrate must be analyzed within 24 -48 hours of the sample date.
8. **Sample Location:** be specific. Point of entry, tank tap, Lot #, outside faucet and where, etc.
9. **Disinfectant Residual:** You must take a chlorine residual when you sample. Make sure you have the proper test kit to sample for free chlorine, not a pool kit that test for total chlorine. Disinfectant Byproducts have to have a chlorine residual or the sample will be rejected.
10. **Sample Type:**

Distribution: All Stage 2 Disinfectant Byproduct (DBP) samples are not distribution

Entry Point (to the distribution) All Nitrate/Nitrite, Primary Inorganics, Secondary Contaminants, VOC (Volatile Organics), SOC (Synthetic Organics/Pesticide), Radiologicals

Plant Tap: DO NOT USE

Raw: Only for VOC or SOC

Max Residence Time: DO NOT USE

Ave Residence Time: DO NOT USE

Near First Customer: DO NOT USE
11. **Reasons for Sample** – most of the time this will be Routine Compliance. If you exceeded a maximum contaminant level (MCL) and we told you to take a confirmation sample, check confirmation of MCL box. If you are doing any special testing not for compliance check Special. If you composite two or more water system samples you must indicate it is a Composite and put the PWS ID numbers for all systems.
12. **Sampler Certification** You must print your name and title here.
13. **You must sign and date and put your phone number.**
14. **The right side of the table is completed by the lab. If any Samples are P (present) for Total Coliform call or email our office for directions on resampling. Any E. coli “P” sample results MUST BE called into our office within 24 hours.**
15. All community and non-transient non-communities must have this completed by the person taking the sample and taking the chlorine residuals.