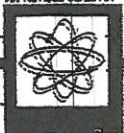


DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORT FORMAT

163-550.730 Reporting Format Effective 01/95, Revised 02/2010

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: 464085

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

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: 3-4-21

A = Absent, P = Present,

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	SM9223B Coli-18			
						Total Coliform	E. coli	Q+	Lab Sample#
1	14825 ANDALUCIA CT	10:05am	S	1.1	7.2	A	A		Dw 1
2	14832 175TH AVE	10:15am	S	1.2	7.1	A	A		2
3	16128 INDIAN WOOD CIR	10:30am	S	1.3	7.1	A	A		3
4	16122 FIVE WOOD	10:45am	S	1.4	7.2	A	A		4
5	15914 OSCOLA ST	11:00am	S	1.1	7.1	A	A		5
6	15940 FAMEL BLVD	10:00am	S	1.2	7.1	A	A		6
7	15013 AMERICAN ST	10:15am	S	1.0	7.1	A	A		7
8	16261 MADE AVE	10:30am	S	1.3	7.2	A	A		8

Average of disinfectant residuals for distribution routine and repeat samples: 1.2

Complete for community and non-transient non-community systems serving populations up to including 4,000. 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 # 0008049 ☐ Employed by a certified lab

☐ Supervised by cert operator # 0008049 ☐ Authorized representative of supplier

Name and Mailing Address of Person to Receive Report

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

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: 3-5-21

Lab Signature: _____

Title: Technical Director or Lab Designee

DEP/DOH USE ONLY

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

Date Reviewed by DEP/DOH: _____

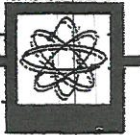
DEP/DOH Reviewing Official: _____

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.)

DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORT FORMAT

(62-550.730 Reporting Format Effective 01/95, Revised 02/2010)

FLOWERS
CHEMICAL
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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: 464085

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

Pick Up Fee _____ Sampling Fee _____ Vehicle Surcharge _____

2 of 2

Lab Receipt

Date & Time: 3/4 1145

Analysis Date & Time: 3-4-21 4:50P

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:

PWS I.D. 4430667

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

PWS Address: 15851 Farm Rd

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 ☐ 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: 3-4-21

A = Absent, P = Present,

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	SM9223B Coliport-18			
9	14942 172nd St	10:45am	S	1.2	7.2	Total Coliform	E. coli	Q+	Lab Sample#
10	14952 INDIAN AVE	11:00am	S	1.1	7.1	A	A		Dw 9
									↓ 10

Average of disinfectant residuals for distribution routine and repeat samples⁵:
Complete for community and non-transient non-community systems serving populations up to including 2,000. 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 # _____ ☐ Employed by a certified lab
Supervised by cert operator # 0007645 ☐ 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: 3-5-21

Lab Signature: _____

Title: Technical Director or Lab Designee

DEP/DOH USE ONLY

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

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.)