



System Name: \_\_\_\_\_ PWS I.D. #:

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

**SAMPLE INFORMATION** (to be completed by sampler)

Sample ID #:

Sample Date: \_\_\_\_\_ Sample Time: \_\_\_\_\_ AM PM (Circle One)

Sample Location (be specific): \_\_\_\_\_

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): \_\_\_\_\_ 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"/> Quarterly (Which Quarter? _____)         |
| <input type="checkbox"/> Entry Point (to Distribution)              | <input type="checkbox"/> Confirmation of MCL Exceedance*  | <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"/> Violation Resolution                     |
| <input type="checkbox"/> Raw (at well or intake)                    | <input type="checkbox"/> Clearance (permitting)           | <input type="checkbox"/> Replacement (of Invalidated Sample)      |
| <input type="checkbox"/> Max Residence Time                         | <input type="checkbox"/> Other: _____                     |   |
| <input type="checkbox"/> Ave Residence Time                         | Sampling Procedure Used or Other Comments: _____          |   |
| <input type="checkbox"/> Near First Customer                        | _____   |   |

\*See 62-550.500(6) for requirements and restrictions.  
NOTE: See 62-550.512(3) for additional requirements  
for nitrate or nitrite MCL exceedances.

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

Sampler's Name: \_\_\_\_\_

Sampler's Phone #: \_\_\_\_\_ Sampler's Fax #: \_\_\_\_\_

Sampler's E-Mail Address: \_\_\_\_\_

**CERTIFICATION** (to be completed by sampler)

I, \_\_\_\_\_, \_\_\_\_\_  
(Print Name) (Print Title)

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Volusia County Environmental Health Laboratory  
1250 Indian Lake Road, Daytona Beach, FL 32124  
Contact: Jack Towle  
Florida Certification#: E23111 (exp. 6-30-08)

386-248-1781  
FAX 386-248-1785  
Sample ID#:



www.volusiahealth.com/lab

Sample Relinquished by: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

**LABORATORY CERTIFICATION INFORMATION** (to be completed by lab – Please type or print legibly)

Sample Received by: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Group(s) analyzed & Results attached for compliance with chapters 62-550, F.A.C. (check all that apply)

Inorganics

- Nitrate  
 Nitrite

Secondaries

- Partial

PWS ID (From Page 1): \_\_\_\_\_

**ANALYSIS INFORMATION** (to be completed by lab)

Were any analyses subcontracted?  Yes  No      Sample Preservation:  Acid  Temperature \_\_\_\_\_ °C

If yes, please provide DOH certification numbers: \_\_\_\_\_

**ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB\***

**CERTIFICATION**

I, \_\_\_\_\_, \_\_\_\_\_  
(Print Name) (Print Title)

do HEREBY CERTIFY that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\* Failure to provide a valid and current Florida DOH lab certification number and a current Analyte Sheet for the attached analysis results will result in rejection of the report, possible enforcement against the public water system for failure to sample, and may result in notification of the DOH Bureau of Laboratory Services.

**COMPLIANCE DETERMINATION** (to be completed by DEP or DOH)

Sample Collection Info Satisfactory:  Yes  No      Sample Analysis Info Satisfactory:  Yes  No

Replacement Sample(s) Requested

Revised Report Requested

Additional Monitoring Required (circle or highlight group(s) above)

- Reason(s):  MCL(s) Exceeded       Detection(s)       Incomplete Report  
 Missing Analyte Sheet(s)       Location Unsatisfactory       Analysis Unsatisfactory  
 Other: \_\_\_\_\_

Person Notified: \_\_\_\_\_ Date Notified: \_\_\_\_\_

Comments: \_\_\_\_\_

Date Reviewed: \_\_\_\_\_ DEP/DOH Reviewing Official: \_\_\_\_\_



**INORGANIC CONTAMINANTS**

*Shaded ITALIC type indicates NELAP certified method*

PWS ID (From Page 1): \_\_\_\_\_

Contam. ID	Contam. Name	MCL	Units	Analysis Result	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Certification #
1040	<b>Nitrate (as N)</b>	10	mg/L	*		SM4500NO <sub>3</sub> D	0.160			E23111
1041	<b>Nitrite (as N)</b>	1	mg/L	*		SM4500NO <sub>2</sub> B	0.015			E23111
1025	Fluoride	4.0	mg/L			SM4500F-D	0.123			NON-NELAP
1030	Lead	15	µg/L			H99 FCE	1			NON-NELAP
										E23111

**SECONDARY CONTAMINANTS**

Contam. ID	Contam. Name	MCL	Units	Analysis Result	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Certification #
1017	<b>Chloride</b>	250	mg/L	*		SM4500B	6.2			E23111
1022	Copper	1	mg/L			H8506	0.021			NON-NELAP
1028	Iron	0.3	mg/L			H8008	0.087			NON-NELAP
1032	Manganese	0.05	mg/L			H8034	0.007**			NON-NELAP
1055	Sulfate	250	mg/L	*		SM4500SO <sub>4</sub> E	2.34			NON-NELAP
1095	Zinc	5	mg/L			H8009	0.009**			NON-NELAP
1905	<b>Color</b>	15	CU	*		SM2120B	2			E23111
1925	<b>pH</b>	6.5 - 8.5		*		SM4500H+B	NA			E23111
1930	<b>Total Dissolved Solids</b>	500	mg/L	*		SM2540C	14.8			E23111



## DATA QUALIFIER CODES

### SYMBOL

### MEANING

- B** Results based upon colony counts outside the acceptable range. This code is not to be used if a 100 mL sample has been filtered and the colony count is less than the lower value of the ideal range.
- I** The reported value is between the laboratory method detection limit and the laboratory practical quantitation limit.
- J** Estimated value; value may not be accurate. This code shall be used in the following instances:
1. Surrogate recovery limits have been exceeded;
  2. No known quality control criteria exist for the component;
  3. The reported value failed to meet the established quality control criteria for either precision or accuracy;
  4. The sample matrix interfered with the ability to make any accurate determination; or
  5. The data are questionable because of improper laboratory or field protocols (e.g., composite sample was collected instead of a grab sample).
- Note:** a "J" value shall be accompanied by written justification for its use.
- K** Off-scale low. Actual value is known to be less than the value given.
- L** Off-scale high. Actual value is known to be greater than value given.
- O** Sampled, but analysis lost or not performed.
- Q** Sample held beyond the accepted holding time. This code shall be used if the value is derived from a sample that was prepared or analyzed after the approved holding time restrictions for sample preparation or analysis.
- T** Value reported is less than the laboratory method detection limit. The value is reported for informational purposes; only and shall not be used in statistical analysis.
- U** Indicates that the compound was analyzed for but not detected. The value associated with the qualifier shall be the laboratory method detection limit.
- V** Indicates that the analyte was detected in both the sample and the associated method blank. Note: the value in the blank shall not be subtracted from associated samples.
- Y** The laboratory analysis was from an improperly preserved sample. The data may not be accurate.
- Z** Too many colonies were present (TNTC= >200 CFU's.)

Remarks: