



**DRINKING WATER
SAMPLE
REPORT
NOVEMBER 2019**

**DRINKING WATER MICROBIAL SAMPLE COLLECTION
& LABORATORY REPORTING FORMAT**

(02-550,730 Reporting Format Effective 01/1995, Revised 02/2010)

Florida-Spectrum Environmental Services, Inc.
1460 W. McNab Road, Fort Lauderdale, FL 33309 Tel# (954) 978-6400
Certification No. E86006

Lab Receipt Date & Time: <u>06-Nov-2019 17:00</u>
Analysis Date & Time: <u>06-Nov-2019 18:00</u>
Sample Acceptance Criteria: Sample Preservation: <input checked="" type="checkbox"/> On Ice <input type="checkbox"/> Not On Ice <input checked="" type="checkbox"/> 1.80 °C Disinfectant Check: <input checked="" type="checkbox"/> Not Detected <input type="checkbox"/> _____ mg/L This sample does not meet the following NELAC requirements:

Report Number: 19K0253 Sub-Contract Lab ID: E86006

Analysis Requested: (check all that apply)

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

Public Water System (PWS) Name: City of Riviera Beach Utility District **PWS I.D.**

4	5	0	1	2	2	9
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PWS Address: 800 W Blue Heron Blvd **City:** Riviera Beach **FL** 33404

PWS or PWS Owner's Phone #: (561) 854-4187 **Fax #:** (561) 840-7292

Collector: Melvin Pinkney **Collector's Phone #:** 561-845-4187

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: 11/6/19

To be completed by collector of sample						To be completed by lab				
Sample #	Sample Point Week 1 Riviera Beach, FL	Sample Collection Time	Sample Type	Disin- fectant Residual (mg/L)	pH	Analysis Method(s)2: Total Coliform/ <i>E. Coli</i> (PA) by Collilert in Water (SM9223B)				
						Non- Coliform	Total Coliform	Fecal <i>E. Coli</i> , Enterococci or Coliphage3	Data Qualifier4	Lab Sample #
SS #01	570 W. 34th St. (SS#1)	8:00	D	/ 3.9		Absent	Absent	U	19K0253-01	
SS #06	2425 Lake Dr.	8:20	D	/ 3.8		Absent	Absent	U	19K0253-02	
SS #7	300 Edwards Ln.	8:32	D	/ 2.9		Absent	Absent	U	19K0253-03	
SS #10	101 Inlet Way	8:41	D	/ 1.0		Absent	Absent	U	19K0253-04	
SS #08	2700 N. Ocean Dr.	8:50	D	/ 3.9		Absent	Absent	U	19K0253-05	
SS #11	5020 N. Ocean Dr. (SS#11)	9:00	D	/ 3.8		Absent	Absent	U	19K0253-06	
SS #12	5480 N. Ocean Dr. (Dunes Tower)	9:13	D	/ 0.7		Absent	Absent	U	19K0253-07	

Average of disinfectant residuals for distribution routine & repeat Samples.5 Free chlorine or Total chlorine (circle one) /2.8

Disinfectant Residual Analysis Method:
 DPD Colorimetric Other: _____
Person performing disinfectant analysis is (see instructions on reverse):
 A certified operator (# 0006639)
 Supervised by certified operator (# _____)
 Employed by a certified lab Employed by DEP or DOH
 Authorized representative of supplier of water

Unless otherwise noted, all tests are performed in accordance with NELAC standards, and the results relate only to the samples.

Date and time PWS notified by lab of positive results: _____
Date and time DEP/DOH notified by lab of positive results: _____
Date Report Issued: 13-Nov-2019 15:56
Lab Signature: Suresh (Bobby) Supan
Title: (CSM) Customer Service Manager

Arkie Caraballo
City of Riviera Beach
800 W Blue Heron Blvd
Riviera Beach FL 33404

<input type="checkbox"/> Satisfactory	DEP/DOH USE ONLY
<input type="checkbox"/> Incomplete Collection Information	
<input type="checkbox"/> Repeat Samples Required	
<input type="checkbox"/> Replacement Samples Required	
Date Reviewed by DEP/DOH: _____	
DEP/DOH Reviewing Official: _____	

* For Sample Types see Instructions item 1.6.
† For Analysis Methods see Instructions item 11.6.
‡ Please circle appropriate selection.
§ Defined in Florida Administrative Code Rule 62-160, Table 1.
¶ Complies for community & non-transient non-community systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.

**DRINKING WATER MICROBIAL SAMPLE COLLECTION
& LABORATORY REPORTING FORMAT**

(#2-550.730 Reporting Format Effective 01/1985, Revised 02/2010)

Florida-Spectrum Environmental Services, Inc.
1460 W. McNab Road, Fort Lauderdale, FL 33309 Tel# (954) 978-6400
Certification No. E86006

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Analysis Date & Time: <u>06-Nov-2019 18:00</u>
Sample Acceptance Criteria: Sample Preservation: <input checked="" type="checkbox"/> On Ice <input type="checkbox"/> Not On Ice <input checked="" type="checkbox"/> <u>1.80</u> °C Disinfectant Check: <input checked="" type="checkbox"/> Not Detected <input type="checkbox"/> _____ mg/L This sample does not meet the following NELAC requirements:

Report Number: 19K0253 Sub-Contract Lab ID: E86006

Analysis Requested: (check all that apply)

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

Public Water System (PWS) Name: City of Riviera Beach Utility District **PWS I.D.**

4	5	0	1	2	2	9
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PWS Address: 800 W Blue Heron Blvd **City:** Riviera Beach **FL** 33404

PWS or PWS Owner's Phone #: (561) 854-4187 **Fax #:** (561) 840-7292

Collector: Melvin Pinkney **Collector's Phone #:** 561-845-4187

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: 11/6/19

To be completed by collector of sample						To be completed by lab				
Sample #	Sample Point Week 1 Riviera Beach, FL	Sample Collection Time	Sample Type	Disinfectant Residual (mg/L)	pH	Analysis Method(s)2: Total Coliform/E.Coli (PA) by Colliert in Water (SM9223B)				
						Non-Coliform	Total Coliform	Fecal, E. Coli, Enterococci or Coliphage3	Data Qualifier4	Lab Sample #
SS #09	1260 Sugar Sands Blvd (SS#9)	9:24	D	/ 3.9		Absent	Absent	U	19K0253-08	
SS #35	1531 Broadway	9:48	D	/ 2.3		Absent	Absent	U	19K0253-09	
SS #05	200 E. 13th St (Marina)	9:38	D	/ 1.2		Absent	Absent	U	19K0253-10	
SS #04	20 W. 11th St (SS #4)	9:56	D	/ 2.0		Absent	Absent	U	19K0253-11	
SS #03	200 W. 10th St.	10:04	D	/ 1.7		Absent	Absent	U	19K0253-12	

Average of disinfectant residuals for distribution routine & repeat Samples.5 Free chlorine or Total chlorine (circle one) / 2.2

Disinfectant Residual Analysis Method:

DPD Colorimetric Other: _____

Person performing disinfectant analysis is (see instructions on reverse):

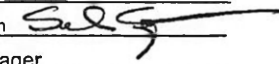
A certified operator (# 0006639)
 Supervised by certified operator (# _____)
 Employed by a certified lab Employed by DEP or DOH
 Authorized representative of supplier of water

Unless otherwise noted, all tests are performed in accordance with NELAC standards, and the results relate only to the samples.

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

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

Date Report Issued: 13-Nov-2019 15:56

Lab Signature: Suresh (Bobby) Supan 

Title: (CSM) Customer Service Manager

Arkie Caraballo
City of Riviera Beach
800 W Blue Heron Blvd
Riviera Beach FL 33404

<input type="checkbox"/> Satisfactory	DEP/DOH USE ONLY
<input type="checkbox"/> Incomplete Collection Information	
<input type="checkbox"/> Repeat Samples Required	
<input type="checkbox"/> Replacement Samples Required	
Date Reviewed by DEP/DOH: _____	
DEP/DOH Reviewing Official: _____	

1 For Sample Types see Instructions item 1.16.
2 For Analysis Methods see Instructions item 11.6.
3 Please circle appropriate selection.
4 Defined in Florida Administrative Code, Rule 62-160, Table 1.
5 Complete for community & non-transient non-community systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.

DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORTING FORMAT

(62-550.730 Reporting Form Effective 01/1995, Revised 02/2010)

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Lab Receipt Date & Time: <u>06-Nov-2019 17:00</u>
Analysis Date & Time: <u>06-Nov-2019 18:00</u>
Sample Acceptance Criteria: Sample Preservation: <input checked="" type="checkbox"/> On Ice <input type="checkbox"/> Not On Ice <input checked="" type="checkbox"/> 1.80 °C Disinfectant Check: <input checked="" type="checkbox"/> Not Detected <input type="checkbox"/> _____ mg/L This sample does not meet the following NELAC requirements:

Report Number: 19K0254 Sub-Contract Lab ID: E86006

Analysis Requested: (check all that apply)

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

Public Water System (PWS) Name: City of Riviera Beach Utility District **PWS I.D.** _____

PWS Address: 800 W Blue Heron Blvd **City:** Riviera Beach **FL** 33404

PWS or PWS Owner's Phone #: (561) 854-4187 **Fax #:** (561) 840-7292

Collector: Melvin Pinkney **Collector's Phone #:** 561-845-4187

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: 11/6/19

To be completed by collector of sample						To be completed by lab				
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						Non- Coliform	Total Coliform	Fecal (<i>E. Coli</i>), Enterococci or Coliphage3	Data Qualifier4	Lab Sample #
#04	Water Well #04	10:28	R	/ 0.0			Absent	Absent	U	19K0254-01
#05	Water Well #05	11:45	R	/ 0.0			Absent	Absent	U	19K0254-02
#06	Water Well #06	10:33	R	/ 0.0			Absent	Absent	U	19K0254-03
#13	Water Well #13	10:40	R	/ 0.0			Absent	Absent	U	19K0254-04
#12A	Water Well #12A	11:15	R	/ 0.0			Absent	Absent	U	19K0254-05
#09A	Water Well #09A	11:24	R	/ 0.0			Absent	Absent	U	19K0254-06
#10A	Water Well #10A	11:30	R	/ 0.0			Absent	Absent	U	19K0254-07

Average of disinfectant residuals for distribution routine & repeat Samples.5 Free chlorine or Total chlorine (circle one) / 0.0

Disinfectant Residual Analysis Method:
 DPD Colorimetric Other: _____
Person performing disinfectant analysis is (see instructions on reverse):
 A certified operator (# 0006639)
 Supervised by certified operator (# _____)
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Date and time PWS notified by lab of positive results: _____

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

Date Report Issued: 13-Nov-2019 15:58

Lab Signature: Suresh (Bobby) Supan

Title: (CSM) Customer Service Manager

Arkie Caraballo
City of Riviera Beach
800 W Blue Heron Blvd
Riviera Beach FL 33404

<input type="checkbox"/> Satisfactory <input type="checkbox"/> Incomplete Collection Information <input type="checkbox"/> Repeat Samples Required <input type="checkbox"/> Replacement Samples Required Date Reviewed by DEP/DOH: _____ DEP/DOH Reviewing Official: _____	DEP/DOH USE ONLY
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1 For Sample Types see Instructions item I 1.6.
2 For Analysis Methods see Instructions item II 6.
3 Please circle appropriate selection.
4 Defined in Florida Administrative Code Rule 62-160, Table 1.
5 Complete for community & non-transient non-community systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.

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4	5	0	1	2	2	9
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						Non- Coliform	Total Coliform	Fecal <u>E. Coli</u> Enterococci or Coliphage ³	Data Qualifier ⁴	Lab Sample #
#01	Water Well #01	11:00	R	/ 0.0		Absent	Absent	U	19K0254-08	
#07	Water Well #07	10:51	R	/ 0.0		Absent	Absent	U	19K0254-09	

Average of disinfectant residuals for distribution routine & repeat Samples.⁵ Free chlorine Total chlorine (circle one) / 0.0


Disinfectant Residual Analysis Method:
 DPD Colorimetric Other: _____
Person performing disinfectant analysis is (see instructions on reverse):
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Date and time PWS notified by lab of positive results: _____

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

Date Report Issued: 13-Nov-2019 15:58

Lab Signature: Suresh (Bobby) Supan 

Title: (CSM) Customer Service Manager

Arkie Caraballo
City of Riviera Beach
800 W Blue Heron Blvd
Riviera Beach FL 33404

<input type="checkbox"/> Satisfactory	DEP/DOH USE ONLY
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<input type="checkbox"/> Repeat Samples Required	
<input type="checkbox"/> Replacement Samples Required	
Date Reviewed by DEP/DOH: _____	
DEP/DOH Reviewing Official: _____	

¹ For Sample Types see Instructions Item I 16.

² For Analysis Methods see Instructions Item II 6.

³ Please circle appropriate selection.

⁴ Defined in Florida Administrative Code Rule 62-160, Table 1.

⁵ Complete for community & non-transient non-community systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.