

DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORTING FORMAT

(62-560.730 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>10-Dec-2019 17:15</u>
Analysis Date & Time: <u>10-Dec-2019 18:30</u>
Sample Acceptance Criteria:
Sample Preservation: <input checked="" type="checkbox"/> On Ice <input type="checkbox"/> Not On Ice <input checked="" type="checkbox"/> <u>2.40</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: 19L0445 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: 600 W Blue Heron Blvd Utility Special Dist

City: Riviera Beach FL 33404

PWS or PWS Owner's Phone #: (561) 845-3407

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: 12/10/19

To be completed by collector of sample					To be completed by lab					
Sample #	Sample Point Week 2 Riviera Beach, FL	Sample Collection Time	Sample Type	Disin- fectant Residual (mg/L)	pH	Analysis Method(s): Total Coliform/ <i>E. Coli</i> (PA) by Colilert in Water (SM9223B)				
						Non- Coliform	Total Coliform	Fecal <i>E. Coli</i> Enterococci or Coliphage3	Data Qualifier4	Lab Sample #
SS #23	1160 Ave N (Lincoln Elem)	10:37	D	/ 2.7		Absent	Absent	U	19L0445-01	
SS #24	1901 Ave S (Kennedy Middl)	10:17	D	/ 3.9		Absent	Absent	U	19L0445-02	
SS #17	7501 N. Military Tr (Fire Dept)(SS #17)	11:06	D	/ 2.2		Absent	Absent	U	19L0445-03	
SS #20	6000 Dyer Blvd (SS #20)	11:17	D	/ 0.9		Absent	Absent	U	19L0445-04	
#803	Water Well #803	11:24	R	/		Absent	Absent	U	19L0445-05	
#851	Water Well #851	11:30	R	/		Absent	Absent	U	19L0445-06	
#852	Water Well #852	11:34	R	/		Absent	Absent	U	19L0445-07	

Average of disinfectant residuals for distribution routine & repeat
Samples: 5 Free chlorine Total chlorine (circle one) / 2.4

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: 23-Dec-2019 12:28

Lab Signature: Suresh (Bobby) Supan

Title: (CSM) Customer Service Manager

Arkie Caraballo
City of Riviera Beach
600 W Blue Heron Blvd Utility Special Dis
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	DEP/DOH USE ONLY Date Reviewed by DEP/DOH: _____ DEP/DOH Reviewing Official: _____
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* For Sample Types see Instructions Item 1.16
* For Analysis Methods see Instructions Item 11.6
Please check appropriate selection.

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

Complies for community & non-community systems serving populations up to and including 4,900. Do not include raw tap point samples in the average.

DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORTING FORMAT

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Sample Acceptance Criteria: Sample Preservation: <input checked="" type="checkbox"/> On Ice <input type="checkbox"/> Not On Ice <input checked="" type="checkbox"/> 2.40 °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: 19L0445 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.**

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PWS Address: 600 W Blue Heron Blvd Utility Special Dist **City:** Riviera Beach **FL** **33404**

PWS or PWS Owner's Phone #: (561) 845-3407 **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: 12/10/19

To be completed by collector of sample						To be completed by lab				
Sample #	Sample Point Week 2 Riviera Beach, FL	Sample Collection Time	Sample Type	Disin- fectant Residual (mg/L)	pH	Analysis Method(s)2: Total Coliform/E.Coli (PA) by Colliert in Water (SM9223B)				
						Non- Coliform	Total Coliform	Fecal <u>E. Coli</u> Enterococci or Coliphage3	Data Qualifier4	Lab Sample #
#21	Water Well #21	12:00	R	/		Absent	Absent	Absent	U	19L0445-08
SS #21	600 Blue Heron Blvd (City Hall)	8:50	D	/ 3.5		Absent	Absent	Absent	U	19L0445-09
#16	Water Well #16	9:00	R	/		Absent	Absent	Absent	U	19L0445-10
#18	Water Well #18	8:56	R	/		Absent	Absent	Absent	U	19L0445-11
SS #13	1051 Pine Point (Singer Island)	9:17	D	/ 1.0		Absent	Absent	Absent	U	19L0445-12
SS #14	1111 Grand Bahama Ln.	9:31	D	/ 1.2		Absent	Absent	Absent	U	19L0445-13
SS #15	900 E. Blue Heron Blvd.	9:41	D	/ 0.9		Absent	Absent	Absent	U	19L0445-14

Average of disinfectant residuals for distribution routine & repeat Samples.5 Free chlorine or Total chlorine (circle one) / 1.6

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: 23-Dec-2019 12:28
Lab Signature: Suresh (Bobby) Supan 
Title: (CSM) Customer Service Manager

Arkie Caraballo
City of Riviera Beach
600 W Blue Heron Blvd Utility Special Dis
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	DEP/DOH USE ONLY Date Reviewed by DEP/DOH: _____ DEP/DOH Reviewing Official: _____
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For Sample Types see Instructions item 1.6.
For Analysis Methods see Instructions item 1.1.
Please circle appropriate selection.
Defined in Florida Administrative Code Rule 62-160, Table 1.
* Complete for community & non-transient non-community systems serving populations up to and including 4,900. Do not include raw or plain samples in the average.

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						Non- Coliform	Total Coliform	Fecal <i>E. Coli</i> , Enterococci or Coliphage3	Data Qualifier4	Lab Sample #
SS #16	274 E. Blue Heron Blvd	9:49	D	/ 4.0		Absent	Absent	U	19L0445-15	
SS #25	1337 W. 25th (SS #25)	10:00	D	/ 3.8		Absent	Absent	U	19L0445-16	
SS #26	1709 W 30th (Wash Elem)	10:08	D	/ 1.4		Absent	Absent	U	19L0445-17	
SS #18	4102 W. Blue Heron Blvd (SS #18)	10:52	D	/ 2.2		Absent	Absent	U	19L0445-18	
SS #19	2108 Bonisle Cir (SS #19)	11:00	D	/ 2.8		Absent	Absent	U	19L0445-19	
SS #22	1144 W 6th Street (SS #22)	10:29	D	/ 3.5		Absent	Absent	U	19L0445-20	

Average of disinfectant residuals for distribution routine & repeat Samples.5 Free chlorine Total chlorine (circle one) / 2.9

Disinfectant Residual Analysis Method:

- DPD Colorimetric Other: _____
Person performing disinfectant analysis is (see instructions on reverse):
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Date Report Issued: 23-Dec-2019 12:28
Lab Signature: Suresh (Bobby) Supan
Title: (CSM) Customer Service Manager

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600 W Blue Heron Blvd Utility Special Dis
Riviera Beach FL 33404

Satisfactory DEP/DOH USE ONLY
 Incomplete Collection Information
 Repeat Samples Required
 Replacement Samples Required
Date Reviewed by DEP/DOH: _____
DEP/DOH Reviewing Official: _____

1 For Sample Types see Instruction item 1.14.
2 For Analysis Methods see Instruction 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 plain samples in the average.