

DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORTING FORMAT

(62-559.730 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>18-Dec-2019 18:25</u>
Analysis Date & Time: <u>19-Dec-2019 9:40</u>
Sample Acceptance Criteria: Sample Preservation: <input checked="" type="checkbox"/> On Ice <input type="checkbox"/> Not On Ice <input checked="" type="checkbox"/> 4.20 °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: 19L0852 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 assessment) Raw (triggered or assessment) additional Well Survey
 Clearance Replacement (also check type of sample being replaced) Boil Water Notice Other: _____

Sample Collection Date: 12/18/19

To be completed by collector of sample						To be completed by lab				
Sample #	Sample Point Week 3 Riviera Beach, FL	Sample Collection Time	Sample Type	Disinfectant Residual (mg/L)	pH	Analysis Method(s): Total Coliform/E.Coli (PA) by Collitert in Water (SM9223B)				
						Non- Coliform	Total Coliform	Fecal, E.Coli, Enterococci or Coliphage3	Data Qualifier4	Lab Sample #
SS #39	5766 Parke Ave.	12:10	D	/ 0.7		Present	Absent			19L0852-01
SS #29	2660 Maniki Dr. (#29)	11:45	D	/ 0.9		Absent	Absent	U		19L0852-02
SS #28	6500 N. Military (Trvl Park)	11:35	D	/ 0.8		Absent	Absent	U		19L0852-03
SS #37	1501 Ave. U (Bethune Elem)	9:45	D	/ 3.5		Absent	Absent	U		19L0852-04
SS #30	2300 Barack Obama (BimboBaker)	10:00	D	/ 3.9		Absent	Absent	U		19L0852-05
#861	Water Well #861	11:50	R	/		Absent	Absent	U		19L0852-06
#862	Water Well #862	11:58	R	/		Absent	Absent	U		19L0852-07

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

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: 27-Dec-2019 12:59

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	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 Instruction's item 1.16.
² For Analysis Methods see Instruction's item 11.6.
³ Please circle appropriate selection.
⁴ Defined in Florida Administrative Code Rule 62-161, 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.

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"/> <u>4.20</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: 19L0852 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) Soil Water Notice Other: _____

Sample Collection Date: 12/18/19

To be completed by collector of sample						To be completed by lab				
Sample #	Sample Point Week 3 Riviera Beach, FL	Sample Collection Time	Sample Type	Disin- fectant Residual (mg/L)	pH	Analysis Method(s)2: Total Coliform/E. Coli (PA) by Colilert in Water (SM9223B)				
						Non- Coliform	Total Coliform	Fecal <u>E. Coli</u> Enterococci or Coliphage3	Data Qualifier4	Lab Sample #
#871	Water Well #871	12:27	R	/			Absent	Absent	U	19L0852-08
#921	Water Well #921	12:05	R	/			Absent	Absent	U	19L0852-09
#922	Water Well #922	12:15	R	/			Absent	Absent	U	19L0852-10
#961	Water Well #961	11:52	R	/			Absent	Absent	U	19L0852-11
SS #02	110 W. 23rd St.	8:28	D	/ 3.9			Absent	Absent	U	19L0852-12
SS #36	190 E. 13th St. (Riviera Event Ctr.)	8:51	D	/ 2.8			Absent	Absent	U	19L0852-13
SS #34	248 E 23rd St.	9:00	D	/ 2.2			Absent	Absent	U	19L0852-14

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

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: 27-Dec-2019 12:59

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	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 62-1601, 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

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Disinfectant Check: <input checked="" type="checkbox"/> Not Detected <input type="checkbox"/> _____ mg/L
This sample does not meet the following NELAC requirements:

Report Number: 19L0852 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 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: 12/18/19

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 #
SS #33	225 E. 28th St.	9:03	D	/ 4.0		Absent	Absent	U	19L0852-15	
SS #31	3721 Avenue P (SS#31)	10:13	D	/ 3.3		Absent	Absent	U	19L0852-16	
#2004	Water Well #2004	13:07	R	/		Absent	Absent	U	19L0852-17	
SS #27	7535 Enterprise Dr. (2 fat guys)	10:36	D	/ 3.6		Absent	Absent	U	19L0852-18	
SS #32	3300 Lake Shore Dr. (Coast Guard)	9:29	D	/ 3.5		Absent	Absent	U	19L0852-19	
SS #41	7305 N. Military Tr. (V.A. Hospital)	11:07	D	/ 2.0		Absent	Absent	U	19L0852-20	
SS #42	7305 N. Military Tr (VA Fischer House Bg4)	10:57	D	/ 1.6		Absent	Absent	U	19L0852-21	

Average of disinfectant residuals for distribution routine & repeat Samples.5 Free chlorine or Total chloring (circle one) / 3.0

Disinfectant Residual Analysis Method:
 DPD Colorimetric Other: _____
Person performing disinfectant analysis is (see instructions on reverse):
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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 Date Reviewed by DEP/DOH: _____ DEP/DOH Reviewing Official: _____	DEP/DOH USE ONLY
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* For Sample Types see Instructions item 1.6
 * For Analysis Methods see Instructions item 11.6
 * Please use 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 pit samples in the average.

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						Non-Coliform	Total Coliform	Fecal E.Coli, Enterococci or Coliphage3	Data Qualifier4	Lab Sample #
SS #38	4822 Caribbean Blvd. (SS#38)	12:40	D	/ 0.6		Absent	Absent	U	19L0852-22	
SS #40	5867 Cayman Cir. E. (SS#40)	12:36	D	/ 0.7		Absent	Absent	U	19L0852-23	

Average of disinfectant residuals for distribution routine & repeat samples. Free chlorine or Total chlorine (circle one) / 0.6

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

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Title: (CSM) Customer Service Manager

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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.
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