

DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORTING FORMAT

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



Capzer Pharmaceuticals
 3677 23rd Ave S. Suite A108
 Lake Worth, FL 33461
 Phone: 561-493-4000
 FL DOH Certificate# E861096-01

Lab Receipt Date & Time: 12/19/2024 5:54PM
 Analysis Date & Time: 12/19/24; 6:30P
Sample Acceptance Criteria:
 Sample Preservation: On Ice Not On Ice 34 °C
 Disinfectant Check: Not Detected _____ mg/L
 This sample does not meet the following NELAC requirements:

Report Number: COL-W24-250 Sub-Contract Lab ID: N/A

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 Utilities **PWS I.D.** 450-1229

PWS Address: 800 W. Blue Heron Blvd City: Riviera Beach

PWS or PWS Owner's Phone #: (561) 845-4187 Fax #: (561) 840-7292

Collector: S. Tyler Collector's Phone #: 904-870-5854

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: 12-19-2024 **VENDOR#** 44-A

To be completed by collector of sample						To be completed by lab				
Sample #	Sample Point (Location or Specific Address)	Sample Collection Time	Sample Type ¹	Disinfectant Residual (mg/L)	pH	Analysis Method(s) ² :				
						Non-Coliform	Total Coliform	Fecal, <i>E. coli</i> , Enterococci, or Coliphage ³	Data Qualifier ⁴	Lab Sample #
1	1317 33rd St.	15:30	S	3.6	8.09		A	A		CPZ-W24-3633
2	1480 32nd St.	15:45	S	3.8	7.94		A	A		CPZ-W24-3634
										CPZ-W24-
										CPZ-W24-
										CPZ-W24-
										CPZ-W24-
										CPZ-W24-

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 (# A-0012448)
 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: N/A
 Date and time DEP/DOH notified by lab of positive results: N/A
 Date Report Issued: 12/20/24
Lab Signature: [Signature]
Title: Project Manager

CLIENT:
 City Of Riviera Beach Utilities
 800 W. Blue Heron Blvd.
 Riviera Beach, FL 33404

DEP/DOH USE ONLY
 Satisfactory
 Incomplete Collection Information
 Repeat Samples Required
 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.
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 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: 12-18-2024

VENDOR# 44-A

To be completed by collector of sample						To be completed by lab				
Sample #	Sample Point (Location or Specific Address)	Sample Collection Time	Sample Type ¹	Disinfectant Residual (mg/L)	pH	Analysis Method(s) ² : Colilert-18				
						Non-Coliform	Total Coliform	Fecal, <i>E. coli</i> , Enterococci, or Coliphage ³	Data Qualifier ⁴	Lab Sample #
1	1317 33rd St.	17:40	S	3.5	8.11		A	A		CPZ-W24-3625
2	1480 32nd St.	17:50	S	3.8	7.99		A	A		CPZ-W24-3636
										CPZ-W24-
										CPZ-W24-
										CPZ-W24-
										CPZ-W24-
										CPZ-W24-

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

Disinfectant Residual Analysis Method:

DPD Colorimetric Other: _____

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

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 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: NIA

Date Report Issued: 12/20/24

Lab Signature: [Signature]

Title: Project Manager

CLIENT:

City Of Riviera Beach Utilities
 800 W. Blue Heron Blvd.
 Riviera Beach, FL 33404

DEP/DOH USE ONLY

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