



**DRINKING WATER BACTERIOLOGICAL SAMPLE FORM**  
**COLLECTION AND LABORATORY REPORTING FORMAT**

62-550.730 Reporting Format - Effective 01/95, Revised 02/2014



**Florida Department of Health in Columbia County**

Courthouse Annex  
 135 NE Hernando Street  
 Mail: 217 NE Franklin Street  
 Lake City, Florida 32055  
 386-758-1058

Lab ID #22787

Sub-Contract Lab ID: \_\_\_\_\_ Report Number: \_\_\_\_\_

**Analysis Requested:** (please check all that apply)

Total Coliform/E. coli  Other: \_\_\_\_\_

**System Name:** Ryan Fout

**Mailing Address:** 24494 65th Rd.

**City & Zip:** O'Brien, 32071

**Collector:** Ryan Fout

SS

Lab Receipt Date & Time: 2/19/26 3:45 PM  
 Analysis Date & Time: 2-19-26 4:15 PM  
**Sample Acceptance Criteria:**  
 Sample Preservation  On Ice  Not On Ice  10.1 °C  
 Disinfectant Check  Not Detected  \_\_\_\_\_ mg/L  
 This sample may not meet NELAC requirements.  
 Please see attached for further details.

PWS I.D.

System or Owner's Phone #: (386) 855-0439

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

Collector's Phone #: (386) 855-0439

**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 \_\_\_\_\_

Lab use	To be completed by collector of sample						To be completed by lab					
	Sample Number	Sample Point (Well, Kitchen Sink, etc. Include address if different from mailing above)	Collection Date (m/d/yy)	Collection Time am / pm 24hr	Sample Type <sup>1</sup>	Disinfect Res'd (mg/L)	pH	Total Coliform / E. coli Analysis Method <input checked="" type="checkbox"/> SM9223B (Coliort-18) <input type="checkbox"/> Colisure	Incubator #	Total Coliform	E. coli	Data Qualifier <sup>2</sup>
	12	Well	2/18/26	2:00				6	A	A		260232

Average of disinfectant residuals for routine and repeat samples<sup>3</sup>: \_\_\_\_\_ mg/L  
 Free Chlorine  Total Chlorine

**Disinfectant Residual Analysis Method:**  
 DPD Colorimetric  Other: \_\_\_\_\_

**Person performing analysis is (Please see instructions on reverse):**  
 A certified operator (# \_\_\_\_\_)  
 Supervised by a cert operator (# \_\_\_\_\_)  
 Employed by a certified lab  
 Authorized representative of supplier of water  
 Employed by DEP/DOH

Unless otherwise noted, all tests are performed in accordance with NELAC standards.  
 Results only relate to samples tested

**Results:** A = coliforms are absent  
 P = coliforms are present  
 N/R = not reportable

Date/time PWS notified by lab of positive results: \_\_\_\_\_  
 Date/time State notified by lab of positive results: \_\_\_\_\_

Lab Signature: Sallie Ford  
 Title: ELH Director  
 Date report issued: 2-19-26

**Name and Mailing Address of Person to Receive Report**  
 Mail  Fax  Customer Pickup  Email  
tyler@Portaserve.Com

DEP/DOH USE ONLY

Satisfactory  
 Incomplete Collection Information  
 Repeat Samples Required<sup>4</sup>  
 Replacement Samples Required<sup>4</sup>

Date Reviewed by DOH: 2-19-26  
 DOH Reviewing Official: Sford

1. D = Distribution (routine compliance), C = Repeat/Check, R = Raw, N = Entry Point to Distribution, P = Plumb Tap, S = Special (clearance, etc.)  
 2. Defined in Florida Administrative Code Rule 62-160, Table I.  
 3. 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.  
 4. Required only if subject to government regulation