Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format

PUBLIC WATER SYSTEM INFORMATION (to be completed by sampler – Please type or print legibly)

System Name: _____ PWS I.D. #: ☐☐☐☐☐☐☐

System Type (check one): ☐Community ☐Nontransient Noncommunity ☐Transient Noncommunity

Address: _____

_____

City: _____ State: _____ ZIP Code: _____

Phone #: _____ Fax #: _____

E-Mail Address: _____

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: _____ Location Code (if known): _____

Sample Date: _____ Sample Time: _____ AM PM (Circle One)

Sample Location (be specific): _____

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): _____ mg/L Field pH: _____

Sample Type (Check Only One)

☐Distribution
☐Entry Point (to Distribution)
☐Plant Tap (not for compliance with 62-550)
☐Raw (at well or intake)
☐Max Residence Time
☐Ave Residence Time
☐Near First Customer

Reason(s) for Sample (Check all that apply)

☐Routine Compliance (with 62-550)
☐Confirmation of MCL Exceedance*
☐Composite of Multiple Sites**
☐Clearance (permitting)
☐Other: _____

☐Quarterly (Which Quarter? _____)
☐Special (not for compliance with 62-550)
☐Violation Resolution
☐Replacement (of Invalidated Sample)

Sampling Procedure Used or Other Comments: _____

*See 62-550.500(6) for requirements and restrictions.
NOTE: See 62-550.512(3) for additional requirements for nitrate or nitrite MCL exceedances.

**See 62-550.550(4) for requirements and attach a results page for each site.

Sampler's Name: _____

Sampler's Phone #: _____ Sampler's Fax #: _____

Sampler's E-Mail Address: _____

CERTIFICATION (to be completed by sampler)

I, _____ (Print Name), _____ (Print Title),

do HEREBY CERTIFY that the above public water system and sample collection information is complete and correct.

Signature: _____ Date: _____