

DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORTING FORMAT
(62-550.730 Reporting Format Effective 01/1995, Revised 02/2010)

Eurofins Environment Testing Southeast

8021 -6 Philips Hwy
Jacksonville, FL 32256
TEL: 904.296.3007
Florida Cert# E82277

Report Number: 762-8893 Sub-Contracted Lab ID: _____

Analysis Requested: (check all that apply)

Total Coliform/E. coli Total Coliform/Fecal Enterococci Coliphage HPC Other: _____

Public Water System (PWS) Name: PALATKA WTS PWS ID: 2544260

PWS Address: 320 N. MOODY ROAD City: PALATKA

PWS or PWS Owner's Phone #: 386-329-0144 Fax #: _____

Collector: SHAWN BRUNEAU Collector's Phone#: 860-230-6497

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 only one)

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: 3/25/26

Lab Receipt Date & Time: 3/25/26 1245
Analysis Date & Time: 3/25/26 1421
Sample Acceptance Criteria:
Sample Preservation On Ice Not on Ice 1.9 °C F-096
Disinfectant Check Not Detected _____ mg/L
This sample does not meet the following NELAC requirements:

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 : SM 9223B				
						Non-Coliform	Total Coliform	Fecal, E. coli, or Coliphage ³	Data Qualifier ⁴	Lab Sample #
PAL-19	Kay larkin airport	6:45am	D	.62		A	A			762-8893-8 -9 -10 -11 -12
PAL-20	Madison & 23rd	7:15am	D	.54		A	A			
PAL-21	Winn-Dixie (Florida Ave)	7am	D	.64		A	A			
PAL-22	Moseley & Edgemore	7:45am	D	.65		A	A			
PAL-23	Ross circle	7:30am	D	.59		A	A			

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 (# 0029801)
 Supervised by a cert 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: _____

Lab Signature: Shawn Bruneau

Title: Manager

City of Palatka WTP
Project#76200343

Shawn Bruneau
320 N Moody Rd.
City of Palatka, FL 32177
sbruneau@palatka-fl.gov

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 Instructions Item 1.10.
² For Analysis Methods see Instructions Item 1.11.
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 4,800. Do not include raw or plant samples in the average.

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WBN

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						Non-Coliform	Total Coliform	Fecal E. coli, Enterococci, or Coliphage ³	Data Qualifier ⁴	Lab Sample #
PAL-24	SJWMD	8am	D	.72						
PAL-25	JAMES A. LONG E.S.	8:15am	D	.61						
PAL-26	DAVITA DIALYSIS (ZEAGLER DRIVE)	8:45am	D	.60						
PAL-27	DELLWOOD & CEDAR AVE.	8:30am	D	.52						
PAL-28	DIANA & CLEVELAND AVE.	9AM	D	.53						

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Date and time PWS notified by lab of positive results: _____
Date and time DEP/DOH notified by lab of positive results: _____
Date Report Issued: _____
Lab Signature: [Signature]
Title: Manager

City of Palatka WTP
Project#76200343

Shawn Bruneau
320 N Moody Rd.
City of Palatka, FL 32177
sbruneau@palatka-fl.gov

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 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 1.18.
² For Analysis Methods see instructions item 11.8.
³ Please circle appropriate selection.
⁴ Defined in Florida Administrative Code Rule 62-180, Table 1.
⁵ Complete for community & non-transient non-community systems serving populations up to and including 4,800. Do not include raw or plant samples in the average.