

DRINKING WATER MICROBIAL SAMPLE COLLECTION
& LABORATORY REPORT FORMAT
(62-550.730 Reporting Format Effective 01/95, Revised 02/2010)



571 NW Mercantile Place, Suite 111, Port St. Lucie FL 34986
Phone: 772-343-8006 Fax: 772-343-8089

FLDOH Lab Certification #E86562

Report Number: 408161 Subcontract Lab ID: _____

Analysis Requested: (check all that apply then circle appropriate selection below)

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

12F2

Lab Receipt Date & Time: Kn 7/30 1520
Analysis Date & Time: 7/30/19 4:25P
Sample Acceptance Criteria:
Sample Preservation: On Ice Not On Ice 2.9°C
Disinfectant Check: Not Detected _____ mg/L
This sample does not meet the following NELAC requirements:

Public Water System (PWS) Name: City of Cocoa PWS I.D.# 3050223
PWS Address 351 Shearer Blvd. City Cocoa
PWS or PWS Owner's Phone # 321-639-7670 Fax # 321-723-1205
Collector: B. Mico/ Aquatest Services, Inc. Collector's Phone # 321-728-5789

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) **Rockledge High School, 220 Raider Road, Rockledge (page 1 of 2)**

- 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: 07/30/19 A = Absent, P = Present, C = Confluent Growth, TNTC = Too Numerous To Count

To be completed by collector of sample						To be completed by lab				
Sample Number	Sample Point (Location or Specific Address)	Collection Time	Sample Type ¹	Disinfect Res'd (mg/L)	pH	Method: <input checked="" type="checkbox"/> Coliert18				
						Non Coliform	Total Coliform	Fecal, E. coli Enterococci	Q ¹	Lab Sample#
19077-1	S.P. #1 Room 16-051	0930	S	0.4		A	A			DW1
19077-2	S.P. #2 Rm 17-049, Water Fountain	0937	S	0.4		A	A			DW2
19077-3	S.P. #3 Room 15-101	0941	S	0.4		A	A			DW3
19077-4	S.P. #4 Rm 12-121, Water Fountain	1000	S	0.4		A	A			DW4
19077-5	S.P. #5 Kitchen	1007	S	0.4		A	A			DW5

Average of disinfectant residuals for distribution routine and repeat samples⁵:

⁵Complete for community and non-transient non-community systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.

Free chlorine or Total chlorine (circle one).

Disinfectant Residual Analysis Method: DPD Colorimetric Other: _____
Person performing disinfectant analysis is: Employed by DEP or DOH
 A certified operator # _____ Employed by a certified lab
 Supervised by cert operator # _____ Authorized representative of water supplier

Unless otherwise noted, all tests are performed in accordance with NELAC standards, and the results relate only to the samples.

Date & time PWS notified by lab of positive results: _____

Date & time DEP/DOH notified by lab of positive results: _____

Date Report Issued: _____

Lab Signature: _____

Title: Technical Director or Lab Designee

Name and Mailing Address of Person to Receive Report

Aquatest Services, Inc.
597 Chippewa Avenue NE
Palm Bay, Florida 32907

DEP/DOH USE ONLY

- Satisfactory
 Incomplete Collection Information
 Repeat Samples Required
 Replacement Samples Required

Date Reviewed by DEP/DOH: _____

DEP/DOH Reviewing Official: _____

¹DEP Sample Type Codes: D = Distribution (Routine Compliance); C = Repeat or Check; R = Raw; N = Entry to Distribution; P = Plant Tap; S = Special (clearance, etc.)

⁵Defined in Florida Administrative Code Rule 62-160, Table 1C:\Users\Aquatest\Documents\Aquatest Services\Brevard County Schools\Rockledge High School, 220 Raider Road page 1 of 2.doc

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& LABORATORY REPORT FORMAT**

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FLDOH Lab Certification #E86562

Report Number: 408161 Subcontract Lab ID: _____

Analysis Requested: (check all that apply then circle appropriate selection below)
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 Coliphage HPC Other: _____

20F2

Lab Receipt Date & Time: 7/30 1500
 Analysis Date & Time: 7-30-19 4:25P
 Sample Acceptance Criteria:
 Sample Preservation: On Ice Not On Ice 2.9.C
 Disinfectant Check: Not Detected _____ mg/L
 This sample does not meet the following NELAC requirements:

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PWS Address 351 Shearer Blvd. **City** Cocoa
PWS or PWS Owner's Phone # 321-639-7670 **Fax #** 321-723-1205
Collector: B. Mico/ Aquatest Services, Inc. **Collector's Phone #** 321-728-5789

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) Rockledge High School, 220 Raider Road, Rockledge (page 2 of 2)
 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: 07/30/19 **A = Absent, P = Present, C = Confluent Growth, TNTC = Too Numerous To Count**

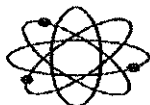
To be completed by collector of sample						To be completed by lab				
Sample Number	Sample Point (Location or Specific Address)	Collection Time	Sample Type ¹	Disinfect Res'd (mg/L)	pH	Method: <input checked="" type="checkbox"/> Colilert18				
						Non Coliform	Total Coliform	Fecal, E. coli Enterococci	Q ¹	Lab Sample#
19077-6	S.P. #6 Room 1-112	1015	S	0.4			A#			DW6

Average of disinfectant residuals for distribution routine and repeat samples²:
²Complete for community and non-transient non-community systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.
 Free chlorine of Total chlorine (circle one).
 Disinfectant Residual Analysis Method: DPD Colorimetric Other: _____
 Person performing disinfectant analysis is: Employed by DEP or DOH
 A certified operator # _____ Employed by a certified lab
 Supervised by cert operator # _____ Authorized representative of water supplier

Unless otherwise noted, all tests are performed in accordance with NELAC standards, and the results relate only to the samples.
 Date & time PWS notified by lab of positive results: _____
 Date & time DEP/DOH notified by lab of positive results: _____
 Date Report Issued: _____

Name and Mailing Address of Person to Receive Report
Aquatest Services, Inc.
597 Chippewa Avenue NE
Palm Bay, Florida 32907

Lab Signature: _____
 Title: Technical Director or Lab Designee
DEP/DOH USE ONLY
 Satisfactory
 Incomplete Collection Information
 Repeat Samples Required
 Replacement Samples Required
 Date Reviewed by DEP/DOH: _____
 DEP/DOH Reviewing Official: _____



FLOWERS CHEMICAL LABORATORIES INC.

P.O. Box 150597, Altamonte Springs, FL 32715-0597
571 NW Mercantile Pl. Suite 111, Port St. Lucie, FL 34986
812 SW Harvey Green Dr, Madison, FL 32340
3980 Overseas Hwy, Suite 103, Marathon, FL 33050

Phone: 407-339-5984 E83018 (Main Lab)
Phone: 772-343-8006 E86562 (South Lab)
Phone: 850-973-6878 E82405 (North Lab)
Phone: 305-743-8598 E35834 (Keys Lab)

Aquatest Services, Inc.
597 Chippewa Avenue NE
Palm Bay, FL 32907

PO #: n/a
Client Project #: Rockledge High School
Date Sampled: Jul 30, 2019
Aug 5, 2019; Invoice: 407997

Report Summary

Date Received: Jul 30, 2019

FCL Project Manager: William J. Rogers

Laboratory #	Sample Description	Analysis	Chemist	Location	Sample Matrix
407997DW1	Rm 16-051	EPA200.7	EVB	Main Lab	Drinking Water
		EPA200.8	EVB	Main Lab	
407997DW2	Rm 17-049 Water Fountain	EPA200.7	EVB	Main Lab	Drinking Water
		EPA200.8	EVB	Main Lab	
407997DW3	Rm 15-101	EPA200.7	EVB	Main Lab	Drinking Water
		EPA200.8	EVB	Main Lab	
407997DW4	Rm 12-121 Water Fountain	EPA200.7	EVB	Main Lab	Drinking Water
		EPA200.8	EVB	Main Lab	
407997DW5	Kitchen	EPA200.7	EVB	Main Lab	Drinking Water
		EPA200.8	EVB	Main Lab	
407997DW6	Rm 1-112	EPA200.7	EVB	Main Lab	Drinking Water
		EPA200.8	EVB	Main Lab	

Certificate of Results

Sample integrity was certified prior to analysis. Test results meet all requirements of the NELAP Standards except as noted in the Quality Control Report. Uncertainties for these data are available on request. This report may not be reproduced in part; results relate only to items tested.



Jefferson S. Flowers, Ph.D.
President/Technical Director



FLOWERS CHEMICAL LABORATORIES INC.

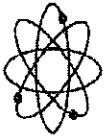
P.O. Box 130587, Altamonte Springs, FL 32715-0597 Phone: 407-359-5984 E83018 (Main Lab)
 571 NW Mercantile Pl, Suite 111, Port St. Lucie, FL 34986 Phone: 772-343-8006 E86562 (South Lab)
 812 SW Farvey Green Dr, Madison, FL 32340 Phone: 850-973-6878 E82405 (North Lab)
 3980 Overseas Hwy, Suite 103, Marathon, FL 33050 Phone: 305-743-8598 E35834 (Keys Lab)

Aquatest Services, Inc.
 597 Chippewa Avenue NE
 Palm Bay, FL 32907

PO #: n/a
 Client Project #: Rockledge High School
 Date Sampled: Jul 30, 2019
 Aug 5, 2019; Invoice: 407997

Analysis Report

Lab #:	Sampled:	Desc:	Result	Units	DF	MDL	PQL	QC Batch	Method	CAS #	Analyzed
407997DW1	07/30/19 09:30 AM	Rm 16-051									
Parameter											
Copper			0.0548	mg/L	1.00	0.00100	0.00200	10410324	EPA200.8	7440-50-8	08/01/19
Lead			0.00100	U	1.00	0.00100	0.00200	10410324	EPA200.8	7439-92-1	08/01/19
Iron			0.329	mg/L	1.00	0.0100	0.0200	10410358	EPA200.7	7439-89-6	08/01/19
407997DW2	07/30/19 09:37 AM	Rm 17-049 Water Fountain									
Parameter											
Copper			0.0691	mg/L	1.00	0.00100	0.00200	10410324	EPA200.8	7440-50-8	08/01/19
Lead			0.00100	U	1.00	0.00100	0.00200	10410324	EPA200.8	7439-92-1	08/01/19
Iron			0.318	mg/L	1.00	0.0100	0.0200	10410358	EPA200.7	7439-89-6	08/01/19
407997DW3	07/30/19 09:41 AM	Rm 15-101									
Parameter											
Copper			0.0483	mg/L	1.00	0.00100	0.00200	10410324	EPA200.8	7440-50-8	08/01/19
Lead			0.00100	U	1.00	0.00100	0.00200	10410324	EPA200.8	7439-92-1	08/01/19
Iron			0.522	mg/L	1.00	0.0100	0.0200	10410358	EPA200.7	7439-89-6	08/01/19
407997DW4	07/30/19 10:00 AM	Rm 12-121 Water Fountain									
Parameter											
Copper			0.175	mg/L	1.00	0.00100	0.00200	10410325	EPA200.8	7440-50-8	08/01/19
Lead			0.00100	U	1.00	0.00100	0.00200	10410325	EPA200.8	7439-92-1	08/01/19
Iron			0.728	mg/L	1.00	0.0100	0.0200	10410358	EPA200.7	7439-89-6	08/01/19
407997DW5	07/30/19 10:07 AM	Kitchen									
Parameter											
Copper			0.162	mg/L	1.00	0.00100	0.00200	10410325	EPA200.8	7440-50-8	08/01/19
Lead			0.00100	U	1.00	0.00100	0.00200	10410325	EPA200.8	7439-92-1	08/01/19
Iron			0.430	mg/L	1.00	0.0100	0.0200	10410358	EPA200.7	7439-89-6	08/01/19



FLOWERS CHEMICAL LABORATORIES INC.

P.O. Box 150597, Altamonte Springs, FL 32715-0597 Phone: 407-339-5984 E83018 (Main Lab)
571 NW Mercantile Pl, Suite 111, Port St. Lucie, FL 34986 Phone: 772-343-8006 E80562 (South Lab)
812 SW Harvey Green Dr, Madison, FL 37547 Phone: 850-973-6878 E82405 (North Lab)
3980 Overseas Hwy, Suite 103, Marathon, FL 33050 Phone: 305-743-8598 E35834 (Keys Lab)

Aquatest Services, Inc.
597 Chippewa Avenue NE
Palm Bay, FL 32907

PO #: n/a
Client Project #: Rockledge High School
Date Sampled: Jul 30, 2019
Aug 5, 2019; Invoice: 407997

Lab #: 407997DW6 Sampled: 07/30/19 10:15 AM Desc: Rm 1-112
Parameter Result Units DF MDL PQL QC Batch Method CAS # Analyzed
Copper 0.0185 mg/L 1.00 0.00100 0.00200 10410325 EPA200.8 7440-50-8 08/01/19
Lead 0.00100 U mg/L 1.00 0.00100 0.00200 10410325 EPA200.8 7439-92-1 08/01/19
Iron 1.08 mg/L 1.00 0.0100 0.0200 10410358 EPA200.7 7439-89-6 08/01/19



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 812 SW Harvey Green Dr, Madison, FL 32340 Phone: 850-973-6878 E82405 (North Lab)
 3980 Overseas Hwy, Suite 103, Marathon, FL 33050 Phone: 305-743-8598 E35834 (Keys Lab)

Aquatest Services, Inc.
 597 Chippewa Avenue NE
 Palm Bay, FL 32907

PO #: n/a
 Client Project #: Rockledge High School
 Date Sampled: Jul 30, 2019
 Aug 5, 2019; Invoice: 407997

Quality Report

Quality Control Batch: 10410324

Analyst: EVB

Result	Units
0.00100U	mg/L
0.00100U	mg/L

Laboratory Control Sample

Result	Units	Spike	%REC	%REC Lim
0.111	mg/L	0.100	111.30	80.00-120.00
0.101	mg/L	0.100	101.10	80.00-120.00

Matrix Spike

Result	Units	Spike	%REC	%REC Lim	Sample	Lab Number
0.176	mg/L	0.150	111.87	80.00-120.00	0.00810	408074DW1
0.164	mg/L	0.150	109.13	80.00-120.00	0.00100U	408074DW1

Matrix Spike Duplicate

Result	Units	Spike	%REC	%REC Lim	Sample	RPD	RPD Lim
0.166	mg/L	0.150	105.07	80.00-120.00	0.00810	5.97	20.00
0.153	mg/L	0.150	102.13	80.00-120.00	0.00100U	6.63	20.00

Quality Control Batch: 10410325

Analyst: EVB

Result	Units
0.00100U	mg/L
0.00100U	mg/L

Laboratory Control Sample

Result	Units	Spike	%REC	%REC Lim
0.101	mg/L	0.100	100.50	80.00-120.00
0.0950	mg/L	0.100	95.00	80.00-120.00

Matrix Spike

Result	Units	Spike	%REC	%REC Lim	Sample	Lab Number
0.311	mg/L	0.150	90.53	80.00-120.00	0.175	407997DW4
0.135	mg/L	0.150	89.73	80.00-120.00	0.00100U	407997DW4



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 817 SW Harvey Green Dr, Madison, FL 32340 Phone: 850-973-6878 E82405 (North Lab)
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Aquatest Services, Inc.
 597 Chippewa Avenue NE
 Palm Bay, FL 32907

PO #: n/a
 Client Project #: Rockledge High School
 Date Sampled: Jul 30, 2019
 Aug 5, 2019; Invoice: 407997

Quality Control Batch:	Analyst:	Result	Units	Spike	%REC	%REC Lim	Sample	RPD	RPD Lim
Matrix Spike Duplicate	EVB	0.307	mg/L	0.150	88.27	80.00-120.00	0.175	1.10	20.00
Copper		0.139	mg/L	0.150	92.73	80.00-120.00	0.00100U	3.29	20.00
Lead									
Quality Control Batch:	Analyst:	Result	Units	Spike <th>%REC</th> <th>%REC Lim</th> <th>Sample</th> <th>RPD</th> <th>RPD Lim</th>	%REC	%REC Lim	Sample	RPD	RPD Lim
Blank	EVB	0.0100U	mg/L	5.00	106.52	80.00-120.00			
Iron		5.33	mg/L	5.00	99.72	80.00-120.00			
Laboratory Control Sample		5.31	mg/L	5.00	101.48	80.00-120.00			
Matrix Spike		5.40	mg/L	5.00					
Iron									
Matrix Spike Duplicate									
Iron									

Lab Number
407997DW1

Check Box That Applies To Your Location

Flowers Chemical Laboratories, Inc.

481 Newburyport Ave.
Altamonte Springs, FL 32701
Bus: 407-339-5984
Fax: 407-260-6110

Flowers Chemical Labs-South

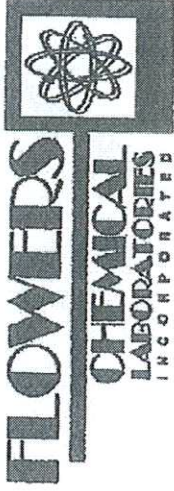
West Park Industrial Plaza
571 N.W. Mercantile Pl., Ste. 111
Port St. Lucie, FL 34986
Bus: 772-343-8006
Fax: 772-343-8089

Flowers Chemical Labs-North

812 S.W. Harvey Greene Dr.
Madison, FL 32340
Bus: 850-973-6878
Fax: 850-973-6878

Flowers Chemical Labs-Keys

3980 Overseas Highway, Ste. 103
Marathon, FL 33060
Bus: 305-743-8598
Fax: 305-743-8598



DOWNLOAD REPORTS, INVOICES AND CHAINS OF CUSTODY www.flowerslabs.com

Client: Aguatest Services P.O.# _____
 Address: _____
 Project Name: Rockledge High School
 Client Contact: 230 Raider Road FAX: _____
 FCL Project Manager: Rockledge E-MAIL: _____

Phone: 321-728-5789
 Requested Due Date: _____ OR _____
 Rush Charges May Apply
 Sampler Signature: B. Mico Vehicle Surcharge \$ _____
 Date Sampled: 7-30-19 Pick-Up Fee \$ _____
 Sampling Fee \$ _____

ITEM NO.	SAMPLE ID	DATE	TIME	MATRIX	LAB USE ONLY LAB NO.	PRESERVATIVES			ANALYSES REQUEST	VEHICLE SURCHARGE \$	PICK-UP FEE \$	RUSH CHARGES MAY APPLY \$	COMMENTS
						NON	NO ₂	NO ₃					
1	Room 16-051	7/30	0930	DW	407997DW				Lead/Cu				19077
2	Rm 17-049 Water fountain	"	0937	"	Dwa								0.4
3	Room 15-101	"	0941	"	Dw3								0.4
4	Rm 12-121 Water fountain	"	1000	"	Dw4								0.4
5	Kitchen	"	1007	"	Dw5								0.4
6	Room 1-112	"	1015	"	Dw6								0.4
7													
8													
9													
10													

Relinquished By / Affiliation	Date	Time	Accepted By / Affiliation	Date	Time	Relinquished By / Affiliation	Date	Time	Accepted By / Affiliation	Date	Time
				7/30	1515		7/31	1530	JRK	8/1	11:00

FINANCE CHARGES APPLIED TO PAST DUE INVOICES

• WHITE - Lab Copy - To Be Scanned • YELLOW - Client Copy 8.00 Rev 04-08

From File
Rockledge High School
Drinking Water Data

REPORT OF LABORATORY ANALYSIS



CORRECTED COPY

Brevard County Public Schools
2700 St. Johns St.
Melbourne, FL 32940-6699

Date: 10/21/92

Date Collected: 10/9/92

Time Collected: N.D.

Attn: Mr. Richard Smith

Date Received: 10/13/92

Parameter: Lead

Time Received: 1600 Hrs

SAMPLE IDENTIFICATION: Rockledge

LAB ID #	SAMPLE ID	RESULTS	METHOD
----------	-----------	---------	--------

10-165	1011 0001	0.008 mg/l	239.2
10-166	1011 0002	<0.005 mg/l	239.2
10-167	1011 0003	<0.005 mg/l	239.2
10-168	1011 0004	<0.005 mg/l	239.2

Reviewed by:

Wayne P. Verneychuk
Laboratory Director

HRS #84340 & E84217
DER CompQA #900350G



REPORT OF LABORATORY ANALYSIS

Brevard County Public Schools
2700 St. Johns St.
Melbourne, FL 32940-6699

Date: 10/21/92

Date Collected 10/9/92
Time Collected N.D.

Attn: Mr. Richard Smith

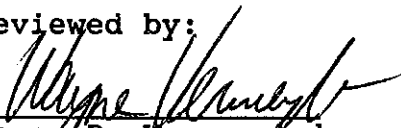
Date Received: 10/13/92
Time Received: 1600 Hrs

Parameter: Copper

SAMPLE IDENTIFICATION: Rockledge

LAB ID #	SAMPLE ID	RESULTS	METHOD
10-165	1011 0001	0.228 mg/l	220.1
10-166	1011 0002	0.246 mg/l	220.1
10-167	1011 0003	0.165 mg/l	220.1
10-168	1011 0004	0.119 mg/l	220.1

Reviewed by:


Wayne P. Vermeychuk
Laboratory Director

RECEIVED
OCT 26 1992
GEOS INC
TAMPA, FL 33610

HRS #84340 & E84217
DER CompQA #900350G



REPORT OF LABORATORY ANALYSIS

Brevard County Public Schools
2700 St. Johns St.
Melbourne, FL 32940-6699

Date: 10/21/92

Date Collected 10/9/92
Time Collected N.D.

Attn: Mr. Richard Smith

Date Received: 10/13/92
Time Received: 1600 Hrs

Parameter: Lead

SAMPLE IDENTIFICATION: Rockledge

LAB ID #	SAMPLE ID	RESULTS	METHOD
10-165	1011 0001	0.008 mg/l	239.1
10-166	1011 0002	<0.005 mg/l	239.1
10-167	1011 0003	<0.005 mg/l	239.1
10-168	1011 0004	<0.005 mg/l	239.1

Reviewed by:

Wayne P. Vermeychuk
Wayne P. Vermeychuk
Laboratory Director

NO ACCEPTABLE
OCT 26 1992
GEOB INC

HRS #84340 & E84217
DER CompQA #900350G