

DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORT FORMAT

(62-550.730 Reporting Format Effective 01/95, Revised 02/2016)



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: 408145 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: _____

1 of 2

Lab Receipt Date & Time: 7/30/19 15:00
Analysis Date & Time: 7-30-19 4:28P
Sample Acceptance Criteria:
Sample Preservation: On Ice Not On Ice 2.5 °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) Golfview Elementary School, 1530 S. Fiske Blvd., 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: 07/29/19 **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"/> Coliort18	Non Coliform	Total Coliform	Fecal, E. coli Enterococci	Q ¹	Lab Sample#
19074-1	S.P. #1 Classroom 512	1425	S	1.8			A	A	A		DW1
19074-2	S.P. #2 Classroom 402	1438	S	1.8			A	A	A		DW2
19074-3	S.P. #3 Water Fountain 306	1440	S	1.4			A	A	A		DW3
19074-4	S.P. #4 Water Fountain 900	1445	S	1.6			A	A	A		DW4
19074-5	S.P. #5 Kitchen	1450	S	1.6			A	A	A		DW5

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: _____

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.)

DRINKING WATER MICROBIAL SAMPLE COLLECTION
& LABORATORY REPORT FORMAT

(62-550,730 Reporting Format Effective 01/95, Revised 02/2010)

FLOWERS

**CHEMICAL
LABORATORIES
INCORPORATED**



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: 408145 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: _____

2 of 2

Lab Receipt Date & Time: Kn 7/30 1520
Analysis Date & Time: 7/30/19 4:28P
Sample Acceptance Criteria:
Sample Preservation: On Ice Not On Ice 29°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) Golfview Elementary School, 1530 S. Fiske Blvd., 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: 07/29/19

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 ²	Lab Sample#
19074-6	S.P. #6 Clinic	1455	S	1.6				<u>A</u>	<u>A</u>		<u>DW6</u>

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: _____

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

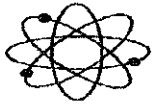
DEP/DOH USE ONLY

- 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.)



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 #: Golfview Elementary School
Date Sampled: Jul 29, 2019
Aug 5, 2019; Invoice: 407998

Report Summary

Date Received: Jul 31, 2019

FCL Project Manager: William J. Rogers

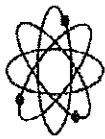
Laboratory #	Sample Description	Analysis	Chemist	Location	Sample Matrix
407998DW1	Classroom 512	EPA200.7 EPA200.8	EVB EVB	Main Lab Main Lab	Drinking Water
407998DW2	Classroom 402	EPA200.7 EPA200.8	EVB EVB	Main Lab Main Lab	Drinking Water
407998DW3	Water Fountain 306	EPA200.7 EPA200.8	EVB EVB	Main Lab Main Lab	Drinking Water
407998DW4	Water Fountain #900	EPA200.7 EPA200.8	EVB EVB	Main Lab Main Lab	Drinking Water
407998DW5	Kitchen	EPA200.7 EPA200.8	EVB EVB	Main Lab Main Lab	Drinking Water
407998DW6	Clinic	EPA200.7 EPA200.8	EVB EVB	Main Lab Main Lab	Drinking Water

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 150597, Altamonte Springs, FL 32715-0597 Phone: 407-339-5984 E83018 (Main Lab)
 571 NW Mercantile Pl, Suite 111, Part 5t, Luchie, FL 34086 Phone: 772-343-8006 E80362 (South Lab)
 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 #: Golfview Elementary School
 Date Sampled: Jul 29, 2019
 Aug 5, 2019; Invoice: 407998

Analysis Report

Lab #:	407998DW1	Sampled:	07/29/19 02:25 PM	Desc:	Classroom 512	Result	Units	DF	MDL	PQL	QC Batch	Method	CAS #	Analyzed
Parameter														
Copper						0.0101	mg/L	1.00	0.00100	0.00200	10410324	EPA200.8	7440-50-8	08/01/19
Lead						0.00100 U	mg/L	1.00	0.00100	0.00200	10410324	EPA200.8	7439-92-1	08/01/19
Iron						0.0916	mg/L	1.00	0.0100	0.0200	10410357	EPA200.7	7439-89-6	08/01/19
Lab #:	407998DW2	Sampled:	07/29/19 02:38 PM	Desc:	Classroom 402	Result	Units	DF	MDL	PQL	QC Batch	Method	CAS #	Analyzed
Parameter														
Copper						0.00920	mg/L	1.00	0.00100	0.00200	10410324	EPA200.8	7440-50-8	08/01/19
Lead						0.00100 U	mg/L	1.00	0.00100	0.00200	10410324	EPA200.8	7439-92-1	08/01/19
Iron						0.173	mg/L	1.00	0.0100	0.0200	10410357	EPA200.7	7439-89-6	08/01/19
Lab #:	407998DW3	Sampled:	07/29/19 02:40 PM	Desc:	Water Fountain 306	Result	Units	DF	MDL	PQL	QC Batch	Method	CAS #	Analyzed
Parameter														
Copper						0.0447	mg/L	1.00	0.00100	0.00200	10410324	EPA200.8	7440-50-8	08/01/19
Lead						0.00100 U	mg/L	1.00	0.00100	0.00200	10410324	EPA200.8	7439-92-1	08/01/19
Iron						0.666	mg/L	1.00	0.0100	0.0200	10410357	EPA200.7	7439-89-6	08/01/19
Lab #:	407998DW4	Sampled:	07/29/19 02:45 PM	Desc:	Water Fountain #900	Result	Units	DF	MDL	PQL	QC Batch	Method	CAS #	Analyzed
Parameter														
Copper						0.0203	mg/L	1.00	0.00100	0.00200	10410324	EPA200.8	7440-50-8	08/01/19
Lead						0.00100 U	mg/L	1.00	0.00100	0.00200	10410324	EPA200.8	7439-92-1	08/01/19
Iron						0.0980	mg/L	1.00	0.0100	0.0200	10410357	EPA200.7	7439-89-6	08/01/19
Lab #:	407998DW5	Sampled:	07/29/19 02:50 PM	Desc:	Kitchen	Result	Units	DF	MDL	PQL	QC Batch	Method	CAS #	Analyzed
Parameter														
Copper						0.0102	mg/L	1.00	0.00100	0.00200	10410324	EPA200.8	7440-50-8	08/01/19
Lead						0.00100 U	mg/L	1.00	0.00100	0.00200	10410324	EPA200.8	7439-92-1	08/01/19
Iron						0.0979	mg/L	1.00	0.0100	0.0200	10410357	EPA200.7	7439-89-6	08/01/19



FLOWERS CHEMICAL LABORATORIES INC.

P.O. Box 50587, Altamonte Springs, FL 32715-0587
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 3980 Overseas Hwy, Suite 103, Marathon, FL 33050

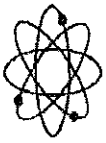
Phone: 407-339-5984 E83018 (Main Lab)
 Phone: 772-343-8006 E86562 (South Lab)
 Phone: 850-973-6878 E82405 (North Lab)
 Phone: 305-743-8598 E35834 (Keys Lab)

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

PO #: n/a
 Client Project #: Golfview Elementary School
 Date Sampled: Jul 29, 2019
 Aug 5, 2019; Invoice: 407998

Lab #: 407998DW6 Sampled: 07/29/19 02:55 PM Desc: Clinic
 Parameter Result Units
 Copper 0.0188 mg/L
 Lead 0.00100 U mg/L
 Iron 0.0490 mg/L

DF	MDL	PQL	QC Batch	Method	CAS #	Analyzed
1.00	0.00100	0.00200	10410324	EPA200.8	7440-50-8	08/01/19
1.00	0.00100	0.00200	10410324	EPA200.8	7439-92-1	08/01/19
1.00	0.0100	0.0200	10410357	EPA200.7	7439-89-6	08/01/19



FLOWERS CHEMICAL LABORATORIES INC.

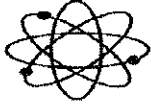
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 817 SW Harvey Green Dr, Madison, FL 32340 Phone: 850-973-6878 E82405 (North Lab)
 3980 Overseas Hwy, Suite 105, Marathon, FL 33050 Phone: 305-743-8598 E35834 (Keys Lab)

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

PO #: n/a
 Client Project #: Golfview Elementary School
 Date Sampled: Jul 29, 2019
 Aug 5, 2019; Invoice: 407998

Quality Report

Quality Control Batch:	10410324	Analyst:	EVB	Result	Units						
Blank				0.00100U	mg/L						
Copper				0.00100U	mg/L						
Lead											
Laboratory Control Sample											
Copper				Result	Units	Spike	%REC	%REC Lim	Sample	Lab Number	RPD Lim
Lead				0.111	mg/L	0.100	111.30	80.00-120.00	0.00810	408074DW1	20.00
				0.101	mg/L	0.100	101.10	80.00-120.00	0.00100U	408074DW1	20.00
Matrix Spike											
Copper				Result	Units	Spike	%REC	%REC Lim	Sample	Lab Number	RPD Lim
Lead				0.176	mg/L	0.150	111.87	80.00-120.00	0.00810	408074DW1	20.00
				0.164	mg/L	0.150	109.13	80.00-120.00	0.00100U	408074DW1	20.00
Matrix Spike Duplicate											
Copper				Result	Units	Spike	%REC	%REC Lim	Sample	Lab Number	RPD Lim
Lead				0.166	mg/L	0.150	105.07	80.00-120.00	0.00810	408074DW1	20.00
				0.153	mg/L	0.150	102.13	80.00-120.00	0.00100U	408074DW1	20.00
Quality Control Batch:	10410357	Analyst:	EVB	Result	Units						
Blank				0.0100U	mg/L						
Iron											
Laboratory Control Sample											
Iron				Result	Units	Spike	%REC	%REC Lim	Sample	Lab Number	RPD Lim
				5.09	mg/L	5.00	101.73	80.00-120.00	0.0421	408015DW1	20.00
Matrix Spike											
Iron				Result	Units	Spike	%REC	%REC Lim	Sample	Lab Number	RPD Lim
				4.72	mg/L	5.00	93.59	80.00-120.00	0.0421	408015DW1	20.00
Matrix Spike Duplicate											
Iron				Result	Units	Spike	%REC	%REC Lim	Sample	Lab Number	RPD Lim
				4.88	mg/L	5.00	96.69	80.00-120.00	0.0421	408015DW1	20.00



FLOWERS CHEMICAL LABORATORIES INC.

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3980 Overseas Hwy, Suite 103, Marathon, FL 33050

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

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

PO #: n/a
Client Project #: Golfview Elementary School
Date Sampled: Jul 29, 2019
Aug 5, 2019; Invoice: 407998

Narrative Report

Sample Handling

Sample handling and holding time criteria were met for all samples. Samples collected by submitter. No unusual events occurred during analysis. Results are reported on a wet weight basis for aqueous matrices and on a dry weight basis for sludge and soil matrices unless otherwise noted.

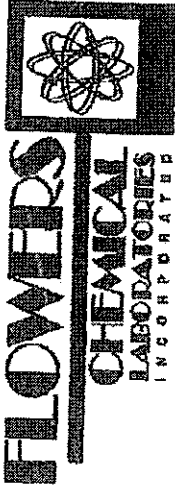
Quality Control

Enclosed analyses met method or FCL criteria, unless otherwise denoted on the sample results. Applied data qualifiers are defined below.

Attachments

Chain of Custody

Qualifier	Meaning
U	Compound was analyzed for but not detected.
J	Estimated value; one or more QC components associated with this data value exceed current QC limits.
Q	Sample held beyond the accepted holding time.
L	Off-scale high; reported concentration exceeds the highest standard.
V	Analyte was detected in both the sample and the associated method blank.
W	The dissolved oxygen blank was above 0.2 mg/L but less than the MDL.
Z	Too numerous to count colonies on plate.
A	Absent
P	Present
T	Value reported is less than the statistical method detection limit. Reported for informational purposes only.
M	Value reported is greater than the statistical method detection limit, but less than the reported MDL.
G	The greatest of the dilutions performed did not yield sufficient oxygen depletion for valid data.
S	The least of the dilutions performed did not yield sufficient oxygen residual for valid data.
O	Result is greater than (over) the specified value.
I	Reported value is between the laboratory method detection limit and the laboratory practical quantitation limit.
B	Results based upon colony plate count outside ideal range.
Y	The laboratory analysis was from an improperly preserved sample. The data may not be accurate.



Check Box That Applies To Your Location

Flowers Chemical Laboratories, Inc.
481 Newburyport Ave.
Altamonte Springs, FL 32701
Bus: 407-339-6884
Fax: 407-280-6110

Flowers Chemical Labs-South
West Park Industrial Plaza
671 N.W. Mercantile Pl., Ste. 111
Port St. Lucie, FL 34886
Bus: 772-343-8006
Fax: 772-343-8089

Flowers Chemical Labs-North
812 S.W. Harvey Greene Dr.
Maitland, FL 32740
Bus: 850-973-8878
Fax: 850-973-8878

Flowers Chemical Labs-Keys
3980 Overseas Highway, Ste. 103
Marathon, FL 33050
Bus: 305-743-8588
Fax: 305-743-8588

DOWNLOAD REPORTS, INVOICES AND CHAINS OF CUSTODY WWW.FLOWERSLABS.COM

Client: Aquatest Services P.O.# _____
Address: _____ FAX _____
Project Name: Golfview Elementary School
Client Contact: 1530 S. Fiske Blvd
Rockledge
FCL Project Manager: _____ E-MAIL _____

Phone: 321-728-6789
Sampled By (PRINT): B. Mico
Sampler Signature: [Signature] Date Sampled: 7-29-19
Requested Due Date: _____ OR _____
10 Day Standard
Pick-Up Fee: \$ _____ Vehicle Surcharge: \$ _____
Rush Charges May Apply Sampling Fee: \$ _____

ITEM NO.	SAMPLE ID	DATE	TIME	MATRIX	(LAB USE ONLY) LAB NO.	PRESERVATIVES				ANALYSES REQUEST	COMMENTS
						# NO H	# NO O	# NO S	# NO T		
1	Classroom 512	7/29	1425	DW	4079980w						19074
2	Classroom 402	"	1438	"	Dw2						1.8
3	Water fountain 306	"	1440	"	Dw3						1.8
4	Water Fountain #900	"	1445	"	Dw4						1.4
5	Kitchen	"	1450	"	Dw5						1.6
6	CLinic	"	1455	"	✓ Dw6						1.6
7											
8											
9											
10											

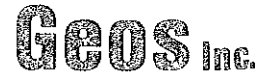
Refrinquired By / Affiliation: _____ Date: _____ Time: _____
Accepted By / Affiliation: _____ Date: _____ Time: _____
Accepted By / Affiliation: _____ Date: _____ Time: _____

FINANCE CHARGES APPLIED TO PAST DUE INVOICES

• WHITE - Lab Copy - To Be Scanned • YELLOW - Client Copy

From File
1992 Golf new Elem.
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: Golfview

LAB ID #	SAMPLE ID	RESULTS	METHOD
10-144	Clinic	<0.005 mg/l	239.2
10-145	Clinic S.C.	<0.005 mg/l	239.2
10-146	Kitchen	<0.005 mg/l	239.2
10-147	Room 206	<0.005 mg/l	239.2
10-148	Room 306	0.005 mg/l	239.2

Reviewed by:

Wayne P. Vermeychuk
Laboratory Director

HRS #84340 & E84217
DER CompQA #900350G

Geos Inc.
5909A Breckenridge Parkway
Tampa, Florida 33610
(813) 626-0101



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

Parameter: Copper

Time Received: 1600 Hrs

SAMPLE IDENTIFICATION: Golfview

LAB ID #	SAMPLE ID	RESULTS	METHOD
10-144	Clinic	0.020 mg/l	220.1
10-145	Clinic S.C.	0.038 mg/l	220.1
10-146	Kitchen	0.029 mg/l	220.1
10-147	Room 206	0.038 mg/l	220.1
10-148	Room 306	0.047 mg/l	220.1

Reviewed by:

Wayne P. Vermeychuk
Wayne P. Vermeychuk
Laboratory Director

UNACCEPTABLE

10/26/92

Geos Inc.

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

Parameter: Lead

Time Received: 1600 Hrs

SAMPLE IDENTIFICATION: Golfview

LAB ID #	SAMPLE ID	RESULTS	METHOD
10-144	Clinic	<0.005 mg/l	239.1
10-145	Clinic S.C.	<0.005 mg/l	239.1
10-146	Kitchen	<0.005 mg/l	239.1
10-147	Room 206	<0.005 mg/l	239.1
10-148	Room 306	0.005 mg/l	239.1

Reviewed by:

Wayne Vermeychuk
Wayne P. Vermeychuk
Laboratory Director

NO SIGNATURE
NO DATE
NO TIME

HRS #84340 & E84217
DER CompQA #900350G