

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: 408164 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: \_\_\_\_\_

Lab Receipt Date & Time: 7/30/19  
 Analysis Date & Time: 7/30/19 4:25P  
 Sample Acceptance Criteria:  
 Sample Preservation:  On Ice  Not On Ice  3.0.c  
 Disinfectant Check:  Not Detected  \_\_\_\_\_ mg/L  
 This sample does not meet the following NELAC requirements: \_\_\_\_\_

**Public Water System (PWS) Name:** City of Melbourne **PWS I.D. #** 3051447  
**PWS Address** 900 E. Strawbridge Avenue **City** Melbourne  
**PWS or PWS Owner's Phone #** 321-953-6361 **Fax #** 321-723-1205  
**Collector:** D. P. James, 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) Satellite High School, 300 Scorpion Court, Satellite Beach  
 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 <sup>1</sup>	Disinfect Res'd (mg/L)	pH	Method: <input checked="" type="checkbox"/> ColiAlert18	Non Coliform	Total Coliform	Fecal, E. coli Enterococci	Q1	Lab Sample#
19078-1	S.P. #1 Bldg 15-101	1055	S	0.4			A	A			DW1
19078-2	S.P. #2 Bldg 15-104, Water Fountain	1101	S	0.4			A	A			DW2
19078-3	S.P. #3 Bldg 6-604	1109	S	0.4			A	A			DW3
19078-4	S.P. #4 Bldg 2-207, Water Fountain	1115	S	0.4			A	A			DW4
19078-5	S.P. #5 Bldg 2-204	1120	S	0.4			A	A			DW5

Average of disinfectant residuals for distribution routine and repeat samples<sup>2</sup>:  
<sup>2</sup>Complete 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: \_\_\_\_\_

**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: \_\_\_\_\_

<sup>1</sup>DEP Sample Type Codes: D = Distribution (Routine Compliance); C = Repeat or Check; R = Raw; N = Entry to Distribution; P = Plant Tap; S = Special (clearance, etc.)  
<sup>2</sup>Defined in Florida Administrative Code Rule 62-160, Table 1C:\Users\Aquatest\Documents\Aquatest Services\Brevard County Schools\Satellite High School, 300 Scorpion Court page 1 of 2.doc  
 1 of 1 Page



# 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 #: Satellite High School  
Date Sampled: Jul 30, 2019  
Aug 5, 2019; Invoice: 407995

## Report Summary

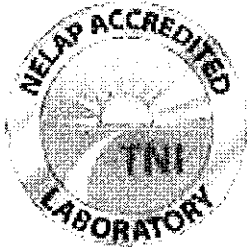
Date Received: Jul 30, 2019

FCL Project Manager: William J. Rogers

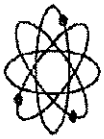
Laboratory #	Sample Description	Analysis	Chemist	Location	Sample Matrix
407995DW1	Bldg 15-101	EPA200.7	EVB	Main Lab	Drinking Water
		EPA200.8	EVB	Main Lab	Drinking Water
407995DW2	Bldg 15-104 Water Fountain	EPA200.7	EVB	Main Lab	Drinking Water
		EPA200.8	EVB	Main Lab	Drinking Water
407995DW3	Bldg 6-604	EPA200.7	EVB	Main Lab	Drinking Water
		EPA200.8	EVB	Main Lab	Drinking Water
407995DW4	Bldg 2-207 Water Fountain	EPA200.7	EVB	Main Lab	Drinking Water
		EPA200.8	EVB	Main Lab	Drinking Water
407995DW5	Bldg 2-204	EPA200.7	EVB	Main Lab	Drinking Water
		EPA200.8	EVB	Main Lab	Drinking Water

### Certificate of Results

Sample integrity was certified prior to analysis. Test results meet all requirements of the NELAC 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.

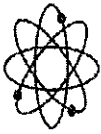
P.O. Box 250557, Altamonte Springs, FL 32715-0597 Phone: 407-339-5984 E83018 (Main Lab)  
 571 NW Mercedes Pl, Suite 111, Part St. Lucie, FL 34986 Phone: 772-343-8006 E86562 (South Lab)  
 812 SW Harvey Green Dr, Madison, FL 32340 Phone: 850-973-6978 E82405 (North Lab)  
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Aquatest Services, Inc.  
 597 Chippewa Avenue NE  
 Palm Bay, FL 32907

PO #: n/a  
 Client Project #: Satellite High School  
 Date Sampled: Jul 30, 2019  
 Aug 5, 2019; Invoice: 407995

## Analysis Report

Lab #:	407995DW1	Sampled:	07/30/19 10:55 AM	Desc:	Bldg 15-101	DF	MDL	PQL	QC Batch	Method	CAS #	Analyzed
Parameter												
Copper	0.0729	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	0.439	mg/L	1.00	0.0100	0.0200	10410358	EPA200.7	7439-89-6	08/01/19			
Lab #:	407995DW2	Sampled:	07/30/19 11:01 AM	Desc:	Bldg 15-104 Water Fountain	DF	MDL	PQL	QC Batch <td>Method</td> <td>CAS #</td> <td>Analyzed</td>	Method	CAS #	Analyzed
Parameter												
Copper	0.129	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	0.397	mg/L	1.00	0.0100	0.0200	10410358	EPA200.7	7439-89-6	08/01/19			
Lab #:	407995DW3	Sampled:	07/30/19 11:09 AM	Desc:	Bldg 6-604	DF	MDL	PQL	QC Batch <td>Method</td> <td>CAS #</td> <td>Analyzed</td>	Method	CAS #	Analyzed
Parameter												
Copper	0.0590	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	0.425	mg/L	1.00	0.0100	0.0200	10410358	EPA200.7	7439-89-6	08/01/19			
Lab #:	407995DW4	Sampled:	07/30/19 11:15 AM	Desc:	Bldg 2-207 Water Fountain	DF	MDL	PQL	QC Batch <td>Method</td> <td>CAS #</td> <td>Analyzed</td>	Method	CAS #	Analyzed
Parameter												
Copper	0.577	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	0.411	mg/L	1.00	0.0100	0.0200	10410358	EPA200.7	7439-89-6	08/01/19			
Lab #:	407995DW5	Sampled:	07/30/19 11:20 AM	Desc:	Bldg 2-204	DF	MDL	PQL	QC Batch <td>Method</td> <td>CAS #</td> <td>Analyzed</td>	Method	CAS #	Analyzed
Parameter												
Copper	0.200	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	0.227	mg/L	1.00	0.0100	0.0200	10410358	EPA200.7	7439-89-6	08/01/19			



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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 #: Satellite High School  
Date Sampled: Jul 30, 2019  
Aug 5, 2019; Invoice: 407995



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P.O. Box 150557, Altamonte Springs, FL 32715-0557  
 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

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

PO #: n/a  
 Client Project #: Satellite High School  
 Date Sampled: Jul 30, 2019  
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## Quality Report

Quality Control Batch: 10410325

Analyst: EVB  
 Result Units  
 0.00100U mg/L  
 0.00100U mg/L

Laboratory Control Sample

Result Units  
 0.101 mg/L  
 0.0950 mg/L

%REC  
 100.50  
 95.00

%REC Lim  
 80.00-120.00  
 80.00-120.00

Matrix Spike

Result Units  
 0.311 mg/L  
 0.135 mg/L

%REC  
 90.53  
 89.73

%REC Lim  
 80.00-120.00  
 80.00-120.00

Matrix Spike Duplicate

Result Units  
 0.307 mg/L  
 0.139 mg/L

%REC  
 88.27  
 92.73

%REC Lim  
 80.00-120.00  
 80.00-120.00

Quality Control Batch: 10410358

Analyst: EVB  
 Result Units  
 0.0100U mg/L

Laboratory Control Sample

Result Units  
 5.33 mg/L

%REC  
 106.52

%REC Lim  
 80.00-120.00

Matrix Spike

Result Units  
 5.31 mg/L

%REC  
 99.72

%REC Lim  
 80.00-120.00

Matrix Spike Duplicate

Result Units  
 5.40 mg/L

%REC  
 101.48

%REC Lim  
 80.00-120.00

Sample RPD Lab Number  
 0.175 1.10 407997DW4  
 0.00100U 3.29 407997DW4

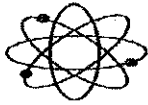
Sample RPD  
 0.175 1.10  
 0.00100U 3.29

Sample RPD Lim  
 0.175 1.10 20.00  
 0.00100U 3.29 20.00

Sample RPD Lab Number  
 0.329 1.64 407997DW1

Sample RPD  
 0.329 1.64

Sample RPD Lim  
 0.329 1.64 20.00



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

PO #: n/a  
Client Project #: Satellite High School  
Date Sampled: Jul 30, 2019  
Aug 5, 2019; Invoice: 407995

## 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: 407-339-5984  
Fax: 407-260-6110

Flowers Chemical Labs-North  
812 S.W. Harvey Greene Dr.  
Madison, FL 32940  
Bus: 850-973-6878  
Fax: 850-973-6878

Flowers Chemical Labs-Keys  
3980 Overseas Highway, Ste. 103  
Marathon, FL 33050  
Bus: 305-743-8898  
Fax: 305-743-8598

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

Client: Aquatest Services Project Name: Satellite High School P.O.#: \_\_\_\_\_  
 Address: \_\_\_\_\_ Client Contact: 300 Scorpion Court FAX: \_\_\_\_\_  
 FCL Project Manager: Satellite Beach E-MAIL: \_\_\_\_\_

Phone: 321-728-5789 Requested Due Date: \_\_\_\_\_ OR \_\_\_\_\_  
 Sampled By (PRINT): B. Mico Vehicle Surcharge: \$ \_\_\_\_\_  
 Sampler Signature: [Signature] Pick-Up Fee: \$ \_\_\_\_\_ Sampling Fee: \$ \_\_\_\_\_  
 Date Sampled: 7-30-19 Rush Charge May Apply

ITEM NO.	SAMPLE ID	DATE	TIME	MATRIX	LAB USE ONLY LAB NO.	PRESERVATIVES				ANALYSES REQUEST	COMMENTS
						NO <sub>2</sub> O <sub>3</sub>	H <sub>2</sub> O <sub>2</sub>	OH	NO <sub>2</sub> O <sub>3</sub>		
1	Bldg 15-101	7/30	1055	DW	407995 Dal					✓	19078
2	Bldg 15-104 Water Fountain	"	1101	"	DWS					✓	0.4
3	Bldg 16-604	"	1109	"	DWS					✓	0.4
4	Bldg 2-307 Water Fountain	"	1115	"	DWS					✓	0.4
5	Bldg 3-304	"	1120	"	DWS					✓	0.4
6		30		UN						✓	0.4
7											
8											
8											
10											

Relinquished By / Affiliation: \_\_\_\_\_ Date: \_\_\_\_\_  
 Accepted By / Affiliation: Mr. 7/30 1515 from Tie Ups Date: 7/31 1530  
 Accepted By / Affiliation: JRR Date: 8/1 11:00

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

FINANCE CHARGES APPLIED TO PAST DUE INVOICES

80%

Rev 04-08

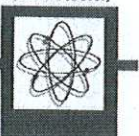
**DRINKING WATER MICROBIAL SAMPLE COLLECTION**

**& 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: 408144 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 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 Titusville

PWS I.D.# \_\_\_\_\_

PWS Address 2836 Garden Street City Titusville

PWS or PWS Owner's Phone # 321-383-5643 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) **South Lake Elementary School, 3755 Garden Street** (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 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 <sup>1</sup>	Disinfect Res'd (mg/L)	pH	Method: <input checked="" type="checkbox"/> Colilert18				
						Non Coliform	Total Coliform	Fecal, E. coli Enterococci	Q <sup>1</sup>	Lab Sample#
19073-1	S.P. #1 Kitchen	1315	S	3.0			A	A		Dw1
19073-2	S.P. #2 Classroom 17	1325	S	1.8			A	A		Dw2
19073-3	S.P. #3 Lab-001, Fountain	1333	S	3.4			A	A		Dw3
19073-4	S.P. #4 Room 188, Fountain	1337	S	3.0			A	A		Dw4
19073-5	S.P. #5 Classroom 33	1341	S	3.0			A	A		Dw5

Average of disinfectant residuals for distribution routine and repeat samples<sup>2</sup>:

<sup>1</sup>Complete 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

DEP/DOH USE ONLY

- Satisfactory  
 Incomplete Collection Information  
 Repeat Samples Required  
 Replacement Samples Required

Date Reviewed by DEP/DOH: \_\_\_\_\_

DEP/DOH Reviewing Official: \_\_\_\_\_

Name and Mailing Address of Person to Receive Report

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

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

<sup>2</sup>Defined in Florida Administrative Code Rule 62-160, Table 1C:\Users\Aquatest\Documents\Aquatest Services\Brevard County Schools\South Lake Elementary School, Titusville.doc