

**SARASOTA COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES
PRIVATE WATER BACTERIOLOGICAL SAMPLING**

Following this procedure will help you minimize the risk of contaminating the sample. Pick up sample vessels and analysis forms from the Sarasota County Health Department office on 1001 Sarasota Center Blvd, or from the Venice office in the RL Anderson Building at 4000 South Tamiami Trail Room 121.

Samples are received Monday through Friday ONLY and cannot be accepted after 12:00 noon on those days.

The fee is \$20.00 per sample.

1. Most of our samples are taken at the kitchen tap. If the tap has a screen, remove the screen before taking the sample. If the kitchen tap is a mixing fixture, run the hot water for about a minute, then switch to cold. Run the water for several minutes to flush the line.
2. For a well sample, select the tap closest to the well, preferably a hose bib prior to any storage tank, aerator, softener, etc. Remove any hose from the tap, and turn on the water to flush the line for several minutes.
3. Turn the flow down to minimize splashing.
4. Completely remove the shrink-wrap from the cap.
5. Fill the sample bottle to the 100ml fill line (a little more won't hurt.)
6. Complete the analysis form.
 - The System **Name** is your name or the property name. Fill in other pertinent information.
 - **Type of Supply is Private Well.**
 - **Reason for Sampling** indicate **Other** and write **Paid.**
 - **Sample Number** is the number on the top of the bottle.
 - **Sample Point** is the location of the tap i.e. hose bib, kitchen tap, etc.
 - **Sample Collection Date** and **Collection Time** are important because samples have to be analyzed shortly after collection.
 - If you want to be mailed a copy of your report, fill in your name and address in the box in the lower left hand side of the form. If you prefer to pick up your results or to be telephoned with the results, write **pickup** or **phone in the box.**
7. Place the sample in a cooler on ice or with a coolpak and return it to either location by noon of the same day.

**DRINKING WATER
BACTERIOLOGICAL SAMPLE
COLLECTION AND LABORATORY
REPORTING FORMAT
BENCHMARK ENVIROANALYTICAL, INC.
1711 12th Street East**

Palmetto, FL 34221 Tel:(941)723-9986 Fax:(941)723-6061 E84167

Report Number: _____ v. 5/14/04A

Analysis Requested:

Standard Coliform Test

Sample Acceptance Criteria:

Sample Preservation On Ice Not On Ice _____ °C
Disinfectant Check Not Detected _____ mg/l

This sample does not meet the following NELAC requirements:

Lab Receipt Date & Time: _____

Analysis Date & Time: _____

System Name: _____ PWS ID: _____

System Address: _____ City: _____

System or Owner's Phone #: _____ Fax #: _____ County: SARASOTA

Collector: _____ Collector's Phone #: _____

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) Routine Compliance Repeat Replacement Main Clearance Well Survey Other

Sample Collection Date: _____

To be completed by collector of sample

Sample Number	Sample Point (Location or Specific Address)	Collection Time	Sample Type ¹	Disinfect Res'd (mg/L)	pH

To be completed by lab

Analysis Method(s) Colifert, SM9223B		
Total Coliform	Fecal or E. coli	Qualifier ²

Average of Disinfectant residuals for routine and repeat samples.
(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.)

² Defined in Florida Administrative Code Rule 62-160, Table 1

All tests are performed in accordance with NELAC standards.

Disinfectant Residual Analysis Method: DPD Colorimetric Other: _____

Person performing analysis is: (This only applies to disinfectant analysis for type "D" and "C" samples at community and non-transient non-community Public Water Systems)

- A certified operator (# _____) Employed by a certified lab
 Supervised by a certified operator (# _____) Employed by DEP or DOH

Date PWS notified by lab of positive results: _____

Date State notified by lab of positive results: _____

Name and Mailing Address of Person to Receive Report

Sarasota County Health Department
Division of Environmental Health
1001 Sarasota Center Blvd
Sarasota FL, 34240
Attn: Kent Macci

Lab Signature: _____

Title: _____

- Satisfactory
 Incomplete Collection Information
 Repeat Samples Required
 Replacement Samples Required

Date Reviewed by DEP/DOH: _____

DEP/DOH Reviewing Official: _____

¹ DEP Sample Type Codes: D = Distribution (Routine Compliance); C = Repeat or Check; R = Raw; N = Entry to Distribution; P = Plan Tap; S = Special (clearance, etc.) Analysis Methods: MF = SM9222B & D; MTF = 9221B & EC/MUG; MMO/MUG = SM9223B; HPC = SM9215B
Results: A = coliforms are absent; P = coliforms are present; C = confluent growth; TNTC = too numerous to count