**INSTRUCTIONS**

This optional format may be used by laboratories to report results of water quality parameter (WQP) drinking water analyses required by the Lead and Copper Rule (LCR) to the appropriate Department of Environmental Protection (DEP) or Health Department offices.

For analysis results to be acceptable for compliance, labs performing the analyses must be certified for those analyses in drinking water by the Florida Department of Health (DOH) and analyze using methods in 40 CFR 141.23(k)1 and Appendix A to 40 CFR 141 Subpart C. Official annual editions of 40 CFR and unofficial eCFR are accessible at <https://www.govinfo.gov/app/collection/cfr/>. Methods in 40 CFR may change but usually infrequently.

Temperature and pH should be analyzed by the sampler in the field and documented on the chain of custody (COC).

Sample number should correspond to the ID Number in Part V of the PWS Sampling Plan for Lead and Copper Tap Samples and Water Quality Parameters (DEP Form 62-555.900(12), F.A.C.).

Results must be reported with appropriate qualifiers in accordance with Florida Administrative Code (F.A.C.) Rule 62-160, Table 1. Results qualified with A, F, H, N, O, T, Z, ?, \*, are unacceptable for compliance with 62-550. Results qualified with a J, Q, R, or Y must be accompanied by written justification and will be evaluated on a case by case basis. To avoid a monitoring violation, unacceptable results must be replaced with acceptable results from samples collected during the same monitoring period.

This format is not designed for reporting WQP results obtained using a field test kit. Water Quality Parameters (WQPs) Field Test Kit Reporting Format may be used for this purpose.

Florida Administrative Code 62-550.550(1) specifies the persons other than certified labs that may analyze for WQPs. However, we recommend that all WQPs except for pH and temperature be analyzed by a certified lab.

**PUBLIC WATER SYSTEM INFORMATION** (to be completed by sampler – please type or print legibly)

System Name:       PWS I.D. #:

System Type (check one): Community Nontransient Noncommunity

Address:

City:       ZIP Code:

Phone #       Fax #:       E-Mail Address:

Population Served \_\_\_\_\_\_\_\_\_\_\_\_\_\_ WQP Monitoring Period: from \_\_\_/\_\_\_ (mm/yy) to \_\_\_/\_\_\_ (mm/yy)

**CORROSION CONTROL TREATMENT INFORMATION**

Adjustment of pH  Adjustment of alkalinity  Calcium hardness adjustment  Use of a corrosion inhibitor

Chemical(s) used: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Chemical name(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Brand name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Chemical(s) added conforms to requirements of 62-555.320(3)(a), Florida Administrative Code (F.A.C.):  Yes  No

**SAMPLE INFORMATION** (to be completed by sampler) (unused rows may be deleted)

| **Sample Number** | **Entry Point (EP) or Distribution (D)** | **Location Description (be specific)** | **Sample Date** | **Sample Time** | **a.m. or p.m. (circle one)** |
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**SAMPLER CERTIFICATION**

I,       ,      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ , do HEREBY CERTIFY

(Print Name) (Print Title)

that the above public water system and sample collection information is complete and correct.

# Signature:\_\_\_\_\_\_\_\_\_\_\_ Date:

Certified Operator #:      Phone #:       Sampler’s Fax #:

Sampler’s E-mail:

**LABORATORY CERTIFICATION INFORMATION** (to be completed by lab – please type or print legibly)

Lab Name:      Florida DOH Certification #:       Certification Expiration Date:

**ATTACH CURRENT DOH ANALYTE SHEET\***

Address:       Phone #:

Were any analyses subcontracted? Yes No If yes, please provide DOH certification number(s):

**ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB\***

**ANALYSIS INFORMATION** (to be completed by lab)

PWS ID (From Page 1):       Lab Assigned Report # Or Job ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sample Number(s) (From Page 1):      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**LAB CERTIFICATION**

I,       ,      , do HEREBY CERTIFY

(Print Name) (Print Title)

that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).

Signature: Date:

\* Failure to provide a valid and current Florida DOH lab certification number and a current Analyte Sheet for the attached analysis results will result in rejection of the report, possible enforcement against the public water system for failure to sample, and may result in notification of the DOH Bureau of Laboratory Services.

**COMPLIANCE DETERMINATION** (to be completed by DEP or DOH -- attach notes as necessary)

Sample Collection & Analysis Satisfactory:Yes No \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DEP/DOH Reviewing Official: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Report Number / Job ID:

PWS ID (From Page 1):

Sample Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

| Analyte ID | Contam Name | MCL | Units | Analysis Result | Qualifier | Analytical Method | Lab MDL | Analysis Date | Analysis Time | DOH Lab Certification # |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1044 | Orthophosphate |  |  |  |  |  |  |  |  | E |
| 1049 | Silica |  |  |  |  |  |  |  |  | E |
| 1064 | Conductivity |  |  |  |  |  |  |  |  | E |
| 1919 | Calcium |  |  |  |  |  |  |  |  | E |
| 1927 | Total Alkalinity |  |  |  |  |  |  |  |  | E |
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| Analyte ID | Contam Name | MCL | Units | Analysis Result | Qualifier | Analytical Method | Lab MDL | Analysis Date | Analysis Time | DOH Lab Certification # |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1044 | Orthophosphate |  |  |  |  |  |  |  |  | E |
| 1049 | Silica |  |  |  |  |  |  |  |  | E |
| 1064 | Conductivity |  |  |  |  |  |  |  |  | E |
| 1919 | Calcium |  |  |  |  |  |  |  |  | E |
| 1927 | Total Alkalinity |  |  |  |  |  |  |  |  | E |
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Report Number / Job ID:

PWS ID (From Page 1):

Sample Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

| Analyte ID | Contam Name | MCL | Units | Analysis Result | Qualifier | Analytical Method | Lab MDL | Analysis Date | Analysis Time | DOH Lab Certification # |
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Report Number / Job ID:

PWS ID (From Page 1):

Sample Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

| Analyte ID | Contam Name | MCL | Units | Analysis Result | Qualifier | Analytical Method | Lab MDL | Analysis Date | Analysis Time | DOH Lab Certification # |
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| Analyte ID | Contam Name | MCL | Units | Analysis Result | Qualifier | Analytical Method | Lab MDL | Analysis Date | Analysis Time | DOH Lab Certification # |
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| 1927 | Total Alkalinity |  |  |  |  |  |  |  |  | E |
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