

## The Water Spigot, Inc.

NELAC Laboratory Certification #E81105 5806 East Hwy. 22 \* Panama City, Florida 32404 Phone (850) 871-1900 Fax (850) 871-9303 Trishj-waterspigot@comcast.net

#### CERTIFICATE OF ANALYSIS

Client Report For:

Vernon

Attention:

Jimmy Cook

Client Address:

P.O. Box 340

Vernon, FL 32462-

Report Date:

08/09/18

LAB ID:

WS18AUG03-004

Comments:

These test results meet all NELAC requirements for those parameters which require accreditation. Any exceptions or deviations from NELAC protocol are noted in this report. Any samples collected by The Water Spigot personnel are done according to the latest revision of SOP-001/01. Any question concerning this report should be directed to the person signing this report at (850) 871-1900, The Water Spigot, Inc., 5806 East Highway 22, Panama City, FL 32404. The test results in this report relate only to those specific samples listed.

A statement of estimated uncertainty of test results is available on request. Analyses performed in the field are not regulated by the NELAC standards.

This report may not be reproduced except in full with written approval from the laboratory.

Approved By: Trish Jackson, President

Serial #: WS18AUG03-004-Original

Date:\_\_\_\_\_

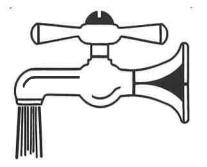
Report Type:Original

### DRINKING WATER MICROBIAL SAMPLE COLLECTION

DRINK	TION		Lab	Page 2 of 2  Lab Receipt Date & Time: 08/03/2018 08:42 CDT  Analysis Date & Time: 08/03/2018 12:05 CDT								
5806 Ea	ter Spigot, Inc. st Highway 22 City, FL 32404			Analysis Date & Time: 08/03/2018 12:05 CDT  Sample Acceptance Criteria:  Sample Preservation: 🖾 On Ice 🖾 Not On Ice 🖾 3.2 °C  Disinfectant Check: 🖾 Not Detected 🖂 mg/L  This sample does not meet the following NELAC requirements:								
Analysi	umber: <u>WS18AUG03-004</u> Sub-Contract L <b>s Requested:</b> (check all that apply) Coliform/ <i>E. coli</i> ☐ Total Coliform/Fecal ☐ E				_ THPC		Other:				===	
	Water System (PWS) Name: Vernon						ws I.D.	1 6	7 0	7 1	0	
	dress: P.O. Box 340							<u> </u>				
	PWS Owner's Phone #: <u>850-535-2444</u>											
	or: Ronald Wood											
⊠Comm ∐Limited <b>Reason</b> ∐Distrib	Supply: (check only one) unity Water System	Vell ∏Sv aw (triggere	vimming d or asse	Pool   essment)	Other: ⊟Raw	(trig	ggered or a	assessme	ent) additional	□Well Su	rvey	
Sample	Collection Date: 08/03/2018											
	To be completed by collecto	of sample				4	, , , , , , , , ,		o be completed		基基的To	
Sample #	Sample Point (Location or Specific Address)	Sample Collection Time	Sample Type <sup>1</sup>	Disin- fectant Residual (mg/L)	рН		Non- Coliform	Total	Fecal, E. coli, Enterococci, or Coliphage <sup>2</sup>	Data	Lab Sample #	
1	Vernon Donut Land	06:30CDT	S	0.8		J. 6		А	Compriage		WS18AUG 3-004-001	
2	Vernon Somsris	06:45CDT	S	0.8		Make Make Make Make Make Make Make Make		А	_		WS18AUG 3-004-002	
						A STATE OF THE STA	-					
Average samples	of disinfectant residuals for distribution ro .4 Free chlorine or Total chlorine (circle one).	utine & rep	eat		Unles	s otl	nerwise no	ted all te	ests are perform	ed in accord	dance with	
⊠DPt Person  ⊠A ce □Sup □Em	tant Residual Analysis Method:  Colorimetric Other:  performing disinfectant analysis is (see instending operator (#_0022852)  pervised by certified operator (#	ructions o	)	e):	Date and Date and Date R	ELA nd tim nd tim depor	C standard	ds, and the ied by lab of notified by	e results relate of positive results: lab of positive result	only to the	samples	
	Jimmy Cook Vernon P.O. Box 340 Vernon, FL 32462			□Repe	nplete ( at Sam acemer	Colle ples nt Sa	ection Information in the section in	quired		/DOH USE	ONLY	

DEP/DOH Reviewing Official:

<sup>Please circle appropriate selection
Please circle appropriate sel</sup> 



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### **CERTIFICATE OF ANALYSIS**

Client Report For:

Vernon

Attention:

Jimmy Cook

Client Address:

P.O. Box 340

Vernon, FL 32462-

Report Date:

08/09/18

LAB ID:

WS18AUG03-002

Comments:

These test results meet all NELAC requirements for those parameters which require accreditation. Any exceptions or deviations from NELAC protocol are noted in this report. Any samples collected by The Water Spigot personnel are done according to the latest revision of SOP-001/01. Any question concerning this report should be directed to the person signing this report at (850) 871-1900, The Water Spigot, Inc., 5806 East Highway 22, Panama City, FL 32404. The test results in this report relate only to those specific samples listed.

A statement of estimated uncertainty of test results is available on request. Analyses performed in the field are not regulated by the NELAC standards.

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Approved By: Trish Jackson, President

Serial #: WS18AUG03-002-Original

Date:\_\_\_\_\_

Report Type:Original

#### DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORTING FORMAT

Page 2 of 2
Lab Receipt Date & Time: 08/03/2018 08:42 CDT Analysis Date & Time: 08/03/2018 12:05 CDT
Sample Acceptance Criteria:
Sample Preservation: Son Ice Not On Ice 3.2
Disinfectant Check: Not Detectedmg
This sample does not meet the following NELAC requirement

	(62-550,730 Reporting Format Effective 01/1995, Revised 0				Receipt Date & Time: 08/03/2018 08:42 CDT									
The Wa	ater Spigot, Inc.						Sample Acceptance Criteria:							
5806 East Highway 22					Sample Preservation: 🖾 On Ice 🔲 Not On Ice 🔯 3.2 °C									
Panama City, FL 32404					Disinfectant Check: ⊠Not Detected ☐mg/L									
E81105					This sample does not meet the following NELAC requirements									
Report N	lumber: WS18AUG03-002 Sub-Contract	Lab ID;			-									
	is Requested: (check all that apply) Coliform/ <i>E. coli</i> □Total Coliform/Fecal □	]Enterococci	□Col	liphage [	⊒нрс		other:							
Public	Water System (PWS) Name: <u>Vernon</u>						S I.D.	1 6						
	dress: P.O. Box 340													
PWS or	PWS Owner's Phone #: 850-535-2444			F	Fax #:									
Collect	or: Ronald Wood				Collecto	r's Ph	one #: <u>8</u>	50-260 <b>-</b> 2	2277					
Comn	<b>f Supply:</b> (check only one) nunity Water System □Non-Transient Non- d Use System □Bottled Water □Private	community V Well S	Vater Sys wimming	stem 🔲1 Pool 🗀	ransier Other:	nt Nor	n-commu	ınity Wat	er System					
Distrib	n for Sampling: (check all that apply) pution Routine □Distribution Repeat □F ance □Replacement (also check type of sar	Raw (triggere	d or asse	essment) ⊠Boil W	□Raw /ater No	/ (trigg	ered or a	assessme r:	ent) additional	∐Well Su	ırvey			
Sample	Collection Date: 08/02/2018													
	To be completed by collect	or of sample	The second	25.87			200	T	o be complete	d by lab	THE PARTY			
						A	nalysis N		) : Colilert, SM					
Comple	Sample Point	Sample	Sample	Disin- fectant		wij.								
Sample #	(Location or Specific Address)	Collection Time	Type <sup>1</sup>	Residual (mg/L)	pΗ		Non- Coliform	Total Coliform	Fecal, E. co Enterococci, Coliphage <sup>2</sup>	or Data	Lab Sample			
1	Vernon-Donut Land	14:00CDT	s	0.8				Α			WS18AUG 3-002-00			
2	Vernon-Somsris	14:25CDT	s	0.8				Α			WS18AUG 3-002-002			
Average	e of disinfectant residuals for distribution r s.4 Free chlorine or Total chlorine (circle one)	outine & rep	eat											
- A	Co. 14 MC 20 CO 14 March 10 (200) 10 MTG.								ests are perfor ne results relat					
	ctant Residual Analysis Method:									•	•			
□ DPD Colorimetric □ Other: □					Date and time PWS notified by lab of positive results;									
Person performing disinfectant analysis is (see instructions on reverse):  ⊠A certified operator (# 0022852)					Date and time DEP/DOH notified by lab of positive results:									
					Date Report Issued: 08/09/18									
	ployed by a certified lab		/		Lab S	Signa	ture: 🗀		LIGHT	DC.	770			
	thorized representative of supplier of water	LI OI DOII			Title:	Pres	ident		1	~/				
	indized representative of supplier of water						, aont			/				
	Jimmy Cook					DEP/DOH USE ONLY								
	Vernon		factory nplete (	ctory lete Collection Information										
P.O. Box 340				Repe	eat Samples Required									
Vernon, FL 32462					lacement Samples Required									
					Date Reviewed by DEP/DOH:									

DEP/DOH Reviewing Official:

For Sample Types see Instructions item 1.16.

Please circle appropriate selection.

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

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