

# 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](mailto: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*  
Trish Jackson, President

Serial #: WS18AUG03-004-Original

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

Report Type: Original

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

(62-550.730 Reporting Format Effective 01/1995, Revised 02/2010)

The Water Spigot, Inc.  
5806 East Highway 22  
Panama City, FL 32404  
E81105

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:  On Ice  Not On Ice  3.2 °C  
Disinfectant Check:  Not Detected  \_\_\_\_\_ mg/L  
This sample does not meet the following NELAC requirements:

Report Number: WS18AUG03-004 Sub-Contract Lab ID: \_\_\_\_\_

**Analysis Requested:** (check all that apply)

Total Coliform/*E. coli*  Total Coliform/Fecal  Enterococci  Coliphage  HPC  Other: \_\_\_\_\_

**Public Water System (PWS) Name:** Vernon

**PWS I.D.**

1	6	7	0	7	1	0
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PWS Address: P.O. Box 340

City: Vernon

PWS or PWS Owner's Phone #: 850-535-2444

Fax #: \_\_\_\_\_

**Collector:** Ronald Wood

Collector's Phone #: 850-260-2277

**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)

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:** 08/03/2018

To be completed by collector of sample						To be completed by lab				
Sample #	Sample Point (Location or Specific Address)	Sample Collection Time	Sample Type <sup>1</sup>	Disinfectant Residual (mg/L)	pH	Analysis Method(s) : Colilert, SM 9223 B				
						Non-Coliform	Total Coliform	Fecal, <i>E. coli</i> , Enterococci, or Coliphage <sup>2</sup>	Data Qualifier <sup>3</sup>	Lab Sample #
1	Vernon Donut Land	06:30CDT	S	0.8			A			WS18AUG03-004-001
2	Vernon Somsris	06:45CDT	S	0.8			A			WS18AUG03-004-002

**Average of disinfectant residuals for distribution routine & repeat samples.<sup>4</sup>** Free chlorine or Total chlorine (circle one).

**Disinfectant Residual Analysis Method:**

DPD Colorimetric  Other: \_\_\_\_\_

**Person performing disinfectant analysis is (see instructions on reverse):**

A certified operator (# 0022852)  
 Supervised by certified operator (# \_\_\_\_\_)  
 Employed by a certified lab  Employed by DEP or DOH  
 Authorized representative of supplier of water

Unless otherwise noted, all tests are performed in accordance with NELAC standards, and the results relate only to the samples.

Date and time PWS notified by lab of positive results: \_\_\_\_\_

Date and time DEP/DOH notified by lab of positive results: \_\_\_\_\_

Date Report Issued: 08/09/18

**Lab Signature:** 

**Title:** President

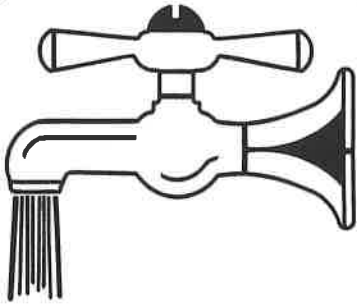
Jimmy Cook  
Vernon  
P.O. Box 340  
Vernon, FL 32462

**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> For Sample Types see Instructions item 1.16.  
<sup>2</sup> Please circle appropriate selection.  
<sup>3</sup> Defined in Florida Administrative Code Rule 62-160, Table 1.  
<sup>4</sup> 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.



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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

(62-550,730 Reporting Format Effective 01/1995, Revised 02/2010)

The Water Spigot, Inc.  
5806 East Highway 22  
Panama City, FL 32404  
E81105

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:  On Ice  Not On Ice  3.2 °C

Disinfectant Check:  Not Detected  \_\_\_\_\_ mg/L

This sample does not meet the following NELAC requirements:

Report Number: WS18AUG03-002 Sub-Contract Lab ID: \_\_\_\_\_

**Analysis Requested:** (check all that apply)

Total Coliform/*E. coli*  Total Coliform/Fecal  Enterococci  Coliphage  HPC  Other: \_\_\_\_\_

Public Water System (PWS) Name: Vernon

PWS I.D. 

1	6	7	0	7	1	0
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PWS Address: P.O. Box 340

City: Vernon

PWS or PWS Owner's Phone #: 850-535-2444

Fax #: \_\_\_\_\_

Collector: Ronald Wood

Collector's Phone #: 850-260-2277

**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)

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: 08/02/2018

To be completed by collector of sample						To be completed by lab				
Sample #	Sample Point (Location or Specific Address)	Sample Collection Time	Sample Type <sup>1</sup>	Disinfectant Residual (mg/L)	pH	Analysis Method(s) : Colilert, SM 9223 B				
						Non-Coliform	Total Coliform	Fecal, <i>E. coli</i> , Enterococci, or Coliphage <sup>2</sup>	Data Qualifier <sup>3</sup>	Lab Sample #
1	Vernon-Donut Land	14:00CDT	S	0.8			A			WS18AUG03-002-001
2	Vernon-Somsris	14:25CDT	S	0.8			A			WS18AUG03-002-002

Average of disinfectant residuals for distribution routine & repeat samples.<sup>4</sup> Free chlorine or Total chlorine (circle one).

**Disinfectant Residual Analysis Method:**  
 DPD Colorimetric  Other: \_\_\_\_\_

**Person performing disinfectant analysis is (see instructions on reverse):**  
 A certified operator (# 0022852)  
 Supervised by certified operator (# \_\_\_\_\_)  
 Employed by a certified lab  Employed by DEP or DOH  
 Authorized representative of supplier of water

Unless otherwise noted, all tests are performed in accordance with NELAC standards, and the results relate only to the samples.

Date and time PWS notified by lab of positive results: \_\_\_\_\_

Date and time DEP/DOH notified by lab of positive results: \_\_\_\_\_

Date Report Issued: 08/09/18

Lab Signature: [Signature]

Title: President

Jimmy Cook  
Vernon  
P.O. Box 340  
Vernon, FL 32462

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> For Sample Types see Instructions item 1.16.  
<sup>2</sup> Please circle appropriate selection.  
<sup>3</sup> Defined in Florida Administrative Code Rule 62-160, Table 1.  
<sup>4</sup> 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.