



AQUA PURE WATER & SEWAGE SERVICE, LLC

3855 E. Silver Springs Blvd., Unit 107
Ocala, Florida 34470
(352) 355-2383

Laboratory Certification Number E83265

Drinking Water Total Coliform / E. coli Sample Collection & Laboratory Report Form

Date Received and Analyzed / Time Received
JUN 10 2016 11:15

This Side To Be Completed By Client / Sample Collector

System Name: South Levy Park PWS ID: 2381438
System Phone: 447-2203 System Address: 200 Spillway dr
System County: Levy Client: Water Pro, Inc
Collector: Lonnie Parnell Collector Phone: 316-5343

Type of Supply: (check only one) Community Water System
 Non-Transient Non-community Water System Transient Non-community Water System

Limited Use System Other: _____

Reason for Sampling: (check all that apply) Distribution Routine Distribution Repeat

Raw (triggered or assessment) Raw (triggered or assessment) additional Well Survey

Clearance Boil Water Notice FDACS finished product (Ice) Other: _____

Sample Collection Date(s): 6-9-2016 PO Number: _____

Comments: _____

This Side For Laboratory Use Only

Received By: AP Special TC ICE

On Ice Not On Ice 4.9 °C

Paid Check or Receipt Number and Initials: _____

Disinfectant Check: Not Detected _____ mg/L

Comments: _____

Analysis Method: SM9223B (Collert)

Time(s) Analyzed: 2:58pm

Notified Emailed

PWS Notified by Lab of Positive Results:
Date: _____ Time: _____
Person Notified: _____
DEP/DOH Notified by Lab of E. coli Positive Results:
Date: _____ Time: _____
Notified By: _____

Sample Number Sample Point (Location or Specific Address) Sample Collection Time Sample Type¹ Disinfectant Residual (mg/L)

Sample Number	Sample Point (Location or Specific Address)	Sample Collection Time	Sample Type ¹	Disinfectant Residual (mg/L)
1	well	13:35	R	—
2	Concessions stand spigot	13:43	D	0.5

Free chlorine Total chlorine Average of disinfectant residuals for routine and repeat samples²

Disinfectant Residual Analysis Method: DPD Colorimetric Other: _____

Person performing disinfectant analysis is: A certified operator (# 4524) Supervised by a certified operator (# _____)

Employed by a certified lab Employed by DEP or DOH Authorized representative of supplier of water

¹For Sample Types see Instructions Item 1.6.
²UQ = Data Qualifier (defined in Florida Administrative Code Rule 62-160, Table 1).
Complete for community and nontransient noncommunity systems serving populations up to and including 4,900.
Do not include raw or plant samples in the average.

Laboratory Sample Number Total Coliform E. coli DQ²

Report / Submission Number:	Total Coliform	E. coli	DQ ²
<u>17205321</u>	<u>A</u>	<u>A</u>	
<u>17205322</u>	<u>A</u>	<u>A</u>	

Unless otherwise noted, all tests performed in accordance with NELAC standards. Results relate only to the samples submitted.

Data Qualifiers (checked if applicable)
 Y - Received improperly preserved; presence of chlorine.
 Q - Received beyond holding time or with insufficient time to complete analysis.
 J - Received containing less than method specified sample volume.
 Other: _____

Michelle [Signature] 6-10-2016
Technical Director Date

Report to: (Name and Mailing Address)

Water Pro, Inc
PO Box 433
Inglis, FL 34449

DEP/DOH Use Only
 Satisfactory Repeat Samples Required
 Incomplete Collection Information Replacement Samples Required
Date Reviewed by DEP/DOH: _____
DEP/DOH Reviewing Official: _____



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**Drinking Water Total Coliform / E. coli
Sample Collection & Laboratory Report Form**

Date Received and Analyzed / Time Received
JUN 10 '26 AM 11:18

This Side To Be Completed By Client / Sample Collector

System Name: Inglis PWS ID: 6382056
System Phone: 447-2203 System Address: Elm St 171
System County: Levy Client: Water Pro, Inc
Collector: Lonnice Farnell Collector Phone: 352-5343
Type of Supply: (check only one) Community Water System
 Non-Transient Non-community Water System Transient Non-community Water System
 Limited Use System Other: _____
Reason for Sampling: (check all that apply) Distribution Routine Distribution Repeat
 Raw (triggered or assessment) Raw (triggered or assessment) additional Well Survey
 Clearance Boil Water Notice FDACS finished product (ice) Other: _____
Sample Collection Date(s): 6-10-26 PO Number: _____
Comments: _____

This Side For Laboratory Use Only

Received By: AD Special TC ICE
 On Ice Not On Ice 4.9 °C
 Paid Check or Receipt Number and Initials: _____
Disinfectant Check: Not Detected _____ mg/L
Comments: _____
Analysis Method: SM9223B (Colifert)
Time(s) Analyzed: 2:38pm
 Notified Emailed
PWS Notified by Lab of Positive Results:
Date: _____ Time: _____
Person Notified: _____
DEP/DOH Notified by Lab of E. coli Positive Results:
Date: _____ Time: _____
Notified By: _____

Sample Number	Sample Point (Location or Specific Address)	Sample Collection Time	Sample Type ¹	Disinfectant Residual (mg/L)
1	Well-1	08:05	R	-
2	Well-2	08:16	R	-
3	Well-3	08:25	R	-
4	26 Hwy 40W	08:41	D	2.0
5	Hydrant 40W & Nottingham	08:59	D	1.8
Average of disinfectant residuals for routine and repeat samples:				1.9

Laboratory Sample Number	Total Coliform	E. coli	DQ ²
Report / Submission Number: M2605316	A	A	
M2605317	A	A	
M2605318	A	A	
M2605319	A	A	
M2605320	A	A	

Free chlorine Total chlorine
Disinfectant Residual Analysis Method: DPD Colorimetric Other: _____
Person performing disinfectant analysis is:
 A certified operator (# 4524) Supervised by a certified operator (# _____)
 Employed by a certified lab Employed by DEP or DOH Authorized representative of supplier of water

Data Qualifiers (checked if applicable)
 Y - Received improperly preserved; presence of chlorine.
 Q - Received beyond holding time or with insufficient time to complete analysis.
 J - Received containing less than method specified sample volume.
 Other: _____
Michael Dufour 6-12-26
Technical Director Date

Report to: (Name and Mailing Address)

Water Pro, Inc
PO Box 433
Inglis, FL 34449

DEP/DOH Use Only
 Satisfactory Repeat Samples Required
 Incomplete Collection Information Replacement Samples Required
Date Reviewed by DEP/DOH: _____
DEP/DOH Reviewing Official: _____



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Ocala, Florida 34470
(352) 355-2383
Laboratory Certification Number E83265

Drinking Water Total Coliform / E. coli Sample Collection & Laboratory Report Form

Date Received and Analyzed / Time Received
JUN 30 '26 AM 11:24

This Side To Be Completed By Client / Sample Collector

System Name: Inglis PWS ID: 6382056
 System Phone: 447-2203 System Address: Elm St 171
 System County: Levy Client: Water Pro, Inc
 Collector: Louise Barnett Collector Phone: 316-5343
 Type of Supply: (check only one) Community Water System
 Non-Transient Non-community Water System Transient Non-community Water System
 Limited Use System Other: _____
 Reason for Sampling: (check all that apply) Distribution Routine Distribution Repeat
 Raw (triggered or assessment) Raw (triggered or assessment) additional Well Survey
 Clearance Boil Water Notice FDACS finished product (ice) Other: _____
 Sample Collection Date(s): 6-29-26 + 6-30-26 PO Number: _____
 Comments: _____

This Side For Laboratory Use Only

Received By: AD Special TC ICE
 On Ice Not On Ice 6.0 °C
 Paid Check or Receipt Number and Initials: _____
 Disinfectant Check: Not Detected _____ mg/L
 Comments: _____
 Analysis Method: SM9223B (Collert)
 Time(s) Analyzed: 12:51pm
 Notified Emailed
 PWS Notified by Lab of Positive Results:
 Date: _____ Time: _____
 Person Notified: _____
 DEP/DOH Notified by Lab of E. coli Positive Results:
 Date: _____ Time: _____
 Notified By: AD

Sample Number	Sample Point (Location or Specific Address)	Sample Collection Time	Sample Type ¹	Disinfectant Residual (mg/L)
1-B	School Craft + Hy 40 West	12:25 pm	S	1.5
2-B	Hawthorne + C 40 A	12:33 pm	S	1.3
3-B	Maple + Runnels	9:00 am	S	1.3
4-B	Nottingham + 40 W	9:22 am	S	1.6
Average of disinfectant residuals for routine and repeat samples:				

Laboratory Sample Number	Total Coliform	E. coli	DQ ²
M266024	A	A	
M266025	A	A	
M266026	A	A	
M266027	A	A	

Unless otherwise noted, all tests performed in accordance with NELAC standards. Results relate only to the samples submitted.

Free chlorine Total chlorine
 Disinfectant Residual Analysis Method: DPD Colorimetric Other: _____
 Person performing disinfectant analysis is:
 A certified operator (# 4524) Supervised by a certified operator (# _____)
 Employed by a certified lab Employed by DEP or DOH Authorized representative of supplier of water

Data Qualifiers (checked if applicable)
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¹For Sample Types see Instructions Item 1.6.
²DQ = Data Qualifier (defined in Florida Administrative Code Rule 62-160, Table 1)
³Complete for community and nontransient noncommunity systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.

Report to: (Name and Mailing Address)

Water Pro, Inc
 Po Box 433
 Inglis FL 34449

Michelle Dumas 7-2-26
 Technical Director Date

DEP/DOH Use Only
 Satisfactory Repeat Samples Required
 Incomplete Collection Information Replacement Samples Required
 Date Reviewed by DEP/DOH: _____
 DEP/DOH Reviewing Official: _____