FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION
SAMPLE SUBMITTAL FORM FOR THE POTABLE WATER MONITORING PROGRAM

DEP REQUEST ID: RQ-_____-_____-____-____ PROJECT: _____

COLLECTOR (PRINT): _____ (SIGNATURE): _____

PHONE: _____ County Health Department: _____

SAMPLE INFORMATION

Circle time zone
Eastern
Central

DATE COLLECTED: (MM/DD/YY): _____ TIME COLLECTED (HH:MM) _____

PURGE DURATION (MINUTES) _____ DESCRIPTION: _____

COMMENTS: _____

SAMPLE TYPE: (**CHECK ONLY ONE**):

[ ] FIRST SAMPLE
[ ] RESAMPLE
[ ] COMPLAINT
[ ] COMPLAINT (CITIZEN OR COUNTY)

TREATMENT CLASSIFICATION:

[ ] PRE-FILTER
[ ] MID-FILTER
[ ] POST FILTER
[ ] CHLORINATED
[ ] WATER SOFTENER
[ ] AERATED
[ ] RAW (PRE-TANK)
[ ] RAW (POST-TANK)
[ ] ACTIVATED CARBON
[ ] GREEN SAND FILTER
[ ] REVERSE OSMOSIS
[ ] ION EXCHANGE

DRINKING WATER SOURCE/WELL TYPE (CHECK ONLY ONE):

[ ] 40 – COMMUNITY WS (>150,000 GALLONS/DAY)
[ ] 41 – NON-COMMUNITY WS
[ ] 42 – LIMITED USE PUBLIC WS (64E-8)
[ ] 43 – PRIVATE WELL
[ ] 45 – NON-TRANSIENT/NON-COMMUNITY WS
[ ] 46 – COMMUNITY WS (<150,000 GALLONS/DAY)
[ ] 47 – MULTI-FAMILY WELL (3-4 LIVING UNITS)
[ ] 50 – IRRIGATION WELL
[ ] 60 – PERMEATION
[ ] 70 – NON-WELL (2ND DISCHARGE/OTHER SOURCE)

WELL SITE INFORMATION

SAMPLE/SYSTEM NAME: _____

STREET: _____

CITY: _____ST:_____ ZIP: _____

COUNTY: _____ FACILITY #: _____

CASING MATERIAL:

[ ] PVC
[ ] GALVANIZED
[ ] CAST IRON
[ ] BLACK STEEL
[ ] OTHER _____

TOTAL WELL DEPTH (FEET): _____

WELL DIAMETER (INCHES): _____

CASING LENGTH (FEET) : _____

FLORIDA UNIQUE WELL ID

PLACE TAG HERE

IF NO TAG AVAILABLE WRITE NUMBER BELOW

_____

CONTACT INFORMATION

NAME (LAST): _____ (FIRST):_____ [ ] OWNER [ ] RESIDENT [ ] BOTH

STREET: _____ CITY: _____

ST: ____ ZIP:_____ PHONE (1): _____ PHONE (2): _____

Relinquished by (signature) : _____Date/Time: _____

Shipping Method: _____

Sample Received by: _____Date/Time: _____