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)_____SAMPLE LOCATION: _____

COMMENTS: _____

Preservative Sticker 1	Preservative Sticker 2	Preservative Sticker 3	Preservative Sticker 4

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

[ ] FIRST SAMPLE
[ ] RESAMPLE
[ ] CONFIRMATION
[ ] POST FILTER (PRIVATE)
[ ] PRE-FILTER (DEP)
[ ] MID-FILTER (DEP)
[ ] POST FILTER (DEP)

TREATMENT CLASSIFICATION (**CHECK ONLY ONE**):

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

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)
[ ] 70 – NON-WELL (2ND DISCHARGE/OTHER SOURCE)

WELL SITE INFORMATION

SAMPLE/SYSTEM NAME: _____

STREET: _____

COUNTY:_____FACILITY #: _____

FLORIDA UNIQUE WELL ID
PLACE TAG HERE

IF NO TAG AVAILABLE WRITE NUMBER BELOW

_____

CONTACT INFORMATION [ ] same as above [ ] OWNER [ ] RESIDENT

NAME (LAST):_____(FIRST):_____[ ] BOTH [ ] OTHER_____

STREET:_____CITY: _____

ST:____ZIP:_____PHONE:_____EMAIL: _____