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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: _____